Untangling loneliness: key concepts

What Works Centre for Wellbeing

what works wellbeing

July 2019

Contents

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Loneliness conceptual review

- Looks at studies that explored experiences of loneliness in adults (over 16), published worldwide since 1945
- Brings together experience of 4608 participants from 27 countries
- Included qualitative evidence both from published and unpublished studies about: older people, young people, employees, migrants, widows, parents, homeless people, volunteers, teachers, prisoners, victims of domestic violence, victims of natural disasters, business leaders, caregivers, golfers, students, veterans, and those in palliative care

Read the Conceptual review on loneliness

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What do we mean by loneliness?

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Why loneliness?

- Loneliness is a feeling that most people will experience at some point in their lives.
- However, *when people feel lonely most or all of the time, it can have a serious impact on an individual's wellbeing,* and their ability to function in society.
- *As loneliness has been linked to* poor physical health, mental health, and *poor personal wellbeing*, with potentially adverse effects on communities, *it is an issue of increasing interest to policymakers at local and national levels as well as internationally.*

Source: Office for National Statistics, Children and young people's experience of loneliness (2018)

Cutting through the confusion

- The idea of different types of loneliness and how it overlaps, or not, with social isolation and other concepts is not new. Loneliness has been studied since at least the 1940s in the UK.
- But, in our review of loneliness (Oct 2018) it was clear the terms ‘loneliness’ and ‘social isolation’, among others, were used interchangeably by researchers, policymakers, and practitioners alike.
- This conceptual review makes sense of these concepts, as well as exploring the different types of loneliness (emotional, social, and existential) experienced by different populations across the lifecourse.

Loneliness. social isolation. aloneness. and solitude

Objective measure

Subjective measure

ALONENESS

An objective state of **having no one around** or being by oneself for protracted periods of time. (Haber, et al. 1987)

SOLITUDE

A state of **voluntary aloneness**, during which personal growth and development and creative activity may take place. Solitude is associated with self-discovery, rest, relaxation and escapism and happiness (Berkowitz, 2009; Morgan, 2016).

Social Isolation can increase the risk of loneliness.

But more social contact does not automatically reduce loneliness.

The quality of social relations is also important, as well as how people feel about those connections.

SOCIAL ISOLATION

Refers to a **quantitatively diminished** social network (Yang and Victor, 2012).

physically separated and/or excluded

Restricted social network of individuals based on counting

LONELINESS

A subjective experience arising from **qualitative and quantitative deficits** in a person's social relationships (Canham, 2015)

THREE TYPES OF LONELINESS

SOCIAL

Absence of social connection, the perception of social isolation and dissatisfaction with the quality of relationships.

Adams et al. 2016

EMOTIONAL

Absence or loss of meaningful relationships that meet a deeply felt need to be recognised and 'belong' to someone or to a group such as at work, or in a family.

Dong et al. 2011

EXISTENTIAL

An aspect of the human condition which expresses the separateness of the person from others.

Moustakas, 1961, Cherry et al. 1993, Hauge et al. 2010

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Different types of loneliness

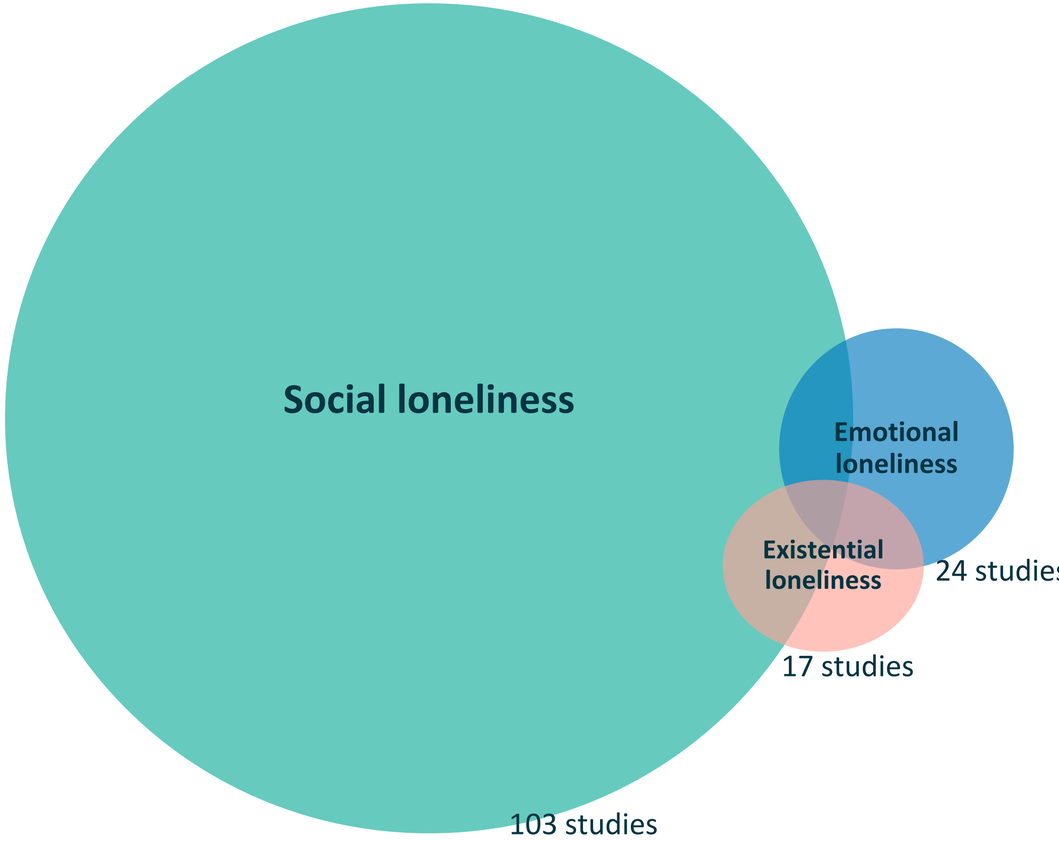
The review found three different types of loneliness experienced by different populations.

Social loneliness refers to the perceived lack of quantity as well as quality of relationships.

Emotional loneliness describes the absence or loss of meaningful relationships that meet a deeply felt need to be recognised and ‘belong’.

Existential loneliness refers to an experience of feeling entirely separate from other people, often when confronted with traumatic experiences or mortality.

In practice, people experience a mix of the above. The three concepts are not mutually exclusive and there are overlaps between them.



Loneliness vs social isolation

Isolation is about the number and type of social connections we have, not about how we feel those relationships are going

(unlike loneliness, we can observe isolation)

Although social isolation can increase the risk of loneliness, we can't necessarily reduce loneliness just by increasing the number or frequency of social connections

The quality of these connections also matters, and so do the underlying causes of loneliness

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Being alone

Aloneness: objective state of having no one around or being by oneself (often for long periods of time)

Solitude: a state of voluntary aloneness, during which personal growth and development may take place.

- It can be associated with self-discovery, rest, relaxation, escapism and happiness.
- It is an important part of activities relating to learning, creativity and self-expression.

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Loneliness and lowest wellbeing: overlaps and differences in populations at risk

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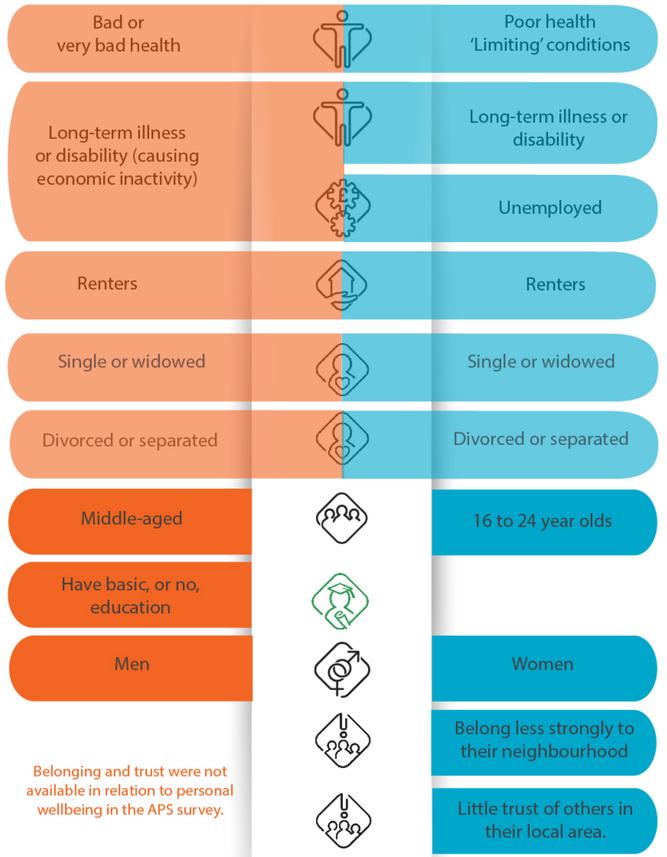
Who is at risk of experiencing the lowest wellbeing and loneliness?

Loneliness affects most people, but chronic loneliness has been linked to poor physical health, mental health, and poor personal wellbeing. The visualisation provides a useful illustration of the determinants that are consistently associated with people experiencing the poorest wellbeing and loneliness.

Lowest wellbeing*
Around 1% of people in the UK (over half a million people) were estimated to report the lowest wellbeing in 2014-16.

Loneliness**
5% of adults in England who reported feeling lonely "often" or "always" in 2016-17.



Belonging and trust were not available in relation to personal wellbeing in the APS survey.

***ONS (2018), data from the Annual Population Survey (APS), 2014-2016.**

source

****ONS (2018), data from the Community Life Survey (CLS), 2016-2017**

source

All data is self-reported by participants who took the surveys.
The visualisation draws on two separate datasets, and therefore direct comparisons are not possible.

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YOUNG PEOPLE

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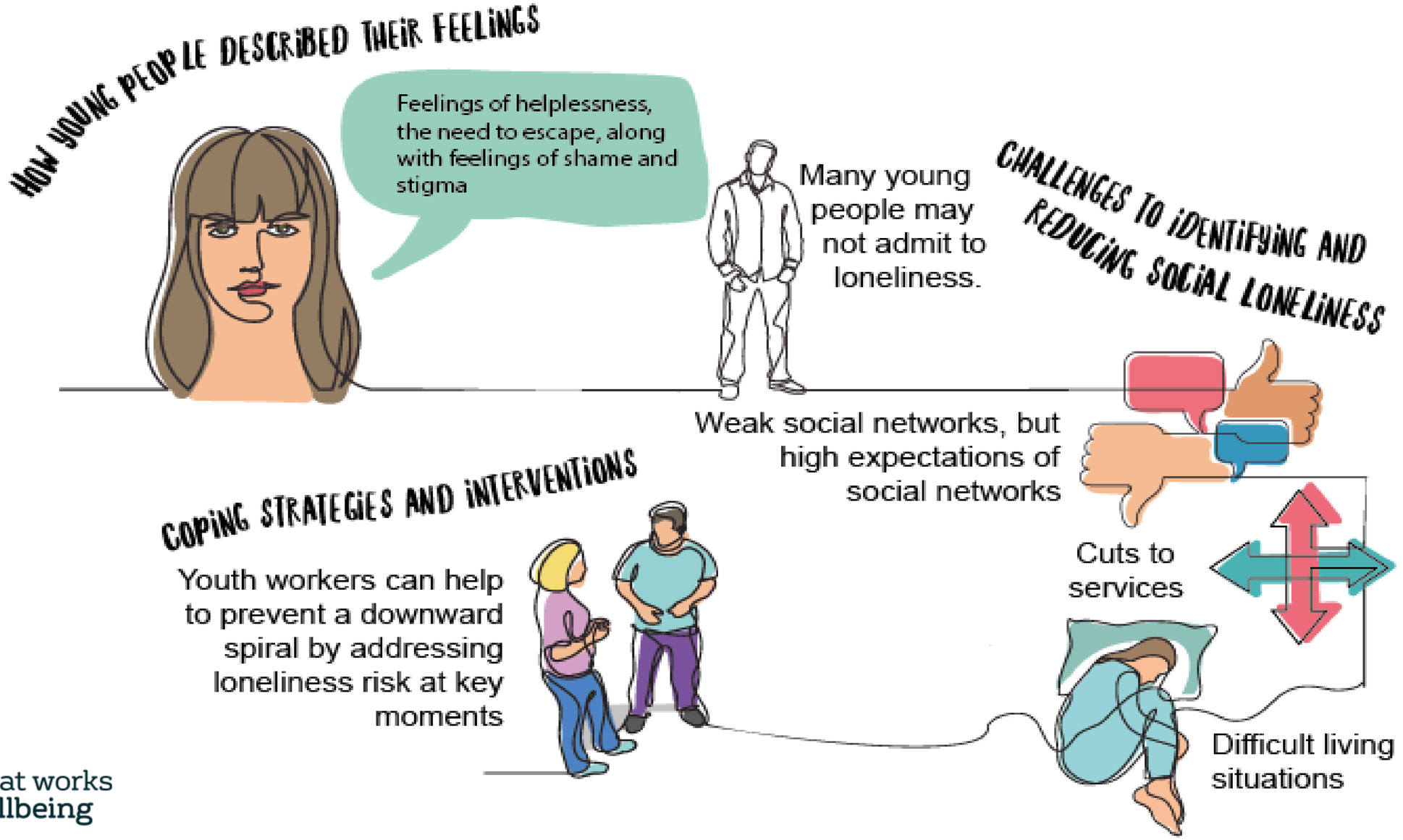
Pen portrait: loneliness for young people in youth programmes



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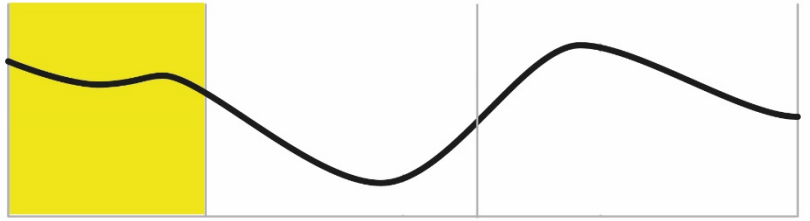
A conceptual review of loneliness across the adult life course

YOUNG PEOPLE



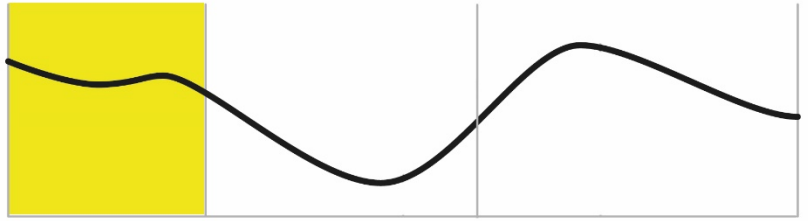
SOCIAL LONELINESS

5 studies including 3 focused on university students

	How young people described their feelings	Exacerbating factors
Young people in youth support programme	Feelings of helplessness, the need to escape, along with feelings of shame and stigma (as told to their support workers)	• Many young people may not admit to loneliness. • Weak social networks, but high expectations of social networks. • Difficult living situations. • Cuts to services
Moving away from home		• Problematic institutional relationships lack of support
International university students	Linked with feeling lost and in a strange place as well as facing settlement problems such as accessing housing and money.	• Post-grad students a particularly high risk group. • Students from Asian countries characterised by collectivist cultures, studying in countries where individualist cultures dominate, reported extreme social loneliness. • Lack of cultural fit created ‘cultural loneliness‘.
Post-graduate students	Post-graduate students used the term ‘academic loneliness' feeling of being apart lacking a meaningful connection with a group experiencing unmet needs for emotional support for personal difficulties.	• Academic loneliness contains elements of both social and emotional loneliness.
Homelessness		• Homeless adolescents experience high levels of loneliness, linked with: dropping out of school and experiencing rejection by peers acute among those who had histories of traumatic childhood sexual abuse.
EVIDENCE GAP	The findings in this table reflect the studies included in this review. There is, however, a gap in research on social loneliness affecting young people across numerous settings and contexts. See the evidence gaps map visualisation that accompanies this resource.	

A conceptual review of loneliness across the adult life course

YOUNG PEOPLE



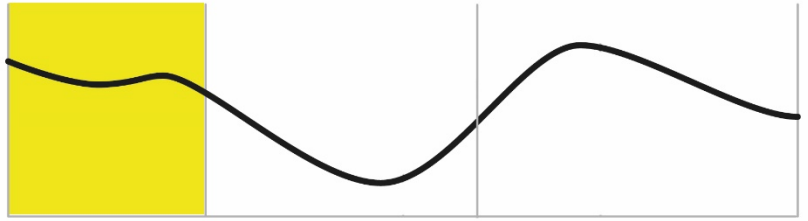
EMOTIONAL LONELINESS

1 study

	How young people described their feelings	Exacerbating factors
Young people living with a parent diagnosed with cancer.	• Reported a sense of physical and psychological loneliness despite being surrounded by healthcare professionals, family and friends. • Felt a sense of longing for their parents. • Feelings of uncertainty about the future.	• Sense of exclusion by the failure of professions to explain the situation to them. • Being left out of decisions and conversations connected to diagnoses and treatment of their parents.
EVIDENCE GAP	The findings in this table reflect the studies included in this review. There is, however, a gap in research on emotional loneliness affecting young people across numerous settings and contexts beyond living with a parent diagnosed with cancer. See the evidence gaps map visualisation that accompanies this resource.	

A conceptual review of loneliness across the adult life course

YOUNG PEOPLE



EXISTENTIAL LONELINESS

	How young people described their feelings	Exacerbating factors
EVIDENCE GAP	The findings in this table reflect the studies included in this review. There is, however, a gap in research on existential loneliness affecting young people across numerous settings and contexts. See the evidence gaps map visualisation that accompanies this resource.	

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MID-LIFE ADULTS

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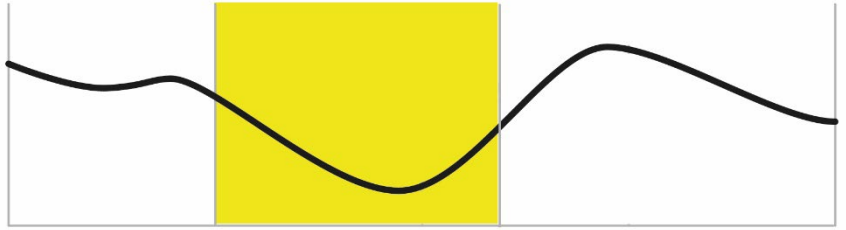
A conceptual review of loneliness across the adult life course

MID LIFE

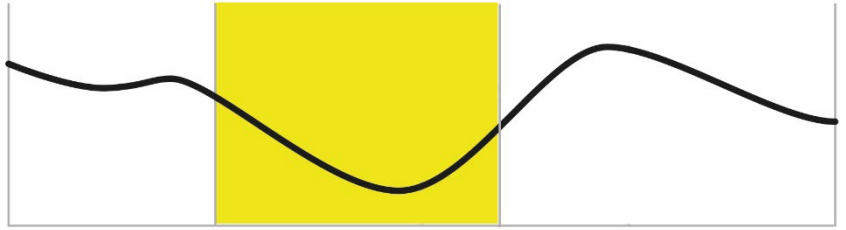


SOCIAL LONELINESS

5 studies
including 3 focused
on university students

	How people in mid life described their feelings	Exacerbating factors
Paid and un-paid work	• Psychological distress, work disengagement, poor performance and burnout. • Physical difficulties including sleep problems and substance misuse and has a detrimental effects on family dynamics.	• In jobs that require frequent travel (e.g. truck drivers): work strain; separation from families, friends and communities; and weak professional and community support systems. • People in senior roles (e.g. head teachers) may experience increased social distance and lack of support. • Restrictions imposed by a caregiving role.
In healthcare settings (in relation to experiences of cancer, stroke, HIV/AIDS, aphasia, mental illness, brain injury, and in General Practice)	• Different experiences of illness and healthcare can lead to or compound social loneliness. • Stroke patients reported feelings of isolation that arose from perceptions of the lack of availability of others; lack of support; a sense of being unable to contribute; and not having an intimate relationship were linked with depressive symptoms and poor outcomes. • Men with HIV reported feelings of alienation and stigmatisation based on perceived isolation from society. • Women with HIV reported that they were further isolated by their reluctance to seek out treatment and psychosocial support. • Severe mental illness reduces or changes social networks, although many people with severe mental illnesses wanted to have greater social networks. • Changes to physical, cognitive, behavioural and emotional responses following traumatic brain injury could lead to loss of old friends, difficulties in making new friends.	• The design of healthcare environments: in one study, the design of a ward for stroke patients, while allowing privacy and supporting efficient clinical care, increased loneliness and created barriers to social connection. • Other people's attitudes and stigma emerged from several studies of people with HIV/AIDS and cancer. • Stigma led to a loss of social support, often compounded by factors such as poverty. • Limited finances including difficulty inviting people to their home, being unable to attend cultural events, coffee shops or restaurants, and being stigmatised by their old and worn clothing and dental problems

A conceptual review of loneliness across the adult life course



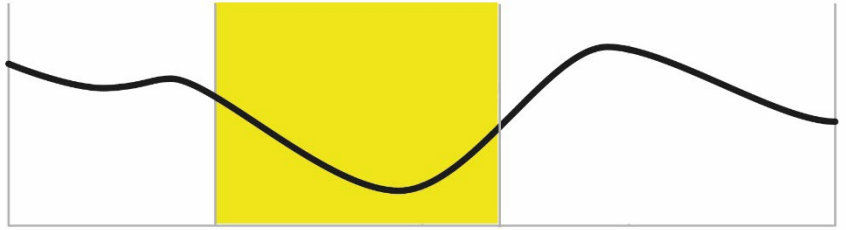
MID LIFE continued...

SOCIAL LONELINESS

	How people in mid life described their feelings	Exacerbating factors
Homelessness	Homelessness was linked with changes in the quantity and quality of relationships, including the loss of highly valued relationships with family, friends or intimate partners. Social loneliness was linked with emotional loneliness in homelessness.	• Stigma and rejection from non-homeless affected homeless people's ability to connect socially. • The increasing centrality of relationships with other homeless people that were shallow and precarious.
Of prisoners	Social loneliness is linked with emotional loneliness in prison populations.	• Female prisoners' loneliness was caused by separation from family; from close attachment relationships; a lack of psychological support; and long, empty days in prison. • Loneliness may be heightened in people who commit serious offences, such as murder.
Place based approaches	• Loneliness in residents of high-rise apartment communities, suggesting that social isolation arises from both physical and psychological distance between members of the community. • Place-based education programme reduces social isolation and enhances social support for low income parents. • One study looked at under-represented demographic groups in Scotland, including women from BAME backgrounds, people living in economically deprived areas, in rural communities and paid and unpaid carers of people receiving palliative care. • UK based study of people who experienced loneliness across the life course and experts seeking to alleviate loneliness in different population groups, the physical and mental health impacts of loneliness were report.	• Living alone does not necessarily lead to functional social isolation, however, social connectedness can reduce feelings of loneliness and isolation that can lead to serious psychological and other health issues. • Social isolation was conceptualised in terms of connections forged from participation across multiple settings including family, school, work, neighbourhood and faith community, whereas social support was conceived as a resource that is generated within specific geographical and relational contexts. • The Scottish study noted bi-directional relationships between loneliness, social isolation and mental health. Loneliness and social isolation were characterised as forms of social exclusion, hence power, or the lack of it, relates to loneliness. • UK study found loneliness was connected to difficulties in developing meaning social engagement and was reported in terms of feeling trapped, angry and frustrated.

A conceptual review of loneliness across the adult life course

MID LIFE continued...



SOCIAL LONELINESS

Cultural and gender specificity

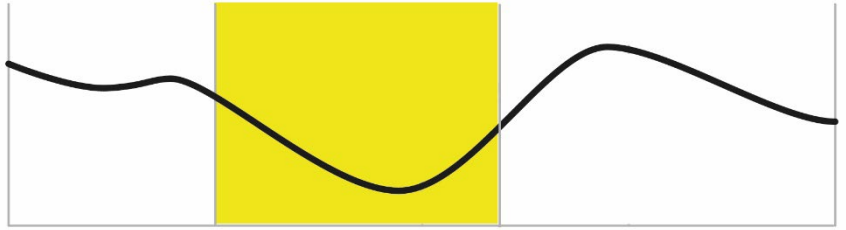
How people in mid life described their feelings

- Women were found to experience loneliness as a result of family situations, such as being at home with young children, adult children leaving home and bereavement.
- Female migrants experience of loneliness and social isolation, with one study of female Latina immigrants who had been exposed to trauma.
- Widowhood is associated with social loneliness.
- Men's experiences of alienation following the decision to give up full time careers to stay at home and care for children.
- Transgender people are identified as being at risk of social isolation.
- Parents who were identified as socially isolated reported that social isolation was sometimes used as a self-devised strategy to limit social interactions that evoked feelings of fear.
- In gender segregated traditional societies loneliness can be compounded by the lack of power that women experience and the presence of presence of punitive family and social codes.
- Loneliness risk has been found to be higher in young men who sleep with men compared to their young male and female peers. One study found that loneliness, characterised as a desire for connection, influences young men who sleep with men 's choices about their sexual behaviours, sometimes leading to engagement in unsafe activities.

Exacerbating factors

- Women's experience of loneliness as a results of family situation were compounded by issues such as poverty and access to resources.
- Female migrants experience compounded by identified socioeconomic, environmental and psychosocial barriers to establishing social networks.
- Widowed women were excluded from family and community events, increasingly marginalised and vulnerability to verbal and physical abuse.
- The authors use the term, 'ideological isolation' to describe the effects of hegemonic masculinity that render it socially illegitimate for men to be involved in full time child care, to be disengaged from the workforce, and to be supported by the earnings of women. Hence social isolation is conceptualised as a consequence of transgressive gender practices that lead to alienation and ostracism.
- For transgender people social isolation is a result of stigma, discrimination and social exclusion, compounded by factors such as poverty HIV status, ethnicity, migration and class. For participants who experienced negative encounters it increased their social anxiety and exacerbated social isolation. Participants responded by further isolating themselves, avoiding and restricting conversations, deflecting personal questions and, 'keeping people at arm's length'.
- Parents' social isolation was complex and influenced by adverse life factors, often used as a protective strategy to make them feel more in control.

A conceptual review of loneliness across the adult life course



MID LIFE continued...

SOCIAL LONELINESS

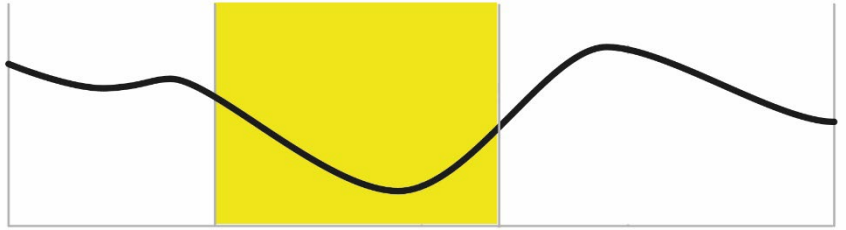
EVIDENCE GAP

How people in mid life described their feelings

The findings in this table reflect the studies included in this review. There is, however, a gap in research on social loneliness affecting people through mid-life across numerous settings and contexts. See the evidence gaps map visualisation that accompanies this resource.

Exacerbating factors

A conceptual review of loneliness across the adult life course



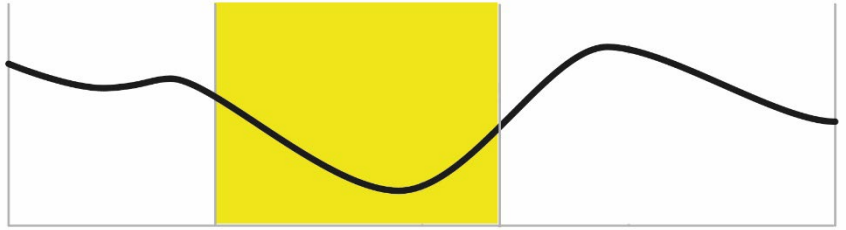
MID LIFE

EMOTIONAL LONELINESS

	How people in mid life described their feelings	Exacerbating factors
Physical and mental health conditions	Contributed to emotional loneliness through changing social relationships, a sense of detachment from people and a longing for loved ones alongside feelings of sadness, disconnection, fear, anger and worry, loss of self and detachment from life as well as feelings of loss, exclusion and absence of meaningful relationships.	• Their physical/mental health condition.
Emotional loneliness in family contexts	• Emotional loneliness experienced by women was reported in terms of changing family circumstances over time including children leaving home and bereavement with consequent feelings of loss and detachment. • Parents who had experienced the death of a child, grief was central to the conceptualising of 'intimate loneliness'. The internalisation of emotions led to an inability to communicate and a strong sense of losing oneself. • Unfulfilling and unhappy marriage was explained in terms of feelings of disappointment, abandonment, powerlessness, guilt and a sense of being devalued. • Adjusting to loss in family situations involved personal responses and strategies for creating and making sense of a new identity.	• Women with changing family circumstances more marked in situations of low income and which had a detrimental effect on health and wellbeing and mental resilience. • With parents that had lost a child the internalisation of emotions led to an inability to communicate and a strong sense of losing oneself. • In situations where sibling bonds were weak or inadequate, emotional loneliness associated with feelings of grief, discomfort and a longing for restoration of relationship deficits was reported. • In situations of family loss where sibling bonds were weak or inadequate, emotional loneliness associated with feelings of grief, discomfort and a longing for restoration of relationship deficits was reported.
Emotional loneliness, social relationships and place	Emotional loneliness was associated with loss or lack of good quality social relationships. The sense of loss, disconnection, withdrawal, detachment or alienation from people and places and feelings of abandonment and exclusion was also commonly discussed and particularly in relation to older people	Rural isolation was connected to a sense of physical detachment from people and a lack of social support
EVIDENCE GAP	The findings in this table reflect the studies included in this review. There is, however, a gap in research on emotional loneliness affecting people through mid-life across numerous settings and contexts. See the evidence gaps map visualisation that accompanies this resource.	

A conceptual review of loneliness across the adult life course

MID LIFE



EXISTENTIAL LONELINESS

Existential loneliness and physical and mental illness

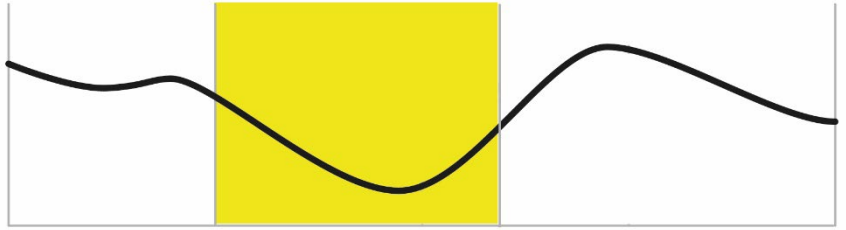
How people in mid life described their feelings

- Concept of the 'lonely patient' who, while in close proximity to other patients or health care professionals, may feel disconnected because of a sense of vulnerability or lack of care or issues of communication.
- Participants with Asphasia, the inability to communicate effectively was linked to a feeling of being detached from others and alienated from everyday life.
- Cancer patients facing the consequences of infertility, communication challenges were reported by patients as a contributing to their experiences of existential loneliness.
- Breast cancer survivors existential loneliness was defined as 'survivor loneliness' and involved a transcendent experience including an emerging consciousness about living with and beyond cancer, disruption of time, inauthentic sense of self (being a hero / being expected to cope), fragile relationships and withholding the truth.
- In a study of palliative care in cancer patients (age range 21-91 years), an impending sense of death was reported as the primary source of existential loneliness. Thoughts about death elicited a feeling that the physical body was becoming separate from the world which created a sense of unfamiliarity, powerlessness and vulnerability compounded by feelings of social isolation, being avoided and left alone by others and treated with fear and a lack of understanding.
- Participants with severe mental illness who had experienced admission to a psychiatric unit existential loneliness was explained as feeling excluded from 'normal' life, forgotten by friends and abandoned.

Exacerbating factors

- Cancer patients facing infertility reported that healthcare professionals did not possess the requisite knowledge of infertility and tended to over focus on surviving cancer rather than dealing with the issue that patients perceived to be more sensitive.

A conceptual review of loneliness across the adult life course



MID LIFE

EXISTENTIAL LONELINESS

	How people in mid life described their feelings	Exacerbating factors
Existential loneliness and physical and mental illness continued	• Female immigrants who were on long-term sick leave from work showed that existential loneliness was the triple feeling of being locked inside one's home and detached from one's country of origin and rejected in the workplace. • In another study of internet suicide pacts (focus on Japan), feelings of existential loneliness were also connected to suicide ideation and a cultural sense of comfort was identified in the idea of dying with others rather than alone.	For female immigrants cultural and linguistic differences at work service to create a sense of detachment and exclusion. Severe feelings of existential loneliness were also connected to suicide ideation for these women.
Existential loneliness and psychotherapy	• Described as a separation from other people but centrally reflects a disruption of perceptions of time and an inability to see the possibilities of the present moment. Defined as 'desperate loneliness' associated with strong feelings of hopelessness and inability to cope. • Described in terms of feelings of loss, disconnection from the world, a fear of aloneness and a sense of being unprotected. Psychotherapy practices are considered in these studies as significant in the unfolding of conceptualisations of existential loneliness. • Borderline personality disorder (BPD) defined the experience of loneliness as a chronic, life long, inherent feeling of emptiness. People experiencing loneliness in this way are unable to feel comfortable with or connected to people and experience a traumatic life. • Combat-related trauma in veterans who had experienced captivity existential loneliness was characterised by feelings of extreme alienation from the world.	• For people with BPD feelings of being stigmatised and a sense of feeling like an outsider in the world. • For participants in this study the experience of combat and captivity lay outside the range of normal human experience or language (communication) making it impossible for them to develop a sense of shared identity with people.
EVIDENCE GAP	The findings in this table reflect the studies included in this review. There is, however, a gap in research on existential loneliness affecting people through mid-life across numerous settings and contexts. See the evidence gaps map visualisation that accompanies this resource.	

5

OLDER ADULTS

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Older people’s experiences

The conceptual review found a great number more studies looking at older people’s experiences of loneliness than the other age groups. Because of this, we did not convert the findings into a table as with younger and mid-life adults, as it was less useful and clear as a summary format.

Instead we’ve highlighted the key areas explored, and all the findings are available within the report. We will work to develop a different way to share the summarized findings. You can sign up to our email alerts to find out when this becomes available.

The conceptual review looked at emotional, social, and existential loneliness in older adults in:

- urban and rural environments
- health and social care settings, nursing homes
- community dwellings

And explored how experiences of loneliness intersected with other aspects like:

- gender
- ethnicity
- physical and cognitive decline

The studies covered a range of life events, such as losing a spouse or the physical and social changes in the local area.

You can read more in the full report

6

Implications and next steps

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Why is this important?

Different aspects require different solutions

Social loneliness can be addressed by forming closer social relationships. For those experiencing emotional loneliness even a large network of close friends may not be sufficient

People's experiences matter

It's important to consider all the facets of a person's situation - gender, sexuality, ethnicity, physical ability, and so on - to develop a nuanced understanding of how loneliness is experienced and how it can be tackled.

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What next?

There is considerable potential to generate a more robust evidence base on:

- **Other types of loneliness such as emotional and existential loneliness**. Especially for prevention, intervention development and evaluation.

- **Loneliness in young people and other at-risk groups**. The evidence base is still dominated by older people.

- **Loneliness in the lifecourse** by recognising issues of transition and change and examine how experiences are influenced by specific socio-cultural and personal influences which have an impact on subsequent life trajectory.

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Reference

You can read the conceptual review this slide deck is based on:

- **Conceptual review on loneliness**
- **Blog on the conceptual review**

And see more of our work on loneliness

- **Review of loneliness: what works?**
- **Brief guide to measuring loneliness**

Visit: whatworkswellbeing.org/loneliness

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Thank you

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