

Experiences of loneliness may differ by age

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Loneliness in adult life is experienced differently depending on age, according to a study published in the open access journal *BMC Public Health*. The research concludes that there can be no 'one-size-fits-all' approach to reducing loneliness, as factors associated with it, such as contact with friends and family, perceived health or employment, may

differ across the phases of the adult life span.

Thanée Franssen, the corresponding author said: "The majority of studies focusing on loneliness have thus far been performed among specific age groups, such as the elderly or teenagers, or individuals with specific health conditions. To our knowledge, none of these studied the factors associated with loneliness among adults and how these change as people age."

A team of researchers at Maastricht University and in the Public Health Service South-Limburg in the Netherlands used data collected in the Netherlands from September to December 2016 to examine associations between demographic, social and health-related factors and loneliness in 6,143 young (19-34 years), 8,418 early middle-aged (35-49 years) and 11,758 late middle-aged adults (50-65 years).

Overall, 10,309 (44.3%) individuals reported experiencing loneliness. Among young adults, 2,042 (39.7%) individuals reported feelings of loneliness, compared to 3,108 (43.3%) early-middle aged adults, and 5,159 late middle-aged adults (48.2%).

Some factors were found to be associated with loneliness across all age groups. These included living alone, frequency of neighbour contact, psychological distress, and psychological and emotional wellbeing. The strongest association with loneliness was found for those who felt excluded from society.

Some factors associated with loneliness were found to be present in specific age groups only. Young adults showed the strongest association between contact frequency with friends and loneliness. Educational level was associated with loneliness among young adults only, while an association between employment status and loneliness was found solely among early middle-aged adults. Frequency of family contact was

associated with loneliness only among early and late middle-aged adults. For late middle-aged adults only, perceived health was associated with loneliness.

The authors suggest that people may feel lonely if what is the norm for their age group, such as completing school, being employed, having a partner or having children, deviates from their actual situation. As different factors are perceived to be the norm for different age groups, this may explain some of the difference in factors associated with loneliness between age groups.

Thanée Franssen said: "The identification of the factors associated with loneliness is necessary to be able to develop and target appropriate interventions. Unfortunately, most of the current interventions seem to be limited in their effect. A possible reason for this may be that most interventions for adults are universal. Results of this study showed that interventions should be developed for specific age groups."

The authors caution that some factors that may affect people's perception of loneliness, such as relationship quality, were not included in the current study, as they were not part of the original data collection. Due to the cross-sectional nature of the study, it was not possible to establish cause and effect.

Thanée Franssen said: "Our results also suggest that during the current COVID-19 pandemic, feelings of loneliness among adults may be impacted in different ways according to the important factors of their life phase. For example, [young adults](#) are not able to interact with their friends or classmates face to face anymore. This may need to be taken into account when considering the impact on [loneliness](#) of the current pandemic."

More information: Age differences in demographic, social and health-

related factors associated with loneliness across the adult life span (19-65 years): a cross-sectional study in the Netherlands, *BMC Public Health* (2020). [DOI: 10.1186/s12889-020-09208-0](https://doi.org/10.1186/s12889-020-09208-0)

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