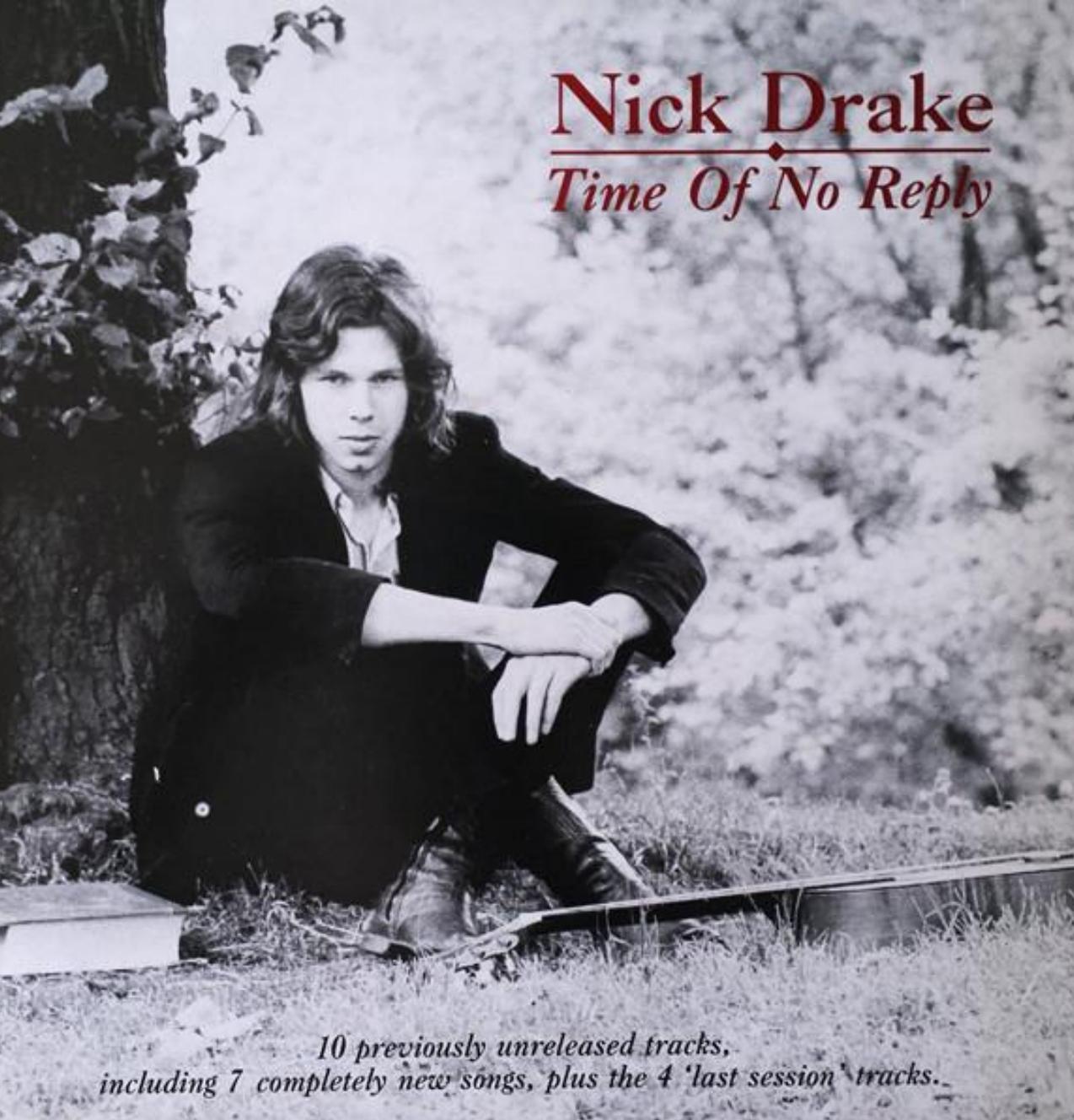


Loneliness: A Population Health Concern?

Chermain Wong

Deputy Head & Senior Clinical Psychologist
Mood Disorders Unit, Department of Mood & Anxiety
Institute of Mental Health



A black and white photograph of Nick Drake sitting on a log in a wooded area. He is wearing a dark jacket and looking directly at the camera. The background is a dense forest with trees and foliage.

Nick Drake
Time Of No Reply

*“The sun went down and the crowd went home
I was left by the roadside all alone
I turned to speak
as they went by
But this was the time of no reply.”*

*10 previously unreleased tracks,
including 7 completely new songs, plus the 4 'last session' tracks.*



Jean-Paul Sartre
Existentialist Philosopher

Loneliness is an inevitable part of the human condition in which people are born alone, they die alone, and in the intervening period they attempt to find validation and meaning in life through their relationships with and acceptance by others.

“During my years caring for patients, the most common pathology I saw was not heart disease or diabetes; it was loneliness.”

— Dr. Vivek Murthy

Surgeon General of the United States, 2014-2017

hbr.org/loneliness



NEWS

UK appoints loneliness minister to combat ‘sad reality of modern life’

By Tamar Lapin

January 17, 2018 | 1:19pm | Updated

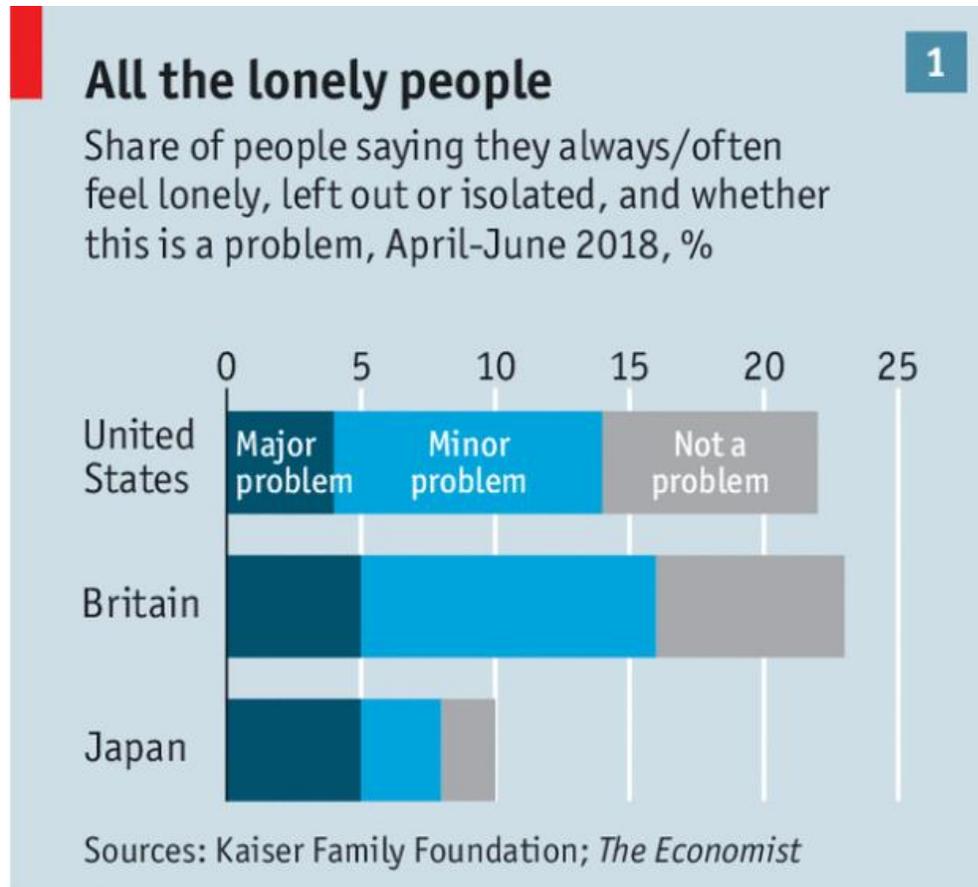


AP

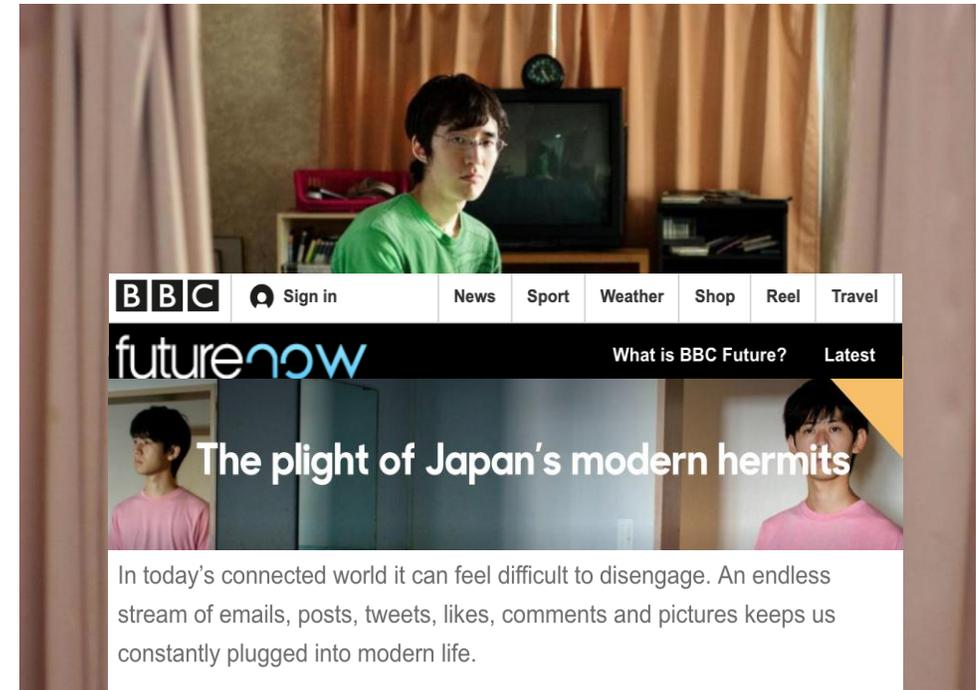
For a “United” Kingdom, they’re pretty lonely.

A minister for loneliness was appointed Wednesday to tackle Brits’ growing social

International Prevalence



Hikikomori (ひきこも)



But in Japan half a million people live as modern-day hermits. They are known as *hikikomori* – recluses who withdraw from all social contact and often don't leave their houses for years at a time. A government survey found roughly 541,000 (1.57% of the population) but many experts believe the total is much higher as it can take years before they seek help.

The condition was initially thought to be unique to Japan, but in recent years cases have appeared across the world. In neighbouring South Korea, a 2005 analysis estimated there were 33,000 socially withdrawn adolescents (0.3% of the population) and in Hong Kong a 2014 survey pegged the figure at **1.9%**. It's not just in Asia, cases are appearing in the US, Spain, Italy, France and elsewhere.



By Derrick A Paulo

22 Apr 2018 06:15AM

(Updated: 23 Apr 2018 06:58PM)

27,019 shares



Bookmark



FROM LOSS TO LONELINESS

The first sign of her failing health was jaundice. It turned out to be a symptom of pancreatic cancer, which eventually spread to her stomach and lungs. Soon after, she required hospice care.

Dover Park Hospice senior medical social worker Sally Gui, who worked with the couple, recalled that Mr Seah looked “quite down most of the time because of the wife’s condition”.

His already vulnerable mind was in a state of confusion. “I couldn’t concentrate on anything,” he shared. “Sometimes it was very hard to fall asleep. I kept rolling in bed until two or three o’clock before I could sleep.”

His wife of 30 years died last July. And he could not stop thinking of her.

“I once cried for three days. The pain feels like a knife poking my heart. It hurts a lot.”

Dr Tsoi said such a loss is “the most devastating” for elderly patients who had been married for a long time.

He added: “For them, it would be much more stressful than for a younger age group to adapt, both emotionally and socially.”



Singapore’s Elderly Are Lonelier Than Ever, and More are Turning to Suicide

Current Affairs Features

30 Jul 2018



Photo credit: Gramicidin on Flickr

Growing old in Singapore is increasingly becoming a challenge, as the number of elderly

Loneliness: A Serious Health Concern

Loneliness contributes to a constellation of physical and psychiatric dysfunctions and/or psychosocial risk factors...

- ▶ Depression
- ▶ Alcoholism
- ▶ Suicidal ideation
- ▶ Aggressive behaviours
- ▶ Social anxiety
- ▶ Impulsivity
- ▶ Cognitive decline
- ▶ Progression of Alzheimer's
- ▶ Recurrent stroke
- ▶ Obesity
- ▶ Increased vascular resistance
- ▶ Elevated blood pressure
- ▶ Increased hypothalamic pituitary adrenocortical activity
- ▶ Decreased sleep salubrity
- ▶ Diminished immunity
- ▶ Under-expression of genes bearing anti-inflammatory
- ▶ inflammatory glucocorticoid response elements
- ▶ Upregulation of pro-inflammatory gene transcripts
- ▶ Abnormal ratios of circulating white blood cells
- ▶ Premature mortality

Deconstructing Loneliness: What People Say It Is



Deconstructing Loneliness: Objective Social Connections



Social Isolation

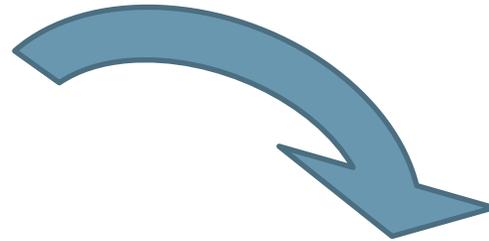
Few objective social connections or interactions

Those living alone have a
32% higher risk of dying
in the next 7 years,
after accounting for age and
health status.

Deconstructing Loneliness: Attributional Approach

Attribution

Subjective perception
of isolation; the discrepancy
between one's desired and
actual quality of social
connection



Emotional Response of Loneliness

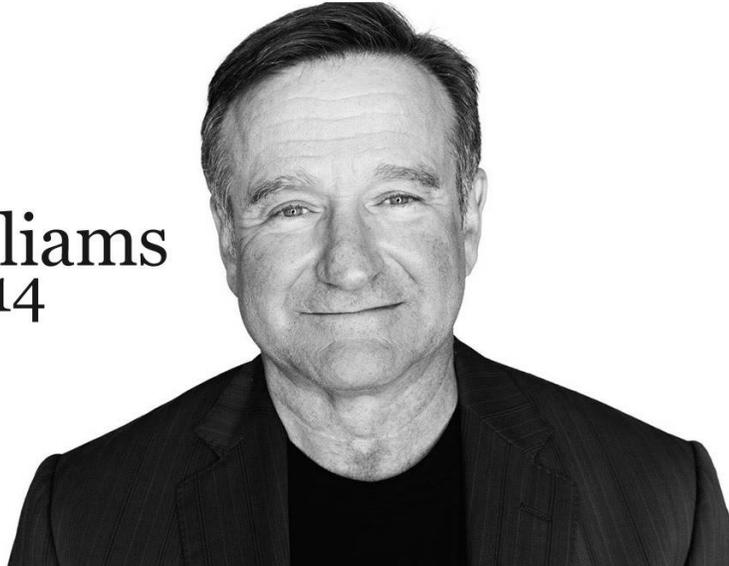
*Aversive feelings of separateness, alienation, and distress
and isolation aroused by the failure to satisfy a human
need for intimacy*

Social Isolation

Few objective social connections or interactions

***“I used to think the worst thing in life was to end up all alone.
It’s not. The worst thing in life is to end up with people who
make you feel all alone.”***

Robin Williams
1951-2014



Deconstructing Loneliness: Perceived Loneliness

Demographic Research: Volume 32, Article 49

Research Article

Loneliness and all-cause mortality in community-dwelling elderly Singaporeans

Angelique Chan^{1,2}

Prassana Raman¹

Stefan Ma³

Rahul Malhotra^{1,4}

Abstract

BACKGROUND

Loneliness is a significant risk factor for mortality among older adults. There are several pathways through which loneliness may operate to increase mortality risk, ranging from biological responses and individual perceptions to social interactions and environmental factors. The proportion of single older (65+) person households has doubled in the last ten years in Singapore. Yet little is understood about the relationship between loneliness, social isolation, and mortality risk among older adults, in Singapore and in Asian contexts in general.

OBJECTIVE

To assess the impact of loneliness and social isolation on the risk of all-cause mortality over a four-year period, controlling for demographic characteristics and health status at baseline.

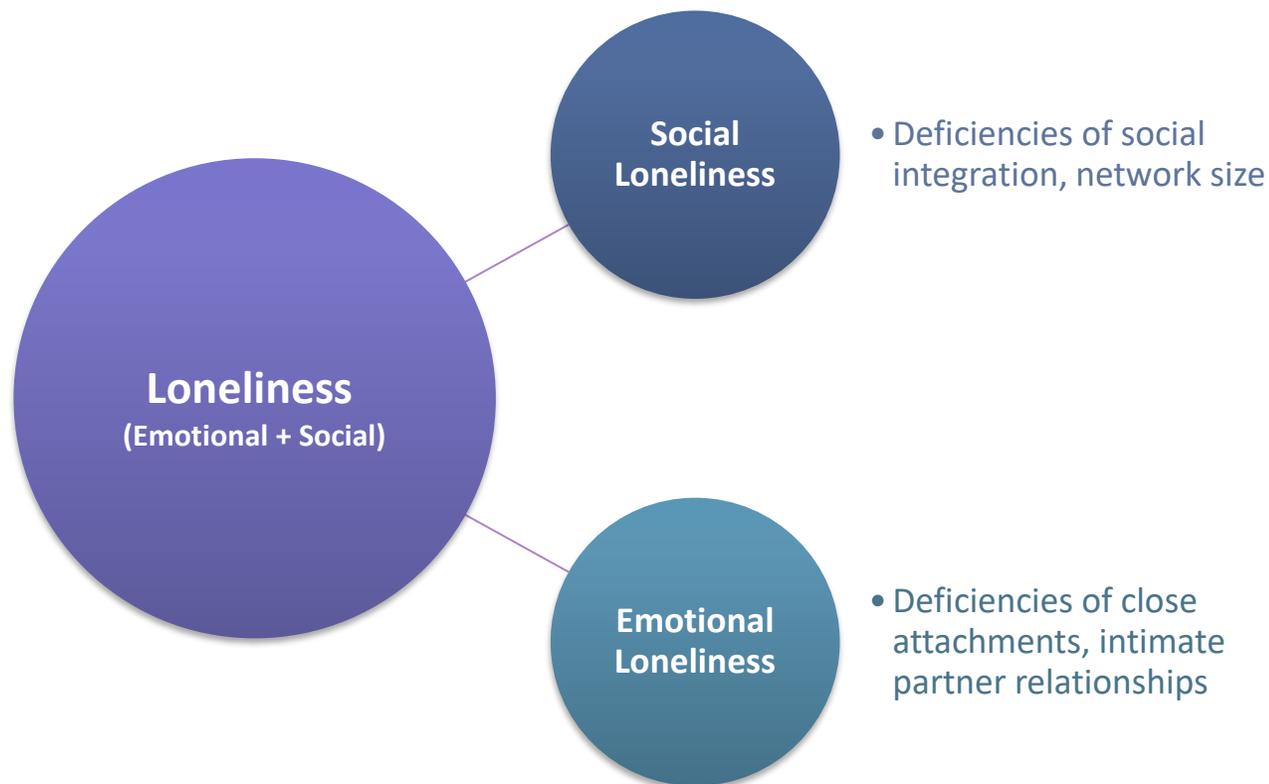
METHODS

We used data from a longitudinal survey of community-dwelling Singaporean elderly (N=4,522). Loneliness was assessed using the UCLA three-item loneliness scale. Unadjusted and adjusted Cox proportional hazards regressions were used to estimate mortality risk.

- **Perceived loneliness** is associated with a greater risk of death in elderly living in the community in Singapore.
- It is more predictive of mortality than living arrangements and social network outside the household.
- **Implications for policy:**
 - Interventions to promote multigenerational interaction may be valuable but insufficient.
 - Psychosocial interventions needed to address perceived loneliness.

Deconstructing Loneliness: Multidimensional Approach

Weiss' (1974) Multidimensional Theory of Loneliness



Deconstructing Loneliness: Emotional vs. Social Loneliness

Social Psychiatry and Psychiatric Epidemiology
https://doi.org/10.1007/s00127-018-1597-8

ORIGINAL PAPER



Quality not quantity: loneliness subtypes, psychological trauma, and mental health in the US adult population

Philip Hyland^{2,8} · Mark Shevlin³ · Marylene Cloitre^{4,5} · Thanos Karatzias^{6,7} · Frédérique Vallières² · Gráinne McGinty¹ · Robert Fox⁸ · Joanna McHugh Power¹

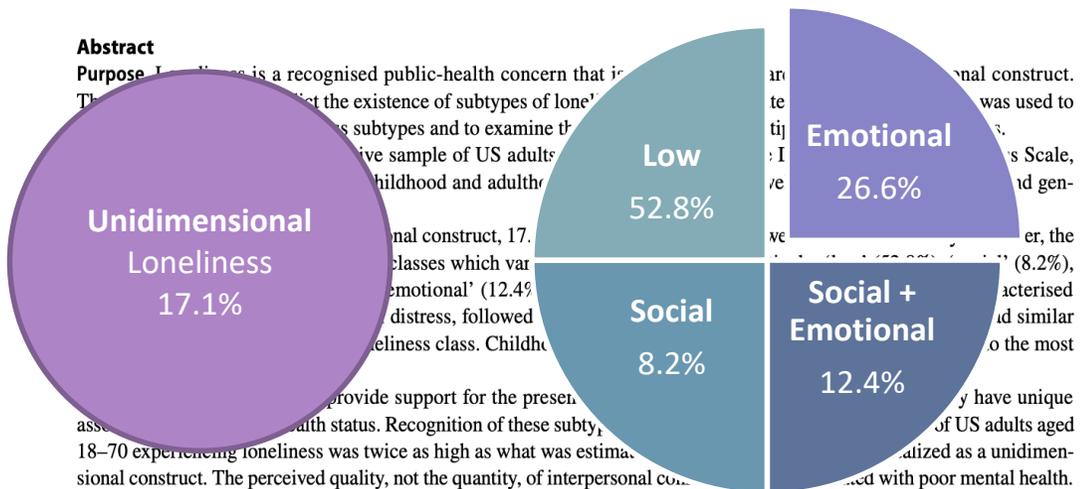
Received: 6 July 2018 / Accepted: 18 September 2018
© Springer-Verlag GmbH Germany, part of Springer Nature 2018

Abstract

Purpose Loneliness is a recognised public-health concern that is associated with poor mental health. The purpose of this study was to investigate the existence of subtypes of loneliness and to examine their associations with psychological trauma and mental health in a representative sample of US adults. **Method** A representative sample of 1,000 US adults was surveyed. Loneliness was measured using the UCLA Loneliness Scale, and psychological trauma was measured using the Childhood Trauma Questionnaire. Loneliness was classified into four subtypes: Unidimensional Loneliness (17.1%), Low (52.8%), Emotional (26.6%), and Social + Emotional (12.4%). **Results** Unidimensional Loneliness was associated with higher levels of childhood and adulthood trauma, and poorer mental health. Emotional Loneliness was associated with higher levels of childhood trauma, and poorer mental health. Social + Emotional Loneliness was associated with higher levels of childhood and adulthood trauma, and poorer mental health. Low Loneliness was associated with higher levels of adulthood trauma, and poorer mental health. **Conclusions** The findings provide support for the presence of multiple subtypes of loneliness, which vary in their associations with psychological trauma and mental health. Recognition of these subtypes may help to identify individuals at risk of poor mental health. Loneliness was experienced by 18–70% of US adults aged 18–70 experiencing loneliness was twice as high as what was estimated in previous studies. Loneliness was experienced as a unidimensional construct. The perceived quality, not the quantity, of interpersonal connections was associated with poor mental health.

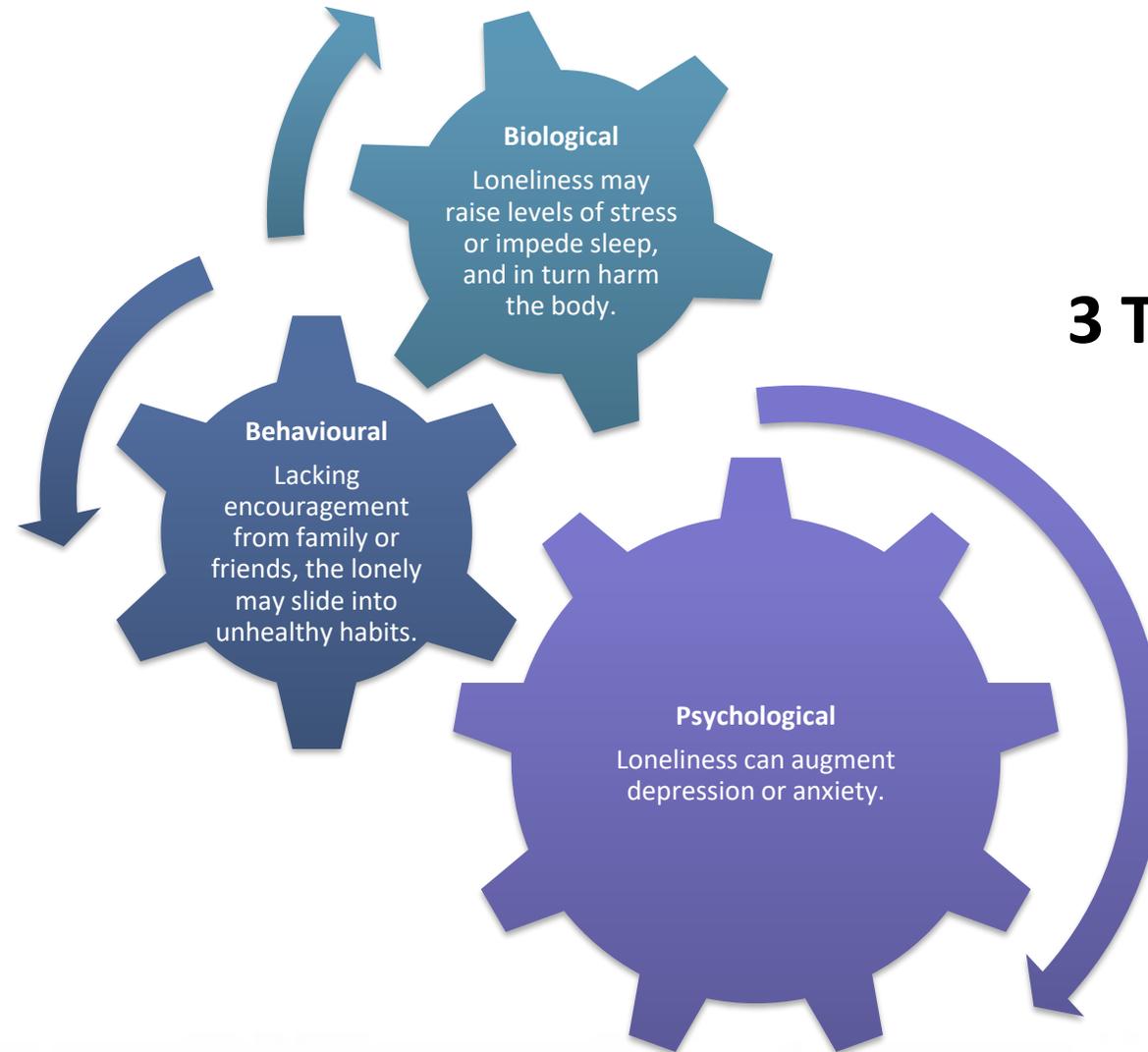
‘Emotional’ vs. ‘Social’ Loneliness”:

- Unique associations with mental health status
 - Perceived quality (close attachments), not the quantity (social integration), of interpersonal connections was associated with poor mental health.
- More likely to be:
 - Single, divorced, widowed
 - Female
 - Childhood traumatization



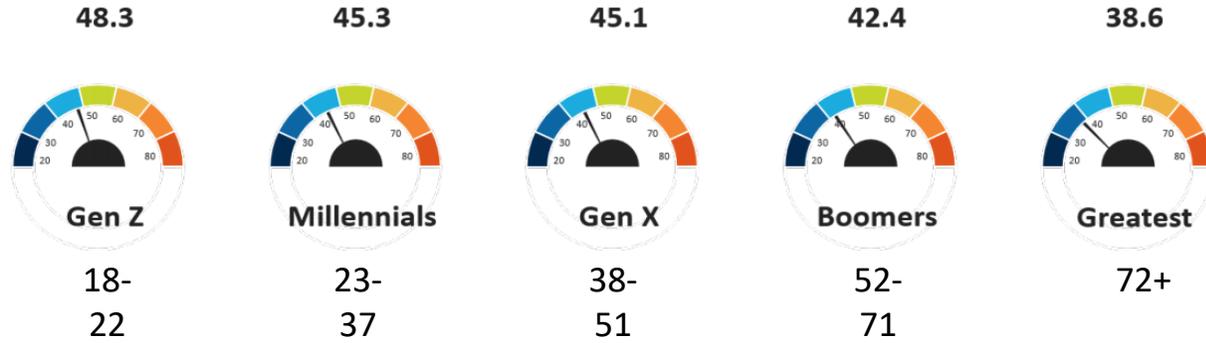
Unidimensional vs. Multidimensional

How does loneliness lead to poor health?



3 Theories

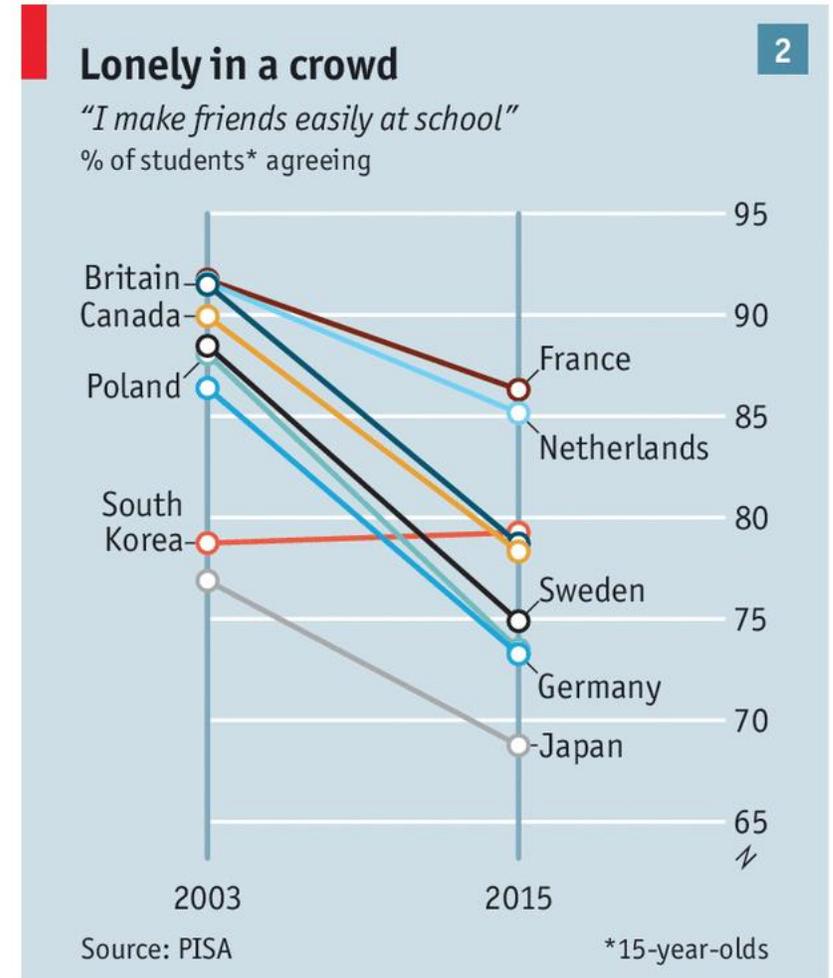
Cigna U.S. Loneliness Index (2018)



BBC's Loneliness Experiment (2018)



Who can feel lonely?



What causes loneliness?

Best explained as the result of individual factors

- Deterioration in physical functioning & disability
- Depression
- Widowhood
- Leaving home
- Maladaptive social cognition



Wider social factors?

- Discrimination
- Change in family structure
- Greater work and academic demands
- Technological connectivity & social media?



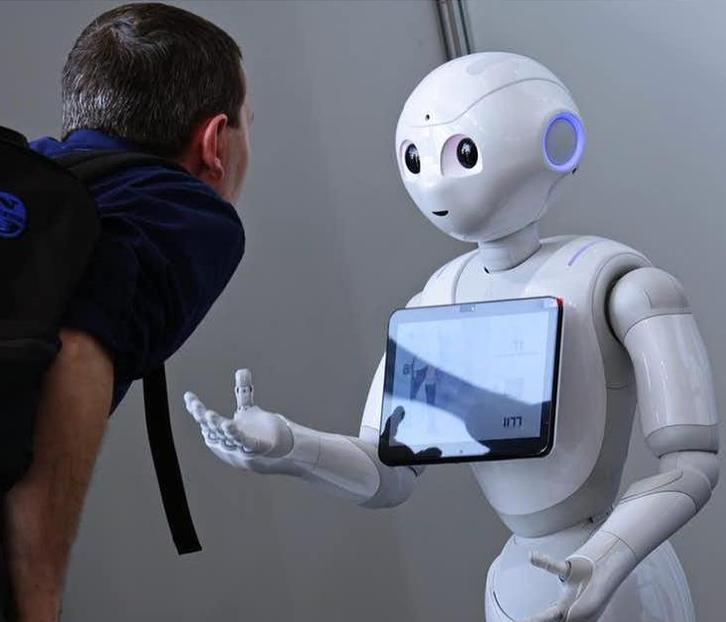
Campaign to
EndLoneliness

CONNECTIONS IN OLDER AGE

The Silver Line

helpline for older people

0800 4 70 80 90



Kampung Admiralty welcomes its first batch of residents



Singapore

St Joseph's Home opens childcare centre, intergenerational playground in nursing home



The intergenerational playground at St Joseph's Home caters to both the young and old. (Photo: Liyana Othman)

 **GOV.UK**

PM launches Government's first loneliness strategy



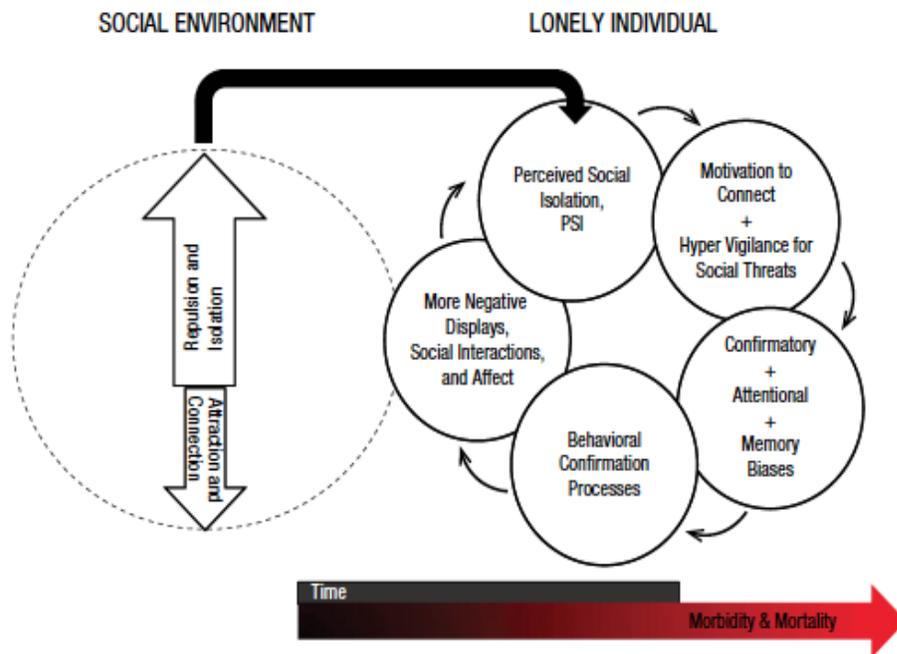
- 'Social prescription' by GPs to direct patients experiencing loneliness to community workers offering tailored support to help people improve their health and wellbeing.
- Employer's Pledge to tackle loneliness at the workplace.
- Funding to help charities and community groups expand programmes which bring people together.
- Increasing number of community spaces.
- Adding loneliness to ministerial portfolios across government.
- Loneliness 'policy test' to incorporate loneliness into ongoing policy decisions.
- Pilot projects to support flexible and inclusive volunteering for people such as those with long-term health conditions.
- Engaging tech companies to explore the impact technology has on loneliness and how they can help prevent it.

Which interventions actually work?

Model of Intervention	Which type of behavioural intervention is most effective for reducing loneliness?
Increase opportunities for social contact e.g. social recreation intervention	Not significant, (mean effect size = -.062)
Enhance social support e.g. mentoring programs, buddy care program, conference calls	Significant, small effect size (mean effect size = -.162)
Improve social skills e.g. speaking on the phone, giving and receiving compliments, enhancing nonverbal communication skills	Not significant, (mean effect size = -.017)
Address maladaptive social cognition e.g. cognitive behavioural therapy (CBT)	Significant, medium effect size (mean effect size = -.598)

A Social Cognitive Intervention Model

American social psychologist John T. Cacioppo has developed a plan, called **EASE**, that describes what an individual can do to break out of their loneliness.



The effects of loneliness on social cognition. Modified from J. T. Cacioppo and Hawley (2009).

E: Extend yourself. Initiate contact by saying hello, engage in small talk and maintain eye contact with other people.

A: Action plan. Think of some contexts where you can meet like-minded people, and seek them out, for example a choir or a club.

S: Selection. Choose the people you want to be friends with, and invest in a few personal relationships.

E: Expect the best. Assume that the people around you wish you well.

THE ART OF
HAPPINESS

HIS HOLINESS
THE
DALAI LAMA
AND
HOWARD
C. CUTLER

20TH ANNIVERSARY EDITION



A Spiritual Perspective

On Loneliness

“And once you encourage the thought of compassion in your mind... then your attitude towards others changes automatically.

If you approach others with the thought of compassion, that will automatically reduce fear and allow an openness with other people. It creates a positive, friendly atmosphere. With that attitude, you can approach a relationship in which you, yourself, initially create the possibility of receiving affection or a positive response from the other person... That kind of openness at least allows the possibility of having a meaningful conversation with them.

But without the attitude of compassion, if you are feeling closed, irritated, or indifferent then you can even be approached by your best friend and you just feel uncomfortable.”

Summary

1. **Loneliness is a serious public health treat** that has high risk for premature morbidity and a broad variety of psychological and physical health issues.
2. **People desire meaningful interpersonal attachments** and not just objective social interaction.
3. **Programs to address loneliness are available** but need to be continually tested.
4. **Addressing maladaptive social cognitions can help** individuals overcome psychological barriers to seeking meaningful social connections.



References

- Cacioppo, S., Grippo, A. J., London, S., Goossens, L., & Cacioppo, J. T. (2015). Loneliness: Clinical Import and Interventions. *Perspectives on Psychological Science, 10*(2), 238–249. <https://doi.org/10.1177/1745691615570616>
- Cacioppo, S., Capitanio, J., & Cacioppo, J. (2014). Toward a neurology of loneliness. *Psychological Bulletin, 140* (6), 1464-1504 DOI: 10.1037/a0037618
- Hyland, P., Shevlin, M., Cloitre, M., Karatzias, T., & Vallières, F. (2018). Quality not quantity: loneliness subtypes, psychological trauma, and mental health in the US adult population. *Social Psychiatry and Psychiatric Epidemiology, 0*(0), 0. <https://doi.org/10.1007/s00127-018-1597-8>
- Masi, C. M., Chen, H.-Y., Hawkley, L. C., & Cacioppo, J. T. (2011). A meta-analysis of interventions to reduce loneliness. *Personality and Social Psychology Review, 15*, 219-266. doi:10.1177/1088868310377394
- DiJulio, B., Hamel, L., Muñana, C., & Brodie, M. (2018). Loneliness and Social Isolation in the United States, the United Kingdom, and Japan: An International Survey. Kaiser Family Foundation.
- Chan, A., Raman, P., Ma, S., & Malhotra, R. (2015). Loneliness and all-cause mortality in community-dwelling elderly Singaporeans. *Demographic Research, 32*(1), 1361–1382. <https://doi.org/10.4054/DemRes.2015.32.49>