

# Chronic Loneliness and Mental Health

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Campaign to  
**EndLoneliness**

# About us

## **Associate Professor Antonia Ypsilanti**

- Psychology of Loneliness and Mental Health
- Chronic/harmful loneliness
- Research across age groups
- Evaluating interventions on loneliness



## **Professor Andrea Wigfield**

- Expertise in loneliness research
- Wider health and social determinants / implications
- Research and programme evaluation
- Evidence-based policy and practice.



# Content

Definition of chronic loneliness

Importance of chronic loneliness

Measure chronic loneliness

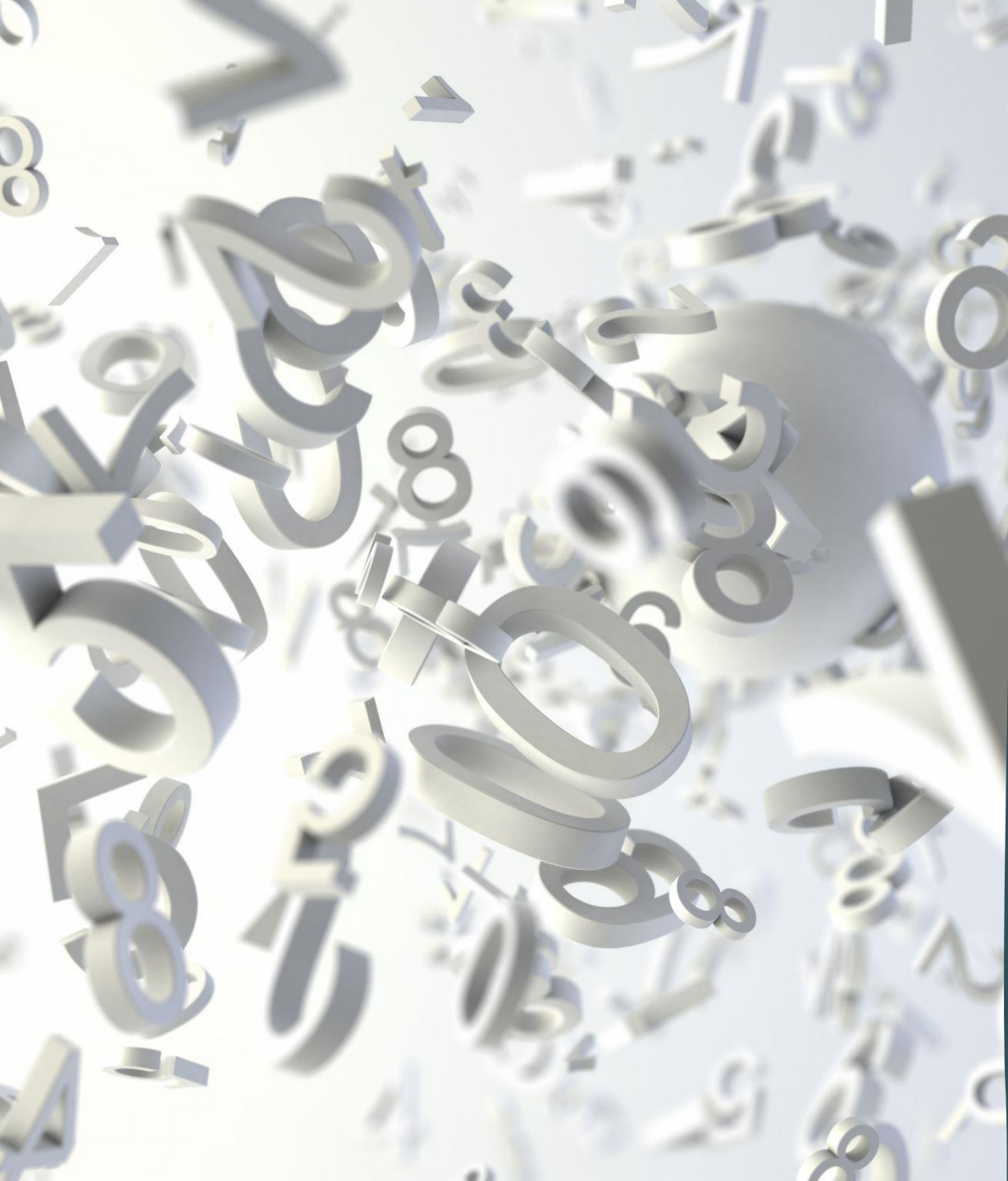
Operationalize Loneliness - (re)define



# What is Chronic Loneliness

<https://app.wooclap.com/events/AKNQD>

K/0



Definition (s)



# Some examples of definitions for chronically lonely individuals

Community Life  
Survey (evidence  
source 16+)- Those  
who feel lonely  
"Often/Always" (6%)

Understanding  
Society (largest  
longitudinal  
household panel  
study) as those who  
feel lonely "Often"  
(9%)

Young (1982)  
distinguished  
between transient  
(short-term) and  
chronic loneliness (*for  
individuals that were  
not satisfied with their  
social interactions for  
more than **2 years***)

*"Chronic loneliness is  
more stable and  
results from the  
inability of the  
individual to develop  
satisfying social  
relationships **over the  
years**" (Shiovitz-Ezra  
& Ayalon, 2010)*

# Private mental health services (Dewitt, & Angel, 2021)

*Describe chronic loneliness as: "constant and unrelenting feelings of being alone and isolated despite people being around you, difficulties in forming meaningful social connections, and feelings of exhaustion when trying to engage socially"*





## Young people (Alam et al., 2024)

- “Chronic loneliness is this feeling you can't even properly describe in words fully but it's always present and extremely tough to shake”, affective intensity “Feeling isolated, empty inside”, and effects on physiology “Sinking feeling in my chest, everything feels heavier.”

# Why is Chronic Loneliness important?



It's important to understand when and how aloneness becomes a distressing feeling of loneliness (are there tipping points?)



No matter how it is defined and measured *chronically* lonely individuals across all age groups report higher levels of negative affect, higher levels of depressive symptoms and anxiety and low self-worth



Important implications for physical and mental health



It's important to understand which interventions work best for chronically lonely people

# Measuring chronic loneliness

**Frequency** of lonely feelings (i.e., how often do you feel isolated from others?).

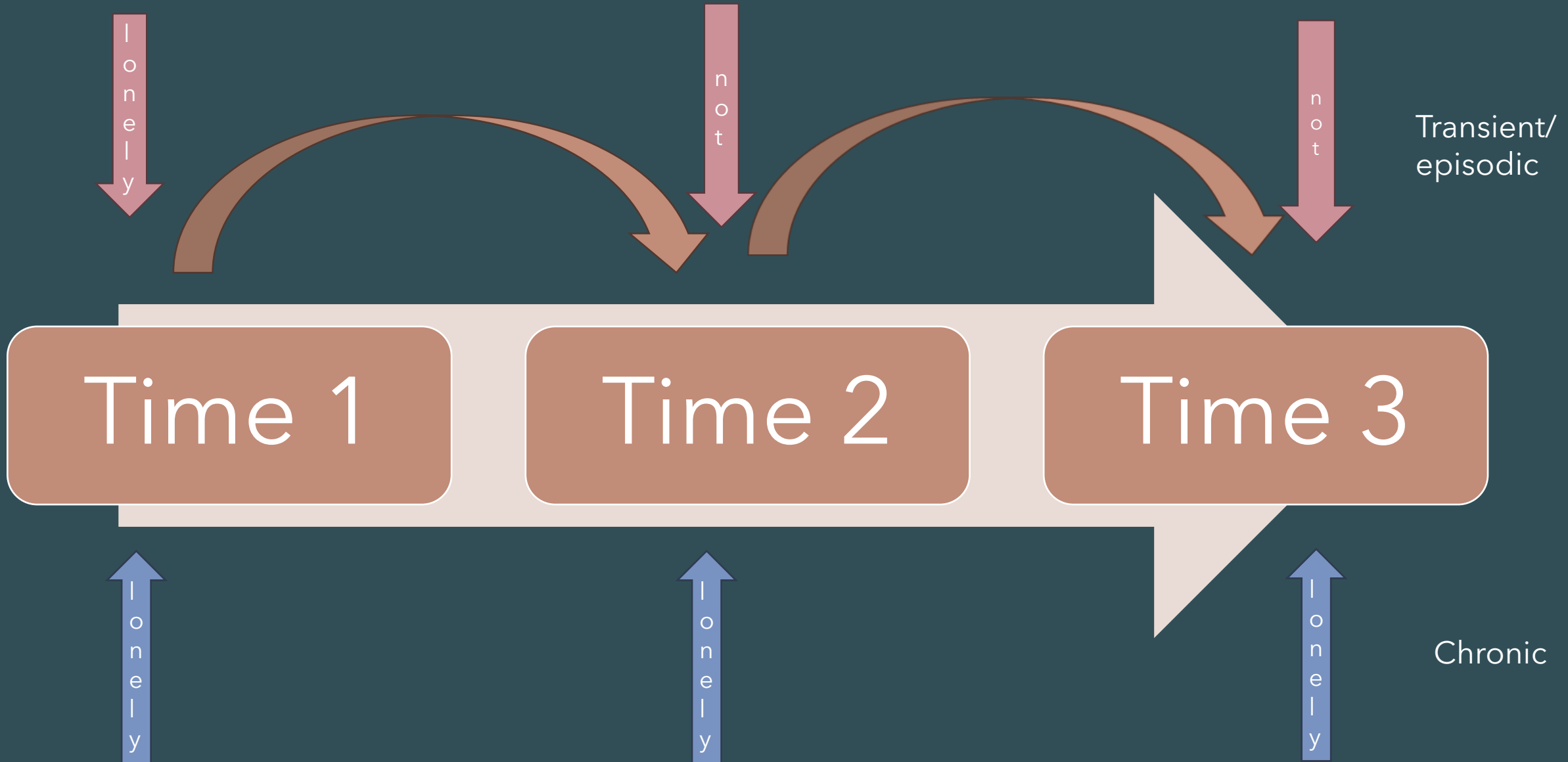
This is different to the capturing the **persistence** of lonely feelings (i.e., how long have you felt isolated from others?) or **intensity** (e.g., how distressed did you feel?)

'Chronic' is often used to indicate that the experience is prolonged or persistent over a longer period of time (chronicity)

Let's start by focusing  
only on Chronicity (time)



# The Effect of Time - Longitudinal designs



# Example – Loneliness over time in Australia

- Household Income and Labour Dynamics in Australia (HILDA)14 (2014) to 18 (2018)
- Loneliness: unpleasant psychological reaction to the absence of desired social relations (Perlman and Peplau, 1981)
- Social Isolation: Number of social contacts someone has.

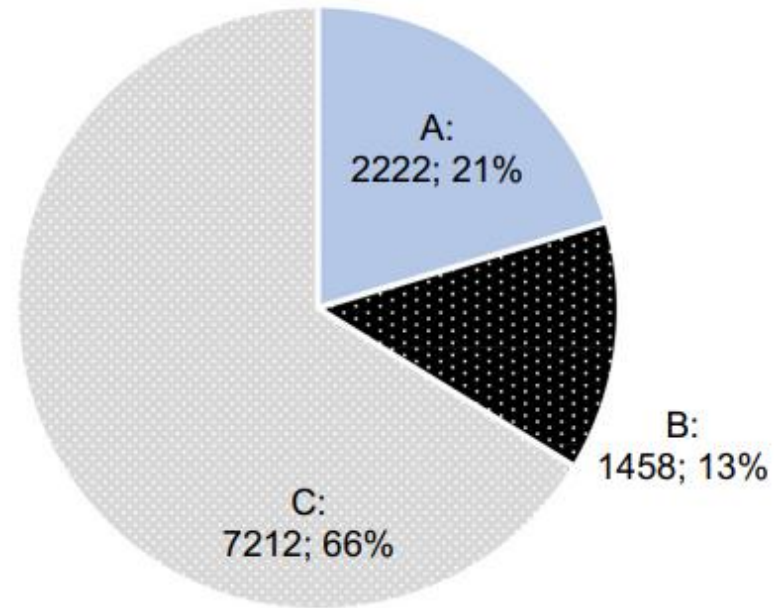
OPEN

## The prevalence of chronic and episodic loneliness and social isolation from a longitudinal survey

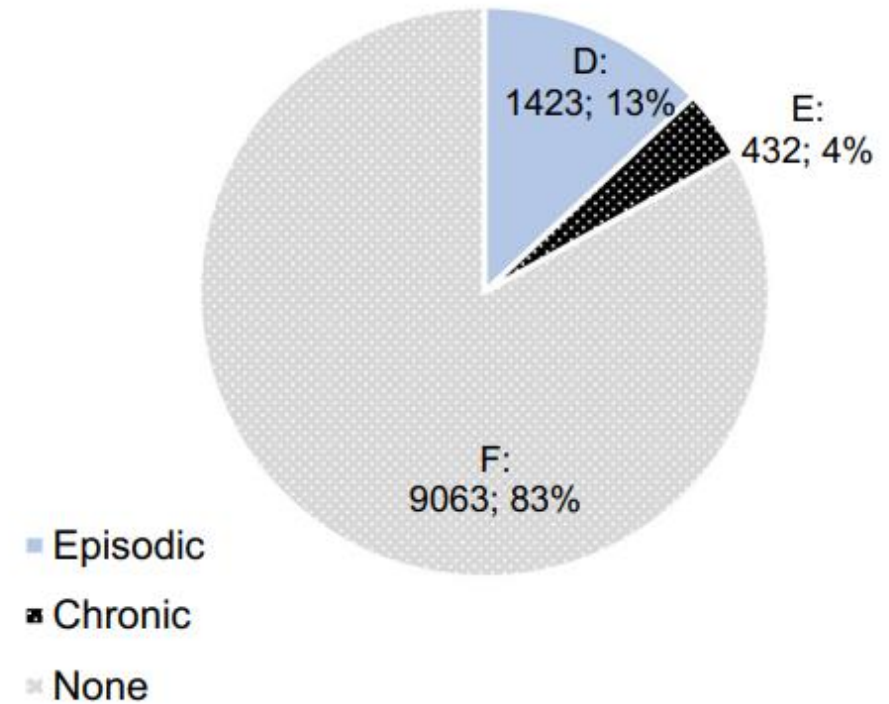
Michelle H. Lim<sup>1,2,3,✉</sup>, Karine E. Manera<sup>1,2</sup>, Katherine B. Owen<sup>1,2</sup>, Philayrath Phongsavan<sup>1,2</sup> & Ben J. Smith<sup>1,2</sup>

Loneliness and social isolation, experienced more long-term, has been shown to increase mortality and lead to poorer health outcomes in specific cohorts. However, it is unclear what the prevalence of chronic loneliness and social isolation is, and which demographic groups are most at risk of reporting more chronic forms. A psychometrically validated classification system was used to identify people who met criteria for episodic and chronic loneliness and social isolation using the Household Income and Labour Dynamics in Australia (HILDA) survey waves 14–18. The prevalence of loneliness (overall 34%; 21% episodic, 13% chronic) far exceeded that of social isolation (overall 17%; 13% episodic, 4% chronic). There was consistency in the demographic characteristics (from age, sex, household type, income) of those who experienced loneliness and social isolation. However, people with a long-term health condition had an elevated risk of episodic loneliness (AOR 1.24, 95% CI 1.11–1.39) and a markedly higher risk of chronic loneliness (AOR 2.01, 95% CI 1.76–2.29), compared with those without a long-term health condition. Loneliness, both episodic and chronic subtypes, is more prevalent than social isolation. However, both chronic loneliness and social isolation remains neglected and poorly targeted within current practice and policy.

Loneliness across waves 14-18



Social isolation across waves 14-18



**Figure 1.** Prevalence of (A) episodic loneliness, (B) chronic loneliness, (C) no loneliness; (D) episodic social isolation, (E) chronic social isolation, and (F) no social isolation across 5 years.

## Sex differences

- Being male was protective of any type (episodic or chronic) of loneliness, consistent with previous studies which report women are more predisposed to loneliness

# Age Effects

01

>75 years

02

60-74 years

03

15-29 years were  
all less likely to  
experience  
chronic  
loneliness

04

More likely were  
those aged 30-  
44 years

# At-risk populations

1

Single parents with young children have an elevated risk of chronic loneliness, almost equivalent to those who live alone

2

One in five (20%) individuals with a long-term health condition met the criteria for chronic loneliness



Let's talk about the  
experience of  
loneliness



# Our study

International Journal of Behavioral Medicine (2024) 31:372–379  
<https://doi.org/10.1007/s12529-023-10255-1>

**SPECIAL ISSUE: SOCIAL ISOLATION AND LONELINESS IN ACUTE AND CHRONIC ILLNESS**



## The Emotional Burden of Loneliness and its Association with Mental Health Outcomes

Lambros Lazuras<sup>1</sup> · Antonia Ypsilanti<sup>2,3</sup> · Emma Mullings<sup>3</sup>

Accepted: 21 December 2023 / Published online: 19 January 2024  
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### Abstract

**Background** The present study examined, for the first time, the emotional burden of loneliness on dimensions of emotional valence and arousal, and its association with mental health outcomes.

**Method** A cross-sectional design was used, and data were collected from 503 adults across the UK with an online survey. Measures included socio-demographic characteristics, self-reported measures of loneliness and social isolation, affective ratings (i.e., valence and arousal) of loneliness experiences, and symptoms of depression and anxiety as mental health outcomes.

**Results** The emotional burden of loneliness differed significantly across groups with differing loneliness experiences, and females scored significantly higher in the emotional burden of loneliness than males. The emotional burden of loneliness was associated with both depression and anxiety symptoms, and respectively added 4.7% and 6.2% of the variance, on top of measures of loneliness frequency and social isolation.

**Conclusions** Measuring the valence and arousal dimensions of loneliness experiences advances our understanding of loneliness experiences and its association with mental health outcomes. The theoretical, methodological, and practical implications of our study are discussed.

**Keywords** Loneliness · Valence · Arousal · Depression · Anxiety

# How did we measure loneliness experience?

- We asked participants representing different age groups, gender, ethnicity in the UK

## **How often do you feel that you lack companionship?**

1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often

## **How did this make you feel?**

Arousal - Something is highly arousing when it induces more intense emotions.

0 = low intensity, 100 = high intensity

Valence - Something can be pleasant or unpleasant (negative or positive) please rate on

0 = very unpleasant 100 = very pleasant

# Main findings

**Mental Health:** Linear positive relationship between the emotional intensity of loneliness, loneliness frequency, and higher scores in symptoms of depression and anxiety

01

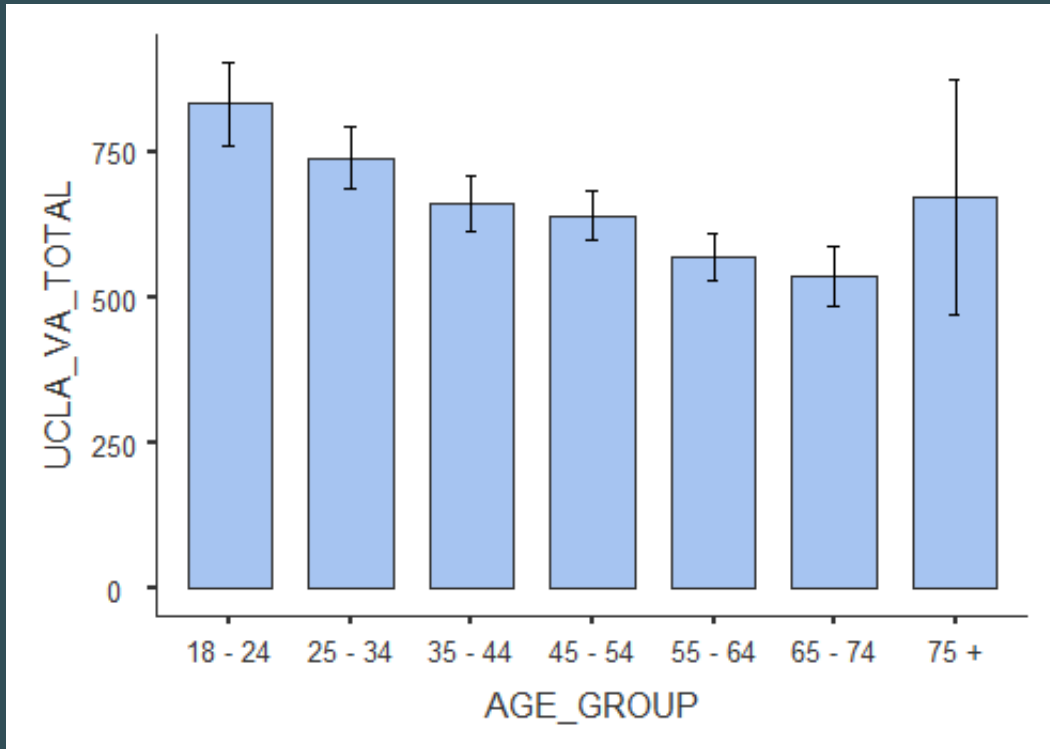
**Sex:** Although males and females did not differ in how often they experience loneliness, they differ significantly in the emotional burden of loneliness

02

**Age:** Younger adults report experiencing significantly greater emotional intensity in loneliness than middle and older adults.



# Age differences on emotional burden



# Qualter et al., 2021 – BBC Loneliness Experiment

## Frequency, Intensity, and Duration of Loneliness

- Four-item UCLA Loneliness Scale
- As in the original version of the measure, each item was rated by participants on frequency (how often does that happen? Never (0)-Very often (5)).
- In addition, participants were asked to rate each item on **intensity** (how intense is that feeling? Not intense at all (1)-Very intense (5))
- **Duration** (how long does that feeling last when it occurs? 1 = hours, 2 = days, 3 = weeks, 4 = months, 5 = longer).

# Latent Class Analysis

Table 5. Means on different aspects of severity of loneliness for each class identified in the final LCA.

	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6	Class 7	Class 8	Class 9	Class 10	Class 11
Number of participants	1645	2865	5956	5689	5730	552	3108	4086	1854	945	2484
Proportion of sample (%)	4.7	8.2	17.1	16.3	16.4	1.6	8.9	11.7	5.3	2.7	7.1
Frequency of Loneliness	2.98	3.54	1.17	2.28	1.75	3.85	3.48	2.88	4.74	4.28	4.17
Intensity of Loneliness	3.07	3.65	1.16	2.38	1.78	3.42	3.41	2.88	4.65	4.25	4.13
Duration of Loneliness	1.47	2.11	0.16	1.43	0.82	4.67	3.21	2.26	4.80	2.72	3.91

Notes: Highlighted columns are the classes scoring highest on the severity of loneliness measures.

- Class 6: average frequency and intensity of loneliness, but long duration
- Class 9: high frequency and intensity, and long duration of loneliness
- Class 10: high frequency and intensity of loneliness, but short duration, equating to days or weeks
- Class 11: high frequency and intensity of loneliness, and average duration, equating to months

# Profile of each class - Highlights

High frequency, high intensity, long duration

## **Class 9 (5.3%)**

Spent the most time alone

Experienced the most discrimination in their daily lives

Felt less in control of their loneliness

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### **LONG DURATION but AVERAGE INTENSITY AND FREQUENCY:**

Class 6 differed from the other three classes of 'lonely participants' because it was associated with less time alone, fewer experiences with discrimination, and *less* likelihood of being in a relationship

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**SHORT DURATION and HIGH INTENSITY:** Those who report the lowest duration of loneliness (Class 10) are more likely to be male, in better health, and have high relational mobility.

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**SHORT DURATION and AVERAGE intensity:** Classes 10 and 11 included participants with higher SES, younger participants, and those who perceived their loneliness to be more controllable, compared to participants in classes 6 and 9, where duration was more long lasting

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**Duration** seemed to be particularly important for predicting loneliness profiles in the current sample, suggesting that there are individual differences in how loneliness persists over time

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Being 16-24 years of age, single, of poor health, not feeling a sense of belonging to the neighbourhood, and low trust in the local community are consistent risk factors for scoring **high on frequency** measures of loneliness

# Study in Ireland – Longitudinal study

## RESEARCH ARTICLE



### Associations between transient and chronic loneliness, and depression, in the understanding society study

Katarzyna Wolska | Ann-Marie Creaven 

Department of Psychology, University of Limerick, Limerick, Ireland

#### Correspondence

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#### Funding information

University of Essex

#### Abstract

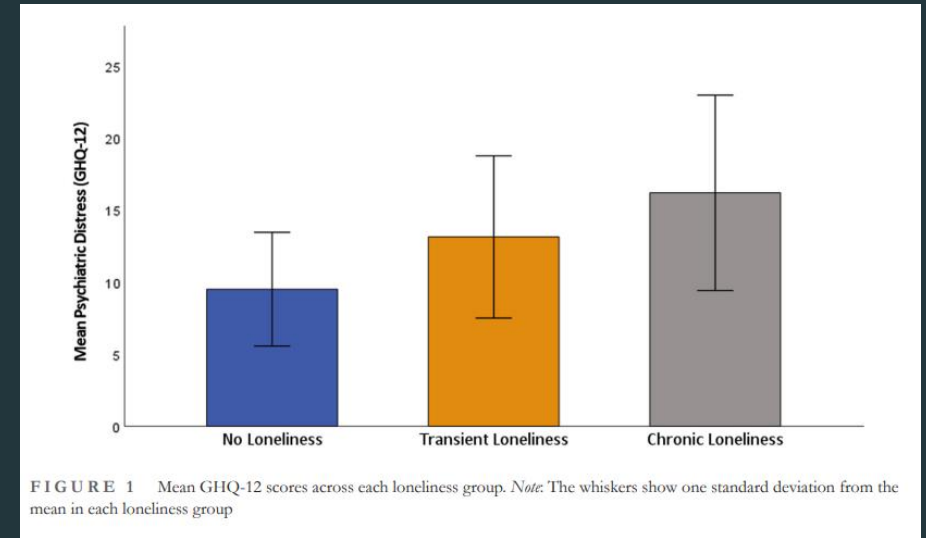
**Objectives:** Loneliness has a long-established link with depression; however, patterns of loneliness, specifically transient (short-term) and chronic loneliness (longer-term), have seldom been researched in terms of their associations with depression and psychiatric distress. We investigated whether chronic loneliness could predict higher levels of psychiatric distress *and higher chance of depression diagnosis (via self-report)* than transient and no loneliness.

**Methods:** We used data from 18,999 participants in Waves

Investigated whether chronic loneliness could predict higher levels of psychiatric distress and higher chance of depression diagnosis (via self-report) than transient and no loneliness.

# Waves 9 and 10 of the UK Household Longitudinal Study (UKHLS)

- The chronic loneliness group had the highest likelihood of self-reported depression diagnosis and had the highest levels of psychiatric distress, compared to both the transient and no loneliness groups.



# Operationalizing chronic loneliness

Time?

Intensity?

Mental  
Health  
symptoms?

Other?

# Reaching a consensus



There currently is no consensus on the definition or operationalization of chronic loneliness. How long should someone's loneliness last to be considered as chronic?



Is feeling lonely for 1 year really something qualitatively different from feeling lonely for 8 months?



How meaningful would it be to develop such a cut-off point and how likely is it that the same cut-off point can be used for everyone?



Experience sampling methodology

Are there tipping points?

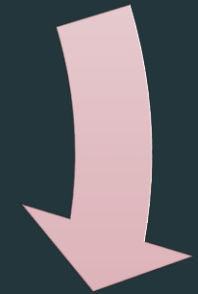
(Should we disregard the idea of time altogether?)

VICIOUS CYCLE

TIME

4. Mental health issues act as tipping points?

1. When does loneliness become problematic?



3. Life transitions act as tipping points?

2. What makes loneliness turn from adaptive to problematic?



CHANGES THAT AFFECT OUR SOCIAL REALITY

MALADAPTIVE CONGITIONS

Adding more...

Lack of protective factors

Barriers to connection

Social Isolation



# Let's talk about chronic loneliness

We want to hear your views



# What's the best term for what we are describing?



1 Go to [wooclap.com](https://wooclap.com)

2 Enter the event code in the top banner

Event code  
**HZOYFX**

 Enable answers by SMS

# Going forward

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Ongoing projects: Chronic Loneliness International Network (measurement, defining)

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Using qualitative descriptions

Natural language processing using narratives to determine harmful loneliness

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Identify Tipping points that make loneliness harmful

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Explore barriers and facilitators to connecting with others which might give us information of what works and for whom

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# EXPRESSIONS OF INTEREST

If you are interested in contributing to understanding chronic loneliness, please email us to participate in our international network or to participate in our online survey

[campaigntoendloneliness@org.uk](mailto:campaigntoendloneliness@org.uk)

Associate Professor Antonia Ypsilanti: [a.ypsilanti@shu.ac.uk](mailto:a.ypsilanti@shu.ac.uk)

Professor Andrea Wigfield: [andrea.wigfield@shu.ac.uk](mailto:andrea.wigfield@shu.ac.uk)



# Finding a new name for chronic loneliness

## Poll produced during the webinar -THANK YOU!

Which is the best name for chronic loneliness?

