

LONELINESS IN THE UNITED STATES: A SOCIOLOGICAL APPROACH

by

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APPROVED BY SUPERVISORY COMMITTEE:

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For my friend, Audrey Gale Hall

Do not stand  
By my grave, and weep.  
I am not there,  
I do not sleep—  
I am the thousand winds that blow  
I am the diamond glints in snow  
I am the sunlight on ripened grain,  
I am the gentle, autumn rain.  
As you awake with morning's hush,  
I am the swift, up-flinging rush  
Of quiet birds in circling flight,  
I am the day transcending night.  
Do not stand  
By my grave, and cry—  
I am not there,  
I did not die.

—Clare Harner, *Immortality*

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# LONELINESS IN THE UNITED STATES: A SOCIOLOGICAL APPROACH

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Loneliness in American society has received much attention in recent years from researchers and public health officials. Loneliness is defined as a form of perceived detachment from others which causes emotional distress, while social isolation is an objective measure of the degree of social contact an individual has. Loneliness and the related concept of social isolation are linked to various detrimental health outcomes, with some researchers viewing them as a threat to public health akin to smoking or obesity. This paper aims to examine the current landscape of loneliness within the United States, reviewing how it manifests within the various diverse groups which make up American society, and how the recent COVID-19 pandemic has affected social connectedness. Research within the field of sociology is discussed to illustrate the value of applying a sociological approach to loneliness and social isolation, both in understanding the origins of these social ills and in devising solutions aimed at reducing loneliness and social isolation within American society.

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# **CHAPTER 1**

## **INTRODUCTION**

Loneliness and social isolation have experienced a surge of interest from scholars in the 21st century. The influence of emerging technologies, especially the rise of social media, has brought new concerns to an old problem. Although loneliness is often understood as an individual problem, its roots within a person's social relationships and its connection with societal ills such as suicide and social isolation merit the interest of sociologists.

Loneliness has been previously defined as “an enduring condition of emotional distress that arises when a person feels estranged from, misunderstood, or rejected by others and/or lacks appropriate social partners for desired activities, particularly activities that provide a sense of social integration and opportunities for emotional intimacy.” (Rook, 1984, p. 265). The key component of this definition is emotional distress. Perceived isolation or estrangement from others can be felt even among people with many friends and social connections. As long as there is an emotional component of distress drawn from a perceived separation between the individual and those around them, even a person with many friends can experience loneliness. This is the distinguishing factor between loneliness and social isolation, a similar concept which refers only to an objective quantitative lack of social connections, such as friends and activities.

Loneliness has severe drawbacks on the lives of individuals who experience it. It has been implicated in the development of several psychological and physiological illnesses, including depression, dementia, heart disease, respiratory illness, and more (Tilvis et al., 2004; Wilson et al., 2007; Taylor & Nguyen, 2020; LeRoy et al., 2017; Caspi, 2006). The link between loneliness and mortality is also well documented. One meta-analysis examining 148 studies on



loneliness and/or social isolation and mortality produced the startling figure that social connectedness was associated with a 50% reduced likelihood for early death (Holt-Lunstad et al., 2010). A paper by Lubben (2017) lays out the three main theories of how social ties interact with physiological health: 1) facilitating faster responses to and recovery from illnesses, 2) encouraging people to adopt healthier habits, and 3) reducing stress, which protects the immune system. While it is not clear which of these pathways is the most prominent mechanism, it is clear that social connectedness is a significant predictor of long-term health (Holt-Lunstad, 2017).

The most common multi-item instrument used to measure loneliness is the UCLA Loneliness Scale, which has been revised multiple times. Featuring 20 questions, the most current version of the scale has been found to be a highly reliable measure of loneliness and has been a favorite of researchers in the field since its inception (Russell, 1996). Shortened versions of this scale are also sometimes used. Another fairly common scale is the de Jong Gierveld Loneliness Scale. This scale is favored for its multidimensional approach, allowing researchers to isolate social and emotional isolation components, allowing for the study of loneliness and social isolation (Penning et al., 2014). Although these are the two most common instruments, most studies opt for a different measurement. Measurements of loneliness are broad, and researchers often prefer to use their own questions, including some measurements based only on a single question to determine an individual's loneliness. This presents a problem, as single-question measures tend to be psychometrically weak, especially among measurements of subjective emotions (Cuvillier et al., 2021). Thankfully, multi-item scales have become

increasingly common as the degree of heterogeneity in findings made it clear that differences in measurement made it difficult to compare findings.

This paper will examine the landscape of loneliness within contemporary United States society, including an overview of which groups in the country are most vulnerable to loneliness and social isolation and how the COVID-19 pandemic has affected society. Empirical and theoretical work within the field of sociology is highlighted to underline the importance of a sociological framework in understanding and combatting the threats of loneliness and social isolation, including social capital, individualism in American culture, and social network analysis. The current state of the field of interventions aimed at reducing loneliness and social isolation is discussed along with how a sociologically informed approach aimed at the macro level can be useful for public health officials and policymakers. Loneliness and social isolation are a great social threat, but a strong scientific understanding of the problem is needed before they can be overcome.

## **CHAPTER 2**

### **LONELINESS OR SOCIAL ISOLATION**

Social isolation refers to an objectively measured degree of social contact. It is often measured simply by asking respondents how many relationships they have, but more thorough scale instruments may include multiple questions related to a person's social relationships, such as how often they talk to family members or how much time they spend in the company with others. Measures of social isolation tend not to rely on individuals' interpretations of their social contacts, instead reflecting an objective quantity of sociality in some form. Loneliness introduces much more human subjectivity. Loneliness is best understood as a measure of perceived social isolation (Hawkey & Capitanio, 2015). In this view, loneliness is the perceived disconnection between the self and others, be it individuals or a wider community. This suggests that there is not necessarily a direct causal relationship between social isolation and loneliness, as individuals' evaluations of their own social relationships are subject to a variety of cognitive, affective, and environmental factors. According to this definition, measurement of social isolation cannot be considered to be an equivalent measurement of loneliness. Some researchers have argued that studies on the two connect them convincingly enough to justify using them interchangeably in some contexts (Masi et al., 2011; Lubben, 2017). Conceptual differences between loneliness and social isolation are ignored and the two are collapsed into a single concept, sometimes referred to as either one of the two terms when discussing measures involving the other or both concepts. Although researchers sometimes utilize measurements of loneliness and social isolation together to isolate the effects of both, this has often been ignored, with many studies focusing solely on social isolation, perhaps due to the ease of

measuring it objectively compared to loneliness (Holt-Lunstad et al., 2015). Social connectedness has also been suggested as a possible reconciliation of the loneliness/isolation debate, as it contains within it multiple factors which are captured within the definition of loneliness (Holt-Lunstad et al., 2017). This view prefers to measure social connections as the explicit opposite of loneliness and/or social isolation, the presence of which indicates a successful reduction in the latter (see Murthy, 2023). Refusing to distinguish the two by arguing for a new conceptualization does not solve the fundamental issue that loneliness and social isolation are separate but related concepts, and in fact obscures the difficulties felt by the lonely who live with a high degree of social connectedness.

By collapsing social isolation and loneliness under the same conceptualization, researchers risk ignoring potential differences in how each outcome affects individuals. There is strong evidence that loneliness could act as a determinant of health independent of mere social isolation. A study on Norwegian schoolchildren found that only social isolation paired with emotional isolation acted as a predictor for somatic symptoms such as stomach and head aches, sadness, and anxiety (Løhre, 2012). While no causal link can be firmly established from this correlational study, it does provide some evidence for the value of differentiating between objective and perceived isolation in predicting health outcomes in a field of research which lacks rigorous causal studies in general. A study of 160 participants willingly infected with a common cold virus found that loneliness was significantly correlated with patient reports of somatic symptoms of their illness, while social isolation was not (LeRoy et al., 2017). The controlled setting of this study provides strong evidence that loneliness, not social isolation, is a potential risk factor for somatic symptoms in respiratory illness patients. These results suggest that

loneliness, rather than social isolation, may be useful for practitioners in understanding their patients' experience of their illness and broach the possibility for interventions aimed at reducing symptoms for respiratory patients through strengthening social bonds.

While there is some evidence that loneliness may be more useful in predicting somatic symptomology than social isolation, there are also conflicting findings among other areas of mutual influence. For example, one study on elderly people in the Netherlands using longitudinal data over a ten-year period found that loneliness was a strong predictor of mortality among older men (Holwerda et al., 2012). Social isolation was not found to be statistically significant in multivariate analysis. This finding was reversed in a study published one year later in 2013, once again using longitudinal data over an eight-year period, in which social isolation was found to be a significant covariate of excess mortality, while the effects of loneliness largely disappeared once baseline health was controlled for (Stephoe et al.). Differences in findings regarding the independent effects of social isolation and loneliness are likely due to wide variation in the measurement of both factors, a clear issue in this field of study (Holt-Lunstad et al., 2015). These findings demonstrate the utility of making a clear distinction between loneliness and social isolation.

In addition to the evidence for the usefulness of loneliness as a distinct concept from social isolation, decoupling the two may be necessary to develop a coherent understanding of current societal trends in the United States. In his acclaimed book *Bowling Alone*, Putnam put forward compelling evidence that American participation in civil society in nearly all its forms fell in the latter half of the 20th century (2000). The author charted the collapse of American attendance of religious services, political organizations, clubs, unions, volunteering

organizations, and more, noting that although the total amount of Americans who bowled had increased, the number of people who bowled together in clubs actually decreased. This drop in social connectivity was not always found to be a simple linear decrease, but the weight of the evidence taken together points to a new era of disconnection within American social life. This finding is echoed in more recent scholarship. A 2006 study using data from the General Social Survey on a nationally representative sample of American households found that between 1985 and 2004, the size of Americans' social networks declined by approximately one third (McPherson et al.). The most common response in the data for 2004 indicated that the respondent did not have a single person in their life they felt comfortable confiding in; the most common response 1985 was three confidants, indicating sharp decline. A recent meta-analysis on 277 studies on U.S. social networks concurred that American personal and friendship networks have declined since 1977 (Wrzus et al., 2013). These results indicate a sharp reduction in the social connectedness for most Americans.

Viewing social isolation and loneliness as equivalent concepts, one would expect loneliness to be increasing over the same time period. Indeed, many commentators have declared a "loneliness epidemic" in the United States, including the U.S. surgeon general, who published a general advisory on the topic fittingly called "Our Epidemic of Loneliness and Isolation" (Murthy, 2023). The surgeon general notes that loneliness and social isolation are strong risk factors for a variety of physical and mental illnesses and general mortality, and also calls attention to the high rates of loneliness and social isolation among Americans, with robust evidence in support of both. Absent is a discussion of the evidence on the level of loneliness among Americans over time. This is unfortunate; a measured, unbiased look at empirical studies

reveals a more complicated picture. Researchers have disputed the claim that contemporary Americans are lonelier than the previous generation. One study compared reported loneliness among Baby Boomers (born 1948 –1965) and the Silent Generation (born 1920 –1947), finding no evidence that Baby Boomers were lonelier than the previous generation (Hawkley et al., 2019). The same paper also examined data from 2005 to 2016 and found that loneliness did not increase among older Americans when accounting for the increasing age of the American population. Examining a different sub-set of the population, a meta-analysis of 48 studies on American college students from 1978 to 2004 found that while rates of social isolation experienced a minor increase, rates of loneliness actually decreased over the period (Clark et al., 2015).

Sociologists Parigi and Henson explore this central question within social science to the modern discourse around loneliness, noting that arguments tend to be centered on the disorganizing effects of new social media, ignoring a more nuanced discussion on the causes of loneliness and how individuals may adapt their socialization methods to accommodate the use of new technologies (2014). Concerns over the social impact of modernization have persisted since the dawn of the Industrial Revolution destroyed the villages of England and shuttled their communities into anonymizing urban centers. Wellman identifies the “lost community” argument as a central topic within social science for the past century (1979). The argument claims that modern life has resulted in disorganized urban environments defined by bureaucracy, impersonality, and transience, a drastically different form of social relations compared to the tight-knit communities of pre-industrial Europe. While proponents of this argument might find evidence on the increasing social isolation of American society to be convincing, extension of

this argument to the claim that subjective perceptions of isolation have increased in tandem are unfounded.

The preponderance of evidence clearly indicates that loneliness is a dangerous risk factor for individual health and civil society. The claim that America is undergoing a “loneliness epidemic,” however, is not convincingly borne out by research on longitudinal trends. Public officials are right to focus on loneliness and social isolation as dangers to public and communal health, but the conflation of the two is not helpful for isolating the exact effects or effective treatments of either. Asserting that modern conditions are uniquely detrimental to people’s perceived social connectedness is an antiquated argument which relies on unfounded assumptions about the effects of modern conditions on sociality and perceptions of social connectedness. Existing research indicates that although social networks have shrunk over time, perceptions of isolation have stayed stable over the same period. Further research is needed to better understand how social isolation affects perceptions of loneliness and what protective factors may exist to buffer individuals’ sense of isolation from this objective decrease in social ties. While the clear distinction between loneliness and social isolation is recommended to create a more thorough understanding of both phenomena, the unfortunate truth is that the two concepts are conflated in most studies. Thus, throughout this paper, the two will be paired frequently without discussion of each individually, as represented in the literature. Researchers should embrace a new paradigm clarifying the distinction between the two, but until this practice spreads or is discredited, loneliness and social isolation will be necessarily mentioned in the same breath throughout much of the discussion.



## **CHAPTER 3**

### **LONELINESS IN AMERICA**

#### **Old Age**

In 2020, the United Nations General Assembly declared 2021-2030 to be a “decade of healthy aging” (United Nations). The proclamation claims that between 2019 and 2030 the amount of people in the world over the age of 60 is projected to increase by 38% and aims to direct focus among the international community on addressing the needs of a growing elderly population. Among these concerns, social isolation and loneliness are directly addressed as a major threat to the well-being of older people. In Western countries such as the United States, demographic trends such as increasing life expectancy and declining birth rates indicate that population’s proportion of elderly people is likely to increase. The population will skew older than in previous generations, increasing the caretaking and healthcare burden on the rest of society (Poscia et al., 2015). In addition to these demographic trends projecting an older population in the future, there is also evidence of an increase in several risk factors which are associated with higher levels of loneliness, such as higher rates of living alone (Reher & Requena, 2020), smaller social networks (McPherson et al., 2006) and less time spent in the company of friends (Twenge w Campbell et al., 2019). These factors combine with an aging population to produce an emerging challenge in the near future in caring for an increasingly older, and perhaps lonelier, generation of Americans.

Elderly people are often singled out as especially vulnerable to social isolation due to the distancing of family, increasing deaths among their peers, feeling lost in an age of unfamiliar technology and cultural differences, and inability to engage in social interactions due to health

issues. The death of a spouse often leaves elderly people living alone for the first time in decades and is one of the greatest predictors of loneliness among individuals (DiJulio et al., 2018). Yet, despite the documented increase in threats to social connectedness, the evidence tends to suggest that if anything, loneliness decreases with age. A representative survey of Americans in 2018 found that loneliness tends to decrease linearly with age, with a jump in loneliness among the oldest of the old over the age of 80 (Bruce et al.). This means that elderly Americans tend to become less lonely as they get older, not the other way around, at least to a point. There are a number of other factors which complicate this relationship. Social networks tend to decrease with age, while the likelihood of living alone and being unemployed both increase. These factors tend to be associated with an increase in loneliness (Hawkley et al., 2019). Luhmann and Hawkley (2016) examined the relationship between age and several known covariates of loneliness in a nationally representative survey of 16,132 Germans, finding that loneliness spiked at age 30 and again age at 60, falling until around age 80 when it began to rise again. Surprisingly, living alone was associated with lower levels of loneliness among the elderly when controlling for other covariates such as income. This raises a number of questions about previous assumptions on the relationship between age and loneliness. While the exact nature of how loneliness interacts with age remains to be determined, it is clear that loneliness decreases with age in the United States and other Western cultures (Chawla et al., 2021).

While quantitative research strongly supports the conclusion that loneliness decreases with age up to a point, concerns that elderly people are more likely to suffer more due to loneliness and social isolation are also common. The evidence suggests that this is not the case. Numerous studies have shown that loneliness is a strong predictor of mortality among older

adults (Tilvis et al., 2011; Lubben, 2017; Pantell et al., 2013). However, much of this research has ignored comparisons of mortality rates across age groups. The consistent mantra of loneliness as a uniquely strong health determinant among older adults belies the utter lack of any substantial evidence to support this claim. To test this claim, a meta-analysis of 70 studies on the relationship between loneliness and mortality found that middle-aged people were the most at risk for excess mortality due to loneliness compared to all other age groups (Holt-Lunstad et al., 2015). The authors note that this may be a statistical artifact due to survivorship bias, where people more resilient to the effects of loneliness and social isolation are more likely to survive into old age compared to people more vulnerable to it. This does not preclude their conclusion that researchers should abandon the claim that older adults are especially vulnerable to deleterious health effects of loneliness and social isolation. Although there is no evidence that loneliness is especially deadly to older adults, it has been shown to be associated with higher risk of cognitive decline among the elderly, which significantly reduces quality of life for both the individual and their loved ones (Tilvis et al., 2004; Wilson et al., 2007). Social isolation among the elderly has also been pointed out as a significant cost to public health spending (Flowers et al., 2017). Reducing loneliness among aging Americans remains a valid public health concern, but the bulk of research suggests another target in greater need of attention.

## **Youth**

In Fall 2021, a joint statement released by the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children’s Hospital Association declared a “National State of Emergency in Children’s Mental Health” (American Academy of

Pediatrics). The organizations identified a soaring increase in youth mental health issues, compounded by the difficulties of the COVID-19 pandemic, which induced social isolation, illness, and death in the lives of many children. While the pandemic worsened the mental health of American adolescents, the evidence suggests that youth mental health was already in a downward spiral before the pandemic began. One study on adolescent activity between 1976 and 2016 found that youth participation in many social activities, such as dating, working, and hanging out without parental supervision had declined over time (Twenge & Park, 2019). Direct study on youth psychological well-being over this period supports the conclusion that youth mental health has begun to decline in recent decades. One study found that a steady increase in youth well-being over the latter half of the 20th century was reversed in the 2000s, with a precipitous drop beginning in 2011, identified by qualitative studies as a decline in self-esteem (Twenge et al., 2018).

Many commentators have expressed concern that unregulated access to the current online environment may endanger the social connectivity and mental health of youths, who may be isolating themselves from real social connections and stunting their ability to make meaningful in-person connections. Declining self-esteem matches well with the common adage that social media has made young people more self-conscious and obsessed with curating and managing their online self-image. In addition to using social media at higher rates than older generations, there is also concern that social media may have a uniquely negative effect on the mental health of youths due to their delicate developmental state, which can be more easily affected by external forces compared to the matured minds of older adults. The newest generation of Americans, often referred to as Generation Z, have largely abandoned traditional modes of mass media

which were popular among older generations, such as television, movies, and print media, in favor of social media and other internet sites (Twenge et al., Martin, 2019). Researchers studying youth technology use over time found that the average high school senior in 2016 spent twice as much time online as the average senior did in 2006 (Twenge et al., 2018). American youths are embracing social media at a rapid pace, entering an era of unprecedented social integration into online spaces. It may be too early to tell what effects the mass adoption of internet technologies will have on the youngest generation who have embraced them. Close monitoring of social media consumption habits and their effects on sociality and mental health are necessary to establish a clear relationship.

This critical view of the role of social media on loneliness has not gone uncontested. In a response to a 2018 study by Twenge et al. claiming to support a negative relationship between social media use and mental health, Heffer et al. provide one longitudinal study on adolescents and one longitudinal study on undergraduate college students, finding that in both, social media use did not predict greater depressive symptoms over time (2019). Rather, the researchers found evidence for a causal relationship running in the opposite direction, with depressive symptoms predicting greater social media use over time. The common assumption that social media leads to a deterioration in mental health may be the result of the erroneous application of a causal relationship to purely correlational data based on strong prior assumptions about the nature of said relationship. In addition, there is evidence which suggests that there is no relationship between social media use and loneliness at all. A recent longitudinal study of 500 adolescents over an eight-year period found no evidence for a relationship between social media use and

mental health (Coyne et al., 2020), challenging the notion that there is a clear-cut relationship to between social media use and mental health.

Other researchers have challenged the monolithic depiction of social media commonly found within the field. There is evidence that not all social media platforms have the same relationship with loneliness. Researchers examining the effects of multiple prominent social media platforms on loneliness among adolescent users found that among a survey of American undergraduate students, those who engaged in social media platforms which encouraged the posting of image-based content, such as Instagram and Facebook, reported significantly less loneliness, whereas use of text-based platforms such as Yik Yak and Twitter (now X) not correlated with any significant change in loneliness or other mental health outcomes (Pittman & Reich, 2016). Their findings support a more nuanced approach towards the relationship between social media use and loneliness. In addition to calling into question the common reductionist procedure of grouping all social media platforms within one operational measure, this evidence suggests that some social media use could actually have a positive impact on loneliness and mental health. Developing a substantive theory of how distinct aspects of social media affect mental health and loneliness among their users can help inform developers on how to design their services to optimize the health of their users, while also informing health practitioners of potential risk-factors based on what social media platforms/services individuals use.

In addition to the surge in social media use among the younger generation, developments in the workplace may also pose a threat to social connectivity. The lockdowns of the COVID-19 pandemic caused an explosion of remote work within much of the developed world. Many businesses have now moved back into their previous in-person formats, but some employers

have found that remote work resulted in little long-term disruption. While this change was welcomed by many, appreciative of the ability to avoid their commute and work from the comfort of their own homes, avoiding office life may result in fewer friendships and social interactions, potentially reducing the social networks of workers. Relationships made at work are one of the primary ways that Americans expand their social networks (Mollenhorst, 2008). The youngest generation of workers will be entering into a work environment where remote work is frequently offered as a common format for employees in many industries, which increases the risk of social isolation due to the difficulty of making meaningful social connections while working from home (Twenge, 2023). While research has shown that the sudden move from office life to remote work may increase loneliness among workers (Walz et al., 2023), the opportunity to study how young workers who choose to work remote from the beginning of their employment by a firm has been necessarily brief. The extra time gained by avoiding the commute may aid in forming other bonds, or perhaps their familiarity with online forms of communication will enhance their ability to make work-based connections while working from home. Future research should focus on how young Americans adapt to remote work as their primary experience of work-life.

Reducing loneliness and social isolation among young people should be a top concern for public health officials. Loneliness or social isolation experienced at vulnerable developmental stages may leave lasting impacts on health throughout the life course. A study on the effects of loneliness across the life cycle on cardiovascular disease found that children who experienced loneliness were more likely to experience poor health as adults, independent of adult loneliness and other confounding factors (Caspi et al., 2005). Another study examining the connection

between loneliness and social isolation among adolescents and adult health found that loneliness significantly predicted poor health as an adult independent of social support (Goosby et al., 2013). This suggests that loneliness may be the more important factor than social isolation in affecting long-term health for adolescents. Reducing loneliness among young people creates lasting health benefits, increasing quality of life and reducing lifelong health costs. It may also decrease the likelihood of experiencing loneliness later in life, as research has shown that those who experience loneliness when they are young are more likely to continue to experience it throughout the rest of their life (Guthmuller, 2022). It is unclear if interventions aimed at reducing loneliness could interrupt the pathway that creates an association between early experiences of loneliness and chronic loneliness throughout one's lifetime. Future research should focus on the viability of such interventions, both in reducing loneliness among young people and in influencing the experience of loneliness later in life.

## **Gender**

The relationship between gender and loneliness is a contentious one. Research on the effect of gender as a vulnerability factor to loneliness and social isolation has proved inconclusive, although conflicting results are common. A comprehensive meta-analysis on the differences in loneliness between men and women was conducted in 2019, examining 638 studies and including multiple potential moderators, including age, socioeconomic status, individualism, and relationship status, concluding that there is no significant relationship between gender and loneliness (Maes et al., 2019). A small effect size was found for age, such that males tended to be slightly lonelier in childhood and early adolescence, but this difference disappeared into adulthood. These findings examined studies from across the world, although



nearly half the studies were derived from North American populations. A more direct look at the American population reveals a similar pattern. A survey of 20,096 Americans conducted in 2018 found that men and women reported loneliness at similar rates (Bruce et al., 2019). While minor differences may appear based on the source of the data, most of the evidence indicates that American women and men experience loneliness at similar rates.

While this research dismisses the likelihood of a clear correlation between gender and loneliness, it does not preclude the possibility of differences in how people are affected by loneliness. A study examining hospital records of middle-aged patients in the United Kingdom found that while loneliness was associated with an increased risk of hospitalization for self-harm among both men and women, lonely men were at significantly higher risk for death by suicide compared to lonely women (Shaw et al., 2021). Males in the sample appeared to be at elevated risk of loneliness and suicide due to living alone. It has previously been hypothesized that men are more likely to seek confidence from their partners, whereas women tend to seek comfort more from their friends (Cooney & Dunne, 2001). Put together, these results seem to indicate that male suicidality may be uniquely tied to loneliness, especially when living alone or without a romantic partner.

There is some evidence that male loneliness has a greater effect on mortality and mental health. A meta-analysis examining 31 studies on loneliness and excess mortality from a variety of sources concluded that while loneliness was associated with mortality in both men and women, this effect was larger for males (Rico-Uribe et al., 2018). This seems to echo previous findings that males suffer greater effects to their mental health due to loneliness compared to females (Zebhauser et al., 2014). The reason for this is unclear, but there is evidence that males

suffer a greater social stigma for reporting loneliness compared to females (Lau & Gruen, 1992). Suffering harsher views from their peers when struggling with loneliness, males may also be less likely to reveal to others that they are lonely. This difference may also account for disparities in data based on whether loneliness is self-reported or measured using an indirect assessment (Borys & Perlman, 1985). Difficulties in admitting when they are lonely may make it more difficult for males to seek help for their affliction, possibly contributing to their own perceived isolation and resulting in a more hopeless outlook on their own situation. In addition to these social factors, loneliness may also cause a more severe effect on the brains of males in general. A more recent meta-analysis by Park et al. asserts that while there is no significant effect of gender on most health outcomes, there may be a moderating effect of gender on cognitive health (2020). A longitudinal study of Chinese senior citizens from 2009 to 2012 found a significant effect between maleness and loneliness in the development of dementia (Zhou et al., 2018). Theories regarding the potential connection between maleness and declining mental health are still in development. Given men's increased vulnerability to suicide and reticence to disclose feelings of loneliness, practitioners should be prepared to discuss the dangers of loneliness and assuage their fears of rejection to encourage them to seek help, professionally or personally.

In addition to differences in health outcomes, there is some evidence that loneliness is experienced differently based on gender. A study on the spread of loneliness within social networks found that women were more likely to be affected by the loneliness of those around them, suggesting that women are more vulnerable to the spread of loneliness through negative social interactions within their networks (Cacioppo et al., 2009). Women may be more vulnerable to social influences which may cause loneliness, such as interactions with other lonely

people. The authors of the study remarked that this may be due to differences in how women and men both seek out social support, but current evidence does not support this claim. A meta-analysis of 575 studies on loneliness and gender concluded that there is no difference in what types of loneliness men and women experience (Maes et al., 2019). No interactions were found between gender and income, ethnic majority/minority status, or overall health. In terms of subjective experience of loneliness, men and women have much more in common than has previously been thought.

### **LGBTQ+ Americans**

LGBTQ+ groups are severely under researched in the literature on loneliness and social isolation. Traditionally, researchers examining loneliness and social isolation among LGBTQ+ people have tended either to group people of all sexual and gender identities together, or to include only individuals who identify themselves as lesbian, gay, or bisexual. The only meta-analysis comparing rates of loneliness between sexual minorities and heterosexual cisgender people found only four studies fitting the necessary criteria for inclusion (Gorczynski & Fasoli, 2023). They found that among the studies examined, sexual minorities tended to experience higher levels of loneliness, but the small number of studies analyzed illustrates the dire need for more quantitative research on the differences between LGBTQ+ people and heterosexual cisgender people. This type of demographic information is often ignored in national surveys of loneliness in America, such as the Cigna Loneliness Index (Bruce et al., 2019). Future research should include demographic measures of sexual and gender identity to develop a clearer picture of how sexual and gender minority groups fit into the picture of loneliness in America.

A study of 273 Americans living in the Southeastern United States who self-identified as sexual or gender minorities found that in addition to the known factors of income, sense of community, and depressive symptoms, assault victimization was a significant factor associated with higher rates of loneliness (Shepp et al., 2023). Experiences of violence are likely to result in loneliness regardless of sexuality, but it is likely that the stigma associated with sexual and gender minority status and the incidence of hate crimes against these groups are likely to cause greater feelings of isolation. In addition to these factors, internalized homophobia was also found to be positively correlated with loneliness. Internalized homophobia could present itself as a barrier to individuals' acceptance of themselves and willingness to connect with others. A Dutch study of the factors which contribute to loneliness among a sample of lesbian, gay and bisexual elderly people found that loneliness is significantly correlated with feelings of rejection and discrimination among lesbian, gay, and bisexual people (Kuyper & Fokkema, 2010). This suggests that the difference in loneliness may be caused primarily by social stigma, at least among older LGB individuals. Aging LGB individuals typically grew up in a time where their sexual identity was greeted with much more hostility than today, which could make them more sensitive to social challenges and perceived rejection.

Evidence on the loneliness of people who do not identify with the traditional male-female gender binary is severely lacking, even within the already small field of study on LGBTQ+ people in general. Transgender and gender non-conforming (TGNC) people make up a small proportion of the general population but are at increased risk of mental health issues including depression and suicide (Andersson et al., 2020). Existing research suggests that loneliness may have an exacerbating effect on TGNC individuals' mental health and psychological well-being

(Garro et al., 2022; Narita et al., 2023). The immense social cost that TGNC individuals pay for openly embracing their gender identity exacts a heavy toll on mental health, and loneliness appears to worsen this relationship. Rejection from friends and family greatly increases the likelihood of suicide attempts among TGNC youth (Haas & Hermann, 2014). Social support appears to be a moderating factor which reduces the role of social stigma and internalized transphobia in damaging the psychological well-being of TGNC people. As society becomes more accepting of TGNC people, the threat posed by stigma and loneliness to their mental health and their lives is likely to diminish, yet little evidence exists on the effectiveness of programs aimed at increasing inclusivity towards gender minority groups. While the dearth of research on TGNC is gradually abating, the lack of scientific understanding of this group of exceptionally vulnerable Americans continues to stand in the way developing a clear understanding of how they are affected by loneliness and what can be done to ameliorate their suffering. Scholars should strive to incorporate studies of gender minority groups into their research and pursue evaluative studies on interventions to better understand how we can build a more accepting society.

### **Socio-economic Status**

Studies have shown that low income is associated with higher rates of loneliness (Savikko et al., 2005; Dykstra & de Jong Gierveld, 1999). However, the exact relationship between income and loneliness is difficult to disentangle, as low income is associated with a host of other factors which may also place people at greater risk of loneliness. Education, unemployment, and marriage are all significantly associated with lower income, and all have been found to be significant predictors of loneliness independently from each other (Hawkey et

al., 2008). Statistical analysis of a nationally representative study of 20,096 Americans surveyed over the internet concluded that while multivariate analysis did not find a significant relationship between income and loneliness, loneliness tended to decrease linearly as income increased (Bruce et al., 2019). Controlling for factors associated with low income made the effects of income itself disappear, although the examination of lonely Americans by income reveals that the poorest Americans tend to be overrepresented regardless. Other research calls this conclusion into question. An in-depth multivariate analysis of a representative sample of Germans found that income retained a significant negative relationship with loneliness even when controlling for education, employment, and relationship status (Luhmann & Hawkley, 2016). It appears that socioeconomic status brings with it many additional factors which are also associated with loneliness, but it is likely that income itself also plays an important part of the puzzle. Further research is needed to better understand the intricacies of how socioeconomic status is associated with loneliness and social isolation.

Low-income itself comes with a host of additional stressors and difficulties in accessing interventions to reduce loneliness, many of which could be costly or require a considerable time commitment, neither of which low-income people are likely to have an excess of. Funding for programs to be offered at little to no cost may be an important way to improve access to intervention programs for low-income Americans.

### **Race and Ethnicity**

While the study of racial and ethnic differences has been the subject of extensive academic interest across a wide range of disciplines, the study of differences within the field of social connectedness is lacking. Differences in loneliness and social isolation among different

racial and ethnic groups in America have only recently begun to be explored. A study examining data collected in the 2014 Health and Retirement Study on older Americans found that while loneliness predicted increased incidence of depressive symptoms among both Black and White Americans, the effect was significantly stronger for White respondents (Taylor & Nguyen, 2020). This study also noted that although White Americans are more likely to suffer from depression than minority groups, depression among Black Americans may be more likely to cause severe and chronic health issues.

The increased severity of depression among African Americans presents an opportunity for health policy to identify them as a vulnerable group and focus on treating and preventing depression among African Americans. However, there may be differences in how loneliness and social isolation affect health based on the race and ethnicity of the individual. An early study examining racial and ethnic differences in the association between loneliness, social isolation and health found that race played a significant moderating role among the elderly (Miyawaki, 2015). The paper examined data collected by the National Social Life, Health and Aging Project on 3,005 adults aged 57-85, comparing reported physical and mental health among non-Hispanic Blacks, non-Hispanic Whites, and Hispanic Americans. Significant differences were found among each of the three racial/ethnic groups, such that loneliness and social isolation appeared to each affect the groups' mental health and physical health differently. These findings indicate that the mechanisms by which social isolation and loneliness each affect health may be moderated by the race/ethnicity of the individual, presenting a challenge for the development of interventions aimed at increasing health outcomes across groups.

In addition to differences in the connection between measurements of isolation and health outcomes, some research has noted differences in the sources of loneliness between racial groups. A novel 2021 study utilized ecological momentary assessments, daily questionnaires delivered via smartphone application, to record the physical environment and emotions of a sample of 450 adults over the age of 65 in the Chicago area. Results indicated that while the Hispanic, Black, and White groups experienced loneliness at similar rates, White participants were more likely to feel loneliness in their own homes, while Black participants were more likely to feel loneliness outside of their homes (Compernelle et al., 2021). This moderating effect was found while controlling for coresidential status and household size. These findings suggest that cultural differences may affect how people from different races and ethnicities experience loneliness. Black loneliness outside the house may be explainable by the racial stigma of being an African American in public spaces, where racial discrimination and interpersonal hostility may play a principal factor in alienating African Americans outside the home. Interventions aimed at decreasing the racial stigma perceived by racial minority groups may find success in reducing loneliness as well. Further research is needed to identify more differences in the experience of loneliness among people from different racial and ethnic backgrounds.

A significant hole in the research lies in the study of racial and ethnic differences in the experience of loneliness and social isolation across all age groups. The dangers of loneliness and social isolation are present across all age groups, and research indicates that young people may be especially at risk, yet no studies have yet addressed cross-sectional differences across age groups. As a whole, racial and ethnic differences remain an under researched topic in the literature on loneliness and social isolation, which makes it difficult to identify how to best cater



interventions to help specific groups, or which groups are at most risk. Researchers have focused on differences between non-Hispanic White, non-Hispanic Black, and Hispanic Americans, leaving some groups bereft of academic attention. Given the wide-open nature of this space, qualitative research such as long-form interviews may provide a good foundation for identifying possible difficulties which may exist at the intersections of race and ethnicity and other risk factors, such as poverty, gender, sexuality, and youth.

### **Loneliness During the COVID-19 Pandemic**

The onset of the COVID-19 pandemic in 2020 resulted in wide-reaching changes for American social activity. As lock-down policies came into effect, in-person social interactions dropped for extended periods of time as most people stayed in their own homes and avoided social interaction to stop the spread of the virus (Einberger et al., 2021). Amidst a climate of growing concern for the effects of social isolation and loneliness, warning calls from social scientists came early, as some researchers pointed out the potential consequences of restricting social interaction on mental health. Holt-Lunstad pointed out that social isolation and loneliness can have lethal consequences in both the short-term and long-term, so public health officials should be mindful of the negative possibilities of issuing lock-down policies and look for solutions to increase social connectedness during isolation where possible (2021). While no comprehensive research has been attempted to account for the medical cost of the institution of social isolation policies in America, the evidence suggests that loneliness increased during the pandemic. A meta-analysis examining 34 longitudinal studies on Western nations found that the pandemic coincided with a small but significant increase in loneliness (Ernst et al., 2022). The

wide range of effect sizes within these studies suggests that further research is needed to better understand how the pandemic affected perceptions of loneliness in different populations.

The pandemic may have worsened loneliness among Americans, especially among the young. A study examining differences in mental health among Americans during the pandemic found significant age differences, with young people experiencing the most frequent psychological distress, while older adults (55+) experienced the least (McGinty et al., 2020). While lock-down policies resulted in a broad reduction in social contact among all Americans, older people may have been less impacted by this due to the increasing importance of family ties with age (Lu, 2022). There is evidence to suggest that during the pandemic, hate speech and aggressive content online increased, which may have had a disproportionate impact on people who frequently used social media during that period, such as young people (Hsu et al., 2022). Whatever the reason, research suggests that young Americans suffered disproportionately from social isolation during the pandemic. A survey of 950 Americans conducted by Harvard's Graduate School of Education found that 36% of respondents reported feelings of loneliness frequently or most/all the time, with 61% respondents under the age of 25 reporting these measures of severe loneliness (Weissbourd et al., 2023). The dearth of longitudinal data creates some difficulties in drawing conclusions from these findings, but these extreme figures suggest a powerful blow to the mental health of America's young people during the pandemic. One longitudinal survey of 656 young adults in America found that the pandemic worsened loneliness, depression, and anxiety, but that these decreased to levels comparable to those found before the pandemic by August 2021 (Graupensperger et al., 2022). These findings suggest that while the pandemic may have increased loneliness at the time of their implementation, their

effects did not last beyond their implementation, a relief for those concerned with the long-term effects of the pandemic on mental health.

Despite the apparent recovery of young Americans' mental health post-pandemic, there is still cause for concern for future pandemic responses. For one, the health cost shouldered by Americans due to the isolating effects of lock-down policies is still unknown. A meta-analysis of 73 studies examining the associations between measurements of mental health and symptoms of depression, anxiety, and post-traumatic stress found that loneliness was a particularly strong factor in predicting symptoms, more robust than measures of social support itself (Gabarell-Pascuet et al., 2023). The documented increase in mental health disorders during the pandemic is likely due to the marked increase in loneliness and decrease in social support as observed in the literature.

In addition to the increase in general mortality and mental illness associated with loneliness and social isolation, lonely people may also be more likely to contract COVID-19 itself. An analysis of the electronic health records of 61 million American adults found that the diagnosis of a mental disorder increased the likelihood of contracting COVID-19 in the following year, as well as increasing the odds of being hospitalized for the illness or dying due to complications of the disease (Wang et al., 2021). Depression and schizophrenia were the two diseases with the greatest correlation on contracting, being hospitalized for, and dying from the virus. The connection between loneliness and mental illnesses, especially depression, suggests that the increase in loneliness due to the pandemic may have also worsened the effects of the virus itself. Additionally, these effects were greater among women and African Americans. Further research should be directed towards understanding the connection between loneliness

and mental illness in general and the contraction of viral diseases such as COVID-19, as well as how specific population groups, such as women and African Americans, are differentially affected by this connection.

## CHAPTER 4

### THEORY

#### **Social Capital**

One of the most valuable contributions out of the field of Sociology to our understanding of how social relationships impact people's lives is the concept of social capital. Broadly speaking, social capital refers to the value created through social connections, especially information, influence, and social support (Sandefur & Laumann, 2000). Social support conferred in social relationships may be critical to understanding the relational element of loneliness. The lack of social relationships due to social isolation leads to low levels of support and few potential confidants for people to rely on. Survey data indicates that most people who experience loneliness can trace its origin to a specific event or change within their lives (DiJulio et al., 2018). When significant life events occur, such the loss of a loved one or a major career setback, people tend to look to their close relationships for support. A lack of social capital can be caused by a lack of social connections in general or poor quality of relationships, allowing for a flexible conceptualization of social connectedness. Empirical studies on social capital have demonstrated that high levels of social capital lead to lower levels of loneliness and social isolation (Nyqvist et al., 2016; Bai et al., 2021; Lu, 2022). Immigrants or other minority groups who lack cultural and social similarities to the dominant members of society may struggle to integrate into the larger community, endangering their access to social activities and groups which provide the relationships to develop social capital. (Yang, 2019).

Social capital is also useful for understanding how loneliness and social isolation affect certain health outcomes. A person's relationships influence the degree of support they receive

when they are sick, and a person's social network may also provide information which allows them to adopt healthier habits (Lubben, 2017). Social ties provide both information to develop a healthier lifestyle, and strong bonds may also provide incentives to prioritize health when a person is relied upon by others.

## **Individualism**

Since the birth of the nation, American culture has been linked to a strong sense of individualism, and commentators have linked this to a unique sense of loneliness for just as long. Alexis de Tocqueville, one of the earliest writers to exhort individualism as one of the hallmarks of American culture, made the connection as early as 1831 that although American society exuded individualism, this disconnection from the people around them made the average American lonelier than his European contemporaries: "Thus, not only does democracy make each man forget his ancestors, but it hides his descendants from him and separates him from his contemporaries; it constantly leads him back toward himself alone and threatens finally to enclose him entirely within the solitude of his own heart." (p. 884-885). The common narrative is that American culture promotes rugged individualism, leading Americans to deprioritize social relationships, which are important to their wellbeing. There are also concerns that American culture promotes extreme competitiveness, which seeps out of the economic sphere and intrudes on interpersonal relationships.

Contemporary writers have continued to assert that the individualism of American culture puts individuals at risk of alienation from their fellows (Rokach et al., 2002). The work of sociologist and philosopher Zygmunt Bauman has been identified as particularly insightful in explaining how the individualism of modern society creates loneliness (Franklin, 2009).

According to Bauman, modern society has become more disconnected as pervasive consumerism has invaded and transformed social relations, rendering them indistinguishable from the relationship between consumer and commodity, an attempt at desire fulfillment rather than a genuine human connection (2003). As he puts it, “consumerism is not about accumulating goods... but about using them and disposing of them after use to make room for other goods and their uses” (Bauman, 2003, p. 49). Thus, in modern society, a person’s relationships follow the same pattern, where they are frequently discarded when difficulties arise or easy pleasures end, preventing a breakthrough to greater understanding and relational fulfillment. This could result in smaller social networks, which is attested in the data, but the most likely result would be lowered relational satisfaction, which is one of the most important components in understanding loneliness.

The claim that America is a uniquely lonely nation is difficult to address. Comparisons across countries on a subject so deeply embedded in cultural differences such as loneliness are difficult to evaluate. Even if surveys do show significant differences between countries, diversity in how people in different countries interpret and report loneliness, and survey questions measuring it, make definitive statements about which countries are lonelier than others difficult to substantiate. Differences in social structure, economic development, and other structural factors can make it difficult to attribute differing rates of loneliness and social isolation to culture alone. Cross-country comparisons are also plagued by difficulties in obtaining nationally representative samples due to the sheer difficulty of assuring national representation in multiple surveys within a short time period, which requires analysis of each sample’s contents, data on the national population, and a large enough sample to accurately capture every part of society. The

study of loneliness may also cause difficulties in avoiding sampling error due to the possibility of loneliness affecting a person's willingness to engage with voluntary sampling in the first place (Luhmann et al., 2022).

Critics of American culture tend to gravitate towards individualism as the primary cause of its purported alienation. If it is true that individualism is the source of American loneliness, then researchers can isolate it as a single variable and compare across various contexts to provide an answer to whether American culture's individualism is associated with a lonelier society. Loneliness has been studied frequently in relation to individualism and collectivism for this very reason. Studies which examine this relationship and support the claim that individualism is associated with higher rates of loneliness tend to rely on narrow comparisons between only a few countries. A study comparing loneliness between samples of Canadians and Spaniards found that the more individualistic Canadian sample had a higher level of loneliness than the Spaniards (Rokach et al., 2002). The authors of the study claim to offer one of the first comparisons examining loneliness in the context of individualistic and collectivistic cultures without relying on samples drawn entirely from college students but admit that some of the sample was drawn as a convenience sample from personal friends and relatives of the students who collected the surveys, potentially harming the study's external validity. No mention is made by the authors of the samples being nationally representative of their respective populations. Additionally, the authors provide no verification of the claim that the sample of Canadians is actually more individualistic than the Spanish sample, only referring to their placement on the Hofstede individualism index (Hofstede, 1984). This presents the problem of actually verifying that an existing cultural difference between comparison groups.



Comparison studies examining individualism and loneliness frequently encounter similar barriers to internal validity. A recent study examining survey data from 237 countries and territories on over 45,000 respondents concluded that individualistic countries experienced higher levels of loneliness than more collectivistic countries (Barreto et al., 2021). Once again, individualism was not measured by the researchers and was assigned to participants based on values determined by the Hofstede individualism index (Hofstede, 1984). The lack of representative samples within the survey is a cause for concern. Additionally, the Hofstede index itself has been criticized as a poor measurement of individualism (Brewer & Venaik, 2011). Researchers should consider alternative measures of cultural individualism.

Other studies have made the opposite conclusion that individualism actually reduces loneliness. To date, no meta-analyses have been attempted to examine the effects of individualism on loneliness, but studies which directly measure individualism tend to find that loneliness is lower in more individualistic societies. Lykes and Kimmelmeier used data from the European Social Survey and Eurobarometer to examine the relationship between individualism and loneliness among European nations (2014). They concluded that the more collectivistic nations concentrated in Southern and Eastern Europe had higher levels of loneliness than the more individualistic nations of Western and Northern Europe. Furthermore, these societies differed in what predicted loneliness within them. In collectivistic cultures, interactions with family were associated with lower loneliness, while a lack of friends and close confidants was more closely associated with loneliness in individualistic cultures. These findings suggest that individualistic cultures may have different causes of loneliness than collectivistic cultures.

Researchers examining the current literature on loneliness and individualism introduced the culture-loneliness framework, which states that loneliness is expressed differently in societies based on the degree of restrictiveness in their cultural expectations on social relationships (Heu et al., 2021). Societies with more restrictive ideas about social relationships tend to have higher degrees of emotional isolation within loneliness, as frequent physical proximity to family is the norm, while displays of individual desires against social expectations are strongly discouraged. Likewise, cultures with looser expectations of social attachment may struggle more with physical isolation, as relationships with family are less demanding, resulting in a society where people are encouraged to brandish their individuality without any opportunities to do so. This framework is useful in that it provides the basis for tailoring interventions based on cultural background. An ethnically diverse society such as America requires programs effective in helping communities from around the world with vast differences in social norms.

There appears to be no evidence to support the claim that individualism results in higher levels of loneliness. Some researchers have attempted to compare loneliness within the United States itself with other countries. A recent international survey by the Kaiser Family Foundation found that 22% of American respondents reported feeling lonely most or all of the time, compared to 23% of British and 9% of Japanese respondents (DiJulio et al., 2018). According to these findings, while Americans may be lonelier than Japanese people, they are not lonelier than their close cultural cousins in the United Kingdom. This survey runs into many of the same barriers to internal validity previously mentioned, and much more research is needed to make a definitive statement on how American society compares to the rest of the world. At this point,

however, the empirical data do not support at all the claim that American culture in particular is uniquely lonely.

### **Social Network Theory**

Network analysis has proved to be an invaluable tool for understanding how loneliness affects individuals and the social networks they inhabit. Researchers examining data collected by the Framingham Heart Study, a longitudinal study collecting data on four different cohorts of patients from 1948 onward, examined the spread of loneliness within social networks (Cacioppo et al., 2009). This analysis revealed that loneliness appears to be a function of group properties, such that lonelier people tend to be connected to other lonely people. Longitudinal analysis revealed that non-lonely people with connections to lonely people tended to become lonelier over time, suggesting that loneliness may spread from person to person. The social networks of the lonely shrank over time, moving them to the periphery of the network as their relationships with others crumbled, perhaps worsening their own loneliness. Thus, loneliness appears most frequently within the network in clusters at the edge of the network, full of individuals whose loneliness has led them to have fewer social connections and has spread to those around them. This revelation suggests that loneliness may function as a kind of social contagion, spreading from person to person, highlighting the importance of understanding the social determinants of loneliness and how it operates within social networks. Loneliness is not just a function of individual psychological factors but must be understood as a social factor situated within the social network of each person, spreading according to the proximity of frequent relationships and weakening social bonds over time, potentially creating a self-perpetuating cycle as loneliness begets further loneliness social isolation within groups.

Social network studies have also been used in the study of social media's effects on social networking and loneliness. Sociologists have approached online social media with the aim of evaluating its usefulness in maintaining existing social relationships when structural factors threaten the stability of those networks. Researchers found that when individuals moved away to a new place, pressures on their previous relationships could be eased through the use of social media, specifically when active features of social media were utilized, such as posting private messaging (Matook et al., 2015). Passive use of social media was associated with weakened social networks and increased loneliness. This analysis of loneliness in the context of social networks enhances our understanding of how internet tools such as online social networking can be utilized to strengthen social networks, and under what circumstances their usage may weaken social bonds and increase loneliness. Other research has focused on more tailored uses of the internet to create new social networks. One of the traditional challenges for establishing social contacts is the need for frequent proximity to each other. This presents difficulties especially for rural populations who have a reduced number of possible social connections. The internet may offer some ways to overcome difficulty. Researchers at Montana State University created an online forum for chronically ill women, where the participants offered support and guidance to each other through asynchronous posting online. Sixty women chronically ill women were recruited to use the network at different degrees of intensity. The researchers found that use of the peer-led forum led to significant reductions in loneliness and increases in feeling of hope and self-efficacy (Weinert et al., 2008). Programs such as this are cheap and easy to administer, creating opportunities for the treatment of loneliness among vulnerable groups such as disabled and rural people. Successful interventions demonstrate the usefulness of social networking

theory in crafting solutions for loneliness and social isolation in a field lacking in evaluative research and established remedies.

## **CHAPTER 5**

### **INTERVENTIONS**

#### **Current Research Environment**

Weak empirical evidence for the effectiveness of intervention programs is a problem for policymakers, who may be unconvinced that implementing such programs would yield significant results. Existing interventions which do not actually alleviate loneliness in the people they serve are drains on resources which do not meaningfully serve the community. A recent meta-analysis by Masi et al. analyzed 50 studies of interventions aimed at reducing loneliness, identifying four main categories of intervention: 1) improving social skills, 2) enhancing social support, 3) increasing opportunities for social contact, and 4) addressing maladaptive social cognition (2011). The authors identified that studies with weak research design, such as those without any control group or without random assignment of treatment, yielded significantly higher effect sizes than randomized controlled trials (RCTs), which tended to yield only modest effect sizes if any. This suggests that some of the research on the effectiveness of some programs is inflated due to weak research design. In addition to a general lack of empirical studies on the effectiveness of anti-loneliness interventions, a sizable portion of the evaluative studies which do exist may exaggerate the effectiveness of those treatments, a clear threat to the proper implementation of intervention programs.

Regrettably, the authors were unable to distinguish between emotional isolation, the key component of loneliness, and social isolation, as most of the studies being analyzed failed to do so themselves. They claimed that research on the connection between the two is sufficient to justify a broad definition of loneliness which encompasses studies centered on both concepts

(Masi et al., p. 22). As previously stated, this is a view which contravenes the common recommendation of many researchers in the field to distinguish between social isolation and loneliness. Unfortunately, this also calls into question the validity of one of their central claims in the analysis, that among studies with a rigorous experimental design, interventions focused on fixing negative social cognition yielded the largest effect sizes for reducing loneliness. Because the authors do not distinguish between loneliness and social isolation, it is possible that some intervention types are more effective at reducing the emotional component of loneliness, while others are more effective at reducing the social isolation, making it difficult to make any conclusions about what types of interventions are effective at reducing loneliness in particular.

The vast majority of interventions examined in the previous meta-analysis focused on the individual level, such as cognitive-behavioral therapy and social skills training. Some researchers have claimed that this focus on individual-level interventions may be counter-productive, pointing out that interventions aimed at other public health issues, such as smoking and obesity, have had much more success when targeting the whole of society rather than solely individuals or small groups (Holt-Lunstad et al, 2017.). Loneliness as a concept contains many interrelated components, such as perceived relationship quality, time spent in the company of others, attitudes towards social interaction, and negative affect, among others. Interventions aimed at addressing multiple aspects of loneliness will see greater success due to being able to address many aspects of social connectedness at once. Research on loneliness tends to skew towards a White middle-class, which may create an incomplete picture of how loneliness is experienced by groups from other cultures especially immigrants who experience life in a foreign space removed from traditional sources of belongingness and kinship (Franklin & Tranter, 2021). Cohesive

approaches to addressing loneliness also have the ability to address diverse groups of people who may have different needs and ways of experiencing loneliness, making them especially vital in a multicultural society such as the United States.

In 2020, the medical journal *The Lancet* published an open letter in which researchers called for more focused and rigorous research on loneliness. The authors criticized the weakness of the existing research on interventions to reduce loneliness, stating that it is “characterised by poorly constructed trials with small samples, a lack of theoretical frameworks, undefined target groups, heterogeneous measures of loneliness, and short follow-up periods.” (Fried et al., 2020, p. 114). The authors noted that previous researchers have neglected the causal relationship between loneliness and particular health outcomes, leaving the expected health effects of interventions aimed at reducing loneliness and social isolation up in the air.

A systematic review of the evidence on interventions targeting loneliness was published in 2020, once again confirming the need for more RCTs in providing rigorous empirical evidence for the effectiveness of intervention programs, but also calling for a greater degree of focus on theory in future research in order to gain a thorough understanding of how exactly interventions function. (Bessaha et al.). Developing a proper exploration of the mechanisms through which specific interventions interact with loneliness helps contribute to the general understanding of how and why each program is effective, allowing researchers to connect different interventions to the same causal mechanisms and bridge the gap between a simplistic one-off evaluation of a single program and a more general evaluation of a theoretical approach to loneliness reduction (Astbury & Leeuw, 2010).



While the current research environment for evaluating interventions to directly influence loneliness and social isolation on the individual level is lacking in rigor and theoretical foundation, there is also a space for interventions aimed at combatting loneliness by addressing it on a macro level. Previous interventions aimed at public health issues have been more successful through broad social policies and macro-level interventions, and loneliness is a public health problem. The research on societal interventions warrants a closer look.

### **Sociological Interventions**

Researchers have suggested that the healthcare system stands poised as the most important field for addressing loneliness at the macro level (Holt-Lunstad et al., 2017; National Academies of Sciences, Engineering, and Medicine. 2020.). Despite this, social determinants of health such as social isolation have not been given nearly as much attention from public health officials as factors with comparable negative effects on health, such as smoking or an inactive lifestyle (Holt-Lunstad et al., 2010). This leaves room for many opportunities for loneliness and social isolation to be targeted through public health administration. In a 2017 paper titled *Advancing Social Connection as a Public Health Priority in the United States*, researchers recommend the CDC add social isolation onto its list of “winnable battles”, stating that the main priority of public health officials should be promoting research in order to close “the gap between provocative observational science findings and the implementation of successful (experimental) interventions” (Holt-Lunstad et al., p. 521). The authors also recommended the use of the Berkman-Syme Social Network Index (SNI), a robust measure of social connectedness, to record the social isolation of individuals and use that information to assess at-risk individuals and populations. Researchers assessing the SNI found that it successfully

predicted mortality in a nationally representative sample of Americans at rates similar to other clinical risk factors (Pantell et al., 2013). Public health officials can incorporate SNI data drawn from health practitioners for population surveillance, allowing them to track the prevalence of social isolation across groups and over time. This would be useful both for targeting at-risk groups for intervention and also for keeping track of the progress of public health interventions.

In addition to these opportunities within the healthcare system, there are also opportunities for reform from outside the system to address loneliness among elderly people specifically. Hearing loss associated with old age is a significant contributor to loneliness among the elderly (Lubben, 2017). Medicare, the national health insurance plan for older adults in the United States, does not offer coverage for hearing aids and hearing loss testing under most plans. Government expansion of basic Medicare coverage for hearing loss prevention and treatment can significantly impact the quality of life and loneliness of aging Americans by reducing the effects of hearing loss.

According to the surgeon general's 2023 advisory, social isolation is in part due to a lack of social infrastructure brought on by poor city planning and a decline in local programs and institutions (Murthy). Urban design can be utilized to enhance social connectivity by providing more open areas which encourage socialization, such as parks, libraries, and public plazas. The opportunities for urban redesign are limited by fiduciary constraints and limitation of local public authority. One approach which aims to address social isolation at the local level is the Village model of assisted living. Aimed principally at older people who want to maintain close ties with others while maintaining their own independence, Villages offer a variety of services to their members, such as home maintenance, driving, and grocery shopping, which allows them to age

in place without moving into assisted living. Villages also offer recreational and social opportunities which help their members to form and strengthen social ties, such as providing opportunities for social bonding, encouraging inclusivity, and providing designated spaces for social interaction. Village members have been found to be more likely to provide help for one another for basic tasks, such as shopping and driving, than to seek help from the Village staff themselves (Scharlach et al., 2012). This suggests that in addition to increasing social connectedness, Villages may also be useful in encouraging their members to utilize social capital by leveraging their relationships to assist one another, which demonstrates high quality social relationships and communal integration. Further empirical research is needed to better evaluate how effective the Village model is in reducing loneliness, but it is a promising model for addressing the needs of the growing number of older Americans who live alone.

The Village concept is a costly and intricate intervention primarily targeting well-off senior citizens. Not all interventions targeting loneliness are so boutique. A lighter approach comes through media campaigns to raise awareness around loneliness, such as Oprah Winfrey's "Just Say Hello" campaign. These campaigns can contribute by raising awareness of the dangers of loneliness and social isolation and some ways that individuals can enhance their social connectedness (Holt-Lunstad et al., 2017). They can combat stigma against people who experience loneliness by making their plight more sympathetic to the public, while also making common signs of loneliness more apparent to people, increasing the likelihood of someone reaching out to someone in their life who may be experiencing loneliness.

One other possibility is the funding of research on programs aiming to increase the stability and quality of romantic relationships. Romantic failures are a common cause of

loneliness (DiJulio et al., 2018). Educational programs aimed at strengthening relationships could be an avenue to prevent loneliness among couples by promoting relationship longevity and quality. Research on the effectiveness of these programs in reducing loneliness is limited, but one study examining infertile couples in Iran did find a significant reduction of loneliness among couples who received couples therapy when compared to a control group (Zamani Zarichi et al., 2020). Given the strong connection between having a romantic partner and loneliness, it is worth investigating the utility of Couples Education Programs (CEPs) in increasing relational quality and stability.

Evidence on the effectiveness of such programs is mixed. One study on the Family Formation Project, an intensive couple education program aimed at improving relationships among fragile families, found that while the program did increase the rates of marriage among couples, it failed to improve long-term relational stability (Wilde & Doherty, 2012). These programs have been frequent targets of criticism. High-profile CEPs such as the Healthy Marriage Initiatives launched by the George W. Bush administration have produced little evidence supporting their effectiveness (Johnson, 2012). In general, public administrators, according to Johnson, have failed to promote evidence-based programs over those without a solid empirical foundation, and what evaluative research does exist tended to focus overwhelmingly on White, middle-class Americans whose experiences may not necessarily reflect those from other backgrounds. A meta-analysis of 117 studies reporting on CEPs concluded that while there is some evidence to support that programs can be effective in promoting communication skills and relationship stability, research samples were largely limited to White married couples, hardly representative of the nation at large (Hawkins et al., 2013).

Research utilizing representative samples of American couples is badly needed to provide more robust evidence for the general utility of CEPs for all Americans, as well as information on what programs are most effective for diverse groups of Americans. Government officials should pay close attention to the strength of the evidence supporting the effectiveness of potential programs before committing funding to them, in terms of research design and the study of a representative, multi-ethnic sample of couples of many backgrounds.

Other structural problems within American life contribute to loneliness, especially within the workplace. An examination of the conditions of American workers reveals a startling trend. In 2022 the average American worked 1,811 hours, higher than the OECD average of 1,752 and much higher than countries such as Canada (1,686), Japan (1,607), and the lowest, Germany (1,341) (OECD, 2023). Americans tend to have less free time than citizens in other developed nations. A recent survey run by the Kaiser Family Foundation found that 72% of Americans sometimes or almost always talked to a friend or relative when they felt lonely (DiJulio et al., 2018). This shows that one of the most important coping mechanisms for Americans experiencing loneliness is to reach out to their existing social bonds for support, which can be difficult if both the individual and those within their support network are working long hours.

According to a report by the Center for Economic and Policy Research, close to a quarter of all working Americans do not receive any paid vacation days or paid holidays, the only such case in the developed world (Maye, 2019). To-date, no research exists on the long-term benefits of vacationing on social network development or loneliness. However, vacations and holidays can be important periods for connecting with friends and family, and potentially an opportunity for the creation of new social ties.

Working Americans at risk of loneliness get less time to access their social network for support and receive fewer opportunities to spend quality time strengthening and expanding their social networks. The difficulties posed by the American employment regime are magnified by their disproportionate focus on lower-income Americans. Low-income workers are more likely to work more hours and less likely to be given paid vacation and holidays, and low income has been consistently tied as a risk factor for increased loneliness (DiJulio et al., 2019; Jopling & Sserwanja, 2016; Bruce et al., 2019; Murthy, 2023). Policymakers interested in reducing loneliness in America should seriously consider reforms to the current employment policies, which currently cause disproportionate harm to a group considered especially vulnerable to loneliness.

The structural issues in U.S. politics extend to more recent trends in political discourse. A recent string of state bills aimed at restricting the freedom of transgender people, especially transgender youth, has swept across the United States in the previous decade (Human Rights Campaign, 2022). These bills tend to focus on restricting access to bathrooms, barring transgender youth from participating in sports leagues of their identified gender, and restricting the accessibility of healthcare for transgender individuals. Evidence suggests that the primary outcome of each these types of legislation is harassment, physical endangerment, and worsening of gender dysphoria, which damage long-term psychological well-being (Hasenbush et al., 2018; Barrera et al., 2022; Kuehn, 2022). Researchers examining the psychological effects that this legislation has on transgender people studied the internet searches related to suicide and depression, finding significant increases in suicide-related and depression-related searches when these bills were passed, but not when only debated or introduced to discussion in state

legislatures (Cunningham et al; 2022). The defeat of these bills was associated with a decrease in depression-related searches. Although the researchers were not able to tie these searches directly to transgender peoples, they did note that increases were higher among states with higher LGBTQ+ population density. State and local protections for sexual and gender minority groups vary widely. In addition to rejecting discriminatory legislation, policymakers interested in addressing the social stigma against LGBTQ+ groups can pass legislation to establish protections for sexual and gender minorities in areas like employment, public accommodations, and housing.

## **CHAPTER 6**

### **CONCLUSION**

The preponderance of evidence does not support the notion of a “loneliness epidemic” in America, at least not in the sense of society becoming increasingly lonely. That being said, loneliness and social isolation are pernicious threats to public health and social networks yet remain under-researched and largely unaddressed by health administrators and policymakers. Although there are gaps in the literature regarding how the two constructs differ, it is clear that either of the two can have negative consequences for physical and mental health. Significant headway has been accomplished in recent years due to a surge in academic interest in loneliness and social isolation. Surgeon General Vivek Murthy has published statements raising awareness of the dangers of loneliness and social isolation, as well as a general advisory subject this year (2023). It remains to be seen whether significant administrative attention will follow.

It is important to acknowledge that loneliness and social isolation do not affect everyone in America equally. Race and ethnicity, age, sexual and gender identity, and socioeconomic status are all associated with increased risk of and vulnerability to loneliness and social isolation in some form. Especially vulnerable are the millions of young Americans, including children, who appear to suffer widely and dearly from a lack of social connectedness. The recent pandemic highlights potential adverse effects of isolation during periods of lockdown. While there is evidence to suggest that these effects may be temporary (Graupensperger et al., 2022), the negative short-term and long-term consequences of mandatory isolation on Americans and especially on the young cannot be ignored. Avenues to alleviate this social burden should be investigated to develop a less disruptive health regime in the case of future pandemics. The



internet could be a powerful asset in maintaining relationships during periods of isolation, but further research is needed on how social media usage contributes to loneliness and how it could be harnessed to increase social connectivity within a necessarily disconnected society.

Sociology offers valuable insights to the scientific community regarding loneliness and social isolation. Social capital, social network analysis, and cultural analysis each offer important contributions to the study of social connectedness, including theory, empirical analysis, and the development of intervention strategies to reduce loneliness and social isolation. While thus far most attention has been directed towards programs aimed at reducing loneliness among individuals, broader strategies utilizing the healthcare system to prevent and treat loneliness could be effective ways to address loneliness and social isolation on a mass scale. Legislators also have the opportunity to create conditions more amenable to social connectedness by improving the ways that Americans work and live. A better society is both possible and uncertain. As research advances towards a more complete understanding of how Americans are affected by loneliness and how it can be reduced, policymakers and health administrators remain the principal decisionmakers on how to address the rift in our social fabric.

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## **BIOGRAPHICAL SKETCH**

Andrew Cobble was born in Rowlett, Texas. After graduating Saginaw High School as valedictorian of the class of 2018, Andrew entered The University of Texas at Dallas in Richardson, Texas, where he received a Bachelor of Science in Psychology and a Bachelor of Art in Sociology in 2022. In Spring of 2022, he entered the graduate program in Applied Sociology at The University of Texas at Dallas.

## **CURRICULUM VITAE**

**Andrew Cobble**

### **EDUCATION**

The University of Texas at Dallas:

2018 – 2022: Bachelor of Art in Sociology, Bachelor of Science in Psychology

2022 – 2023: Master of Science in Applied Sociology

### **PROFESSIONAL EXPERIENCE**

Mentalix Inc: Data Entry Clerk, February 2023 – July 2023

Target Evolution: Executive Assistant, September 2023 - present

### **RESEARCH INTERESTS**

Social inequality, social psychology, social isolation, public health

### **TECHNICAL SKILLS**

R, Stata, Python, Regression Analysis, Data Visualization, Machine Learning, Microsoft Office Suite

### **AWARDS & HONORS**

Graduated Summa Cum Laude from The University of Texas at Dallas 2022

Graduated from Hobson Wildenthal Honors College 2022