

# Loneliness among older people as a social problem: the perspectives of medicine, religion and economy

WERNER SCHIRMER\* and DIMITRIS MICHAELAKIS\*

## **ABSTRACT**

This article offers a theoretical framework for studying loneliness among older people from a social problems perspective. The framework combines the constructionist approach to social problems (Spector and Kitsuse) and systems theory (Luhmann). Based on the first approach, we understand the social problem of loneliness among older people to be the result of claims-making activities by different key actors. These activities are guided by underlying moralities, causalities and solutions. With the second approach, we can explain how social problems are framed differently within different social systems. The proposed framework is primarily aimed at researchers studying social (in contrast to bio-medical or psychological) aspects of loneliness among older people. It helps not only to guide research designs in order to address conflicting perspectives, rationalities and interests but also to enable researchers to grasp fully how ‘loneliness among older people’ is attributed (potentially shifting) meanings through communicative acts by influential stakeholders in the ‘social problems industry’. Combining constructionism and Luhmann’s theory also helps to interpret and explain concrete claims-making concerning loneliness as a social problem. The argument in this article is illustrated via three different social systems: medicine, religion and economy. Loneliness among older people appears to be something different from each of these perspectives: as a matter of health and illness, of spirituality, and of incentives and commodities, respectively.

**KEY WORDS** – constructionism, economy, older people, loneliness, medicine, religion, social problem, systems theory.

## **Introduction**

This article proposes to study loneliness among older people from a *social problems perspective*. Such a perspective understands social problems such as loneliness among older people as the result of claims-making activities

\* TEFSA – Platform for Theory-driven Research in Social Work, Department of Social and Welfare Studies, University of Linköping, Sweden.

which are guided by representations, concepts and images. Images of loneliness are produced within communicative contexts, and depending on the context and perspective, these images differ.

The prevalence of loneliness among older people has been reported in many Western countries (Golden *et al.* 2009; Nyqvist *et al.* 2013; Tiikkainen and Heikkinen 2005; Victor, Burholt and Martin 2012). Loneliness is said to be problematic, first and foremost, because it increases the risk of mental and physical illness among older people (Hawkey and Cacioppo 2007). Such loneliness also puts pressure on relatives. It burdens the health-care sector and welfare services. On a societal level, loneliness among older people calls into question the strength of a society's value system and its sense of solidarity (Durkheim 2012 [1893]).

Existing research on loneliness among older people mostly focuses on psychological and medical causes and on the consequences of loneliness at the individual level. Based on a frequently used definition provided by Weiss (1973), many authors (Dahlberg and Mc Kee 2014; Liu and Rook 2013; Pettigrew and Roberts 2008; van Baarsen *et al.* 2001; Victor, Grenade and Boldy 2005) regard loneliness as a two-dimensional phenomenon: *emotional loneliness* (felt, perceived loneliness) and loneliness as *social isolation*, *i.e.* the feeling of having too narrow a social network. In both cases, loneliness is primarily seen as an individual experience, more a psychological problem than a social one. Typically, researchers are interested in why some individuals suffer from the experience of loneliness while others do not, and how lonely people suffer from it both emotionally and physically.

Roughly speaking, the findings in the literature can be divided into two main groups. The first one covers *causes* of loneliness, understood both as an emotion and as social isolation. Among the most important determinants researchers have identified are loss of a partner (Jylhä 2004; Victor *et al.* 2005), living alone (Nyqvist *et al.* 2013), a lack of friends/social network (Peplau and Perlman 1982), ill health (Hawkey and Cacioppo 2007), a disability, either one's own or a partner's (Alma *et al.* 2011; Korporaal, Broese van Groenou and van Tilburg 2008) and coming from an ethnic minority background (Victor, Burholt and Martin 2012).

In the other group of research findings, the consequences of loneliness for a person's mental and physical wellbeing and, more generally, quality of life (Dykstra 2009) are highlighted. It has been shown many times that involuntary loneliness has negative effects on an individual's wellbeing. The most common effect is depression (Golden *et al.* 2009; O'Lunaigh and Lawlor 2008), quite frequently leading to suicide ideation, particularly after the loss of a spouse (Eriksson and Svedlund 2007; O'Lunaigh and Lawlor 2008), but a number of physical illnesses such as high blood pressure, cardiovascular illnesses, decreased cognitive functions and a limited

immune system have also been singled out in the research as results of loneliness (Cacioppo, Hawkey and Berntson 2003; Hawkey and Cacioppo 2007).

In sum, the bulk of research on loneliness among older people has a clear focus on psychological or medical aspects. However, to our knowledge there is a lack of studies from a *social problems perspective*, *i.e.* a perspective that discusses how loneliness among older people is *framed and communicated* by various actors and in a variety of forums as a social problem. The classical literature on social problems has been dominated by the functionalist approach (Merton and Nisbet 1971), the value-conflict approach (Fuller and Myers 1941) and some variations of Marxist-inspired and critical conflict theories (Feagin 1986; Mills 1959). Despite obvious differences concerning theory architecture and the conception of society, these approaches agree insofar as they consider social problems to be objective conditions that are somehow at odds with central societal values (how things ought to be), that have adverse effects for (parts of) the population or society as a whole, and that can be alleviated by therapeutic or political interventions. Moreover, there is agreement that problems are *social* insofar as they are assumed to have social causes and/or social effects, and consequently there must be social solutions. Much of the contemporary literature shares this understanding (Alessio 2011; Dello Buono 2013; Glynn, Hohm and Stewart 1996; Horton *et al.* 1997).

With a ‘social problems perspective’, however, we do not simply mean to assert that loneliness among older people *is* a social problem, *i.e.* that it needs to be understood as an objective condition with social causes and/or consequences. Drawing on the constructionist approach in the social problems literature (Best and Harris 2012; Loseke 2003; Spector and Kitsuse 1987 [1977]), we argue that there is always a ‘subjective nature of social problems’, as Best (1995: 4) put it. Social problems are what particular key actors, so-called ‘claims-makers’ (Spector and Kitsuse 1987 [1977]), *view as* social problems. Claims-makers construct particular (putative) social conditions as problematic, violating widely shared values, harming particular groups of people and in need of remedy.

Approaching loneliness among older people from a social problems perspective, then, means to study how the phenomenon is discovered, framed, judged, discussed, problematised and tackled by different key observers in society. The understanding of loneliness as a social problem always involves an empirical observer (*i.e.* an observer who can in turn be observed) using some standards in order to verify loneliness. Because of differentials in the social positions of various observers and the functions they fulfil, one can expect a variety of different images of loneliness among older people as a social problem.

Furthermore, in order to study loneliness among older people from a social problems perspective, we would argue that the constructionist approach as such is not sufficient and should be complemented with a theory of society. We suggest the theory of social systems advanced by Niklas Luhmann (1995, 2012, 2013) which explains how different social systems – given their distinctive viewpoints – construct objects within their range of observation differently. Regarding the study of social problems, this view is highly relevant and adequate because it gives a theoretical account of the variations in how and why different key actors construct ‘loneliness as a social problem’. In the next section, this theory and the constructionist perspective will be explained in more detail.

A basic assumption for this article which follows from these frameworks is that there is not a single problem definition of loneliness among older people nor one that is shared by all actors; *instead there is considerable variation in problem definitions*. Although there is no approach to loneliness among older people in the literature that entails a social problems perspective, there are some papers that either adopt stances that are (at least partly) compatible with our proposed framework or present findings that are supportive of it. Some authors argue against the dominance of quantitative research in the literature that treats loneliness ‘in terms of linear and cause–effect relationships and prescriptive interventions’ (Karnick 2005: 11), criticising how loneliness is mostly regarded as a pathological or deficit condition (Graneheim and Lundman 2010; Rosedale 2007; *see also* Victor, Scambler and Bond 2009). They suggest a discussion of alternative notions of loneliness, drawing among others on Frankl’s psychology and philosophy, where loneliness is also seen as a phase of personal discovery and growth (Karnick 2005). In a similar vein, there are phenomenological studies of loneliness among older people examining ‘variations of lived experiences of loneliness’ (Dahlberg 2007; Graneheim and Lundman 2010; Long *et al.* 2003). Furthermore, the qualitative interview study by Stanley *et al.* (2010) should be mentioned because it not only accounts for variation among older adults’ experiences of loneliness, it also introduces what systems-theorists call ‘multiperspectivity’, illustrating differences between the descriptions given by older people themselves and those given by care personnel. The study that comes closest to what we here call a social problems perspective is the one by Uotila, Lumme-Sandt and Saarenheimo (2010), who explicitly analyse ‘loneliness among older people’ as a social construction. Although these authors do not draw on the constructionist approach of Spector and Kitsuse, *etc.*, they emphasise how constructions of older people’s loneliness as a social problem are contingent on social and cultural contexts, and how these constructions vary in terms of meanings, causes and consequences (Uotila, Lumme-Sandt and Saarenheimo 2010:

109). Their focus is on the mass media, which is treated as a forum for different social actors (and commentators) rather than as a constructor in its own right (Luhmann 2000b). In our view, this leads them to place too much emphasis on the ‘themes’ connected with loneliness rather than systematically analysing which social actors tend to formulate what problem definition of loneliness among older people. However, we agree with them that:

it is important to know more about the construction of loneliness and identify all dimensions which are attached to it in our society. When loneliness is better understood and conceptualised, it would be also easier to build effective programmes aimed to relieving loneliness. (Uotila, Lumme-Sandt and Saarenheimo 2010: 124)

The insight from all of this research for a constructionist approach is not whether loneliness is a negative or positive experience but that there is variation in meaning and evaluation, particularly when different observers’ viewpoints are taken into account. This is less trivial than the assumption that there is a wide variety of definitions, operationalisations and measurement scales (such as the de Jong Gierveld scale and the UCLA scale), since it points to the core structural characteristic of modern society. In our understanding, modern society is horizontally differentiated in function systems; this implies that society has neither a top nor a centre that can provide universally valid and binding descriptions of any phenomenon.

In this article, we want to provide a theoretical framework for the empirical study of how different social actors (observing systems, in Luhmann’s terminology) construct loneliness among older people as an adverse social condition that harms a number of people, is at odds with widely shared societal values and requires socio-political counter-measures. On the basis of their different social positions and functions, interests and performances, it is reasonable to assume that different social actors understand and frame loneliness among older people as a social problem in different ways regarding causes, consequences and solutions. Since this article is of a theoretical nature, we offer empirical material only for the sake of illustrating our argument. We will discuss the views from three different societal function systems: medicine, religion and economy. As many observers note, there are tangible negative effects of loneliness on people’s physical and mental wellbeing – and given the frequent references to health issues in the research of all disciplines – it seems reasonable to take the medical point of view as a starting point. We want to contrast this perspective with constructions made from two other perspectives that, at first sight, seem less relevant (at least in the research literature) but have important tasks in society as a whole and come to completely different views of loneliness among older people in terms of meanings, causes, consequences and solutions. These are the perspectives of economy and religion.

The article is structured as follows: 'A Social Problems Perspective: Constructionism and Systems Theory' provides a detailed presentation of the theoretical framework. First, we elaborate on the constructionist approach in social problems theory; second, we introduce Luhmann's conceptualisation of modern society being functionally differentiated in autonomous social systems; and third, we briefly discuss some implications of combining constructionism with Luhmann's theory of society. The section 'Three Perspectives on Loneliness Among Older People' presents the viewpoints of the social systems of medicine, religion and economy according to the Luhmannian theory and shows how this can be a starting point for the analysis of variations in the problem definitions of different observers regarding loneliness among older people. This section makes use of illustrations from empirical data. The concluding section discusses the benefits of the proposed framework for studying loneliness among older people from a social problems perspective and its implications for research.

### **A social problems perspective: constructionism and systems theory**

#### *Constructionism on social problems*

Despite their disagreements, most constructionists endorse the proposition that the world cannot be experienced directly or independently of an observer. Every observation implies selection and interpretation; observations do not represent but rather construct reality. Based on these assumptions, the constructionist approach to social problems considers itself a direct response to objectivist theories of social problems such as functionalism or critical theory as well as to positivist mainstream research on social problems. Constructionists argue that mainstream research often uses common-sense notions of social problems (Best 1995) when studying issues such as inequality, racism, homelessness, substance abuse, *etc.* Such notions start with the taken-for-granted assumption that there are objectively determinable social conditions which are somehow harmful to a specific group of people, that these conditions are somehow adverse and that they should be countered. The three approaches mentioned vary with respect to their justification for combating adverse social conditions, *i.e.* they differ from each other at the normative level. Thus, depending on the applied framework, social problems should be tackled either because they are (a) harmful to society and social order (functionalism), (b) injustices to the benefit of ruling classes (critical theories) or (c) generally morally undesirable (mainstream). Objectivist approaches treat social problems as facts; thus they undertake to measure the magnitude of the

problematic conditions as well as the determinants and consequences of these conditions.

By contrast, constructionism identifies inherent methodological problems involved in any attempt to define a social problem in objective terms (*see* Spector and Kitsuse 1987 [1977]: 31ff). While there are a significant number of potentially harmful conditions in society, only a limited number of these are given the status of social problems. Researchers need to ask under what circumstances some conditions receive the status of social problems while others do not. Constructionism therefore begins with the questions of how and by whom is what counts as an adverse objective condition, *i.e.* a potential social problem, determined. Constructivists argue that there are always interpretations and subjective evaluations involved which preclude a neutral, merely factual understanding of social problems (Best and Harris 2012). Objectivist approaches have difficulties accounting for the normative standards from which problematic conditions deviate. One might question whose standards are used: based on what values, how the harmed groups are delimited, how harm is defined, *etc.* While it is possible to give definitive answers to these questions, it is impossible to do so in a universally valid way. Certain conditions have received or lost their status as social problems over time (Spector and Kitsuse 1987 [1977]), while the meanings of conditions have changed. There is, furthermore, ‘no necessary relationship between the measurable characteristics of any given condition or the people in it and a definition of that condition as troublesome’ (Loseke 2003: 9). Most important for the argument in this article is the circumstance that different people, groups and social systems (*e.g.* polity, science or medicine) might make different judgements as to what counts as a problem. In light of this, constructionists give up the idea of looking for objective conditions for social problems.

As a consequence, constructionists argue that, for social problems to exist *socially*, people first need to recognise and define them as such and promote widespread recognition of their definition (Best and Harris 2012; Loseke 2003; Spector and Kitsuse 1987 [1977]). As Loseke argues: ‘Conditions might exist, people might be hurt by them, but conditions are not social problems until humans categorise them as troublesome and in need of repair’ (2003: 14). Therefore, constructionists focus on the social activities that render any (putative) social condition a social problem in the first place. Spector and Kitsuse, the ‘founding fathers’ of this approach, speak of social problems as the result of ‘claims-making activities’ (Spector and Kitsuse 1987 [1977]: 75f). Claims-makers – for instance movements, professional associations, interest groups – note that putative social conditions violate ethical standards or other shared values, concern or harm certain groups, and require counter-measures. As a rule, there are various claims-

makers competing with each other for interpretative primacy and little attention paid by audiences (supporters as well as policy makers).

One key insight of constructionism is that different claims-makers typify social problems differently. They do not only use different arenas, strategies and rhetoric to persuade their audiences (Best 1995: 350). More importantly, claims-making activities vary along four dimensions or parameters. First, constructions of social problems vary in terms of the *causes and conditions*: what is portrayed as wrong/bad, what is part of the problem, what is excluded, what are the deemed causes of the condition. Second, problem constructions address *cultural themes*, *i.e.* conditions that violate widely shared values. The variable here is the underlying morality within which the putative condition is considered a reason for indignation. Third, claims-makers vary in their construction of *people as victims and villains*. Victims are those who suffer unfairly from the condition, are not responsible and deserve sympathy. Villains deserve condemnation since they are held responsible for the condition; they do not need to be people but can be institutions, social structures or social forces. Fourth, problem constructions vary in terms of the *solutions* proposed or demanded, thus a line of action based on the first and second parameters (underlying causal schemes and moralities) which legitimises certain solutions (while excluding others) and which holds certain people or organisations responsible for providing these solutions.

### *Theory of social systems*

Luhmann's theory of modern society consists of various building blocks (evolution, differentiation, communication, self-descriptions; for an overview see Lee 2000). Most important here is Luhmann's analysis of modern society as the differentiated unity of major social systems. Examples are the systems of politics, law, economy, science, religion, education, medicine, mass media, families, *etc.* Because each fulfils a unique and necessary function for society as whole, Luhmann (2013) calls them function systems. The term function refers to the circumstance in which these systems provide solutions to particular reference problems (*Bezugsprobleme*). For example, science solves the problem of providing reliable knowledge to society; the polity, the problem of taking decisions that are collectively binding and enforcing them; economy, the problem of allocating scarce resources; law, the problem of stabilising mutually conflicting expectations, *etc.* A paramount characteristic of function systems is that their operations are centred on the fulfilment of their function, thereby observing and interpreting everything that falls into their field of vision in a particular, function-specific way. For example, the legal system observes any social event in terms of its conformity with or violation of current laws in effect. From the viewpoint



of the legal system, any event – be it a simple everyday action, a business transaction or a scientific study – is rendered as a matter of legality/illegality: are laws violated, contracts breached, frauds committed? Likewise, from the perspective of science, the everyday action, the transaction and the study become a potential research object that is accessible with theories and methods. Similar statements apply to the other function systems (the third section of the article will deal more extensively with the three function systems, medicine, religion and economy).

In this regard, the perspectives of function systems are comprehensive but not universal: they can deal with any social event or thing, but there is always a multiplicity of other perspectives available from which the very same thing/event appears differently. As Luhmann argues, this multiplicity of function-systemic perspectives constitutes the structure of modern society, which Luhmann describes as *functional differentiation*: a horizontal structure of co-equal social systems within which none is more or less important, dominant or central than the others. In other words, modern society lacks both the centre and the top that pre-modern stratified societies had.

For our purposes of studying loneliness among older people as a social problem, the consequences of this analysis of modern society are obvious: there is no privileged position/social system that can define how loneliness among older people is supposed to be understood in a way that is universally valid and binding for everyone. Nor can the polity, medicine or science – nor can any system – because the same reference object is constituted, *i.e.* constructed differently, contingent on the observing perspective.

### *Combining constructionism and systems theory*

The constructionist approach to social problems helps us shift the focus from (any) objective conditions of social problems to the communicative activities of social actors that aim to identify putative social conditions as violations of the normative order and which need remedying. Especially in regard to the four parameters of conditions/causality, cultural themes (moralities), people (victims/villains) and solutions, the constructionist approach provides a framework for the empirical study of social problems. However, it lacks a theory of society that can explain on the societal level why some actors construct social problems in particular ways while other actors construct them in different ways. What are the societal prerequisites for these different constructions? Following Luhmann's theory of functionally differentiated society, we assume that a society consists of a multiplicity of observing systems, each equipped with a distinctive perspective. In that way, we can account for the social locus of particular claims-makers, which is contingent on the function-systemic background from which they

raise their claims. As we will illustrate in the next section with the perspectives of medicine, religion and economy, the problem constructions of loneliness among older people will differ not only in terms of the four parameters provided by constructionism but also in line with function-systemic perspectives. We argue that the combination of the constructionist approach and Luhmann's systems theory leads to a fruitful framework for studying variations in claims-making on loneliness among older people as a social problem and at the same time provides structural explanations for why some claims-makers frame the conditions, causes, solutions and people involved in the way they do. Combining the two approaches into one framework helps us to see that each of the key actors (claims-makers) involved represents speaker roles of particular social systems (Michailakis and Schirmer 2014). Each has a genuine observational perspective, rationality and interest in having the social problem defined in a certain way.

### **Three perspectives on loneliness among older people**

In this section, we illustrate our argument with three systematically different views of older people's loneliness as a social problem, namely the function-systemic perspective of medicine, religion and economy. Each sub-section begins with a short description of Luhmann's theory of the system in question, then proceeds to develop the argument by providing excerpts from our empirical data, and ends with an analysis of the excerpts from the proposed social problems perspective. The empirical examples presented are for illustration purposes and were chosen because they demonstrate the different function-systemic logics in a more ideal-typical way than most claims-making texts. Researchers need to be aware that the applied logics are not always that straightforward, so more in-depth text analysis will be necessary to reveal the underlying rationalities in examining how loneliness among older people is constructed as a social problem.

#### *Medicine*

It seems reasonable for us to start with the viewpoint of medicine because many contemporary problem descriptions of loneliness mention the association between loneliness and health issues. From a Luhmannian view, the system of medicine reproduces itself by means of communications related to health and illness (Luhmann 2005). In contrast to other systems that include people as citizens, pupils, buyers, *etc.*, in their systemic operations, medical communication addresses people as patients. Therefore, they are mostly relevant as bodies (Saake 2003) and only insofar as their condition

is judged to be a pathological deviation from predefined states (defined as good health) at a bio-physiological and/or behavioural-psychological level. The main focus of medical observations is on the individual (with the exception of epidemiology), but it becomes a matter at the collective level when non-medical (*e.g.* political, financial, legal) constraints hamper the execution of medical operations (such as in the case of health-care priority setting; Schirmer and Michailakis 2011), or when the occurrence of illnesses is attributed to social causes and future illness needs to be prevented. The latter cases in particular can be a matter for social problems construction. We can expect social problems that are constructed within the context of the medical system to have a clear reference to illness, be it illness as an effect of social causes or illness as a cause of social problems, or to problems or constraints of the medical system due to societal causes. The following excerpt, taken from a blog posted by a medical doctor, illustrates how loneliness among older people is framed as a social problem from the medical perspective:

*Excerpt 1*

Nearly 1 in 7 American adults are living alone and this isolation may provide additional stressors such as depression, anxiety and additional economic pressures. These stressors certainly may contribute to cardiovascular events in susceptible patients. Moreover, social isolation has been associated with changes in health behavior and access to care among patients. Patients who live alone may be less likely to seek care for recurrent symptoms and may not be compliant with drug therapy or other medical recommendations without support ... Our patients today are sicker and have more limited resources. Financial pressures are forcing physicians to tackle larger clinic schedules with overall increased workload demands. But, as providers of health care, we must assess social isolation and loneliness in our patients. We must identify 'at risk' patients and make attempts at intervention. Since these studies suggest that living alone is an independent prognostic factor for mortality and CV [cardiovascular] disease, clinicians must work to counsel their patients about seeking appropriate medical attention when needed and, in appropriate cases, refer patients to programs with psychological intervention. Many of these patients have no families, no adult children and no support group. In these cases, we must do our best to fill in the gaps (yes, all in a busy office full of patients). Healthcare costs in the US continue to skyrocket and there are no easy fixes in the works. I believe that a simple, although potentially time consuming, intervention such as talking with lonely and socially isolated patients when they are in the office for a visit, is a low cost preventative measure. By taking time to hold a lonely patient's hand, we may potentially make a positive impact. Data such as those presented in the *Archives* this month certainly point out the risks of loneliness and suggest that patients without social support in place do very poorly and develop significant cardiovascular illness. (Campbell 2012)

As explained above, social problems refer to conditions that violate core social values, have a defined group of victims suffering from certain

conditions and possible solutions to remedy these conditions. Typically for a perspective from the function system of medicine, the problem is constructed as a matter of health and illness. Accordingly, older people who are lonely are portrayed as victims of the condition, but particularly in terms of the negative effects on their health. To be precise, at the core of the problem are the negative medical consequences. The societal value at stake is the right to be healthy and free from harm. Typically for claims-making, in order to bolster its case, the text establishes a clear-cut causality by drawing on research data suggesting that lonely people not only suffer from loneliness itself and the direct detrimental consequences for their health (especially cardiovascular illness) but also adopt lifestyles that are more prone to ill health. In terms of solutions, the causality is straightforward: loneliness needs to receive medical attention; if the problem is untreated, lonely people will suffer from diseases or die. Accordingly, this claims-making addresses the medical profession as a target group that is portrayed as the force responsible for providing solutions and fighting the consequences of loneliness. The proposed solutions are typically in line with the tasks of the medical profession, namely the identification of at-risk people, counselling and medical treatment where appropriate.

### *Religion*

From a modern, rational and secular point of view, religion may have lost its powerful position as the main instance of legitimation, social integration and solidarity, which it had until the late Middle Ages in Europe. However, given the millions of people who are members of religious associations or believe in supra-natural powers, and the role that religious congregations play in civil-societal movements, it would be premature to disregard religious viewpoints when studying social problems. In the course of socio-cultural modernisation, rationalisation and the shift to functional differentiation as the primary structure of society, the descriptions of other newly autonomous function systems (in particular, science, polity, economy and arts) began to challenge religion's monopoly on explaining and justifying the world. During this process of mutual competition and struggles over meanings, the societal function of religion also became more defined, maintaining the primacy of a distinct view of the world that no other function system can offer: the relation between immanence and transcendence (Luhmann 1977). This relation refers to inherent paradoxes of modern society to which religion offers answers: explanations of the unexplainable, observations of the unobservable, definitions of the indefinite, the meaning behind the seemingly meaningless, and the meaning behind meaningfulness. Therefore, the religious system is more ambiguous and nebulous than other function systems (Beyer 1998:

89). Central in all religious communication is the reference to something beyond, something transcendent, be this a God, a spirit, a force, the sacred. This ‘something’ beyond is definite and is therefore only the source of all meaning in an indeterminate immanent world (Laermans and Verschraegen 2001). Things and events in the immanent world acquire a religious meaning when viewed from transcendence (Luhmann 2000a), that is, from an external observer that can observe the entity as an entity, something that is simply not possible from an imminent, this-worldly perspective. As for loneliness among older people, we can expect religious viewpoints to construct it as problem of the relation between immanence and transcendence as well as search for interpretations, guidelines, explanations and solutions in light of transcendental forces. The excerpt below shows a religious view of loneliness as a social problem.

*Excerpt 2*

Yet for others longing to be with brethren, the lack of handshakes and fellowship can take its toll, sowing the seeds of loneliness. When allowed to germinate, these seeds can sprout into feelings of discouragement, and will eventually mature into a state of despondency ... This becomes a fertile field for Satan to sow seeds of doubt and a perfect climate for his negative influence. Satan preys on the lonely, who are perhaps his easiest victims. You can be sure he will take every opportunity to heap on more negative thoughts until he has the person so ‘down in the dumps’ that he or she will want to quit altogether. This is at least a part of the reason God intended we all have Christian fellowship ... We must realise that although *human* fellowship is important in combating loneliness, it is not the most important. The apostle John wrote, ‘That which we have seen and heard we declare to you, that you also may have fellowship with us’ (I John 1:3). John wanted the brethren to have fellowship with one another, but notice the primary stress: ‘And truly our fellowship is with the Father and with His Son Jesus Christ.’ Without contact with God, you might have friendships, but not *true* Christian fellowship. Our spiritual closeness with God guarantees that our contact with each other will be profitable and edifying. No human or group of humans can substitute for contact with God. Many of us might like to see our needs met by other humans from what is termed ‘the human connection.’ But the human connection is not enough. Simply stated, we cannot and will not be close to each other as members of the Body of Christ unless we are *first* close to God! As we draw closer to Him, we will inevitably draw closer to each other. Conversely, when we drift away from God we will find ourselves forsaking each other. Recognise that our first line of defense against loneliness and every other negative emotion is our personal contact with our Creator. Fellowship with God is the best kind there is. (Echelbarger 2007)

This excerpt is taken from a publication by a religious community called ‘The Restored Church of God’, discussing loneliness and the way to escape it. In a passage not included in the excerpt above, the text mentions a few social causes of loneliness, such as changes in family structures, values and a lack of intergenerational contacts, as well as medical and bio-psychological

causes. While acknowledging mainstream views of loneliness as a social problem, the text is interesting for our purposes insofar as there is a genuinely religious way of addressing consequences of loneliness and solutions to this problem. Loneliness is said to put people at risk of being influenced by the Devil. Depression and suicide are presented as the work of the Devil, pushing 'dark thoughts' on to the lonely. The proposed solution to loneliness is then seemingly simple: Christian fellowship, which is communion with God, protects against the dark thoughts that the Devil implants in lonely people. Communion with God not only eliminates loneliness from the individual experience but, at the same time, albeit more implicitly, also wipes out loneliness as a *social* problem: if people are more inclined to find a way to God, they will find a way to each other. The underlying causal logic is as follows: while loneliness can be triggered by different (social, medical, *etc.*) factors, the cause of it is a lack of contact with God. Accordingly, contact with God is the supreme action plan to eliminate this misery because it will enable contact with other human beings as a consequence.

The perspective on loneliness in this excerpt only makes sense in a religious contexture, *i.e.* a social system for which the distinction between the imminent, this-worldly realm and the transcendent realm where entities such as God and the Devil prevail is central. These two figures exert forces beyond human control and understanding, and one of them – the evil one – can only be countered by submitting to the other, *i.e.* the good one. Therefore, communion with God (with God one is never lonely) is considered superior to this-worldly human fellowship.

### *Economy*

With the exception of the Protestant ethic identified by Weber (2009 [1904]), religions have always had a problem with economic profit as an end in itself. In this regard, the perspective of the economic system can be understood as a counter-view to religion, which allows a focus on the sin-free accumulation of wealth in an imminent world without any regard to transcendence.

From the economic perspective, the world appears as a space full of commodities to be bought and sold at the right price. People, things and events become relevant in terms of investments, profits and losses, gains and costs. The societal function of the economic system is to provide and allocate future resources under conditions of scarcity, and this is accomplished through a differentiated self-referential system of exchanges based on money (Luhmann 1988). We can expect that loneliness among older people is portrayed as a matter of costs, particularly for the public sector, but also as a market for businesses.

*Excerpt 3*

Perhaps it's time to review our obsession with keeping older people 'independent' and our fetish about 'keeping people in their own homes'. Now don't get me wrong, I am not recommending a return to the era of asylums for people who can't cope on their own. Nor should anyone who wishes to remain independent and on their own be prevented from doing exactly that, if it suits them ... What I am saying is that, as a society, we have insisted that everyone should have a little box to call their own, be they a young single mother, a professional so-called 'first-time buyer', and even vulnerable or elderly members of our society whose needs are met by 'care in the community'. We ensure that these people have a roof over their head and their physical needs are met, but we seem to be missing out on the better quality of life that having a shared living space can bring for those who want or need it ... A start would be a reform of the taxes ... that affect families when two generations live together. At present, if an older person sells their home and gives the money to a younger family member so that the two generations can buy a home together, there may be either inheritance tax implications under the 'gift with reservation of benefit' rules or an income tax liability under pre-owned assets rules or both, depending on the arrangement. The reason is that the older person who makes the gift is treated as if they haven't given the money away, because they are still enjoying the proceeds of a purchase made with it. Similarly, an older person cannot give away their home tax-free to a son or daughter who moves in with them to care for them, because in this case they continue to live in the house alongside them, benefiting from the asset that they have intended to give away. This must be a huge disincentive to the generations living together. Why would you want to give up your own home to move in with Granny, only to find yourself hit with a bill for inheritance tax when Granny passes away, potentially leaving you homeless if you now need to sell the house you live in to pay the bill? (Shaw 2013)

*Excerpt 4*

Many seniors would like to have a partner of their hearts who provides emotional support. Being old does not necessarily mean loneliness. Dating for 50plussers can mean that you meet people who lead their lives actively and open-mindedly. Your career is on its climax. Alone, sports, culture, travelling are of course only half the fun. The familiarity of partnership and the talking are missing – the joint experience makes our life richer and nicer ... Loneliness verifiably shortens the life. Those who live in a steady relationship live longer. Love makes our life simultaneously richer and simpler, as science confirms. Successful couples are strong teams that can counter the adversities of life. Grant yourself this attitude to life! Together against the rest of the world is a goal which you can achieve with our First Partner Forum for Seniors. (Erstes Partnerforum für Senioren 2015)

Excerpt 3, taken from a British magazine article, starts out as a critique of current society, which is considered to put pressure on people to live on their own while disregarding the loss in quality of life that accompanies this. The loneliness of older people needs to be seen in this context. In this example of claims-making, it is clearly considered a social problem and an undesired outcome of the wrong incentives created by flawed tax rules in the United Kingdom. Because the tax system financially punishes

families when older parents sell their house and give the proceeds to their children, it seems more rational to let older people keep their own home and live in separate households. The result is lonely older people. In other words, loneliness is a consequence of families saving money; it can be combated with a revised tax system that promises a higher payoff when people live together. Loneliness among older people is framed in terms of economic causes and economic solutions and as an outcome of people living in economically rational ways. The claim, however, is addressed to the government, which is institutionally responsible for changes in tax laws.

Considering Excerpt 4 as an example of claims-making in terms of social problems might seem a bit odd at first sight because it is actually an advert text from a dating agency for people over 50. However, advert texts work in a way that is structurally very similar to claims-making: identifying a problem in need of a remedy, making use of science to increase respectability, using simplified causalities and exaggerations as well as calls for actions and solutions. The difference (like with political claims-making, *see* Michailakis and Schirmer 2014; Schirmer 2008) is that the authors portray themselves as the solution to the problem, and the claim to action is directed at the reader. Although economic concepts and words (such as costs, price, market) are completely absent in the excerpt, the logic is clearly an economic one. The offer would not make sense without the logic of demand and supply, commodities, customers with needs and suppliers selling the commodity. The customers are lonely older people who if not already suffering from loneliness are tempted by the advert into thinking that their life could be so much better, thereby magnifying the need. Naturally, the agency is the supplier of the commodity that fulfils this need, while the unquestionable fact that the customer has to pay for the supply is not articulated. This kind of text is claims-making because of its clear causality and demand for action. In contrast to much of the claims-making involving other social problems, the addressee, who has to do something is not the welfare state but rather the customer. The message to the lonely person is clear: all you have to do is join us, and we will provide what you seek – love and togetherness. From a social problems perspective, it is interesting to see how private enterprises benefit from loneliness among older people by intensifying and exploiting a need and then acting as the solution to the problem.

## **Conclusion**

In this article, we have provided a theoretical framework for the study of loneliness as a social problem. By means of this framework – the combination of the constructionist approach to social problems and social



systems theory advanced by Niklas Luhmann – researchers are able to get a better grip on the complexity of loneliness among older people. Complexity here does not refer to the level of causalities and consequences, *i.e.* the complexity of explanations upon which traditional research in the field has focused. Instead our target is the *social* complexity behind the phenomenon. Social complexity necessarily requires complex descriptions.

We argue that the proposed framework is very useful for researchers studying loneliness among older people. As a starting point, such a framework assumes that there is no single true and binding description of loneliness on which everybody can or must agree. This assumption already breaks with most traditional research in the field. The framework accounts for the fact that, in modern society, there is almost always a multitude of actors/observers involved in the construction of social problems; these actors/observers take on different perspectives based on system-specific rationalities but also on institutional or personal stakes and interests. As a result, the meaning of loneliness as a social problem shifts from construction to construction, as we demonstrated with examples from the function systems of medicine, religion and economy. From each of these perspectives, loneliness among older people appears to be something completely different, *i.e.* with a different meaning and as a consequence with different implications for policies and interventions based upon it: a matter of health and illness, a matter of spirituality and the relation between this-worldly humans and good and evil other-worldly beings, or a matter of commerce and financial incentives.

Depending on the system-specific perspective of the claims-makers, constructions of the social problem ‘loneliness among older people’ vary in terms of causes and conditions, cultural themes (moralities), and victims and villains. On a descriptive level, it is always enlightening to analyse critically the parameter values of these variables but also who the claims-makers are and from what (function) system’s viewpoint (rationality, values, frameworks of meaning) they make their claims.

Equally important is an analysis of the implications of a specific problem definition of loneliness for solutions or accountability claims when a particular intervention method or policy programme is adopted. This is less innocent than it may sound. As other researchers have noted, there is a so-called ‘social problems industry’ (Loseke 2003: 31; for the case of loneliness, *see* Uotila, Lumme-Sandt and Saarenheimo 2010: 123) that has a vested interest in promoting a certain problem definition of loneliness among older people that excludes or ignores others. Perhaps the extent of loneliness is less than some claims-makers have asserted (Dykstra 2009; Schmittker 2007; Wenger and Burholt 2004), but certain lobby groups push or distend the issue as it serves their interests. Perhaps dominant descriptions depict certain groups as villains or attribute responsibility to them despite their ‘innocence’.

Claims-making is part of a power struggle over definitions, the severity of a given problem, responsibilities and solutions. So researchers need to continue their critical inquiry and study what (obvious or hidden) vested interests underlie the different descriptions; in other words, which claims-makers may profit from a particular definition of loneliness among older people while potentially suppressing or preventing their counterparts' definitions.

Because our proposed framework is a theoretical tool to be employed in empirical studies, the framework itself cannot deliver the answers to such questions; however, it can lay the ground for asking the right questions in the first place. This is anything but trivial in a research landscape that is dominated by bio-medical and psychometric approaches and instead neglects approaches based in social theory and qualitative methods (*see* Victor, Scambler and Bond 2009). It cannot be mentioned often enough that loneliness among older people is also a social phenomenon and therefore needs to be studied as a result of communication, social interaction, meaning and conflicting interests. Without a proper understanding of the social complexity of social problems – conflicting perspectives, rationalities, interests – researchers will not be able to fully grasp how 'loneliness among older people' is assigned (potentially shifting) meanings through communicative acts by influential stakeholders in the 'social problems industry'.

While the proposed framework helps to ask the right questions and provides explanations, it cannot replace empirical research, for instance ethnographic and socio-historical studies. These need to focus on how concrete problem definitions (in terms of causalities, cultural themes, solutions, victims and villains) are highlighted by different actors and groups, based on their system's operational logic, and with what success. Spector and Kitsuse (1987 [1977]) suggested studying the 'natural history' of social problems, *i.e.* the multi-stage process by which they have emerged as a result of successful claims-making by a given group and been taken over and redefined by other groups or institutions until such problems either are translated into legislation or no longer attract attention. The framework provided not only helps to guide a research design exploring loneliness among older people in such a direction; combining constructionism and Luhmann's theory also helps researchers to interpret and explain what happens in concrete claims-making concerning loneliness as a social problem.

## **Acknowledgements**

The authors express their gratitude for the generous funding by Norrköpingsfonden (grant number ISV-2013-00260) and the helpful comments and suggestions by Lars Andersson, Elisabet Cedersund, Axel Ågren and Susan Long.

## References

- Alessio, J. 2011. *Social Problems and Inequality*. Ashgate, Burlington, Vermont.
- Alma, M., Van der Mei, S., Feitsma, W. N., Groothoff, J., Van Tilburg, T. and Suurmeijer, T. 2011. Loneliness and self-management abilities in the visually impaired elderly. *Journal of Aging and Health*, **23**, 5, 843–61.
- Best, J. (ed.) 1995. *Images of Issues: Typifying Contemporary Social Problems*. Aldine de Gruyter, New Brunswick, New Jersey.
- Best, J. and Harris, S. (eds) 2012. *Making Sense of Social Problems: New Images, New Issues*. Lynne Rienner, Boulder, Colorado.
- Beyer, P. 1998. Globalizing systems, global cultural models and religion(s). *International Sociology*, **13**, 1, 79–94.
- Cacioppo, J., Hawkey, L. and Berntson, G. 2003. The anatomy of loneliness. *Current Directions in Psychological Science*, **12**, 3, 71–4.
- Campbell, K. 2012. *Loneliness and the Elderly: Dying of a Broken Heart*. Available online at <http://www.whvheart.com/loneliness-and-the-elderly-dying-of-a-broken-heart/> [Accessed 17 April 2015].
- Dahlberg, K. 2007. The enigmatic phenomenon of loneliness. *International Journal of Qualitative Studies on Health and Well-being*, **2**, 4, 195–207.
- Dahlberg, L. and Mc Kee, K. J. 2014. Correlates of social and emotional loneliness in older people: evidence from an English community study. *Aging & Mental Health*, **18**, 4, 504–14.
- Dello Buono, R. 2013. Time to change the subject: a new sociology of praxis. *Critical Sociology*, **39**, 6, 795–9.
- Durkheim, E. 2012 [1893]. *The Division of Labor in Society*. Martino Fine Books, Eastford, Connecticut.
- Dykstra, P. 2009. Older adult loneliness: myths and realities. *European Journal of Ageing*, **6**, 2, 91–100.
- Echelbarger, C. 2007. Battling the siege of loneliness. *The Pillar*, **8**, 1.
- Eriksson, M. and Svedlund, M. 2007. Elderly spouses' experiences in connection with their partners' death: a literature review. *Vård i Norden*, **27**, 1, 43–6.
- Erstes Partnerforum für Senioren [First Partner Forum for Seniors] 2015. Available online at <https://www.partnerforum-fuer-senioren.de/vorteile.aspx> [Accessed 17 April 2015].
- Feagin, J. R. (ed.) 1986. *Social Problems: A Critical Power–Conflict Perspective*. Prentice-Hall, Englewood Cliffs, New Jersey.
- Fuller, R. and Myers, R. 1941. Some aspects of a theory of social problems. *American Sociological Review*, **6**, 2, 24–32.
- Glynn, J., Hohm, C. and Stewart, E. 1996. *Global Social Problems*. HarperCollins College Publishers, New York.
- Golden, J., Conroy, R., Bruce, I., Denihan, A., Greene, E., Kirby, M. and Lawlor, B. 2009. Loneliness, social support networks, mood and wellbeing in community-dwelling elderly. *International Journal of Geriatric Psychiatry*, **24**, 7, 694–700.
- Graneheim, U. and Lundman, B. 2010. Experiences of loneliness among the very old: the Umeå 85+ Project. *Aging & Mental Health*, **14**, 4, 433–8.
- Hawkey, L. and Cacioppo, J. 2007. Aging and loneliness. Downhill quickly? *Current Directions in Psychological Science*, **16**, 4, 187–91.
- Horton, P., Leslie, G., Lawson, R. and Horton, R. 1997. *The Sociology of Social Problems*. Prentice Hall, Englewood Cliffs, New Jersey.
- Jylhä, M. 2004. Old age and loneliness: cross-sectional and longitudinal analyses in the Tampere Longitudinal Study on Aging. *Canadian Journal of Aging*, **23**, 2, 157–68.
- Karnick, P. 2005. Feeling lonely: theoretical perspectives. *Nursing Science Quarterly*, **18**, 1, 7–12.

- Korporaal, M., Broese van Groenou, M. and van Tilburg, T. 2008. Effects of own and spousal disability on loneliness among older adults. *Journal of Aging and Health*, **20**, 3, 306–25.
- Laermans, R. and Verschraegen, G. 2001. ‘The Late Niklas Luhmann’ on religion: an overview. *Social Compass*, **48**, 1, 7–20.
- Lee, D. B. 2000. The society of society: the grand finale of Niklas Luhmann. *Sociological Theory*, **18**, 2, 320–30.
- Liu, B. and Rook, K. 2013. Emotional and social loneliness in later life: associations with positive versus negative social exchanges. *Journal of Social and Personal Relationships*, **30**, 6, 813–32.
- Long, C., Seburn, M., Averill, J. and More, T. 2003. Solitude experiences: varieties, settings, and individual differences. *Personality and Social Psychology Bulletin*, **29**, 5, 578–83.
- Loseke, D. 2003. *Thinking About Social Problems*. Aldine Transaction, Hawthorne, New York.
- Luhmann, N. 1977. *Die Funktion der Religion [The Function of Religion]*. Suhrkamp, Frankfurt/Main, Germany.
- Luhmann, N. 1988. *Die Wirtschaft der Gesellschaft [The Economy of Society]*. Suhrkamp, Frankfurt/Main, Germany.
- Luhmann, N. 1995. *Social Systems*. Stanford University Press, Palo Alto, California.
- Luhmann, N. 2000a. *Die Religion der Gesellschaft [The Religion of Society]*. Suhrkamp, Frankfurt/Main, Germany.
- Luhmann, N. 2000b. *The Reality of the Mass Media*. Stanford University Press, Stanford, California.
- Luhmann, N. 2005. Der medizinische Code [The medical code]. In Luhmann, N. (ed.), *Soziologische Aufklärung 5*. VS Verlag, Wiesbaden, Germany, 176–88.
- Luhmann, N. 2012. *Theory of Society*. Volume 1, Stanford University Press, Palo Alto, California.
- Luhmann, N. 2013. *Theory of Society*. Volume 2, Stanford University Press, Palo Alto, California.
- Merton, R. K. and Nisbet, R. (eds) 1971. *Contemporary Social Problems*. Harcourt Brace Jovanovich, New York.
- Michailakis, D. and Schirmer, W. 2014. Social work and social problems: a contribution from systems theory and constructionism. *International Journal of Social Welfare*, **23**, 4, 431–42.
- Mills, C. W. 1959. *The Sociological Imagination*. Oxford University Press, New York.
- Nyqvist, F., Cattan, M., Andersson, L., Forsman, A. K. and Gustafson, Y. 2013. Social capital and loneliness among the very old living at home and in institutional settings: a comparative study. *Journal of Aging and Health*, **25**, 6, 1013–35.
- O’Luanaigh, C. and Lawlor, B. 2008. Loneliness and the health of older people. *International Journal of Geriatric Psychiatry*, **23**, 12, 1213–21.
- Peplau, L. A. and Perlman, D. (eds) 1982. *Loneliness: A Sourcebook of Current Theory, Research, and Therapy*. Wiley, New York.
- Pettigrew, S. and Roberts, M. 2008. Addressing loneliness in later life. *Aging & Mental Health*, **12**, 3, 302–9.
- Rosedale, M. 2007. Loneliness: an exploration of meaning. *Journal of the American Psychiatric Nurses Association*, **13**, 4, 201–9.
- Saake, I. 2003. Die Performanz des Medizinischen. Zur Asymmetrie der Arzt-Patienten-Interaktion [The performance of medicine. On the asymmetry of the doctor–patient interaction]. *Soziale Welt*, **54**, 4, 429–59.
- Schirmer, W. 2008. *Bedrohungskommunikation. Eine gesellschaftstheoretische Studie zu Sicherheit und Unsicherheit [Threat Communication. A Sociological Study of Security and Insecurity]*. VS-Verlag, Wiesbaden, Germany.

- Schirmer, W. and Michailakis, D. 2011. The responsibility principle. Contradictions of priority-setting in Swedish healthcare. *Acta Sociologica*, **54**, 3, 267–82.
- Schnittker, J. 2007. Look (closely) at all the lonely people: age and the social psychology of social support. *Journal of Aging and Health*, **19**, 4, 659–82.
- Shaw, A. 2013. Could inheritance tax reform help combat loneliness among older people? *Saga*, 12 December. Available online at <https://www.saga.co.uk/money/experts/could-inheritance-tax-reform-help-combat-loneliness.aspx?pid=mn> [Accessed 17 April 2015].
- Spector, M. and Kitsuse, J. 1987 [1977]. *Constructing Social Problems*. De Gruyter, Hawthorne, New York.
- Stanley, M., Moyle, W., Ballantyne, A., Jaworski, K., Corlis, M., Oxlade, D., Stoll, A. and Young, B. 2010. 'Nowadays you don't even see your neighbours': loneliness in the everyday lives of older Australians. *Health and Social Care in the Community*, **18**, 4, 407–14.
- Tiikkainen, P. and Heikkinen, R.-L. 2005. Associations between loneliness, depressive symptoms and perceived togetherness in older people. *Aging & Mental Health*, **9**, 6, 526–34.
- Uotila, H., Lumme-Sandt, K. and Saarenheimo, M. 2010. Lonely older people as a problem in society – construction in Finnish media. *International Journal of Ageing and Later Life*, **5**, 2, 103–30.
- van Baarsen, B., Snijders, T., Smit, J. and van Duijn, M. 2001. Lonely but not alone: emotional isolation and social isolation as two distinct dimensions of loneliness in older people. *Educational and Psychological Measurement*, **61**, 1, 119–35.
- Victor, C. R., Burholt, C. R. and Martin, W. 2012. Loneliness and ethnic minority elders in Great Britain: an exploratory study. *Journal of Cross-cultural Gerontology*, **27**, 65–78.
- Victor, C., Grenade, L. and Boldy, D. 2005. Measuring loneliness in later life: a comparison of differing measures. *Reviews in Clinical Gerontology*, **15**, 1, 63–70.
- Victor, C., Scambler, S. and Bond, J. 2009. *The Social World of Older People. Understanding Loneliness and Social Isolation in Later Life*. Open University Press, New York.
- Victor, C., Scambler, S., Bowling, A. and Bond, J. 2005. The prevalence of, and risk factors for, loneliness in later life: a survey of older people in Great Britain. *Ageing & Society*, **25**, 6, 1, 357–75.
- Weber, M. 2009 [1904]. *The Protestant Ethic and the Spirit of Capitalism*. Norton, New York.
- Weiss, R. 1973. *Loneliness: The Experience of Emotional and Social Isolation*. MIT Press, Cambridge, Massachusetts.
- Wenger, G. C. and Burholt, V. 2004. Changes in levels of social isolation and loneliness among older people in a rural area: a twenty-year longitudinal study. *Canadian Journal on Aging*, **23**, 2, 115–27.

Accepted 24 April 2015; first published online 27 August 2015

Address for correspondence:

Werner Schirmer,  
TEFSA – Platform for Theory-driven Research in Social Work,  
Department of Social and Welfare Studies,  
University of Linköping,  
SE 60174 Norrköping, Sweden.

E-mail: [werner.schirmer@liu.se](mailto:werner.schirmer@liu.se)