

Mental Health Foundation

Founded in 1949, the Mental Health Foundation is the leading UK charity working in mental health and learning disabilities.

We are unique in the way we work. We bring together teams that undertake research, develop services, design training, influence policy and raise public awareness within one organisation. We are keen to tackle difficult issues and try different approaches, many of them led by service users themselves. We use our findings to promote survival, recovery and prevention. We do this by working with statutory and voluntary organisations, from GP practices to primary schools. We enable them to provide better help for people with mental health problems or learning disabilities, and promote mental well-being.

We also work to influence policy, including Government at the highest levels. We use our knowledge to raise awareness and to help tackle stigma attached to mental illness and learning disabilities. We reach millions of people every year through our media work, information booklets and online services. We can only continue our work with the support of many individuals, charitable trusts and companies. If you would like to make a donation, please call us on 020 7803 1121.

Visit www.mentalhealth.org.uk for free information on a range of mental health issues for policy, professional and public audiences, and free materials to raise awareness about how people can look after their mental health.

The Mental Health Foundation

9th Floor, Sea Containers House
20 Upper Ground
London, SE1 9QB
020 7803 1100
mhf@mhf.org.uk

Scotland Office

Merchants House
30 George Square
Glasgow, G2 1EG
0141 572 0125
scotland@mhf.org.uk

Wales Office

Merlin House
No.1 Langstone Business Park
Priory Drive
Newport, NP18 2HJ
05601292451

www.mentalhealth.org.uk

The Lonely Society?



Contents

<i>Acknowledgements</i>	02
<i>Methods</i>	03
<i>Introduction</i>	03
<i>Chapter 1 Are we getting lonelier?</i>	09
<i>Chapter 2 Who is affected by loneliness?</i>	14
<i>Chapter 3 The Mental Health Foundation survey</i>	21
<i>Chapter 4 What can be done about loneliness?</i>	24
<i>Chapter 5 Conclusion and recommendations</i>	33

Acknowledgements

Author: Jo Griffin

With thanks to colleagues at the Mental Health Foundation, including Andrew McCulloch, Fran Gorman, Simon Lawton-Smith, Eva Cyhlarova, Dan Robotham, Toby Williamson, Simon Loveland and Gillian McEwan.

The Mental Health Foundation would like to thank:
 Barbara McIntosh, Foundation for People with Learning Disabilities
 Craig Weakes, Project Director, Back to Life (run by Timebank)
 Ed Halliwell, Health Writer, London
 Emma Southgate, Southwark Circle
 Glen Gibson, Psychotherapist, Camden, London
 Jacqueline Olds, Professor of Psychiatry, Harvard University
 Jeremy Mulcaire, Mental Health Services, Ealing, London
 Martina Philips, Home Start
 Malcolm Bird, Men in Sheds, Age Concern Cheshire
 Opinium Research LLP
 Professor David Morris, National Social Inclusion Programme at the Institute for Mental Health in England
 Sally Russell, Director, Netmums.com

We would especially like to thank all those who gave their time to be interviewed about their experiences of loneliness.

Methods

A range of research methods were used to compile the data for this report, including:

- a rapid appraisal of existing literature on loneliness. For the purpose of this report an exhaustive academic literature review was not commissioned;
- a survey completed by a nationally representative, quota-controlled sample of 2,256 people carried out by Opinium Research LLP; and
- site visits and interviews with stakeholders, including mental health professionals and organisations that provide advice, guidance and services to the general public as well as those at risk of isolation and loneliness.

Introduction

What is loneliness?

The Dutch researcher Jenny de Jong-Gierveld defined loneliness as ‘a situation experienced by the individual as one where there is an unpleasant or inadmissible lack of (quality of) certain relationships. This includes situations in which a number of existing relationships is smaller than considered desirable or admissible or situations where the intimacy one wishes for has not been realised. Thus, loneliness is seen to involve the manner in which a person experiences and evaluates his or her isolation and lack of communication with other people.’¹

Although many of us experience loneliness at one time or another, it is often overlooked or dismissed. Because our society prides itself on self-reliance, loneliness might carry a stigma for people who admit to it. This is both paradoxical and pernicious: if loneliness is transient, we simply accept it as part of life, but we have a deep dread of being lonely for the long haul. Loneliness might accompany depression or another psychological illness, but it has its own set of characteristics that have specific implications for our mental, physical and societal health. This report is aimed at raising awareness of loneliness and of the steps we can take to reduce isolation.

The Finnish language has a word that means both loneliness and solitude, but the two should not be confused. Many of us live happily alone and get pleasure and satisfaction from solitude. Psychiatrist Anthony Storr has argued in favour of an introverted approach to life, proposing that solitude is necessary for mental health and creativity, and that the most profound human experiences have little to do with our relationships with others. Solitude, he writes, is ‘linked with self-discovery and self-realization; with becoming aware of one’s deepest needs, feelings, and impulses.’² Author Sara Maitland writes about the beauty of silence, whose benefits have been long recognised by spiritual communities that practise meditation.³

From a different perspective, American writer Anneli Rufus praises the resourcefulness that she says makes loners a breed apart: ‘Loners, by virtue of being loners, have at their fingertips the undiscovered, the unique and the rarefied; innate advantages when it comes to imagination; concentration; inner discipline; a knack for invention; originality, for finding resources in what others would call vacuums; a knack for visions.’⁴

Loneliness, then, is not being alone but a subjective experience of isolation. It is inevitable that all of us will experience this feeling at one time or another, whether it's a brief pang of being left out of a party or the painful sensation of lacking a close companion. Life-changing events, such as moving to a new town or a bereavement, can lead to acute loneliness. But it is the time factor that decides how harmful loneliness may be: research shows that 'loneliness becomes an issue of serious concern only when it settles in long enough to create a persistent, self-reinforcing loop of negative thoughts, sensations and behaviours.'⁵ In other words, it is long-term, chronic loneliness that wears us down rather than loneliness that is 'situational' or passing.

Once loneliness becomes chronic, it is difficult to treat. People who are chronically lonely can get stuck in a loop of negative behaviour, and might push others away or seek transient contact, such as multiple sexual partners, which can make them even more isolated. Just joining a dating website or a new club to find friends does not help someone who is chronically lonely.

Sometimes it's not obvious that loneliness is at the root of someone's depression. The Harvard professors of psychiatry Jacqueline Olds and Richard Schwartz write: 'Depression has become a catchall complaint for everyone from the stay-at-home mother who talks only to toddlers all day to the angry unemployed man who feels life has handed him a raw deal ... What gets lost is the story of the mother who grows depressed simply because she has no one to talk to and the unemployed man who feels completely left out because his entire social world has consisted of daily contact with his co-workers.'⁶

In the past, loneliness has been approached mainly from a cultural or social point of view, but work over the past decade by social neuroscientists such as John Cacioppo at the University of Chicago has provided scientific evidence of something many have long suspected: loneliness causes physiological events that wreak havoc on our health. Persistent loneliness leaves a mark via stress hormones, immune function and cardiovascular function with a cumulative effect that means being lonely or not is equivalent in impact to being a smoker or non-smoker.⁷ Loneliness alters our behaviour, increasing our chances of indulging in risky habits such as drug-taking, and plays a role in mental disorders such as anxiety and paranoia.⁸ Loneliness is also a known factor in suicide. The French sociologist Emile Durkheim established a link between 'egoistic' suicide and isolation in his groundbreaking work on the subject.⁹

Case study: Ruth was widowed at thirty-seven, when she was seven months pregnant

Before Ian died, we were really enjoying life. We travelled a lot and went away most weekends. After we had bought the house, I got pregnant quickly. I couldn't imagine that anything could go wrong. I was seven months pregnant when he died of an undiagnosed heart condition: he just collapsed in bed at night. I remember the person on the phone telling me to turn him over and I couldn't do it because of my bump. I felt a lot of guilt about that afterwards, wondering whether I could have helped. Afterwards, I stayed with my family for a while but I had to come back and deal with the baby. For a long time, I just got through the days. Mostly, it was a question of just getting to the end of the day. I used to come in, lock the door and go to bed to cry. Or I

sat with a bottle of wine in front of the television and wait to fall asleep. I felt lonely but I could only stand to be by myself. Only close friends and family understood.

People were surprised that I didn't move home, but the house still smelt of Ian and all his things. I used to sleep on his side of the bed. But going to bed provides no comfort because it's the place you were alone together and now you are utterly alone. I started to panic that I'd die in the night and Alex would be left alone. I left food by her cot and got a neighbour to call in every day. I had panic attacks and had my heart checked, but it was obvious what was going on. Eventually I started feeling better and writing a book about my experiences helped, but you never move on, you just move forward. I am still lonely; it never really goes away. I worry what's going to happen to me when Alex leaves home.

Social animals

Throughout evolution, social bonds have been essential to our survival. To outsmart predators, we needed to evolve for increased co-operation. Despite our capacity for violence, we're social animals whose ancestors got better and better at interpreting signals from others so their genes could survive. In controversial experiments (1957–63) the psychologist Harry Harlow reared baby monkeys in isolation chambers for 24 months to test the impact of maternal deprivation and isolation on social and cognitive development, and these devastating effects have since been proven time and again.

Because we are inherently social animals, solitary confinement is one of the cruellest punishments man has dreamed up. Campaigners against the use of solitary confinement have documented its negative effects on mental health, and prisoners who have experienced it say it is a form of torture.¹⁰ In his memoir *Den of Lions*, Terry Anderson wrote about how his experience of being held hostage in solitary confinement by Hezbollah in Beirut for seven years steadily eroded his mental health. 'I am afraid I am beginning to lose my mind, to lose control completely.'¹¹

His experience was extreme, but it highlights the way in which isolation doesn't suit our social nature. From the perspective of evolutionary psychologists, loneliness has a positive aspect because it reminds us to seek the company of others to fulfil a basic need. However, if loneliness is persistent or recurring, the person finds it even harder to relate to others. One of the paradoxes of loneliness is that it leaves people less able to forge the relationships which they crave.

Why is loneliness bad for us?

The links between loneliness and its harmful physical and mental health consequences are complex. Social neuroscientists working in this field believe each of us has a certain expectation of being with others that we inherit from our parents and our early social environment, a level of social connection with which we feel comfortable. This explains why not everyone is equally sensitive to feeling lonely, as we have different needs and expectations of our relationships with others.¹²

If our expectations of those relationships are not met, our body starts to alert us that something is wrong: we feel physically threatened. If the loneliness persists, it starts interfering with our ability to regulate the emotions that we associate with loneliness. In time, this alters what is known as 'social cognition', the way in which we interpret our interactions with others. Our feelings of unhappiness and threat, as well as our difficulty in regulating our emotions, distort the way in which we perceive ourselves in relation to others. But the circumstances that produce this chain of events for one person might not have the same effect on someone else. Our individual sensitivity to loneliness decides who feels lonely in what situation. Some people feel lonely within a marriage and others feel lonely because of involuntary celibacy. Some of us are contented with a small network of close friends, while others are only satisfied with a vast social circle that gives them many opportunities to be with others.

Circumstances that test our resilience to loneliness include major transitions such as moving home or job, bereavement, divorce or separation, the arrival of a new baby or the departure of an older child from the family home. Situations that cut us off from the mainstream of society, such as unemployment, poverty, mental illness or old age, also put us at a heightened risk of feeling lonely, as do those in which people need an unusual level of support: disability, drug or alcohol addiction, caring for a relative or being a lone parent. People from minority groups are also more apt to suffer from loneliness.

How loneliness harms our health

One of the reasons loneliness is so bad for us is because it makes it harder for us to control our habits and behaviour. Tests by the US psychologists Roy Baumeister and Jean Twenge in 2001 showed that the expectation of isolation reduces our willpower and perseverance, and makes it harder to regulate our behaviour: lonely middle-aged adults drink more alcohol, have unhealthier diets and take less exercise than the socially contented. Drug abuse and bulimia nervosa are linked to loneliness.¹³ There are different reasons why lonely people find it hard to keep themselves in check, but low self-esteem and a wish for instant gratification can be factors.

John Cacioppo and his colleagues have carried out several studies into the effects of loneliness, the results of which have been expanded upon in the book *Loneliness: Human Nature and the Need for Social Connection*. They established five possible causal pathways to ill health. First, loneliness makes it harder for people to regulate themselves and leads to self-destructive habits, such as overeating or relying on alcohol. Loneliness weakens willpower and perseverance over time, so people who have been lonely for a while are more likely to indulge in behaviour that damages their health. Second, research shows that although young lonely and non-lonely people are unlikely to say they are exposed to causes of stress, middle-aged people who are lonely report more exposure to stress. Third, lonely people are more likely to withdraw from engaging with others and less likely to seek emotional support, which makes them more isolated. Fourth, tests show that loneliness affects the immune and cardiovascular systems. Finally, a proven consequence of isolation for physiological resilience and recovery is linked to the basic human need for sleep. Lonely people experience more difficulties sleeping, and sleep deprivation is known to have the same effects on metabolic, neural and hormonal regulation as ageing.¹⁴

Case study: Lucy is in her thirties

I've never had a best friend and sometimes I wonder if this is normal. I feel as though something has always been missing, as if everyone else knows the secret to making really good friends apart from me. I am able to talk to people, but I don't quite get through. My partner says I put my guard up, but that's because I was bullied quite badly when I was young and my self-esteem is low. I say hello to a couple of people at the school gates, but then it's back home on my own.

I might be paranoid, but I am worried about my son's situation at school. He seems to behave as I used to when I was younger, flitting around from one friend to the next. I see other boys building relationships, but he doesn't stay long enough. Then he tries to fit in with boys who have 'best friends', and they leave him out. I don't know what to do about it. How can I help him when I can't crack the 'best friends' code myself?

Social disconnection

While studies showing the scientific link between loneliness and mental and physical ill health are fairly recent, they back up a wealth of research indicating that relationships are good for us. Love is known to promote health, strengthening the immune system and cardiovascular function, and helps us to recover more quickly from illness. A happy marriage is known to lower blood pressure. In 2007 the Focus on Families report by the Office of National Statistics¹⁵ showed that married people of both sexes have better health. But it's not just relationships with a spouse or partner that count: people with a network of close friends also reap health benefits. In 2006 a study of almost 3,000 nurses with breast cancer found that women without close friends were four times more likely to die than women with 10 or more friends. Clearly, relationships are worth investing in.¹⁶

Many observers believe that changes in the way we work and live in the 21st century in Western society are having a negative impact on our mental and emotional health. Oliver James¹⁷ and Richard Layard¹⁸ have both observed that although we are better off materially, we are no happier than we used to be, a theory supported by the Office of National Statistics Social Trends survey in 2008.¹⁹ Some observers see a link between our individualistic society and the possible increase in common mental health disorders in the last 50 years, and research shows that mental health problems occur more frequently in unequal societies that leave behind more vulnerable people. By squandering 'social capital' in the individualistic pursuit of greater wealth, or treating social networks as incidental, are we neglecting a part of life that makes us happy and keeps us healthy for longer?

One approach to loneliness is preventative: we can stop loneliness becoming chronic and tackle the needs of groups that are socially excluded and at risk of isolation. But the success of such measures depends on creating a new climate in which we can better manage our need for social connection.

- ¹ De Jong Gierveld. July 1987. Developing and Testing a Model of Loneliness. *Journal of Personality and Social Psychology* Vol 53 (1).
- ² Storr, A. (1988) *Solitude: A Return to the Self* New York: Free Press.
- ³ Maitland, S. (2008) *A Book of Silence* London: Granta.
- ⁴ Anneli Rufus (January 2008). *Party of One: The Loners' Manifesto*: Avalon Travel Publishing.
- ⁵ Cacioppo, J. T. and Patrick, W. (2008) *Loneliness: Human Nature and the Need for Social Connection* New York: W. W. Norton and Company, p.7.
- ⁶ Olds, J. and Schwartz, R. (2008) *The Lonely American: Drifting Apart in the Twenty-first Century* Uckfield: Beacon Press, p.5.
- ⁷ Cacioppo, J. T. and Hawkey, L. C. (August 2007) Aging and Loneliness: Downhill Quickly? *Current Directions in Psychological Science*
<http://psychology.uchicago.edu/people/faculty/cacioppo/CHASRS.shtml>
- ⁸ Cacioppo and Patrick (2008) Loneliness (as in note 5).
- ⁹ Durkheim, E. (1897) *Suicide*.
- ¹⁰ Gawande, A. Hellhole *The New Yorker* 30 March 2009.
- ¹¹ Anderson, T. (1994) *Den of Lions: A Startling Memoir of Survival and Triumph* New York: Ballantine Books.
- ¹² Cacioppo and Patrick (2008) Loneliness (as in note 5).
- ¹³ Cacioppo and Patrick (2008) Loneliness (as in note 5), p.37–51.
- ¹⁴ Cacioppo and Patrick (2008) Loneliness (as in note 5).
- ¹⁵ Office of National Statistics <http://www.statistics.gov.uk>
- ¹⁶ Parker-Pope, T. What Are Friends For? A Longer Life *The New York Times* 21 April 2009.
- ¹⁷ James, O. (2007) *Affluenza* London: Vermilion; (2008) *The Selfish Capitalist: The Origins of Affluenza* Vermilion.
- ¹⁸ Layard, R. (2005) *Happiness: Lessons from a New Science* London: Penguin Books.
- ¹⁹ Office of National Statistics <http://www.statistics.gov.uk/socialtrends38/>

Chapter 1: Are we getting lonelier?

Our lonely society

Although evolution suggests that we're designed to live in close communities and sociology teaches us that we thrive in close co-operation with each other, our modern way of life isolates us from others. One explanation why Western society might be richer but no happier is that we've been drifting further apart.

Evolutionary psychologists believe that, as a species, we are unsuited to the physical and social environment we now inhabit. Had a zookeeper been asked to construct an enclosure suitable for man, writes John Cacioppo, his instructions would have warned him of the 'obligatory social gregariousness of our species'.¹ Instead, more of us live alone in small apartments, work at home, and shop and socialise online. Or we commute long distances back and forth to work long hours at the office, barely finding time to spend with our families. Congested streets prevent our children from playing outside, where they would be free to meet other children. In such an environment, it would be surprising if our relationships did not suffer.

There aren't any national statistics that show the quality of those relationships, but a range of statistics suggests that the relationships which research has shown to be so vital to our health and well-being are under threat by trends in our society. Our cities and public spaces are more crowded, but more of us are living alone. The percentage of households occupied by one person more than doubled from 6% in 1972 to 12% in 2008. More of us live alone since our population is ageing and we're having fewer children. At the same time, the divorce rate has almost doubled in the past 50 years. The number of lone parent households is rising. Because of careers or education more of us live further from our families and the communities we grew up in.² According to one survey, the number of people who die alone for whom 'pauper funerals' are arranged is rising, which indicates that for many people the loneliness lasts until their final days and is accompanied by poverty.³

Behind such statistics are demographic changes and lifestyle choices. But shifts in attitude also play a part: today, socialising and investing time in social ties are generally seen as less important than 'productive' activities like work. Writing about loneliness in 21st-century America, Harvard professors of psychiatry Jacqueline Olds and Richard Schwartz refer to the 'cult of busyness' that has become a modern badge of honour.⁴ They suggest that we face so much pressure to be 'productive' that we neglect 'unnecessary' relationships that are as vital as food and water. Long working hours are frequently cited as having a negative impact on family life. For many people, working long hours is a necessity to support their families, rather than a choice. However, it's important to remember that work is also an antidote to loneliness, and being out of work can make us feel isolated.

Case study: Martin, age fifty-three

I've lived on my own for 12 years now. I don't see it as a lifestyle choice: it's more something that just happened to me, and it's become a habit. I can see the benefits of living with other people and I do feel that I am missing something, that emotional comfort blanket that you have when you share a home. Sometimes I feel that my personality must be lacking something because I haven't managed to achieve that. I couldn't imagine living in a family set-up any more, but maybe in a community. I used to live in communal houses and I liked that feeling of all sitting down to eat together because I am quite domesticated and enjoy cooking for others. I probably would worry about being lonely later if my siblings didn't live nearby. What I'd like is if the area became more community oriented; if you could walk outside and meet people without worrying about being run over or mugged on the way to the shops.

Changing communities

Our notion of what makes a community is in a state of flux: communities that were tied to localities are declining, but communities based on common interests, such as environmentalism, are thriving. Sociologists say the old notion of community as rooted and perhaps limited has been replaced by a modern idea of community that is more fluid and open. Fewer people say they belong to traditional communities, but not everyone feels part of the new communities taking shape. A survey by the University of Sheffield for the BBC in 2008 tracked 'anomie', a sense of not belonging to a community, and concluded that a sense of community had weakened in almost every area of the UK over the past 30 years.⁵

At the heart of old-style communities were local services such as post offices, but these have declined. The closure of post offices all over the UK has had an impact on people for whom they were a focal point of the community. One study in Wales showed the closure of post offices meant not only that elderly people, the disabled and people with health problems found it difficult to access basic services, but that many felt more isolated because of the loss of personal contact encountered. The charity Age UK has campaigned against the closure of post offices, which it calls a 'lifeline' for many elderly people. At the same time, television and home entertainment systems have edged out traditional meeting places, such as working men's clubs, which used to bridge different generations.

One factor that has had a huge impact on interpersonal contact is new technology, particularly the internet. 'The internet is, for loners, an absolute and total miracle,' writes Anneli Rufus in *Party of One: The Loners' Manifesto*.⁶ But experts are divided about the positive and negative effects of technology that facilitates contact with others anywhere on the globe but makes it easier to avoid meeting anyone face to face. Between 1997 and 2005 the number of people classified as teleworkers by the Office of National Statistics rose by more than 150%. By spring 2005, there were just under 2.4 million people working from home via computers nationwide, roughly eight per cent of all people in employment. Although many people say working at home improves work/life balance, some say they feel isolated, even when they also socialise online.⁷

As a nation, we're hooked on the internet. It has been argued that the 50 minutes a day most Britons spend in the virtual world detracts from the time we invest in real-life social encounters. In an article in the *Biologist* in February 2009, psychologist Dr Aric Sigman argued that social networking sites undermine social skills and the ability to read body language.⁸ Others argue that, as the internet has evolved, so has the way in which it affects social relationships. A feature of the second age of the internet, Web 2.0, which allows users to communicate more freely than in the early days of the World Wide Web, has been the growth in social networking sites such as Facebook, MySpace and Twitter, which facilitate social connections. But virtual friendships can evolve into real-life relationships, and new technology can be used to reduce social isolation. The popular parenting website Netmums.com says around 10,000 women meet face to face each month because of contacts they have made online.⁹

But technology doesn't include the physical contact that benefits our well-being. Email interaction is what communication experts call a 'single strand' interaction, while face-to-face interaction is a complex exchange involving body chemistry. Research shows that cognitive function improves if a relationship is physical, as well as intellectual, mainly because of the chemical process taking place during face-to-face encounters with others. Loneliness researchers say that contact with others stimulates production of the neuropeptide oxytocin, which acts as a hormone connecting with organ systems, and as a neurotransmitter that signals with the brain and throughout the autonomic nervous system. While loneliness increases the perception of stress, interferes with immune function and impairs cognitive function, oxytocin has the opposite effect.¹⁰ Oxytocin, which has been called the hormone of 'affiliation': has been found to prevent detrimental cardiac responses, and is believed to underpin the link between social contact and healthy hearts.¹¹

It is too early to say whether technology is changing our core ability to relate to others, but soon enough to conclude that while it facilitates relationships, real and virtual, technology is no substitute for the human interaction that is a buffer against loneliness.

Though technological progress has accelerated in recent years, man's place in society has been changing ever since the agricultural revolution. The rapid urbanisation that followed mass migration out of the countryside has been blamed for a breakdown in communication because people have fewer opportunities to participate in communities. As early as the 1950s the US sociologist Robert Weiss, one of the earliest researchers on loneliness, found that residents of transient communities lacked long-term relationships with friends and neighbours, as well as the benefits of living closer to older generations of their own families.¹²

But the link between urbanisation and loneliness is complex. Although there is a general perception that people in rural areas are less lonely than people in urban centres (where the sheer number of people might make meaningful contact difficult), there is some evidence to show that it is the character of an urban settlement that makes someone living there feel either alienated or part of a community. For example, Manhattan in New York has 50% lone households, more than anywhere else in the United States, yet its 'urban village' model sustains social networks because people habitually use alternative meeting places, including cafés and public spaces. According to evolutionary psychology, cities could in fact be our perfect environment because of the demands they make on our complex social brains, but only if they are well designed.¹³

Looking after number one

Studies show that global capitalism and its focus on the individual have had an impact on social connection by driving a bigger wedge between those at the top and those left behind. That widening gap produces its own set of problems: in June 2009 a study by the World Health Organization¹⁴ found that unequal societies, such as Britain, have more pronounced levels of mental health problems and concluded that injustice and inequality are 'deeply toxic'. In their book *The Spirit Level*, epidemiologists Richard Wilkinson and Kate Pickett make the case as to why more equal societies are psychologically healthier than unequal ones, such as Britain.¹⁵

Social policy research has called for a shift in emphasis to the needs of society, arguing that society needs to find a way to reconcile individual aspirations with shared aspirations for equality. Professor David Morris, director of the National Social Inclusion Programme at the National Institute for Mental Health in England, says it may be time to ask if we have reached the 'limits of individual services' and the 'individual business model'.¹⁶ A society that has drifted into disconnection through self-interest, says neuroscientist John Cacioppo, is storing up problems for the future: 'A rising tide can indeed lift a variety of boats, but in a culture of social isolates, atomised by social and economic upheaval and separated by vast inequalities, it can also cause millions to drown.'¹⁷

Are we getting lonelier?

A survey by the Mental Health Foundation commissioned for this report (see Chapter 3) found that 48% of us believe people are getting lonelier in general. Loneliness affects many of us at one time or another. Only 22% of us never feel lonely and one in ten of us feels lonely often (11%). More than a third of us (42%) have felt depressed because we felt alone.

The pain of loneliness is the sharp end of a milder feeling of social disconnection that research suggests is widespread: a recent Emotional Needs Audit of the UK by the Human Givens Institute¹⁸, which involved 4,600 online respondents, reported that 24.1% of people did not feel emotionally connected to others; 34.8% did not feel connected to the wider community and 35.4% felt they did not receive enough attention.

The lonelier our society, the more likely we are to experience loneliness. Research published in 2009 indicates that loneliness is 'contagious' and occurs in social clusters. John Cacioppo at the University of Chicago, Nicholas Christakis, a professor of medical sociology at Harvard Medical School, and James Fowler, professor of political science at the University of California, found that lonely people spread their feelings of loneliness through social networks, and that the spread of loneliness is stronger than the spread of perceived social connection.¹⁹

¹ Cacioppo J. T. and Patrick, W. (2008) *Loneliness: Human Nature and the Need for Social Connection* New York: W. W. Norton.

² Office of National Statistics <http://www.statistics.gov.uk/pdfdir/stalone0409.pdf>

³ Lonelier Lives Lead to Rise in Pauper Funerals *Guardian* 15 February 2009.

⁴ Olds, J., and Schwartz, R. S. (2009) *The Lonely American: Drifting Apart in the Twenty-first Century*, Uckfield: Beacon Press.

⁵ University of Sheffield for the BBC (2008) *Changing UK: The Way We Live Now* <http://www.statistics.gov.uk/pdfdir/stalone0409.pdf>

⁶ Rufus, A. (2008) *Party of One: The Loners' Manifesto* Berkeley, CA: Avalon Travel.

⁷ Chartered Institute of Personnel and Development (July 2008) *Homeworking and Teleworking* <http://www.cipd.co.uk/subjects/hrpract/flexibleworkingpractices/telework.htm>

⁸ Sigman, A. (February 2009) *The Biological Implications of Social Networking* *The Biologist* Vol. 56, No. 1. http://www.aricsigman.com/IMAGES/Sigman_lo.pdf

⁹ Interview with Sally Russell, director of Netmums.com for *The Lonely Society?*.

¹⁰ Cacioppo and Patrick (2008) *Loneliness* (as in note 1).

¹¹ Light, K. C., Grewen, K. M. and Amico, J. A. (2005) *More Frequent Partner Hugs and Higher Oxytocin Levels Are Linked to Lower Blood Pressure and Heart Rate in Premenopausal Women* *Biological Psychology* Vol. 69, No. 1, pp.5–21.

¹² Weiss, R. (1975) *Loneliness: The Experience of Emotional and Social Isolation* Cambridge, MA: The MIT Press.

¹³ Senior, J. *Is Urban Loneliness a Myth?* *New York Magazine* 23 November 2008.

¹⁴ Dr Lynne Friedli (March 2005). *Mental Health, Resilience and Inequalities: World Health Organization and the Mental Health Foundation*.

¹⁵ Wilkinson, R. and Pickett, K. (2009). *The Spirit Level: Why More Equal Societies Almost Always Do Better*: Allen Lane.

¹⁶ Interview with Professor David Morris for *The Lonely Society?*.

¹⁷ Cacioppo and Patrick (2008) *Loneliness* (as in note 1).

¹⁸ The Human Givens Institute, *Emotional Needs Audit* <http://www.hgi.org.uk/archive/human-givens.htm>

¹⁹ Cacioppo, J. T., Fowler, J. H., Christakis, A. N. (2009) *Alone in the Crowd: The Structure and Spread of Loneliness in a Large Social Network* *Journal of Personality and Social Psychology* Vol. 97, No. 6. http://jh.fowler.ucsd.edu/alone_in_the_crowd.pdf

Chapter 2: Who is affected by loneliness?

Emotional and social isolation

In 1973 the US sociologist Robert Weiss divided loneliness into two categories: emotional and social isolation.¹ While these two forms of isolation sometimes overlap, it's not always the case. One individual might feel inner loneliness despite having a good social network, or being married, while another might feel lonely because of not belonging to a social group. But whether a sense of isolation is emotional or social, its harmful effects on our health are the same, according to evidence.

Social isolation can be defined as the absence of relationships with family or friends on an individual level, and with society on a broader level. The absence or weakness of a person's social network indicates whether the person is socially isolated.

Emotional loneliness describes a state of isolation where the person feels emotionally cut off, even though they might have a good social network. There are several theories as to why some people are more prone to emotional isolation than others. For example, psychologists believe that teenagers may be especially vulnerable to loneliness because of their brain development: the adolescent brain is still a work in progress and so teenagers might misread social cues and other people's emotions. Adolescents may become isolated or withdrawn because they feel overwhelmed by the struggle to establish their own identities, which takes place during this phase of life. According to some psychodynamic psychologists, attachment theory explains why some people find it harder to establish intimate relationships as an adult. They believe that if a person's early relationship with a caregiver is inadequate in some way, it can isolate the person emotionally from others later on.

Case study: Sharon, age forty-two

I am a single parent with a thirteen-year-old daughter. I had an eight-year relationship with her father and then he left to move in with someone else when she was six weeks old. I felt very lonely. Because I didn't appear as seriously depressed, I wasn't offered any support or advice by the health visitor. I was the first person among my friends and family to have a baby and I didn't want to join local baby groups. Everyone else I came across seemed to be in the ideal situation with an attentive partner. I felt like a failure because I had wanted to offer my child a happy, stable home but wasn't able to at that point.

I moved back to the area where I was born and where my family and some close friends still live. This reduced my isolation in a practical and emotional sense. I went on to study again and wouldn't have been able to complete this course without huge support from my parents. But apart from a few conversations in playgrounds, I spent the whole time without adult conversation.

In the last few years we have joined a number of holidays for single parents. It has been a fantastic experience. The children see other examples of positive single parents and we all love the chance to meet new people and socialise. If you live on your own with a child, you can feel that you must spend all of your spare time with them to compensate for the fact that there is just one of you, and the relationship can become quite intense. Single-parenting a teenager is a lonely experience in that you're their friend and the disciplinarian – and the one they take everything out on.

The lonely personality

Psychiatric research shows that lonely people often share certain characteristics: 'Lonely people tend to have more of a history of loss, trauma, inadequate support systems and negative, critical and harsh parenting.' Loneliness brings feelings of anger, sadness, depression, worthlessness, resentment, emptiness, vulnerability and pessimism. People who are lonely feel that they are disliked, are often self-involved and lack empathy with others. These characteristics keep others at a distance. People may close themselves off from others because they fear rejection or heartache and then feel lonely.²

Others don't accept that it is normal to feel loneliness occasionally, and fail to realise that it might be a prompt to look for contact with others. Glen Gibson, a psychotherapist based in Camden, London, says: 'Some people may believe loneliness is to be avoided, yet at some level we all experience loneliness. Some people try to avoid loneliness, believing that they are unable to stand alone in the world and survive.'³

Genetic researchers working at the University of Chicago say loneliness might be hereditary: in 2005 they carried out tests with sets of twins to determine if there was a hereditary aspect to the way in which people process social interaction, and concluded that some people may have a genetic predisposition to loneliness.⁴

Loneliness throughout the life course

Throughout life we all need to navigate a path between our need to be with others and our need to be by ourselves. Loneliness can occur at any time, but we feel particularly vulnerable at certain times, and the nature of our loneliness differs according to the life stage we are at.

In their 1982 book on loneliness, Peplau and Perlman wrote: 'Few of us have escaped the painful experience of loneliness. In the natural experience of growing up, our social relationships begin, change and end. In infancy, we first experience the distressing anxiety of being separated, often only temporarily, from loving caretakers. As children, we venture into a wider world of social relations where we try, not always successfully, to gain acceptance and friendship from peers. For teenagers, the exhilarating prospect of first love may in reality include experiences of love spurned or gone sour. As adults, our web of social relationships continues to shift. Social transitions are a fact of life in modern society and so is loneliness.'⁵

A report by the NSPCC⁶ published in March 2010 found that in 2008/09 almost ten thousand children were counselled by ChildLine about loneliness. Half this number telephoned about loneliness as their main problem, and this has tripled in five years, from 1,852 to 5,525. Children cited reasons for their increased feelings of loneliness, the most common being family relationship problems, issues linked to school, and bullying. The fear of ostracism is often acute among teenagers and young people. Psychiatrist Harry Stack Sullivan explained why being left out is so troubling for this age group, saying that it was the 'fear of being accepted by no one of those whom one must have as models for learning how to be human.'⁷

Middle age is a time when key risks for loneliness accumulate, such as retirement, children leaving the family home, divorce and bereavement. These are all factors that can also impact on a person's emotional well-being. Statistics show that 25% of women aged forty-five to fifty-four suffer from a common mental health disorder such as depression and anxiety,

compared with 14% of men.⁸ Between 1993 and 2007, the rate of common mental disorders rose by a fifth among middle-aged women.⁹

Loneliness is not an inevitable part of old age, but is more likely to affect pensioners because of bereavement, ill health and poverty. At the same time, the changing structure of families has affected the degree to which today's elderly people are socially engaged: people live longer and have smaller families; women working outside the home have more opportunities to develop social relationships outside the family; and grandchildren not necessarily living nearby, all have an impact on the way old age is experienced.

Professor Christina Victor of the School of Health and Social Care at the University of Reading, who has led research into how loneliness influences the health and well-being of elderly people, says the impact of loneliness depends not on the quantity of social interactions a person experiences but the extent to which these satisfy the person's subjective need for social connection.¹⁰ Professor Victor says that while isolation and loneliness are problematic for some people in old age, it is important to remember the 'pathways' to these feelings of isolation. 'Rather than "artificially" trying to develop social links, we might be better advised to try to ameliorate the negative effects of structural factors such as income, transport problems and the ability of older people to maintain their existing relationships and participate fully in society.'¹¹

Case study: Roy, age seventy-nine, and Beryl, age seventy-eight

Roy: I've always lived in this area. The neighbourhood has changed a lot in that time but we know lots of people as we've always made friends with the new neighbours. We have friends from across the road that come in to help with jobs that we can't do. And there are others who just call in to ask how we're getting on. I have always socialised a lot – it's in my nature and I don't even think about it.

Things escalated [positively] a few years ago, when I got the mobility scooter. I go to the newsagent's in the mornings. They know me in there and sometimes I serve the customers for half an hour, but usually I just chat about the football or the rugby. Then I'll go to the supermarket, where I talk to lots of regulars. Four years ago I published a book about my experiences growing up in London in the war, and I wrote to local schools asking if they would like me to do a presentation. Since then, I've been in and out of schools telling the kids about evacuation and rationing. It's good to mix with other generations.

Beryl: Like Roy, I am naturally sociable but lately I've been feeling isolated because of health problems. I couldn't walk for more than two years. It was very hard for me as I'd been used to meeting everyone out and about every day. I used to do the shopping and talk to the girls in the supermarket. For a while I got very down because I felt so cut off, and I was on antidepressants for about six months. I thought I'd never walk again and I'd be stuck here in the house, staring at the same four walls. Now I am finally starting to walk again, I feel better. I can imagine getting back to my old ways.

Social exclusion

Loneliness among the elderly is linked to social exclusion. A 2009 report by Age Concern found several factors were associated with being at severe risk of social exclusion including poor health, living in rented accommodation, being a member of a minority ethnic community, having low occupational status and never having been married.¹² An earlier report from the charity stated that 1.2 million people over fifty are severely excluded.¹³

The elderly are not the only sector of the population to find it lonely at the margins. Other groups include immigrants, the unemployed, lone parents, those with long-term mental health problems and disabilities, carers and people living in poverty. Social exclusion is defined as 'what can happen when people or areas have a combination of linked problems such as unemployment, discrimination, poor skills, low incomes, poor housing, high crime and family breakdown'.¹⁴

Jeremy Mulcaire, sector manager of Ealing Mental Health Services in London, says: 'Asylum seekers are our most vulnerable group. But their isolation is complex. They face obvious language and cultural barriers, but also problems within their own communities because of different beliefs, for example. Someone might have left their country because they faced being persecuted. When they come here, they want to start again. They don't want to find people with links to home. Some have witnessed torture, or even been tortured. Who can understand that?'¹⁵

Moving country can be an isolating experience. Psychotherapist Glen Gibson says: 'In my practice in London, one new trend is that I see a large number of people who are not from this country, and they have an additional and very real sense of feeling different, and sometimes separate. The subtle and not-so-subtle cultural nuances may be missed. Particularly if people are in transition, or have yet to lay down their roots, they may struggle with their sense of belonging.'¹⁶

According to a body of research, social exclusion or rejection really does hurt. Psychologists at the University of California in Los Angeles used neuroimaging techniques to measure changes in brain activity and found a genetic link between social rejection and physical pain. People with a rare form of the OPRM1 gene were more sensitive to rejection and showed more signs of brain distress than those without it.¹⁷

Reaching those at risk of persistent social exclusion is on the political agenda. Work by the Social Exclusion Taskforce, set up in June 2006, recognises the mental and physical health implications of social exclusion. We will look at measures to build a more inclusive society, and to tackle social isolation and loneliness, in chapter 4.

Interview with Jacqueline Olds, professor of psychiatry, Harvard University

When people feel lonely, a 'stepping back' occurs. They start to send out signals, often non-verbal ones, telling other people to 'leave me by myself, I don't need you, go away'. They feel shame that they are different from everyone else and they get stuck in this 'stepped back' position. They feel more left out, and act in a hostile way. Being in this entrenched position makes it harder and harder to interact with others.

I have found that people are quite willing to say that they have a psychiatric problem but not that they are lonely. In the United States there is a stigma about loneliness because our culture romanticises self-reliance. We need to ask psychologists and psychiatrists to dig deep to find out whether people are experiencing loneliness.

If I had a patient who was very lonely, I would try to help them get some perspective on what is happening. Would try to help them see that loneliness is a part of normal life and that they might be misinterpreting the signals they are getting from other people. I'd suggest that they try to include themselves graciously in others' activities.

To some extent, all conversations with other people are mental health interventions. It's good for people to compare notes and experiences with others because this helps them to retain their perspective. People who are completely isolated can risk losing their minds because they have no one to help them get a perspective. There's an interesting interplay between loneliness and serious psychiatric conditions, such as paranoia, anxiety and depression. Loneliness is often a factor.

I do think that capitalism has led to people investing too much importance in things rather than relationships. In the past a sense of social obligation used to knit the social fabric together: you felt that you had to visit someone and put some effort into those relationships. Many people today, particularly young people, don't want to feel obliged to do anything. They want to do exactly what they want and they are allowed to forget about visiting people or making time for socialising. Many people whom I have treated have been grateful that, because of our work together, they decided not to leave a relationship or a social circle but to work at those relationships instead.

Case study: Teresa, age forty-three

My experience of mental illness started with my mum. She had an alcoholic husband who left her with three young kids, and she wasn't supported properly. She also had a form of blindness that isolated her further. She lost all her confidence. By seventeen I was confronted with a manic depressive. I had her sectioned when I was a teenager, and she was in and out of institutions for ten years. Eventually she took her own life in hospital.

Looking back, my own breakdown was inevitable. It started with panic attacks. I was terrified of being alone because I was scared of my own thoughts. But when you feel like that you start to limit your physical boundaries and that isolates you more. I didn't trust myself to go further than the corner shop. At one point I tried to throw myself

off the eighth floor of a hospital and I was saved by the police. I spent three months in hospital. My ex-boyfriend Michael, heard from an old school friend what had happened and started coming to visit me. That gave me the incentive to get better, although it took a long time. What you need in that situation is someone who really loves and understands you. Michael and I are married now.

Interview with Jeremy Mulcaire, sector head, Ealing Mental Health Services, London

Looking at mental health holistically, across a range of services, is what we have been doing for some time. We have very good links with housing, the police, A&E and all the other services that are involved when a person starts to have difficulties coping with life. At Avenue House [a community mental health resource centre], we put a lot of importance on face-to-face contact. This is very important because a good psychiatric nurse can assess quite quickly how the client is coping with life, by their body language, for example, or even by seeing whether they have done their washing, or have any food in the house.

As part of helping people with their recovery from mental illness, our centre is open seven days a week. The weekends are when many people feel particularly vulnerable and isolated. We have some people who come to us who are quiet and introverted, who just sit here. It often helps them just to be among humanity; sometimes we are the only people they will talk to for days at a time.

We want to re-integrate people back into society, but ours is a stepped approach. We don't rush anyone. They might start by coming here, by doing yoga classes or art therapy to build their confidence up. It might take a while, but then they are confident enough to do classes elsewhere, or start a course. Some have spent months in hospital and it is hard to go back to the outside world.

For many of our patients, it's particularly important to be among other people because their symptoms worsen if they are left alone. For those patients who hear voices, for example, the voices might be the only thing they hear all day if they don't have somewhere else to go.

¹ Weiss, R. (1975) *Loneliness: The Experience of Emotional and Social Isolation* Cambridge, MA: The MIT Press.

² Cacioppo, J. T. and Patrick, W. (2008) *Loneliness: Human Nature and the Need for Social Connection* New York: W. W. Norton and Company.

³ Interview with Glen Gibson for The Lonely Society?.

⁴ Reported in Science Daily 11 November 2005
<http://www.sciencedaily.com/releases/2005/11/051110222344.htm>

⁵ Peplau, D. and Perlman, L. A. (1982) *Loneliness: A Sourcebook of Current Theory, Research and Therapy* Wiley InterScience.

⁶ Hutchison, D. and Woods, R. (2010) *ChildLine casenotes: Children talking to ChildLine about loneliness*. London: NSPCC.

⁷ Stack Sullivan, H. (1955, reprinted 2001) *The Interpersonal Theory of Psychiatry* London: Routledge.

⁸ Office of National Statistics <http://www.statistics.gov.uk/socialtrends38/>

⁹ Mental Health Foundation (August 2003) *Women at the Crossroads*
<http://www.mentalhealth.org.uk/publications/?EntryId5=39420>

¹⁰ Victor, C., Scambler, S. and Bond, J. (2009) *The Social World of Older People, Understanding Loneliness and Social Isolation in Later Life*, Economic and Social Research Council.

¹¹ Victor et al. (2009) *The Social World of Older People* (as in note 11).

¹² Age Concern (July 2009) *Social exclusion in later life*
http://www.ageconcern.org.uk/AgeConcern/Documents/118_0609_Social_Exclusion_report.pdf

¹³ Age Concern: *Out of Sight, Out of Mind*
http://www.ageconcern.org.uk/AgeConcern/Documents/Out_of_sight_out_of_mind_Feb08.pdf

¹⁴ Government Social Exclusion Task Force -
http://www.cabinetoffice.gov.uk/social_exclusion_task_force/context.aspx

¹⁵ Interview with Jeremy Mulcaire for The Lonely Society?.

¹⁶ Interview with Glen Gibson for The Lonely Society?.

¹⁷ Reported in the Daily Telegraph 18 August 2009; published in the Proceedings of the National Academy of the Sciences of the United States of America <http://www.pnas.org/content/106/19/8021.full>

Chapter 3: The Mental Health Foundation Survey

Introduction

In order to find out more about people's individual experiences of loneliness, whether people close to them were lonely, and about their perception of loneliness in society as a whole, the Mental Health Foundation commissioned Opinion Research LLP to carry out a survey of adults throughout the UK. The online survey took place between 9th and 12th March 2010 among a sample size of 2,256 people.

Survey results

(For the full table of results, see Appendix 1)

Our experience of loneliness in ourselves and those around us:

Loneliness affects many of us at one time or another: only 22% of us never feel lonely and one in ten of us (11%) say we feel lonely often. The same number (10%) don't have company when we want it. A quarter of us (24%) worry about feeling lonely, this is more commonly felt by those aged 18-34 (36%, compared to 17% of those over 55).

Four in ten of us (42%) have felt depressed because we felt alone. This is higher among women (47%, compared to 36% men), and higher among those aged 18-34 (53%, compared to 32% of those over 55).

A third of us (37%) have a close friend or family member who we think is very lonely. This is higher among women (41%, compared to 33% men) and people aged 18-34 (45%, compared to 31% of those over 55).

Over half of us (57%) who have experienced depression or anxiety isolated ourselves from friends and family.

Loneliness in society:

Almost half of us (48%) strongly agree or agree that people are getting lonelier in general.

One in three of us (35%) strongly agree or agree that we would like to live closer to our family so that we could see them more often. This is higher among women (40%, compared to 29% of men), and among people living in London (41%, compared to 25% of those living the North East). **A third of us (29%) say that we don't have enough time to spend with friends and family.**

Two thirds (62%) say technology helps us to keep in touch with people we might otherwise lose touch with. One in five (18%) of us say that we spend too much time communicating with family and friends online when we should see them in person. This is higher among younger people (31%, compared to 9% of those over 55).

Seeking help for feelings of loneliness:

One in ten of us (11%) have sought help for feeling lonely. This is higher among those living in the South West (16%, compared to 8% in Yorkshire and Humberside). **One in three of us (30%) would be embarrassed to admit to feeling lonely.** This is higher among younger people (42%, compared to 30% of those aged 35-54 and 23% of those over 55).

Analysis

The data suggests many of us recognise that loneliness is widespread: 48% are of the opinion that society is becoming lonelier in general. The results show that loneliness can affect our mental health, with 42% of us saying that we have felt depressed because we felt alone. Despite this, a relatively small percentage of us have sought help for loneliness (11%), which might reflect the apparent stigma attached to loneliness - almost a quarter of us (23%) would be embarrassed to admit to feeling lonely. This indicates that work needs to be done to raise awareness of loneliness among the general public (particularly vulnerable groups), combined with advice about ways in which it can be managed that includes encouraging people to seek support if they are suffering from chronic loneliness.

Generational differences are striking. In general, the younger you are, the more likely you are to feel lonely often (12%) and the more likely to have felt depressed because you felt alone (53%). More people in the 18-34 age bracket also worry about feeling lonely (36%). These results may indicate that loneliness is especially a problem for younger generations, and that changes in the way we live and work that affect our relationships are having more of an impact on this age group. More young people (31%) say they spend too much time communicating with family and friends online when they should see them in person, for example. Of the three age groups, people in the younger age group (18-34) were most likely to have been proactive about dealing with isolation, with 14% saying that they had sought help for feeling lonely, compared to 12% of those aged 35-54 and 8% of people over 55.

While it is well documented that loneliness and isolation is a problem among some older people, those aged over 55 in our survey were least likely to have felt depressed because they felt alone (32%) and least likely to feel lonely often (9%). This may be because people in this age range have more established relationships, community ties and settled lifestyles, but it is important to note* that the results do not break down age groups over fifty-five in more detail, so we cannot assess loneliness among the oldest members of our society.

There are interesting gender differences among the findings. Women are more likely than men to feel lonely sometimes (38%, compared with 30%). A greater number of women (47%) than men (36%) have felt depressed because they felt alone, and have sought help for feeling lonely (13% women, compared to 10% men). This is consistent with existing research that women are generally more likely to seek professional help for health related problems. Women are also more likely to be aware of loneliness in others: more women (41%) than men (33%) have a close friend or family member who they think is very lonely.

In modern times, electronic communication appears to be keeping many of us connected. Two thirds (62%) say technology helps us to stay in touch with people we might otherwise lose touch with. While not face to face contact, it is likely to be better than no contact at all, especially for those living far away from friends and loved ones. The results show that a third of us (35%) would like to live closer to family so that we could see them more often, which supports evidence that increasing numbers of people are moving away from their roots. The need to be closer to family is felt more by those living in London than anywhere else (41%, compared to 25% of those living in the North East), perhaps due to people migrating to the capital for work and career opportunities.

*In December 2009, OFCOM reported that only 22% of those over the age of seventy-five had access to the internet, in comparison with 84% of those aged twenty-five to forty-four.¹ Those respondents in the over-fifty-five age category who responded to our online survey are therefore unlikely to be over the age of seventy-five. This could explain why those in the fifty-five-plus age group report fewer experiences relating to loneliness, and why the findings do not corroborate our suggestion that elderly people more commonly experience loneliness.

¹ Consumer Experience 2009 Research Report, OFCOM
<http://www.ofcom.org.uk/research/tce/ce09/research09.pdf>

Chapter 4: What Can Be Done about Loneliness?

After an elderly couple were found dead in their home on 12 January 2010, Northamptonshire County Council launched the first ever Serious Case Review into the care of vulnerable adults. To observers, the deaths of Jean and Derrick Randall encapsulated the growing problem of loneliness and social isolation among the elderly. The couple had lived as virtual recluses for many years. That they had died in such tragic circumstances, despite the earlier involvement of neighbours, their local branch of Age Concern and local authorities, makes clear the complexity of treating chronic isolation. The case raised two questions: How did we come to this? And where do we go from here?

Measures to improve social connection

From an economic perspective alone, the physical, mental and societal consequences of emotional and social isolation place a huge burden on public services. Research shows that social networks are good for physical and mental well-being, and that better integrated societies have less crime, lower mortality and better quality of life.¹ We can't turn the clock back to a time when relationships were simply less complicated, but we need to start shaping a new era in which social connection becomes a priority not just for policymakers but for every one of us.

Loneliness is a complex problem that requires a variety of different approaches: its causes may be internal or external, or a combination of both. This part of the report aims to examine some approaches to reducing isolation and combating loneliness. As a starting point, according to the psychology professor Karen Rook, loneliness interventions could have three broad goals: to establish satisfying personal relationships; to prevent loneliness from becoming chronic; and to prevent loneliness in risk populations.²

Psychological therapies

Clinical psychologists and psychiatrists can help people who feel lonely by addressing emotional issues that make it hard for them to form relationships or that reinforce their sense of isolation. Talking therapies can help people to develop self-acceptance, making it easier for them to relate to others. Psychotherapist Glen Gibson says: 'My experience indicates that each person needs to be met where they are at, and no one technique works for all. For some, the work may simply be about listening, so that a person is really heard over time – as if they need to tell their story. For others, the work may be around how they have abandoned themselves and need to be their own good companion. Another, more directive, approach may be to work with someone concretely about what they are going to do with their feelings of loneliness, for example: "I won't sit at home and mope. I'll call a friend or pursue an interest or passion of mine."³

If loneliness is linked to a deep anxiety about social situations, cognitive therapy could help to overcome that fear. By identifying and changing dysfunctional thinking, behaviour and emotional responses, cognitive therapy helps the client to overcome difficulties. This also involves developing skills for modifying beliefs, identifying distorted thinking, relating to others in different ways and changing behaviours. Cognitive Behavioural Therapy is available on the NHS, and the Improving Access to Psychological Therapies programme, launched

in May 2007, aims to increase the number of therapists and make it easier to access their services.

Some people might not seek the right psychological help because of their fear of being seen as a social failure. Professor Jacqueline Olds⁴ writes that many patients seeking help for anxiety or depression are reluctant to admit that their real problem is loneliness. 'We found it was very difficult for our patients to talk about their isolation, which seemed to fill them with deep shame. We noticed they were far more comfortable saying they were depressed than lonely. The lonely word was determinedly avoided.' Psychologists might need to dig deep to find out about a patient's social network in order to offer appropriate help.

Befriending schemes

Befriending schemes can help to ease the worst effects of isolation for vulnerable people, and could prevent loneliness from becoming chronic. A study by the Joseph Rowntree Foundation found that befriending schemes were useful in reducing isolation, for example, among people who had spent long periods in mental health institutions and were living independently in the community.⁵ The study concluded that while befriending made a valid contribution, it was not a radical solution to tackle social exclusion or 'root causes or seek to change situations that were untenable'.

Initiatives that bridge generations and create more cohesive communities help to reduce isolation. The Centre for Intergenerational Practice, which supports schemes that bring different age groups together, says: 'Older people can provide younger people with positive role models, both of engaged citizenship and of active ageing. Young people represent a link to the future for older people. All generations benefit from engaging with each other on equal terms, breaking down barriers and challenging negative stereotypes.'⁶

Southwark Circle

Southwark Circle is a membership organisation for people over fifty in the London Borough of Southwark. Its members pay a small fee to belong to an organisation that introduces them to one another and to reliable neighbourhood helpers, who assist with everyday tasks such as heavy shopping and provide a social network. There is no age limit to being a helper and some older members become helpers themselves. A core aim is to help members develop and maintain social relationships. The scheme differs from traditional befriending schemes in that people pay to belong to it. The project is the brainchild of the social enterprise Participle, which aims to reshape public services to enrich people's lives in order to prevent physical and mental ill health developing.

Interview with Emma Southgate, designer, Southwark Circle

The project grew out of 18 months' research that looked at life through older people's eyes. We found many older people were effectively missing out the 'third age' and going straight to the fourth. Southwark Circle is a preventative scheme: it is aimed at helping people to enjoy their lives but also at reducing the burden on public services later on through improving their well-being.

Members pay £10 a year to join, and then buy tokens with which they can purchase the time of a neighbourhood helper. Many people want to pay for help they get rather than receive it for free. The helper might assist with anything from fixing their computer to mowing their grass. We pay the neighbourhood helper the London living wage. For some, it's a useful way to edge back into employment. What a lot of helpers tell us is that they enjoy the one-to-one contact with the members but they are still helping the whole community. There is also a social side to membership: members can consult a social calendar to see whether something is going on that they would like to take part in.

How can technology help to integrate people?

Technology can help to reduce isolation. Telephone schemes like the one run by Community Network, a refugee support group in London, has a teleconference project that links eight Ethiopian elders once a month. Technology also has the power to facilitate and strengthen relationships. Several websites, such as the US based Network for Good, use the social networking model to recruit activists for social causes, since modern technology is the fastest route to connect with like-minded others.⁷ However, it is estimated that eight million people in the UK do not use computers or the internet. The 'Digital Britain' report, launched in June 2009 by the Department for Culture, Media and Sport, signalled an intention to make technology a key factor in the struggle against social exclusion. Measures included universal broadband access by 2012 and a new task force to represent those who are socially and digitally excluded.

Netmums.com

Netmums.com is the UK's leading parenting website, with around 750,000 registered members. The website receives 2.6 million visits a month via its network of local branches. Its two founder members had both suffered postnatal depression, and the website grew out of their wish to pass on advice to others in the same situation. The organisation employs a team of professional partners, including health visitors, midwives and counsellors from Women's Aid, Relate and Contact a Family to offer help when it is needed.

Interview with Sally Russell, director, Netmums.com

We [with co-founder Siobhan Freegard] wanted to help other mothers find their feet without having to go through the learning curve we'd gone through. We realised the best way to pass on information is by word of mouth and set about helping mums meet others in the same situation. Being able to talk to someone going through the same experience is a huge help when it's something as life-changing and momentous as motherhood. We did a survey a few years ago that showed us that 60% of mums felt they did not have enough friends. So we launched 'Meet a Mum': we were astonished at how popular it became. Now 10,000 people meet face to face every month through Netmums.com. It has developed to the point where they say: 'I'm a mum with a lot of children' or 'I'm a mum who speaks Gujarati', so they can easily meet like-minded others. Many people have told us that they've made friends for life through it.

We offer support to women going through postnatal depression, with the help of health professionals. Our research shows that more than half of women who come to us for help have never sought help anywhere before. They come to us because peer to peer contact is less threatening. We have had women visiting the website who have needed urgent interventions by health or social workers because of their mental state, and that's why we've brought in professionals. Sometimes women might be talking on the site about something like children's bed-wetting or sleep problems, and then their feelings of isolation just pour out.

Volunteering

In her book, *Overcoming Loneliness in Everyday Life*, Professor Jacqueline Olds says she tells lonely patients there is one guaranteed way to make a friend: 'join a group that has a shared purpose and eventually you will make a friend'. This may be difficult for people who are lonely, but research shows that it can help. Studies reveal that people who are engaged in service to others, such as volunteering, tend to be happier. Evolutionary psychologists point to evidence that altruism is an essential part of human nature, and that our focus on individual material wealth has obscured this. Volunteers report a sense of satisfaction at enriching their social capital in the service of others.

Volunteering helps to reduce loneliness in two ways: someone who is lonely might benefit not only from helping others, but also from being involved in a voluntary scheme where they receive support and help to build their own social network, preventing loneliness from becoming chronic. Here are some voluntary schemes that tackle isolation:

Back to Life, run by the national volunteering charity Timebank

Back to Life matches young people experiencing mental illness in the Southwark, Lambeth and Lewisham areas of London, with volunteer mentors of the same age. The project provides practical and emotional support to people aged 18-35. In 2007 an independent evaluation of the scheme found that it combats feelings of isolation, increases mentees' independence, self-confidence and willingness to engage in activities, as well as helping them to gain control over their own lives.

Interview with Craig Weakes, project director, Back to Life

An important aspect of our scheme is that the mentees are leading the process. They are not being pushed. They might have been told by mental health care professionals: 'You will do this or that.' Here, the mentees are in charge of themselves and it's a two-way relationship. The mentor can decide when to make the next step. The mentor knows the mentee has had a mental health problem but the mentor does not know their history or diagnosis and it's up to the mentee to disclose their own problems in their own time.

The matching of mentee and mentor is vital. We match pairs not just on their interests but on their personalities; we look for people who will get on. For example, we had a mentee who was into art and wanted to find ways to sell his artwork. We matched him

with someone with business experience but who knew nothing about art. For the first few months the mentee was tutoring the mentor about art, taking him to galleries and so on, which was fantastic for the mentee's confidence.

Case study: Diriyeh, Back to Life mentee

Diriyeh was diagnosed with schizophrenia eight years before he met Luke (his mentor) through the Back to Life project. The two clicked instantly.

'Meeting Luke came at the right time for me as I was thinking about what I was going to do next and feeling a bit lost. Our friendship has really helped me a lot. When my relationship with my family was going badly, I found it very hard to be alone. Before I started the mentoring scheme with Luke, I was scared to be alone. I'd start to feel anxious and worry that it was the precursor to another breakdown. Now I can spend lots of time on my own. I am much more comfortable in my own skin and know what to do if I feel the old anxiety coming back. I feel stronger than I used to. Our friendship has had a positive effect on my creative writing too. I used to write all night without any focus; now I have a better approach. I feel very good about life now. I feel I know that I can have the life I want and I've got lots of plans.'

Home Start

Home Start is the UK's largest support organisation for parents. The organisation relies on almost 16,000 trained volunteers, who are parents themselves, who support families that are struggling. The families might need help because they are experiencing bereavement, disability, the illness of a parent or child or the stress of multiple births. It may also be that the families feel socially isolated because they are new to an area or relationships have broken down with extended family members. Volunteers build their confidence so they are better able to cope alone.

Interview with Martina Philips, scheme manager, Home Start, Richmond upon Thames

In Richmond last year we had 75 volunteers helping 160 families with 314 children, mostly referred to us through health visitors or social services. The families might need emotional or practical support because they are very isolated. There is a huge need out there: no one talks about how hard it is to be a mother. At the moment we have about 20 families on our waiting list and about 15 people training to be volunteers. Each branch has to fund itself. Ours has been going for about 15 years but we are worried what will happen in 2011, when the current five-year funding runs out.

Case study: Sophia

After I had Mahmouda, I developed psychosis. I came home with the baby and two days later I had to go straight back to hospital, where I stayed for three months. My husband took time off work to look after me and the baby, and it was a big strain on him. We were living in Hertfordshire and were very isolated. My health visitor thought we should move nearer to relatives so I'd have support, and we moved to Whitton. At that time, I couldn't tell anyone what I was going through. I thought my friends

wouldn't trust me with their children and think of me as some crazy woman.

Then my health visitor referred me to Home Start and I was matched with a volunteer called Catherine, who visited once a week. The trust started to build up between us and I could open up to her: it was like a talking therapy. Catherine focused on my achievements. I remember the first time I went out alone. We had planned it for weeks and I had her mobile number in case anything happened. I was a bundle of nerves but went around the block, further than planned. The next step was the Home Start family group, where I made friends. Gradually, I regained my confidence. The best thing is how it has helped Mahmouda. I didn't neglect her but I found it hard to give her everything because of what I was going through. I love it when people say how happy she is.

Social network interventions

Social network interventions aim to improve a person's well-being by looking at their relationships with others. This might mean helping someone to improve their informal and formal social networks.

Men in Sheds, Age Concern, Cheshire

Men in Sheds is a project run by Age Concern, Cheshire that opened in January 2008. It is targeted at disadvantaged older men who are at risk of isolation or are experiencing major life changes. Research has shown that many older men miss the structure and routine of working life, and also that traditional schemes aimed at older people, such as coffee mornings, hold less appeal for men. This scheme brings members together once or twice a week to do woodwork and socialise.

Some of the regular users suffer from mental health problems. Some have suffered life-changing events, such as traffic accidents and strokes. Organisations such as the Alzheimer's Society, the Stroke Association and others refer men to the project who might otherwise have been at risk of depression or suicide.

Interview with Malcom Bird, project leader, Men in Sheds

I suggested Men in Sheds because we found with Age Concern that a lot of our projects, such as horse riding or golf, were attended just by women. We started to ask ourselves: where are all the men? Thinking about it, we realised that men socialise in a different way to women. They like to banter and have a joke, and some might worry in mixed company that they would say the wrong thing and upset someone.

A lot of men lose their identity and friends when they retire, and they can get quite depressed. They don't feel useful. Here, we all help each other. It's all about sharing what you know. Some of the guys know more about woodwork than others. Some of them have started socialising outside work, and we go on outings together. I get a real buzz out of seeing the blokes come together.

Case study: John, age sixty-one

I was a nuclear engineer before I retired. I heard about this place and started coming here one or two days a week. I have my own shed where I could do woodwork, but have no real motivation to go out in the cold and be there on my own all day. It's much more enjoyable to come here, and the equipment is great. Some of us are more experienced than others. Some of us have more serious problems than others. But we all just have a bit of banter and get on. We all help each other.

Circles of Support

The idea of a Circle of Support was developed in Canada, and started to be used in the UK in the 1980's. A Circle of Support is a group of people who meet together regularly to support an individual. It acts as a community around the person, who invites a number of people to contribute to help them to overcome challenges, build friendships, and identify and work towards the person's dreams and aspirations. Circles of Support are sometimes used by those who are at risk of social exclusion and isolation.⁸

Interview with Barbara McIntosh, director, Foundation for People with Learning Disabilities

People with learning disabilities often find it difficult to communicate with others. But there are other factors that also limit their social networks: they may have gone to special schools where their friends also have learning disabilities, and might not drive or find it difficult to get around; they have low levels of employment, with just 7.5% in jobs, so finding friends at work is not an option. Often, their social networks consist of paid supporters who come and go, and studies show that up to a third of people with learning disabilities have no contact with friends. Some front-line workers understand the importance of social networks, but it is variable.

I am a member of a Circle of Support for my neighbour David, who is fifty-four and has learning disabilities and mental health problems. He was part of an adult fostering plan for 27 years, and his foster carer set up a trust fund to help him after his death. He has invited people who care about him into his circle, which includes someone who looks after his finances, an artist who has helped him to show his artwork. The important thing is that David says what he wants to happen, and circle members do things for him with as much integrity as possible. It's about working together to give him the life that he wants.

What is the role of public policy?

With an ageing population and creaking welfare system, Britain needs to improve the physical, mental and emotional health of its citizens. A wealth of evidence shows a lack of social capital is linked to unhappiness, and policies that emphasise social networks, community empowerment and civic engagement can improve social capital and build a more inclusive society where fewer feel isolated at the fringes.

The subject of well-being has moved increasingly onto the political agenda and there is wider acknowledgement that it ought to be a goal of public policy. The shift comes amid a wealth of research indicating that Britain scores low in this area.

Loneliness, as we have seen, can have a major impact on our overall mental and physical well-being. The need for a joined-up approach to policymaking around well-being has been comprehensively set out in two key papers. The first of these is the 2008 Foresight report on mental capital and well-being.⁹ This looked at 'what we all need to do to meet the challenges ahead so that everyone can realise their potential and flourish in the future', and concluded that an integrated policy approach across all government departments was necessary to ensure the future well-being of individuals and communities. The second is New Horizons, the mental health strategy from the Department of Health¹⁰, which gives equal prominence to the importance of improving the well-being and mental health the whole population as it does to improving specific mental health services.

Professor David Morris, director of the National Social Inclusion Programme (NSIP) at the Institute for Mental Health in England, notes that so far debate in this field has been 'bedevilled' by the fact that well-being is intangible, and that it would be easier to address specific problems such as housing, for example. He says: 'well-being means much more than the absence of mental ill health, and it's a fallacy some people hold that if we promote community well-being, we won't have mental ill health. We need to do two things: to develop deliberative strategies to help people who are at the margins become less socially isolated at the same time as promoting people's well-being.'

He would like society to evolve a 'less reductionist' view of people, so that different generations might better integrate. He says: 'We need to look hard at communities and what they might be. Perhaps it's time we looked at the limits of individual service and perhaps the limits of individualism as a business model.'¹¹

A project that prioritises social connection is the Wellbeing Project, which brings the Young Foundation together with local authorities from Manchester City Council, Hertfordshire County Council and South Tyneside to test-drive measures aimed at increasing people's happiness. Priorities for policy include:

- lessons in schools to build up children's resilience;
- health provision that gives as much weight to patient expectation and well-being as to clinical outcomes;
- community policies that encourage neighbours to know each other;
- transport and economic policies for lower commuting times;
- apprenticeships and schemes for teenagers that strengthen psychological fitness; and
- housing that does not isolate people and allows children to play.

¹ Wilkinson, R. and Pickett, K. (2009) *The Spirit Level, Why Equal Societies Almost Always Do Better* London: Penguin Books.

² Rook, K. S. (1984) Promoting Social Bonding: Strategies for Helping the Lonely and Socially Isolated *American Psychologist* Vol. 39, No. 12, 1389–1407.

³ Interview with Glen Gibson for *The Lonely Society?*.

⁴ Olds, J. and Schwartz, R. S. (2009) *The Lonely American: Drifting Apart in the Twenty-first Century* Uckfield: Beacon Press.

⁵ Dean, J. and Goodlad, R. (1998) *The Role and Impact of Befriending*, Joseph Rowntree Foundation <http://www.jrf.org.uk/publications/role-and-impact-befriending>

⁶ Beth Johnson Foundation, Centre for Intergenerational Practice <http://www.centreforip.org.uk>

⁷ www.networkforgood.org

⁸ www.circlesnetwork.org.uk

⁹ The Government Office for Science, London (2008) *Foresight Mental Capital and Wellbeing Project, Final Project Report*.

¹⁰ HM Government, Department of Health, London (2010) *New Horizons: A Shared Vision for Mental Health*.

¹¹ Interview with Professor Morris for *The Lonely Society?*.

Chapter 5: Conclusion and Recommendations

Conclusion

In this report we have highlighted the case for raising awareness of loneliness and the need to intervene to prevent it from becoming chronic. While loneliness is a natural emotion that has played a part in human evolution, chronic loneliness can lead to serious physical and mental health problems. We have found that although loneliness is commonly experienced, it often carries a stigma and could become problematic if people are embarrassed to admit to it or seek help.

We have highlighted several approaches to combating loneliness and preventing it from becoming chronic, including initiatives and therapies with proven success in reducing isolation and improving well-being. But such approaches exist within a context wherein our relationships have been relegated to a low priority, and the problem of loneliness is likely to persist and deepen if society continues to fragment. A two-pronged approach would involve interventions to make people on the margins feel less isolated and a campaign to promote the importance of our links with others.

Some changes are irreversible. For example, immigration is reshaping communities all over the world, and new technology has transformed the way we interact, work and live. But such changes only emphasise the importance of finding new ways to bring people together, to bridge generational, racial and other divides. Wider economic, cultural and political forces will continue to shape the way society treats relationships, but on an individual level we can make a difference to whether we or someone else feels isolated or not, simply by being a good neighbour or colleague.

We have explored how loneliness is taking a toll on our individual, collective and societal health, and those health consequences carry a heavy economic burden. Just as lonely feelings are nature's way of telling us to seek out company, the problem of loneliness in society is a prompt to revitalise our communities, and better integrate their members.

Have you ever sought help for feeling lonely?

Gender		Age					Region												
Total	Male	Female	Total	18-34	35-54	55+	Total	North East	North West	York & Humberside	East Midlands	West Midlands	East of England	London	South East	South West	Wales	Scotland	Northern Ireland
Base	100%	100%	2256	650	798	808	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	11%	10%	11%	14%	12%	8%	11%	11%	12%	8%	9%	10%	11%	14%	10%	16%	14%	10%	15%
No	87%	89%	87%	84%	86%	91%	87%	87%	86%	89%	89%	89%	87%	85%	89%	83%	85%	89%	85%
Don't know	2%	1%	2%	2%	2%	1%	2%	2%	1%	3%	2%	1%	2%	1%	1%	1%	1%	1%	0

Would you know what to do if you felt lonely?

Gender		Age					Region												
Total	Male	Female	Total	18-34	35-54	55+	Total	North East	North West	York & Humberside	East Midlands	West Midlands	East of England	London	South East	South West	Wales	Scotland	Northern Ireland
Base	100%	100%	2256	650	798	808	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	65%	63%	67%	56%	65%	73%	65%	57%	62%	63%	62%	68%	67%	70%	62%	65%	73%	66%	62%
No	20%	22%	17%	20%	19%	13%	20%	24%	24%	17%	19%	22%	20%	16%	23%	17%	16%	18%	18%
Don't know	15%	16%	15%	16%	17%	14%	15%	19%	15%	20%	19%	10%	12%	14%	15%	18%	11%	16%	20%

Have you ever experienced depression or anxiety?

Gender		Age					Region												
Total	Male	Female	Total	18-34	35-54	55+	Total	North East	North West	York & Humberside	East Midlands	West Midlands	East of England	London	South East	South West	Wales	Scotland	Northern Ireland
Base	100%	100%	2256	650	798	808	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	56%	48%	64%	55%	61%	53%	56%	50%	56%	60%	54%	49%	60%	58%	55%	59%	61%	56%	56%
No	39%	47%	31%	38%	35%	44%	39%	46%	40%	33%	39%	47%	36%	38%	40%	35%	35%	41%	44%
Don't know	5%	4%	5%	7%	4%	3%	5%	4%	4%	7%	7%	4%	4%	4%	6%	4%	4%	3%	0

Thinking about when you have experienced depression or anxiety... Did it result in you isolating yourself from friends or family members?

Gender		Age					Region												
Total	Male	Female	Total	18-34	35-54	55+	Total	North East	North West	York & Humberside	East Midlands	West Midlands	East of England	London	South East	South West	Wales	Scotland	Northern Ireland
Base	100%	100%	2256	650	798	808	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Yes	57%	56%	58%	64%	65%	42%	57%	46%	59%	52%	52%	61%	65%	61%	49%	58%	55%	62%	54%
No	40%	41%	39%	31%	33%	54%	40%	44%	39%	43%	47%	37%	33%	35%	47%	35%	44%	36%	43%
Don't know	3%	4%	3%	5%	2%	4%	3%	10%	2%	5%	1%	2%	2%	4%	4%	7%	1%	2%	3%

How strongly do you agree / disagree with the following statements... I worry about feeling lonely

Gender		Age					Region												
Total	Male	Female	Total	18-34	35-54	55+	Total	North East	North West	York & Humberside	East Midlands	West Midlands	East of England	London	South East	South West	Wales	Scotland	Northern Ireland
Base	100%	100%	2256	650	798	808	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Strongly agree	6%	6%	7%	10%	7%	3%	6%	4%	7%	6%	6%	9%	5%	8%	6%	8%	6%	5%	4%
Agree	18%	18%	19%	26%	16%	14%	18%	16%	20%	17%	20%	18%	18%	20%	21%	16%	17%	17%	15%
Neither	23%	22%	24%	23%	23%	22%	23%	16%	20%	19%	25%	24%	24%	21%	23%	28%	19%	26%	26%
Disagree	24%	22%	26%	24%	24%	24%	24%	28%	24%	28%	24%	19%	24%	26%	25%	22%	20%	21%	39%
Strongly disagree	26%	30%	22%	15%	27%	35%	26%	32%	28%	27%	24%	28%	26%	23%	25%	24%	36%	29%	16%
Don't know	2%	2%	2%	2%	2%	1%	2%	4%	1%	2%	2%	1%	2%	3%	1%	2%	2%	2%	0

I would be embarrassed to admit to feeling lonely

	Gender		Age					Region											
	Total	Male	Total	18-34	35-54	55+	Total	North East	North West	York & Humberside	East Midlands	West Midlands	East of England	London	South East	South West	Wales	Scotland	Northern Ireland
Base	2256	1098	1158	650	798	808	2256	95	255	192	162	201	210	280	307	192	111	190	63
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Strongly agree	7%	8%	7%	7%	7%	5%	7%	7%	9%	11%	7%	7%	5%	7%	6%	7%	11%	5%	7%
Agree	23%	24%	23%	31%	23%	18%	23%	18%	25%	20%	26%	24%	19%	24%	25%	23%	25%	20%	31%
Neither	44%	23%	21%	11%	17%	16%	44%	15%	47%	31%	35%	34%	47%	53%	70%	41%	23%	21%	20%
Disagree	30%	26%	34%	28%	30%	33%	30%	32%	27%	33%	31%	26%	34%	31%	29%	32%	28%	34%	29%
Strongly disagree	17%	18%	16%	11%	17%	22%	17%	23%	19%	16%	12%	24%	17%	16%	15%	15%	14%	20%	10%
Don't know	2%	3%	2%	2%	3%	2%	2%	4%	3%	3%	2%	2%	2%	3%	2%	1%	1%	2%	2%

I have company when I want it

	Gender		Age					Region											
	Total	Male	Total	18-34	35-54	55+	Total	North East	North West	York & Humberside	East Midlands	West Midlands	East of England	London	South East	South West	Wales	Scotland	Northern Ireland
Base	2256	1098	1158	650	798	808	2256	95	255	192	162	201	210	280	307	192	111	190	63
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Strongly agree	48%	23%	25%	18%	20%	26%	48%	19%	56%	42%	23%	14%	26%	21%	22%	23%	18%	20%	24%
Agree	50%	50%	50%	49%	48%	53%	50%	57%	45%	45%	56%	48%	52%	53%	52%	50%	53%	46%	47%
Neither	17%	18%	16%	21%	18%	13%	17%	14%	17%	21%	20%	15%	17%	14%	14%	14%	16%	18%	20%
Disagree	8%	7%	9%	9%	9%	6%	8%	7%	11%	10%	7%	8%	6%	8%	8%	6%	7%	7%	12%
Strongly disagree	2%	2%	2%	2%	3%	2%	2%	0%	2%	2%	4%	7%	4%	2%	2%	3%	1%	3%	0%
Don't know	1%	1%	1%	1%	2%	1%	1%	2%	2%	1%	1%	1%	2%	1%	1%	0%	1%	2%	0%

I feel I dont have enough time to spend with friends

	Gender		Age					Region											
	Total	Male	Total	18-34	35-54	55+	Total	North East	North West	York & Humberside	East Midlands	West Midlands	East of England	London	South East	South West	Wales	Scotland	Northern Ireland
Base	2256	1098	1158	650	798	808	2256	95	255	192	162	201	210	280	307	192	111	190	63
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Strongly agree	7%	6%	8%	6%	8%	4%	7%	4%	5%	8%	6%	7%	7%	8%	7%	11%	4%	7%	4%
Agree	22%	21%	23%	30%	23%	15%	22%	18%	21%	21%	24%	21%	24%	25%	27%	19%	23%	19%	16%
Neither	23%	24%	22%	20%	24%	24%	23%	25%	24%	23%	24%	20%	23%	20%	23%	22%	22%	26%	27%
Disagree	31%	30%	31%	29%	28%	35%	31%	34%	28%	33%	33%	30%	30%	32%	28%	29%	32%	28%	44%
Strongly disagree	16%	17%	15%	10%	15%	21%	16%	17%	19%	12%	12%	21%	15%	13%	14%	18%	18%	19%	9%
Don't know	1%	2%	1%	1%	2%	1%	1%	1%	2%	2%	1%	1%	1%	1%	1%	1%	1%	2%	0%

I neglect my relationships family and friends because I work too much

	Gender		Age					Region											
	Total	Male	Total	18-34	35-54	55+	Total	North East	North West	York & Humberside	East Midlands	West Midlands	East of England	London	South East	South West	Wales	Scotland	Northern Ireland
Base	2256	1098	1158	650	798	808	2256	95	255	192	162	201	210	280	307	192	111	190	63
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Strongly agree	3%	3%	3%	4%	3%	2%	3%	3%	4%	4%	3%	3%	3%	4%	3%	5%	3%	2%	4%
Agree	13%	14%	12%	12%	16%	5%	13%	10%	11%	7%	14%	12%	18%	17%	13%	13%	16%	8%	11%
Neither	19%	20%	18%	22%	22%	13%	19%	18%	22%	21%	17%	18%	19%	17%	19%	17%	16%	22%	17%
Disagree	31%	29%	32%	32%	28%	33%	31%	23%	26%	42%	32%	27%	29%	30%	36%	30%	24%	30%	35%
Strongly disagree	33%	33%	33%	22%	29%	46%	33%	44%	36%	25%	31%	40%	32%	31%	34%	40%	34%	33%	33%
Don't know	1%	1%	1%	2%	2%	1%	1%	1%	2%	1%	2%	1%	1%	1%	2%	1%	1%	2%	0%

Technology has helped me keep in touch with friends or family I might have otherwise lost

	Gender		Age					Region											
	Total	Male	Total	18-34	35-54	55+	Total	North East	North West	Yorks & Humberside	East Midlands	West Midlands	East of England	London	South East	South West	Wales	Scotland	Northern Ireland
Base	2256	1098	1158	650	798	808	2256	95	255	192	162	201	210	280	307	192	111	190	63
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Strongly agree	17%	15%	19%	20%	15%	16%	17%	21%	20%	13%	13%	19%	18%	22%	16%	16%	10%	14%	14%
	1017	469	548	1017	324	341	1017	31	104	101	76	93	92	120	147	94	57	78	25
Agree	45%	43%	47%	50%	43%	44%	45%	33%	41%	53%	47%	46%	44%	43%	48%	49%	51%	41%	40%
	497	269	228	497	117	209	497	25	61	36	43	34	48	55	61	43	23	50	18
Neither	22%	25%	20%	18%	26%	21%	22%	22%	24%	19%	27%	17%	23%	20%	22%	22%	21%	26%	29%
	224	123	101	224	49	78	224	14	22	15	11	20	22	25	38	19	11	21	7
Disagree	10%	11%	9%	8%	10%	12%	10%	15%	9%	8%	7%	10%	11%	9%	12%	10%	10%	11%	11%
	108	55	52	108	19	39	108	4	14	12	8	12	8	16	7	5	7	11	4
Strongly disagree	5%	5%	5%	3%	5%	6%	5%	4%	6%	6%	5%	6%	4%	6%	2%	3%	7%	6%	6%
	30	18	12	30	9	14	30	2	4	2	3	3	2	2	6	1	1	3	0
Don't know	1%	2%	1%	1%	2%	1%	1%	2%	1%	1%	2%	1%	1%	1%	2%	0%	1%	2%	0

I spend too much time communicating with family and friends online when I should see them in person

	Gender		Age					Region											
	Total	Male	Total	18-34	35-54	55+	Total	North East	North West	Yorks & Humberside	East Midlands	West Midlands	East of England	London	South East	South West	Wales	Scotland	Northern Ireland
Base	2256	1098	1158	650	798	808	2256	95	255	192	162	201	210	280	307	192	111	190	63
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Strongly agree	3%	2%	3%	5%	2%	1%	3%	2%	4%	3%	3%	6%	1%	3%	3%	3%	2%	1%	1%
	64	27	37	64	33	20	64	2	9	6	5	11	1	8	9	6	3	3	1
Agree	15%	14%	16%	15%	14%	8%	15%	13%	14%	17%	15%	17%	11%	17%	19%	14%	18%	11%	10%
	341	152	188	341	166	108	341	13	43	28	27	22	35	54	42	35	12	23	6
Neither	29%	32%	26%	27%	30%	29%	29%	22%	30%	30%	28%	22%	34%	31%	28%	27%	32%	30%	28%
	649	349	300	649	174	240	649	20	76	58	45	43	72	87	86	52	35	57	18
Disagree	34%	33%	36%	34%	29%	34%	34%	32%	31%	34%	33%	39%	31%	30%	43%	33%	31%	36%	35%
	771	359	413	771	188	274	771	30	78	66	53	78	65	84	131	63	35	68	22
Strongly disagree	18%	18%	18%	12%	17%	22%	18%	17%	17%	16%	18%	22%	17%	16%	18%	19%	23%	19%	26%
	399	193	207	399	79	139	399	25	44	32	29	44	34	43	34	36	25	37	17
Don't know	1%	2%	1%	1%	2%	1%	1%	4%	4%	2	2	3	2	4	5	1	1	3	0

I wish I lived closer to my family so that I could see them more often

	Gender		Age					Region											
	Total	Male	Total	18-34	35-54	55+	Total	North East	North West	Yorks & Humberside	East Midlands	West Midlands	East of England	London	South East	South West	Wales	Scotland	Northern Ireland
Base	2256	1098	1158	650	798	808	2256	95	255	192	162	201	210	280	307	192	111	190	63
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Strongly agree	13%	9%	16%	13%	12%	12%	13%	9%	10%	12%	12%	13%	12%	17%	15%	12%	10%	12%	9%
	282	98	185	282	84	99	282	9	26	24	20	27	25	47	45	24	11	22	5
Agree	22%	20%	24%	22%	27%	18%	22%	16%	22%	20%	24%	20%	25%	24%	21%	27%	20%	23%	20%
	499	222	277	499	174	146	499	15	56	38	39	40	52	66	64	51	22	43	13
Neither	29%	34%	25%	29%	27%	30%	29%	41%	29%	31%	29%	24%	35%	28%	29%	25%	26%	37%	37%
	664	373	291	664	178	236	664	38	73	60	47	49	73	78	90	56	28	49	23
Disagree	21%	23%	20%	21%	19%	24%	21%	16%	23%	22%	19%	23%	18%	18%	23%	23%	25%	23%	17%
	479	252	227	479	121	189	479	15	59	43	31	46	38	50	71	45	27	43	10
Strongly disagree	13%	12%	14%	13%	12%	14%	13%	16%	14%	13%	13%	19%	9%	12%	11%	7%	20%	15%	15%
	296	132	165	296	79	113	296	15	36	25	21	38	18	35	34	14	22	29	10
Don't know	2%	2%	1%	2%	2%	1%	2%	3%	2%	1%	3%	1%	2%	2%	1%	1%	1%	2%	2%

People are getting lonlier in general

	Gender		Age					Region											
	Total	Male	Total	18-34	35-54	55+	Total	North East	North West	Yorks & Humberside	East Midlands	West Midlands	East of England	London	South East	South West	Wales	Scotland	Northern Ireland
Base	2256	1098	1158	650	798	808	2256	95	255	192	162	201	210	280	307	192	111	190	63
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Strongly agree	11%	10%	12%	10%	12%	10%	11%	8%	10%	8%	9%	11%	7%	7%	13%	15%	10%	13%	10%
	241	104	137	241	65	100	241	7	26	15	15	21	14	36	46	19	14	20	7
Agree	37%	34%	40%	37%	38%	35%	37%	34%	31%	31%	43%	41%	35%	40%	39%	34%	40%	39%	34%
	840	376	464	840	244	280	840	32	80	82	67	70	84	109	103	77	43	64	29
Neither	30%	32%	28%	30%	29%	31%	30%	36%	32%	29%	26%	30%	33%	26%	29%	32%	29%	32%	24%
	674	351	322	674	190	250	674	34	82	55	43	61	69	74	88	61	32	62	15
Disagree	24%	13%	10%	24%	76	85	240	11	31	24	17	25	21	28	41	13	5	19	5
	240	137	103	240	11%	12%	11%	11%	12%	12%	11%	12%	10%	10%	13%	7%	5%	10%	8%
Strongly disagree	3%	3%	3%	3%	2%	3%	3%	3%	3%	2%	5%	3%	3%	3%	2%	1%	4%	4%	0
	65	36	30	65	15	21	65	3	8	4	8	6	6	9	5	3	4	8	0
Don't know	9%	9%	9%	9%	9%	8%	9%	8%	11%	7%	8%	9%	7%	9%	8%	10%	10%	9%	11%