21st Century crisis or moral panic
Some social and psychological dimensions of loneliness

Gerard Leavey
Bamford Centre for Mental health and wellbeing

ulster.ac.uk
What is loneliness and why does it matter?

Who experiences loneliness and why?

Some examples of loneliness and its pathways

Religious and spiritual dimensions?

The problems of loneliness research?
What is loneliness?

“...exceedingly unpleasant and driving experience connected with inadequate discharge of the need for human intimacy,” (Harry Stack Sullivan, 1953)

“Loneliness appears to be such a frightening and painful experience that people will do practically everything to avoid it”... “real loneliness plays an essential role in the genesis of mental disorder” (Fromm-Reichmann 1959)

“Loneliness is a proximity-promoting mechanism necessary for the survival of the species (Bowlby, 1973)
Defining Loneliness

- A perception that one’s social network is deficient either quantitively or qualitatively
Loneliness across the lifespan

- 40% of young people (16-24 years) feel lonely often/a lot
- People who feel discriminated against
- More women report feeling shame about feeling lonely than men.
- More Facebook friends – but no overlap with their real-life friends.
- Lower levels of trust in others
Late-Life Loneliness in 11 European Countries

Males Females


• People in most Northern European nations, including Denmark, Finland, Norway, The Netherlands, Ireland and Switzerland, report the lowest levels of loneliness across all three age groups

• Highest levels of loneliness in all former Soviet states, including Ukraine, Russia, Hungary, Poland, Slovakia, Romania, Bulgaria and Latvia in all age groups.

• Strongly associated with low SES, poor health and absence of partner

• Cultural differences in the ‘Loneliness threshold’ effect? - ‘the minimal level of social contact that is needed for a person to avoid the subjective experience of loneliness’

• Economic transformation – driving outward-migration (especially the younger and middle-aged)
All the Lonely People — Where Do They All Come From?

- Life events and transitions
  - Migrants and refugees
  - Bereaved and divorced
  - Poverty
- Social groups and demographic factors
  - Adverse Childhood Events
  - Bullying
  - Disabled / mental illness
  - Long-term illness
  - LGBT
  - Caregivers
  - Rural and isolated communities
- Illness and disability
  - Shy and socially anxious
- Environment
- Early Family Life, Personality and psychological response
Social cognition bias and loneliness

- Socially connected
  - Non-threatening environment
    - Challenges resolved
      - Active coping assistance-seeking
        - Enhanced self-esteem and connection
- Socially lonely
  - Threatening environment
    - Reduced self-esteem and connection
      - Passivity, Avoidance & Withdrawal
        - Socially anxious
Loneliness & isolation associated with loneliness

- Sleep disorders
- High blood pressure
- Poor quality of life
- Frailty
- Cardiovascular disease
- Stroke
- Depression & anxiety
- Dementia
- Increased mortality

LONELY IN PERIL  Loneliness as bad for you as 15 cigarettes a day as 1 million people are expected to spend Christmas alone

The Jo Cox Loneliness Commission, whose study revealed the risks, is calling on the Government to fund new ways of battling the loneliness epidemic

Loneliness 'forces older people into hospitals' and strains services, say senior doctors

Call for community support and recognition of the effects of isolation, which is becoming a 'major health concern'

Loneliness Might Be A Bigger Health Risk Than Smoking Or Obesity

Research shows a strong correlation between social isolation and poor health outcomes. Photograph: Alamy Stock Photo

Elderly people booking GP appointments to avoid loneliness

Tackling loneliness epidemic could also cut GP waiting times, finds study

Sociability isolated people use a third more GP appointments but this can be addressed by encouraging them to join a social group or exercise class.
Is loneliness a cause of dementia?

Very limited evidence—only 1 study reported significantly increased risk of dementia onset amongst the lonely compared with the non-lonely.

Is loneliness a consequence of dementia?

Consistently higher rates of reported loneliness amongst those with dementia across a range of studies using varying study designs in different countries.

Withdrawal by people with dementia or exclusion by wider society?
What’s to be done about loneliness?

- Loneliness as part of a social inequalities agenda
- Rethinking community, social capital and connectedness
- Regaining meaning and purpose in work and life
- What’s important - values and directions
- Understanding and preparing for rapid social change
- Individual adaptation & preparation – lessons from religion and spirituality

A pill for loneliness? Scientists race to treat the condition that causes mental illness and even premature death

- More than half of Americans say that they are often or sometimes lonely
- Experts have said that we are in the midst of a loneliness epidemic
- Feelings of social isolation have been linked to greater risks of depression, diabetes, dementia and even death
- Dr Stephanie Cacioppo is working on a drug to treat loneliness at the University of Chicago

Scientists are working on a pill for loneliness

Modern life has led to greater isolation, which can fuel an array of disorders. If there are medications for social pains like depression and anxiety, why not loneliness?
More research on loneliness as part of the sequalae of adverse childhood events (ACE) – poor attachment, low self-esteem, shame, breakdown of trust, disengagement.

“A secure base” – preventing loneliness over the life course?

Cultural/structural risk and protective factors (class and upbringing; education; maladaptive coping beliefs and strategies)

Understanding the effects of secularism and individualism “cognitive aliens”

The need for personal resilience – Philosophical/spiritual preparation for ageing –

Understanding relationship between social media, consumerism and loneliness
The next steps

• Agree on a **unified language and definition** of loneliness – taking account of different domains (emotional, social and existential).

• **Standardised and validated measurement** that go beyond frequency

• A better understanding of **specific root causes, causal pathways and trajectories**

• Robust longitudinal studies

• **Political and civic leadership** - planning for an ageing population, using a public health approach and multiple and appropriate stakeholder perspectives

• **Interventions/opportunities** to match a diversity of needs and goals,
Thank you