Loneliness – A Modern Epidemic

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INTRODUCTION

Most of us know it, are acquainted with it. At some point in our lives it is likely that you or I will feel lonely. Loneliness has been described as a scourge of modern times, a cruel reality, the worst form of punishment for humans, and a growing phenomenon. A simple online search on the topic of loneliness produced headlines describing it as a public-health threat, as something that is killing people, as something we need to start talking about. Research studies on loneliness, its causes and its effects abound. The Faculty for Social Wellbeing, at the University of Malta, and Caritas (Malta) have identified loneliness as one of the main difficulties faced by Maltese society today.

In an interview with Tim Adams (2016) for The Guardian, John Cacioppo, a leading social neuroscientist who researched the area of loneliness extensively, described how loneliness is like an iceberg – it goes deeper than we can see. He explained how being with others does not necessarily mean you're going to feel connected, and being alone does not mean you are going to feel lonely. So – there is nothing inherently problematic about solitude in and of itself. I would say loneliness is not about being alone; it is about not feeling connected. And connection to others is widely considered as a fundamental human need – crucial to wellbeing (Holt-Lunstad, Smith, Baker, Harris, and Stephenson, 2015).
Loneliness is a subjective, unwelcome feeling of lack or loss of companionship, which happens when the quantity and quality of social relationships that we have, do not tally with those that we really want. It is often associated with social isolation, but people can and do feel lonely even when in a relationship or when surrounded by others.

For most of us the loneliness we experience will be transient in nature. It is when this loneliness becomes long-term and persistent that it becomes a serious concern, creating "a persistent, self-reinforcing loop of negative thoughts, sensations and behaviours" (Cacioppo & Patrick, 2008, p.7). In other words, it is long-term, chronic loneliness that wears us down rather than loneliness that is 'situational' or passing. Once loneliness becomes chronic, it is difficult to treat. It has in fact, been described as one of the surest markers in existence, for maladjustment.

WHO SUFFERS FROM LONELINESS?

Loneliness affects people of all ages and from all backgrounds – from a child struggling to make friends in his new school, to a new parent having to cope alone, to an old woman who outlived her friends and her life-companion and found herself all alone for many years. Evidence suggests that some life transitions – such as moving home, changing schools, coming to another country seeking asylum, developing a health condition, leaving care, becoming a carer, becoming a parent, changing jobs or leaving work, experiencing family breakdown and bereavement – can act as triggers for chronic loneliness. There are also some characteristics that appear to leave people more vulnerable to becoming lonely than others. For example, the evidence suggests that levels of loneliness are higher among disabled people, people who have mental health issues, those who are in poor health, those who live alone, the oldest older people, carers and people from some (but not all) minority ethnic communities (Mental Health Foundation, 2016).

There is a common myth regarding who experiences loneliness. It is commonly held that loneliness particularly affects the elderly who may be socially isolated due to decreased mobility and loss of friends and partners (Singh & Misra, 2009). And yet, loneliness affects people at all ages, including children, and is particularly prevalent in the teenage years. Children have cited reasons for their increased feelings of loneliness, the most common being family relationship problems, issues linked to school, and bullying. The fear of ostracism is often acute among teenagers and young people.

Holt-Lunstad et al (2015), analysed 70 studies encompassing 3.4 million people. They found that the prevalence of loneliness peaks in adolescents and young adults, then again in the eldest in society. Hawkley and Cacioppo (2010) explain that as many as "80% of those under 18 years of age and 40% of adults over 65 years of age report being lonely at least sometimes, with levels of loneliness gradually diminishing through the middle adult years, and then increasing in old age (i.e. >70 years)" (p.218).

EFFECTS OF LONELINESS

The evidence is growing that loneliness has serious consequences not only for individuals' wellbeing but also for their health and the economic stability of wider society. Social pain is as real a sensation for us as physical pain, and research has shown that loneliness impacts on health in a greater way than smoking or obesity (Harris, 2015). Holt-Lunstad et al (2015) have produced robust evidence that premature mortality increases amongst those experiencing social isolation and loneliness. Those with strong social relationships were 50 percent more likely to survive longer than those who were isolated. A recent review of studies indicates that loneliness increases mortality risk by 26% (Harris, 2015).

The magnitude of the risk far exceeds that of many leading health indicators and recent research indicates that this may be the next biggest public health issue on par with obesity and substance abuse. Loneliness has been linked to increased levels of stress hormones and inflammation, which in turn can increase the risk of heart disease, arthritis, type 2 diabetes, dementia and even suicide attempts (Brody, 2017).

Work over the past couple of decades by social neuroscientists such as John Cacioppo has shown that loneliness causes physiological events that wreak havoc on our health. Persistent loneliness leaves a mark via stress hormones, immune function and cardiovascular function with a cumulative effect that means being lonely or not, is equivalent in impact, to being a smoker or non-smoker (Cacioppo and Hawkley, 2007).

Loneliness alters our behaviour, increasing our chances of indulging in risky habits such as drug-taking, and plays a role in mental disorders such as anxiety and paranoia (Cacioppo & Patrick, 2008). Children suffering from loneliness drop out from school earlier and are prone to delinquency and anti-social behavior (Estroff Marano, 2003).

Loneliness also makes it harder for people to regulate themselves and leads to self-destructive habits, such as overeating or relying on alcohol. Loneliness weakens willpower and perseverance over time, so people who have been lonely for a while are more likely to indulge in behaviour that damages their health (Yesikar, Dixit, and Kant Guleri, 2014). Lonely people are more likely to withdraw from engaging with others and less likely to seek emotional support, which makes them more isolated. Lonely people also experience more difficulties sleeping, and sleep deprivation is known to have the same effects on metabolic, neural and hormonal regulation as ageing (Cacioppo and Patrick, 2008).

Society prides itself on self-reliance. Because of this, people who suffer from loneliness might find it hard to admit it and seek help because of the stigma it carries with it (Griffin, 2010). It is also often difficult to refer lonely people to services where they can find support, as they cut themselves off from the rest of the world and feel safe only at home. Lonely people often also experience very low self-esteem. Lacking confidence in themselves, they often believe that they are unworthy of the attention or regard of other people. And this can lead to further isolation and chronic loneliness. The helpline 179 in Malta, reported that loneliness is on the increase among the callers to this service, describing how several callers admit over the phone that they have no one to speak to, despite being surrounded by people (Carabott, S. 2018).

THE WAY FORWARD

We need to take collective action in tackling loneliness as a public health threat. Gerst-Emerson and Jayawardhana (2015) emphasise the point that "loneliness and social isolation are often overlooked, despite being vital public health concerns, with mortality risk comparable to well-established risk factors such as cigarette smoking and even exceeding the influence of physical activity and obesity" (p.1013). While "we do not yet know whether efforts to reduce isolation and loneliness can actually improve health" (Singer, 2018, np), there are studies that do suggest increasing social networks can improve health (Eng, Rimm, Fitzmaurice, and Kawachi, 2002; Ciechanowski, Wagner, Schmaling, Schwartz, Williams, Diehr, Kulzer, Gray, Collier, and LoGerfo, 2004, Teo, Choi, Andrea, Valenstein, Newsom, Dobscha and Zivin, 2015).

While central Government cannot solve loneliness alone, it can play a role in galvanising the key players, catalysing action, assessing and comparing progress, and holding those who need to act, accountable. All stakeholders – Government, academics, front line practitioners and other experts – need to collect data on who loneliness affects in Malta and when, and collect evidence and measure impact of initiatives that tackle loneliness. To this end, the Faculty for Social Wellbeing has carried out extensive research on this phenomenon in Malta and some thought provoking though worrying results have emerged. Results of this 2019 research show that 186,000 persons over the age of eleven are suffering from some degree of loneliness. One in three young people in Malta, aged 11-19 years are moderately lonely. Participants aged 35-54 years reported the highest rates of severe loneliness (Clark, Azzopardi and Bonnici, 2019, p.54). These figures are a cause for concern, especially given that we still think of Malta as made up of very closely-knit communities, where the sense of family is very strong and where different entities, including the church provide opportunities for people to come together.

We need to equip people with information on the triggers of loneliness and where to seek help. Funds need to be made available to catalyse action in communities – local councils, parishes, and business leaders. We need to ensure that our general medical practitioners and professionals in the social services understand the impact of loneliness on both physical and mental health, so that medical and social care assessments of individuals take into account the impact of loneliness, and direct people to appropriate local services and opportunities.

One approach to loneliness is preventative: we can stop loneliness becoming chronic and tackle the needs of groups that are socially excluded and at risk of isolation. But the success of such measures depends on creating a new climate in which we can better manage our need for social connection. We need to create connection-friendly communities – community and voluntary sector groups have a responsibility to make sure that their work helps people to connect and build relationships. This might be about developing new services, and building the evidence for what works in tackling loneliness. Or it might be as simple as making sure everyone feels welcome in our groups, and making special effort to help those who might need a bit of extra support to take the first step in joining in.

We need to create initiatives that build bridges between generations, and more inclusive communities that encourage cohesion and unity. We need to have long-term strategies and social policies that strengthen communities and encourage community involvement. Abrams (2018) strongly recommends that all policies must be put to the 'loneliness test'. She goes on to say that examining any reductions to services or policy changes for their potential impact on loneliness, would help address many connected issues. The more we understand unwanted isolation, the more we see the impact on related areas of people's wellbeing. It is truly time for loneliness to become a more common consideration for all public services.

CONCLUSION

Tackling loneliness is a multi-generational challenge and it will take time before we see a society-wide change and to see positive outcomes. By squandering 'social capital' in the individualistic pursuit of greater wealth, or treating these social networks as incidental or secondary, are we neglecting a part of life that makes us happy and keeps us healthy for longer?

The spread of this phenomenon may just about be the wake-up call we need to act sooner rather than later. This conversation on loneliness needs to continue. It will serve to raise awareness and reduce the stigma that it carries. And while large-scale interventions may be necessary to tackle it effectively, each one of us can take action to defeat it. We can be catalysts of change in the communities we work and live in, in our very own circles of family and friends.

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