

The cost of loneliness: Canadians are facing a solitary future – and it's affecting their health

Being disconnected is just as dangerous to good health as smoking 15 cigarettes a day, according to oft-cited research.

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Ken Roberts, 56, lives alone and has felt lonely and depressed. But he realizes that his health depends on his ability to connect with other people. JULIE OLIVER / POSTMEDIA

Ken Roberts' life in the past few years has been the perfect storm of loneliness and social isolation.

Roberts was a caregiver to his ailing father for six years, a stressed-out witness to a string of hospitalizations and descent into dementia. The two

shared an apartment and were alone most of the time. Roberts' father died in 2015, followed by his brother in 2017. Roberts has had depression and was diagnosed with Type 2 diabetes.

"I have pretty much always been introverted," he said. "I was used to being in the apartment all the time. It became almost a habit."

But Roberts, 56, also realizes that his health depends on his ability to make a point of getting out of his apartment and doing things with other people. He joined a cooking club and a walking group. On a recent Thursday, Roberts could be found rocking out with the "talent optional music jam" at the Centretown Community Health Centre.

"If you're interacting with a group, people are expecting you. You're motivated," said Roberts. "When you're by yourself, it's easy to get into that negativity spiral. It's important to get that reinforcement from people."



Health issues like diabetes and depression and being a caregiver to his ailing father, Ken Roberts, 56, found himself not only alone, but lonely, which can have detrimental health effects. JULIE OLIVER/Postmedia

In the space of a few short years, loneliness has gone from a subject for poets and songwriters to a public health conundrum to be solved — not just to promote individual happiness, but as a potential money-saver for the health-care system. Some studies have linked chronic loneliness to the risk of early death, coronary heart disease, stroke, cognitive decline and dementia. People who are lonely are more prone to depression. Loneliness and a lack of social interaction are predictive of suicide among older people.

In 2015, researchers at the University of Manitoba's Centre on Aging reported that among people 45-plus who were hospitalized, being lonely was associated with a higher likelihood of returning to hospital. Being more socially isolated was associated with a higher likelihood of remaining in hospital for longer.

All this evidence is piling up at the same time that shifting demographics point to a solitary future for many Canadians. The 2016 census found that, for the first time in recorded Canadian history, one-person households are the most common household type in the country.

As time passes, the reasons for living alone are also changing. In 2016, about 22 per cent of those living alone were widowed, down from 33 per cent in 1981. But 32 per cent of those living alone were separated or divorced, nearly triple the rate in 1981.

"The whole issue of aging alone is a huge issue for Canada for a number of reasons," said Nora Spinks, CEO of the Vanier Institute of the Family. "You have densely-populated urban environments, where you can be alone in a crowd. There are suburban environments where lack of transportation can lead to social isolation. And then there are the distances for people in rural areas and the north."

Former U.S. surgeon general Vivek Murthy has called loneliness a "growing health epidemic." It has been estimated that socially isolated seniors in the U.S. face a 29 per cent greater risk of death — and they cost \$134 more a month in Medicare spending.

Being disconnected is just as dangerous to good health as smoking 15 cigarettes a day, and is more predictive of early death than the effects of air

pollution or being a couch potato, according to oft-cited research by Julianne Holt-Lunstad of Brigham Young University. Another study of 5,100 Americans and their social contacts published in 2008 suggested that loneliness is contagious. When one person feels lonely, it can spread to others in the network. Over time, every additional day of loneliness per week led to about an extra day of loneliness per month for those in the social network.

All of this has called for a response from policy-makers. The United Kingdom has a minister of loneliness, a national strategy, a Campaign to End Loneliness and The Silver Line, a free and confidential call centre for people 55 and over.

Australia has the Coalition to End Loneliness. The U.S. has the doubled-barrelled Coalition to End Social Isolation and Loneliness. This year, the Dignity in Aging Act in the U.S., which updates the 1965 Older Americans Act, put a major focus on social isolation and empowering local organizations to evaluate solutions for social isolation, incorporating social isolation screening into health and supportive services for seniors and creating a new focus on the issue of social isolation among older adults at the national level.

“There is no other health condition that affects half of Americans,” Andrew MacPherson, the director of the U.S. Coalition to End Social Isolation and Loneliness, told attendees at The Gerontological Society of America’s annual scientific meeting last month.

“Nobody saw this issue a year and a half ago, and we’re already getting legislation in Washington. This is starting to get traction.”

Businesses are also responding to the issues of loneliness. One example is a “concierge” program that arranges rides from the ride-sharing service Lyft for home-care clients who don’t have a smartphone or prefer to arrange their transportation by phone.

“The market is starting to react to the idea that loneliness is a condition that can be managed,” said MacPherson.

While Canada doesn't have a national strategy, the issue is on the radar. The International Federation of Ageing report commissioned by Employment and Social Development Canada concluded that the top emerging issue facing seniors is keeping them socially connected and active.

Last fall during the municipal election campaign, Ottawa Mayor Jim Watson promised an extra day of free transit for seniors. "This measure is not only a cost-saving opportunity for seniors, it encourages them to leave their home and take part in social outings, helping to fight widespread loneliness and isolation affecting many seniors," he said.

"Everyone is looking for an answer about how to fix this," said Mary Pat Sullivan, a professor of social work and social gerontology at Nipissing University who recently returned to Canada from the U.K., where she researched social isolation and loneliness for more than 20 years. "I can see that interest is starting to pick up here."

The first "summit on social isolation and companion animals" was held in Washington last May, attracting public-health officials, gerontologists and veterinary researchers.

Just last month, New York Times columnist Nicholas Kristof urged a war on loneliness and suggested it should be easier for people to have dogs because research has shown that dog owners — but not cat owners — are less lonely. (Not exactly true. The growing body of research is mixed on whether pet ownership is a sure-fire balm for loneliness.)

In October, menshealth.com posted an article arguing that men form friendships differently than women and need different ways to ward off loneliness. The headline? "Loneliness is fatal. Video games can keep men alive."

Free bus tickets, dogs and video games are only the start of the responses. Manitoba observes Let No One Be Alone Week, which encourages people to reach out to seniors. Vancouver's Hey, Neighbour! was a pilot project aimed at connecting apartment-dwellers through activities ranging from board game nights to an emergency preparedness workshop. The connections were organized by "resident animators."



Rémi-Serge Gratton, front centre, and Ken Roberts, front right, belt it out at the “talent optional music jam” at the Centretown Community Health Centre. JULIE OLIVER/Postmedia

In Ontario, 11 community health centres, including the Centretown Community Health Centre, were part of a pilot project to issue “social prescriptions” for people who feel disconnected. The prescriptions were for activities ranging from dance lessons to museum visits to boost social connections. Doctors, nurses and other health professionals who identify social disconnectedness can refer clients to “link workers” who find social opportunities tailored to the client.

The project was based on similar strategies in the U.K., where the National Health Service is fired up enough about social prescribing that it calls it a “key component” of universal personalized care. About 59 per cent of general practitioners think social prescribing can help reduce their workload. Last January, the NHS announced it was hiring 1,000 more link workers.

The Ontario pilot project is wrapping up this month and a final report is due out in March, but a progress report noted that for some clients, spending time with others and socializing was a motivation for leaving home. One Ottawa client reported that a kinesiologist at the centre had suggested walking three times a week, but she found the motivation was greater after she joined a walking group.

“We do better with others,” said Natasha Beaudin, the Centretown Community Health Centre’s project lead. Social prescribing has also helped to keep staff attuned to checking on loneliness in their interactions with clients. “Living in downtown Ottawa can be pretty isolating,” said Beaudin.

Ken Roberts said activities like the talent optional music jam are a reason to leave his apartment. “Unless I motivate myself, I just go to fortress mentality. I have to come up with strategies to motivate myself and interact with the world,” he said.



The Centretown Community Health Centre has been part of a pilot project on “social prescribing” in which people who are identified as isolated are “prescribed” social activities, which can better overall well being and lower the health costs of isolation and loneliness. JULIE OLIVER/Postmedia

Rémi-Serge Gratton, another member of the music jam, said it’s important to feel like he’s part of a community. Social prescribing is another way for people who are lonely to have an incentive to get out, he said.

“When you’re negative or depressed, your body has no resistance to anything else.”

Loneliness and social isolation might sound similar, but they are two different things. Social isolation is about the number and frequency of links in a person’s social network. It is objective. Loneliness is a subjective thing — it’s an individual reaction to the quality of those connections. It is possible to be socially isolated without being lonely. Two people may have completely different perceptions of the same social network.

“You can have two people with the same network, and one person will be satisfied and the other will not,” said Nancy Newall, an associate professor of psychology at Brandon University and loneliness researcher.

It has become increasingly clear that loneliness is a nuanced issue. The relationship between loneliness and health is a chicken-and-egg question. Loneliness can make people sick — people who are alone are less likely to take necessary medication, exercise or eat properly. Being sick can also contribute to loneliness.

Newall and fellow researcher Verena Menec have argued that the concepts of social isolation and loneliness should be considered together. Those who are “lonely in a crowd” may have a different health trajectory and benefit from different interventions than someone who is isolated and lonely, they concluded.

Last June, the Angus Reid Institute released a study of social isolation in Canada, probing the number and frequency of social connections as well as the relative satisfaction with the quality of those connections. The study divided the respondents into five categories: the desolate; lonely but not isolated; isolated but not lonely; moderately connected and cherished.

Among the key findings: the cherished group — those who suffered from neither social isolation nor loneliness — are most likely to be married with children and higher incomes. Those 55-plus with incomes of less than \$50,000 were twice as likely to be in the “desolate” group — they were both lonely and isolated, and were more than twice as likely as the cherished to

be single and living alone. Almost a quarter of Canada's population fits into the desolate group, according to Angus Reid.

In the U.K., the focus on disconnectedness and its health effects went from being a grassroots movement to a national system in three years, said Sonia Hsiung, the lead on Ontario's social prescribing pilot projects.

"Which is really speedy. I wonder if it's because everyone relates to it. Everyone likely has personal experience with social isolation, or they know someone who has. Social isolation resonates with everyone. I think it has captured the public's imagination."



A physical health class for seniors has been part of the Centretown Community Health Centre's repertoire for over a decade and, while it wasn't intended as part of its recent initiative of "social prescribing," such classes that bring people together have many great unintended consequences. JULIE OLIVER/Postmedia

In terms of a policy response to social isolation and loneliness, Hsiung doesn't think the Canadian health-care system is there yet — although she

notes that the Ontario Health Teams, announced earlier this year by the province as a way to integrate and co-ordinate health care among agencies, are a good way to incorporate screening for loneliness and social isolation into health care.

“The momentum is growing, the need is growing,” said Hsiung. “We’re at the stage of planning how to build this into the health-care system.”

The Angus Reid poll pointed out that it is possible to be lonely but not isolated. About 10 per cent of Canadians fit into this group. About four in 10 of these are under the age of 35, and they score the highest in terms of having a university education.

Another 15 per cent of Canadians felt isolated, but not lonely. Almost half of this group is 55 or older. Six out of 10 are married and almost half have children over 18. Many are empty nesters.

The poll also found that 35 per cent of the “lonely but not isolated” group wished family and friends would spend more time visiting and socializing. Only two per cent of those who were “isolated but not lonely” said the same thing.

The young are also more lonely than the elderly, surveys have repeatedly discovered. The BBC’s “loneliness experiment,” an online survey that attracted 55,000 responses from around the world, found that 40 per cent of 16 to 24-year-old respondents said they often or very often feel lonely, compared with 27 per cent of those over 75. Young people who took the survey reported higher levels of loneliness, no matter what their gender or country.

Should governments be in the business of alleviating loneliness? There has been a bit of a “moral panic” around loneliness, said Christina Victor, a professor of gerontology and public health at Brunel University London. She feels that the coverage about loneliness in the U.K. has been alarmist, stigmatized the lonely and painted a picture of miserable older people.

There is also a lack of consensus about what should be done about loneliness — and some surprising findings about the experience of it.

About four-fifths of the respondents in the Angus Reid survey said they like spending time on their own. Only a third believe loneliness is about being on your own. People who said they were always alone were more likely to say they felt lonely. But those who live alone are only slightly more likely to feel lonely more often, the survey found. The finding suggests that living alone isn't as much of a problem as spending lots of time alone.

Victor is also skeptical about claims of adverse health outcomes linked to loneliness. A lot of studies that connect loneliness with poor health outcomes don't take into account other factors, such as widowhood. Disability and major life events, such as the loss of a spouse, can put older adults at risk of social isolation or loneliness.

Research has been flawed in terms of trying to untangle the causes and consequences, said Sullivan, the social work professor. "Is loneliness worse than 15 cigarettes? Why not 14 cigarettes? It's an appealing headline, but we need more evidence."

Although there have been links in the scientific literature between loneliness and conditions such as dementia, there is less evidence in the scientific literature on the effectiveness of interventions aimed at reducing loneliness, said Newall, the psychology professor. There is also a dispute over using terms like "epidemic." It suggests loneliness is a contagious medical condition that can be contained.

Can loneliness be a good thing? About 41 per cent of the respondents in the BBC project said there were positives. Nevertheless, they wanted to experience it a lot less. About 80 per cent had experienced loneliness at other points in their lives.

"The experience may be very fleeting. It could last for a moment, a day or longer than that," said Sullivan.

"Loneliness is not always bad," said Victor, who argues that there's a need for skepticism when it comes to claims that loneliness causes health conditions such as cognitive decline.



Loneliness is an issue around the world. KatarzynaBialasiewicz/Getty Images/iStockphoto

Canada has framed the discussion as “social isolation” rather than “loneliness,” said Sullivan. She believes this is a good thing. Loneliness is an experience that depends on the individual. Social isolation is a more neutral term, and from a research perspective, it is more quantifiable, she said. Framing it as social isolation normalizes the condition, and makes it a matter of social inclusion rather than turning loneliness into an “older people” problem.

Sullivan doesn't think there's a need to appoint a minister of loneliness in Canada. “They've gone to the extreme in the U.K. But I see it shifting. They've drawn attention to the fact that it's not a problem of old age.”

Loneliness is a normal part of being human, said Newall. “What we need to be concerned about is when it becomes chronic. It starts to really impact the way you see the world. If people experience failures in making and keeping friends, they start to withdraw,” she said.

"It's an emotion that all humans have. Loneliness is important, like all emotions. It tells us that something isn't right. That makes us aware that maybe we can change things."

Sullivan agrees. She recalls a recent conversation with an Indigenous scholar who told her that "loneliness is a teacher."

"I stopped for a moment. And I thought: 'It's teaching us that we need to get out, to reach out to friends or family,'" said Sullivan.

"We may not be able to get rid of it because we're humans. We may not want to get rid of it because it may be a necessary experience. It may be the cue to an individual that they need to engage. Maybe we have to learn to be alone. Learn how to talk about it when we feel lonely, to minimize the pain. Or to embrace it sometimes. Introspection may be an opportunity."

Roberts still considers himself to be a work in progress. He has friends he feels are as close as family.

"I'm at the point of my life where I have to start implementing changes or I face rapid decline," he said. "I have to resist the urge to think things aren't going to get better. It's easy to fall into morose, self-pitying despair."

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Ken Roberts. JULIE OLIVER/Postmedia