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Combatting Loneliness: The Ethical Implications for Society

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Abstract. *"A guy needs somebody to be near him. A guy goes nuts if he ain't got nobody. Don't make no difference who the guy is, long's he's with you. I tell ya, a guy gets lonely an' he gets sick." John Steinbeck 1937*

There is a high risk of societal problems associated with loneliness within Europe. Europe is seeing unprecedented growth in the ageing population along with an influx of migrants. This paper explores this issue from the perspective of the ethical component of society to address this issue. There is an epidemic of loneliness sweeping across Europe.

***The aim** of this scoping review is an attempt to discuss how loneliness can impact on physical, cognitive and emotional health across the lifespan. It is not an exhaustive review.*

***The objective** is an attempt to reflect how as a society the epidemic of loneliness has crept in without adequate policies and procedures put in place by Governments to combat this 21st century phenomenon.*

***Methodology** utilized a scoping review of the literature in relation to loneliness. It explores the connection of loneliness with a decrease in physical and mental health for citizens. Searches were undertaken in two stages to identify:(1) measures of loneliness from review articles and grey literature and (2) studies reporting on loneliness, using the following databases and search strategy.*

***Databases searches:** SocIndex, CINAHL and Academic Search Premier (EBSCO): Health Research Premier (ProQuest)*

***Search strategy for concept, loneliness in Ireland**: AB (Child* OR infant OR Teen* OR Youth OR "Young adult*" OR Adolescen* OR "Middle age*" OR midlife OR mature OR adult OR Elder OR senior OR aged OR geriatric OR "Aged, 80 and over" OR Lifespan OR "life time") AND AB (loneliness OR "social isolation" OR solitar* OR aloneness OR Reclusiv*) AND AB (Ireland OR Irish); **Limiters** - Publication Date: 20050101-20241231; **Results**: SocIndex, CINAHL and Academic Search Premier: 160 articles Health Research Premier: 215 articles.*

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***Conclusion**: Loneliness is growing throughout our communities especially in Western Society. Empowerment of individuals especially the older person is essential to ensure that loneliness is eliminated and if not reduced considerably, as to not address it could be a determinant to society. It is timely to have an ethical model in place for addressing and combatting loneliness in society. This review will help to understand how important it is to ensure that all members of society get an opportunity to engage with communities so that loneliness can be addressed.*

Keywords: *Loneliness; Ethics; Society; Responsibility; Accountability.*

Introduction

Theories of loneliness, suggests that connectedness (Cacioppo & Patrick, 2008) both physical and social is a basic need so when social isolation occurs it embroils the feelings of *loneliness* (Cacioppo & Patrick, 2008). Individuals who experience loneliness may have a sense of not

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belonging, either on their own or indeed with a group of people. Loneliness has also been linked to negative health and economic outcomes across the life course. The question remains as to how we can prevent loneliness from occurring and the ethical responsibility to address this issue by society is indeed large. This review aims to identify the challenges associated with this phenomenon.

Literature review

Loneliness is often described as a singularity that all individuals may experience at some time or other (de Jong-Gierveld & Havens, 1993; 1994). There are other perspectives. Three perspectives on loneliness have been expressed by Sønderby & Wagoner (2013) defining it as *the existential, the cognitive, and the social*. Lau & Gruen (1992) stated that "*Loneliness carries a significant social stigma, as lack of friendship and social ties are socially undesirable, and the social perceptions of lonely people are generally unfavorable*". An interactionist approach as a way of endeavoring to understand loneliness would describe it as being more complex and that there are various kinds of loneliness along with emotional and social loneliness (Heylen, 2010, Van Baarsen et al., 2001).

Loneliness peaks at age 30, 55-60 and then again >80 year (Loneliness Taskforce Network Launch 2024). Loneliness is also identified as a stressor of biological responses to acute stress (Brown et al., 2017, 2019, 2022) has longitudinal associations with mortality (Long et al., 2023; O'Súilleabháin et al., 2019). The World Health Organization projects that from 2000 to 2050, the ageing population over 60 years will triple in size from 600 million to two billion (World Health Organization 2015). Those aged 85 years and older have been projected to increase to 26.8 million by 2050 and those over 100 to grow to half a million (Eurostat, 2023). As the ageing population continues to grow embedding aspects that affect social and economic life (Phillipson, 2004; 2013), with one of the most significant aspects been loneliness having an impact on approximately 10% of older people (Harvey & Walsh, 2016; Gierveld, Tilburg & Dykstra, 2016). Social isolation affects our aging population with having a greater impact on those who live in rural areas (Cacioppo, Fowler & Christakis, 2009), with loneliness identified as a major issue (de Jong Gierveld et al. 2016). This can occur throughout the life span. It is important to point out that loneliness is not the same as self-isolation (De Jong Gierveld 1998). Restricted opportunities for meaningful social participation in old age may also bring about feelings of loneliness.

The perception of loneliness varies across the life span (Qualter et al. 2015). Younger people may also experience loneliness. Adolescence, through to adulthood, changes the experiences of loneliness with other evidence point to the individual in their twilight years loosing friends and due to incapacity not having opportunities to socially engage (Ayalon et al. 2016; Kahn et al. 2003; Shiovitz-Ezra 2018). Loneliness has negative effects on physical and mental health, and has been shown to correlate with higher levels of depression (Cacioppo et al. 2006) along with a severe impact on well-being (Lee and Ishii-Kuntz 1987). Loneliness is defined by one's relationships and interactions reflecting a painful, distressing, and unpleasant experience (Peplau and Perlman 1982) with very few actual social connections.

Factors reflecting cultural norms may contribute to a gap between one's desired and existing social environment. There are various perspectives on loneliness, one of which is the social needs approach (Weiss, 1987: De Jong Gierveld 1998; Perlman and Peplau 1998). People can be alone for periods of time without feeling lonely or can also be part of a social network, yet, experience isolation. The evolutionary perspective (Cacioppo et al. 2015a) views it as a signal

deriving from a discord between desired and actual social relationships. Certain other theories associated with loneliness define it as a biological phenomenon, with culture also having an impact (McHugh et al, 2017). Semi-structured interviews with a sample of nine individuals identified as socially isolated and choose to receive a befriending service to help decrease the level of loneliness. A phenomenological framework was used which resulted in four themes namely presence or absence of others and loneliness; loneliness because of inactivity; loneliness as a type of vulnerability; and personal preferences, personal characteristics, and loneliness. All of this highlights the importance of engaging the person in some form of social engagement, placing an ownership on a community to endeavor to plan interventions that might alleviate this phenomenon.

The existential is a necessary component of human existence (Moustakas, 1961) with the social perspective on loneliness, defined because of insufficient contact with others (Sønderby & Wagoner, 2013) and the cognitive perspective as the dominant approach within psychology and defines it as a desire for social contact (Peplau & Perlman, 1982; 2004). Social connectedness may be contingent on culture (Van Tilburg et al. 1998), with some cultures having a stronger expectation of social connectedness (Dykstra 2009; Johnson & Mullins (1987). An interesting point in relation to culture and the older person is those who live alone coming from the northern Countries, it is accepted as opposed to those from the southern countries who live with families thus experiencing more loneliness (Jylha & Jokela, 1990). Different cultures experience various levels of loneliness as highlighted by Fokkema et al. (2012). In rural Ireland, older adults may face different social challenges than those living in the cities with those living in rural areas feeling more lonely than urban (McGee et al. 2005; Drennan, 2008). An Irish study highlighted those older adults living rurally was more predictive of loneliness than living in urban areas (Drennan et al. (2008). All having an negative impact on health, social resources and increasing the level of loneliness (Burholt & Scharf (2014).

Loneliness is closely related to social connectedness (Dahlberg 2007), thus the imperative to address this issue from a societal perspective. Further evidence by Dahlberg (2014) shows that there is difference between emotional and social loneliness, with the recommendation that any policy on loneliness especially with the Older Person should have a range of strategies to reduce both emotional and social loneliness. His work showed that *being male, widowed, low self-esteem, low-income, low contact with family, low contact with friends, low activity, low perceived community integration, and receipt of community care were significant predictors of social loneliness as being widowed, low well-being, low self-esteem, high activity restriction, low-income comfort, and non-receipt of informal care were significant predictors of emotional loneliness*.

Older migrants living in a foreign land, connectedness with others plays a particularly important role in achieving a sense of belonging and sustaining their health and well-being (Park et al, 2019).

The issues of social isolation and loneliness amongst older Asian migrants in New Zealand showed that the older Asian migrant experienced high levels of isolation and loneliness at some point in their migrant lives (Park et al., 2019). Loneliness was an issue as they also had a limited social network, all of which contributed to feelings of isolation. Beal (2006) in other work has shown that older women report more loneliness than male peers and is linked to a variety of health problems. *Life changes, including widowhood and relocation, are associated with increased vulnerability to loneliness* (Beal, 2006) along with gender, social, and cultural factors influence the experience of loneliness in older women. The influence of the social network and the intensity of loneliness in later life for the Older Migrant is geographic mobility (de Jong Gierveld, 2004) as highlighted that loneliness to be part of the experience of relocation, with culture issues also to the

forefront. For elderly South Asian female immigrants, balancing affiliations to previous beliefs and traditions while simultaneously adapting to a new culture represented important challenges in resettlement Choudhry, (2001) has identified that tension between cultures was evident in the accounts of older Indian women who emigrated to Canada to live with their sons, whilst their sons were adapting to a foreign, fast paced, culture and had less time to spend with them (Choudhry, 2001).

Respect for the dignity of the person (NMBI, 2024) echoes the sentiment drawn from the Universal Declaration of Human Rights (United Nations, 1948) which recognizes the dignity and equality of human beings also underpinned by the (Council of Europe, 1950), the Constitution of Ireland (Government of Ireland, 1937), the Equal Status Acts (Government of Ireland, 2000–2018 and the United Nations Convention on the Rights of Persons with Disabilities, 2007 (ratified by the Government of Ireland, 2018). It is relevant to respect all persons with dignity, thus endeavoring to eliminate loneliness.

Methodology

The methodology chosen was a scoping review. Searches were undertaken in two stages to identify: (1) measures of loneliness from review articles and grey literature and (2) studies reporting on loneliness, using the following databases and search strategy. *Databases searches*: SocIndex, CINAHL and Academic Search Premier (EBSCO): Health Research Premier (ProQuest).

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Articles were analysed by reading them as to their suitability and picking what was most relevant to the topic. The steps taken were:

- An overall review of the articles published;
- Identifying issues pertinent to loneliness across the lifespan. The sampling technique was that loneliness was identified as an issue and steps taken to combat same.

The data bases were chosen as been the most appropriate and yielding the most relevant information.

Results and discussions

Three areas were identified as most important and relevant to this area. The concept of Social Connectedness; Young Adults and the Older Person.

Social Connectedness

With the advancement in industrialization, the concept of loneliness evolved that was in the 19th century. In the 21st century we have an online culture where people base their social connectedness with having likes from people they will never meet. It is a different kind of community one based on falseness and insincerity. Plackett et al (2024) identified ten social connectedness measures as a sense of belonging (Van –bell, et al., 2009). It can also be defined as the frequency of contact with others (Haslam et al., 2015). The feelings of loneliness emerges when there is an absence of a close relationship or feeling a sense of isolation as identified by Perlam et al. (1981) with the negative impact on poor health, greater levels of depression and anxiety identified by Holt-Lunstad et al., (2010) and more recently Park et al., (2020). Social connectedness varies across population groups and loneliness may also vary with other variables such as age, gender, income status, culture and ethnicity all having an impact (De Jong Gierveld, 2006). Certain diseases can impose challenges for individuals with regard to social connectedness such as Parkinsons Disease and their association with mental and physical functioning (Heimrich et al., 2023).

Social connectedness has a significant impact on the health of those with Chronic Diseases (Hanff et al., 2023; Prenger et al. 2020). In particular, material deprivation, social deprivation and social exclusion are associated with poor health, physical inactivity, poor cognitive function, mood disorders and pain associated with chronic conditions.

Young Adults

"*What should young people do with their lives today? Many things, obviously. But the most daring thing is to create stable communities in which the terrible disease of loneliness can be cured." Kurt Vonnegut 1981*

Loneliness is not just confined to old age. Shute & Howitt (1990) has also highlighted that younger people experience loneliness. It is multifaceted, emotionally painful and most important individualistic. Henderson (2013) demonstrates that there is a relationship between social isolation, loneliness and social inaction. Social isolation is where a person experiences lack of social support structures, while the social inaction is a state whereby individuals are unable to take part in social activities, whereby loneliness is where the individual lacks the real sense of connection and contact, in fact they may feel unwanted or not needed. It is important to point out that the later also may affect the older adult.

Curtin et al. (2023) in their review on the impact of Covid-19, highlighted the impact on the development and wellbeing of babies and young children, utilizing two scales namely the UCLA 3-Item Loneliness Scale and the Parental Stress Scale. Loneliness and isolation were issues for parents showing that Covid 19 had a disproportionate impact on vulnerable children. A finding that has an impact for future policy development and the planning of services. It is also an issue that one must reflect on when recognizing that these children may need extra support in the future. O'Maoileidigh et al. (2024) has highlighted that religious participation has an impact on mental health and loneliness, with all religious services put online in Ireland during the pandemic. Kirwan et al. (2023) loneliness may be even more nuanced than described in traditional definitions with distinction between patterns of transient and chronic loneliness important as echoed by young adults. The research identified that loneliness is complex and common in young adulthood with risk factors for loneliness likely different for young adults, compared with midlife and older adults.

Creaven et al. (2021) shows that loneliness and social isolation in young adults has an impact. Victor (2005) previously showed that if a person experiences loneliness as a young adult, this tends to follow him or her into old age, disappearing when they are working but surfacing again as they get older, also reiterated by Nicolaisen & Thorsen (2014) who have shown that the

older person who experienced adverse events in childhood reported higher levels of loneliness in old age. Evidence such as this needs to underpin public policy, when addressing issues around the younger person.

A population that sometimes is forgotten is prisoners, who may also be young. Loneliness is also experienced by those who are unable to receive visits from families and friends as shown by (Burns et al. 2024). Recommendations for benevolent assistance from volunteer visiting programmes, may assist in this matter. Loneliness may be less pronounced among users of Internet-based communication applications such as email and video calls consistent with the view that digital engagement can enrich the lives of the older person (Mohan et a., 2024).

Older Person

According to the Irish Longitudinal Study on Aging almost 400,000 (Ward, 2024) Irish people experience loneliness, placing Ireland as one of the loneliness places to live. Ireland was a Country internationally known for its kindness and a thousand welcomes has changed considerably. It may be an interesting opinion that stereotypes associate old age with social isolation and loneliness. Evidence from Pinquart (2010) show that only 5% to 15% percent of older adults report frequent loneliness with the quality of social network is correlated more strongly with loneliness, and being a female, belonging to lower socioeconomic status and living in nursing homes were associated with higher loneliness. Newall (2019) shows that social isolation and loneliness are important health issues for older adults.

Loneliness within the aging population has reached epidemic levels in the US, causing enormous suffering for some (Rokach, 2012). Lack of transport is often associated with preventing the older adult from engaging in social and community activities. As a society, we ought to ensure that people are equipped with life skills earlier on in life, which may sustain them in old age and hopefully assist in combatting loneliness.

Suicidal deaths amongst older adults is an important public health issue, (Ward et al., 2024), with a strong association between social disconnection and a *wish to die* among older adults. The evidence from Ward et al. (2024) reinforces that the association between depression and a WTD, can be strong but attending religious service may protect them against this tide. Religion is associated with lower loneliness (Krause, 2016) and depression (Orr et al., 2017). Attending religious services and the comfort received from religiosity is as an adaptive response that protects the older person from death ideation (Haung et al., 2017). Jehoel-Gijsbers et al. (2008) showed that all EU member states social participation decreases as people grow older with material deprivation increasing with exception that in the Nordic countries and Germany access to social rights improves with increasing age. Scharf et al. (2005) showed that the disconnection with exclusion was significantly correlated with ethnic origin, educational status, housing tenure, perceived health status and quality of life, depicting disadvantage experienced by older people living in deprived urban neighbourhoods.

The concept of support from adult children to ageing parents (Takagi & Saito, 2015) is important but due to living perhaps in different Countries, working away from home, this may not always be possible and can lend itself to a high level of loneliness experienced by aging parents. Loneliness can also be experienced by the older adult who no longer has friends alive to enjoy certain activities together. In Ireland the local pub was a centre for people to get together and chat. However, if the older adult lives in a rural area with no access to transport, they are not able to avail of this opportunity.

Conclusion

An important objective of examining loneliness is to identify specific domains of social connectedness across the life span. Loneliness may be addressed by enabling engagement in social environments and may protect individuals from experiencing this epidemic. In this article, the issue of loneliness, social connectedness, the young adult and the older person have been tentatively explored. This has been done within the context of how ethically we can better understand the societal impact of loneliness on both young and older adults and gain an insight into developing targeted interventions. Health status permeates how society deals with loneliness, recognizing that people may be isolated, but not lonely; possibly lonely in a crowd; isolated and lonely; and not isolated and not lonely.

There is a need to gain clarity and a better understanding of how loneliness impacts on societal values and understand the ethical obligation on policy makers to address this issue. Studies would suggest that there is no quick solution to fixing loneliness, but it is important to recognize that cultures vary and what may work for one may not be a solution for another. Community interaction needs to be built on and amenities made available that is suitable for all ages across the life span. There are key areas that are relevant and need to be addressed from a public policy perspective including the option for role participation along with a range of various opportunities that are suitable for participants irrelevant of age and social status. Policy recommendations regarding addressing loneliness need to focus on improving affordable and timely access to services and facilities available in their area. There is an ethical and moral obligation to address the issues that increases loneliness.

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