



Strategies for Helping Older Adults Prevent or Overcome Isolation and Loneliness: What Not To Do



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This presentation provides an overview of what to avoid doing when working with chronically isolated or lonely older adults. Insights are drawn from the Social Isolation and Loneliness Among Seniors Project, an initiative of the City of Vancouver Seniors' Advisory Committee. Based on an extensive literature review and community consultations, avoidable pitfalls are discussed regarding effective identification of isolated and lonely older adults; the provision of respectful and age-appropriate services; appropriate advice for the isolated and lonely; and meaningful program outcomes. Service providers and academics should consider these pitfalls if their goal is prevent or reduce chronic social isolation and loneliness in later life.

Introduction

- Chronic social isolation and loneliness (i.e., dissatisfaction with the size and/or quality of one's social network), are risk factors for morbidity and early mortality
- They are also associated with increased healthcare utilization and costs
- Many common-sense strategies have been devised to prevent or reduce these problems
- Unfortunately, many are inappropriate for chronic isolation and loneliness because they can inadvertently re-stigmatize these problems, reinforce their negative impact on social cognition, and increase the tendency for these problems to become self-perpetuating
- This presentation offers tips on what to *avoid* when working with chronically isolated and/or lonely older adults

Methodology

- Insights are drawn from the Social Isolation and Loneliness Among Seniors Project (SILAS), a year-long initiative of the City of Vancouver Seniors' Advisory Committee
- The project involved an extensive literature review of the causes and consequences of isolation and loneliness, as well as 23 recommendations for prevention and reduction based on the review and on the insights of 200 senior service providers and seniors themselves
- Results are detailed in the Committee's final report: www.seniorsloneliness.ca

Tip 1: Avoid dire language

- Words like *disease* and *epidemic* can medicalize social isolation and loneliness, implying that the source of these problems (and the solutions) rest largely with the individual
- Words like *deadly* may cause undue pressure to change one's situation quickly and may lead to further distress (e.g., anxiety, hopelessness, depression), which can complicate efforts to reconnect
- Such words can make people feel abnormal

Loneliness is killing us - we must start treating this disease
Philippa Perry



Loneliness Is Deadly

Social isolation kills more people than obesity does—and it's just as stigmatized.
By Jessica Olien

Tip 2: Avoid assumptions about a person's situation

- Don't assume that someone who lives alone is necessarily isolated
- Don't assume that someone with a small social network is necessarily lonely
- Don't assume that a lonely person will admit to feeling lonely
- Don't assume that isolation and loneliness are seniors' issues only
- Don't assume that someone *wants* your help; many prefer to deal with these problems on their own
- Instead of assuming, *ask and evaluate*

Tip 3: Don't assume all loneliness is the same

- Loneliness comes in various forms: emotional/intimate, social, and collective
- A person can experience one or a combination
- To maximize effectiveness of interventions, consider the specific reason(s) why a person is feeling lonely
- Solutions for one form of loneliness are not necessarily interchangeable with others
- Given that loneliness is highly individual and subjective, solutions must be tailored to each person's situation
- Do not look for a one-size-fits-all solution

Tip 4: Don't assume that the problem is just depression, the absence of social support, or deficient social skills

- Isolation and loneliness can be symptoms of depression but, more commonly, they *cause* depression
- Saying "you're just depressed" can minimize someone's social suffering and lead to inappropriate interventions
- People can feel lonely even when receiving substantial support if the support is impersonal, unwanted, intrusive, conditional, non-reciprocal, or otherwise unsatisfactory
- Lonely people actually have sufficient social skills but are unable to deploy them when gripped by loneliness

Tip 5: Avoid stigmatizing advertisements

- Isolated and lonely older adults feel bad about their situation and avoid identifying as isolated or lonely
- Some may not even consider themselves isolated or lonely, even if they are
- Programs advertised for isolated or lonely people may be perceived as being for "desperate old people" and are unlikely to attract many users
- They can perpetuate stigma and self-consciousness

ARE YOU LONELY?
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ARE YOU 75 OR OLDER?
DO YOU FEEL LIKE YOU'RE ALL ALONE IN THE WORLD?
JOIN THE LITTLE BROTHERS EXTENDED FAMILY!

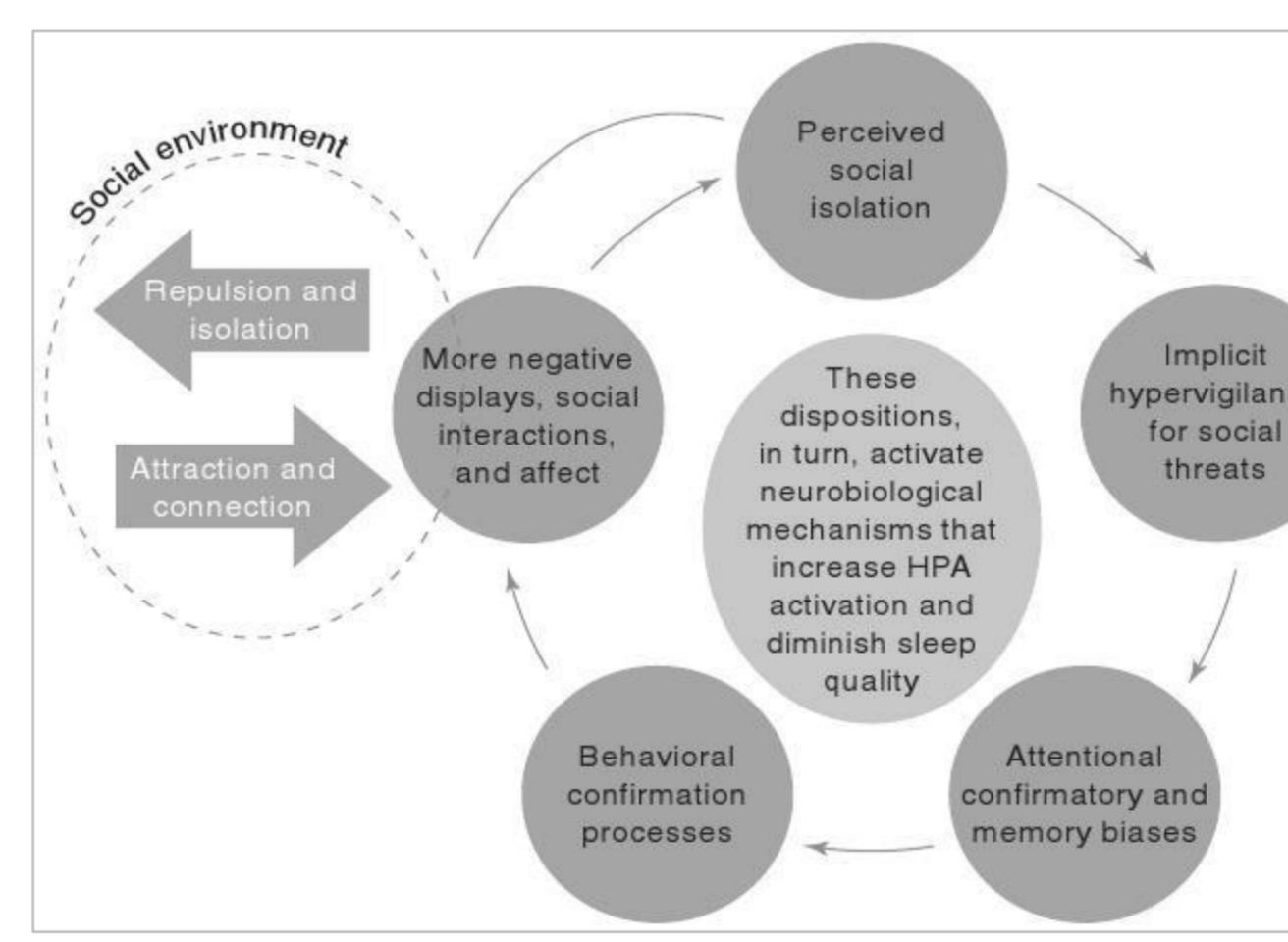
If you are 75 or older, with no family or support system to turn to, you will find caring, compassion and companionship at Little Brothers.

DO YOU KNOW A LONELY SENIOR?
Is there someone you know who would benefit from the services that Little Brothers provides? Tell us more about them by filling out the form below.

Little Brothers can help!

Tip 7: Don't assume social contact is enough

- Perceived quality* matters more than mere quantity
- Unrealistic expectations can reduce perceived quality
- Chronic loneliness may also be characterized by a self-reinforcing cycle of defensive cognition and behaviour (e.g., hypersensitivity to social threat, self-protective social withdrawal, and aversive behaviour that pushes people away; see figure on right)
- Simple social contact may reinforce loneliness if these issues are not addressed



The cycle of chronic loneliness. From: Cacioppo, J.T., & Hawkley, L.C., (2009). Perceived social isolation and cognition. *Trends in Cognitive Sciences*, 13(10), 447-454.

Tip 6: Don't sound dismissive

- Simply telling an isolated or lonely person to go make friends, go on a date, join a club, or volunteer may be unwise
- Not only can this be daunting and ineffective (see tip 7), but it can also be perceived as dismissive
- Saying "loneliness can be good for you" or "everyone feels lonely" is also dismissive (everyone experiences *transient* loneliness on occasion, but not everyone experiences the debilitating pain of *chronic* loneliness)

Tip 8: Don't be frustrated and give up too easily

- Even though they desire social contact, chronically isolated or lonely older adults may initially reject offers of friendship or companionship and may frequently change their mind about joining groups or programs
- If at first they push you away, don't assume that they want to be left alone or ignored; they may just be afraid of social contact or feel embarrassed about their situation
- Gentle persistence may be necessary to show that you are there for them if and when they are ready to connect

Tip 9: Don't forget someone once they have joined a group

- Chronically isolated or lonely older adults often feel lost in a new group
- They may also quit prematurely, especially if their expectations are too high
- They need support not only making new connections, but *maintaining* them
- Consider using *supported access*: provide extra support at the beginning (e.g., take someone to a program and sit with them when they join a group) and then gradually withdraw support as the person becomes more comfortable with the new social setting

Tip 10: Avoid socializing for its own sake

- Isolated and lonely older adults, especially younger cohorts and men, are disinclined to join groups where the primary activity is socializing for its own sake (e.g., tea parties)
- They prefer meaningful, shared activities based on common interests
- Socializing for its own sake can be daunting for older adults who have become socially anxious
- When placed in a room together, lonely older adults may avoid interaction due to self-consciousness
- This is less likely if there is a shared activity that they can focus on
- Solitary activities in a group setting can also be helpful for those who are very anxious

Tip 11: Don't be paternalistic or infantilizing

- Don't assume that isolated or lonely older adults are helpless victims who need rescuing; this can undermine their self-esteem, sense of control, and relationship self-efficacy, thus hindering efforts at making new social connections
- Rather than being passive recipients of services, older adults prefer to play an active role in the development and implementation of programs and activities; some are disinclined to join a program but are happy to lead one
- Let older adults pick the activities *they* prefer
- Ensure that programs are age-appropriate
- Avoid *elderspeak*

Tip 12: Don't forget gender, age, and personality preferences

- Older men are often reluctant to admit being isolated or lonely and may resist joining programs because doing so makes them feel old and dependent
- Men may also dislike activities which they perceive as more suitable for women (e.g., arts and crafts; dance); they should have access to more "hands-on" activities like wood-working, automotive repair, and sports
- Programs should be advertised where men congregate (e.g., bars, bowling alleys, barbershops)
- Don't assume that older adults prefer same-aged vs. mixed-aged groups; let them choose what they prefer
- Don't alienate introverts by focusing on activities more suitable to extroverts

Tip 13: Don't be overly focused on organized programs

- Scheduled programming can be perceived as tedious, forced social interaction if it does not provide the time, space, and flexibility to allow relationships to grow slowly and naturally over time
- Avoid rigidity and excessive focus on rules; this is patronizing and takes the joy out of social activities
- Allow time and space for spontaneous social interactions that do not require a commitment (e.g., drop-in sessions) or that are located outside of formal venues (e.g., social spaces in apartment buildings)