"It Is Not Good For Man To Be Alone[1]"
The Struggle against Loneliness in Old Age: Basic Assumptions for an Integrative Operational Concept –The Israeli Case

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Abstract

The widespread expression saying that "loneliness is the No. 1 enemy of old age" has, in the 21st century, becomes obvious and banal now that suicide rates among the elderly in many countries and in Israel, the case study for this paper, is higher than among other age groups in those countries.

Loneliness itself, its ramifications, consequences, and implications on the lives of the elderly have made it a dominant factor in terms of its potential damage.

Old age and loneliness have been the subjects of many different definitions, studies and theories, but despite the quantity and quality of these attempts worldwide, and particularly in Israeli research, there is a conspicuous lack of any comprehensive plan that would address the implications and destructive effects of the loneliness experienced by the elderly. Many limited-scale programs exist on a local level, but they fail to address the clear need to eradicate menacing loneliness.

The authors of this essay plan to outline basic principles for designing an operational concept for a national plan to combat the consequences and effects of depression among the elderly, using Israel as an example.

This paper will begin with a review of the definitions and literature on the phenomenon of depression, and a review of the literature dealing with the unhealthy connection between old age and depression. We will then review various programs worldwide that deal with the phenomenon of loneliness and old age; continue to present data on the effects of loneliness on elderly Israelis; present various Israeli programs and projects that attempt to deal with this phenomenon; and conclude by detailing the proposed principles for a comprehensive operational approach that maps out this painful phenomenon in Israel and proposes a plan of action on how to best deal with it.

Keywords: loneliness, old age, anxiety, depression

1. Introduction

A common sentiment with regard to old age states that "the number one enemy of old age is loneliness." To understand how different experts see this issue, we defer, for example, to Sullivan's statement that "the driving force of loneliness is that it is worse than anxiety," or in his attempt to define loneliness as "a very unpleasant experience that does not meet the need for human intimacy." (Monk, 1977, p.5).

Loneliness in general and especially in the lives of the elderly leads to depression, anxiety, and crises, at times to suicidal acts, and generally to undesirable consequences. These lead to a real need to deal with the issue of loneliness and try to make it easier for the elderly, for whom this menace has become a part of their lives. This problem is a pivotal social issue that requires systemic treatment on a national level, as this paper strives to illustrate with regard to Israel as

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[1]Genesis 2:18

a case study.

Numerous studies have been conducted into loneliness and old age, dealing with the various aspects of this sensitive subject, whether in attempts to define the problem, or in attempts to present explanations and insights on this issue as well as devise different solutions. The authors of this essay believe that these past attempts have yielded a clear need to try to integrate the range of opinions, ideas, and possibilities into a multi-purpose framework that will place the elderly in their rightful place in society.

The operational approach illustrated here strives to produce a solution that would alleviate the implications, consequences, and especially the affliction of loneliness among the elderly in a given society. This is all the more true in the modern era, in which the elderly find themselves marginalized by society, as they are no longer considered to be the center of knowledge and experience within the family (Litvin, 2013, p.24).

Technological developments have all but detached many among the elderly from society and even from their organic family, and the basic fact – obvious to anyone willing to acknowledge it – is that the elderly have become "useless tools" or worse, a burden. In particular, their social, emotional, mental, economic, psychological, and cognitive isolation has become a major factor in their personal and social conduct and in how society perceives and treats them.

The need to deal with the phenomenon runs through many possibilities that, in their implementation, seek to deal with the issue of loneliness and position the elderly in their rightful place in society – front and center – surrounded by and engaged in activity, culture, warmth, and appreciation, which strives to fulfill decrees such as "respect the elderly," but also seeks to prevent loneliness from engulfing the elderly's mind, heart, and soul. This is the purpose of this paper.

Loneliness, as defined, explained, and linked to the issue of aging in general and particularly in the Israeli case, in a key attribute of one's old age. Biological, social, technological, economic, and other processes, such as death, retirement, technological changes, and other events and processes usher one's introduction into an unknown world and often bring with them a feeling of loneliness.

As this paper will explain, old age has garnered a multitude of definitions, names, and synonyms, which we will focus on prior to delving into the main subject of this paper.

In recent years, the definitions of old age have been recognized worldwide as different and unique expressions, and our language has been enriched with new terms for "elder," which have negative connotations (Doron, 2013, p.15), such as "old,""elderly,""senior citizen," or "pensioner," which stand in contrast to the past, when "elder" was a term describing wisdom, experience, and intellect (Brick, 2002, p.15).

Chronological age is the central factor in determining of one's old age under the law. This number varies from 62 for Israeli women and 67 for Israeli men, with 65 used as the median number between the two. In many cases, however, chronological age is insufficient to define a personas "old," and other parameters should be examined, such as biological, cultural, social, functional, and political aspects (Rabinovich, 1985, p.45).

For the purpose of this paper, we will refer to Israel's Senior Citizens Law of 1989, according to which an old person is one who reaches retirement age that entitles him to senior citizen benefits, i.e. 62 for Israeli women and 67 for Israeli men (Becker, 2016, p.1).

For the elderly, loneliness manifests in a way that touches on all aspects of life – physically, mentally, biologically, cognitively, economically, ethically, and socially. Therefore, it is very important to try to find solutions to the issue of loneliness and its implications on the lives of the elderly. It should be noted as early as here in the introduction that the solutions adopted over the years in various countries and in Israel were various and varied.

A prominent issue is how the elderly, as individuals, cope with the situation as opposed to how society does, as well as how the elderly deal with the issue of loneliness in the community versus within various institutions. There is a prominent place for cultural or social groups and institutions that try to "impose" certain social interaction on the elderly, via volunteers, special projects, etc., as well as a clear absence of a comprehensive, national program to deal with loneliness and its implications on a systemic, state level or on an individual level.

The main dilemma in providing services to the elderly in the context of loneliness is whether they should be provided in an individual or integrative manner, which is the subject of this essay. In other words, would resolving this dilemma result in a significant improvement in the life of the lonely elderly?

It is clear to the authors of this paper that any solution to this problem and the struggle against loneliness must be holistic and therefore integrative; meaning a national plan to address the needs of the elderly in society must be crafted. It is not for nothing that the architects of the master plan for providing services to elderly Israelis claim that "among the problems and needs that arise during the aging process, there are special issues that require specific attention because of their scope or the special distress they pose. Loneliness … because of the emotional suffering and scope of the

phenomenon ... [requires] developing a special program to deal with this issue" (Yekovich, Brick, Katan, 2014, p.66).

This essay strives to outline integrative approaches to the struggle against loneliness in old age. This paper will begin with a review of the definitions, surveys, studies, and literature on the subject of loneliness and its implications, consequences, and effects on the elderly's quality of life. We will then discuss the implications of loneliness on aging and the elderly as a whole. Finally, we will present the destructive effects of loneliness on the lives of the elderly, the various plans implemented in various countries to alleviate the elderly's sense of loneliness, data on aging in Israel as the case study, and the various alternatives that have been suggested or implemented in Israel in the struggle against the elderly's loneliness.

The main chapter of this paper will focus on drafting an integrative approach to resolving this issue in Israel. This approach will attempt to integrate available options into tools that can be used to eradicate, or at least alleviate, the consequences and effects of loneliness among the elderly. The circular model presented in this paper will place the elderly at the heart of all activity presented in the model, with the clear goal of overcoming "the issue [of] loneliness, which has created a fissure in solid ground into which the pain caused by personal losses, health issues, and a variety of reasons in the life of the elderly flows"(Shalom, 2011, p.12).

We can and should deal with this issue and its results in a centralized manner, on a national scale and by using all available resources, and the sooner the better.

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2. Loneliness – Definitions

The state of loneliness is defined as "being without company; producing a feeling of bleakness or desolation"[2] or a feeling of being alone, deserted or a state of not belonging (Avnion, 1987, p.109). The feeling of loneliness is often linked to phenomena such as anxiety, depression, and suicide, and is therefore often painted in bleak colors.

Loneliness, as a subject of academic research, had not been studied in the West until the modern era, around the 18th century. However, loneliness as a social issue was described in the early stages of history in lore, stories, poetry, and art (Nilsson et al, 2006, p.93), while actual academic research into this issue began in countries such as Sweden and Denmark and in the United States only in the 1960s (Nilsson et al, 2006, p.93).

To analyze this comprehensive and painful state, we will review examples from the worlds of literature, poetry, health, society, economics, security and more as a basis for presenting the concept of loneliness in its context to the sphere of aging and old age.

The subject of loneliness in literature is very broad, so we will suffice with just a few examples. The subject appears in different stories for different ages. We will mention two prominent examples, such as the protagonist of Mark Twain's novel "The Adventures of Huckleberry Finn, who says, "I felt so lonely that I wished I were dead." Mark Twain's protagonist dealt with his loneliness in a unique way, and whenever he would be overcome with a sense of solitude, he would go to sleep.

Holden Caulfield, in J. D. Salinger's "The Catcher in the Rye," experienced loneliness more or less as a permanent problem, to which the solution, in his opinion was death. "I suddenly felt so lonely, I almost wanted to die." (Gibson, 2000).

This is also a prominent subject in Hebrew literature. For example, in Meir Shalev's "Russian Novel," loneliness is described in all its ugliness and wretchedness, in this case in the context of the lonely individual's age: "He was very old. He had very few friends left in the village. Grandpa, Liberson ... already dead. Even Rilov had died and Tonya would come, leaning on an aluminum walker, sit on Margulies' grave and lick her fingers with the inanity of the old. ... He forgot the names of his parents and sisters, the vistas of his homeland and the yeshiva in Nemyriv. ... At that time, the elderly had died one after the next, as if they had conspired to do so ... in a geriatric institution" (Shalev, 1988, p.55).

Beyond the world of culture and its examples of loneliness, this phenomenon also appears in various other contexts. Over time and with technological developments, the modern era earned the nickname "the age of loneliness," as in our time loneliness, regardless of the age of the individual, has become almost an epidemic (Killeen, 1998, Striver, 2004).

A review of the studies and literature focusing on loneliness yields a number of definitions for it, most prominently defining it an unpleasant emotional experience (Heinrich & Gullone 2006, p.698).

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[2]The Merriam-Webster dictionary

Leading loneliness researchers, such as Gotesky (1965), Weiss (1973), Hartog (1980), and Perlman and Peplau (1982) have found a common denominator for the definition of loneliness as a subjective and common phenomenon among humans, an unpleasant phenomenon that most people try to fight.

There is ambiguity in the definitions of "loneliness" and "isolation."

In 1963, Townsend presented the difference as: "Being socially isolated means having few familiar and community contacts, while being lonely means having the unpleasant feeling of the absence or loss of relationships. The first concept is objective and the second is subjective, and there is no overlap between the two" (Townsend, 1963, p. 189).

Perlman and Peplau distilled the definition further: "Loneliness is a subjective experience in essence and it is not a synonym for objective social isolation. People can be alone without feeling lonely and feel lonely in a crowd"(Perlman and Peplau, 1981, pp.32).

Weiss made the theoretical distinction between emotional loneliness and social isolation: Emotional isolation resulting from the loss of loved ones (parents, spouses or children) often occurs during the later period of life, while social isolation resulting from the loss of friends, neighbors, colleagues etc. occurs due to moving from one region to another (Weiss, 1973, 1987).

Another example can be found in the world of clinical psychiatry. Yalom, based on his own clinical psychiatry practice, argues that he has identified three types of isolation related to the experience of loneliness:

Interpersonal isolation resulting from a number of factors, such as geographical isolation, lack of social experience, and existential isolation, which Yalom views as "detachment from the world "as part of which an individual deals with anxiety vis-à-vis his own lack of freedom, so much so that loneliness is considered to be the deepest source of this anxiety (Yalom, 1998).

When we delved deeper into the professional literature on this issue, we found many other distinctions and definitions that dealt with a wide range of contexts and explanations of the phenomenon and its implications. Perlman (2004) found, as another example, that loneliness is prevalent in all cultures and societies but its depth is expressed to different degrees.

The term "social isolation" can be found in the classification of nursing diagnoses from 1982, for example: "Loneliness experienced by the individual is perceived as a burden by others and as a social threat" (Nanda, 1982). The burden and social threat also stem from cultural background, which plays a significant role in the study of loneliness. For example, one can mention the difficulties and loneliness experienced by ethnic groups trying to adapt to a country, to new schools and new social situations, as well as to the disengagement from their roots (Le Roux, 1998).

If we examine the concept in the context of health, loneliness is also perceived as a key factor in the development of medical issues, such as psychosomatic disorders, breast cancer, cardiovascular functions, etc. (Cole et al, 1986). Another example is a recent Swiss study that found that loneliness is associated with poor physical and mental health and an unhealthy lifestyle, and varies by age, but not by gender (Richard et al, 2017).

Today it is clear that there are different types of loneliness that are more commonly found among the elderly than among younger generations (Hamilton, 2000). On the other hand, Hagerty and Williams (1999) demonstrate that a low level of social belonging is associated with higher levels of depression and loneliness, even among young people. Loneliness is therefore not a feeling exclusively experienced by the elderly, as we will discuss in the next chapter, but is also common among young people, and has been found, for example, to greatly impair the quality of their sleep (Matthews et al, 2017).

Loneliness also affects one's health. Multiple studies have shown that socially isolated people are more prone to suffer from diabetes, hypertension, heart disease, liver disease, arthritis, cancer, asthma, and strokes (Tomaka et al, 2006).

More recent studies have uncovered a surprising link between loneliness and mortality in cancer patients. The researchers recommended treating patient loneliness as an important health concern (D'ippolito et al, 2017; Huang et al, 2017).

In a meta-analysis conducted in 2015, data from 148 different studies covering 308,849 people were reviewed. The result was unequivocal: The effect of objective and subjective social isolation was shown to be similar to that of mortality risk factors. It was also found that loneliness could increase the chance of death by 30% to 60%. The researchers also found that loneliness was not only detrimental to one's health, but was, in fact, more dangerous than smoking, obesity or poor physical condition. This finding was true for all participants in the study regardless of age, gender, origin, or initial health condition (Holt-Lunstad, Julianne et al, 2015, pp.233-234).

Western studies of loneliness have shown that at any given time, 20%-40% of adults report a constant feeling of loneliness (De Jong Gierveld and Van Tilburg, 1999; Savikko, Niina, et al, 2005; Theeke, 2009; Walker, 1993) and 5%

to 7% report an intense or prolonged sense of loneliness (Victor et al,2005). Further studies have shown that depressive symptoms and poor sleep quality can be predicted in those who feel lonely (Cacioppo et al, 2010).

To conclude this chapter, professional literature offers many interpretations to the issue of loneliness. Summarizing these interpretations confirms the fact that loneliness as a phenomenon, its meaning, emotional implications, and expression are not easy to understand or define (Nilsson et al, 2006, p.96),but there is no denying its gravity and the negative effects it has on almost every aspect of life, at any age.

The most surprising finding is the fact that, despite the abundance of interpretations, there is a glaring lack of proper treatment of loneliness as a social, behavioral, psychological and psychiatric subject of literature. A paper that seeks to explain this offers a conclusion that is difficult to accept, saying, "Either the psychotherapist knows nothing about the patient's loneliness, or the psychotherapist himself fears his own loneliness" (Fromm-Reichman, 1959, p.32).

A recent study attempted to trace the number of empirical publications dealing with loneliness or social isolation as a general concept, placing an emphasis on old age. The study reviewed 11,736 essays from 15 countries – an overwhelming number by all accounts – but the findings were not consistent with the grim reality. For example, there are more studies on loneliness in relation to health than on social loneliness. Another finding demonstrates that depression and cardiovascular health are the most studied areas in the context of loneliness, while studies on the effects of loneliness on welfare and social issues came second. Almost every second article found a link between loneliness and medical problems, but there is not enough research on social isolation and its impact on one's health, psyche, sense of security, quality of life (Knapp and Courtin, 2017), and – with respect to this paper – on the quality of life of the elderly, which, as the next chapter will show, is threatened by loneliness.

3. Old Age and Loneliness

Solitude as a phenomenon, as described in the previous chapter, is most socially significant among the elderly, as the concept of loneliness invades every sphere pertaining to old age, from physical and mental health, to its effects on feelings of anxiety and depression, social, and familial relationships, and even dental health, as the literary review will illustrate.

The implications of loneliness on the quality of life of the elderly manifest in every sphere and in a multitude of ways. Literature and poetry provide meaningful expressions of the elderly's loneliness, for example, in Shakespeare's "King Lear" or Pearl S. Buck's "The Good Earth." Israeli poet David Avidan poignantly describes the sense of loneliness in the life of the elderly, writing, "An old man, what does he have in his life? He rises in the morning but morning does not rise in him. He makes his way to the kitchen, where lukewarm water reminds him that at his age, at his age, old age – what does the morning bring for him?"[3]

There is no doubt that the elderly's sense of loneliness stems from several key factors that have been extensively studied over the years. The first factor is the process of leaving the workplace and entering retirement, which cuts the aging individual off from their sources of income, social life, and lifestyle.

The second factor is the biological process, which includes two key elements that isolate the aging individual: the deaths of his relatives and friends and his nearing demise on the one hand, and the various health issues associated with aging on the other.

The third factor is the psychological alone, with its cognitive and psychogeriatric aspects. This area, for example, underscores anxiety and depression as characteristics of old age that are in fact, side effects of both objective and subjective loneliness.

The fourth factor is social, meaning the position and role of the elderly in the social sphere of a given society. The fifth factor is cultural and entails how the social position and role of the elderly is perceived and defined in a particular culture and how it affects the elderly's sense of loneliness within it.

The sixth factor revolves around the issue of the elderly's nuclear family and his relationship with it. Clearly, an elderly person might find himself lonely within his own family and it other cases, having lost his family or having no family, an elderly person may be completely alone.

When we examine these factors in the context of the studies conducted on the subject, we find that a very large number of quantitative and qualitative studies link loneliness and old age along the lines of the aforementioned factors. This paper will review the most prominent studies on these issues.

One research focusing on social aspects shows, for example, that in the final stage of their lives, most elderly people can

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[3]David Avidan, "A Sudden Evening" in: Something for Someone, Hakibbutz Hameuchad-Sifriat Poalim Publishing Group, 1987

expect a decline in the scope of their social interactions (Lang et al., 1998; Lee and Markides, 1990).

Another study, attempting to identify the causes and extent of the phenomenon among the elderly, found that among the objective reasons there was the increased chance of losing a spouse, the deaths of coworkers, the loss of social roles, and limited mobility due to illness or physical weakness – all factors that reduce the elderly's ability to maintain social relations (Harris et al., 1975).

Another prominent example that bolsters the theory of prevalent loneliness among the elderly found that it was most common among those aged 85 and over, who are the fastest growing age group worldwide (the United Nations Department of Economic and Social Affairs, 2009). The results of cross-sectional studies show that loneliness is highly prevalent among this age group (de Jong Gierveld 1998; Pinquart and Sorensen, 2001).

Many global studies have examined the subject of loneliness among the elderly and show that at any given time, 40% of the elderly report feeling lonely (De Jong Gierveld and Van Tilburg, 1999; Savikko et al, 2005; Theeke, 2009; Walker, 1993). Among the rest, 5% to 7% report intense or persistent loneliness (Steffick, 2000; Victor et al, 2005). At age 80, some 50% of the elderly often feel lonely (Dean, 1962, Smith and Baltes, 1993).

Some studies suggest that the data must be taken with a grain of salt, as the numbers are most likely higher. The feeling is that as loneliness has a negative social interpretation, not all elderly respondents were willing to admit their feelings. (Peplau et al, 1980).

If we examine the issue from the perspective of gender, we find that there is a difference between men and women with respect to admitting feelings of loneliness. A study conducted in 1985 found that women are more likely to acknowledge their loneliness than men (Borys and Perlman, 1985). Moreover, in the United States, some 50% of women aged 65 and over are widows who prefer loneliness to marriage. This figure is about three times higher than among men (Hobbs and Damon, 1996).

A review of the fields of health and loneliness shows interesting data on loneliness and old age. For example, a prolonged prospective study of adults aged 60 to 68, comprising 229 men and women, over five years, demonstrated the evolutionary association between loneliness and depressive symptoms (Cacioppo, et al, 2010). A follow-up study comprising 823 elderly individuals over four years concluded that elderly people had an increased risk of dementia near the end of life due to their loneliness (Wilson et al, 2007).

Further studies into the cultural and social contexts of the relationship between old age and loneliness have found that adults who require assistance due to disability reduced their social interactions in order not to become a burden on their environment (Essex and Nam, 1987; Johnson, 1983).

For lonely elderly people, watching television creates a paradox. On the one hand, solitude may increase watching television; while on the other hand, excessive television-watching may replace maintaining social interactions, thus eliminating the need for company. At the end of the day, such behavior clearly leads to seclusion and loneliness (Rubenstein and Shaver, 1982).

The effect of social isolation on health and mortality have been compared, among other things, to the direct influence of friends and family on the elderly's general health (for instance, physical activity, proper rest, and permanent social gatherings), which in turn affects physiology and mental health (House et al, 1988). In other words, lack of rest and social and familial interaction inflicts psychological and biological damage.

One study, for example, examined the relationship between loneliness, health, and mortality. The study was conducted using a representative sample analysis of 2,101 adults aged 60 and older over a period of six years. It found that loneliness continues to affect one's health, and proved that loneliness changes the body's physiology for the worse at the most basic level (Luo, Ye, et al, 2012).

The main causes of loneliness include poor health, depression, economic hardship, and low social participation and support – all of which have been identified as major risk factors for loneliness among adults (Rouxell, Patrick et al, 2017). According to the studies, other factors associated with an increased risk of loneliness among the elderly include the exclusion of elderly residing far away from their families or from centers of community (Dykstra 2009, Fokkema et al, 2012; Victor et al, 2005). Other objective factors include low income, low-level education, and living sans a supportive spouse (Hawkley et al, 2008; Savikko et al, 2005).

In order to understand the extent of how detrimental loneliness is to the elderly, we would like to use an example that may seem unusual, but actually attests to the acuteness of the implications loneliness has on the lives of the elderly – dental and oral health. Literature on the issue of loneliness among the elderly is sorely lacking in studies on the link between loneliness and oral health, which involve diseases that have significantly negative functional, psychological, and social implications on the elderly's quality of life and well-being(Gerritsen et al, 2010; Hassel et al, 2011; Hugo et

al, 2009). These examples show the extent of the problem and therefore highlight the need for treating loneliness and its effects on the elderly.

If we examine in a nutshell the research done in Israel, we see similar findings. A study conducted by the Hebrew University's School of Social Work in 2009 shows that nearly half of all those aged 65 and over in Israel report feelings of loneliness during the week. This feeling is especially common among four population groups: elderly women, elderly aged 75 and over, elderly people who are divorced or widowed, and elderly Arabs (Hebrew University, press release, 2009).

The elderly's social integration and participation in society are seen as indicators of productive aging, and alleviating the sense of loneliness is part of a policy aimed at attaining the goal of "successful aging" hence the need to realize plans to eradicate loneliness among the elderly (De Jong Gierveld, 1998). This will be discussed in the next chapter.

4. Programs Worldwide for Dealing with Loneliness among the Elderly

As we have shown in the previous chapters, for decades now loneliness has been the worst enemy facing the elderly around the world. As we have illustrated, policy-makers, especially in the field of welfare, are aware of this issue, as are those who outline policies in other fields.

The most prominent way in which many countries try to deal with this phenomenon is via the use of volunteers who seek to ease the elderly's loneliness by keeping them company (Means and Smith, 1999). There is no doubt, however, that this is only a partial and insufficient solution, which is why many plans have been devised and implemented worldwide to deal with this issue. This chapter will present some of these plans, and their successes and failures.

One example is programs that focus on developing strategies for ensuring the elderly remain socially active. This is a central issue in government policy in almost every country (Dickens et al, 2011), and these programs are usually outlined as part of health and welfare policies. This issue begs repeating because, as argued in the introduction, while the importance of health and welfare programs cannot be understated, they rarely cover the elderly population in its entirety, which is why there is a need to expand such programs beyond issues of welfare and health.

There is little research on the effectiveness of community-based programs and their impact on alleviating feelings of loneliness among the elderly (Findlay, 2003; Cattan et al, 2005; Frost et al, 2010; Dickens et al, 2011; Masi et al, 2011).

In Sweden, for example, there are programs dealing with the effects of aging on two different levels. A recent study published in Sweden found two dominant and distinct dialogues, different from one another in their intentions and their implementation with regard to dealing with loneliness in old age.

In the first dialogue, loneliness is presented as a situation that exists within the discourse of old age, politics, social issues, and welfare. In other words, as part of this discourse, loneliness is used as a concept within a program whose purpose is to further political change and the appropriation of resources and an increased welfare budget, meaning that this discourse promotes programs that will utilize budgets directed at bolstering welfare policies relating to the elderly rather than to their social engagement.

The second discourse mentions loneliness in the context of volunteering, meaning loneliness serves as a motive for recruiting volunteers to care for the elderly (Agren, 2017). It this case, volunteers are put to work keeping the elderly company.

Another example is studies into various plans, which concluded that the assumption that elderly individuals who are socially active feel less lonely, and that such social interaction has positive effects on their health and general well-being, is absolutely correct (Florio et al, 2000; FratiglioniI et al, 1996; Moyer et al. 1999). This claim is also presented in the research that summarized 148 studies in the field and included 308,849 adults of an average age of 64, and which found that the risk of mortality was 50% lower among people with strong social connections (Holt-Lunstad et al., 2010).

Another example comes from the United States, where a variety of ideas were carried out in an attempt to resolve this problem, but no studies have been carried out to examine their efficiency. One of the plans introduced the idea of a professional "telephone buddy," who would regularly converse with the elderly. A subsequent study could not, however, prove this solution was particularly effective in reducing feelings of loneliness.

Another program carried out in the United States was called "Gatekeepers." The program was first introduced in the state of Washington in 1978, and today is it successfully implemented in the U.S. and Canada.

The program is based on the use of local residents – "gatekeepers" – volunteers who live next door to the elderly and are trained and can therefore alert welfare services to any lone elderly who may have slipped through the cracks.

Researchers who studied this model claim it is one of the most successful in dealing with the elderly's loneliness, for several reasons: It enlists and trains unofficial sources; it allows the general public to act on behalf of vulnerable elderly

without getting too involved, at time to a point where reporting issues to authorities can be done anonymously; the program is suitable for all types of communities, be they urban or rural; the program facilitates free dialogue between the community and welfare authorities; and the program makes a hotline available to anyone who wants to report on a the distress of a lone elder, and follows up on the reports.[4]

Britain stands out as another example of how countries worldwide are trying to deal with the phenomenon of loneliness among the elderly. The U.K. is currently considered among the leaders in terms of healthcare and welfare programs, and in the context of this issue, British programs offer three alternatives: The first sees municipal welfare departments take care of the elderly as part of the social services provided to the residents; the second includes low-budget municipal assistance units that use volunteers to care for the elderly; and the third comprises private initiatives in the community that operate without budgets or supervision and try to alleviate the elderly's loneliness in a variety of ways (Moriarty and Manthorpe, 2012).

A recent study examined the perspective of elderly people who receive community services via one of these options. The research comprised 454 elderly persons aged 65 and older, who reported feeling extreme loneliness. The researchers concluded the elderly could function normally and were not housebound; they were reluctant to use the services, and felt the assistance was meant for "other people." On the other hand, there were more positive responses to organized group activities.

Another important finding in the study was that many felt that their loneliness was a private matter and preferred no one interfere with their private business (Karicha, Kalpa, et al, 2017).

As another example, if we examine similar plans in large developing countries like India, the findings are interesting. It is expected that by 2050 India will have some 240 million elderly persons aged 60 and over, but there is no one consistent policy on the national level to deal with the growth of the aging population and changing patterns in family life.

India has one national program, established in 1999 and titled "National Policy on the Elderly." This policy has no specific plan to combat the elderly's loneliness, but it does try to address certain aspects of how loneliness affects India's elderly. It also offers several solutions, the majority of which, unfortunately, are not applicable today. The existing policy acknowledges the growing difficulties faced by families in caring for the elderly, and promotes the recognition that the elderly must be treated as valuable members of society rather than cast aside.

While this policy sounds promising in terms of respect towards the elderly and preventing their exclusion from society and their subsequent loneliness, the reality in India has proved it difficult to implement it on a state level. In addition, in 2007, the Indian Parliament sought to enforce a law mandating families to care for their elders, stating neglect or inflicting isolation would see the elderly's children fined or facing up to three months in jail. The law was a complete failure.

Today, there are several programs that try to regulate pensions and the care for India's elderly, but they fall short of reducing social isolation and further underscore the absence of a social welfare system in India. There is a small number of old age homes that can accommodate elderly living in remote rural areas or those living in poverty in urban centers, and there is a clear sense that nursing homes are a privilege reserved for the upper class. Many among the elderly still have to rely on the community where they lived their whole lives, or turn to panhandling on the streets, which only increases their feeling of alienation and loneliness.

Another area that is not properly addressed by Indian government policy is the lack of supervision of minimal welfare activities to benefit the elderly, alleviate their loneliness, and foster interactions with their neighbors (Thomas et al, 2017).

Another nation with a growing elderly population is Japan, which is considered the world champion in longevity. The Japanese people attribute this to their sacred culture, which reveres the elders (Marmot and Smith, 1989). However, the proportion of unmarried men in Japan has grown rapidly, while community ties have weakened over the years, reinforcing the element of loneliness in elderly Japanese people's lives (Backhause, 2008, pp.5-12).

Local authorities, associations, and organizations in Japan have developed a variety of programs seeking to prevent social isolation, but most of them were not based on scientific evidence but rather on the practical experiences and ideas of the developing teams. Moreover, the effects of these programs are rarely evaluated, and most of them are geared only toward elderly Japanese who live alone.

One of the programs developed in Japan, for example, is based on the American "gatekeeper" idea, and comprises

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[4]Niagara Community Information Database, retrieved from: https://niagara.cioc.ca/record/NIA5552

individuals whose role is to identify elderly people who are struggling with loneliness, alert the community about it and to push it into action. (Saito et al, 2012).

Other plans can be seen in the Netherlands, where about a third of the population is aged 65 and over and report feeling mild to severe loneliness (de Jong Gierveld, 1999). To find a possible solution to this problem, a study was conducted among 150 elderly people (not a representative sample for the Dutch elderly population) who had reported loneliness. Participants were given a home computer and assigned a guide to teach them how to make the best of it. The most significant results were among those who reported emotional loneliness and were highly educated. It was found that for them, the use of email reduced the feeling of loneliness and bolstered social ties. Unexpectedly, it was also found that using the computer also improved the elderly's self-confidence (Fokkema et al, 2007).

Other sporadic examples come from Romania, where the church, that is, religion, proved effective in alleviating the elderly's sense of loneliness (Ciobanu and Fokkema, 2017); or Nova Scotia, Canada, where a project examined telephone support groups for the elderly. Once a week, over a period of 12 weeks, they held video conference calls, which the elderly later reported helped reduce their feelings of loneliness (Stewart et al, 2001).

Despite the many programs implemented worldwide, there is little research evidence to support their effectiveness. The conclusion is that countries across the globe must join forces and formulate programs that will be studied scientifically, and the results of these studies, be they positive or negative, should be widely implemented worldwide. Learning from these lessons will inevitably lead to a plan to combat the destructive components loneliness harbors. In order to exhaust this insight, we will examine the situation in Israel, as the case study of this paper, and the next chapters will delve into the programs devised in Israel.

5. Data on Old Age and Loneliness in Israel – 2017

Israel, a nation founded on the ideal of collectivism and one that to this day sanctifies family values, is ranked second in the world, following Greece, in its elderly's sense of loneliness. The numbers in Israel are close to those found in France, Italy and Austria, but higher than those in the United States, Germany, and the Netherlands (Katz, 2009). We believe this is a worthy introduction to the current chapter of this essay, which provides readers with data on various issues regarding aging in Israel in 2017 in the context of the loneliness plaguing elderly Israeli.

At the end of 2016, elderly Israelis made up 11% of the population, numbering 930,000 out of approximately 8.3 million. Some 23.2% of elderly Israelis lived alone, forming one-person households. This means that about 200,000 elderly people (women aged 62 and over and men ages 67 and over) live alone.

It should be noted that there is no government ministry or any other state entity that knows exactly how many elderly Israelis do not have families or have no contact with their families. Nor has there been any official mapping of elderly in need of psychological, social, or economic assistance in the context of coping with loneliness, indicating the clear absence of a designated entity to integrate the elderly and deal with meeting their needs.[5]

Israel's Central Bureau of Statistics predicts that by 2035, the elderly population in Israel will make up 14.6% of the population, with the majority of the increase expected among those aged 85 and over. By 2035, the elderly population will have doubled to number 1.7 million.

On the one hand, this is a resounding success reflecting the increase in life expectancy; but on the other, it is a challenge Israeli society must face in many areas, most notably the struggle against loneliness. The question at the heart of this paper is whether the dramatic increase in the number of elderly Israelis will improve their quality of life, and especially whether it will extract them from the cycle of loneliness.

A 2013 Central Bureau of Statistics survey (Dror-Cohen, 2015), conducted in the framework of the annual social survey, in which researchers used the findings of the SHARE project (Levinson, 2016), yielded interesting data regarding the elderly and the loneliness in Israel. It was determined that general feelings of loneliness were common among the elderly in all age groups, and an occasional sense of loneliness was particularly common among people aged 75 and over.

Another important statistic showed that according to National Insurance Institute data, 13,600 elderly Israelis age 86 and over live alone and are either not eligible or do not receive long-term care benefits under the National Insurance Law (Bitzur, 2017). In other words, 10% of elderly Israelis are not mapped or recognized in the context of a possible need to address the implications or effects of loneliness.

The prevalence of loneliness among married men was 26.2%, compared to 55.1% among elderly who were unmarried – divorced, widowed, single, or separated (CBS, Social Survey, 2014). These figures reinforces the insights derived from

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[5]Reuth-Eshelwebstie, https://www.reutheshel.org.il/en/

the studies we have presented, proving that married couples enjoy a source of mutual support in each other in old age, which certainly prevents the sense of loneliness.

The data further reinforces the understanding that a link exists between various disabilities, especially those limiting movement, and elderly Israelis' loneliness. It is abundantly clear that unless action is taken to resolve the problem of disabled elderly and promote a situation in which, despite their limitations, they are able to connect with others and develop social ties then we, as a society, will be condemning them to a life of loneliness, depression, and anxiety.

For example, according to a Central Bureau of Statistics survey, as of 2012, the estimated number of elderly Israelis living in the community and limited in carrying out household activities stood at 257,000, or 32% of the elderly population. This number increases with age: 19% among those ages 74 and under, compared to 47% among those aged 75 and over.

Additional data on disabled elderly Israelis further shows the firm grip loneliness has on them. The examples are numerous: The number of people aged 65 and over whose physical movement (walking or going up the stairs) is limited is estimated at 287,000, 36% of those aged 65 and over, 25% of those 74 and under, and 48% among those aged 75 and over. The number of elderly aged 65 and over who struggle with personal grooming is estimated at 130,000, 8% of those aged 74, and 16% of those aged 65 and over. Some 15,000 elderly Israelis are visually impaired, and 94,000 are hearing impaired; 50% of elderly Arabs aged 65 and over reported difficulties in the performance of household activities, compared to 30% among Jews and others. In 2013, the percentage of the elderly eligible for long-term care benefits from the National Insurance Institute was 17.4% out of a population of elderly 65 and over – 159,047 out of a total of 200,000 individuals.

Another difficult manifestation of loneliness and its implications on the elderly is the suicide rates among elderly Israelis. In this category, Israel is second in the world only to Greece, and on average nine elderly Israelis commit suicide every month. According to a recent study by the Health Ministry, the highest suicide rates among elderly Israelis were among those aged 75 and over (Ministry of Health, Aug. 6, 2017).

Another prominent expression of the effects of loneliness on elderly Israelis concerns violence, cruelty, and the abuse of the elderly. Cases of assault are mostly the result of the assailants' view of the elderly as lonely, defenseless individuals who would not rush to report being attacked.

A study by the Knesset Research and Information Center found that the number of police complaints filed over violent crimes against the elderly between 2010 and 2014 increased by 24%, from 2,046 to 2,531.

The violent offenses to which data refer were perpetuated against elderly victims and included assault, pick-pocketing and purse-snatching, robbery, rape, indecent assault, serious bodily harm, attempted murder, murder, and manslaughter. About 10,000 of the complaints filed between 2010 and 2014 dealt with physical and mental abuse of helpless elderly people, a shocking figure that casts the spotlight on the concrete dangers the lonely elderly face (Ynet, Sept. 21, 2015).

Another prominent concern that contributes to elderly Israelis' sense of loneliness is poverty. A 2013 study by the Taub Center found that some 21% of elderly Israelis live below the poverty line according to their disposable income, meaning after welfare payments and taxes are deducted. This is the highest poverty rate in the developed world by available income.

This is another difficult problem that prevents the elderly from having an active social life and cements their situation as lonely individuals. The researchers point out that poverty rates among elderly Israelis are higher in disposable income because National Insurance contributions – public pensions – provide 22% of the average income of Israeli pensioners, compared to about 50% of the average income provided by similar payments in other Organization for Economic Cooperation and Development member-states (Globes, Oct. 29, 2013).

According to an annual National Insurance Institute report on the dimensions of poverty and social gaps in Israel, 23.1% of Israelis aged 65 and over lived below the poverty line in 2014 (Myers, The Elderly in Israel, Statistical Abstract, 2015).

A figure that usually receives little to no attention – and which reflects the social isolation that the elderly sometimes impose on themselves over poor external appearance or malnutrition – has to do with oral and dental health.

A study of the oral and dental health of elderly Israelis found that 52% of them had lost all their teeth and 45% suffered from partial to severe tooth loss. Some 80% reported they do not go to the dentist at all. Sixteen percent of the elderly reported untreated dental problems due to financial reasons; and 25% of low-income elderly said they neglected dental care over its high cost. The majority of the elderly who seek dental care do not complete their treatment over its cost.

The 2005 State Comptroller's Report on dental care in Israel found, among other things, that "many elderly people suffer from dental problems that affect their medical, nutritional, social, and aesthetic condition." The elderly suffer

from more health issues that affect and exacerbate oral and dental diseases compared to younger populations.

The lacking treatment of the elderly's oral and dental problems affects not only morbidity but also their ability to feed themselves, spelling social and mental implications (Oral and Dental Health in the Elderly Population in Israel – Proposal for Reform, 2012). In addition, the effect this has on their appearance prevents the elderly from going out in public and augments their isolation.

Another statistic about old age and loneliness concerns malnutrition among elderly Israelis. Several studies have discovered that at least 30% of the elderly suffer from malnutrition, and very high rates suffer from deficiencies in vitamins, folic acid, calcium, and other nutrients. Compromised nutritional security among the elderly isolates them physically, cognitively, biologically, and of course socially from the rest of society.

One survey, for example, found that 5.5% of elderly Israelis ate less than they wanted over the past 12 months because they did not have enough money to buy food; 9.19% were at high risk for malnutrition; 3.43% were at moderate risk, and 8.36% were at no risk of malnutrition (National Health and Nutrition Survey for the Elderly, 2005-2006).

It was also found that many elderly people arrive at hospital emergency rooms for lack of a better alternative. Both the stay in the emergency room and hospitalization, which is usually relatively lengthy, placed them at risk in various ways, as it embodies an increased risk of infection, falling, poor nutrition, and sleep disorders, as well as the risk of mental stress, disorientation, and confusion (Health Ministry, 2016). Some older people seek hospitalization as a solution to loneliness and leave it more ill and therefore more isolated.

In 2012, approximately 267,000 elderly Israelis were registered with departments of municipal social services, meaning about a third of all elderly and almost half of those aged 75 and over. Some 73% of them (76% of women and 67% of men) were recorded as needing assistance because of their old age. Another prevalent classification for those aged 65 and over (13%) was "medical reasons and physical limitations."Many among the elderly in such situations are susceptible to loneliness, anxiety, and depression.

The next chapter will present various solutions devised in order to deal with the implications and consequences of aging in Israel. We can say in advance that there are many different programs, but it seems that most of these programs "cannot see the forest for the trees" and fail to truly address elderly Israelis' needs, something the authors of this essay seek to do.

6. Israeli Programs Aimed at Countering Loneliness among the Elderly

Israel has many programs, implemented as part of local initiatives or temporary projects, whose aim is to dispel the feelings of loneliness among the elderly.[6]

These programs serve tens of thousands of elderly people in Israel out of the hundreds of thousands who need them. They include, among other things, ideas that will be reviewed later in this paper, such as day centers, senior citizen clubs, home visits by volunteers, supportive communities, the "sympathetic ear" program, and more. This chapter will review most of the programs that attempt to meet the needs of the elderly in Israel, while dealing with the issue of loneliness.

It should be noted at this stage that most of the existing programs do not focus on the struggle against loneliness among the elderly, and do not meet the majority of the problems we have presented, which are created by the phenomenon of loneliness among the elderly population.

Three major issues are immediately evident: First, the programs are sporadic and do not encompass the entire elderly population; second, the majority of the activities offered are local and target specific audiences; and third, there is no one directing hand that oversees these activities – mainly because they lack a clearly defined goal, such as eradicating loneliness among the elderly, and especially because they lack precise mapping of the elderly in Israel and the myriad of problems they face.

These issues are especially prominent when dealing with loneliness in old age, and it is worth pursuing meticulous mapping that would place every elderly person on a national "loneliness scale." Only then will it be possible to properly formulate a national plan that would be able to properly deal with this issue and its implications.

Day Centers for the Elderly: The centers offer disabled elderly, who are eligible for assistance under the national nursing law and who are referred by the welfare authorities, services that assist them in their daily routine, including

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[6]The information in this chapter is based on three sources: (1) Beker, Ehud (ed.)(2016). Government Plans to Support of Lonely Elderly, the Knesset Archives; (2) Brick, Yitzhak ,Yakowitz, Esther, Katan, Yosef (2014). "Services for the Elderly in Israel: The Need for a National Master Plan," Gerontology and Geriatrics, Journal of Aging, the Israeli Society of Gerontology, Vol. 41(2), pp. 11-74; (3) Alleviating Loneliness, Eshel-Joint, retrieved from: http

employment, meals, and social activities. The cost of the centers is about 34 million shekels ($9.6 million) a year. There are currently 163 centers in Israel that cater to18,500 elderly, but while gathering at such centers resolves their feeling of loneliness, only needy elderly use these centers' services – and they only operate during the day.

Senior Citizen Clubs: These clubs offer social and cultural gatherings and various leisure activities. The clubs are operated by local authorities and volunteer organizations and are partially funded by the Social and Welfare Services Ministry.

There are three types of clubs:

- Social Clubs: The Social and Welfare Services Ministry funds and operates, in cooperation with municipal authorities, about 700 clubs that offer a daily framework for social and cultural activities, which cater to 140,000 independent elderly. The annual budget appropriated for these clubs is NIS 8 million ($2.3 million). On the one hand, this program touches on the core of loneliness among the elderly – social inactivity – but on the other hand, this is not a national, comprehensive program, and the clubs operate only on certain days, and only during daytime hours.

- Added-Value Clubs: In recent years, about 40 clubs have begun operating, offering the elderly light meals, transportation, and social and cultural activities. These clubs, which operate mainly in places where day centers are not available, cater to elderly who are independent or experience a slight functionary decrease. They serve some 1,500 elderly people and have an annual budget of NIS 4 million ($1.2 million). While the activities they offer seek to alleviate the elderly's loneliness, they are of very limited in scope, both in terms of the number of participants and in terms of the activities themselves.

- Mofet Clubs: These clubs were introduced in 2014 and offer hot meals, transportation, and social-cultural activities to independent elderly Israelis who suffer from poor nutrition, loneliness, and financial and personal insecurity. At the time of this essay's writing, some 250 such clubs operate in Israel, catering to about 7,500 elderly people. Each club has an annual budget of NIS 252,000 ($72,000), but while the idea at their core is a good one, it is a short-term, limited-time project, mainly as a result of the absence of mapping and of placing the elderly on a "loneliness scale."Therefore, it ignores a large number of elderly people who apparently do not appear on the appropriate lists.

- Supportive Communities: In this project, elderly Israelis continue living in their own homes. Each community comprises about 200 households and about 400 people in total. The elderly are connected through the community's caretaker, distress buttons, and mutual social activities. The Social and Welfare Services Ministry funds some 250 such communities in 139 municipalities, which serve about 70,000 elderly Israelis. The program aims to increase the sense of personal security among the elderly and to meet their social needs.

These communities offer a variety of services: Each community has a caretaker, who knows its members and maintains regular contact with them. The caretaker provides assistance with daily needs and minor repairs in the homes of the elderly, and coordinates social activities. Community members receive emergency distress buttons and medical services that include doctor's visits and ambulance services. The ministry's annual budget for these communities is NIS 10 million ($2.85 million).

The authors of this paper have no doubt that this is one of the classic solutions to the issue of the elderly's loneliness: They remain in their own home and the environment they are used to, while being closely observed by the community's caretaker and having their daily issues addressed. They are connected to an emergency center around the clock, which offers human response, and have an array of social activities in which they can take part. Payments for these services are subsidized by the Social and Welfare Services Ministry. Municipalities that enjoy a better socioeconomic situation can also expand the activities offered by the supportive community in any direction.

- The Senior Citizens Hotline: This hotline is operated by the Social Equality Ministry, formerly the Senior Citizens Ministry. The hotline's personnel receive special training on loneliness among the elderly, which is particularly important because the center often receives calls where the caller's declared or undeclared purpose is to talk to someone in an effort to dispel their loneliness. The hotline's personnel are trained to detect the signs expressed by the caller. In cases where the caller is identified as a lonely individual, the dispatcher is directed to involve the municipal social and welfare services.

  This program has an interesting approach and may very well serve as a basis for more organized activities to combat loneliness. This approach could be realized if additional hotlines, operated by formal and informal bodies, join forces and work together for one common purpose, which is not currently the situation.

- "Gatekeepers": A volunteer-based program geared toward identifying suicidal individuals, including among the elderly. According to the Health Ministry, at the time of this paper's writing, more than 10,000 people in

various municipalities and organizations (including doctors, teachers, social workers, and various officials) were trained as gatekeepers who could identify a person at risk of suicide, foster sensitive and appropriate contact, provide him with initial assistance and help him receive treatment (Health Ministry press release, 2017). It should be noted that this program does not cater only to the elderly, and it does not focus on aspects of loneliness among the elderly population.

- The "Sympathetic Ear" program: This program is part of Israel's National Service framework. Volunteers in this program contact the elderly at home on set days and times, talk to them, and try to ease their loneliness. This is a limited-scope program, rendering it effectively meaningless.

- The "Respect Thy Elder" program: This program offers assistance to the elderly through National Service volunteers. As part of the program, volunteers visit the elderly in their homes one day a week over the course of one year. They help them with their daily routines, in their integration into community life, and in alleviating their loneliness. The program operates in the general, ultra-Orthodox, and minority sectors.

According to the Social Equality Ministry, which operates the program, over the past year volunteers have visited some 2,300 elderly people and operated in about 100 community centers. This program has the potential to become the "flagship" for Israeli society as a whole in light of the number of youth who enlist in the Israel Defense Forces: Current data suggests that only one of every two conscription candidates is drafted, creating a situation where half of Israeli youth do not serve in the military and can therefore be used as the basis for the manpower necessary to care of the elderly in the framework of National Service.

- "Students for Senior Citizens": Scholarships for students who participate in activities in senior citizen clubs, community centers and Holocaust survivors' homes, and help the elderly to exhaust their rights. According to the Social Equality Ministry, which operates this small-scale, non-comprehensive program, 420 volunteers have been involved in this program in the past year, as well as some 5,100 elderly Israelis. While it is clear that the interaction between the elderly and the students will help dispel loneliness, the low participation numbers on both sides underscores the temporary nature of the program.

- The "Living Together" program: This program is a joint effort of the Housing and Social Equality ministries and the National Student Union. The project allows elderly Israelis who own their own homes to house students, effectively as roommates. Students pay NIS 300 ($85) in monthly rent and socialize with the elderly for a minimum of five hours a week, as well as encourage the elderly to interact with the community.

- According to the Social Equality Ministry, in the two years since the program was launched, 380 students were paired with elderly Israelis. This program stems from a fairly strong ideological basis, but it would be effective in alleviating the elderly's loneliness if it is expanded and becomes binding, for example, by offering students who participate in the program academic credits.

- The "Ahalina" program: This initiative is based on National Service volunteers who are members of minority groups, and who help the elderly in their communities in activities such as learning and crafts, conversations, reading, and taking walks together. In the past year, some 150 volunteers and 1,050 elderly Israelis participated in the program.
  While this program offers a fascinating approach, it has a very limited in scope, most likely as a result of mental and cultural differences, as well as political differences between the program's architects and the youth and elderly who participate in it.

- The "Look Onto My Elders" program: As part of this program, which is held in cooperation with The Museum of the Jewish People at Beit Hatfutsot, school children document the life stories of elderly Israelis who they visit every week for a year. This important yet very small project is highly underdeveloped and cannot be thoroughly analyzed.

- Senior citizen classes in schools: This program affords the elderly the opportunity to take enrichment classes in subjects such as Bible studies, literature, history, etc. According to the program's work plan, 45 such classes were held in 2016.

- "Time to Give": This program is operated by the Association for the Elderly in Ramat Gan and is billed as an intervention program aimed at teaching the elderly various leisure skills.

The following details various municipal programs that seek to care for the needs of the elderly.

The Tel Aviv Municipality:

Groups for improving social skills: The groups aim to improve conversational skills and carrying out telephone conversations, and develop technological skills as well as social networking. The intervention includes individual and

group counseling to identify psychological and environmental barriers that prevent the elderly from taking part in social activities. Each group holds 10 sessions. The group then continues to meet as a self-help group with a volunteer facilitator.

Weekend activities: This program operates on the weekends, when feelings of loneliness tend to increase due to lack of public services. The program hosts various activities across the city, such as public apartment complexes, multi-service centers, etc. The sessions offer lectures on various topics, and Saturday activities include prayer sessions and a communal meal. The main idea focuses on fostering social interaction for the elderly, but given the program's limited budget and scope it seems unsuitable for a national initiative.

The Misgav Regional Council

The Association for the Elderly in this northern community seeks a combination between reinforcing and improving interpersonal relationships and reinforcing the elderly's sense of identity and belonging to the community as valuable members of society.

The plan includes the establishment of social groups in areas that are remote from the concentration of social services in the council, whose members meet for a period of eight months, during which they are integrated into multi-generational activities in the community and also choose a community project to which they can contribute. Group activities include optional sessions with the community's social workers, counselors for the elderly, and more.

The Hod Hasharon Municipality

The Clik Association operating in Hod Hasharon is defined as a pioneering initiative in the field of the third age and the implementation of social entrepreneurship models and social technological solutions.

The association established a virtual technology center through which the elderly can participate in virtual activities that take place in a large number of centers. The elderly have their choice of a variety of activities that take place at the same time, which they can join online. Using simple technological means, the elderly can be active participants in their chosen activities. The program involves volunteers with technological backgrounds who are trained in the field of assisting the elderly, and who visit them and offer them technical assistance.

The Eilat Municipality

"Time Bank": Among the elderly who are identified as lonely, a team of specialists will map out skills, talents, and needs. Each elderly person participating in the program will make a contribution to another participant or group of participants according to their qualifications. This program also includes elderly who are homebound.

The Holon Municipality

This local program caters to elderly people who "dropped out" of senior citizen clubs due to deterioration in their health or the need to care for a homebound relative, augmenting their sense of loneliness. Each group includes five to seven participants, half of whom are members of the target group and half of whom are volunteers, elderly persons themselves, from the clubs they visited in the past.

The volunteers guide the group in a variety of activities. The program coordinator assists in promoting social engagement and intimacy between the group's members. While the program provides an opportunity for peer interaction by offering meaningful activities and content, it has two major faults: First, it is based on volunteers; and second, and more prominent, it has an element of "ghettoization" of the elderly, as they are both the patients and the caregivers, which is a controversial point.

The Nazareth Illit Municipality

The Association for the Elderly in this city operates groups who try to bring together lonely elderly with mutual interests, for example, walking groups, debate clubs, book clubs, and movie clubs. The groups are facilitated by an expert guide on the topic and meet once a month to improve social skills. After a year, the groups continue to meet with a volunteer facilitator.

The Shaar Hanegev Regional Council

The Association for the Elderly operates two main programs: Academic courses – a college course for students and lonely elderly Israelis. The course deals with the subject of old age and includes assignments in pairs of students with elders, such as a research or community project. This, however, is a sporadic, temporary, academic event without actual investment or continuity.

Interest groups – the elderly participating in these groups outline their own activities and carry them out. Some groups engage in shared hobbies and are facilitated by an elderly individual with a special skill or talent. This is an interesting but limited idea in both its scope and its budget, and it falls short of having the potential of evolving into a global

solution to the problem of loneliness.

The Shfaram Municipality

The local Association for the Elderly offers both individual and group intervention. The individual framework offers four to eight individual sessions at the elderly person's home. The meeting is led by a professional, such as a psychotherapist, social worker etc., with the aim of preparing participants for the next stage – group meetings. This is a fascinating idea that once again falls short of being able to evolve into an initiative that could address the much broader, national phenomenon.

The group framework includes 15 group therapy sessions led by a professional with the aim of encouraging social interaction, changing patterns of thought and behavior, and offering social support. This program is worthy of replication on a wider scale and should be pursued and realized more thoroughly.

The Jezreel Valley Regional Council

The local CBT group offers short-term cognitive-behavioral therapy that focuses on studying and understanding the phenomenon of loneliness among the elderly, and that provides social and personal skills to diminish feelings of loneliness. This is a small-scale program with a limited scope of realization.

This chapter clearly illustrates that there is a dramatic gap between the desire expressed by dozens of communities, NGOs, organizations, and formal and informal institutions to counter and defeat elderly Israelis' loneliness, and reality, which is ridden with sporadic programs that have limited budget and scope that include only a small number of participants.

This review clearly shows that there is a total lack of cooperation between the dozens of bodies that care for the elderly. It also shows the absence of mapping of the elderly and their problems, as well as an absence of classification as to the levels and types of loneliness they feel. There is no clear typology of loneliness, its levels, or its causes.

This missing classification creates an absurd situation in which a completely solitary elderly individual is not cared for, while another elderly individual, who has a family and social ties, will be diagnosed as needing assistance as part of some voluntary enterprise. There is also no concentration of resources and powers with respect to making cardinal decisions, which undermines those dealing with the issues presented in this chapter and prevents optimal treatment of the elderly. Lastly, there is significant underutilization of manpower in favor of outlining solutions for this problem, as demonstrated by the relatively small number of participants in each project of "Respect Thy Elders" or "supporting community."

These gaps and shortcomings necessarily lead to the need to present outlines for a national plan that will be integrative and inclusive so as to lead the struggle against loneliness, its components, and implications on elderly Israelis. One possible outline for such a plan will be presented in the next chapter.

7. An Outline for an Integrative Approach to the Struggle against Loneliness in Old Age, in Israel

The data presented in the previous chapters, both on loneliness and loneliness in old age clearly indicate a need to deal with the phenomenon. Indeed, many programs have been planned and implemented to address the phenomenon worldwide and in Israel as the case study of this paper. Still, the lack of a clear, mapped, organized, and focused operational concept to counter the phenomenon of loneliness in old age is glaringly obvious.

The absence of an operational concept is even more striking when we examine the premises of perhaps the most important conference ever held on the issue of aging, the 2002 Madrid Conference.[7]

The conference presented the expected increase in life expectancy, and it clearly stated that "only societies that are willing to plan their future will make the most of one of humanity's greatest victories in life expectancy, because this victory birthed an even greater challenge – how to deal with the huge numbers."

Three basic expectations were laid down at the conference, the review of which leads to an understanding that they are linked to loneliness and its implications: first, caring for the elderly based on social participation, employment, education, and dealing with poverty; second, promoting the health and well-being of the elderly; and third, providing a supportive environment for the elderly in the context of housing, caregiving, and combating violence and abuse against the elderly (N.U. Department of Economic and Population Prospects, 2015, p.xxv).

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[7]The 2002 Madrid Conference set the global agenda on aging for the foreseeable future. It determined that coping with preparedness for a healthy, active, and quality old age is a global objective of the highest priority. The conference was held under the auspices of the United Nations, and its resolutions are the basis for programs devised worldwide on the subject of the development of aging and the way it should be addressed.

These basic expectations reinforce the understanding that there needs to be an organized plan to fight all aspects of loneliness among the elderly. This will be the focus of this chapter, which will discuss the basic principles for an integrative operational approach that will encompass all the ideas expressed in the various plans designed and implemented worldwide to deal with the issue of loneliness among the elderly and its implications. Such an integrative plan would improve, advance, and optimize the range of programs we have seen.

The operational concept and its objective:

The operational concept at the heart of a suitable plan must adhere with each country's culture, resources, and socioeconomic resources, as well as its unique problems. It should focus on a clear, precise, realistic, and attainable goal with respect to the struggle against loneliness in old age.

The basic, defined goal of the operational concept is a comprehensive, inclusive, and exhaustive management of all resources in a given society in order to locate, map, and identify every individual elderly person in said society, and minimize, through multidisciplinary treatment, all the causes of loneliness, as well as the implications and inflictions it carries in said society, according to what it deems the appropriate factors.

This goal presupposes five clear objectives for us, in order to realize the principle of this operational concept outlined below. Following this five-point concept will lead to the fulfillment of the vision toward which the authors of this essay aspire, with respect to overcoming the phenomenon of loneliness among the elderly and reduce it into a secondary factor among the things that hinder the elderly's development.
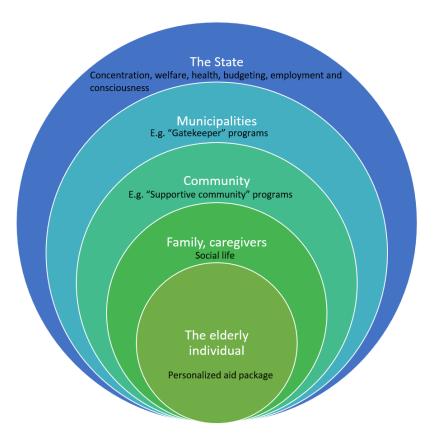
The objectives of the operational concept:

1. Placing lone elderly Israelis at the heart of the action taken by various bodies tasked with caring for them. These circles will be operated under a central control, which will pool all available resources necessary for the task at hand. This will be done while neutralizing the sporadic, voluntary, adventurous, and uncontrolled activities that currently aim to deal with the elderly's loneliness.

2. Locating, mapping, and identifying elderly individuals who struggle with loneliness, while placing them in different typologies based of the gravity, type, and reasons for their loneliness.

3. Mapping (while preparing an individually-tailored aid package) all areas, resources, and ways of dealing with the needs of the elderly individual, including health, welfare, social and cultural activities, etc.

4. Circular implementation, with treatment circles ranging from the state level, through the municipal and community to the familial and individual levels, using all the resources collected in favor of this task. The circles are both tangent and overlapping throughout the entire span of the activity.

5. Conducting a cross-sectional review of all the activities, with the aim of reducing the number of elderly people suffering from loneliness to the minimum determined by a given society as it makes this operational concept its central policy.

These goals and the basic operational concept presented in this paper are meant to realize the vision that strives to be the basis for the theory presented here: "Changing the condition of the elderly, while coping with and reducing the phenomenon of loneliness in order to promote positive, healthy, quality aging that contributes to the society in which the elderly live, and which is realized throughout life and by all elements of society."

The Principles of the Operational Concept:

1. **Circular policies:** Placing the elderly at the heart of the concept and enveloping him with the elements that comprise his life. These circles of operation will function under a central control and will include information flow and sharing on every elderly Israeli identified as struggling with loneliness.

The State
Concentration, welfare, health, budgeting, employment and consciousness

Municipalities
E.g. "Gatekeeper" programs

Community
E.g. "Supportive community" programs

Family, caregivers
Social life

The elderly individual

Personalized aid package

2. **Integration:** Implementing the program under an integrative concept, that is, centralization of the plan under the control of one central government authority that will be responsible for every aspect of the program, from policy design and budget appropriation to implementation on the ground, in accordance with a set plan.

3. **Forming a central administration for the program:** This administration will have several satellite bodies operating within municipal authorities, communities, neighborhoods, or institutions where the elderly live, down to the family level. On a state level, for example, this administration will include all the elements necessary, capable and willing to combat loneliness among the elderly. This administration, for example, will be supervised by the Prime Minister's Office and will include representatives from the Welfare, Housing, Interior, Finance, Culture, Education, Environment, Homeland Security, Defense, Health, and Senior Citizen Affairs ministries.

4. **Information and knowledge flow:** The accumulated knowledge and information will flow freely between the elements comprising the circles of operation so that community elements will be able to become familiar with elderly persons struggling with loneliness for reasons, for example, of mental issues (this information is currently kept confidential). This will further allow municipal officials to become familiar with elderly individuals who have no support system (data that is currently unknown due to insufficient mapping).

5. **Mapping and locating elderly individuals struggling with loneliness.** This will be done based on four principles:

a. An outreach program, as part of which each elderly Israelis will be contacted in order to locate, identify, map, and determine whether they are socially isolated, be it by choice or as a result of loss (widowhood), etc. This can be done by teenagers, volunteers, and even mail carriers.

b. Accurately mapping elderly individuals struggling with loneliness based on a diagnosis scaled according to the intensity of their loneliness, its type, and its causes.

- o The intensity of one's loneliness – whether it is objective or subjective, and if it can be described as high, medium, or low-intensity loneliness.

- o The type of loneliness – whether it is voluntary, momentary (according to time of day or night), the result of the absence of any family, the result of one's mental state, or the result of withdrawing from society over socioeconomic status.

- o The cause of loneliness – poverty, the existence of relatives, geographical distance, fear of violence and/or abuse, lack of public transportation, health issues that prevent social interaction, state of mind (depression, anxiety, etc.), lack of personal welfare services, lack of community and cultural activities, and the lack of utilizing the elderly person's skills in various fields.

c. Placing the elderly diagnosed as lonely in their environment, meaning in nursing homes, senior citizen housing, urban or rural environments, private homes, condominiums, etc.

d. Socioeconomic evaluation: Does the elderly individual live close or away from his family? What is his level of income and education, his cultural and ethnic background? And further, basic information.

6. **Resource pooling:** Concentrating all the resources appropriated for this program from every government ministry, municipality or authority that is part of its implementation in order to coordinate the allocation of resources in both a meticulously planned and ad hoc manner, so as not to divert resources in other directions. The best way to maximize resources is by creating a "personal aid package," tailored to every individual elderly person once he has been identified and located.

7. **Volunteerism and intergenerational cooperation:** Ensuring elderly people and younger generation embark on joint activities. Youths involved in the project will do so voluntarily, both for their own benefit and as means of reaching the elderly classified as lonely. This can be done as part of the "supporting community" idea mentioned in the previous chapter.

8. **Employing senior citizens:** Utilizing the elderly's skills (mapped out as part of the initial processes previously detailed) in favor of society as a whole. For example, in Israel, employing retired engineers to map out buildings at risk of collapse in an earthquake.

9. **Education and improving modern life skills:** Teaching the elderly advanced digitization and computer skills in order to allow them to become part of the digital era and use modern-day technology.

10. **Health and social services for the elderly:** Setting a minimum threshold, such as minimum wage, in a given society by which old-age pension is determined following the implementation of the

program. Other aspects that must be determined include ensuring access to quality, affordable healthcare services, including mental healthcare for elderly in need.

11. **Cultivating specialties:** Each issue pertaining to the phenomenon of loneliness among the elderly will be handled by a specific body within the centralized government mechanism.
    - Loneliness in institutions that care for the elderly
    - Social isolation
    - Loneliness and anxiety and depression
    - Lonely elderly who are at risk of suicide
    - Voluntary isolation
    - Geographic isolation
    - Physical loneliness

12. **Establishing special frameworks**: In order to maximize the achievements expected by the authors of the article, if a plan is to be implemented, it is necessary to establish two national groups that will be located at major geographic, social, cultural, and economic junctions, which will arise in the operation of the program. These groups are:
    a. "Gatekeepers"– individuals who are trained to identify elderly individuals based on set criteria.
    b. "Immediate intervention" groups – these groups will comprise professionals who will man an emergency hotline serving both as a response center for the elderly and as a crisis center..

13. **Awareness, marketing, and public relations:** The operational concept must be accompanied by an orderly media, advertising, and marketing message and campaign meant to raise awareness both among the elderly who are in danger, as well as the general public who is meant to assist them..

14. **Legislation:** Updating the Senior Citizens Law to adapt it to current reality, while placing an emphasis on combating violence, exploitation, and abuse of the elderly.

15. **Control, supervision, and drawing conclusions at every stage of any plan that is implemented:** The principles of this operational concept should serve as the basis for any national plan that would prepare society to combat the loneliness of its elders. Loneliness truly is the archenemy of the elderly, and it should be defeated sooner rather than later.

7. Conclusions

The operational concept outlined in this paper is a basic one, and, naturally, it has to be adapted to the way of life in the society seeking to deal with the phenomenon of loneliness among its elderly. Not every society can implement programs such as "supportive community, "youth volunteers, or National Service. It is clear to the authors of this paper that the operational concept outlined here is the basis upon which other organized programs can be formulated, preferably before the nine elderly suicides a month (the current number in Israel) rises to a higher number.

The authors of this essay reviewed the meaning and implications of loneliness among the elderly and presented existing solutions that attest to the strong desire to resolve this issue. But clearly, these solutions are not enough.

The need to compose a comprehensive, inclusive, resource-effective, and unique program for dealing with loneliness among the elderly is not unique to Israel, the case study used in this paper. This is a global phenomenon that requires intervention on a global scale in order to address the roots of the problem and its implications, and resolve once and for all the loneliness that is so devastating to our elders.

Only by creating programs that are based on rigid yet comprehensive principles, while ensuring these programs' centralized administration, can we hope to resolve the issues detailed here.

In an aging world, the time has come to revisit the ethical concepts on which billions of people have been raised, and which we must remember: "Respect thy elders," and "Do not cast me away when I am old; do not forsake me when my strength is gone."[8]

These are not just hollow decrees or concepts. We cannot and must not come and live in the terrible, imaginary world of Nobel Prize for Literature laureate José Saramago's novel "Death with Interruptions" – an old, orphaned, isolated, and alienated world that does not correspond with the resolutions of the 2002 Madrid Conference or with the basic cultural and ethical values on which the readers of this paper were raised.

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Israel

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[8]Psalm 71:9

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