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EXPERT ASSESSMENTS OF LONELINESS AMONG OLDER ADULTS: IDENTIFYING REASONS AND PROVIDING SOLUTIONS

Loneliness among older adults has emerged as a specific social phenomenon relatively recently – in developed countries just a few decades ago. In Russia, due to its initially strong family-oriented culture, this problem presented itself even later, following the collapse of Soviet society. This article analyses probable social policy adjustments aimed at reducing the negative impact of loneliness on the older generation. We address the issue of loneliness

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assessment and prevention involving older adults themselves and social workers as experts. The methodology of 'expert seminars' involves comparing preliminary subjective assessments of the phenomenon under consideration with a final assessment of its contributing factors. Two groups of experts disagree on both the general assessment of loneliness and how to outline the loneliness-provoking factors and solutions suggested to combat it. Social workers have assumed that loneliness can be mitigated by developing an age-friendly environment, which improves the quality of life of the older generation. Older adults, however, clearly revealed in discussions during expert seminars and in their final recommendations that impersonal environment-oriented measures are not specific enough to tackle loneliness. In recent decades, political elites have made significant efforts to promote the importance, necessity and, to a large extent, the inevitability of delegating greater responsibility for the well-being of older adults to older adults themselves. However, participants of our Tomsk expert seminars were unwilling to take responsibility and continued to rely heavily on the social protection system rather than on personal resources or family support.

Keywords: older adults, loneliness, expert assessment, expert seminars, social workers, Tomsk

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Introduction

Loneliness is one of the fundamental characteristics of human existence and in this existential meaning it is a universal problem that has been the subject of philosophical debate (Hawkey, Cacioppo 2010; De Jong Gierveld et al. 2006; Cacioppo et al. 2005). However, the narrative of loneliness among older adults now goes beyond personal deep feelings of the self being separated from the world, and involves physical and mental health issues caused by loneliness (Smith, Victor 2019; Brummett et al. 2001). The image of an 'older person' as a specific social role did not emerge until social security systems and pension insurance were launched in the first half of the 20th century (Scharf 2010). Before then, one's working life and biological life practically coincided. If a person could not work for health reasons, their family or community took care of them. Age-related loneliness was a personal problem, not a social one.

The development of industrial society, on the one hand, led to human biological life becoming aligned to labour rhythms—a special post-labour period in the life of a person emerged in the language of state statistics, as the first pension programmes were established in Germany in 1889 (Lloyd-Sherlock 2010). On the other hand, modernization of social life was accompanied by the destruction of traditional families and communities and led to a state of social relations that Zygmunt Bauman called 'an individualized society' (Bauman 2001). The problem of loneliness for older adults arises from the significant transformation of social life during and after the transition from working life to retirement. In the past,

labour was built into a comprehensive way of life and was an element of more general social relationships. In the process of modernization, labour becomes alienated from the reproduction of the social order and becomes a commodity (Polanyi 2001). Hence, the habitual way of life disintegrates and the strength of family and community ties decreases. A retired person loses a significant part of their social ties with nothing to compensate for this loss. The increase in life expectancy leads to more and more older adults. This holds true mostly for the advanced economies, but in Russia the number of people beyond working age is also approaching 37 million or 25 % of the population (Federal State Statistics 2018). The duration of the after-retirement period in Russia is from fifteen to twenty-five years with a significant gap between men and women.

For some time now, loneliness among older adults has been an issue for social research and state policy. Some argue that loneliness increases with age (Jylha 2004), some disagree with such stereotyping (Wilson, Moulton 2010). Researchers (Yang, Victor 2011, 2008) contend that loneliness has no linear age-dependency and does not necessarily grow as people age. Earlier research provided evidence that small social networks and the lack of community ties are associated with higher mortality, and this association is independent of life style and health status (Berkman, Syme 1979). Studies of loneliness demonstrated a correlation between ischemic heart disease events and the diversity of one's social contacts, with the latter presumably preventing the former (Barefoot et al. 2005), and a correlation between poor survival rates from coronary artery disease and isolation or rare contacts with one's social support network (Brummett et al. 2001). Loneliness has also been proved to be connected with increased risk of functional decline and death in a longitudinal cohort study of American adults aged sixty and over (Perissinotto et al. 2012). Psychological studies confirm loneliness to be a risk factor for depression, although not only in respect to older adults (Cacioppo et al. 2005).

Some unexpected results emerged from a meta-analytic review of seventy studies (Holt-Lunstad et al. 2010) that attempted to assess the risk of mortality affected by social isolation, loneliness and living alone. The studies summarized in this review used one or more of these independent variables (social isolation, loneliness and living alone), considering them to have an independent meaning, although they analysed the same phenomena from different angles. This approach, which has been taken by many studies, makes sense, since we should not equate living alone with social isolation and loneliness. Living alone is an objective state of a person's life, which can be easily traced by surveys and understood in the same way by various researchers and thus allowing wider usage of secondary data. On the contrary, loneliness is a subjective self-reported state usually rated by an individual within a given scale. Social isolation probably can be interpreted with an even greater variety of meanings compared with loneliness and living alone. The challenge of using the concept of social isolation is because of its mixed nature: on the one hand,

it may be perceived of as the objective condition of not having social ties and contacts; on the other hand, it may be interpreted as a subjective state of considering those contacts not valuable, satisfactory or frequent enough.

Several recent studies treat those three phenomena in different ways and reveal a common disquieting trend both in the rise of emotional loneliness as a subjective measure, referring to the 'unsatisfactory' lack (poor quality) of social relationships and social loneliness (isolation) as objective phenomena, referring to the lack (absence or small number) of social relationships (de Jong Gierveld et al. 2006) among older populations. Thus, the idea of loneliness research lies in finding correlation and causality between the emotional well-being of individuals, their physical health status and unsatisfactory social interactions. We found no ultimate proof in the literature of loneliness being mostly age-related, although ageing usually suggests some typical reasons for a person becoming lonely, namely, the loss of a spouse, the loss of work-related social ties and poor health, which prevents regular communications.

Methodology

Although loneliness is often assessed in surveys (such as the European Social Survey) via scales, allowing for grounded cross-country comparisons, this methodology is unable to uncover the causes for loneliness. The methodology behind expert seminars is that they expand loneliness research from merely collecting subjective assessments to discovering the background for these assessments. The aim of loneliness research via scientific expert seminars was to identify its causes in the Russian context and elaborate recommendations aimed at preventing and mitigating the negative impact of loneliness on the social, economic and emotional well-being of older people.

In order to assess loneliness among older adults we applied a special 'expert seminar' methodology designed at Tomsk Polytechnic University (Tolkacheva et al. 2014). We invited participants who, due to their background, experience or occupation, could have a certain degree of expertise on the issue, and we ran a seminar structured as follows. At the first stage, the participants were asked to give their intuitive personal assessment of the degree of loneliness among older adults on a scale ranging from 'critically low' to 'critically high'. At the second stage, participants were asked to work in small groups to define several variables relevant for assessing the degree of loneliness among older adults. Organizers here try not to interfere with the discussion, since it is important that participants are not bound or limited by any existing methodology used to measure loneliness and are welcome to suggest the variables they themselves consider relevant. Still, some gentle intervention is possible if a group misunderstands what quantitative criteria are, which often happens while discussing such complex issues as loneliness. The third stage of the expert seminar is meant to bring together all the criteria suggested by the small

groups to identify the most commonly pronounced ones and to compile a consensus list of five to seven criteria for further analysis. Once the final scope of criteria is agreed upon, the participants are asked to attribute values to every degree of the manifestation of every criterion. For instance, if we consider 'a share of free time spent with relatives and friends' to be a criterion of loneliness, then for 'critically low' loneliness a conventional participant would attribute 30 % of time on this (the more time share, the lower loneliness level), for 'low' 20 %, for 'average' 13 %, for 'high' 7 % and for 'critically high' 1 %. All individual assessments are summed up and divided by the number of participants, which gives us threshold for every degree of loneliness. In the event that the criteria match some of those already existing in national or international surveys, the expert's assessments could be compared with the existing statistics at the end of the seminar. At the fourth stage, participants are asked to define and discuss factors causing loneliness in older age and then individually rank them in descending order of importance. Individual ratings of factors are then translated into the overall ranking. The final stage of the expert seminar is devoted to elaborating solutions to the problem of loneliness in older age.

The methodology suggests that multiple expert seminars on the same issue might be run to collect as many expert assessments as possible. In May 2017, the staff of Wellbeing Lab conducted two expert seminars on the theme 'The problem of loneliness among older adults.' The seminars were carried out at Tomsk Polytechnic University over two days. The first seminar involved older people, the second brought together social workers and other professionals involved in this issue by the nature of their professional activities. Over forty people took part in these two events. The group of older adults included twenty-eight individuals aged 65–80, who were non-working pensioners; women made up majority of the group. The social workers group comprised fifteen individuals with at least five years of experience in the social services. Among them were both 'field' workers, who were in daily contact with older adults such as psychologists, physical training assistants, home visiting assistants and administrative staff. We do realize that someone else's loneliness is next to impossible to assess. Still we expect social workers to be able to assess the outcomes and impact loneliness has on their wards. We therefore expected the expert assessments of the two groups to be different, since social workers typically contact comparatively more disadvantaged older adults.

Findings

At the beginning of each seminar, the participants adopted a number of important definitions and assumptions concerning the main terms used in the workshops. In particular, they agreed that the term 'loneliness of older adults' describes the subjective perception of insufficient intensity (frequency) and/or the unsatisfactory quality of social interactions. Among the participants of

both seminars there was no disagreement on the fact that loneliness has a negative emotional connotation, is not identical to solitude and is largely a transient feeling, which is caused by various life circumstances. During the first stage of the expert seminars the participants shared their assessments of the degree of loneliness, experienced by older generation. These preliminary assessments are represented in Figure 1.

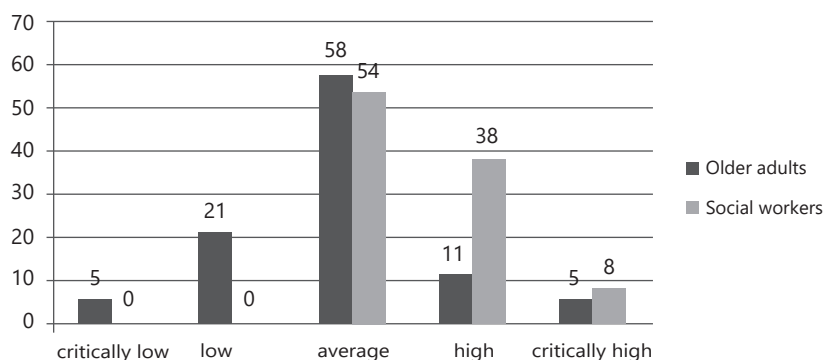


Figure 1. Expert assessments of the degree of loneliness among older adults in Russia (percentage of respondents, Tomsk, 2017, N=43).

Question: 'Please give your assessment of loneliness among older adults on a scale from critically low to critically high'

The figure shows two groups of participants reporting similar assessments of the share of older adults exposed to an average level of loneliness. The group of older adults based their assessments on their own perception of themselves and their surroundings. The higher levels of loneliness identified by the social workers can be explained by the conditions of older adults they most often communicate with. If an older adult is fully capable of independent living or has comprehensive family support, they would rather not apply for social support involving social workers' assistance. Thus, social workers typically contact the older adults who find themselves in life circumstances which require help from government institutions. Thus, loneliness along with other subjective negative feelings is more likely to be captured by experts here.

Being asked to suggest some criteria of loneliness assessment and provide their respective values, our experts came to the conclusions summarized in Table 1. As we can infer from the data, the expert assessments of two groups have much in common. Both groups named the share of time spent on medical treatment, communication with family and friends and cultural and social events as loneliness assessment criteria. Unlike 'family communication and events participation', the 'time spent on medical treatment' criterion should be read 'backwards', i.e. the more time is spent on medical treatment, the higher degree of loneliness the experts predict. The group of social workers, however, mentioned

'time spent in medical or other social sphere organizations' in a positive context. The more time spent even waiting in line to visit your doctor, the more opportunities there are to communicate with other people and to give and receive some support. The values of all criteria in Table 1 represent expert-attributed thresholds for five degrees of loneliness. Thus, social workers posit that if older adults spend 50% of free time on travelling, hobbies, cultural events, they believed to have a critically low degree of loneliness. Older adults posit that spending 9% of free time on communications with family represents a critically high degree of loneliness. All other values in Table 1 are read accordingly.

Table 1

**Criteria of loneliness assessment and their expert-suggested thresholds
(multiple choice)**

<i>Criteria</i>	<i>Participants</i>	<i>critically low</i>	<i>low</i>	<i>average</i>	<i>high</i>	<i>critically high</i>
The share of time spent in medical or social organizations (%)	older adults	9	14	27	45	63
	social workers	36	29	25	20	17
The share of time spent on communications with relatives (%)	older adults	52	39	30	15	9
	social workers	67	46	30	18	6
The share of time spent on participation in public or volunteer organizations (%)	older adults	42	33	26	16	12
	social workers	39	26	18	9	2
The share of free time spent doing nothing (idling) (%)	older adults	12	20	32	51	66
	social workers	-	-	-	-	-
The share of time spent on travelling, hobbies, cultural events (%)	older adults	48	39	28	12	8
	social workers	50	36	26	14	3

The causes of loneliness, suggested by the experts, can be divided into three categories: health-related, family-related and social-life-related (activities outside families). All three were mentioned by both the older adults and social workers. Still, the latter fail to take account of the features of older adults' ways of living, namely, the amount of free time spent idling and free time spent travelling or on hobbies. Those criteria characterize the quality of

free time for older adults after retirement. Industrial-era individuals, being work-oriented and unused to 'living-for-themselves', face a challenge in adjusting to a new reality with copious free time.

Table 2

Factors increasing the degree of loneliness and necessary improvements.

Question: 'Please list the factors that might increase loneliness among older adults and suggest how they can be handled'

<i>Factors increasing the degree of loneliness</i>	<i>Participants</i>	<i>Necessary improvements</i>
Poor health	older adults social workers	Disease prevention
The loss of family members / no children providing support	older adults	Monitoring the psychological and emotional condition of older adults by social workers
The lack of attention paid by government institutions to the issue of loneliness	older adults	Ensuring that social workers have special education or training to work with older people Testing social workers on their ability to work with older people
The inaccessibility of high quality medical services	older adults	Improving the accessibility of medical services
Passive ageing	social workers	Involving older adults in volunteer activities Promoting active ageing via media Sport clubs and groups for older adults
Low income	social workers	Increasing pension and other payments
The unwillingness of the society to provide help to the older adults	social workers	Promoting tolerant attitudes towards older adults Promoting volunteer movements Opening more geriatric departments at hospitals

At the next stage of expert seminars, the participants were asked to come up with the list of factors that might increase the degree of loneliness among older adults along with possible solutions, if applicable. The opinions of two groups ranged in descending order of importance are represented in Table 2. Not all the factors named by the participants can be prevented or eliminated, thus it was not possible to suggest corresponding improvements. In addition to the factors mentioned above, the older adults listed income reduction, the increasing number of paid services provided by social workers, the rupture of professional ties with colleagues and employers, the rupture of intergenerational ties, the lack of IT literacy, living in rural areas, and the lack of trust of

older adults towards society. The absence of children or the loss of close relatives can only be coped with after the fact (Malanina, Frolova 2018). Living apart or far away from relatives or children is often not a free choice that older people make. Taking into consideration the highly monopolized railroad and air transportation sectors in Russia, both younger and older generations find it difficult to afford travelling to visit each other as often as needed to provide help and support. Still, what emerges from the list is that our participants are relatively passive in that they appeal to third parties for support without mentioning any efforts which can be made by themselves. Considering the transformation that families and communities are still experiencing in the post-industrial era, the solution to the loneliness problem is assigned by the older adults primarily to the state (Barysheva et al. 2017). So, we can confirm that a modern person tends to transfer responsibility for reorganizing society completely to the state (Ellul 2015).

In addition to the factors mentioned above, the social workers referred to unfavourable changes in the character traits of older adults (reducing their ability to socialize and tolerate others), low levels of education, inability to learn new technologies, the non-age-friendly environment, and the professional expertise of older adults not being demanded by society. Comparing the responses provided by the two groups, one can see that opinions coincided with respect to the most important factor – decreasing health. Interestingly, in addition to poor health both groups mentioned one personal and one institutional factor among the top three loneliness triggers. Older people put the loss of relatives and close friends in second place and social workers put character changes in third place. Those issues seem to be different at first glance in terms of the former being objective and the latter being primarily subjective. Still, they have much in common in terms of being barely manageable either by older adults themselves or by any other third parties. Alternatively, the lack of income and the lack of government attention to the issue of loneliness are clearly institutional and involve broad discussions about the pension system and the system of social support for older adults. Pension and benefits systems in Russia were mentioned a lot during the discussions by both groups in a predominantly negative manner. The Russian pension system in its present design has provided only a 33–35% pension replacement rate over the past decade (Federal State Statistics 2018), so the income gap between the working population and non-working older adults is considerable and shows no signs of improvement.

As was mentioned earlier in Methodology section, the loneliness criteria developed at the expert seminars may be compared to those used in international surveys if they show any match or resemblance. Since in the case of loneliness we only have scales, the only opportunity available was to compare the initial intuitive assessments of participants (Figure 1) with their assessments based upon the sets of criteria they have suggested. To achieve that, at the very end of the seminars we displayed the expert-suggested loneliness criteria and

asked our participants to assess the shares of time Russian older adults are most probably spending on them in real life. The expert assessments along with expert-attributed thresholds are presented in Table 3. The group of social workers provided values very much consistent with their initial assessments, ranging them from average to critically high with only one exception. The group of older adults was initially more optimistic about the degree of loneliness, but according to their own criteria and their own expert assessments, the actual degree of loneliness turned out to be greater than they previously intuitively assumed. All the criteria older adults came up with finally range from average to critically high with none of them being assessed as low or critically low.

Table 3

The actual values of loneliness criteria for Russian older adults (expert-suggested values). Question: 'Think about Russian older adults in general. From your experience and your observations how much time do Russian older adults actually (in real life) spend on the activities (listed below) you mentioned as loneliness criteria?'

<i>Criteria</i>	<i>Participants</i>	<i>Actual value</i>	<i>corresponding level of loneliness</i>
The share of time spent in medical or social organizations (%)	older adults	30	average
	social workers	10	critically high
The share of time spent on communications with relatives (%)	older adults	15	high
	social workers	30	average
The share of time spent on participation in public or volunteer organizations (%)	older adults	5	critically high
	social workers	5	critically high
The share of free time spent doing nothing (idling) (%)	older adults	70	critically high
	social workers	-	-
The share of time spent on travelling, hobbies, cultural events (%)	older adults	7	critically high
	social workers	10	high

Conclusion and discussion

The regional expert seminars held in Tomsk (Russia) led us to the conclusion that the problem of loneliness is quite topical among older adults in Russia, but it is not handled properly by the state social services. The proper handling starts with proper understanding, which social services apparently do not have. They believe the loneliness problem can be solved by improving social and

economic living conditions. Raising income and improving medical services are without doubt the ultimate general goals of any social state. Some loneliness-provoking factors can be mitigated by general measures, improving the quality of life, but they are not specific enough to target loneliness.

Dissatisfaction with the qualitative and quantitative characteristics and with the financing of various social policy measures for the elderly has been reflected in many indicators that characterize the causes and consequences of loneliness among older adults, proposed by both groups of experts. The recommendations of social workers to reduce the negative impact of loneliness are predominantly and quite expectedly focused on various aspects of the normative idea of 'good society for older adults' (Table 2). For older adults themselves, measures to improve social interactions are concentrated mainly around the idea of a 'good life' in old age (Figure 1). There is a discrepancy between the scope of responsibility that society wants to transfer to different social groups – in our case, older adults – and that which this group is ready to accept. Judging by the recommendations proposed by the Tomsk older adults, they are not ready for such a transfer of responsibility.

The results of the expert seminars show there is a demand for adjusting the social protection system to the current needs of older adults. Social workers view the problem of loneliness among older adults quite realistically but fail to understand the issues behind it, such as the inability to cope with unfavourable and dramatic life changes. Instead, they suggest a purely functional approach to combatting loneliness – promoting volunteering, involving older adults in various activities, raising income and improving medical supervision – which mostly targets symptoms but not the problem itself. State services do not consider older age as a period of active and productive ageing and thus do not explore the possibility of helping people adapt to this new stage in their lives, which older adults are explicitly asking for. For older adults the problem lies in finding themselves in new circumstances with a considerable part of their daily routine abruptly missing for various reasons and the need to rearrange one's whole lifestyle. To go through this existential crisis, older adults need support from social services, since should they have any other source of support (families, friends, community), they would have used it already. The nature of loneliness makes state services the last resort of assistance for many older adults in Russia.

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References

Barefoot J.C., Gronbaek M., Jensen G., Schnohr P., Prescott E. (2005) Social Network Diversity and Risks of Ischemic Heart Disease and Total Mortality: Findings from the Copenhagen City Heart Study. *American Journal of Epidemiology*, 161 (10):960–967.

- Barysheva G. A., Nedospasova O. P., Berkalov S. V., Malanina V. A. (2017) *Ageing Population: Challenge for New Quality of Social Policy*. Available at: <http://dx.doi.org/10.15405/epsbs.2017.07.02.10> (accessed 7 April 2018).
- Bauman Z. (2001) *The Individualized Society*. Cambridge: Polity.
- Berkman L., Syme S. (1979) Social Networks, Host Resistance and Mortality: A Nine-year Follow-up Study of Alameda County Residents. *American Journal of Epidemiology*, (109): 186–204.
- Brummett B. H., Barefoot J. C., Siegler I. C., Clapp-Channing N. E., Lytle B. L., Bosworth H. B., Williams R. B., Mark D. B. (2001) Characteristics of Socially Isolated Patients with Coronary Artery Disease Who are at Elevated Risk for Mortality. *Psychosomatic Medicine*, (63) (3): 267–272.
- Cacioppo J. T., Hawkley L. C., Ernst J. M., Burleson M., Berntson G. G., Nouriani B., Spiegel D. (2005) Loneliness within a Nomological Net: An Evolutionary Perspective. *Journal of Research in Personality*, 40 (6): 1054–1085.
- De Jong Gierveld J., van Tilburg T., Dykstra P. A. (2006) Loneliness and Social Isolation. In: D. Perlman, A. Vangelisti (eds.) *Cambridge Handbook of Personal Relationships*. Cambridge: Cambridge University Press: 485–500.
- Ellul J. (2015) *The Political Illusion*. Eugene: Wipf & Stock Publishers.
- Federal State Statistics Service of the Russian Federation (2018) *Starsheye pokoleniye* [Older Generation]. Available at: http://www.gks.ru/wps/wcm/connect/rosstat_main/rosstat/ru/statistics/population/generation/# (accessed 14 August 2018).
- Hawkley L. C., Cacioppo J. T. (2010) Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms. *Annals of Behavioral Medicine*, 40 (2): 218–227.
- Holt-Lunstad J., Smith T. B., Layton J. B. (2010) *Social Relationships and Mortality Risk: A Meta-analytic Review*. Available at: <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000316> (accessed 24 April 2018).
- Jylha M. (2004) Old Age and Loneliness: Cross-Sectional and Longitudinal Analyses in the Tampere Longitudinal Study of Aging. *Canadian Journal of Aging*, (23): 157–168.
- Lloyd-Sherlock P. (2010) *Population Ageing and International Development: From Generalisation to Evidence*. Bristol: The Policy Press.
- Malanina V., Frolova E. (2018) *Loneliness in Later Life: Comparative Study of EU and Russia*. Available at: <http://dx.doi.org/10.15405/epsbs.2018.04.33> (accessed 14 August 2018).
- Perissinotto C. M., Cenzer I. S., Covinsky K. E. (2012) Loneliness in Older Persons: A Predictor of Functional Decline and Death. *Archives of Internal Medicine*, 172 (4): 1078–1083.
- Polanyi K. (2001) *The Great Transformation: The Political and Economic Origins of Our Time*. Boston: Beacon Press.
- Scharf T. (2010) Social Policies for Ageing Societies: Perspectives from Europe. In: D. Dannefer, C. Philipson (eds.) *The SAGE Handbook of Social Gerontology*. London: Sage: 497–512.
- Smith K. J., Victor C. (2019) Typologies of Loneliness, Living Alone and Social Isolation, and their Associations with Physical and Mental Health. *Ageing & Society*, 39 (8): 1709–1730.
- Tolkacheva K. K., Pokholkov Yu. P., Kudryavtsev Yu. M. (2014) *Rol i vybor obrazovatelnykh tekhnologiy pri podgotovke inzhenerov* [The Role and Choice of Learning Technologies in Engineering Education]. Available at: http://aeer.ru/files/article_1_2014.pdf (accessed 24 April 2019).
- Wilson C., Moulton B. (2010) *Loneliness among Older Adults: A National Survey of Adults 45+*. Available at: http://www.aarp.org/content/dam/aarp/research/surveys_statistics/general/2012/loneliness_2010.pdf (accessed 14 April 2018).
- Yang K. M., Victor C. R. (2008) The Prevalence of and Risk Factors for Loneliness Among Older People in China. *Ageing and Society*, 28 (3): 305–327.
- Yang K. M., Victor C. R. (2011) Loneliness in 25 European Countries. *Ageing and Society*, 31 (8): 1368–1388.