A ccording to a 2018 national survey by Cigna, loneliness levels have reached an all-time high, with nearly half of 20,000 U.S. adults reporting they sometimes or always feel alone. Forty percent of survey participants also reported they sometimes or always feel that their relationships are not meaningful and that they feel isolated.

Such numbers are alarming because of the health and mental health risks associated with loneliness. According to a meta-analysis co-authored by Julianne Holt-Lunstad, PhD, a professor of psychology and neuroscience at Brigham Young University, lack of social connection heightens health risks as much as smoking 15 cigarettes a day or having alcohol use disorder. She’s also found that loneliness and social isolation are twice as harmful to physical and mental health as obesity (Perspectives on Psychological Science, Vol. 10, No. 2, 2015).

“There is robust evidence that social isolation and loneliness significantly increase risk for premature mortality, and the magnitude of the risk exceeds that of many leading health indicators,” Holt-Lunstad says.

In an effort to stem such health risks, campaigns and coalitions to reduce social isolation and loneliness—an individual’s perceived level of social isolation—have been launched in Australia, Denmark and the United Kingdom. These national programs bring together research experts, nonprofit and government agencies, community groups and skilled volunteers to raise awareness of loneliness and address social isolation through evidence-based interventions and advocacy.

But is loneliness really increasing, or is it a condition that humans have always experienced at various times of life? In other words, are we becoming lonelier or just more inclined to recognize and talk about the problem?

These are tough questions to answer because historical data about loneliness are scant. Still, some research suggests that social isolation is increasing, so loneliness may be, too, says Holt-Lunstad. The most recent U.S. census data, for example, show that more than a quarter of the population lives alone—the highest rate ever recorded. In addition, more than half of the population is unmarried, and marriage rates and the number of children per household have declined since the previous census. Rates of volunteerism have also decreased, according to research by the University of Maryland’s Do Good Institute, and an increasing percentage of Americans report no religious affiliation—suggesting declines in the kinds of religious and other institutional connections that can provide community.

Regardless of whether loneliness is increasing or remaining stable, we have lots of evidence that a significant portion of the population is affected by it,” says Holt-Lunstad. “Being connected to others socially is widely considered a fundamental human need—crucial to both well-being and survival.”

As experts in behavior change, psychologists are well-positioned to help the nation combat loneliness. Through their research and public policy work, many psychologists have been providing data and detailed recommendations for advancing social connection as a U.S. public health priority on both the societal and individual levels.

“There is robust evidence that social isolation and loneliness significantly increase risk for premature mortality, and the magnitude of the risk exceeds that of many leading health indicators,” Holt-Lunstad says. “The challenge we face now is figuring out what can be done about it.”

WHO IS MOST LONELY?

Loneliness is an experience that has been around since the beginning of time—and
CE Corner

their social lives are frequently life follows a similar pattern: 26 percent of those satisfied with their family compared with just 7 percent of those satisfied with their social lives. One in five Americans who say they are not satisfied with the quality of life in their local communities feel frequent loneliness, roughly triple the 7 percent of Americans who are satisfied with the quality of life in their communities.

And, of course, loneliness can occur when people are surrounded by others—on the subway, in a classroom, or even with their spouses and children, according to Rokach, who adds that loneliness is not synonymous with chosen isolation or solitude. Rather, loneliness is defined by people’s levels of satisfaction with their connectedness, or their perceived social isolation.

EFFECTS OF LONELINESS AND ISOLATION

As demonstrated by a review of the effects of perceived social isolation across the life span, co-authored by Hawkley, loneliness can worsen when an individual’s physical, mental and cognitive health (Philosophical Transactions of the Royal Society B. Vol. 370, No. 1669, 2015). Hawkley points to evidence linking perceived social isolation with adverse health consequences including depression, poor sleep quality, impaired executive function, accelerated cognitive decline, poor cardiovascular function and impaired immunity at every stage of life. In addition, a 2019 study led by Newcastle University epidemiologist Nicola Valtorta, PhD, for example, linked loneliness to a 30 percent increase in risk of stroke or the development of coronary heart disease (Heart, Vol. 102, No. 13). Valtorta notes that a lonely individual’s higher risk has been linked to health risks stemming from several combined factors: behavioral, biological and psychological.

“Lack of social support from family or friends, those who are lonely may slide into unhealthy habits,” Valtorta says. In addition, loneliness has been found to raise levels of stress, impede sleep and, in turn, harm the body. Loneliness can also augment depression or anxiety.

Last year, researchers at the Florida State University College of Medicine also found that loneliness is associated with a 45 percent increase in a person’s risk of dementia (The Journal of Gerontology: Series B, online 2018). Led by Angelina Sutin, PhD, the study examined data on more than 12,000 U.S. adults ages 50 years and older. Participants rated their levels of loneliness and social isolation and completed a cognitive battery every two years for up to 10 years.

Among older adults in particular, loneliness is more likely to set in when an individual is dealing with functional limitations and has low family support, Hawkley says. Better self-rated health, more social interaction and less family strain reduce older adults’ feelings of loneliness, according to a study, led by Hawkley, examining data from more than 2,200 older adults (Research on Aging, Vol. 40, No. 4, 2018). “Even among those who started out lonely, those who were in better health and socialized with others more often had much better odds of subsequently recovering from their loneliness,” she says.

A 2015 study led by Steven Cole, MD, a professor of medicine at the University of California, Los Angeles, provides additional clues as to why loneliness can harm overall health (PNAS, Vol. 112, No. 49, 2015). He and his colleagues examined gene expressions in leukocytes, white blood cells that play key roles in the immune system’s response to infection. They found that the leukocytes of lonely people—both humans and mice—showed an increased expression of genes involved in inflammation and a decreased expression of genes involved in antiviral responses. Loneliness, it seems, can lead to long-term “fight-or-flight” stress signaling, which negatively affects immune system functioning. “Simply put, people who are lonely have less immunity and more inflammation than people who don’t.”

COMBATING LONELINESS

While the harmful effects of loneliness are well established in the research literature, finding solutions to curb chronic loneliness has proven more challenging, says Holt-Lunstad.

Developing effective interventions is not a simple task because there’s no single underlying cause of loneliness, she says. “Different people may be lonely for different reasons, and so a one-size-fits-all kind of intervention is not likely to work because you need something that is going to address the underlying cause.” Rokach notes that efforts to minimize loneliness can start at home, with teaching children that loneliness does not mean loneliness. Also, she says, schools can help foster social skills for which children look for, identify and intervene when a peer seems lonely or disconnected from others.

In terms of additional ways to address social isolation and feelings of loneliness, research led by Christopher Masl, MD, and a team of researchers at the University of Chicago suggests that interventions that focus inward and address the negative thoughts underlying loneliness in the first place seem to help combat loneliness more than those designed to improve social skills, enhance social support or increase opportunities for social interaction (Personality and Social Psychology Review, Vol. 15, No. 3, 2011).

Loneliness may increase a person’s risk of dementia.

KEY POINTS

1 Social isolation and chronic loneliness place individuals at much greater risk for a variety of diseases, as well as for premature mortality.

2 Loneliness is defined by a person’s perceived level of social isolation and is not synonymous with chosen solitude.

CBT therapy focused on addressing negative self-worth and interventions that bring people together through community groups appear to be effective at combating loneliness among older adults.
The meta-analysis reviewed 20 randomized trials of interventions to decrease loneliness in children, adolescents, and adults and showed that addressing what the researchers termed maladaptive social cognition through cognitive-behavioral therapy (CBT) worked best because it empowered patients to recognize and deal with their negative thoughts about self-worth and how others perceive them, says Hawkley, one of the study’s co-authors.

Still, some research has found that engaging older adults in community and social groups can lead to positive mental health effects and reduce feelings of loneliness. Last year, Julene Johnson, PhD, a University of California, San Francisco researcher on aging, examined how joining a choir might combat feelings of loneliness among older adults. (The Journals of Gerontology: Series B, online 2018). Half of the study’s 12 senior centers were randomly selected for the choir program, which involved weekly 90-minute choir sessions, including informal public performances. The other half of the centers did not participate in choir sessions. After six months, the researchers found no significant differences between the two groups on tests of cognitive function, lower body strength and overall psychosocial health. But they did find significant improvements in two components of the psychological evaluation among choir participants: This group reported feeling less lonely and indicated they had more interest in life. Seniors in the non-choir group saw no change in their loneliness, and their interest in life declined slightly.

Researchers at the University of Queensland in Australia have also found that older adults who take part in social groups such as book clubs or church groups have a lower risk of death (BMJ Open, Vol. 6, No. 2, 2016). Led by psychologist Nikkis Stafferos, PhD, the team tracked the health of 424 people for six years after they had retired and found that social group membership had a compounding effect on quality of life and risk of death. Compared with those still working, every group membership lost after retirement was associated with around a 10 percent drop in quality of life six years later. In addition, if participants belonged to two groups before retirement and kept these up over the following six years, their risk of death was 2 percent, rising to 5 percent if they gave up membership in one group and to 12 percent if they gave up membership in both.

“In this regard, practical interventions need to focus on helping retirees to maintain their sense of purpose and belonging by assisting them to connect to groups and communities that are meaningful to them,” the authors say. “For older adults who use Skype to talk with their grandkids who live across the country from them, technol- ogy really can improve their sense of connectedness.”

**CONNECTING IN THE DIGITAL AGE**

The LINK BETWEEN LONELINESS AND TECHNOLOGY

With so many ways to connect with others digitally, why are people still so lonely? Can technology play a role in reducing our feelings of loneliness? It’s a question some psychologists have been asking, but at this point the research is still mixed, and may depend on an individual’s age.

For example, one study of nearly 600 older adults—led by Michigan State University psychologist William Chopik, PhD—found that social technology use, including email, Facebook, online video services such as Skype and instant messaging, was linked to lower levels of loneliness, better self-rated health and fewer chronic illnesses and depressive symptoms (Cyberpsychology, Behavior, and Social Networking, Vol. 19, No. 9, 2016).

Other research has shown, however, that among young adults (18- to 22-year-olds, for example)—decreasing time spent on social media can actually reduce feelings of loneliness, according to a study led by University of Pennsylvania psychologist Melissa Hunt, PhD (Journal of Social & Clinical Psychology, Vol. 37, No. 10, 2018). One thing experts do agree on is that technology is changing the way we’re interacting socially. The difference in its effects seems to lie in how it’s used, says University of Chicago psychologist Louise Hawkley, PhD. “Those who are substituting online relationships for real relationships, unsurprisingly, don’t see a reduction in loneliness and in fact may actually see a deterioration relative to people who use online interactions to supplement their face-to-face relationships,” she says. “For older adults who use Skype to talk with their grandkids who live across the country from them, technology really can improve their sense of connectedness.”

**RESOURCES**

- Life-saving Relationships: Wei, K. Monitor 2018

Older adults who take part in social groups have a lower risk of death.