

# Why a ‘Loneliness Epidemic’ is Upon Us

[“Our crowded, lengthy commutes are making us more lonely than ever”](#). [“Eating alone is BAD for your health – especially if you’re a man, study shows”](#). [“Japan’s solution to loneliness: virtual wives.”](#) [“Loneliness: a silent plague that is hurting young people most”](#).

There is no lack of interest in the topic of loneliness, as these headlines indicate. But there’s less agreement amongst researchers about what can be done about it.

“Loneliness is a major social, educational, economic and health issue that will reach epidemic proportions by 2030,” [says Prof Stephen Houghton](#), of the University of Western Australia. “At the moment there are no interventions. Where are they? I can’t find any.”

According to [a feature in a recent issue of the Journal of the American Medical Association \(JAMA\)](#), loneliness – “defined as a distressing discrepancy between desired and actual levels of social contact” – appears to be a serious health risk for issues like cardiovascular disease, Alzheimer disease, stroke, and insomnia. One study claims that the health impact of loneliness is the equivalent of smoking 15 cigarettes a day.

It is believed, however, that the incidence of loneliness among the elderly has remained constant over the last 50 years at about 10 percent. But with the greying of the population, they make up an increasing proportion of the population.

“One of the issues that we need to pay attention to is that loneliness and social isolation are different,” says Julianne Holt-Lunstad, of Brigham Young University in Provo, Utah. “Lonely people are not necessarily isolated, and isolated people are not necessarily lonely. But while they might be

different, they carry similar health risks, she said, adding that she is concerned that “there may be a perception that as long as you don’t feel lonely, you’re fine.”

Nearly all the research indicates that loneliness can be devastating. “You can be absolutely certain that loneliness messes up your quality of life,” Christina Victor, of Brunel University London, told JAMA. “It’s an unpleasant experience. It compromises well-being.”

And not only quality of life, but the health system. In the UK [Helen Stokes-Lampard](#), Chair of the Royal College of General Practitioners, has warned that loneliness threatens to overwhelm the government health system.

*“Social isolation and loneliness are akin to a chronic long-term condition in terms of the impact they have on our patients’ health and wellbeing. GPs see patients, many of whom are widowed, who have multiple health problems like diabetes, hypertension and depression, but often their main problem isn’t medical, they’re lonely... If nothing is done, loneliness will, inevitably, take its toll on the entire healthcare system.”*

Unfortunately, intuitive solutions, like creating an army of “befrienders” to visit lonely people, don’t necessarily work. Studies have shown that this may help, but the results are not statistically significant.

Around Christmas time, campaigns to befriend some of the army of lonely people (usually the elderly) spring up. It’s a generous gesture – but how much good will it actually do in the end?

Remarkably, most of the academic studies and media surveys ignore the fundamental question: what kind of society creates a vulnerability to loneliness? The answer seems obvious: a society where families are small and fractured. When the

elderly have several children to support them and do not bear the burden of shattered relationships, loneliness will surely be less of a problem.

But admitting this runs against the grain. Politicians and policy-makers would have to admit that allowing divorce and encouraging small families has been a colossal mistake. Even so, it might be easier than buying anti-depressants for a growing proportion of the population.

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*Michael Cook is editor of MercatorNet. This [article](#) has been republished under a Creative Commons license.*