

# Aging Alone: Mechanisms and Consequences

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*Seminar on Kinlessness and Living Alone at Older Ages*

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# Overview

- Key questions and concerns when studying the consequences of “aging alone.”
- The importance of social selection.
- Mini-recap of vast and growing literature on consequences of aging alone.
- Data gaps and avenues for future work
  - Elder mistreatment and neglect
  - Impacts of isolation against backdrop of climate change
  - Adaptive strategies and preparations by those aging alone

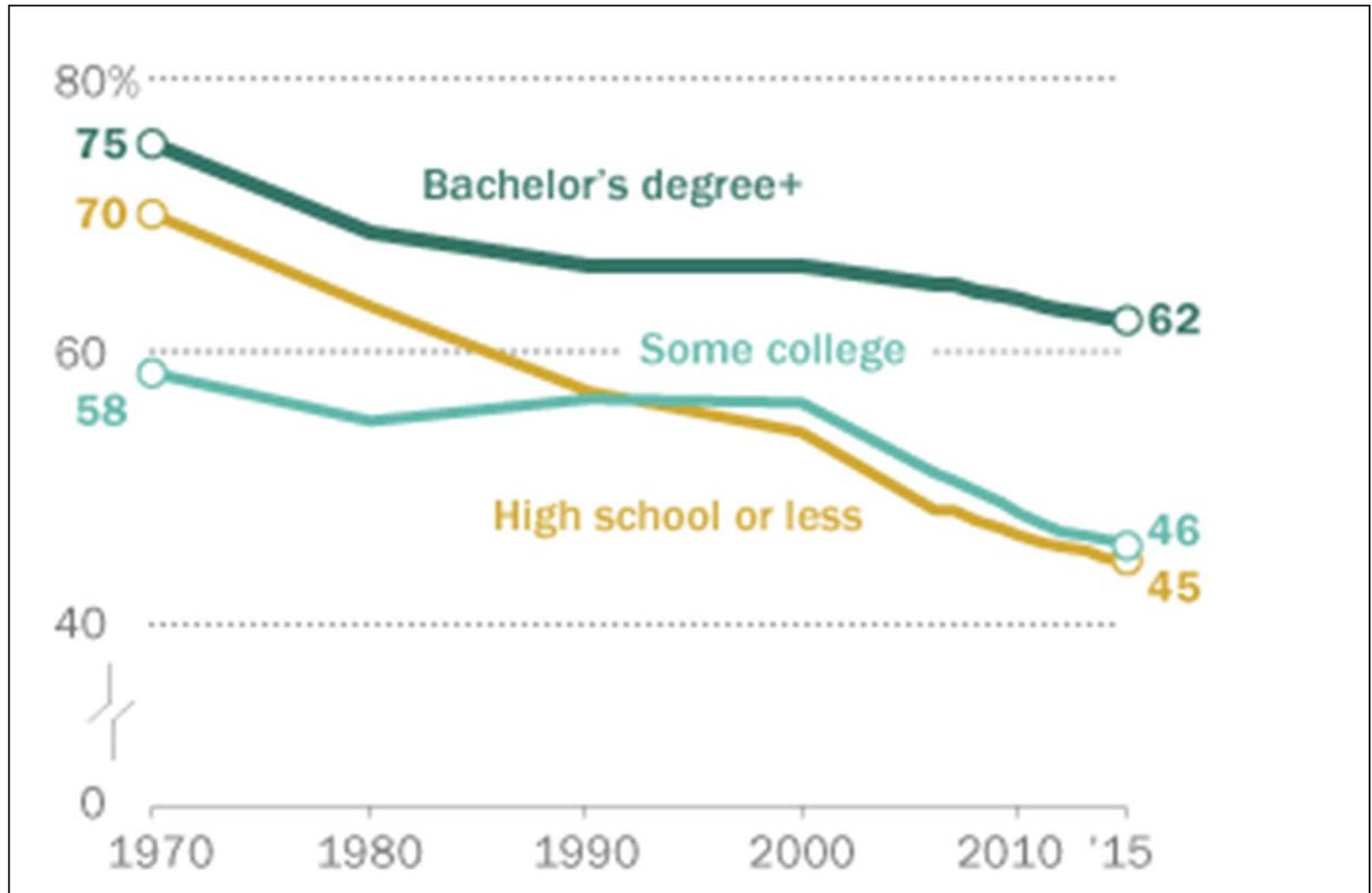
# “Aging Alone” and Late-Life Well-Being

- Consequences and mechanisms vary based on:
  - Outcomes considered: potentially different consequences and mechanisms for psychological, economic, social, cognitive, and physical well-being.
  - Definition of “alone”: who are meaningful kin?
    - Moving beyond spouse/partner and (grand)children.
    - Siblings, nieces/nephews, cousins, families of choice, living apart together (LAT)
  - Duration: how many years, how many spells, and at what ages “alone”?
    - Adaptation and innovation (psychological, social)
    - Accumulation of risk (economic, physical)
  - Reference category: who is relevant analytic contrast?
    - Married/partnered. Heterogeneity on basis of relationship quality, intimacy, physical and cognitive capacity
    - Parent to living child(ren). Heterogeneity on basis of physical distance, coresidence, estrangement, capacity to assist/engage

# Social Selection vs. Causation Considerations

- Poorer physical, cognitive, functional and mental health predict:
  - ever-partnering (Goldman and colleagues).
  - remaining partnered (Sbarra, 2015).
  - repartnering (Brown and colleagues).
  - having children (Nomatavu et al., 2021).
  - formal and informal social engagement (Dawson-Townsend, 2020).
- Economic and racial privilege increasingly predict ever-partnering, remaining partnered, and repartnering.
  - An important consideration for future cohorts of older adults.

# Proportion of U.S. Adults Ages 18+ Ever Married by Educational Attainment



# Harmful Physical and Cognitive Health Effects

## Well-Established

- Lack of a helpmate to encourage healthy and curb unhealthy behaviors, assist with ADLs, provide rides to medical appointments – especially for men (e.g., Umberson and colleagues).
- Limited levels of socioemotional engagement (e.g., conversations, visits, walks) linked directly and indirectly with cognitive health.
- Elevated daily stress linked with cortisol levels and inflammation implicated in disease risk (Holt-Lunstad and colleagues).
  - Social, emotional and instrumental support are essential resources for coping with health-threatening stressors.

# Mental Health Consequences Less Consistent

- Presence/number of social ties strongly associated with social loneliness (Dahlberg et al., 2022).
  - **Change** in ties matter: Marital dissolution linked with steep increases in social loneliness, although continually unpartnered persons **adapt**.
- Marital and parental statuses weakly linked with emotional loneliness (Penning et al., 2022).
  - Childless older adults (esp. older women) not more susceptible to emotional loneliness.
  - One-third of married persons report emotional loneliness, esp. if spouse in poor health.

# Mental Health Consequences Less Consistent (*cont'd*)

- Consequences for happiness, life satisfaction, and depressive symptoms less consistent.
  - Individual-level preferences for solitude.
  - Quality vs. quantity of social ties.
  - Demands imposed by coresidential or blood/legal kin, such as:
    - Custodial grandparenting
    - Dementia caregiving
    - Conflict or mistreatment

# Isolation is a Major Risk Factor for Elder Abuse

	<b>EMOTIONAL ABUSE</b> The abuser may threaten, scream at, frighten, insult, or ignore the older person.
	<b>NEGLECT</b> The abuser may not give food, medicine, or other health services to the older person. The abuser may also leave the older person alone for hours, knowing that the person is unsafe or needs help.
	<b>PHYSICAL ABUSE</b> The abuser may hit or push, grab or shake, pull hair, or throw objects at the person. The abuser could also lock the older person in their room or keep them confined to a bed or in a chair.
	<b>FINANCIAL ABUSE</b> The abuser may take the older person's money (cash, pension cheques, and savings) or force the older person to sell their home.
	<b>SEXUAL ABUSE</b> The abuser may force any kind of sexual act on an older person (sexual touching, kissing, hugging, or intercourse).

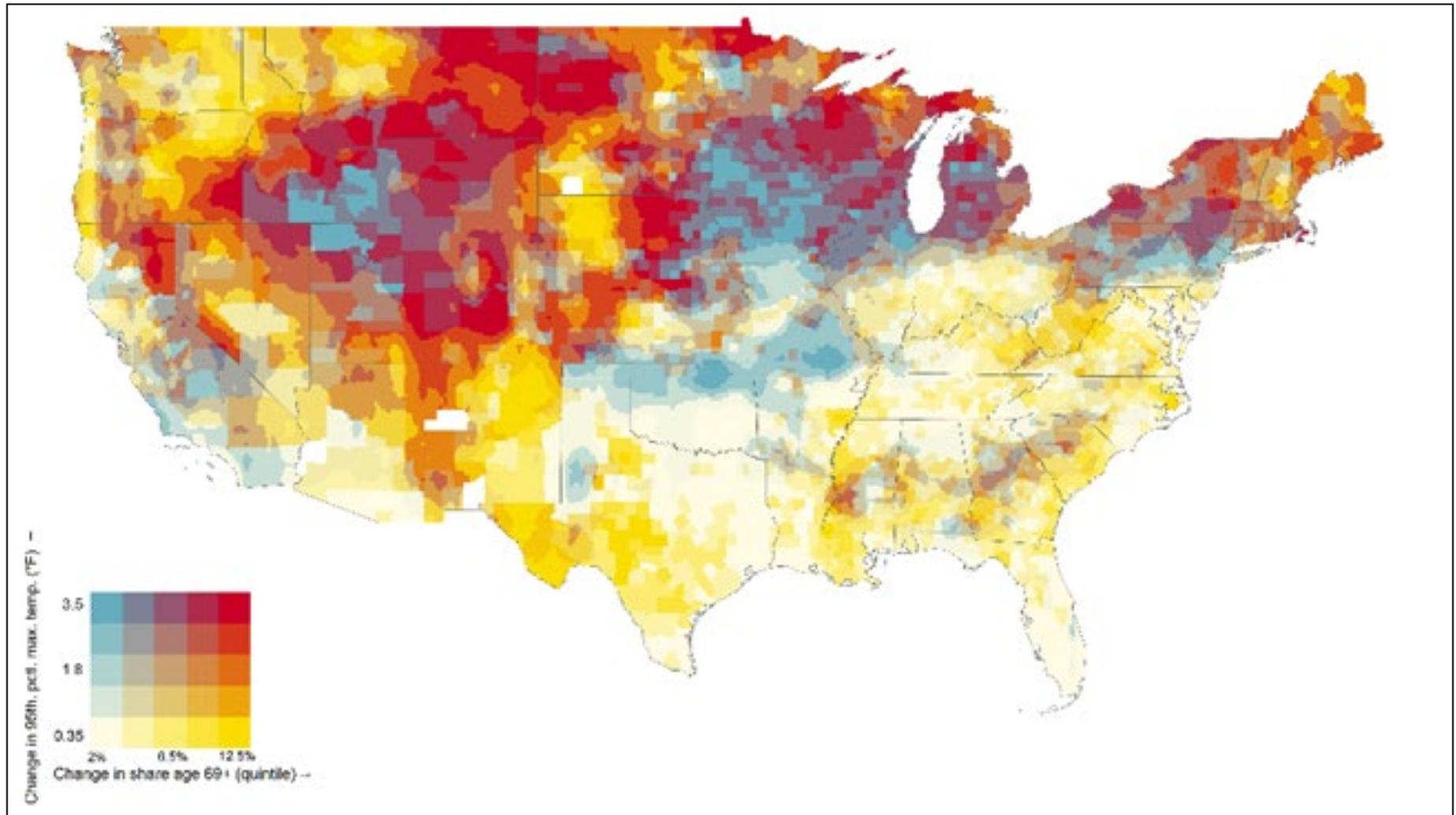
- 10% U.S. older adults have experienced abuse (NCOA 2021).
  - 2/3 by spouse or child
- Reports of abuse increased to 20% during pandemic (Chang & Levy 2022).
- Isolated persons are:
  - more dependent on caregiver.
  - lack multiple 'eyes and ears' that detect/report abuse.
  - at risk of abuse by paid caregiver, LTC staff or fellow resident.
- Abusers may intensify isolation.
  - Create distance between older adult and network members

# Isolated Older Adults Especially Vulnerable to Consequences of Climate Change

- Temperature extremes especially harmful to older adults *in general* (Watts et al., 2021).
  - Reduced capacity to thermoregulate
  - Medications exacerbate dehydration
- Isolated older adults face challenges with:
  - evacuation in case of extreme weather event
  - locating and accessing cooling or heating centers
  - noticing symptoms triggered by temperature extremes
  - seeking treatments at hospital/ER (e.g. dehydration)
  - making (and paying for) HVAC adaptations



2050 (Projected): Co-occurring Increases in *Percentage of Population Age 65+* and Increases in *95<sup>th</sup> Percentile of Daily Maximum Temperature (TMax95)*;



Carr et al., (2023, *The Gerontologist*)

# Data Needs

- Expanded measures of loneliness
  - Three-item UCLA measure most widely used (e.g., HRS)
  - Social, emotional, and existential loneliness may provide new insights
- Basic health and socioeconomic characteristics of focal network members.
  - What are the **capacities** of kin/networks to provide support to older adults?
- **Change** in networks including bereavements
  - Considering a broad base of losses (e.g., paid caregiver, best friend)
- Measuring types and sources of elder mistreatment.
  - NSHAP provides excellent model
- Planning behaviors and strategies for those aging alone.
- Strategic data linkage
  - Climate data
  - Neighborhood stability and change
  - Availability of local LTSS

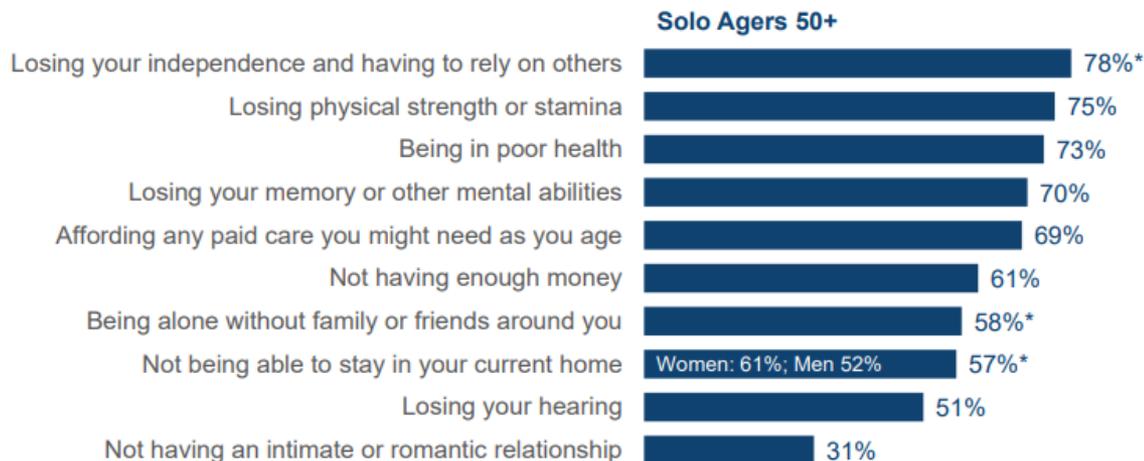
# Examples of Loneliness Subtypes

(e.g., de jong Gierveld; vanTilburg)

- **Social**
  - I can call on my friends whenever I need them.
  - There are plenty of people I can lean on when I have problems.
- **Emotional**
  - I miss the pleasure of the company of others.
  - I miss having a really close friend.
- **Existential (esp. in congregate care settings)**
  - My world seems so different from everybody else's.
  - I am surrounded by strangers I cannot connect with.

# Nothing About Us Without Us: Engaging “Solo Agers” to Understand Their Concerns and Adaptations

## Top concerns about life as they age



## Solo Agers Are Optimistic About Quality of Life

Solo agers face challenges, but few are pessimistic

by Colette Thayer, [AARP Research \(research/surveys/\)](#), February 2021

The New York Times | <https://www.nytimes.com/2022/12/03/health/elderly-living-alone.html>

THE NEW OLD AGE

## Who Will Care for ‘Kinless’ Seniors?

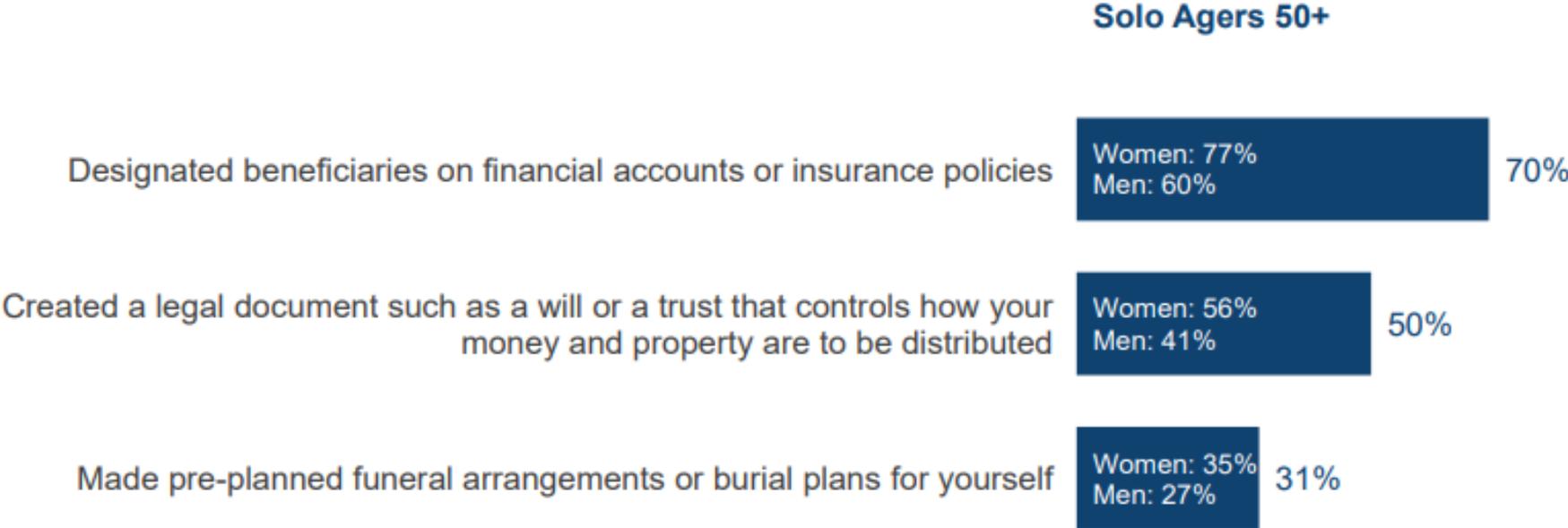
Nearly one million Americans have no immediate family members to provide assistance if needed. The number is expected to grow.

By Paula Span

Published Dec. 3, 2022 Updated Dec. 7, 2022



# A Considerable Share of “Solo Agers” are Pro-Active and Recognize the Added Challenges They Face



**Questions? Comments?**

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