

## Loneliness in later life: beyond the individual

Around the world, approximately one in four older adults reports experiencing loneliness, with prevalence highest in North America and lowest in Africa<sup>1</sup>. In Europe, loneliness among people aged 60 and over varies markedly across countries, revealing a distinct geographic pattern<sup>2 3</sup>. The lowest levels are observed in Northern and Western Europe, with Germany (17%), Norway (19%), and the Netherlands and Switzerland (around 20%) reporting the smallest proportions of older adults who feel lonely at least some of the time. In contrast, substantially higher prevalence is found in Southern and Eastern Europe, particularly in Hungary (45%), Lithuania (44%), Portugal (44%), and France (33%).

This clear North-South and West-East divide suggests that loneliness in later life cannot be understood solely as an individual experience. Broader structural, cultural, and socio-economic contexts play a decisive role in shaping older adults' social well-being.

### What is loneliness, and what is it not?

Loneliness has long been seen as a private and deeply personal experience, associated with loss, silence, and a subjective feeling of disconnection from others. Yet contemporary research increasingly demonstrates that loneliness in later life is not merely an individual emotional state; it is also shaped by broader social, cultural, and structural conditions.

Loneliness is a profound subjective experience that arises when there is a perceived discrepancy between the social relationships a person desires and those they actually have<sup>4</sup>. Loneliness is not the same as living alone or having a small social network. Some individuals with few contacts feel content and connected, while others surrounded by people experience profound emotional isolation. Nor is loneliness inherently negative. From an evolutionary perspective, loneliness is considered as a warning system, similar to hunger or pain, that signals to people when to reconnect with others in order to enhance survival<sup>5</sup>. Temporary and moderate experiences of loneliness that are likely during the life course can point to the lack of social connection and determine people to seek more social contact.

### Why later life brings particular vulnerabilities

In later life, loneliness poses particular challenges. It often emerges in the context of cumulative losses: the death of a spouse or friends, declining health, retirement, and reduced social roles. These transitions can alter daily routines and diminish opportunities for meaningful interaction. When loneliness becomes chronic or severe, the consequences are critical.

Loneliness and social isolation are associated with increased risks of cardiovascular disease, anxiety, depression, cognitive decline, and reduced quality of life. Their health impact has been compared to well-established risk factors such as severe obesity or smoking. Social isolation increases the risk of premature mortality by nearly 30%, and loneliness itself by approximately 26%<sup>6</sup>. Moreover, estimates suggest that between 11% and 18% of depression cases among older adults could potentially be prevented if loneliness were eliminated<sup>7</sup>.

However, loneliness does not affect all older adults equally.

### Who is most vulnerable to loneliness in later life?

Loneliness does not affect all older adults equally. Several demographic, social, and psychological factors increase vulnerability<sup>8</sup>. Advanced age (75+) is associated with higher risk, partly due to cumulative losses in health, mobility, and close relationships. The death of a spouse is one of the most powerful triggers of loneliness in later life. Widowed individuals often face a sudden and profound disruption of daily companionship and emotional support. A particularly vulnerable subgroup consists of older adults who live alone without close family support, sometimes described as “elder orphans.” These individuals may have limited social networks, chronic health conditions, and few sources of practical or emotional assistance.

Socio-economic status is another critical factor. Low income, limited education, and poor housing conditions restrict opportunities for participation in social and community life. Financial constraints may limit mobility, access to cultural activities, or engagement in organized groups, thereby increasing isolation.

Gender differences are also evident. Loneliness tends to be reported more frequently by women. Women’s longer life expectancy means they are more likely to experience extended periods of widowhood. They often maintain broader social networks, yet they may also hold higher emotional expectations of these relationships. When emotional needs are unmet, emotional loneliness may intensify. Men, by contrast, frequently rely on narrower networks, often centered around work. Following retirement or the loss of a partner, their risk of social isolation can increase sharply. They also tend to admit to loneliness only when it becomes severe and this is when the consequences become critical<sup>9</sup>. Thus, women and men may be vulnerable through different mechanisms: women more through emotional loneliness, men more through social isolation.

Health is one of the strongest individual predictors of loneliness in later life. Poor physical health, multimorbidity, functional limitations, frailty, cognitive impairment, and depression substantially increase the likelihood of experiencing loneliness. Declining health can restrict mobility, reduce participation in social activities, increase dependency on care, and undermine self-efficacy, all of which contribute to social withdrawal. The relationship between health and loneliness is reciprocal: while poor health increases loneliness, chronic loneliness also predicts worsening physical health, unhealthy behaviors, depression, and cognitive decline.

Personality traits significantly shape vulnerability to loneliness by influencing social behavior, emotional regulation, and the interpretation of social experiences. Among the Big Five traits, extraversion consistently emerges as protective, as it is associated with sociability, broader networks, and active engagement.

Place of residence further shapes risk. Older adults living in rural areas may experience higher levels of loneliness than their urban counterparts, although cohesive rural communities can provide protective social bonds. The built environment matters greatly. Neighborhoods lacking accessible sidewalks, safe public spaces, transportation, or nearby services discourage participation. An age-friendly environment that is accessible, safe, and socially stimulating is fundamental to preventing loneliness in later life.

## Is there a loneliness epidemic?

The notion of a “loneliness epidemic” has gained considerable attention in public discourse, policy debates, and media narratives. The term suggests not only that loneliness is widespread, but that it is rapidly increasing and potentially spreading through societies, similarly to contagion.

The data show stability rather than surge in overall prevalence of loneliness in European countries according to a recent study by Vasile and Aartsen<sup>2</sup>. Using data from the European Social Survey<sup>3</sup> in 2014 and 2023, the authors compared loneliness prevalence across 17 European countries. The findings do not support the idea of a dramatic increase. In the general population, around 21% report feeling lonely at least “some of the time” and approximately 7% report severe loneliness (“most or all of the time”). These percentages remain remarkably stable between 2014 and 2023, at the aggregate level, there is no evidence of a sharp rise over the past decade.

However, there are significant age differences. Although the overall picture is stable, age-specific patterns tell a more nuanced story. The most notable change occurred among young people (under 30), whose loneliness levels increased between 2014 and 2023. In contrast, loneliness among older adults (particularly those aged 70 and over) remained stable or even declined slightly. This pattern challenges the common narrative that older adults are the primary drivers of a loneliness epidemic. Instead, the data suggest that younger cohorts have experienced the most change, possibly influenced by the COVID-19 pandemic, mobility restrictions, and broader socio-economic instability. While younger individuals appear to have been particularly affected during the pandemic, the data do not show a generalized, long-term escalation in loneliness across all age groups. Older adults, who were framed as especially vulnerable during COVID-19, may even have benefited from increased social attention and solidarity in some contexts.

So far the European evidence suggests that loneliness is a stable structural challenge rather than a spreading crisis. While there is no empirical support in ESS data for an epidemic of loneliness, the question remains whether there is a generational shift driven by recent macro-social transformations or just a social pattern that needs more understanding. Nevertheless, overuse of epidemic language risks moral panic and may obscure the deeper societal roots of loneliness.

## The role of society

Comparative data across countries reveal that loneliness among people aged 50 and over varies significantly depending on broader societal conditions. This variation highlights the importance of macro-social determinants<sup>10</sup>.

Economic well-being and social policies play a crucial role. More prosperous societies tend to report lower levels of loneliness among older adults. This is not only because individuals may experience better material living conditions, but also because prosperity enables the development of supportive infrastructures: accessible health services, safe public spaces, reliable transportation, and community programs. Such infrastructures facilitate participation and help maintain social ties. In this sense, economic well-being creates the framework within which social relationships can be sustained.

Digitalization represents another significant factor. In highly digitalized societies, older adults may have greater access to tools that support communication, information, and service use. Digital platforms can serve as bridges, especially for those with mobility limitations or geographically dispersed families. However, digital interaction should complement, and not replace, face-to-face relationships. Without

digital literacy and inclusive access, digitalization may exacerbate inequalities rather than reduce loneliness.

Trust and social cohesion are equally important. In countries where individuals trust public institutions and one another, a stronger sense of belonging is observed, and the risk of loneliness appears lower. Conversely, low levels of institutional and interpersonal trust may discourage community participation and reinforce withdrawal from public life.

Research also points to a cultural paradox. In some societies characterized by more individualistic values, where autonomy and personal choice are emphasized, the prevalence of loneliness may be lower than in more collectivist contexts. Relationships based on voluntary choice and moderated expectations may reduce the gap between desired and actual social contact, thereby mitigating feelings of loneliness. These findings suggest that loneliness is shaped not only by the number of relationships, but also by the norms and expectations surrounding them.

At the community level, safe and cohesive environments can buffer against loneliness. Policies that combine economic security, digital inclusion, and institutional trust appear to create social ecosystems in which older adults are not only protected but also socially connected.

Essentially, loneliness reflects how societies organize opportunities for connection.

### **Conclusion: beyond the individual**

Loneliness in later life is neither purely private suffering nor simply an inevitable feature of aging. It is a socially patterned experience that emerges at the intersection of personal biography and societal structure. While current evidence does not support the existence of a European loneliness epidemic, loneliness remains a profound public health and social challenge.

The question, therefore, is not whether loneliness is spreading, but how societies can create conditions in which aging does not mean shrinking worlds, but sustained participation, dignity, and connection.

Loneliness may be felt individually, while its roots, and its solutions are collective.

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