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

Eddy M. Elmer, M.A.
PhD Student, Social Gerontology

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., disassociation 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

**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; the support is impersonal, uninviting, conditional, non-reciprocally, 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, even if they are
- 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 stigmas and self-consciousness

**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 7: Don’t sound presumptuous**
- Don’t assume that isolation and loneliness are helplessness 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

**Tip 8: 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 rigidly 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)

**Tip 9: 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)
- Some may not even consider themselves isolated or lonely, even if they are
- Programs should be advertised where men congregate (e.g., bars, bowling alleys, barbershops)

**Tip 10: Avoid criticizing or bullying**
- Isolated and lonely older adults, especially older 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
- 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**
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