

In relation to help-seeking behaviour, 4.2% of lonely callers indicated that they were currently consulting a health care professional and 7.4% of lonely callers reported that they were currently experiencing mental health problems. This possibly suggests that most lonely callers are reluctant to complain of such symptoms.

Help-Seeking Behaviour

The above finding may also suggest that lonely callers find it difficult to seek help. In this group of 1128 callers (4.2% of lonely callers), men and women were more equally represented than the general profile of lonely callers. Of this group, men in rural areas were found to seek help at a proportionally higher rate than women. This finding is a reversal of that generally reported in the help-seeking behaviour literature.

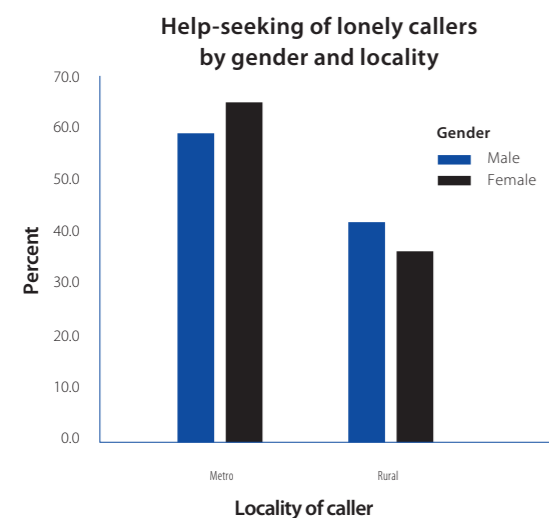


Figure 6: (Chi-squared 3.68, N=1128, p<.05)

The growing body of research into help-seeking behaviour suggests that men are less likely than women to seek help from health professionals for problems as diverse as depression, substance abuse, physical disabilities and stressful life events. Oliver, Pearson, Coe and Gunnell (2005) in a study into help-seeking behaviour found that the factor most strongly associated with some form of help-seeking was female gender. That is, men were less likely to have sought some form of help and the most commonly used source of help were friends and relatives.

The findings of the Lifeline data are contrary for gender, finding that men were proportionally higher in help seeking than women. These findings suggest that telephone counselling lines may be more accessible and appealing to male callers and that help lines may be useful in building connectedness because men are more likely to call.

Conclusion

This paper raises questions about whether loneliness and social isolation are growing in Australia. The findings suggest that the increasing fragmentation of rural families impacted by rural-urban

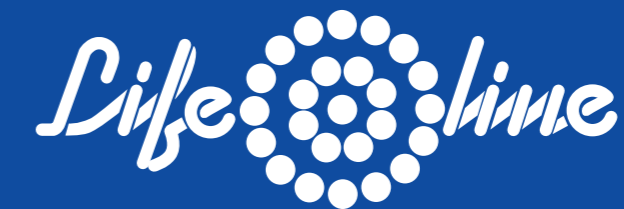
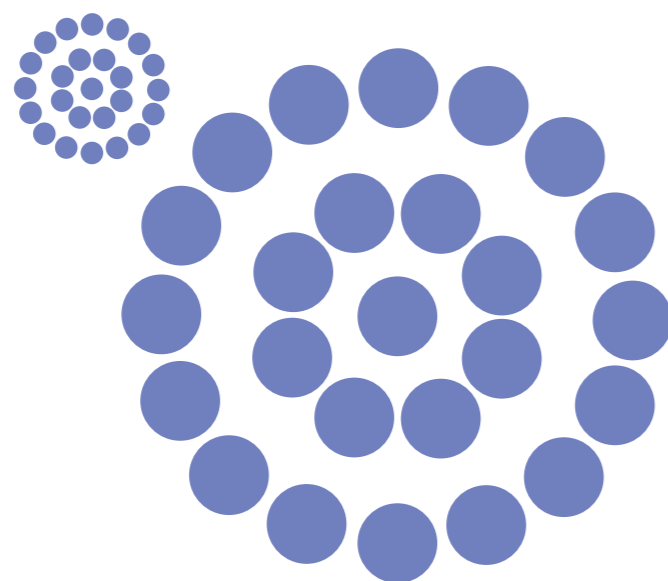
drift may be creating a lonelier society for older rural living Australians. In metropolitan centres, the increasing numbers of lone parent households and the breakdown of traditional community social relationships may enhance risk for loneliness.

The research shows that a critical time for both genders is the period between 35 and 44 years of age when a higher number call about loneliness. These findings support the need to focus on this critical age and stage in developing policy responses to emerging issues of loneliness. Traditional assumptions about the protective effects of relationships are not supported by this research. Rather, the results point towards the need for individuals to prioritise the building and maintenance of social relationships at a time when a focus on career or family is more often believed appropriate. Policy initiatives that encourage work-life balance and workplace connectedness may be needed to address the growing loneliness and social isolation in Australia.

Another important implication has been the demonstrated effectiveness of telephone counselling in promoting help-seeking behaviour, particularly among men. Telephone counselling does seem to provide an accessible, available and appealing way for lonely men and women to increase their connectedness. This was particularly evident in the help-seeking behaviour of men in rural communities. Improving the access alternatives and health outcomes for Australian men in both rural and metropolitan communities may be positively impacted by considering the greater utilisation of telephone counselling options.

Authors: Duncan Cartwright (PhD) & Sally Hughson (PhD)

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[Lifeline Calls]

Exploring Loneliness: The experiences of rural and metropolitan Australia

PROFILE/03

JULY / 2005

References

Andersson, L., Mullins, L.C., & Johnson, D.P. (1987). Parental Intrusion versus Social Isolation: A Dichotomous View of the Sources of Loneliness. In Hojat, M. & Crandall, R. (Eds.), *Loneliness: Theory, Research, and Applications* (pp. 125 - 134). Newbury Park, California: Sage Publishing.

Berry, H. I., & Rickwood, D. J. (2000). Measuring social capital at the individual level: Personal, social capital, values and psychological distress. *International Journal of Mental Health Promotion* 2 (3); p.35-44.

Flood, M. (2005). *Mapping Loneliness in Australia*, Paper presented by The Australia Institute, Canberra.

Milward, C. (1995) Family networks in rural and urban settings. *The Australian Institute of Family Studies Family Matters Journal* 41, Winter.

Nurmi, J-E. "Social Strategies and Loneliness," *The Journal of Social Psychology* 137, no. 6 (1997): 764-77.

Rokach, A., & Brock, H. "Loneliness and the Effects of Life Changes," *The Journal of Psychology* 131, no.3 (1997): 284-98.

Rokach, A. "Relations of Perceived Causes and the Experiences of Loneliness," *Psychological Reports* 80 (1997): 1067-74.

Oliver, D., Pearson, O., Coe, N., & Gunnell, D. (2005) Help-seeking behaviour in men and women with common mental health problems: cross-sectional study. *British Journal of Psychiatry*, 186, 297-301.

Weiss, R.S. (1973). *Loneliness: The experience of emotional and social isolation*. Cambridge, Massachusetts, The MIT Press.

This is the third profile that Lifeline has produced throughout 2004/2005 that provides insight into the calls received by Lifeline's 24 hour telephone counselling service, with a particular emphasis on rural and regional areas. The purpose of the profiles is to provide insight into population well-being, identify local and regional variations in caller needs and service usage and promote awareness of social trends and changing priorities.

The call statistic findings reported on in this profile are based on nationally accumulated data. It is important to highlight that local Lifeline Centres around Australia research and evaluate the calls their individual Centre receives. Regional research and findings into Lifeline calls varies from Centre to Centre.

Executive Summary

Loneliness is a distressing mental state where an individual feels estranged from or rejected by peers and is starved for the emotional intimacy found in relationships and mutual activity (Weiss, 1973). Research has established the importance of loneliness through its strong association with anxiety, depression, interpersonal hostility, substance abuse, suicide, health problems (Rokach, 1997), and eating disorders (Nurmi, 1997). Moreover, greater levels of community participation, social support and trust in others in the community have been associated with reduced experience of psychological distress (Berry & Rickwood 2000). This paper explores the experiences of callers to Lifeline where the interpreted reason for contact was loneliness.

The findings suggest that rural-urban drift may be creating a lonelier society for older rural Australians. A proportionately higher number of metropolitan callers phoned about loneliness than did rural callers. The critical time for both men and women was found to be the period between 35 and 44 years of age when a higher number experience loneliness. Traditional assumptions about the protective effects of relationships were not supported by the data. Overall, the findings demonstrate that telephone counselling is an effective way to promote help-seeking behaviour among men.

Introduction

With over six billion people on the planet it is difficult to imagine that any person would be lonely. In fact, as we sit in traffic among hundreds of other people or wait in long lines at the shop, we often wish for more space or even solitude. But loneliness and the state of being alone are different entities. Aloneness is simply being physically away from others. Loneliness, however, can be defined as a chronic, distressful mental state whereby an individual feels estranged from or rejected by peers and is starved for the emotional intimacy found in relationships and mutual activity (Weiss, 1973).

Loneliness can be divided into two categories. The first is the loneliness of emotional isolation brought about by the loss of a significant relationship in one's life. The second type is the loneliness of social isolation that involves the deficiency of a social network or "the absence of a place in an accepting community" (Andersson et. al., 1987). The feelings in this form of loneliness revolve around a sense of being marginalised or rejected by peers.

The association of loneliness to mental health and physical health problems underscores its central importance. Research



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People seeking counselling should phone 13 11 14 to access Lifeline's 24 hour telephone counselling service.



has demonstrated that loneliness is strongly associated with anxiety, depression, interpersonal hostility, substance abuse, suicide, health problems (Rokach, 1997), and eating disorders (Nurmi, 1997). In addition, greater levels of community participation, social support and trust in others in the community have been associated with reduced experience of psychological distress (Berry & Rickwood 2000).

This paper is based on data collected for the period July 2003 to June 2004 by Lifeline Australia through its network of 42 telephone counselling Centres across metropolitan and rural/remote Australia, including 32 Centres in rural areas. The Lifeline data provides an opportunity to explore the issue of loneliness for over 27,000 callers from across Australia. Research attempts to delineate risk and protective factors associated with loneliness will be considered in this paper. These factors include: gender, age, relationship status, rural versus metropolitan locality and help-seeking behaviour. Implications for policymakers and health care providers will be discussed.

Profile of callers

General profile and loneliness profile

In 2003-04 Lifeline's telephone counsellors recorded over 415,000 calls to the 24-hour telephone counselling service. Of these calls, 63.4% were from metropolitan areas and 36.6% were from rural and remote areas. Women comprised 58%

of callers and men comprised 28.5% of callers, with 13.3% unknown for gender.

The relationship status of callers showed that 17.8% were married or partnered; 44% were single, separated, divorced or widowed and 38.2% did not declare their relationship status.

Overall, the most prominent issues called about were recorded as 'mental health' (11.6%), 'loneliness' (9.1%) and 'relationship breakdown' (6.3%). This 9.1% represents over 27,000 callers with loneliness as the most prominent reason for their contacting Lifeline.

In analysing the information about loneliness (27,000 calls) the profile of callers revealed a high degree of similarity with the general profile. That is, callers were more likely to be female (61%) than male (28%) and more likely to be without a relationship (single, separated, divorced or widowed; 44%) than in a relationship (married or partnered; 18%).

Call Pattern

Whilst the overall call pattern shows that lonely callers often call for more than a year, they are also more likely to call for shorter periods such as a few weeks or a few months.

This difference in call pattern suggests that the experience of loneliness may be temporary for some callers and chronic for other callers.

Call pattern for prominent issues

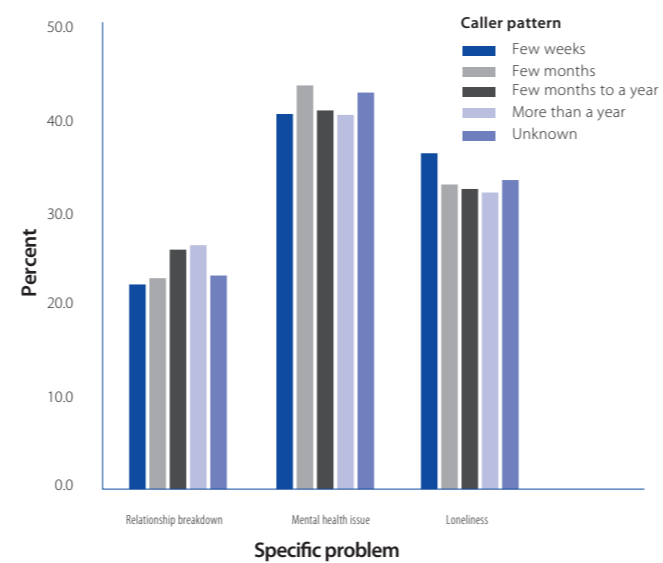


Figure 1: (Chi-squared 49.469, N=69 894, p<.00)

When examining the time of year that calls are made there are significant differences across the year. Lonely callers are more likely to call during the winter months. Mental health issues tend to peak in March and August. Relationship problems peak in mid-year and December-January periods (holidays).

It may be that the association with the winter months is similar to that identified in the mood disorder Seasonal Affective Disorder (SAD). This condition affects about one in 20 adults. Factors that contribute to the development of SAD include the reduced exposure to daylight brought on by shortened days.

Call pattern across a year

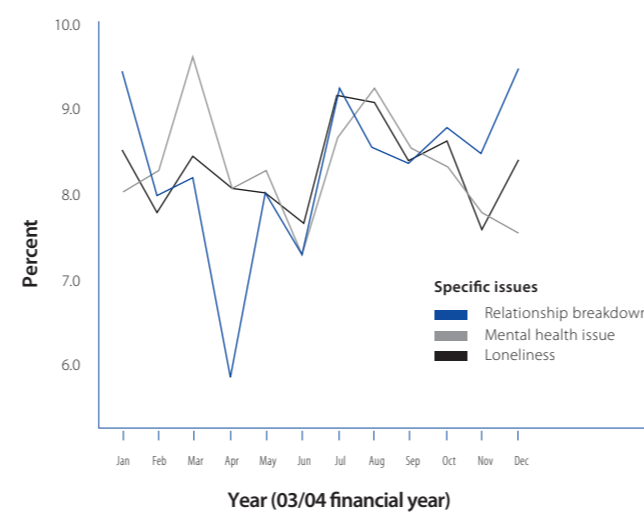


Figure 2: (ANOVA 5.731, p<.00)

Who are the lonely callers?

Callers phoning about loneliness were twice as likely to be calling from metropolitan areas (64%) than rural areas (36%). This mirrors the 2:1 proportion of callers from metropolitan areas generally.

In comparison with all other telephone counselling calls, significant differences were found between callers from rural areas and callers from metropolitan areas in relation to loneliness. A proportionately higher number of metropolitan callers call about loneliness than any other problems¹ and a proportionately higher number of rural callers call about other problems rather than loneliness. That is, lonely callers are more likely to live in metropolitan areas than in rural areas.

Locality of caller by issue

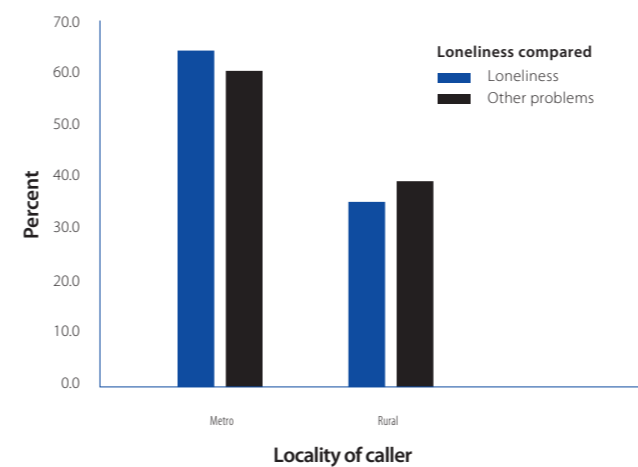


Figure 3: (Chi-squared 131.386, N=298 496, p<.00)

The Contribution of Gender and Relationship Status

In general, the Lifeline data demonstrated no clear association between gender and loneliness. Although women called approximately twice as many times as men, the general proportion of men and women calling about loneliness was similar to the general population of callers.

Further, the Lifeline data did not show that callers living with intimate partners were protected against loneliness. While twice as many callers to Lifeline were single non-partnered people, they were found to call less about loneliness than partnered callers. That is, lonely callers were not more likely to be single.

These findings are in contrast to the outcomes of a recent study titled *Mapping Loneliness in Australia*. Researcher Michael Flood found a marked gender gap in the experience of loneliness evident among adult men and women of all ages. Men tend to be lonelier than women from early adulthood right through to old age. This contrast was found to be particularly striking for men and women living alone, where men experience much less social support than women.

Whilst marriage is supposed to be the best defence against loneliness, especially for men, the Flood (2005) study shows that men are more reliant on intimate partners to overcome their loneliness while women rely on a wider network of social support. The central finding is that women have better social support networks than men and this makes them more resilient. The presence of a woman in a household can be a powerful antidote to male loneliness. The study showed that when men lived with women they generally reported far higher levels of personal support than when they were alone. The presence of a man in a household did not boost women in the same way.

¹ 'Other problems' refers to all other counselling calls received at Lifeline ranging from domestic violence calls and mental health problems to calls requesting help with community crises and the need for material assistance.

The contradictory Lifeline findings relating to gender and relationship status may be explained by the characteristics inherent in telephone counselling. When the personal and direct aspect of loneliness is masked by the anonymity of telephone counselling, men may be more likely to discuss issues of loneliness.

Loneliness and Age

The Lifeline data in relation to age demonstrated some clear trends. Firstly, loneliness was most prominent for both men and women callers aged between 35 and 44 years (see Figure 4 below). Secondly, in relation to locality, metropolitan callers were proportionally higher across the years 25-54 and rural callers were proportionally higher across the years 55-75. Thirdly, older Australians, aged 55-75, living in rural areas were proportionally more likely to call about loneliness. This was more pronounced for men than women.

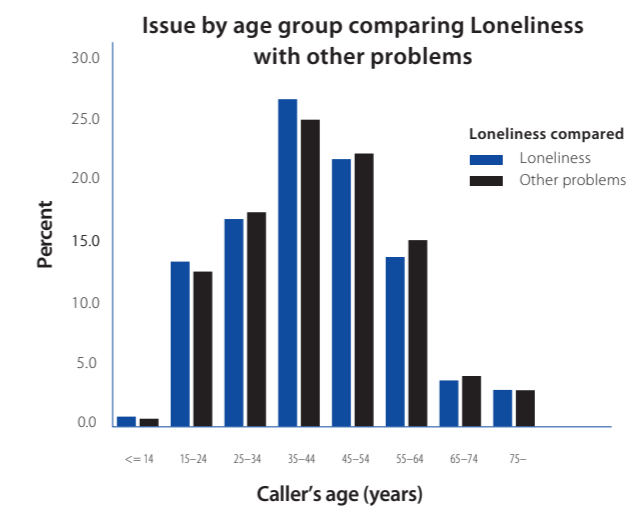


Figure 4: (Chi-squared 17.763, N=74 051, p<.01)

These findings are supported by Flood (2005) who reported that the most critical time for both genders was the period between 35 and 44 years of age when a higher number experience loneliness. The study also found that men tend to experience loneliness far more intensely than women, right through from early adulthood to old age. This gender gap peaks when males hit mid-life. From 35 to 44 they feel the most isolated from friends and other supports, especially if they live alone. Flood found that these feelings persist right up to their 70s.

The Lifeline loneliness data somewhat supports the belief that shrinking country towns have become places of loneliness for older people. The Lifeline data found a trend for people, particularly men, aged 55-75, living in rural communities, to call about loneliness more than people younger than 54 years.

The relationship between old age, rural living and loneliness could indicate that rural-urban drift is weakening the fabric of rural communities. Older people, who have retired, don't need to leave to find work and don't want to leave a town where they've lived most, perhaps all, of their lives. So they stay to struggle on with little or no family support as their needs and years increase.

Rural and Metropolitan Communities

Analysis of Lifeline's loneliness data in relation to locality found that a proportionately higher number of metropolitan callers call about loneliness than all other problems and a proportionately higher number of rural callers call about other problems than loneliness. That is, lonely callers are more likely to live in metropolitan areas than in rural areas.

Prominent issue of caller by locality

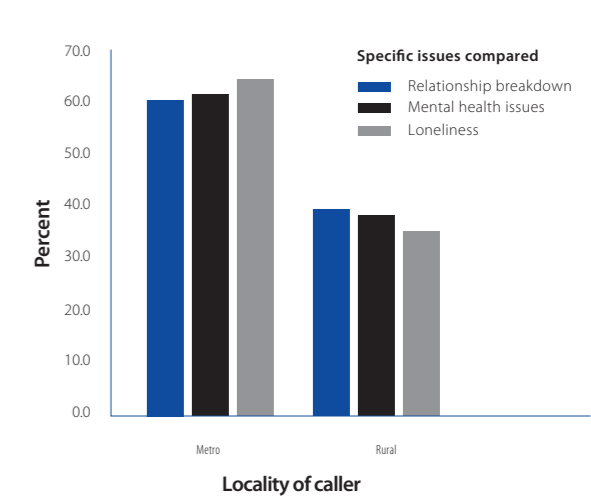


Figure 5: (Chi-squared 12.721, N=80 833, p<.01)

This finding suggests that living in rural communities may be a protective factor against loneliness. This finding fits with sociological research examining social relationships in both metropolitan localities and rural communities. These notions are of metropolitan living families having weaker family ties and more impersonal social relations, and rural communities having stronger family ties and closer social relationships (Milward 1995). The 'rural idyll' fosters social connectedness through smaller community size and closer family ties. This is in contrast to notions of 'suburban isolation', where social and occupational mobility and looser family ties lessen opportunities for social relationships.

Milward (1995) acknowledges that the 'rural idyll' may be shifting as differences in employment and education opportunities between the city and country lead many young Australians to leave rural areas. Demographic data shows that such rural depopulation is increasingly occurring. The unemployment problem and the general rural-urban drift of young adults may mean that rural communities are less close-knit than in the past. This has implications for the capacity of rural communities to continue to be able to sustain the variety of social relationships necessary to protect against loneliness.

Support Structures and Health Concerns

In relation to existing support structures, people calling with prominent issues related to loneliness indicated that they felt most supported by their general practitioner (31%) or counsellor (17%). Nearly a quarter of lonely callers felt they had no support available.