Meet Me for Coffee

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New research indicates that loneliness in later life is on the rise.

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The first month of 2016 is nearing its end, which means that the festive holidays are now a fond memory. January tends to be a quiet month, a time of rest and renewal, a period of reflection about the New Year. During these short winter days we tend to hibernate, but January can also be deadly. Demographic data indicate that more people die in winter, especially in January. There are many reasons for this increased mortality. Poor weather conditions and shorter days lend themselves to infections and flu. Fear of slipping and falling on icy sidewalks may prevent older adults from venturing outside. Such fear contributes to decreases in exercise and increases sedentary life styles that result in poor health.
One rarely discussed reason for this increased mortality is **loneliness**. Some people hibernate by choice. They nestle themselves into warm houses filled with loved ones. There are, however, an increasing number of men and women, especially older men and women, who find themselves home alone. For these “lonely” people winter can be deadly time. Many older adults like to meet for coffee in a local community café’s. Even McDonalds tends to have groups of older men and women who spend an hour or two a couple of times a week sipping coffee or tea and chatting about their families, their health, **politics**, and the weather. These important connections provide a much needed added social connection to the lives of many elders. On a cold winter day they may prevent the television from becoming someone’s their primary companion.

Loneliness is subjective. I have long researched the quality of social relationships in later life. In my interviews I have found many people may be completely satisfied with the nature of their relationships if they have one confident or perhaps a relative across the country that they see occasionally. By the same token another person may feel lonely and disconnected if they are regularly surrounded by family and friends. While the majority of older Americans are certainly not lonely, every one of us has experiences with feelings of loneliness and disconnection.

Loneliness and isolation are linked, but they are not the same social phenomenon. Loneliness occurs in the absence of satisfying social connections. Isolation, by contrast, is feeling disconnected from one’s family, community, or society. Studies indicate that almost one third of older adults are alienated by the pace of modern life, a condition that may or may not be associated with loneliness. While loneliness statistics vary, what is clear is that, in general, loneliness increases with poor health and lack of mobility.

It is also associated with an **increase in chronic illness and increased mortality**. Research strongly suggests that social bonds keep us healthier and happier—they mitigate the negative effects of **stress**. A study in the March, 2015 issue of Perspectives in Psychological Science reported on the results of a meta-analysis of more than 70 studies involving 3.4 million people. The meta-analysis underscored the direct link between loneliness and mortality. Older adults who reported feeling lonely were 26 % more likely to die during the time of the analysis. Loneliness is clearly on the rise. A recent article in Time by Justin Worland stated that loneliness is a new public health crisis.
An increasing number of Americans live alone. Many of these men and women even have no relatives—no family. For lonely people, winter can be a time of increased anxiety, stress, and depression. These are conditions that lower the immune function and leave people at an increased risk and mortality. The problem of loneliness is not isolated to a small segment of the American population. During the last 40 years, the percentage of people who have no relations has tripled. The increase in smaller families, the spread of geographic dispersion, and the extension of life expectancy has also led to the expansion of people--of all ages--who say they lack satisfying networks of friends and confidants.

As people age, this tendency intensified because of ill health, retirement, and death of existing friends and family. In the digital age, the widespread use of social media has created networks of virtual social connection, but has also led to a decrease in face-to-face interaction. While online relationships are beneficial in many ways, they lack many of the social and emotional advantages of person-to-person interaction. A text or email can serve as an extension to a personal visit. It can, indeed, enhance relationship satisfaction. But if it replaces conversation or face-to-face encounters, it becomes less satisfying and can increase feelings of disconnection.

Recently a popular television program demonstrated a way of alleviate loneliness. In a funny but very sad and frightening episode of Aziz Ansari’s “Master of None,” an aging relative of a character on the program finds companionship from a warm fuzzy trouble free electronic pet. It appears that Hasboro has created a “Joy for All” line in their attempt to reach out to what is even more sadly refereed to as “the last frontier of consumers”—seniors. These new toys are robotic companion pets. A realistic “cat” sells for 99 dollars and comes with light and motion sensors that respond to being held, petted, and hugged. While these “pets” may be creative and inventive toys, they are a sad substitute for a sentient being. That these robotic toys are offered as an alternative for companionship is frightening. The message somehow comes across: “buy your grandmother a pet cat instead of coffee once in a while”.

The rise in loneliness in America is a serious phenomenon that is woven in our social fabric. Perhaps one way to confront this important issue is to consider it from a psychological model. The “Broaden and Build” theory of positive emotions proposed by psychologist Barbara Fredrickson suggests that positive emotions, such as those experienced by socializing with friends and family, can be sustained over time and motivate people to take part in
activities and increase their engagement with the environments. The broaden and build model focuses on the link between positive emotions and active engagement. Positive feelings serve as a motivation that prompts the development of broader and more diverse connections. These, in turn build enduring personal resources that can sustain people—even on cold winter days.

One health promoting way of broadening and building connections is through active engagement in our communities. To help lonely older adults find ways of re-integrating in a variety of social networks, we need to focus on the community resources. A good example of and excellent program that have attempted to improve life for older adults is the World Health Organization’s (WHO) “Age Friendly Communities” project. This project supports analyses of neighborhood and community resources that promote social integration. The WHO program is a consortium that consists of a worldwide network of communities that are striving to better meet the needs of their older residents. WHO's “Global Network of Age-Friendly Cities and Communities” provides an opportunity for cities and communities to exchange information, resources, and support about what works and what does not work to reduce loneliness in later life.

The aim of WHO global project is to promote the creation of physical and social environments that help older adults stay active and integrated in their communities. By providing real life solutions, transportation, housing, social participation, livable outdoor spaces, communication and information, community services, the WHO project is attempting to combat ageism and promote respect for diversity and inclusiveness. Age friendly communities such as those promoted by WHO and AARP are an important step in creating more widespread awareness of the interaction between an individual’s capacity to integrated and the community context in which he or she lives. It takes more than an individual person to combat loneliness.