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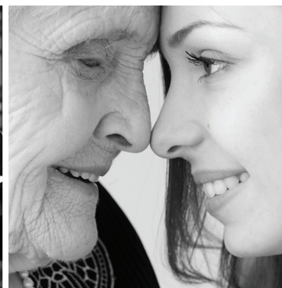

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Loneliness and Congregational Social Work

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By 2030, one in five people will be at least sixty-five years old. Socio-demographic changes pose challenges for the wellbeing of older adults. Among these is social isolation. Because of its impact on health, eradication of social isolation has recently been named one of social work's Grand Challenges. The size and diversity of close support networks have declined in the United States increasing the risk of social isolation. Interventions involving older adults in meaningful social activities within their communities may build and enhance social networks. Socially cohesive communities present opportunities for shared social support. Leveraging support resources within a congregation may promote wellbeing for those experiencing social isolation and loneliness, and congregational social workers are well positioned to lead these efforts. Social workers can use community development, community organizing, and direct practice skills to facilitate supports and relationships, as either volunteers or employees in congregations.

As life expectancy increases and the Baby Boomer cohort ages, an unprecedented shift in the United States population will occur. By 2030, as many as one in five people will be at least sixty-five years old (U.S. Census Bureau, 2014). Socio-demographic changes over the next 20 years will create distinctive challenges in addressing health and wellbeing of older adults that future social workers will be called to address. Among those challenges is social isolation, which has been identified in a body of epidemiological literature as being closely linked to health (Berkman, 1995; Berkman et al., 2000; Cohen, 2004; Cohen, 2001; House, 2001). Recently, Dr. James Lubben and colleagues have identified social isolation as one of social work's Grand Challenges (Lubben et al., 2015).

As Baby Boomers revolutionize the meaning of older adulthood, changes occurring within the social context of aging hint that social isolation may pose a rising challenge to the maintenance and enhancement of quality of life in the coming years. American research spanning the past

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several decades demonstrates that the size and diversity of close support networks have declined (McPherson, Smith-Lovin & Brashears, 2006, 2008). This decline highlights the potential for increased social isolation.

Social Isolation

In a theoretical paper, Nicholson (2009) reviewed definitions of social isolation and provided a summary definition which synthesizes previous definitions of the construct. Previous definitions of social isolation did not address the number of social contacts needed for adequate socialization or the quality of those relationships (i.e., belonging or engagement with others). Nicholson's (2009) proposed definition was, "a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling and quality relationships" (p. 1346).

Subjective and objective components of social isolation can be measured both separately and in tandem. As Nicholson's (2009) definition implies, social isolation can be conceptualized subjectively by looking at both quantity and quality of social contacts, and the concept can be operationalized by measuring an individual's perceptions of support, sense of belonging, and quality contacts with others who meet his/her social desires. In contrast, it can be conceptualized more objectively using structural analyses by identifying the number of people within a person's network and/or the frequency of a person's social contact.

Social isolation has been linked to loneliness and psychological distress which have been empirically linked to poorer health outcomes (Krause, Herzog & Baker, 1992) and increasing future risk for long-term health problems such as chronic illness and disability (Lin, Ye & Ensel, 1999; Thoits, 1995). Social isolation has been linked to serious threats to wellbeing in aging (Berkman, 1995) such as loneliness, depression, and all-cause mortality (Berkman, 1983, 1984, 1986; Berkman & Syme, 1979; Blazer, 1982; Ceria et al., 2001; Cohen, 2004; Ell, 1984; House, Landis & Umberson, 1988; Rook, 1994; Berkman, Glass, Brisette & Seeman, 2000; House, 2001; Shor & Roelfs, 2015; Uchino, 2006). Social isolation has been found to be a risk factor for dementia (Cooney, Howard & Lawlor, 2006) and may also increase the likelihood of elder abuse (Acierno et al., 2010).

Bronfenbrenner's (1979) ecological systems theory provides a conceptual framework through which the problem of social isolation can be contextualized to highlight both risks and points of intervention at different levels of an individual's social system. Developing an understanding of the mechanisms that increase the risk for social isolation at the individual, community, and societal levels can help with identifying older adults who are at risk and can guide the development of specific interventions to foster

resilience. The next sections explore social isolation at the individual and community levels.

Social Isolation at the Individual Level

Loneliness is the subjective experience of social isolation. Someone who is lonely perceives fewer intimate, personal relationships with others than they desire (Perlman & Peplau, 1981). Loneliness is an existential phenomenon common within human experience. Because humans are social beings, we all want to belong, particularly with people we understand and who understand us. Loneliness has been defined as a condition under which a person experiences distress and discomfort from a lack of relationships to meet that person's social needs (Weiss, 1975; Young, 1982). Some people can live alone or have few relationships, and not experience loneliness, while others can be surrounded by a crowd of people, even regular caregivers, and feel lonely. This difference reflects a discrepancy between the expectations people hold for relationships and their actual relationships (Sermat, 1978; Perlman & Peplau, 1981).

Weiss (1973) developed several explanations for why people might experience loneliness. He discussed "emotional loneliness" which was defined as an absence or loss of a close, personal attachment figure in an individual's life. In contrast, he discussed "social loneliness" as having fewer social contacts as well as lacking access to people with whom to build connections. The following sections elaborate on each conceptualization.

Emotional Loneliness

Attachment figures are those people with whom individuals share the closest intimate bonds (Bowlby, 1969). Significant changes and loss of relationships, such as the death of a spouse, create deficits in an older adult's social environment, potentially presenting them with challenges not previously encountered without the comfort and security of having a close confidant. The loss of close supportive relationships, which once made the world a safe and secure place, may leave an individual feeling alone and alienated from others. The impact felt in the loss of a spouse, longtime partner, companion, close friend or confidant cannot be simply filled by another person so easily (Bowlby, 1969; Weiss, 1975). Emotional loneliness is often associated with such a personal loss. Older adults may feel emotional pain associated with close personal loss.

Continuity theory suggests that individual behavior within social environments remains consistent (Atchley, 1989; Hooyman & Kiyak, 2011), meaning that the way social ties are developed and maintained is fairly stable, and older adults typically want to maintain the social roles and

activities that they are familiar with even during life transitions (Rowe & Kahn, 1998; Thoits, 1992). People who develop or maintain fewer ties over their lifetimes may suffer greater social loss when existing ties diminish. As people age, they are more likely to lose close social ties among age mates, typically spouses and friends, and are more likely to experience changes in health that impact daily functioning and/or mobility. Older adults living in poverty are disproportionately at risk for isolation because members of this population are more likely to lose a close tie or a greater number of network ties in general due to lower average life expectancy and disparities in health care access.

Loss of close relationships and a broader social network can be a reminder of an older adult's own mortality. Gerotranscendence theory suggests that older adults transition toward putting less focus on external sources of support, and focus their attention inward and start thinking more about what might happen beyond their current existence, seeking sources of meaning, hope, strength, and solace (Tornstam, 1989). O'Reilly (2004) has suggested that the search for meaning, hope, and transcendence is often associated with spirituality, and an essential component of wellbeing (Mohr, 2006). As close social connections diminish, older adults may seek to renew, develop, or strengthen their spirituality.

Social Loneliness

Social loneliness stems from social isolation, i.e., lacking a sufficient social network from which to draw critical social support, and lacking a group of people with whom to share a social identity or sense of belonging (Weiss, 1973). Social loneliness contains structural elements as well as a subjective assessment of the quality of those connections. Rolelessness may contribute to a sense of social loneliness as an individual may no longer feel a sense of connection to others through the support roles. Social loneliness can influence how older adults feel about their own lives and how they see themselves in the world around them (Baumeister & Leary, 1995).

This shift may impact older adults disproportionately due to changes within an individual's social environment over the life course. Older adults experience disengagement from social lives that once provided opportunities to regain network members, support, and ultimately social integration. Opportunities for social integration that existed in previous life stages diminish, such as participating in a workplace, gaining social contacts while raising children, and participating in other community and social activities. While it is true that older adults may continue working, volunteer, raise grandchildren, and remain engaged within their communities, older cohorts experience general life stage changes due to aging which introduce disproportionate loss of social network members, potentially impacting

their levels of social integration. This becomes more pronounced when older adults experience a loss in mobility or declining health, poor mental health, or cognitive impairment (Wethington et al., 2000; AARP, 2012).

General Impact of Loneliness

Cacioppo and colleagues (2002) have suggested that being socially connected to others is a basic physiological need. Thus, humans feel lonely as a warning signal that we are in danger of being socially isolated, just as we feel hunger and thirst when we are in need of food and water. The loneliness signal is complex. While it signals potential danger due to lacking social connections and close, satisfying relationships, social needs that go unmet can actually provide a different message in the brain. Neuro-psychological research over the past decade suggests that when humans are unable to connect with others and experience prolonged social isolation, the brain responds by triggering a fear response when an individual has opportunities to connect with others (Cacioppo & Patrick, 2008). An individual may view potential connections with other people as dangerous, threatening, or critical (Cacioppo & Patrick, 2008). Once stress and anxiety develop from the fear response, a person may become less likely to acknowledge the perspectives of others or understand others' intentions. This behavior can lead to self-isolation and/or socially awkward behaviors, removing the individual farther away from developing social connections and meaningful relationships. This perspective highlights complications in intervening with people who may be lonely due to the barriers associated with the stigma of loneliness and the strength of reinforced patterns of isolation.

Similar to the findings with social isolation, loneliness has been connected to poor health outcomes as well. Findlay (2003) found that loneliness significantly impacted quality of life in older adults and led to a need for more acute inpatient stays in hospitals (Windle, Francis & Coomber, 2011). Loneliness both affects and is affected by depressive symptoms and functional limitations, making it a risk factor for mortality (Luo, Hawkley, Waite, & Cacioppo, 2012). The effects of aging and the progression of chronic and terminal illnesses accelerate in those who experience prolonged loneliness (Thurston & Kubzansky, 2009; Wilson, Krueger, Arnold, et. al., 2007). Loneliness leads to poorer self-care (Cacioppo & Patrick, 2008), has been linked to alcoholism (Akerlind & Hornquist, 1992), and increases risk of suicide in the older adult population (Goldsmith, Pellmar, Kleinnman & Bunney, 2002). These associations demonstrate that unmet social and emotional needs are linked to a decline in health and wellbeing in older adults. Those who are at a greater risk for experiencing loneliness are women, those with low socioeconomic status, and those who are experiencing cognitive impairment (Pinquart & Sorensen, 2001).

Social Isolation at the Community Level

Social network and community level factors also contribute to social isolation of older adults. Older adults are increasingly choosing to remain within community settings for as long as possible. As health and functioning decline, many still choose to live in their own homes with supports rather than entering an institutional setting. Among community-dwelling older adults, as many as one-half of those age 85 and older live alone (Kaplan & Berkman, 2016), and living alone is a well-known risk factor for social isolation. Additionally, older adults who live in rural areas and those who perceive their neighborhoods as unsafe are at a greater risk of experiencing social isolation (AARP, 2012).

The place where an older adult lives can impact the size, diversity, and quality of social networks. For those who live alone, their mobility, access to safe and reliable transportation, walkability of a neighborhood, and distance to meaningful social activities all play a role in their level of social integration within social networks (AARP, 2012). Additionally, social cohesion within one's physically accessible environment can also impact levels of isolation. The opportunities to develop new relationships are impacted not only by the quality of the existing relationships that older adults have but also by the relationships that they might be able to build with others. The more opportunities that older adults have to participate in meaningful social activities within their communities, the greater the opportunity for developing social ties or connections to build their network.

Social cohesion indicates a shared sense of community amongst members of that community, reflecting trust, mutuality, and solidarity (Friedkin, 2004). In socially cohesive communities, people work together providing resources and support to one another. Because socially cohesive communities provide various opportunities for developing connections with others, even older adults who are experiencing loneliness or social withdrawal due to prolonged social isolation may have the opportunity to develop bonds with others for reasons besides strictly social activities. For example, a social tie might be built because a community member volunteers to help an older adult with repairs or other chores around the house. A new connection can be built over time because an individual is willing to provide a needed resource. Building on the idea of using resources that inhere within a socially cohesive network (i.e., social capital), social connection with others may be an area of intervention to address social isolation and loneliness.

Social Connection

Social connectedness is defined as interacting with others in a community or group, through which understanding oneself occurs through the

process of self-reflection and deepening spirituality (Register & Scharer, 2010). Social connectedness is being embedded with a group of people who provide opportunities for socialization and from whom one can also gain an understanding of one's self and develop self-efficacy through social interactions with others.

Ashida and Heaney (2008) found that social connectedness is important to maintaining health and wellbeing of older adults. One potential solution to combating social isolation and loneliness is by promoting prevention and intervention through social support and social connectedness within communities. Previous studies have examined concepts of social support and social connectedness as being critical to wellbeing for older adults (Cornwell, Laumann & Schumm, 2008; Register & Scharer, 2010; Ashida & Heaney, 2008). Social connectedness has also been linked to increased quality of life (Register & Herman, 2010).

Socially cohesive communities in which social connectedness thrives contain opportunities for the provision of different forms of social support amongst members. Social supports are the actualized resources provided within social networks. The support that an individual gives and receives is typically categorized as affective or emotional, informational, and instrumental (Cohen, 2004; Wills, 1985; House, Landis, & Umberson, 1988). Affective support is usually provided by those in closely bonded relationships; it is the provision of empathy and care. For example, a close friend or family member may comfort an older adult during a time of loss, listening to them, and being present with them through a stressful time. Informational and instrumental support can be provided by those who are closely bonded as well as those who share weaker bonds. Informational support is providing knowledge or guidance to assist with a particular problem or issue at hand, while instrumental support is the provision of a needed resource, such as making a repair at someone's home or helping them eat. Supportive others may provide informational support about healthcare or making decisions about important matters. The number of different people providing social support is not as important to wellbeing as is the quality of support that individuals actually receive and the frequency with which they receive it.

Relationships with Congregants

As Cnaan, Boddie, and Kang (2005) suggested, older adults tend to rate religion as important, and social engagement for older adults most commonly occurs through religious participation. Thus, congregations are significant natural communities for many older adults. Congregation-based social support could be a particularly effective method of addressing social isolation, staving off loneliness with older adults. As Krause (2008) described in his book Aging in the Church, support provided from

congregation members is distinctive from other types of social support. The support that older adults access through congregations may be more naturally occurring and more familiar to many, as this support is provided within a long-term, socially cohesive community.

Reaching out to fellow congregation members may be less stigmatizing for an older adult who is experiencing loneliness because the social norms of mutually supportive behavior exist and are reinforced by religious teachings (Coward, 1986). Furthermore, relationships among people with similar religious beliefs and values may provide emotional or tangible forms of support as well, thereby strengthening both hope and faith rooted in the religion. The congregation as a community can encourage the development and maintenance of relationships among congregation members, and those relationships may in turn reinforce their relationships with God, potentially providing two sources of connection for the older adult (Krause, 2004).

Relationships within a congregation may provide opportunities for older adults to both give and receive several types of support including emotional, spiritual, tangible, and anticipated support (Krause, 2008). The types of support identified by Krause (2008) parallel definitions of social support discussed earlier (i.e., affective, instrumental, and informational). However, two important distinctions can be made with regard to congregational support. First, fellow congregants can offer spiritual support to one another, a distinctively different type of support. For example, two people from the same congregation might pray for and with one another or study religious teachings together. This type of relationship has the potential to provide reciprocal support between the two people involved, and also serves as a source of connection to faith. Second, congregations are groups based on shared values and beliefs among members, on which a foundation of trust and a sense of solidarity has developed among group members over time.

Spiritual support is provided among people of a shared faith who assist one another in further developing religious beliefs and behaviors to manage stressors (Krause, 2002). Fellow congregants can provide support to older adults by talking about their own spiritual experiences and how the older adult can draw on their faith during times of stress. Similarly, an older adult can articulate their own spiritual experiences, including their past efforts to make sense of loss and change. The provision of spiritual support fosters a sense of understanding between the older adult and the supportive other and simultaneously builds coping skills that the older adult can implement when he or she is faced with coping with a stressor on one's own.

Spiritual support can connect older adults to supportive others who share their faith, which may also help with strengthening their sense of control. People who are left alone to manage the stress of loneliness may also be in need of establishing some sense of control over their own lives.

Berrenberg (1987) introduced the concept of God-mediated control, which is loosely defined as a perception of control from believing God will play a role in intervening with stressful life events. God-mediated control is developed through a relationship with God and can be strengthened through relationships with supportive others within a congregation (Krause, 2007). As members from the congregation support one another, they can also collectively draw on religious teachings and their spiritual practices in managing life stressors. Social connections developed among fellow congregants might provide needed social support to otherwise socially isolated older adults while providing opportunities to further develop both people's relationships with God. While fellow congregants might provide more tangible forms of support, older adults might also look to God for guidance in balancing stressors in their lives.

Emotional support can aid in maintaining a sense of self-worth and closeness with others. This can be particularly helpful in addressing emotional loneliness through building friendships and regular social interaction. Having unconditional support from others who are willing to listen empathically develops a support system through which older adults can respond to stressors and receive feedback from trusted others. These relationships can be some of the closest of relationships that older adults build. Because relationships formed with age-mates within the church may be long term, they may also pose significant loss when someone becomes ill or dies. This risk points to the importance of facilitating bonds and linkages between older adults and younger generations within the church as well. Cross-generational relationships might also be developed into close, trusted social ties which provide an opportunity to maintain or regain companionship within the lives of older adults. In building close personal relationships with others within the church, older adults might also find ways to provide support, wisdom, and a listening ear for others.

Receiving emotional support is important, but being able to give emotional support to others also has a lasting impact on an older adult's self-esteem and quality of life. Providing support to others is so important to wellbeing that Rowe and Kahn (1998) included helping others in their concept of successful aging. Congregations present a unique opportunity for older adults to be incorporated into a family-like network of people who both receive and provide support for others over time (Krause, 2006).

Tangible support is the type of assistance provided to meet needs that occur when a person lacks resources. Tangible support might include having someone come to the home to clean or prepare a meal for an isolated older adult. This type of support alone is not likely to decrease significant social loneliness. However, when paired with spiritual and/or emotional support it may decrease loneliness in an older adult's life and serve as a concrete reminder that the older adult is not alone and not forgotten. Because someone

is actually coming to actively do something for the older adult, this may also increase the older adult's anticipated support. They will believe that others might be likely to come help them during a time of need. Additionally, within a diverse group of people such as a congregation, many different types of people, including older adults themselves, may seek to volunteer time to provide tangible support and outreach to other older adults.

Anticipated support is associated with the belief that certain supports will be available when an individual needs them (Wethington & Kessler, 1986). Because individuals with anticipated support believe that they have a source of support available when they need it most, this provides opportunities for the older adult to try to manage a stressor independently and then call on the supportive others when necessary. This means that an older adult with higher levels of anticipated support may be more likely to attempt to self-regulate negative emotions experienced when alone. Having a supportive network from which to develop anticipated support can also sustain older adults with the hope that their situation can and will be different in the future. Even if they are alone, they may be less likely to feel isolated and lonely when they develop anticipated support in the context of a cohesive network of supportive others. Anticipated support is the feeling of reassurance that if life becomes overwhelmingly stressful, someone is available and willing to provide support. In this way, people who are socially isolated may be less likely to feel lonely because they feel connected to a community in which they belong. Anticipated support has been shown to impact older adults more positively over time than enacted support (Krause, 2006) because they have both a sense of belonging and also are able to develop some autonomy in managing stressors. Congregations may be especially good sources of increasing anticipated support.

Because fellow congregation members can provide the specific types of support that older adults need, congregations hold resources that could significantly impact the lives of older adults within congregational communities. However, the issue of how to organize and mobilize such support remains. Although a significant body of research has been generated about the deleterious effects of social isolation and loneliness, little progress has been made toward identifying effective interventions (Rubin, 2017).

Congregational Social Work

For social workers, addressing social isolation and loneliness to improve quality of life of older adults is paramount. As noted earlier, Lubben et al. (2015) identified social isolation as a grand challenge for social work, and issued a call for social workers and social work scholars to focus efforts in this area. Because congregations tend to be socially cohesive communities where support for older adults can be leveraged, social workers using community

development and community organizing skills within a congregation as a practice setting can aide in linking older adults to critical supports. Congregational social workers are well positioned to promote various types of support among congregational members that address needs of lonely older adults. For social workers volunteering or employed by their own congregations, the opportunity to build connections among fellow congregants is ever present.

Using information about different types of social support that congregation-based ties can provide for isolated older adults, congregational social workers may develop both formal and informal programs to reduce loneliness. Congregational social workers can conduct needs assessments within the congregation, identifying those who are socially isolated or at risk for social isolation or loneliness based on factors discussed earlier in this paper, such as experiencing the loss or absence of close relationships, living alone, lacking transportation, or living with a cognitive impairment. Social workers could also engage the broader congregation about how to reach out to those who are isolated while also asking those who are isolated how they would like to be involved in their congregation. Social workers could develop initiatives along with the congregation members to promote the health and wellbeing of all members. Working from a community development framework, social workers can coordinate volunteer efforts to connect with isolated members by developing outreach, visitation, Meals-on-Wheels, and other volunteer programs. They could also design methods to evaluate the services provided.

Congregational social workers might also be able to provide various activities in order to build different types of support including tangible, emotional, spiritual, and anticipated support. Social workers can provide education sessions to members about the different types of activities that volunteers might do with isolated older adults and develop a call to action along with those who are interested in volunteering. When recruiting volunteers, the congregational social worker can discuss the benefits for volunteers who would like to provide support to older adults and also for older adults who would like to volunteer in some capacity themselves.

A congregational social worker might coordinate activities to provide tangible support for older adults who are in need of specific resources. One example might be arranging transportation for older adults no longer able to attend worship services or other congregational activities on their own. They also might be able to enlist the help of people within the congregation to make repairs or modifications to an older adult's home to better support them in their living environment. This could also build older adults' anticipated support, as seeing people within the church mobilize to provide them with needed repairs or transportation would provide evidence that a group of people are available to them and willing to help them meet their needs.

Activities can be designed to promote engagement of those who are isolated, and reconnect former members with their congregation family (e.g., by visits, telephone, other technology). This will provide an opportunity for lonely and isolated older adults to interact with fellow congregants, and it will also present an opportunity for volunteers within the congregation to experience the reciprocal benefits associated with providing support to others. Indeed, congregational social workers may be able to work with older adults to rebuild and practice social skills within the congregation as well. They can promote intergenerational activities involving children, adolescents, and young adults. In addition, congregational social workers can make regular visits to home-bound older adults to assess what support is needed and how to orchestrate it. Such activities can bolster emotional and anticipated support.

Congregational social workers may also ensure that older adults remain connected with the congregation in other ways. For home-bound older adults, social workers may provide bulletins, audio recordings of services, or other information. Social workers may help them stay connected by serving communion in their homes. They may also include isolated older adults on visitation lists so that church members might visit with older adults to provide and receive spiritual support. This might give older adults an opportunity to share their experiences with others and give them a sense of belonging and purpose.

On limited occasions, congregational social workers may themselves provide various types of support directly, but their efforts will be most sustainable and long-lasting if they can activate and monitor the efforts of other members to provide support. Given their theologies and relationship networks, congregations may be primed to assist lonely older adults. As naturally occurring communities, congregations have great potential for providing sustained and multi-dimensional support. However, congregations may fail to respond, or lack organization in responding to social isolation in older adults, without the leadership provided by congregational social workers. ❖

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