

Making the Case for Sociality

Observation and curation by Suzanne Robbins

Lofty Aging Goals

We live in a world that operates on time. Aging is the name we have given to our personal relationship with time. After centuries of personal experience and scientific observation, humanity has defined social norms that explain aging trends and establish expectations. Most people come to accept these expectations and live their life with these expectations in the front or back of their mind. However, we never have to look far to find exceptions to the trends; nor do we have to go too far back in time to see that trends and expectations shift.

For a moment, let's imagine that we, and those we care for, are the exceptions, completely free of any aging expectations. We are free to paint a picture of aging to our complete liking. Given freedom to age as we like, wouldn't it be nice to feel honored, valued, heard, and appreciated for all our years of experience? Wouldn't it be nice if more time in our bodies and minds made life better, not worse? Wouldn't it be nice to be surrounded by friendships that feel uplifting and sustainable? Wouldn't it be nice to be engaged in activities that contribute in meaningful ways? Wouldn't we want more than a long life? Wouldn't we want a quality life?

To make such a leap may seem impossible, but we have the tools to assist us in taking an improved approach to aging. Awareness of where we are versus where we want to be is one of our most powerful tools. Another powerful tool we have to bring about quality aging is each other ... our relationships and interactions with others!

Let's Be "Real" for a Minute

Realistically, most of us thinking about quality aging are already well along the path, and momentum is carrying us swiftly through well-defined social expectations. By the time we realize aging is something we should be mindful of, we are feeling the aches and pains, sleeping poorly, feeling overworked and undervalued, experiencing vision and hearing loss, all while caring for those who feel even worse off than we do. Often by the time we realize we want quality aging, it feels "too late."

But it's not too late. Science has discovered something powerful to combat the physical and mental conditions of aging as we know them—human interaction.

The Difference Between Social Isolation and Loneliness

Social isolation is an objective state in which a person does not have many, if any, people to interact with. It manifests itself physically. Someone who lives alone, rarely leaves the house, and goes for days at a time without talking to another person is socially isolated. That person may or may not feel lonely.

Most people don't consciously choose to live in social isolation and would feel lonely if they did. However, as people age, uninvited illness, disability, moves, and death put socially inclined individuals in positions of sudden social isolation. Then loneliness sets in.

Loneliness is a subjective state of painful emotion. Loneliness is not depression but can quickly lead to depression by putting one's quality aging goals practically out of view.

AARP sponsored a survey to provide a better understanding of loneliness among adults aged 45 and older. The study presents prevalence rates and a descriptive profile of lonely older adults, and examines the relationships between loneliness and health, health behaviors, involvement in a social network, and use of technology for social communications and networking.¹

The sample for the study represented 3012 individuals aged 45 and older. Overall, a little over one-third of the survey respondents reported loneliness. Among the demographic variables considered, age, income, and marital status were significantly related to loneliness. Perceived lack of social support and a shrinking network of friends were also associated with loneliness.

To assess perceived social support, respondents were asked, "How many people in your life have been very supportive of you in the past year?" Seventy-six percent of those who reported having no supportive people in their life felt lonely, compared to approximately 34% of those who had one or more supportive people in their life.

Respondents were also asked, "How many people do you have in your life with whom you most often discuss matters of personal importance?" Sixty-three percent of those who answered "none" and 48% of those who had one or two such people in their life reported that they were lonely. By comparison, respondents who had three or more such people in their life were less likely to be lonely.

Negative Health Effects of Loneliness

This same AARP study elaborates on many negative health conditions that have been correlated to loneliness.

To explore the relationship between loneliness and health, respondents were asked about their overall health, as well as whether they had been diagnosed with a number of medical conditions. It became clear that certain illnesses were more closely associated with loneliness than others. A high percentage of those who had been diagnosed with mood disorders and drug/alcohol abuse were lonely (Table 1).

Table 1. MEDICAL CONDITION BY LONELINESS; AARP US STUDY		
Diagnosed with:	Lonely	Not Lonely
Cancer	24%	76%
Arthritis/rheumatism	35%	65%
Cardiovascular/heart disease	38%	62%
Hypertension	35%	65%
Gastrointestinal diseases	37%	63%
High cholesterol	35%	65%
Diabetes	42%	58%
Obesity	43%	57%
Other medical condition	42%	57%
Sleep disorder	45%	54%
Other chronic pain condition	47%	53%
Anxiety	56%	44%
Other mood disorder	59%	41%
Depression	60%	40%
Drug/alcohol abuse	63%	37%

Along these lines, Kerry Song wrote on the Tony Robbins' blog a clear picture of social isolation and loneliness as they relate to quality of life (Figure 1).²

Loneliness Poses Mortality Risks

Recent research has also linked loneliness to both morbidity and mortality.³ Across 148 studies (308,849 participants), it was determined that there was a 50% increased likelihood of survival for participants with stronger social relationships.

These findings also indicate that the influence of social relationships on the risk of death are comparable with well-established risk factors for mortality such as smoking and alcohol consumption and exceed the influence of other risk factors such as physical inactivity and obesity.

Making the Case for Sociality

It is clear there is an important link between “being social” and “quality aging.” This means that starting now, we can’t afford to let ourselves, or those we care for, retreat into isolation. Medical science has been increasingly demonstrating for decades that social interaction is a critically important contributor to good health and longevity.

Studies reveal that **sociality is our first line of defense when it comes to quality aging⁴** because it:

- Gives us a sense of purpose and feelings of belonging
- Increases self-esteem and confidence
- Can motivate us to eat better and exercise
- Improves physical health
- Fosters faster recovery from illness and injury
- Improves our mood
- Improves self-awareness
- Assists with better sleep
- Lowers blood pressure
- Lessens depression
- Challenges the mind
- Provides inspiration
- Lowers risk for dementia
- Helps us live longer

The US National Library of Medicine National Institutes of Health published a manuscript, based on evidence from 77 sources, that explicitly states, “Social relationships, both quantity and quality, affect mental health, health behavior, physical

Figure 1. **SOCIAL ISOLATION AND LONELINESS**



Source: Adapted from: www.tonyrobbins.com/author/ksong/page/6/

health, and mortality risk.”⁵ We will be reviewing information from this manuscript and these studies that shows how social relationships have both short- and long-term effects on health, both positively and negatively.

It is widely known that social isolation in its extreme, such as in the example of solitary confinement for prisoners, can be used as a form of torture leading to psychological and physical disintegration, and even death. It is also true that less dramatic forms of social disengagement carry with them negative consequences that prove sociality to be an important part of healthy living.

Adults who are more socially connected are healthier and live longer than their more socially disengaged peers. Key research findings show that:

- Social relationships have significant effects on health.
- Social relationships affect health through behavioral, psychosocial, and physiological pathways.
- Relationships have benefits for health.
- Relationships shape health outcomes throughout the life course and have a cumulative impact on health over time.

Defining “Social Relationships”

There are several distinct features of social connection offered by relationships. **Social isolation** refers to the relative absence of social relationships. **Social integration** refers to the overall level of involvement with informal social relationships, such as having a spouse, and with formal social relationships, such as those with religious institutions and volunteer organizations.

Quality of relationships includes positive aspects of relationships, such as emotional support provided by significant others, and strained aspects of relationships, such as conflict and stress. **Social networks** refer to the web of social relationships surrounding an individual, in particular, structural features, such as the type and strength of each social relationship. Each of these aspects of social relationships affects health.

How Do Relationships Improve Quality of Life and Longevity?

Many types of scientific evidence show that generally speaking, social relationships benefit health. Striking evidence from studies of mortality show that individuals with the lowest level of involvement in social relationships are more likely to die than those with greater involvement.

As a clear link between social relationships and health was established, scientists committed to learning and explaining how this occurs. They list 3 broad ways relationships influence health: behavioral, psychosocial, and physiological.

Relationships affect behaviors, and behaviors affect health. Health behaviors explain about 40% of premature mortality as

well as substantial morbidity and disability in the United States. Factors such as exercise, consuming nutritionally balanced diets, and adhering to medical regimens, tend to promote health and prevent illness, while other behaviors, such as smoking, excessive weight gain, drug abuse, and heavy alcohol consumption, tend to undermine health. Many studies provide evidence that social ties influence health behavior. Other studies show that greater involvement with formal and informal social ties is associated with more positive health behaviors over a 10-year period. Social ties can instill a sense of responsibility and concern for others that then lead individuals to engage in behaviors that protect the health of others, as well as their own health.

Psychosocial explanations provide equally compelling reasons to be socially active and promote sociality as part of a healthy lifestyle. Relationships where mechanisms such as social support, personal control, symbolic meaning, and mental health interweave tend to provide the most positive benefit. **Social support** refers to the emotionally sustaining qualities of relationships. It is assumed that social support diminishes the impact of stress and gives meaning to life.

Personal control refers to individuals’ beliefs that they can control their life outcomes through their own focus. Social ties may help individuals focus in healthier ways. Symbolic meaning of particular social ties and health habits explain why they are linked. For example, meanings attached to marriage and relationships with children may foster a greater sense of responsibility to stay healthy, thus promoting healthier lifestyles.

It is important to note that as individuals age, many of their meaningful relationships change due to illness and death. By encouraging those you care for to continue exercising their own personal control by finding meaning in their current situation, they can continue to thrive in their own life, even as their surroundings are altered.

Specific Examples of the Benefits of Sociality

The New England Journal of Medicine reported⁶ on interviews with 2320 male survivors of acute myocardial infarction. With other important prognostic factors controlled for, the patients classified as being socially isolated and having a high degree of life stress had more than 4 times the risk of death of the men with low levels of both stress and isolation.

Authors in the *American Journal of Epidemiology* observed⁷ the relationship between social and community ties as they relate to mortality. They used the 1965 Human Population Laboratory survey of a random sample of 6928 adults in Alameda County, California, and a subsequent 9-year mortality follow-up. The findings show that people who lacked social and community ties were more likely to die in the follow-up period than those with more extensive contacts. The age-adjusted relative risks

for those most isolated when compared to those with the most social contacts were 2.3 for men and 2.8 for women. The association between social ties and mortality was found to be independent of self-reported physical health status at the time of the 1965 survey, year of death, socioeconomic status, and health practices such as smoking, alcoholic beverage consumption, obesity, physical activity, and utilization of preventive health services, as well as a cumulative index of health practices.

The American Society on Aging gives a list of several examples of older adults whose relationships show a link to health outcomes⁸:

- “Mrs. L lives in an assisted living facility and her son visits frequently, involving himself in the community by getting acquainted with his mother’s friends there, and doing projects such as building a raise-bed vegetable garden that all residents tend. The facility cook routinely incorporates the garden’s produce into the daily menus, and much of residents’ mealtime conversation focuses on ‘their’ vegetables and herbs. Mrs. L experiences obvious bursts of energy and motivation to attend exercise classes after each of her son’s visits, increasing her strength and cardiovascular functioning.
- “Mr. and Mrs. M have a kind, loving friendship within their marriage; this functions well as an invisible protective shield, buffering their physical health from impacts of day-to-day stresses that wear on other older adults’ health.
- “Ms. C’s bitterness about her arthritis is exceeded only by her bitterness at the many people who have betrayed and disappointed her over her lifespan. She views both her physical and social health as poor, with little insight into how her negative approach to mental health undermines both.
- “Mr. K’s recovery from a quadruple heart bypass was aided significantly by his wife’s deliberate adjustment of their diet and activity patterns to match his health provider’s recommendations. Without her involvement, he was unlikely to adhere to recommended lifestyle changes that were key to his recovery.”

How to Promote Sociality, Especially Among the Aging

Given all this data, it makes sense to do all we can to support those we care for in their sociality. While it may be difficult to positively affect how another actually feels, there are things we can do, or encourage them to do, in support of sociality.

Jeff Anderson provides us with a solid list of 14 ways to help seniors avoid isolation⁹:

1. Address incontinence issues.
2. Encourage a positive body image.
3. Encourage dining with others.

4. Encourage hearing and vision tests.
5. Encourage religious seniors to maintain attendance at their places of worship.
6. Give a senior something to take care of.
7. Give affection.
8. Give extra support to seniors who have lost a family member, friend, or spouse.
9. Help out a caregiver.
10. Identify isolated seniors.
11. Make adaptive technologies available.
12. Make transportation more readily available.
13. Notify neighbors.
14. Promote a sense of purpose.

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Making the Case for Sociality

Questions

- A powerful tool to bring about quality aging is our relationships and interactions with others.**
 - True
 - False
- There have been no discoveries to combat the physical and mental condition of aging.**
 - True
 - False
- Social isolation manifests itself physically.**
 - True
 - False
- Which of the following put people in positions of sudden social isolation?**
 - Uninvited illness
 - Disability
 - Moves
 - All of the above
- According to an AARP study, the medical condition that has the highest degree of loneliness is:**
 - Sleep disorder
 - Anxiety
 - Drug/alcohol abuse
 - Depression
- According to a recent study, what was the percentage increase of likely survival for participants with strong social relationships?**
 - 40%
 - 45%
 - 55%
 - 50%
- Studies reveal that sociality is our first line of defense when it comes to quality aging because it:**
 - Increases self-esteem and confidence
 - Can motivate us to eat better and exercise
 - Improve our mood
 - All of the above
- Which of the following factors prove to influence health?**
 - Behavioral
 - Psychosocial
 - Physiological
 - All of the above
- Social support diminishes the impact of stress and gives meaning to life.**
 - True
 - False
- Which are ways to help seniors avoid isolation?**
 - Address incontinence issues.
 - Encourage dining with others.
 - Make transportation more readily available.
 - All of the above

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Making the Case for Sociality

Objectives

November 2018

- a. Define sociality.
- b. State three negative health effects of loneliness.
- c. State three specific examples of the benefits of sociality.

Answers

Please indicate your answer by filling in the letter:

- 1. ____ 2. ____ 3. ____ 4. ____ 5. ____ 6. ____ 7. ____ 8. ____ 9. ____ 10. ____

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