International Psychogeriatrics (2024), 36:8, 609–611 © The Author(s), 2024. Published by Cambridge University Press on behalf of International Psychogeriatric Association
doi:10.1017/S1041610224000851

EDITORIAL

A life course approach to social relations, loneliness, and positive solitude: Where should we go from here?

This special issue features four prominent papers which addressed the role of social relations, loneliness, and positive solitude in the lives of older persons. The International Psychogeriatrics, as the leading journal addressing all aspects of mental health of older persons worldwide, is the perfect platform to feature such a collection of articles. From early theories concerning human development from childhood to adulthood, through cutting-edge studies using technologies such as Magnetic Resonance Imaging (MRI), the scientific community shows both interest and diligence in discovering the varied and intriguing ways in which social relations shape our lives from cradle to grave. The four papers address not only the mental health impact of social ties but also possible determinants of one's social ties. Hence, they provide a comprehensive approach to the study of social relationships. As the four papers come from Europe, Asia, and the United States, they represent a diverse range of countries and geographic areas, alluding to the universality and relevance of many of the experiences reported in the papers in varied sociocultural contexts. To further enhance the understanding of social relations, loneliness, and positive solitude, the four papers are supported by four commentaries that bring innovative perspectives on the topic (Cohn-Schwartz, in press; Kraus, in press; Shiovitz-Ezra and Rozen, 2023; Sun, in press).

The first paper by van der Velpen *et al.* (2022) discusses a unique period in our recent history. In many ways, the COVID-19 pandemic has brought with it or at least instigated a pandemic of social loneliness and isolation. To protect the population, and especially, to protect older persons who were deemed most vulnerable to the negative effects of the pandemic, physical distancing was employed in many countries worldwide. Whereas some countries such as Sweden initially imposed physical distancing only on older persons, other countries employed a universal requirement to physically distance (Aloni and Ayalon, 2023). Several studies conducted during the pandemic and right afterward have shown a substantial impact on the population that has experienced an intense sense of loneliness during the pandemic (Ernst *et al.*, 2022; Wu, 2020). However, in contrast to expectations, it was the younger population that reported more intense levels of loneliness, whereas older persons were relatively resilient during the pandemic (Wickens *et al.*, 2021). The study by van der Velpen *et al.* (2022) adds by providing a longitudinal perspective on changes in loneliness during the first few months of the pandemic. The study found that the prevalence of loneliness during the pandemic was more than two times higher than pre-pandemic. However, over time both loneliness and social isolation decreased. The authors also found that despite differences at baseline, older persons showed similar trajectories over time. Moreover, the study joins the growing body of innovative research that examines social relations from a neurobiological perspective (Lam *et al.*, 2021). Their findings concerning the association between larger intracranial volume and social connectedness over time point to exciting new directions.

One possible mechanism responsible for lower levels of social loneliness and isolation reported by older persons compared with younger persons can be found in the study by Ost-Mor *et al.* (2023). Their study introduces the term positive solitude. The term reflects one's choice to engage in varied meaningful activities alone. This term is different from loneliness which reflects a discrepancy between desired and actual social relations. In the case of solitude, the desire is to be without others during certain times. When this desire is fulfilled, people experience better mental health. The study found that as expected, loneliness was associated with depressive symptoms. Positive solitude, however, served as a moderator, buffering the effects of loneliness on mental health. As we know that older persons are more likely to report positive solitude than younger persons, it is highly likely that positive solitude also served as a protective factor during the pandemic. Interestingly, in contrast with loneliness which increased in the early days of the pandemic and declined subsequently, positive social health remained high during the entire study period (van der Velpen *et al.*, 2022). Common to these two studies is the focus not only on the negative aspects of social relations which result in depressive symptoms and poorer mental health but also on positive dimensions of social relations, which buffer against the negative effects of loneliness.

Upenieks *et al.* (2023) bring a different angle to the study of loneliness and social relations. In their study, they examine religious doubt as a predictor of

Downloaded from https://www.cambridge.org/core. IP address: 18.117.9.189, on 22 Nov 2024 at 02:25:27, subject to the Cambridge Core terms of use, available at https://www.cambridge.org/core/terms.
https://doi.org/10.1017/S1041610224000851

depressive symptoms. The limited research available has shown that religious older persons live longer and report better quality of life than nonreligious persons. The study adds by examining the opposite of religious faith: religious doubt. The study shows that pastoral support is a buffer which attenuates the relationship between religious doubts and depressive symptoms for men but not for women. Hence, they point to the role played by religious beliefs (or doubt, in the present study) and religious figures in people's mental health. For women, however, there was a direct relationship between clergy support and reduced depressive symptoms.

While religious practices are an integral part of many people, work is almost an inevitable part of human development. Although it can have distractive effects on health and well-being, such as stress, it also holds important implications for social life. The study by Cohn-Schwartz and Naegele (2023) adds a life course perspective by showing how one's work history is related to his or her social network. The study found that those who worked in more jobs had larger social networks that were more inclusive of children and friends and less likely to include their spouse. Although beneficial, working in more jobs was associated with lower levels of emotional connectedness. Hence, the study points to a distinction between the number of ties and their quality. Previous studies found that it is the quality and not the quantity of ties that is associated with mental health (Fiorillo and Sabatini, 2011), and therefore, the study highlights the advantages and possible disadvantages of a more fluid career path. The study also points to some gender differences. Women who were involved in the workforce over their life were likely to have larger social networks, whereas men involved in the workforce over an extended period were more likely to report emotional closeness with their social network.

To sum, the four studies featured in this special issue stress the importance of social relations in the lives of older persons. They also stress the resilience of older persons, who may face substantial external (the COVID-19 pandemic) and internal (religious doubts) stressors yet are able to adjust via varied coping mechanisms. The socioemotional selectivity theory suggests that when older persons' perceived time in the world becomes shorter, they become more tuned toward the development of intimate ties and the pursuing of emotionally meaningful goals (Carstensen, 2021). This theory could possibly explain the resilience of older persons found in the four studies featured in this special issue and their ability to use positive solitude to ward-off the harmful effects of loneliness.

Another notable theme identified in this special issue is the fact that men and women have different life experiences, but also different coping mechanisms and strategies to deal with social isolation and loneliness. For instance, the study by Upenieks *et al.* (2023) found that women reported more depressive symptoms but less religious doubts and more pastoral support. However, pastoral support served as a protective buffer of the relationship between religious doubts and depressive symptoms in men, whereas in women it had a main effect, being directly associated with depressive symptoms. The study by van der Velpen *et al.* (2022) also found gender differences, with women being more likely to report social disconnectedness and higher levels of social isolation and loneliness at COVID-19 baseline, but recovery of social health did not show gender differences. Likewise, Cohn-Schwartz and Naegele (2023) also found gender differences, showing that women who were more involved in the workforce throughout their lives were more likely to have larger social networks, whereas men who worked for more years were likely to have higher emotional closeness. Overall, these findings allude to differential life experiences and copying mechanisms of men and women over the life course.

The featured studies underscore the complexity of social relations by distinguishing between terms such as isolation, positive social health, loneliness, and positive solitude. Future research should delve deeper into longitudinal studies across diverse cultural and geographic contexts to better understand the evolving nature of these experiences throughout the aging process. It is also essential to assess how these various terms relate to each other. Research should aim to unpack the nuanced gender differences in coping mechanisms and social network dynamics over the life course. Studies that focus on interventions to promote positive solitude and bolster emotional resilience among different subgroups of older persons can provide valuable insights into targeted support strategies. Interdisciplinary approaches that combine psychological, sociological, and biomedical perspectives can offer a more comprehensive understanding of how social relations impact mental health outcomes in older populations.

Practitioners working with older persons should prioritize the enhancement of social networks and the promotion of positive solitude as integral components of mental health care. Even though these components appear contradictory, they result in similar positive outcomes. Social interventions should be tailored to address the unique needs of individuals, considering factors such as gender, cultural background, religious beliefs, and previous work history. Programs aimed at reducing social isolation should incorporate activities that foster meaningful connections and support emotional

Downloaded from https://www.cambridge.org/core. IP address: 18.117.9.189, on 22 Nov 2024 at 02:25:27, subject to the Cambridge Core terms of use, available at https://www.cambridge.org/core/terms.
https://doi.org/10.1017/S1041610224000851

well-being. Practitioners should also advocate for policies that facilitate older persons' engagement in diverse social activities ranging from work to virtual platforms that offer alternative ways to connect. By adopting a holistic approach that values both the quantity and quality of social ties and is tuned to older persons' needs and preferences, practitioners can contribute to the overall resilience and mental health of older adults.

Liat Ayalon[1] and Dikla Segel-Karpas[2]

[1]Louis and Gabi Weisfeld School of Social Work, Bar Ilan University, Ramat Gan, Tel Aviv, Israel
E-mail: liat.ayalon@biu.ac.il
[2]Department of Gerontology, University of Haifa, Haifa, Israel

References

Aloni, O., & Ayalon, L. (2023). Inconsistent and arbitrary age-based policies during the first wave of the COVID-19 pandemic. *Journal of Aging & Social Policy*, 1–37. doi: 10.1080/08959420.2023.2226310.

Carstensen, L. L. (2021). Socioemotional selectivity theory: the role of perceived endings in human motivation. *The Gerontologist*, 61(8), 1188–1196.

Cohn-Schwartz, E. (in press). The multidimensionality of social health. Commentary on Determinants of social health trajectories during the COVID-19 pandemic in older adults: The Rotterdam Study by van der Velpen et al.,. *International Psychogeriatrics*.

Cohn-Schwartz, E., & Naegele, L. (2023). Employment over the life course and post-retirement social networks: a gendered perspective. *International Psychogeriatrics*, 1–11.

Ernst, M., Niederer, D., Werner, A. M., Czaja, S. J., Mikton, C., Ong, A. D., Rosen, T., Brähler, E., Beutel, M. E. (2022). Loneliness before and during the COVID-19 pandemic: a systematic review with meta-analysis. *American Psychologist*, 77(5), 660–677.

Fiorillo, D., & Sabatini, F. (2011). Quality and quantity: the role of social interactions in self-reported individual health. *Social Science & Medicine*, 73(11), 1644–1652.

Kraus, N. (in press). Reflections on the Health-Related Effects of Social Ties with Pastors: Commentary on, "Religious Doubt and Depression in Late Life: Gender Differences in the Buffering Role of Supportive Pastoral Relationships" by Upenieks et al.. *International Psychogeriatrics*.

Lam, J. A., Murray, E. R., Yu, K. E., Ramsey, M., Nguyen, T. T., Mishra, J., Martis, B., Thomas, M. L., Lee, E. E. (2021). Neurobiology of loneliness: a systematic review. *Neuropsychopharmacology*, 46(11), 1873–1887.

Ost-Mor, S., Segel-Karpas, D., Palgi, Y., Yaira, H. R., Mayan, S., Ben-Ezra, M., & Greenblatt-Kimron, L. (2023). Let there be light: The moderating role of positive solitude in the relationship between loneliness and depressive symptoms. *International Psychogeriatrics*, 1–5.

Shiovitz-Ezra, S., & Rozen, R. (2023). Alone but not lonely: The concept of positive solitude. *International Psychogeriatrics*, 1–7.

Sun, P. (in press). Exploring the Long-Term Effects of Employment on Social Networks. Commentary on "Employment over the life course and post-retirement social networks: A gendered perspective. *International Psychogeriatrics*.

Upenieks, L., R., Bonhag & McGowan, A. C. (2023). Religious doubt and depression in later life: gender differences in the buffering role of supportive pastoral relationships. *International Psychogeriatrics*, 1–12.

van der Velpen, I. F., Melis, RJF., Hussainali, R. F., Perry, M., Vernooij-Dassen, MJF., Ikram, M. A., Luik, A. I., & Vernooij, M. W. (2022). Determinants of social health trajectories during the COVID-19 pandemic in older adults: the Rotterdam Study. *International Psychogeriatrics*, 1–15.

Wickens, C. M., McDonald, Aé J., Elton-Marshall, T., Wells, S., Nigatu, Y. T., Jankowicz, D., Hamilton, H. A. (2021). Loneliness in the COVID-19 pandemic: associations with age, gender and their interaction. *Journal of Psychiatric Research*, 136, 103–108.

Wu, B. (2020). Social isolation and loneliness among older adults in the context of COVID-19: a global challenge. *Global Health Research and Policy*, 5(1), 27.

Downloaded from https://www.cambridge.org/core. IP address: 18.117.9.189, on 22 Nov 2024 at 02:25:27, subject to the Cambridge Core terms of use, available at https://www.cambridge.org/core/terms. https://doi.org/10.1017/S1041610224000851