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**LONELINESS IN LATER LIFE: COMPARATIVE STUDY OF EU
AND RUSSIA**

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Abstract

Subjective measure of loneliness is necessary since the perception of being lonely is individually constructed by the discrepancy between the expected inner content of social interactions and their objective content which can be observed by other people. The exact parameters of this discrepancy and the outcome it may have are individual as well and can hardly be observed by the third parties. Policy-makers often consider older adults as a social group which might be having special characteristics and researchers assume that loneliness and social isolation are most probably one of them. The changes in older adults' work and family roles, future time perspectives, changes in health, in surrounding environment, social and economic status, living conditions and consumer behaviour, make them oriented mainly on inner experiences and may result in loss of life goals and the meaning of life. In this paper loneliness and social isolation are studied on the basis of ESS dataset and sociological surveys, conducted in Tomsk region (2014-2017). Comparative study of loneliness in EU countries shows that the share of people who feel themselves lonely is greater in Eastern European countries than in Western European. Loneliness and social isolation in Russia is greater than in EU countries.

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1. Introduction

With age, older people face new challenges associated with the new environment in which they often have little choice of free options: sometimes they are forced to quit working, volunteering, doing sports or any other activities due to changes in health or other life circumstances. The challenges are equally probable for all ages, but older adults may be more vulnerable facing them because violation of life routines is getting harder with age. One way we may define loneliness and social isolation is to consider them “subjective lived experiences that exist in the form of multiple realities constructed and reconstructed by individual older people within the context of their different lives and life histories” (Victor et al., 2009). Social interaction is a key element in the well-being of the ageing population since social ties form the basis and preconditions for all types of activities, which contribute to active ageing: volunteering, caring for other relatives and non-relatives, work. In this context, loneliness can be considered either a reason or an outcome of weakening or losing social connections. In both roles it endangers health, according to the great number of studies (Berkman & Syme, 1979; Barefoot et al., 2005; Perissinotto Cenzer, & Covinsky, 2012; Cacioppo et al., 2005). Still, we should be very careful stating that social connectedness is always better than loneliness, because being socially connected via care-giving may be damaging the older adults’ emotional wellbeing (Nyirenda et al., 2015). It needs further analysis, but one may suggest that providing care to people with terminal conditions might be even more destructive and stressful for the older adults than loneliness. Still, the survey made in Tomsk region (Russia) demonstrated that older people, providing care are significantly more satisfied with life compared to those who are not care-givers (Frolova & Malanina, 2016).

2. Problem Statement

Considering the above-mentioned differences between most frequently used variables assessing the loneliness state of a person, meta-analytic review (Holt-Lunstad et al., 2010, p. 227) reported not finding considerable differences in measures of perceived loneliness and social isolation, but proved all of them contribute to higher mortality. Thus, individuals with stronger social ties achieved about 30% increase in the likelihood of survival, the negative effect of poor or insufficient social relationships on mortality is assessed as comparable to smoking and greater than obesity. Another result of this pervasive study is the finding of loneliness having less significance and less risk on mortality for older people than for the younger generation (Holt-Lunstad et al., 2010, p. 234). Discussing this counterintuitive outcome, authors suggest various explanations, one of which is definitely working for Russia and it’s what can be called a cohort differences effect.

3. Research Questions

The research question **is** in identifying a difference in understanding loneliness and social isolation among older adults in developing and developed countries.

4. Purpose of the Study

The aim of this study is to discover and compare approaches to loneliness and social isolation in later life and providing instruments for the communities and society for combatting loneliness.

5. Research Methods

Loneliness and social isolation are measured by the meaning of several items. For this study in case of EU countries the European Social Survey was used. In this survey loneliness is associated with the item “How many people, if any, are there with whom you can discuss intimate and personal matters?” The scale includes 7 variables: 0-none, 1-1 person, 2-2 persons, 3-3 persons, 4- 4, 5, 6 persons, 5-7, 8, 9 persons, 6- 10 or more persons. The data for Russian Federation could not be obtained for 2002, 2004 and 2014 waves in this survey.

To understand if Russian older adults are affected by the loneliness and social isolation and how those two related to wellbeing, The International Scientific Educational Laboratory for the Improvement of Wellbeing Technologies of Older Adults run surveys of older adults in the Tomsk region, Russia, Siberia (500 participants in 2014, 400 – in 2015, 850 participants in 2016, 400 – in 2017). The survey in 2017 was developed on the basis of adopted for Russia UCLA scale (Ruchkin, Eisemann, & Hägglöf, 1999), to focus the study in loneliness and social isolation. It includes 96 items in wide range of dimensions: life satisfaction, financial wellbeing, psychological wellbeing, health status, physical activities, loneliness, and interpersonal relationships. For this study the subset of the items was used. The sample of the Tomsk study-2017 includes 400 older adults (male-149, female - 251, age range 55-93 years, median age – 66), who lived in Tomsk region (Russia) in rural and urban areas. Respondents were Russian native speakers and face-to-face interviewed at their own homes.

Loneliness was measured with the 2 items: the first one - “I do not feel myself lonely”, rated in on a 4-point Likert scale (1- never, 2 – rarely, 3- sometimes, 4-often); the second one - “Concerning all aspects of your life, how much do you feel you are lonely?” rated 10-points Likert scale (1-extremely lonely....10 – extremely unlonely). Respondents also reported gender, marital status, financial status, education.

6. Findings

Surprisingly, growing loneliness turned out to be a worldwide trend, which captured even nations with presumably stronger intergenerational ties and wider informal (family and community) support reputation. It seems like globalization, growing mobility makes younger generation less prone to provide filial support to the older relatives. Sociological surveys conducted in the US (Wilson and Moulton, 2010) and China (Yang & Victor, 2008) reveal the increasing numbers of people reporting loneliness in both such different countries over the last decade, from around 15% to almost 30% in China and up to 25% of 70+ older adults in US. According to nation-wide representative research National Survey of Adults 45+ (Wilson & Moulton, 2010), in US older people are less likely to be lonely than their younger counterparts and another finding is that loneliness serves a good predictor of health, at least self-reported. For China, a group most exposed to loneliness is widowed or divorced women aged 65 and over living in rural areas.

Poor health is commonly associated with loneliness, but causality direction is hard to identify: as is known from other research (Brummett et al., 2001), loneliness could be either a reason for poor health or a result of it. Considering another nation, which is quite outstanding in terms of life and migration patterns – Australia – a survey of 353 participants between the age of 65 and 85, revealed that 48% of them reported feeling from moderate to very severe loneliness (Steed et al., 2007). In this survey again, as observed by many of the abovementioned authors, loneliness is correlated to poor self-reported health (with unclear causal connection).

European countries seem to hold this trend as well. Data from 3687 community-dwelling adults aged 74 and older in Finland shows that 47% in the segment of 85 and older and 39% in the whole sample suffered from loneliness (self-reported suffering from loneliness rated on the scale: sometimes, often, or always) (Tilvis et al., 2011). This study also suggests discussion on gendered issues of older-age loneliness and different effects produced on men and women, assuming that the later are coping better with loneliness or a prospect of loneliness. Results from the European Social Survey (2006-2007) run in over 25 countries with 47099 participants show that loneliness level tends to be U-shaped and increases dramatically after the age of 70, though younger people under 30 are also reporting higher levels of loneliness than middle aged (Yang & Victor, 2011). The percentage reporting never or almost never feeling lonely goes down from over 70% for ages 30 to 69, to around 60% for the 70-79 age range, and below 50% for those aged 80 or older.

In addition to studies directly aimed at loneliness research (and formulating the questionnaire respectively, asking “do you feel lonely?” or “how often do you feel lonely?”) we should consider also indirect signs of loneliness, which can be found in European Social Survey database. The value of the ESS question (and generally of such less-personalized questions) is in making people respond more clearly and simply compared to the questions asking them to remind how many times they felt lonely last week or rate the degree of suffering from loneliness.

Basing upon this background of studying the elderly loneliness as a specific phenomenon of an ageing society, many social sciences (sociology, demography, psychology, economics) are continuously revealing the features of the loneliness experience for different age and social groups of the elderly, analysing the relevant factors and determinants of loneliness, and studying the challenges of elderly peoples’ loneliness in the context of the governments’ social policy. Respectively, another issue worth mentioning is practical implications of studying loneliness in later life. Not all of the reasons of loneliness can be prevented, especially those that refer to subjective loneliness. Subjective loneliness can be monitored only through surveys focused on older people and if being reported, subjective loneliness can be handled only individually through psychological (or family, or community) support. Knowing the percentage of older adults who are self-reported lonely on the one hand gives us the ground for cross-country or cross-regional comparative studies, but on the other hand is not instrumental enough to make assumptions on institutional reasons for high level of loneliness, since there might be no institutional reasons at all. Subjective loneliness may be pronounced even in high-income countries with highly developed social care system. Thus solving the problem of “living alone” (by introducing family or institutional care) or preventing poverty in later life (by prolonging working age and presuming social contacts) is not necessarily solving the problem of subjective loneliness.

Table 01. [Anyone to discuss intimate and personal matters with (How many people with whom you can discuss intimate and personal matters (since 2012), % of respondents. (ESS1-ESS7, 2002-2014)

Anyone to discuss intimate and personal matters with	Yes, all ages	No, all ages	Yes, older adults 60+	No, older adults 60+
ESS1, 2002	89.9	9.2	84.18	15.82
ESS2, 2004	88.0	10.8	83.5	16.5
ESS3, 2006	89.4	9.3	85.14	14.86
ESS4, 2008	86.4	12.3	82.1	17.9
ESS5, 2010	88.1	10.7	82.57	17.43
ESS6, 2012	97.1	2.3	91.2	8.8
ESS7, 2014	94.1	5.0	91.8	8.2

Table 1 shows percentage of people reporting having or not having anyone to discuss personal matters with. This question is not perfectly adequate for understanding loneliness, but it is the closest one in the ESS database. As one can observe from the Table 1, older adults from European countries are more often reporting having no one to share intimate or personal matters compared to the sample in general. The way this question is formulated has changed in ESS6 into ‘how many people...you can discuss’ thus attempting to assess how big is the social net of the closest friends and relatives.

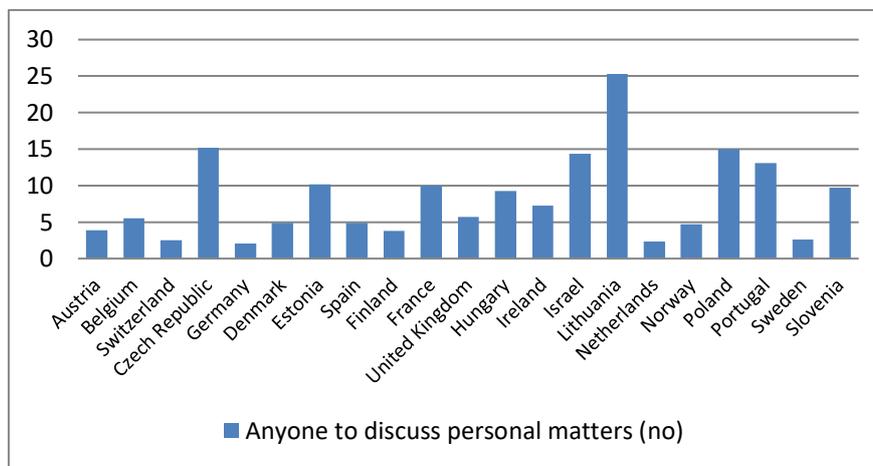


Figure 01. Loneliness in EU countries (ESS7-2014)

Comparative study of loneliness in EU countries shows the share of people who feel themselves lonely in population is a nation-specific feature, reporting Eastern Europeans (Lithuania, Czech Republic, Israel, Poland) to be overall more lonely (14-25,5%) and Northern Europeans (Sweden, Norway, Netherlands, Finland, Switzerland, Germany) far less lonely (2,5- 4%).

One of the possible reasons for this situation is the peculiarities of family and social relations. In countries with stronger family connections, the loss of family members (spouses, children) as they age due to age-related illnesses is not compensated by the formation of new social ties outside the family. On the contrary, in countries with a stable tradition of individualism, the reduction of contacts with family members of older age is compensated by new social ties with members of the local community, the

strengthening of social capital through new friends, acquaintances, neighbors. This circumstance, in turn, is explained by differences in the level of interpersonal trust in the Eastern European countries and Western European countries (Frolova & Malanina, 2016).

According to the Tomsk study the same tendency was found: 49.5% of the respondents in the sample noted that they felt lonely, while among the cities inhabitants 38.5% are feeling lonely, and among residents in rural areas - 58.7%. 5.75% of respondents consider themselves very lonely, while 40% of respondents say that the feeling of loneliness is completely unknown to them. The results of this study confirm and detail the findings of the 2014 survey (Didino et al, 2016).

About 28% of the Tomsk sample is living alone, which does not a symptom of loneliness, just an objective feature of a life style. Still, the Russian practice of social services and Russian legislation uses the term "status loneliness" or "lonely living" as the only criterion of loneliness, that is not sufficient for a comprehensive approach to its study, but crucial for social payments eligibility testing. The respondents were asked to name and range factors of their social wellbeing, and over 70% of the sample rated communication with other people as the most important component. The results confirm the positive correlation between social support and life satisfaction: receiving social support is associated with greater life satisfaction, while providing support is associated with happiness (Frolova & Malanina, 2016).

7. Conclusion

Loneliness nowadays is a research thread of growing interest, but not that new for sociologists and medics who were trying to tie loneliness as a risk factor to mortality, morbidity and other sociological phenomena such as suicide rates. Cross-sectional studies help to see the picture of a community or a nation regarding loneliness rates across the sample and help comparing age groups at a certain moment. But the most valuable are always the attempts to make every cross-sectional research longitudinal. Longitudinal studies may potentially provide a wider picture of loneliness phenomenon since such approach controls for variables, which along with loneliness may influence health status, mortality, psychological status, future time perspective. Also interviews in discovering loneliness are of a particular value, because this instrument gives the researchers the sense of context: the exact reason for loneliness (be it objective or subjective) pronounced by an individual can be examined in a particular relevant context. Conducting open question interviews, we may hope to hear the actual correlation between multiple factors of respondents' life, and knowing the life course of an individual we may find out the sequence and even causality between those factors. Still, research findings on loneliness might have no practical value, especially in respect to subjective loneliness, which has quite a low potential of being "cured" institutionally. A certain degree of optimism may lie with the society as a whole growing more individualistic. Having smaller families (or not having any) would probably be "training" people to cope with loneliness in younger age so that the transition to old-age loneliness would be perceived less painfully.

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