

You're Not Alone: Avoiding Loneliness in Later Life

Abstract

An AARP national survey in 2010 found that up to 35 percent of adults ages 45 and over reported feeling lonely. In addition, research has shown that chronic loneliness not only impacts our mental health but also impacts our physical health and life span.

To address loneliness, you must be willing to admit that you are having a hard time and must be willing to take steps to address the loneliness even if it means getting outside help. With help and/or increased supports, research has also shown a reduction in symptoms, in turn, resulting in an improved quality of life.

Data

- “Loneliness Among Older Adults: A National Survey of Adults 45+” by G. Oscar Anderson, AARP Research, September 2010: bit.ly/2gPg2iW |
- “Loneliness and social isolation take a steep toll on the human body. Studies show that people who are chronically lonely have significantly more heart disease, are more vulnerable to metastatic cancer, have an increased risk of stroke and are more likely to develop neurodegenerative diseases such as Alzheimer’s. Lonely adults are 25 percent more likely to die prematurely. Elderly people who are lonely die at twice the rate as those socially connected ... Researchers estimate that 60 million Americans—one fifth of the population—suffer from the pain of loneliness.”—excerpt from “The pain of chronic loneliness can be detrimental to your health,” by Veronique de Turenne, UCLA Newsroom, December 2016: newsroom.ucla.edu/stories/stories-20161206
- Loneliness and depression are not the same, but there is a high correlation between them:
 - Sean Seepersad, Ph.D. states in “Is Loneliness Just Another Form of Depression?” (Psychology Today, 2014): “Loneliness is a perfectly natural reaction a person would have if his/her need to belong is not being met. Depression, on the other hand, is a much more general feeling of sadness, hopeless, or dejection.” bit.ly/2zbMJhY
 - John T. Cacioppo and William Patrick point out in their book, *Loneliness: Human Nature and the Need for Social Connection*, “Loneliness reflects how you feel about your relationships. Depression reflects how you feel, period.” bit.ly/2yXOEY9
 - Yet, regarding behavioral interventions, programs such as the PEARLS (Program to Encourage Active Rewarding Lives for Seniors)

can be utilized when working with both individuals feeling lonely and individuals feeling depressed due to symptom commonalities.

- A research study, “Community-Integrated Home-Based Depression Treatment in Older Adults: A Randomized Control Trial” by Ciechanowski, P., et al. (2004) showed that patients receiving the PEARLS intervention were more likely to have a reduction in depressive symptoms, to achieve complete remission from depression, and/or to see improvements in their quality of life and emotional well-being. bit.ly/2zLvpwt

City Role

PEARLS, an evidenced-based in-home depression counseling program, was developed by University of Washington Health Promotion Research Center (HPRC). It is one of several research projects that UW’s HPRC has been and is involved in. PEARLS counseling is free for individuals who enroll into the program due to funding by the King County Human Services and Veterans Levy and sponsorship by Aging and Disability Services, the Area Agency on Aging (a division of the Seattle Human Services Department).

Recommended Pre-reading

- “Former Surgeon General Sounds the Alarm on the Loneliness Epidemic”: cbsn.ws/2zdsfoV
- “Researchers Confront an Epidemic of Loneliness” by Katie Hafner: www.nytimes.com/2016/09/06/health/loneliness-aging-health-effects.html
- “What Drives Our Loneliness?” by Lisa Firestone, Ph.D.: bit.ly/2iDKwEO

Presenter



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