2. LONELINESS RISK FACTORS

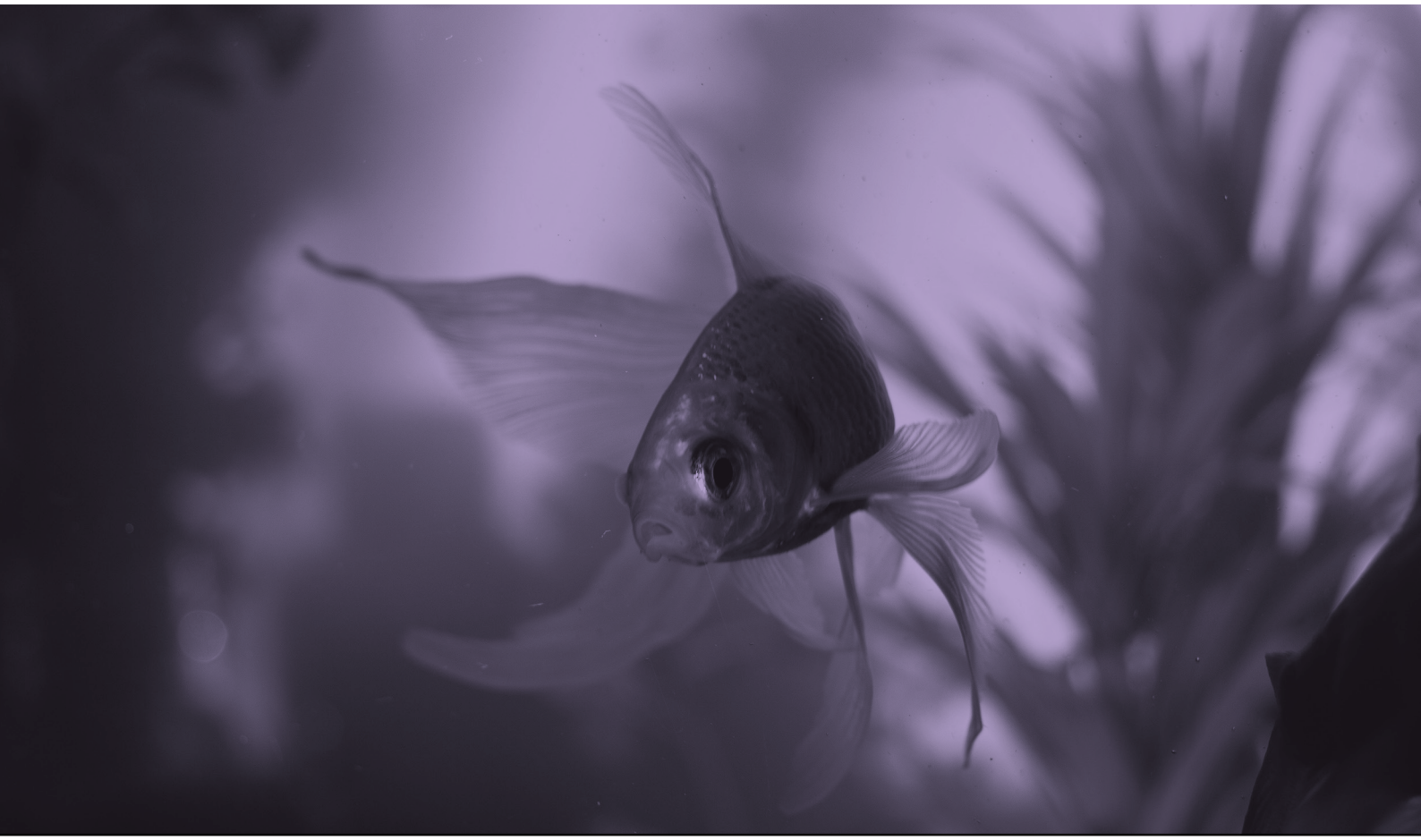
INTRODUCTION

The existing literature on risk factors associated with loneliness is vast. In order to move towards a definition of the elements that help to identify people at risk of suffering from loneliness, some of these factors are mentioned below.

It is important to remember that risk factors can be used to prioritise areas of intervention (and create risk maps) and/or groups in the population to which attention should be paid from a loneliness perspective because they accumulate more risk factors, but they cannot determine whether or not a person feels lonely. To do so, we must find out how the person feels.

Furthermore, as we saw in the previous section, loneliness can be a result of the interaction of multiple variables, so there can be several causes behind the feeling. In addition, loneliness acts bidirectionally with other phenomena, and can therefore be viewed as a cause or a consequence of other situations or issues, such as social isolation, illness or mental health problems, acquisition of unhealthy habits, etc.

Under no circumstances can risk factors determine whether or not a person feels lonely, but they can be used to prioritise areas of intervention. To assess whether or not a person feels lonely, we need to find out how they feel.



SOCIODEMOGRAPHIC FACTORS

Though sociodemographic variables do not exert as direct an influence as others over loneliness, they have been widely proven to be useful when identifying who the people most vulnerable to loneliness could be (Pinazo; Bellagarde, 2018). Empirical research has shown us that the most significant sociodemographic variables that affect the risk of loneliness are as follows:

A. GENDER

Many authors state that women are at higher risk of suffering from loneliness (Pinquart; Sörensen, 2001). However, the association between gender and loneliness continues to be hazy: though the two elements have been studied in depth, any examination of their correlation is permeated with other factors. If we look at existing empirical evidence to date, we see that some studies indicate that women report feelings of loneliness more frequently than men, while others say that this prevalence is influenced by widowhood (Coll Planas, 2017): a frequent reality in the later stages of life that mainly affects women (Donio-Bellegarde, 2017). Various studies have demonstrated that one of the most notable factors in the relationship between gender and loneliness is the ability to recognise this loneliness. Donio-Bellegarde and Pinazo-Hernandis (2014) explain that, at first glance, it seems that women suffer more from loneliness than men, but if we look closer, we see that this is not the case: this trend is directly related to the 'capacity' to recognise and express feelings attributed to women.

B. AGE

In a similar way to gender, empirical evidence on the relationship between age and loneliness is not homogeneous. Piquart and Sörensen illustrate this relationship with a U curve: they argue that loneliness is often at its peak during adolescence and early adulthood, then it drops during adulthood before rising again during old age (Coll Planas, 2017). Other studies indicate that people over the age of eighty feel lonely more frequently than younger people (Pinquart; Sörensen, 2001).

In the case of older people, increased loneliness as the years go by is not down to a higher age in itself, but rather to a series of circumstances that occur in the later stages of life: a process of losses associated with the life cycle (children leaving, death of partner or close friends, etc.) combined with a gradual process of functional decline and a change in social roles (retirement, reduction of social groups, etc.), as well as the perception of a more hostile environment (as a result of changes to the neighbourhood where they have always lived, accelerated urbanisation processes, new forms of urban mobility, living in a digital world, etc.). These changes can foster a feeling of loneliness.

C. MARITAL STATUS

The marital status 'single' generally includes single people who have never been married, people who are divorced and widows, and has consistently been viewed as a loneliness risk factor (Cohen-Mansfield et al., 2016). Most research agrees that having a partner works as a protective factor against loneliness. In line with this fact, it is also important to note that among single people, those who have never been married tend to suffer less from loneliness than people who are widowed, divorced or separated. Particularly, widowhood has frequently been associated with a higher risk of loneliness and social isolation (Pinazo-Bellagarde, 2018).

D. SOCIOECONOMIC STATUS AND EDUCATION

Both low income and low levels of studies are associated with the feeling of loneliness. In other words, people with little education and low spending power tend to suffer more from loneliness. Some studies link people's level of studies more consistently with the feeling of loneliness, while others indicate that income has a bigger impact on loneliness and is a better predictor than education (Pinquart; Sörensen, 2001).

E. PLACE OF RESIDENCE

Contradictory results have also been produced by studies examining differences between living in rural and urban areas, as some say loneliness is more prevalent in urban areas, while others say the opposite. This suggests that this variable has not been studied closely enough, so there is not enough data out there to arrive at any kind of conclusion (Cohen-Mansfield et al., 2016). Furthermore, differences between urban and rural environments disappear when gender and education variables are introduced (Coll Planas, 2017).

Another aspect to be taken into consideration regarding place of residence (as an objective, structural factor with an impact on loneliness) is orography (of the neighbourhood or town/city) and accessibility, as well as the transport network available. When **accessibility** in the urban environment and housing are optimal and the transport network is adapted to the population's needs, the risk of isolation falls, along with the risk of loneliness.

In this area it is important to consider **people who live in public institutions**, such as care homes for older people, prisons and mental health centres, among others. Despite being surrounded by people, those who live in an institutionalised setting may be more likely to suffer from loneliness. Being moved to an institution has a direct influence on a person's relationships: contact with family is reduced and, though sometimes new relationships with staff and other residents can be established, there are sometimes variables that reduce the chances to build relationships, such as a high prevalence of cognitive decline, a disability or perceived hostility. It is important to highlight that not enough research has been done, so there is no concrete data on loneliness in institutionalised settings.

HEALTH AND INDEPENDENCE FACTORS

A. SELF-PERCEIVED HEALTH

This is one of the health variables that has most often been linked to loneliness. People who perceive their health to be poor tend to feel lonelier. This variable can be considered a subjective indicator that is quite commonly used.

B. FUNCTIONAL DECLINE

Functional decline or the loss of independence is linked to a higher degree of loneliness. During old age, for example, a process of losses[1] takes place and can have a direct impact on loneliness. The situation can be considered similar in the case of an acquired disability, as a result of an accident or illness. In both cases, fragility is involved: a state often considered a source of loneliness.

Nonetheless, a person's functional capacity must always be viewed in relation to their environment and the support they receive. It is therefore important to examine structural factors such as degree of accessibility and the availability of grants and services, as these will be major determining factors in their ability to interact with their environment and to build relationships.

C. MOBILITY DIFFICULTIES

A high degree of mobility makes it easier to interact with others and with the environment, while limited mobility makes it more difficult. Like in the case above, these factors must be viewed from a person-in-environment perspective and associated with the accessibility of the person's surroundings and the support and services to which they have access, as better accessibility and support makes it easier for the person to build and maintain relationships, regardless of their mobility.

1. Many qualitative research processes emphasise the fact that the way people manage loss is one of the most important determining factors of loneliness.

D. LIMITATIONS TO SENSORY CAPACITIES

Just as mobility makes it easier to interact with people and the environment, hearing and vision capacities facilitate communication with people and the environment. When they are impaired or limited, isolation, and therefore loneliness, are more likely. Like in the case of mobility, these situations must always be read from a person-in-environment perspective: the more communication and information accessibility is included in the design and management of public spaces and services, the more opportunities for interaction and connection people with hearing or vision limitations will have.

E. INTELLECTUAL LIMITATIONS AND/OR COGNITIVE DECLINE

There is no empirical evidence regarding the connection between intellectual limitations and loneliness, but the same reading as the two above cases can be made. We must look at the person in relation to their environment and the support they receive and observe how they facilitate their interaction with people and their surroundings. To do so, attention must be paid to easy communication and reading measures and the specific support available to the person.

As for cognitive decline (which is common among older people), a series of longitudinal studies have been carried out in recent years to determine the relationship between more participation in the community, greater perception of social support and a wider social network and a reduced risk of having dementia (Khondoker et al., 2017; Zhou et al., 2018). Other research has confirmed that loneliness damages cognitive function and increases the risk of Alzheimer's disease (Wilson et al., 2007). As Elvira Lara explains in her article *Soledat no desitjada i deteriorament cognitiu*,[2] people who are lonely are more likely to develop dementia and, especially, Alzheimer's disease[3] (Sundström A. Et al). In a study published in *Ageing Research Reviews*,[4] researchers at the Autonomous University of Madrid carried out a thorough review of the association between loneliness and dementia. After reviewing more than 2,500 articles on the issue and analysing the results of 8 studies involving more than 30,000 participants over the age of 50, the study concluded that loneliness was associated with a higher risk of dementia. Furthermore, this association was independent of the presence of depression.

However, there is no empirical evidence on the effect of cognitive decline on loneliness.

F. COMORBIDITY

Comorbidity means the coexistence of two or more diseases or disorders in one person. In some studies, this indicator has been directly associated with loneliness. In other words, people with comorbidity tend to be lonelier (Cohen-Mansfield et al., 2016).

2. Elvira Lara 2022, *La soledat no desitjada i el deteriorament cognitiu*. https://ajuntament.barcelona.cat/dretssocials/ca/barcelona-contra-la-soledat/noticies-soledat/soledat-no-desitjada-i-deteriorament-cognitiu_1157517

3. Anna Sudström et al. 2019. *Loneliness increases the risk of all-cause dementia and Alzheimer's disease*. https://academic.oup.com/psychsocgerontology/article/75/5/919/5606342

4. Elvira Lara et al. 2019. *Does loneliness contribute to mild cognitive impairment and dementia? A systematic review and meta-analysis of longitudinal studies*. https://www.sciencedirect.com/science/article/pii/S1568163718302472

PSYCHOLOGICAL AND PERSONALITY FACTORS

A. DEPRESSION

Depression is the mental health issue that has most often been linked to loneliness. This relationship is proven to be bidirectional: depression increases the risk of loneliness, and loneliness increases the risk of depression. Scientific literature has proposed a model to explain depression and loneliness: 'MODEL' (Cohen-Mansfield; Purpura-Gill, 2007).

B. POOR MENTAL HEALTH AND LOW LIFE SATISFACTION

Some of the variables that indicate poor mental health, such as psychological stress and low life satisfaction, are associated with higher levels of loneliness (Cohen-Mansfield *et al.*, 2016).

C. LOW SELF-ESTEEM AND SELF-EFFICACY

From a psychological perspective, self-esteem and self-efficacy – understood as the confidence and belief a person has regarding how to do an activity (including self-confidence to overcome elements or barriers) – are also considered predictors of loneliness in some studies (Coll Planas, 2017).

D. UNHEALTHY HABITS

Some studies have found a positive correlation between unhealthy habits (drinking alcohol, smoking, a sedentary lifestyle, being overweight or obese, etc.) and loneliness. This positive correlation between the two phenomena implies that as the indicators of unhealthy behaviours increase, the risk of loneliness also rises (Cohen-Mansfield et al., 2016).

INTERACTION AND SOCIAL PARTICIPATION FACTORS

A. COMPOSITION OF THE HOUSEHOLD

When it comes to compositions of households, it is important to remember that living alone is not necessarily associated with feeling lonely. However, it is true that people who spend more time alone are at a higher risk of feeling lonely than people who spend less time alone (Steed et al. 2007). De Jong Gierveld put forward a model in which one of the factors that protect against loneliness is living with a partner. In addition, when health variables have been cross-referenced with household composition, studies have shown that people who live alone and have poor health feel lonelier than people who live with others and are in good health (Coll Planas, 2017).

B. SOCIAL NETWORK

Many studies have demonstrated a significant correlation between size of social network and feelings of loneliness (Hawkley; Browne; Cacioppo, 2005). In other words, having a small social network is associated with a higher risk of loneliness. It is important to highlight here that there are factors that have a direct impact on the reduction of a social network, such as retirement, migration, admission to long-term institutions, etc.

C. QUANTITY AND QUALITY OF SOCIAL RELATIONSHIPS

It has been widely proven that quality of social contact has a bigger influence on loneliness than size of the social network (Hawkley et al.). 2008). Specifically, the quality of social relationships is three times more significant when explaining loneliness than the quantity of social relationships (Pinquart; Sörensen, 2001). We must observe the factors that can have a direct impact on reduction of the social network at different stages in life, including change of school during childhood and adolescence and retirement, functional decline and deteriorating health in old age.

D. DEGREE OF SOCIAL PARTICIPATION

The correlation between this variable and degree of loneliness is negative. In other words, as the degree of social participation and leisure activity decreases, the levels of loneliness increase (Pinquart; Sörensen, 2001). This is a significant risk to take into account during the later stages of life, as many studies have detected that as people get older, their social participation is reduced (Huxhold *et al.*, 2013). Various factors can contribute to this fall in social participation: some are associated with the person directly, while others are related to a poor transport network or lack of accessibility, or even a lack of suitable cultural offering or activities.

E. SOCIAL SUPPORT

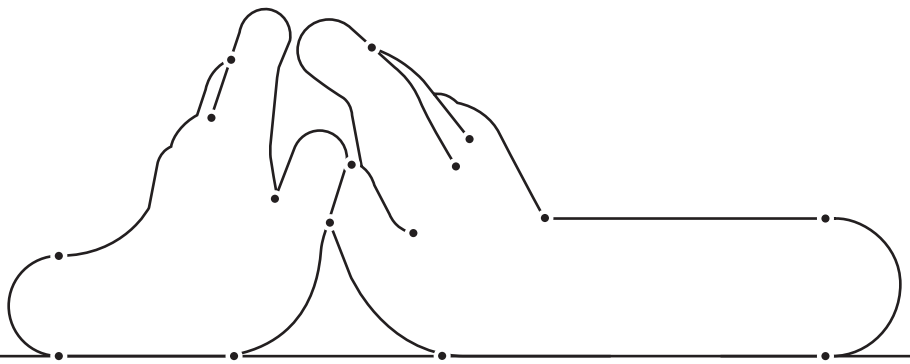
Social support is characterised by a dynamic of giving and taking and can be formal or informal, and instrumental, economic or emotional. People's perception of the social support they receive is a significant determining factor in the feeling of loneliness. When they feel they are getting enough support, the risk of loneliness falls. For example, caring for others is a clear example of an emotional, instrumental type of support and plays a fundamental role during old age from an intergenerational perspective (Pinazo-Bellagarde, 2018). It is important to note here that both receiving and providing care and support have a beneficial impact on people, whether young or old.

KEY IDEAS AND SUMMARY

The following table summarises the various factors involved in the risk of loneliness:

SOCIODEMOGRAPHICS	HEALTH AND AUTONOMY	PSYCHOLOGY AND PERSONALITY	INTERACTION AND SOCIAL PARTICIPATION
Gender	Self-perceived health	Depression	Composition of the household
Age	Functional decline	Poor mental health and low life satisfaction	Social network
Marital status	Mobility difficulties	Low self-esteem	Quantity and quality of social relations
Socioeconomic status	Deterioration in functional capacity	Unhealthy habits	Degree of participation
Place of residence	Comorbidity		Social support

Source: Original



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