Connecting the Dots: Authentic Social Engagement of Older Adults
Friday, February 10, 2017

Setting the Stage: Do Key Concepts have Shared Meanings?

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Social isolation and loneliness are challenging issues that an increasing number of older adults have to deal with in later life.

In a 2014 report on ***Social Isolation of Seniors*** – the National Seniors Council – stated that "the number one emerging issue facing seniors in Canada is keeping older people socially connected and active". They go on to report that – families are becoming smaller and geographically dispersed – which has an impact on the size and accessibility of seniors' support networks.

While they highlight the fact that **social isolation** is a prevalent phenomenon – that can have a substantial impact on many aspects of seniors' lives – they go on to acknowledge that the concept of social isolation is **multi-faceted and is often defined inconsistently!**

Consequently – this morning – we are going to address the question – do key concepts such as social isolation have shared meanings?

An increasing amount of attention is being devoted to this "emerging issue" – i.e., studies, reports, and even online webinars addressing questions such as:

- What is social isolation?
- Why is it growing in today's society?
- How does social isolation affect peoples' health?
- Do social media connect us or isolate us?

Questions - that hopefully you will have an opportunity to address – throughout the day.

It is important to understand how social isolation and loneliness are related. We will return to this point shortly – but for now the term - **Loneliness** – typically refers to the

distressing feeling (or negative emotional state) that may occur when one's social relationships are **perceived** to be less satisfying than desired.

Loneliness is often described as the subjective counterpart to social isolation – and current research evidence indicates that older Canadians – are growing increasingly isolated **and** lonely.

Last September, a Canadian clinical psychologist – in a CBC interview – stated the loneliness is becoming an epidemic among Canadian seniors … as a growing number of older adults report that they feel lonely. He argued that loneliness and lonely seniors – have become serious public health issues.

Similarly, one of the founders of ***The Campaign to End Loneliness*** in the UK commented that – there has been "an explosion of public awareness" about this serious public health issue.

As I stated previously - my role this morning – is to set the stage for today's discussions – by exploring whether key concepts such as social isolation and loneliness have shared meanings.

(1) Can you clearly define these terms? Can you explain their meaning?

(2) Do you think that the person seated beside you would define social isolation the same way that you do?

(3) More importantly, do you think that these terms – social isolation and loneliness – mean the same thing to you and the clients for whom you provide services?

The language used in this field can be very confusing. While I don't have time to define each of the following terms - I would like you to think about whether there is a difference between commonly used terms such as – social engagement, social connections, social integration, social cohesion, and social capital?

What about terms such as social isolation and social exclusion?

These terms are often used interchangeably – but we need to explore whether they actually have shared meanings.

I was invited to try to help clarify the meaning of key terms – but I should warn you that my comments may actually result in greater confusion – rather than clarification – because I am going to ask you to critically examine your taken-for-granted understandings of the meaning of terms such as social isolation and loneliness.

Social isolation like most aspects of human behaviour is quite complex – and is characterized by **multiple layers of meaning**. To systematically examine these layers of meaning we are going to use the familiar analogy – 'that **life is like an onion**'.

This device is used frequently but the quote that I like the best is by – Carl Sandburg – who said that – 'Life is like an onion. You peel it off one layer at a time, and sometimes you weep'.

We are going to explore the meaning of social isolation by starting with the outer layer (the one that is immediately observable – **public** component) and then progressively move through different layers to try and reach the core (**private**).

LAYER ONE – the outside skin – that is immediately apparent – easily observed = living arrangements (alone or with others), marital status (married, widowed, single – never married).

LAYER TWO – size and composition of your social network – number of people in your personal social network and the frequency of social contacts (i.e., social network analysis – this can be measured objectively by observing social networks and documenting interaction patterns =stars and isolates).

LAYER THREE – by the time we get to this layer of meaning – things are not as readily apparent. We know that meaningful social relationships are characterized by **reciprocity**. In other words, the most rewarding social relationships are the ones that are reciprocal in nature (mutually rewarding) … I do things for you and know that I can count on you when I need your assistance or support.

Therefore, this layer – involves belonging to **supportive social networks** (i.e., the nature of your relationships – quality vs. quantity of social connections). Social support takes many forms – **instrumental** support (practical assistance with activities of daily living); or **emotional** support (having a confidante – someone to talk to and confide in - who makes you feel cared for and valued); and **informational** support (someone who offers advice, guidance in decision-making).

Social support provides us with a sense of self-worth and the types of resources we need to deal with life's challenges – particularly as we age.

It is critical to recognize that **perceived support** is as important as **received support.** Evidence suggests that - this may apply as well to social isolation – since things that are perceived as real are real in their consequences.

LAYER FOUR – focuses our attention on - **perceived social isolation** – For example, do you feel that you have the number and type of social relationships – and the level of social support - that you would like to have? Do you have meaningful social ties with family members, friends, and neighbours? Do you feel connected to the community?

Most importantly, do you feel that your **social engagement** is **authentic** = genuine? Today's title is– ***authentic social engagement of older adults.***

Do you feel that you are able to make meaningful contributions to these social relationships? Recall my earlier comment about reciprocity … without this you may feel that you are being discounted or discredited and become concerned that you are a burden on others.

According to the National Seniors Council – social isolation involves not only a lack of social contacts and social roles – but also the absence of mutually rewarding relationships.

Based on the findings of a study of the health status of older adults – published in the *Journal of Aging and Health* several years ago (2008) – researchers concluded that – "**perceived social connectedness** may be relatively more important to health and well-being of older adults than the perceived availability of social support".

Similarly, data from the Canadian Community Health Survey reveal that people with a strong sense of community belonging are more likely to report being in good health. In contrast, people who have few social ties and feel socially isolated (or not connected to the community) – are more likely to experience poor physical and mental health and to die prematurely!

LAYER FIVE – (CORE) – may have to peel away many layers to get to the core – and also deal with the fact that people may not be willing to readily to disclose their private feelings – such as feeling lonely.

A lack of social connectedness may be experienced – by some but not necessarily all people - as a feeling of loneliness and a desire for companionship.

Loneliness is a subjective phenomenon that is assessed based on the things that people are willing to reveal about their perceptions and their feelings regarding social relationships (e.g., emotional distress - is typically inferred – based on other evidence - since it cannot be directly observed).

The onion analogy is helpful – to illustrate that social isolation is characterized by multiple layers of meaning – but it also has limitations. It is relatively easy to see and count the layers of an onion and to know when you have reached the core – but human behaviour and emotions are much more complex and challenging to understand.

Now I would like to raise a number of issues – which hopefully you will have an opportunity to consider further during today's discussions.

(1) First it is important to recognize that there is a difference between **social exclusion and social isolation**.

Social Exclusion – refers to a systemic process of marginalization reflecting unequal power relationships between groups in society that involve unequal access to social, cultural, political, and economic resources. Social and economic barriers – and discriminatory and exclusionary practices - can limit a person's opportunities to participate fully in society.

Living in poverty, or experiencing sexism or racism may result in social exclusion.

In contrast:

Social isolation – is a complex issue that is influenced by personal, community, and societal factors - and typically refers to the limited quantity and quality of contacts a person has with others in their social network – along with a lack of mutually rewarding and fulfilling relationships, a feeling of not belonging, or being meaningfully socially engaged with others.

Therefore - the essence of social isolation – is having less social interaction with others – than an individual wishes!

(2) Need to distinguish between –**risk factors vs. indicators** of social isolation.

Risk Factors
Seniors are a very diverse segment of the population (wide age range, etc.) … and consequently risk factors may impact individuals and groups of seniors differently. In general, the greater the number of risk factors present … the higher the probability that social isolation may occur.

According to The National Seniors Council – an increasing number of seniors may be at risk of social isolation due to factors such as –

- changing family structures and limited social support
- critical life transitions such as retirement, death of family members and friends
- economic factors such as living with low income and a lack of accessible and affordable transportation options
- compromised health status (e.g., multiple chronic health problems such as vision, hearing and mobility issues) – and
- lack of awareness or limited access to suitable health care and social services.

In addition, specific groups of older adults have been identified as being at greater risk of becoming socially isolated – groups such as – immigrant seniors (particularly those who face language barriers), seniors who are active caregivers for spouses, siblings, or other relatives – as well as low income seniors (particularly older women living alone), and Aboriginal seniors.

The **RISE** document in your package (RISE = Reach Isolated Seniors Everywhere) contains a lengthy list of risk **factors/indicators** of social isolation.

We will discuss this in more detail shortly – but for now – I want to comment briefly on the difference between risk factors and indicators of social isolation. How do you determine whether someone is actually socially isolated? On what type of evidence do you base your decision?

In other words, what are the signs or **Indicators** of social isolation? Given the multiple layers of meaning described earlier – it could be argued that multi-level measurement is required to identify socially isolated older adults.

Quickly try to illustrate the difference between risk factors and indicators – with a couple of examples from the health care field. When you reach my age (mid 70s) you are used to physicians telling you that you have high blood pressure and/or high cholesterol. Why is this important?

According to the Heart and Stroke Foundation of Canada – high blood pressure is the number one risk factor for stroke and a major risk factor for heart disease. Blood pressure measurement is used to determine whether you are at low, medium, or high risk. The RISE document tries to quantify risk of social isolation and categorize the level of risk as potential, moderate, serious.

Similarly, high cholesterol increases your risk of stroke, heart disease, and the long-term risk of having a heart attack.

What are the signs or indicators of these medical conditions (as opposed to the risk factors)?

Stroke

FACE – is it drooping?
ARMS – can you raise both?
SPEECH – is it slurred or jumbled?
TIME – to call 911 right away.

Heart Attack

(1) chest discomfort – pressure, squeezing pain
(2) upper body discomfort – neck, jaw, shoulder, arms
(3) sweating

(4) nausea
(5) shortness of breath
(6) light headedness

When exploring social isolation today – we need to distinguish between risk factors vs. indicators that social isolation exists, and when examining the many identified risk factors – we need to distinguish between immediate vs. long-term risk factors, and modifiable vs. non-modifiable risk factors.

Back to the example of heart disease – **modifiable risk factors** = smoking, physical inactivity, being overweight, plus high blood pressure and high cholesterol. **Non-modifiable risk factors** = age, family history of heart disease, race, and ethnic background.

Apply this to the risk factors for social isolation listed in the RISE document.

(3) Need to further clarify the difference between the **causes vs. consequences** of social isolation - (For example, what is the causal link between social isolation and loneliness?). Mental health issues such as depression – might lead to – or result from social isolation. The link between mental health and social isolation is complex and **bi-directional**!

The National Seniors Council recognized that it is often difficult to separate the consequences of social isolation from the risk factors associated with isolation – and state that – "it is difficult to determine the inter-relationships among these various factors".

In general, research has found that social isolation is associated with negative outcomes such as – a reduced sense of well-being, feeling unappreciated and unwanted, poor general health, reduced quality of life, and even (as stated previously) an increased chance of premature death.

In fact, the research evidence indicates that a lack of meaningful social relationships is as strong a risk factor for mortality – as smoking, obesity, or a sedentary lifestyle!

(4) As suggested a number of times - the relationship between **social isolation and loneliness** needs further clarification. They may indeed be correlated – but the nature and strength of the association is still not clearly understood. Limited social contacts may or may not lead to feelings of loneliness.

(5) To help sort things out – I would suggest that we also need to distinguish between **life chances** and **life choices** when addressing social isolation in later life. **Chance** =

(someone who is widowed or outlived siblings) vs. **Choice** = (someone who is single and never married).

For example, you may be dealing with two women - both in their 80s, living alone, dealing with chronic health problems (known risk factors for social isolation) … but from a **life course perspective** – their social circumstances and life experiences may be quite different - as well as their coping strategies. One = recently widowed, experiencing late life health problems with vision, hearing vs. Other = never married, living with lifelong chronic health problems.

The difference between life chances and life choices - has important implications for – understanding perceived social isolation and feelings of loneliness – and the type of support services that might be appropriate.

(6) Finally we need to consider the difference between **feeling lonely and being alone**. You have all probably found yourself at one time or another in a social setting in which you are with many other people, people who you know (e.g. an office party) … but find that you **feel out of place** …feel that you don't really belong - and consequently you may find yourself feeling lonely.

According to The National Seniors Council – social isolation may increase the likelihood of loneliness – but a person can feel lonely even when in the company of others – and conversely – lonely people are not necessarily social isolated.

It is important to keep this in mind today as we consider possible interventions intended to address social isolation and loneliness among older adults.

End with a comment that was made by an older adult – that for me really highlights the difference between being alone (or not socially engaged) and feeling lonely – when he said - 'if I have to be alone – I would rather be by myself".

I look forward to receiving feedback from you throughout the day as we address some of the issues that I have raised.