

## **Meditation as an approach to reduce loneliness in older people**

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### **Key highlights:**

- Loneliness is associated with depression in older adults.
- Identifying risk factors of loneliness may help provide early interventions for the prevention and development of loneliness.
- Meditation is associated with reduced loneliness among older adults.

### **What is loneliness?**

Loneliness is described as a subjective, unpleasant feeling that emerges from the discrepancy between a person's desired and actual social relationships. This can mean that loneliness coincides with negative feelings even within interpersonal contexts. Loneliness can and does affect anyone; however, older adults are more vulnerable than younger adults to develop loneliness. Loneliness is a high-risk factor for both the physical and mental health outcomes (e.g., depression) in older adults.

### **Prevalence of loneliness in older adults**

Nowadays, greater awareness that loneliness is increasing globally has elevated its importance as a public health concern. From 2000 to 2019, the prevalence of loneliness ranged from 5.2% in northern European countries to 21.3% in eastern European countries according to a meta-analysis on the prevalence of loneliness in older adults across 40 countries. A review of 25 studies from China found large increases in loneliness between 1995 and 2011. Additionally, longitudinal data from the Health, Aging, and Retirement in Thailand study from 2015 and 2017 found that the prevalence of loneliness was 21.7%.

The prevalence of incident and/or persistent loneliness was higher in people with low socioeconomic status, residence in the central region, poor self-rated physical health status, depressive symptoms, hypertension, and a higher number of chronic diseases. The prevalence of loneliness among people living in long-term care institutions also appears to be higher than those in the community. Thus, identifying risk factors can help to provide early interventions to reduce the incidence of loneliness.

## **Measuring loneliness**

To facilitate the screening of loneliness, properly validated tools to detect loneliness are key for timely intervention provision. The DeJong Gierveld Loneliness Scale (DJGLS) and the UCLA Loneliness Scale, both in their different versions, are the most widely used scales to assess loneliness in older adults. Recently, a 6-item Revised UCLA Loneliness Scale (RULS-6) has been developed and well-received as a screening tool of loneliness in older adults.

## **Reducing loneliness in older adults**

Previous literature highlighted a multitude of interventions associated with decreased loneliness in older adults, including physical exercise, reminiscence therapy, meditation, and technological interventions. Furthermore, interventions such as animal therapy, psychotherapy, cognitive behavioral therapy, counseling, music therapy, and occupational therapy, as well as multicomponent and social interventions did have a small effect size.





## **Meditation can prevent loneliness**

In addition to the aforementioned interventions for dealing with loneliness, meditation has shown promise in reducing loneliness among older individuals. Studies indicate that meditation enhances self-awareness, enabling older adults to recognize and understand their feelings of loneliness more clearly, thus facilitating effective coping strategies and resilience. Moreover, meditation improves emotional regulation, allowing individuals to manage negative emotions associated with loneliness more effectively. By fostering inner peace and emotional balance, meditation can reduce distress and isolation, leading to decreased feelings of loneliness.

Engaging in meditation also fosters empathy, compassion, and kindness towards oneself and others, promoting greater psychological resilience and aiding in coping with loneliness. Furthermore, as loneliness in older adults is often linked to sleep disturbances and insomnia, meditation's relaxation and stress-reducing effects can improve sleep quality. Better sleep hygiene and quality contribute to increased energy levels, improved mood, and a greater sense of well-being, all of which can mitigate feelings of loneliness.

However, while meditation appears effective for many older individuals, it may not be suitable for everyone. Recent research in long-term care settings suggests that older residents with anxious insecure attachment may benefit from meditation, whereas those with avoidant insecure attachment may not, as meditation could potentially exacerbate their tendency to isolate further.

In conclusion, meditation represents a generally useful and effective intervention for addressing loneliness in older adults, with various types of meditation available for promotion. However, it is important to consider individual attachment styles when recommending meditation, as it may not be beneficial for everyone.

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**For further reading:**

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