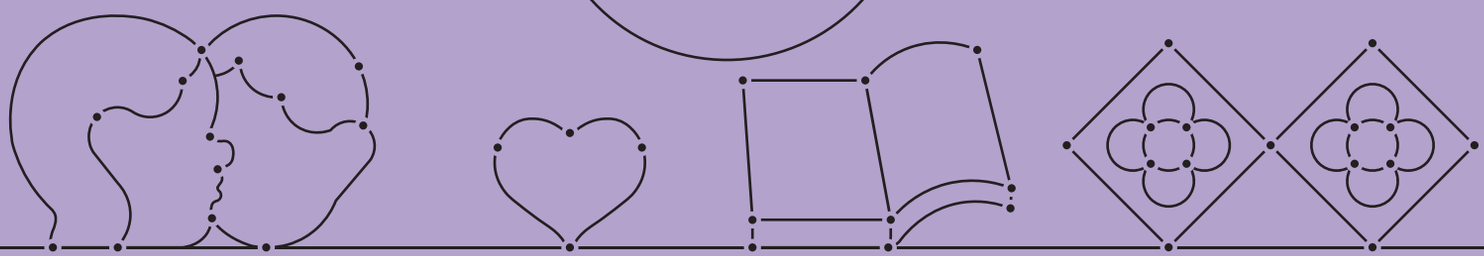
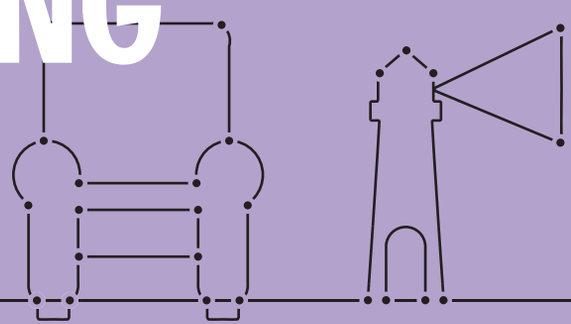
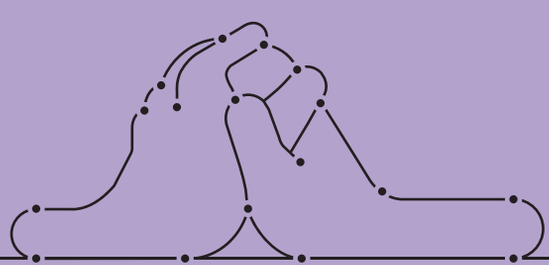
BARCELONA AGAINST LONELINESS



UNDERSTANDING LONELINESS: LEARNING, TALKING, RAISING AWARENESS





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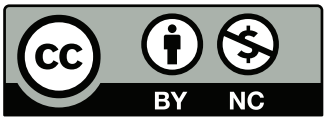


Barcelona, July 2022

UNDERSTANDING LONELINESS LEARNING, TALKING, RAISING AWARENESS

Training tools for understanding loneliness

Most of us will feel lonely at some point in our lives, but our ability to deal with and overcome this loneliness can vary according to our environment, our social relationships and the support we have. When the feeling of loneliness gets worse and persists over time, it can have a significant impact not only on the specific person, but also on society as a whole.

Here at Barcelona City Council, we have been running municipal services and programmes that help to reduce loneliness directly or indirectly for a long time. However, the increase in recent years in the number of people of any age who feel lonely – both in Barcelona and worldwide – has highlighted the need for a joint strategy for combating loneliness in our city.

Within the framework of the Municipal Strategy Against Loneliness 2020–2030 and the Barcelona Against Loneliness commitment, we need to raise awareness of loneliness among the public and social organisations while training municipal staff who are involved in this issue, whether directly or indirectly.

All of this complements Line 4 of the Municipal Strategy Against Loneliness 2020–2030:

Adapt municipal organisation to the new challenges posed by loneliness

The materials gathered in this document have various, complementary aims:

- To raise awareness of loneliness in the city of Barcelona through a definition of concepts, theoretical approaches and objective city data.
- To examine the different intervention models and initiatives within the Municipal Strategy Against Loneliness 2020–2030.
- To make this knowledge and these tools accessible to social organisations that work to combat loneliness in the city of Barcelona.

After all, understanding loneliness is the first step towards dealing with this issue, which can only be tackled successfully with everyone's involvement.

Directorate of Services for Children, Young People and Older People
Area for Social Rights, Global Justice, Feminism and LGBTI Affairs

CONTENTS

UNDERSTANDING LONELINESS
LEARNING, TALKING, RAISING AWARENESS

APPENDIX

1. INTRODUCTION TO LONELINESS AND RELATED CONCEPTS

Loneliness in the city of Barcelona

While solitude can be a chosen, desired situation, loneliness is an unwanted state that appears uninvited, bringing consequences for our health and well-being, and can be associated with negative emotions and feelings of discomfort.

Sadness, feelings of exclusion, boredom, dissatisfaction, pain, indecisiveness, vulnerability, fragility, emptiness and the sensation that life is meaningless are just some of the emotions that can point to a case of loneliness.

Today, loneliness is a global phenomenon. In a short time it has found its way onto the political agenda in many countries and takes up plenty of space in the media: in 2015, the European Commission warned that around 30 million adults in Europe often felt lonely. In the United States, meanwhile, they refer to loneliness as a national epidemic. The United Kingdom and Japan have also prioritised the issue, creating a Ministry of Loneliness, while Barcelona City Council has drawn up and implemented a Municipal Strategy Against Loneliness, which runs to 2030.

Loneliness is a feeling, a subjective perception, and we know that people who live alone are not necessarily lonely. Likewise, we are aware that people can feel very lonely even though they have a lot of people around them or a very active social life.

Anything we experience, think or feel can change our body, and loneliness is no exception. Recent studies show that it can have a health impact equivalent to that of smoking fifteen cigarettes a day or being obese.

We have always associated loneliness with ageing, but loneliness is not exclusively experienced by older people. According to the Òmnibus 2022 survey, young people aged 16–24 years are the group with the highest proportion of people suffering from loneliness.

- In the group of young people aged 16–24, 32.6% declared that they feel lonely sometimes or often. More specifically, 9% said that they feel lonely often or very often.
- People aged 25–34 came in second place, as 27.6% expressed that they feel lonely sometimes or often.
- About 18% of adults aged between 35 and 54 feel lonely.
- For people aged 55–64, the percentage is 16%.
- Meanwhile, 14.3% of older people – over 65 – feel lonely this regularly.

Some people are more likely to feel lonely during their youth. At this life stage, the feeling seems to be connected to frustration and failure to complete transitions linked to adulthood. Leaving home, economic and job security and having a stable partner are factors that protect against feelings of loneliness. In the case of older people, meanwhile, relational loneliness is a more significant phenomenon, so the feeling is more associated with a lack of social relationships of trust.

However, loneliness is not easy to recognise as it is surrounded by stigma and, sometimes, expressing it can stir up feelings of shame or guilt. Admitting that you are lonely is difficult, especially when you have family, a partner and other relationships.

Loneliness is a complex, plural, diverse phenomenon that cannot be understood or tackled from just one angle. In Barcelona, there are 120,000 types of loneliness: as many different kinds as people who suffer from it. The Strategy Against Loneliness has been created for this reason and in order to fulfil the need to build a social, restorative response that fosters solid, lasting relationships.

In this process, we must remember that loneliness is no longer something that one person experiences on their own: it is an issue that affects everyone. That is why we need to take joint responsibility in the fight against it. We have the power to put on our 'loneliness glasses' and look around, so that we can activate remedies like mutual aid and support among neighbours.

Today, it is widely accepted that the quality of our relationships is a key determining factor in how happy and healthy we are throughout our lives. It is important to make a personal investment in cultivating and looking after these relationships. Innovating and doing new things with the people around us, utilising community spaces and offering support to whomever needs it are things we can all do to build a less hostile, more inclusive and, above all, more humane city.

INTRODUCTION

Loneliness is inherent to human existence. It is an enigma and responses to it must be built slowly and carefully. In the twenty-first century, though consensus has not yet been reached regarding this phenomenon, there is no question that loneliness plays a key role in the construction and development both of people as individuals and of societies as a whole. Zygmunt Bauman (2020) explains how we have gone from living in a society characterised by solid structures to living in a kind of 'liquid modernity', in which instability, a lack of cohesion and precarious relationships signal that loneliness is no longer a purely individual problem and has become a social issue. The prevalence of loneliness and its proven impact on people's health and quality of life pose a lot of questions that must be answered by public policies and social action.

In fact, loneliness has already started to be included on the political agenda. One international milestone with a considerable impact was Theresa May's creation of the Ministry for Loneliness in the United Kingdom, which led other countries to explore different strategies on a national scale, and on a regional, provincial and local scale. This constitutes a big step forward in the design of public policies, as they are going beyond the coverage of basic needs to include 'emotional well-being' as an important element, in order to improve people's quality of life and welfare. Nonetheless, this process involves a number of challenges, both on a more substantive level – in the design of public policies – and in operational terms, at the planning and management stages. To this end, the Municipal Strategy Against Loneliness (hereinafter, the Strategy or MSAL) has emerged as an operational response, with a ten-year horizon, that includes a monitoring system that is flexible enough to adapt measures and initiatives in accordance with the reality at any given time.

That being said, loneliness is often confused with other concepts, such as social isolation, with which it is often linked but is not necessarily intertwined. On more than one occasion, the two have generated alarm and headlines when associated together, sometimes in a tendentious fashion, and have led to confusion or, worse, placed the blame on the sufferers and/or their family. Furthermore, using these concepts interchangeably causes confusion from both an analysis standpoint and an intervention perspective. Therefore, though they are closely linked, they must be distinguished from one another, so that we may understand the two phenomena in today's society, develop effective tools for detecting both types of situation, and design appropriate interventions.

Loneliness is no longer an individual phenomenon: it is a social issue

SOCIAL ISOLATION

Social isolation is characterised by a lack or limited existence of lasting interpersonal relationships and can be measured by the density of the person's social network, meaning the number of people it contains and the degree to which its members are interconnected. As it refers to a specific structure (the social network), it corresponds to an objective reality.

The most commonly used tool to measure social isolation is the Lubben Scale. According to James Lubben himself, a person is isolated or at risk of isolation when they have relationships with less than two people. Other reports and studies deem that a person is isolated when they have contact with one person or less per month.

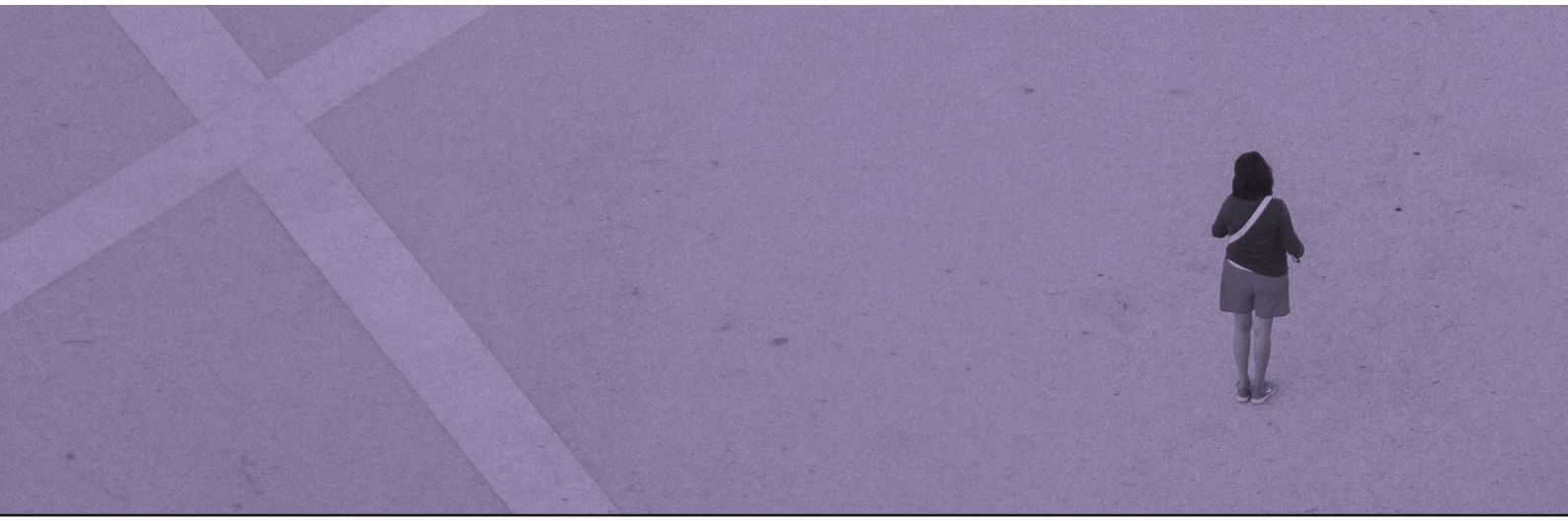
In general, from an intervention point of view, we can differentiate between two types of isolation:

- Situational isolation: temporary situations that can cause the social network to shrink for a certain period of time.

- Chronic isolation: the continued absence of social connections creates a situation of chronic isolation.

According to Beach and Bandford (2014), the main difference between loneliness and social isolation lies in the fact that social isolation implies being alone, whereas loneliness occurs because you do not like this situation. According to other authors, feelings of loneliness are subjective and composed of the way a person perceives, experiences and evaluates their own social isolation and lack of communication with others (De Jong-Gierveld; Raadschelders, 1982).

As specified in the Strategy, it is important to remember that people in a situation of social isolation are not necessarily lonely and that, objectively, not all people who feel lonely are socially isolated. In fact, people with an active social life can feel lonely.



LONELINESS

Unlike isolation, loneliness is a complex construct that, thanks to multiple theoretical approaches, has generated various debates over time. It has mainly been examined from the viewpoint of psychology, and just like other psychological concepts, we still struggle to conceptualise it and understand it as part of human existence.

Empirical research in this area started to take shape in the 1980s. It is worth noting here that this time saw the emergence of new phenomena relating to isolation and loneliness that generated significant social changes and attracted interest from various disciplines. These include an exponential increase in divorce rates, in the number of single-person homes and in the prevalence of widowhood in old age.

Among all the theoretical and practical contributions of that period, one of the most noteworthy is *Loneliness: A Sourcebook of Current Theory, Research and Therapy* (Peplau; Perlman, 1982), and it continues to be one of the main works in this field. This compilation aimed to consider the complexity of loneliness when conceptualising the phenomenon and categorised it through eight theoretical approaches, which, according to Yanguas et al. (2018), can be reduced to four. Still, loneliness is a complex phenomenon and psychological construct based on subjective perception. For this reason, each of these theoretical approaches has different limitations and has been criticised for various reasons. These theoretical approaches and the corresponding criticisms are summarised in the table here.

THEORY	APPROACH	CRITICISM/LIMITATIONS
EXISTENTIAL	Loneliness is an experience that is inherent to human nature. On one hand, it can be a painful experience. On the other, it provides an opportunity to create new things, to reflect and to understand oneself. It is necessary for personal growth.	This theory has been criticised because, according to existentialists, everyone is solitary, yet at no point do they recognise the choice people can make regarding this condition. No distinction is made between objective solitude and subjective loneliness or between when being alone is enjoyable and when it is painful.
PSYCHODYNAMIC	Loneliness is the negative result of the need for intimacy and interpersonal relationships in order to live.	This is a widely criticised approach because the conceptualisations it proposes are based on clinical cases and pay no attention to the influence of social environment, culture and age in the development of the feeling of loneliness.
INTERACTIONIST	Loneliness appears as a consequence of a lack of significant and/or intimate relationships (with attachment) and/or as a result of a lack of sense of community or a reduced social network. Loneliness is not caused by the objective fact of being alone.	It has been criticised because it deems that the concept of social loneliness does not necessarily imply that associated negative feelings must emerge. In other words, in this theory, social loneliness is closer to the concept of social isolation. The causes of loneliness are boiled down to a reduced social network and loss of attachment figures, and it ignores other factors like age, culture and gender.
COGNITIVE	Loneliness is understood as a discrepancy between the social relationships that a person desires and those they actually have. It explains the development of the phenomenon by taking into account situational and environmental aspects, as well as behavioural aspects of the individual's personality.	This approach is limited because it does not consider the effects of culture on the development of loneliness, it cannot explain the loneliness felt by people with cognitive decline, and it does not take into account the importance of social networks and support to ease the effects of loneliness.

Source: Original, using data from Yanguas et al., 2018

A few years later, a second manual – *Loneliness Theory, Research and Applications* – would be published and go one step further by providing an empirical perspective and acknowledging the importance of measuring loneliness. It was precisely in this period that the main instruments for measuring loneliness were created, such as the De Jong Gierveld (1985) and UCLA (1978) scales.

Nonetheless, even today, loneliness continues to be a subject on which there is no unanimity among scholars. For this reason, a list of definitions and descriptions, in which the different authors name the different aspects of loneliness, is provided here. All of them are complementary and not mutually exclusive:

WEISS, 1983. Loneliness is a natural phenomenon and a feeling that can affect any of us and appear at any time in life. It can occur regardless of age, gender or any other sociodemographic characteristic.

YOUNG, 1982. Young differentiates between different types of loneliness according to their duration: chronic loneliness (2 years or more), situational loneliness (related to a loss) and transient loneliness (short episodes of loneliness).

PEPLAU and PERLMAN, 1982. They define loneliness as a negative psychological response to a discrepancy between actual relationships and desired relationships.

DE JONG GIERVELD, 1987. This author views loneliness as an individual feeling characterised by an unpleasant or unacceptable lack of quality in a series of social relationships. This can occur because the quantity of social contact is less than what the person would want, or because there is not enough intimacy in the relationships.

HAWKLEY and CACIOPPO, 2009. These scholars distinguish between different types of loneliness. Acute loneliness is a temporary state that ends when the circumstances that caused it are remedied. Chronic loneliness refers to an individual's trait resulting from the interaction between their life circumstances and a genetic tendency towards experiencing feelings of isolation. The duration of the feeling of loneliness has a direct impact on how it is experienced.

MUSHTAQ et al., 2014; HAWKLEY and CAPINTANIO, 2015. Loneliness is subjectively defined as a painful experience, experienced due to an absence of social relationships or feelings of belonging, or because of a feeling of isolation.

LUANAIGH and LAWLOR, 2008. They make the distinction between normal and pathological loneliness. They differ based on their duration, frequency (occasional or persistent) and severity.

BERMEJO, 2005. Loneliness is a subjective experience that occurs when our relationships are not sufficient or are not what we would hope them to be.

It is also important to remember that solitude is not necessarily negative, while loneliness is. In English, we have different words to describe the state of being alone according to whether it is viewed as positive, neutral or negative.

SOLITUDE	ALONENESS OR BEING ALONE	LONELINESS
Positive solitude, or solitude for personal growth. Chosen, gratifying solitude.	Conscious, controllable experience. The person chooses or decides to be alone.	A negative, involuntary, uncontrollable personal experience in which the person perceives that their relationships are lacking.
↓	↓	↓
POSITIVE	NEUTRAL	NEGATIVE
WANTED LONELINESS		UNWANTED LONELINESS

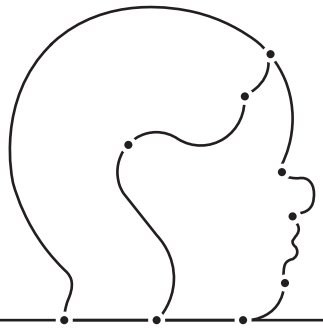
Source. Sala Mozos, E. 2020

In the languages of Barcelona – Catalan and Spanish – meanwhile, the words 'soledat' and 'solitud' tend to be used as synonyms, according to the Real Academia Española and the Institut d'Estudis Catalans, regardless of whether the meaning is positive, negative or neutral. Therefore, the word 'wanted' ('desitjada'/'volguda') or 'unwanted' ('no desitjada'/'no volguda') is added to differentiate between neutral or positive types of solitude and loneliness, the latter of which implies a negative personal experience and requires intervention.

Within the Strategy, the term loneliness refers to the subjective experience resulting from the discrepancy between, on one hand, the quality and quantity of one's relationships, and on the other, one's personal standards for social relationships: in other words, between what one has and what one considers ideal. Loneliness is therefore considered a negative expression of feelings that can manifest in individuals of all ages (MSAL, 2020).

As it is a subjective experience, there are no two same kinds of loneliness, and identifying common traits between them is difficult. As a result, unlike social isolation, detecting loneliness and taking action to tackle it is a complex process.

Loneliness is a subjective experience; there are as many types of loneliness as there are causes of it. That is why it is complex, plural and diverse. An experience shaped by different realities.



A. THE DIMENSIONS OF LONELINESS

In the early 1980s, Robert Weiss, one of the most renowned authors in the field, highlighted the conceptual difference between two dimensions of loneliness for the first time in his book *Loneliness: The Experience of Emotional and Social Isolation*, indicating that they may or may not coexist in one person:

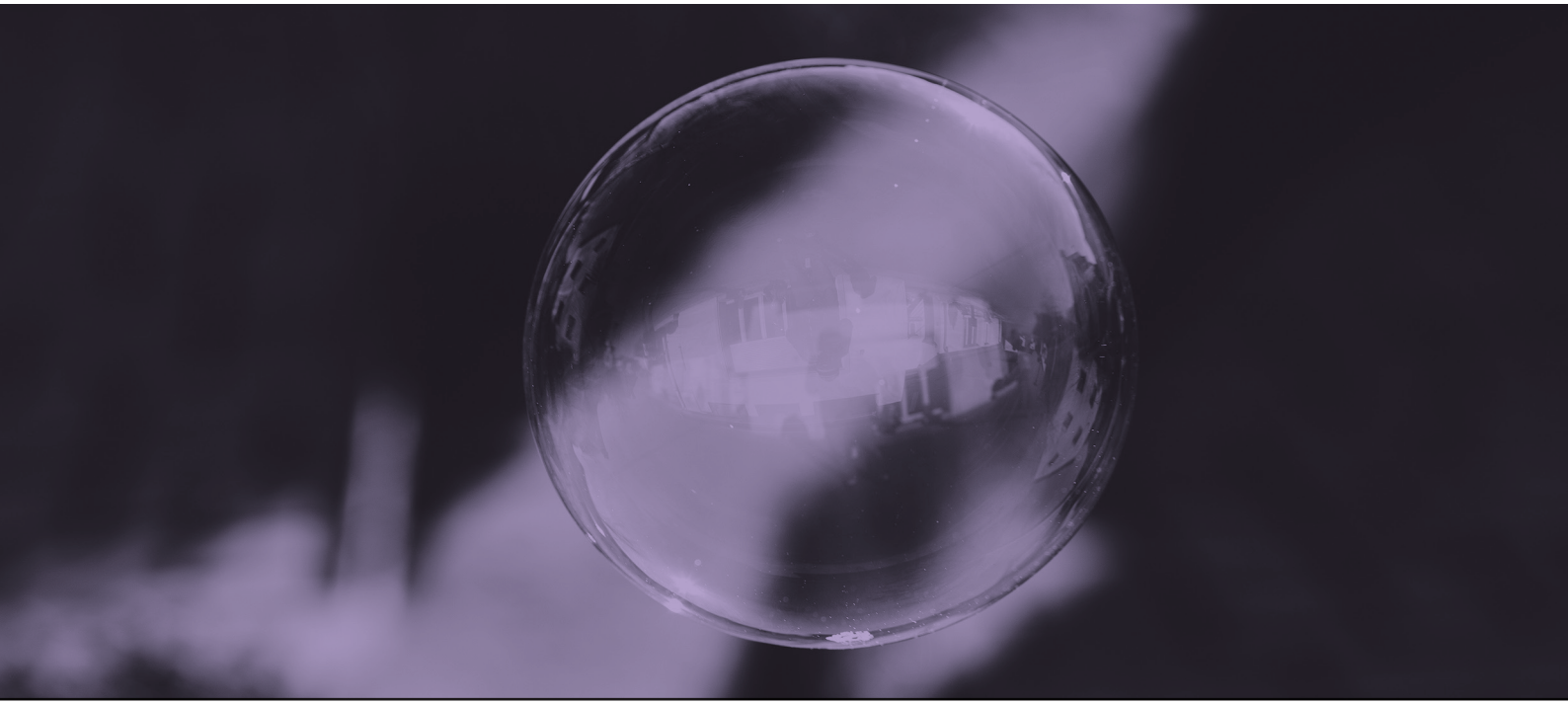
- **Social loneliness.** This is the subjective response to the lack or insufficiency of relationships or sense of community. It refers to the person's perception of the size of their network, their interest in it and/or their view of whether it is attractive enough for them to feel part of the group (feeling of belonging).

- **Emotional loneliness.** This is the subjective response to an absence of intimate personal relationships or bonds, whether these be with friends or a partner.

As specified in the MSAL, emotional loneliness often occurs following the loss of a partner, whether through separation or death. Social loneliness, meanwhile, can easily arise during migration processes or when moving away, for example. Both types of loneliness are associated with feelings of depression and dissatisfaction, but the emotional kind is normally accompanied by anxiety, while social loneliness often comes with boredom and a feeling of exclusion (Pinazo Hernandis, 2018).

These two dimensions of loneliness are linked to the more relational aspect of loneliness. However, though loneliness includes a significant relational component, it is not only connected to relationships. Other variables also interact with the feeling, such as fragility or the meaning of life. That is why we consider another dimension of loneliness:

- **Existential loneliness.** This is the basic feeling of loneliness that can emerge when we, as human beings, face the fact that we are alone in the world, even though there are other people around us (Mayers; Svartberg, 2001). It is a type of loneliness that is linked to the human condition, is characterised by a feeling of alienation and emptiness, and can act as a catalyst for personal growth.



KEY IDEAS AND SUMMARY

Loneliness and isolation are two separate phenomena that can be related, but not necessarily.

As it is a subjective experience, there are as many types of loneliness as there are causes. That is why **loneliness is complex, plural and diverse**. An experience shaped by different realities (Víctor; Sullivan, 2015).

Loneliness can be the **result of a combination of many factors or variables**, some of which are objective, others, subjective. Some of these variables relate to intrapersonal elements, such as expectations, coping strategies, etc. Others, meanwhile, are linked to external factors (structural and socioeconomic factors, cultural values, etc.).

Personal expectations can be an important determining factor in the experience of loneliness and are often highly conditioned by culture. For example, according to the results of *Loneliness – An Unequally Shared Burden in Europe. Science for Policy Brief* (EC, 2018), indexes of social isolation are higher in the north and west of Europe than in the east and south. However, loneliness rates are higher in the south and east of Europe than in the rest of the continent. One of the factors that explain this trend could be precisely the fact that people expect a lot more from family and social relationships in the south and east than in the rest of Europe.

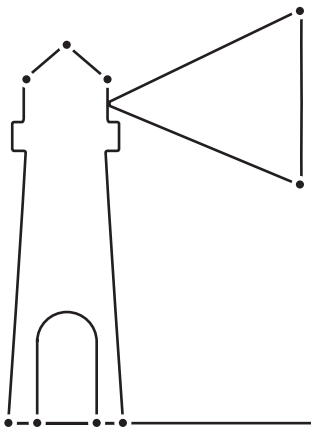
Loneliness is a multidimensional phenomenon and includes **a significant relational component, but it is not solely linked to relationships**. Elements like fragility and the meaning of life, among others, can also affect the feeling of loneliness.

There are three dimensions of loneliness: emotional loneliness and social loneliness, which are two aspects of the more relational side of the phenomenon, and existential loneliness.

Loneliness involves **emotions** like sadness, melancholy, frustration and shame, which are associated with pain, but it can also be seen as a catalyst for the person to grow and learn. It can be an important factor in the process of personal growth.

Loneliness is a feeling that is **difficult to detect and identify for various reasons**. Firstly, it is perceived differently by people who suffer from it and by those who do not. In general, there is still a great deal of stigma around loneliness, and the blame for the situation tends to fall on the people who feel lonely, with no consideration of more objective, structural factors. Secondly, it is not even easy to recognise or identify in oneself. Finally, it is a feeling that can lead to emotions such as shame and/or guilt, especially when the person who feels lonely is actually surrounded by people.

In short, loneliness is a complex construct that includes individual, family and community interactions, that involves objective elements and subjective perceptions, and that is influenced by individual behaviours and cultural expectations while being affected by external, social and structural factors. It also has a considerable impact on health (Sala Mozos, 2019).



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2. LONELINESS RISK FACTORS

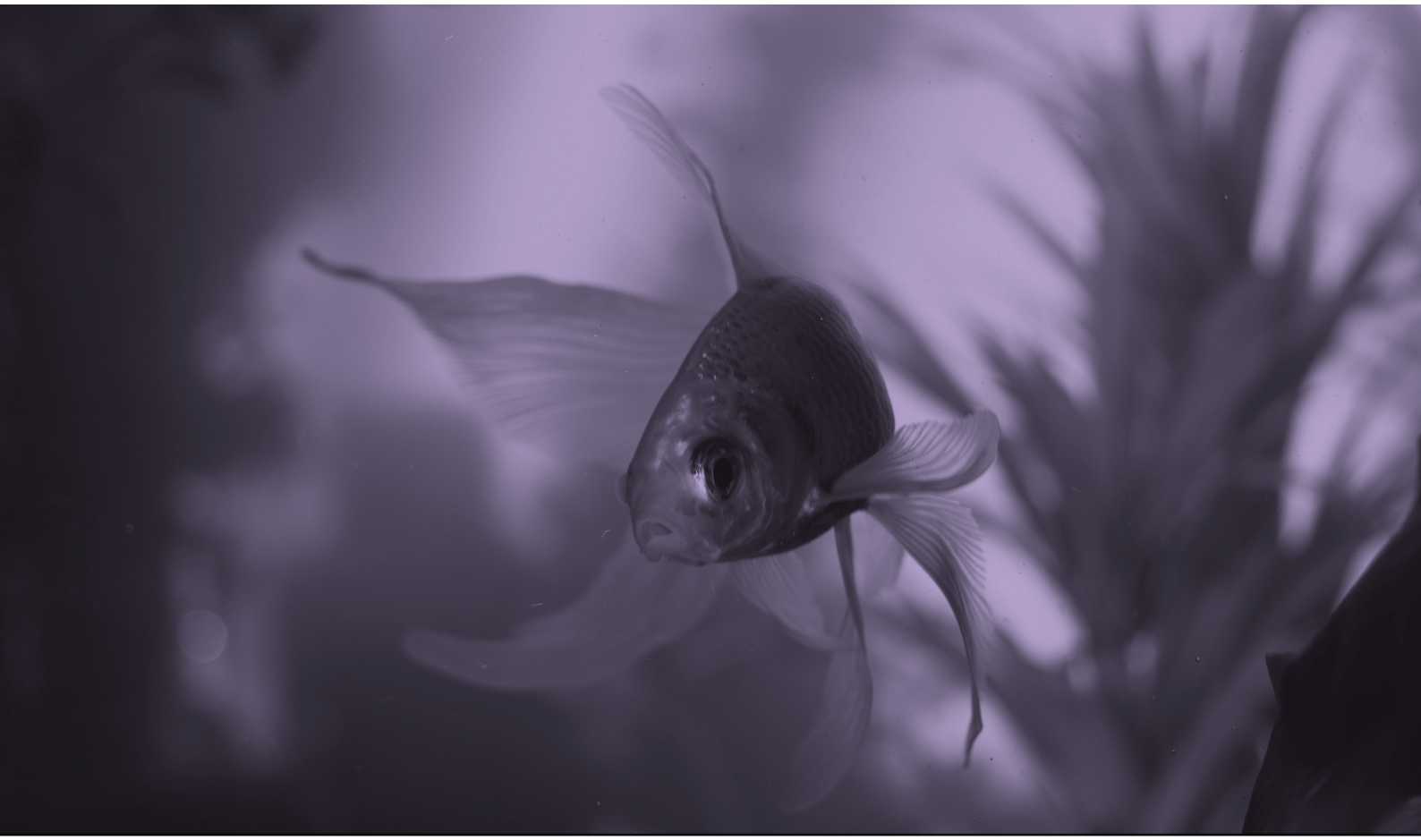
INTRODUCTION

The existing literature on risk factors associated with loneliness is vast. In order to move towards a definition of the elements that help to identify people at risk of suffering from loneliness, some of these factors are mentioned below.

It is important to remember that risk factors can be used to prioritise areas of intervention (and create risk maps) and/or groups in the population to which attention should be paid from a loneliness perspective because they accumulate more risk factors, but they cannot determine whether or not a person feels lonely. To do so, we must find out how the person feels.

Furthermore, as we saw in the previous section, loneliness can be a result of the interaction of multiple variables, so there can be several causes behind the feeling. In addition, loneliness acts bidirectionally with other phenomena, and can therefore be viewed as a cause or a consequence of other situations or issues, such as social isolation, illness or mental health problems, acquisition of unhealthy habits, etc.

Under no circumstances can risk factors determine whether or not a person feels lonely, but they can be used to prioritise areas of intervention. To assess whether or not a person feels lonely, we need to find out how they feel.



SOCIODEMOGRAPHIC FACTORS

Though sociodemographic variables do not exert as direct an influence as others over loneliness, they have been widely proven to be useful when identifying who the people most vulnerable to loneliness could be (Pinazo; Bellagarde, 2018). Empirical research has shown us that the most significant sociodemographic variables that affect the risk of loneliness are as follows:

A. GENDER

Many authors state that women are at higher risk of suffering from loneliness (Pinquart; Sörensen, 2001). However, the association between gender and loneliness continues to be hazy: though the two elements have been studied in depth, any examination of their correlation is permeated with other factors. If we look at existing empirical evidence to date, we see that some studies indicate that women report feelings of loneliness more frequently than men, while others say that this prevalence is influenced by widowhood (Coll Planas, 2017): a frequent reality in the later stages of life that mainly affects women (Donio-Bellegarde, 2017). Various studies have demonstrated that one of the most notable factors in the relationship between gender and loneliness is the ability to recognise this loneliness. Donio-Bellegarde and Pinazo-Hernandis (2014) explain that, at first glance, it seems that women suffer more from loneliness than men, but if we look closer, we see that this is not the case: this trend is directly related to the 'capacity' to recognise and express feelings attributed to women.

B. AGE

In a similar way to gender, empirical evidence on the relationship between age and loneliness is not homogeneous. Piquart and Sörensen illustrate this relationship with a U curve: they argue that loneliness is often at its peak during adolescence and early adulthood, then it drops during adulthood before rising again during old age (Coll Planas, 2017). Other studies indicate that people over the age of eighty feel lonely more frequently than younger people (Pinquart; Sörensen, 2001).

In the case of older people, increased loneliness as the years go by is not down to a higher age in itself, but rather to a series of circumstances that occur in the later stages of life: a process of losses associated with the life cycle (children leaving, death of partner or close friends, etc.) combined with a gradual process of functional decline and a change in social roles (retirement, reduction of social groups, etc.), as well as the perception of a more hostile environment (as a result of changes to the neighbourhood where they have always lived, accelerated urbanisation processes, new forms of urban mobility, living in a digital world, etc.). These changes can foster a feeling of loneliness.

C. MARITAL STATUS

The marital status 'single' generally includes single people who have never been married, people who are divorced and widows, and has consistently been viewed as a loneliness risk factor (Cohen-Mansfield et al., 2016). Most research agrees that having a partner works as a protective factor against loneliness. In line with this fact, it is also important to note that among single people, those who have never been married tend to suffer less from loneliness than people who are widowed, divorced or separated. Particularly, widowhood has frequently been associated with a higher risk of loneliness and social isolation (Pinazo-Bellagarde, 2018).

D. SOCIOECONOMIC STATUS AND EDUCATION

Both low income and low levels of studies are associated with the feeling of loneliness. In other words, people with little education and low spending power tend to suffer more from loneliness. Some studies link people's level of studies more consistently with the feeling of loneliness, while others indicate that income has a bigger impact on loneliness and is a better predictor than education (Pinquart; Sörensen, 2001).

E. PLACE OF RESIDENCE

Contradictory results have also been produced by studies examining differences between living in rural and urban areas, as some say loneliness is more prevalent in urban areas, while others say the opposite. This suggests that this variable has not been studied closely enough, so there is not enough data out there to arrive at any kind of conclusion (Cohen-Mansfield et al., 2016). Furthermore, differences between urban and rural environments disappear when gender and education variables are introduced (Coll Planas, 2017).

Another aspect to be taken into consideration regarding place of residence (as an objective, structural factor with an impact on loneliness) is orography (of the neighbourhood or town/city) and accessibility, as well as the transport network available. When **accessibility** in the urban environment and housing are optimal and the transport network is adapted to the population's needs, the risk of isolation falls, along with the risk of loneliness.

In this area it is important to consider **people who live in public institutions**, such as care homes for older people, prisons and mental health centres, among others. Despite being surrounded by people, those who live in an institutionalised setting may be more likely to suffer from loneliness. Being moved to an institution has a direct influence on a person's relationships: contact with family is reduced and, though sometimes new relationships with staff and other residents can be established, there are sometimes variables that reduce the chances to build relationships, such as a high prevalence of cognitive decline, a disability or perceived hostility. It is important to highlight that not enough research has been done, so there is no concrete data on loneliness in institutionalised settings.

HEALTH AND INDEPENDENCE FACTORS

A. SELF-PERCEIVED HEALTH

This is one of the health variables that has most often been linked to loneliness. People who perceive their health to be poor tend to feel lonelier. This variable can be considered a subjective indicator that is quite commonly used.

B. FUNCTIONAL DECLINE

Functional decline or the loss of independence is linked to a higher degree of loneliness. During old age, for example, a process of losses[1] takes place and can have a direct impact on loneliness. The situation can be considered similar in the case of an acquired disability, as a result of an accident or illness. In both cases, fragility is involved: a state often considered a source of loneliness.

Nonetheless, a person's functional capacity must always be viewed in relation to their environment and the support they receive. It is therefore important to examine structural factors such as degree of accessibility and the availability of grants and services, as these will be major determining factors in their ability to interact with their environment and to build relationships.

C. MOBILITY DIFFICULTIES

A high degree of mobility makes it easier to interact with others and with the environment, while limited mobility makes it more difficult. Like in the case above, these factors must be viewed from a person-in-environment perspective and associated with the accessibility of the person's surroundings and the support and services to which they have access, as better accessibility and support makes it easier for the person to build and maintain relationships, regardless of their mobility.

1. Many qualitative research processes emphasise the fact that the way people manage loss is one of the most important determining factors of loneliness.

D. LIMITATIONS TO SENSORY CAPACITIES

Just as mobility makes it easier to interact with people and the environment, hearing and vision capacities facilitate communication with people and the environment. When they are impaired or limited, isolation, and therefore loneliness, are more likely. Like in the case of mobility, these situations must always be read from a person-in-environment perspective: the more communication and information accessibility is included in the design and management of public spaces and services, the more opportunities for interaction and connection people with hearing or vision limitations will have.

E. INTELLECTUAL LIMITATIONS AND/OR COGNITIVE DECLINE

There is no empirical evidence regarding the connection between intellectual limitations and loneliness, but the same reading as the two above cases can be made. We must look at the person in relation to their environment and the support they receive and observe how they facilitate their interaction with people and their surroundings. To do so, attention must be paid to easy communication and reading measures and the specific support available to the person.

As for cognitive decline (which is common among older people), a series of longitudinal studies have been carried out in recent years to determine the relationship between more participation in the community, greater perception of social support and a wider social network and a reduced risk of having dementia (Khondoker et al., 2017; Zhou et al., 2018). Other research has confirmed that loneliness damages cognitive function and increases the risk of Alzheimer's disease (Wilson et al., 2007). As Elvira Lara explains in her article *Soledat no desitjada i deteriorament cognitiu*,[2] people who are lonely are more likely to develop dementia and, especially, Alzheimer's disease[3] (Sundström A. Et al). In a study published in *Ageing Research Reviews*,[4] researchers at the Autonomous University of Madrid carried out a thorough review of the association between loneliness and dementia. After reviewing more than 2,500 articles on the issue and analysing the results of 8 studies involving more than 30,000 participants over the age of 50, the study concluded that loneliness was associated with a higher risk of dementia. Furthermore, this association was independent of the presence of depression.

However, there is no empirical evidence on the effect of cognitive decline on loneliness.

F. COMORBIDITY

Comorbidity means the coexistence of two or more diseases or disorders in one person. In some studies, this indicator has been directly associated with loneliness. In other words, people with comorbidity tend to be lonelier (Cohen-Mansfield et al., 2016).

2. Elvira Lara 2022, *La soledat no desitjada i el deteriorament cognitiu*. https://ajuntament.barcelona.cat/dretssocials/ca/barcelona-contra-la-soledat/noticies-soledat/soledat-no-desitjada-i-deteriorament-cognitiu_1157517

3. Anna Sudström et al. 2019. *Loneliness increases the risk of all-cause dementia and Alzheimer's disease*. https://academic.oup.com/psychsocgerontology/article/75/5/919/5606342

4. Elvira Lara et al. 2019. *Does loneliness contribute to mild cognitive impairment and dementia? A systematic review and meta-analysis of longitudinal studies*. https://www.sciencedirect.com/science/article/pii/S1568163718302472

PSYCHOLOGICAL AND PERSONALITY FACTORS

A. DEPRESSION

Depression is the mental health issue that has most often been linked to loneliness. This relationship is proven to be bidirectional: depression increases the risk of loneliness, and loneliness increases the risk of depression. Scientific literature has proposed a model to explain depression and loneliness: 'MODEL' (Cohen-Mansfield; Purpura-Gill, 2007).

B. POOR MENTAL HEALTH AND LOW LIFE SATISFACTION

Some of the variables that indicate poor mental health, such as psychological stress and low life satisfaction, are associated with higher levels of loneliness (Cohen-Mansfield *et al.*, 2016).

C. LOW SELF-ESTEEM AND SELF-EFFICACY

From a psychological perspective, self-esteem and self-efficacy – understood as the confidence and belief a person has regarding how to do an activity (including self-confidence to overcome elements or barriers) – are also considered predictors of loneliness in some studies (Coll Planas, 2017).

D. UNHEALTHY HABITS

Some studies have found a positive correlation between unhealthy habits (drinking alcohol, smoking, a sedentary lifestyle, being overweight or obese, etc.) and loneliness. This positive correlation between the two phenomena implies that as the indicators of unhealthy behaviours increase, the risk of loneliness also rises (Cohen-Mansfield et al., 2016).

INTERACTION AND SOCIAL PARTICIPATION FACTORS

A. COMPOSITION OF THE HOUSEHOLD

When it comes to compositions of households, it is important to remember that living alone is not necessarily associated with feeling lonely. However, it is true that people who spend more time alone are at a higher risk of feeling lonely than people who spend less time alone (Steed et al. 2007). De Jong Gierveld put forward a model in which one of the factors that protect against loneliness is living with a partner. In addition, when health variables have been cross-referenced with household composition, studies have shown that people who live alone and have poor health feel lonelier than people who live with others and are in good health (Coll Planas, 2017).

B. SOCIAL NETWORK

Many studies have demonstrated a significant correlation between size of social network and feelings of loneliness (Hawkley; Browne; Cacioppo, 2005). In other words, having a small social network is associated with a higher risk of loneliness. It is important to highlight here that there are factors that have a direct impact on the reduction of a social network, such as retirement, migration, admission to long-term institutions, etc.

C. QUANTITY AND QUALITY OF SOCIAL RELATIONSHIPS

It has been widely proven that quality of social contact has a bigger influence on loneliness than size of the social network (Hawkley et al.). 2008). Specifically, the quality of social relationships is three times more significant when explaining loneliness than the quantity of social relationships (Pinquart; Sörensen, 2001). We must observe the factors that can have a direct impact on reduction of the social network at different stages in life, including change of school during childhood and adolescence and retirement, functional decline and deteriorating health in old age.

D. DEGREE OF SOCIAL PARTICIPATION

The correlation between this variable and degree of loneliness is negative. In other words, as the degree of social participation and leisure activity decreases, the levels of loneliness increase (Pinquart; Sörensen, 2001). This is a significant risk to take into account during the later stages of life, as many studies have detected that as people get older, their social participation is reduced (Huxhold *et al.*, 2013). Various factors can contribute to this fall in social participation: some are associated with the person directly, while others are related to a poor transport network or lack of accessibility, or even a lack of suitable cultural offering or activities.

E. SOCIAL SUPPORT

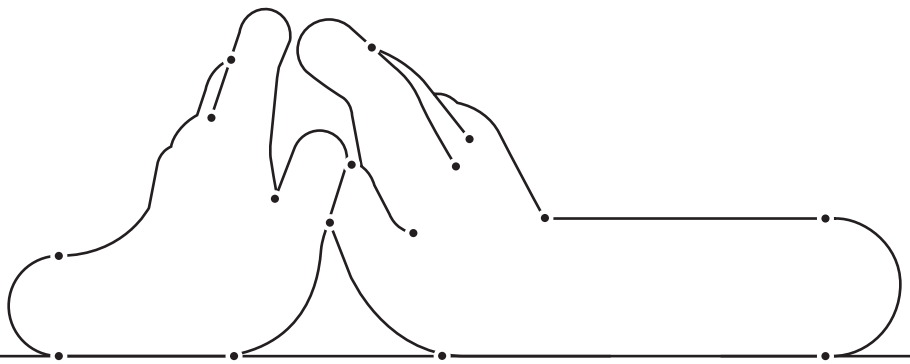
Social support is characterised by a dynamic of giving and taking and can be formal or informal, and instrumental, economic or emotional. People's perception of the social support they receive is a significant determining factor in the feeling of loneliness. When they feel they are getting enough support, the risk of loneliness falls. For example, caring for others is a clear example of an emotional, instrumental type of support and plays a fundamental role during old age from an intergenerational perspective (Pinazo-Bellagarde, 2018). It is important to note here that both receiving and providing care and support have a beneficial impact on people, whether young or old.

KEY IDEAS AND SUMMARY

The following table summarises the various factors involved in the risk of loneliness:

SOCIODEMOGRAPHICS	HEALTH AND AUTONOMY	PSYCHOLOGY AND PERSONALITY	INTERACTION AND SOCIAL PARTICIPATION
Gender	Self-perceived health	Depression	Composition of the household
Age	Functional decline	Poor mental health and low life satisfaction	Social network
Marital status	Mobility difficulties	Low self-esteem	Quantity and quality of social relations
Socioeconomic status	Deterioration in functional capacity	Unhealthy habits	Degree of participation
Place of residence	Comorbidity		Social support

Source: Original



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3. LONELINESS FROM A GENDER PERSPECTIVE

INTRODUCTION

As Sara Moreno pointed out in her contribution to the presentation event of the *Guia per la prevenció, detecció i acompanyament d'adolescents i joves en situacions de soledat*[7], when we refer to the gender perspective, we are signalling that inequalities between men and women are not the product of physiological or biological differences, but rather of the assignment of a series of roles, functions and stereotypes allocated to each gender. Difference becomes inequality when we assign different functions or roles based on this difference. Therefore, the gender perspective allows us to identify inequality beyond difference.

When it comes to loneliness, we have already seen in previous sections that being a women is a risk factor. However, the association between gender and loneliness continues to be hazy: though the two phenomena have been studied in depth, any examination of their correlation is permeated with other factors. All the variables that interact in the intersection between loneliness and gender must gradually be studied from a qualitative and quantitative perspective to generate knowledge and delve deeper into this subject (Sala Mozos, 2020).

The specific data on loneliness according to sex are few, and little research on the relationship between loneliness and gender has been conducted. In this section, a series of reflections will be made, based on an analysis of various secondary sources and expert voices, in order to examine the intersection between these two axes.

7. Presentation of the *Guia per a la prevenció, detecció i acompanyament d'adolescents i joves en situacions de soledat*. https://www.youtube.com/watch?v=9VX-05VhgaJI

Difference becomes inequality when different functions or roles are assigned based on this difference. The gender perspective allows us to identify inequality beyond difference

WHAT DOES RESEARCH SAY ABOUT LONELINESS AND GENDER?

If we look at existing empirical evidence to date, as indicated in *Els factors de risc de la soledat*, we see that some studies indicate that women report feelings of loneliness more frequently than men, while others say that this prevalence is influenced by widowhood (Coll Planas, 2017): a frequent reality in the later stages of life that mainly affects women (Donio-Bellegarde, 2017).

We have also noted how various studies have demonstrated that one of the most notable factors in the relationship between gender and loneliness is the ability to recognise this loneliness. Donio-Bellegarde and Pinazo-Hernandis (2014) explain that, at first glance, it seems that women suffer more from loneliness than men, but if we delve deeper into this issue, we see that this is not the case: instead, this trend is directly related to the 'capacity' to recognise and express feelings attributed to women. Therefore, if we directly ask the question 'Do you feel lonely?', women generally find it easier to recognise the feeling and answer 'yes'. Hence the seemingly higher prevalence of loneliness among women than among men. Meanwhile, if we 'hide' the issue in more indirect questions relating to activities, number of personal relationships and participation in leisure spaces, men might report higher levels of loneliness than women.

However, in the case of the analysis carried out as part of the Municipal Strategy Against Loneliness in Barcelona, men express loneliness through direct responses more than women (4.1% versus 3%), while women report more feelings of loneliness indirectly (8.5% compared to 6%) (MSAL, 2021).

When viewed in terms of the gender perspective, **the dimensions of loneliness – social and emotional – become all the more relevant**. In 2018, La Caixa Foundation conducted a study – with a sample of 1,688 people from 8 municipalities in Spain (5 of which are in Catalonia) – in which elements relating to social and emotional loneliness were broken down. One of its most striking findings was that men and women in the 20–39 age group show the same percentage of social loneliness, whereas emotional loneliness is considerably more prevalent among men than women (42.7% versus 26.1%). Nonetheless, when it comes to women aged between 40 and 64, there is a spike in feelings of loneliness compared to other age ranges: in this group, both dimensions of loneliness are more prevalent among women, and rates of emotional loneliness reach 43.6% (Sala Mozos, 2020).

However, according to a study carried out by Javier Yanguas on a sample of around 15,000 people over the age of 60 from all over Spain, loneliness affects men and women in quite a similar way. The results demonstrate that 66.2% of men and 69.4% of women suffer from loneliness. In this case, though, the prevalence of emotional loneliness is higher among women than among men, while the opposite is true of social loneliness.

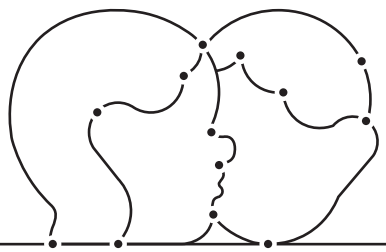
As time goes by and the way we live alongside each other changes, the connection between loneliness and gender will evolve.
If we hope to understand the phenomenon of loneliness from a gender perspective, we must be aware of all the factors that can influence this construct.

This being said, beyond whether or not loneliness is more frequent among men or women, perhaps it would be more relevant to look at how people of each gender experience loneliness in different ways. These experiences are likely to differ; therefore, intervention models should incorporate the gender perspective in order to be fair and effective for each gender. This research has also sought to identify nuances regarding men's and women's experience of loneliness, and the following conclusions have been made (Yanguas Lezaun, 2020):

- The loneliness among the men in the sample is especially characterised by a relational deficit focused on an absence of relationships of trust (support) and emotional proximity (lack of people to confide in), as well as a lack of people with whom they can interact (social connections).

- As well as the aforementioned relational aspects (lack of people to confide in, close relationships characterised by emotional proximity and social relationships in general), the women in the sample also felt a sense of emptiness: an essential nuance in their experience of loneliness.

Furthermore, as loneliness is linked to relationships, it is worth examining how men and women interact with others, with a view to getting a better grasp on the influence of the gender variable on loneliness. According to Javier Yanguas, there is more of an 'instrumental component' in men's relationships. In other words, men often meet up to go cycling, watch football, play tennis, etc. Meanwhile, women's relationships do not always contain an instrumental component; instead, they are based on the relationship itself. This is why the sense of emptiness could seem greater and create more room for emotional loneliness. Of course, as time goes by and the way we live alongside each other changes, the connection between loneliness and gender will evolve. If we hope to understand the phenomenon of loneliness from a gender perspective, we must be aware of all the factors that can influence this construct and, above all, accept that it will change over the years (Sala Mozos, 2020).



THE INTERSECTION BETWEEN GENDER AND LONELINESS DURING THE LIFE CYCLE

A. THE CASE OF YOUNG PEOPLE

As indicated by Sara Moreno, from a life cycle perspective, young men and young women arguably do not deal with life transitions in the same way, as their starting points are different. If we focus on uses of time, the way we organise, structure and use our time is not a natural occurrence: it is socially constructed and often acts as a mirror of the inequalities that permeate social structures, among which we can observe the effect of gender.

The data tells us that **young men express loneliness directly less than young women**. This does not mean that they are less lonely, though (see previous section). It is possible that the different way we are socialised depending on our gender, which conditions our expectations, is a factor that explains this paradox, especially in two directions (Moreno, 2021).

- Inasmuch as we socialise differently according to our gender: from a hegemonic masculinity perspective, all that is masculine is associated with expressions of strength and not showing vulnerability, feelings or emotions, while femininity is more associated with expressing feelings and emotions and asking for help when required. This could be a reason why young women display more loneliness than young men: as loneliness can be seen as weakness, expressing it could go against the hegemonic vision of masculinity.

- The socialisation process also conditions the way we put together our life plans. As seen in previous sections, adolescence and youth are life stages characterised by transitions. In these transitions, there are factors that have a direct impact on the risk of loneliness: employment status, financial resources, affective and sexual relationships, etc. It is true that some life plans are becoming more standardised across genders, and women's trajectories are now more comparable to men's. However, there is a relevant question to ask when examining this issue: *when a person comes up against obstacles in the transition process – when they cannot find work, when their relationship breaks down, when they want to leave the family home but cannot, etc. – is their reaction the same regardless of whether they are a man or a woman?* The hypothesis is that while gender roles continue to live on in our imaginary – with men as 'breadwinners' and women as 'housewives' – young men may experience more frustration in these transitions than young women, who tend to feel more resigned. This phenomenon of frustration among men and resignation among women could be one of the factors behind the higher prevalence of loneliness among young men than among young women. In a study conducted on uses of time among young men and young women who were neither in employment nor in education, the young men indicated that their time was empty and had no meaning. For them, their time had no value; their day-to-day lives were empty. The young women, meanwhile, did not express this emptiness or sense that their time had no

The organisation of uses of times is not a natural occurrence: it is socially constructed and often acts as a mirror of the inequalities that permeate social structures.

social value. In most cases, this did not appear because, although they were not in formal employment or studying, they had been given some domestic or care tasks, which filled their daily lives and gave their time value.

B. THE CASE OF ADULTS

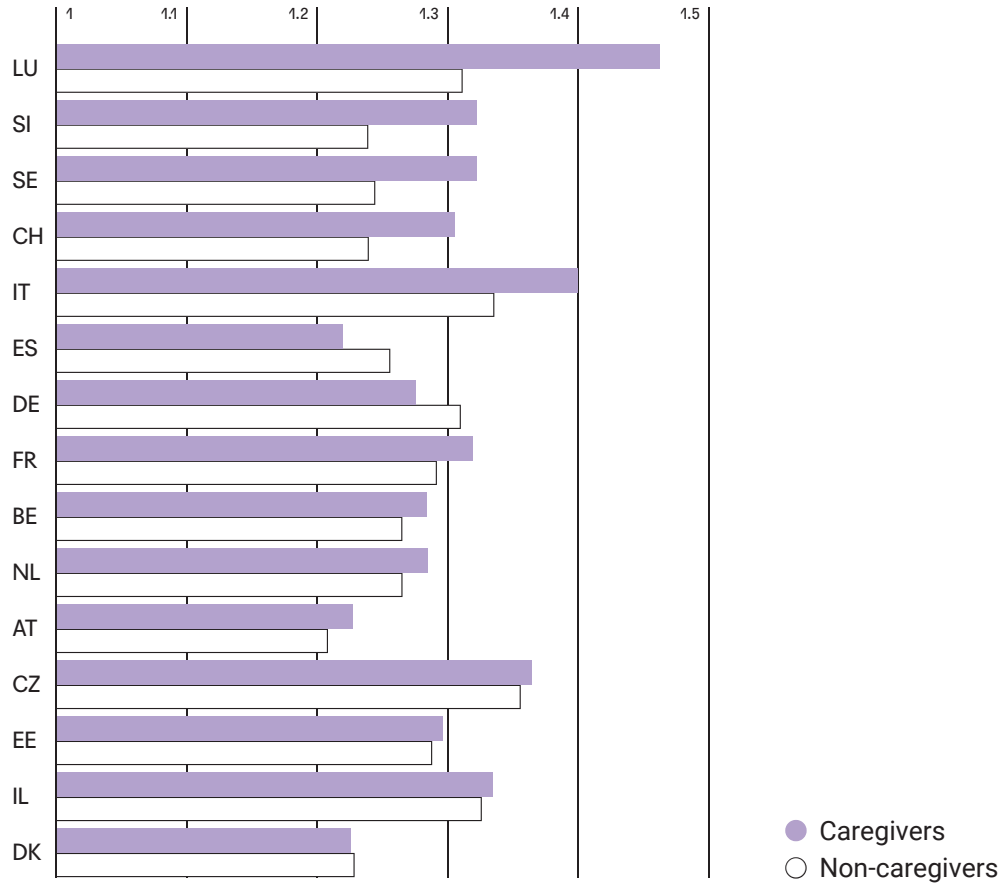
Sources or causes of loneliness change throughout life, though some are common to all age groups (MSAL, 2021). During adulthood, there are various sources or possible causes of loneliness that can be viewed from a gender perspective. One of them is having to **care for dependent people**. Currently, 80% of caregivers are women (mainly daughters, followed by wives). Many studies demonstrate an unquestionable link between loneliness and care work (Losada, 2020):

- 8 out of 10 carers in the United Kingdom have felt lonely or socially isolated as a result of their situation (Carers UK, 2015).

- According to the study *The prevalence and predictors of loneliness in caregivers of people with dementia: findings from the ideal programme*, 60% of carers express that they feel lonely (43.7% moderately, 17% severely).

- According to a Europe-wide study in 2017 on information from the SHARE (Survey of Health, Ageing and Retirement in Europe) database, caregivers from various countries showed higher levels of loneliness than non-caregivers.

GRAPH 8
Loneliness in caregivers and non-caregivers



Source:
SHARE. Loneliness of caregivers and non-caregivers, controlling of sociodemographic factors (Wagner; Brandt, 2017)

One of the main reasons behind the high prevalence of loneliness among carers is the losses that occur while they are providing care: they lose the relationship they had with the person receiving care, and they usually end up losing the person entirely. On top of that, they lose the time they used to dedicate to other, value-generating areas of life. These losses occur in terms of both intensity and diversity (social relationships, leisure time, physical activities, personal development, etc.). Finally, care impacts areas with a direct connection to loneliness: health, quality and intensity of other family relationships, socioeconomic situation, etc. (Losada, 2020).

The lack of social and economic recognition of domestic and care work fosters loneliness. As it is invisible work, domestic and care workers are rendered invisible.

In the article *Quan els treballs causen soledat*[8] [When Work Causes Loneliness], the lack of social and economic recognition of domestic and care work also fosters loneliness. Daily availability and personal sacrifices caused by the responsibilities involved can lead women caregivers into a situation of social isolation and physical and mental exhaustion, given the invisible, unrecognised workload that has a serious impact on their physical and mental health (Moreno, 2020).

Some other possible causes of loneliness are a lack of job security and job loss (more common among women than men). The cleaning staff in large facilities, such as universities or office buildings, work when everyone else is at home in order to leave the premises clean when they are not being used. As it is invisible work, they are rendered invisible, and this can foster feelings of loneliness (Moreno, 2020).

8. Moreno Sara 2021, *Quan els treballs causen soledat* https://ajuntament.barcelona.cat/dretssocials/ca/barcelona-contra-la-soledat/noticies-soledat/quan-els-treballs-causen-soledat_1142715

C. THE CASE OF OLDER PEOPLE

To tackle loneliness among older people from a gender perspective, we first need to remember that **ageing as a man is not the same as ageing as a woman**. If we focus on women who are older today, we can see that their lives have been affected by a more or less variable combination of four elements: the disproportionate responsibility over unpaid domestic and care work within the family, a more intermittent presence on the formal job market than men, a bigger presence on the informal job market than men, and a certain segregation into professional niches that are among the worst paid and the least socially valued (Esquerra; Alfama; Cruells, 2016).

Loneliness is heavily determined by intrapersonal factors, including individual expectations, which become a key element in shaping this feeling. Though there are no studies or empirical evidence on this, it is fair to think that many older women's individual expectations could be influenced by the four factors mentioned in the paragraph above and that, therefore, their feeling of loneliness is influenced or conditioned by aspects like care (among others). In fact, in some spaces with a focus on loneliness, we have observed different expressions of loneliness relating to care:

- On one hand, some women directly express that, having spent their whole lives caring for others, they now have no one caring for them like they would have hoped, and this makes them feel lonely.

- On the other, no longer having to care for others has emerged for some during old age as a source of freedom, as they can finally find meaning in life and the desire to do what they want to do, without having to live for others, which made them feel lonely.

The socioeconomic factor must also be taken into account as one of the variables that gains relevance in the study of gender and loneliness in old age, as socioeconomic conditions are generally unequal and worse for older women than men in most EU countries (Foster; Walker, 2013). It is also important to pay attention to other factors, such as life expectancy (higher for women than men), which leads to a feminisation of old age and a higher number of women than men living objectively alone in both Spain and Catalonia. Despite this situation, according to empirical evidence relating to an analysis of widowhood, older women seem to be more resilient and become more empowered, as they view this loneliness as a challenge they have never experienced before in their lives. According to Bellegarde (2017), there is proof that most widowed women display more characteristics of resilience than widowed men. Specifically, she states that even though these women are forced to live alone by an imposed life circumstance (being widowed or having their children leave home), many of them decide to continue to live alone, indicating that they like doing so and it allows them to enjoy their freedom. Factors such as the family structure, dedication to the home, capacity to establish relationships of trust and self-empowerment also affect this feeling of loneliness, which suggests that older women end up having more resources to combat it, even though men seem more able to deal with it.

Many older women's individual expectations today may be influenced by the inequality factors that have shaped their life stories.

KEY IDEAS AND SUMMARY

Uses of time often acts as a mirror of the inequalities that permeate social structures, among which we can observe the effect of gender.

Difference becomes inequality when we assign different functions or roles based on this difference. Therefore, the gender perspective allows us to identify inequality beyond difference.

In terms of loneliness, gender, specifically being a woman, is a risk factor, but the association between gender and loneliness is hazy, and any examination of their correlation is permeated with other factors, which must gradually be studied in order to generate knowledge and improve interventions.

The empirical evidence is contradictory: some studies show that loneliness is more prevalent among men than among women, while others demonstrate the opposite.

Beyond knowing whether or not loneliness affects men or women more, it is important to understand how people of each gender experience loneliness in order to improve assistance.

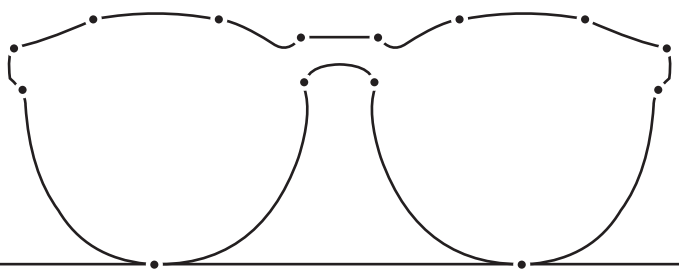
As men and women interact differently with others, it is logical to think that we also experience loneliness in different ways. Therefore, a gender perspective is required in the intervention process.

It is important to incorporate the gender perspective when dealing with loneliness at different stages of the life cycle.

In the case of young people, young men express loneliness directly less than young women, which does not necessarily mean that they experience less loneliness. The different ways we are socialised depending on our gender can condition our expectations and how directly we express loneliness.

During adulthood, one source or cause of loneliness is having to care for a dependent person. Currently, 80% of caregivers are women.

During old age, it is important to remember that there are a series of factors relating to gender-based inequality that have conditioned older women's expectations, and as this affects individual expectations, it also has a direct impact on loneliness.



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4. THE IMPACT OF LONELINESS ON PEOPLE'S HEALTH AND WELL-BEING

INTRODUCTION

Loneliness and health are closely linked. As pointed out by Laura Coll in the video *L'impacte de la soledat en la salut i benestar de les persones*, they are part of a vicious circle: loneliness damages health, and poor health fosters or facilitates the emergence of loneliness. In addition, as seen in the section 'Loneliness risk factors', there are a series of loneliness risk factors associated with both physical and mental health.

In a study carried out in 2009 based on an analysis of 8,787 records of people over the age of 65 in the SHARE (Survey of Health Ageing and Retirement in Europe) database, some health and sociodemographic variables were compared. When health variables were cross-referenced with household composition, researchers observed the highest prevalence of loneliness among those who lived alone and were in poor health, followed by those who lived alone and were in good health. In third place were those who were in poor health and lived with someone else, while in last place were those who live with others and reported good health (Sundström et al., 2019). Health condition and self-perceived health are indicators that are used quite widely in loneliness research.

Similarly, social relationships can also be viewed as a protective factor for our health, and therefore a source of well-being and quality of life. According to Holt-Lunstad et al. (2010), social relationships are described through three concepts:

- **Social network**, meaning the structural element of social relationships.
- **Social support**, meaning the transaction process through which our relationships provide us with a space for exchange.
- **Social participation**, linked to the frequency and quality of the activities we carry out.

In this section, we will examine a series of studies and research pieces that will help us to understand the link between loneliness and health, as well as the link between satisfactory relationships, social support and/or social participation, and quality of life, well-being and good health.

THE IMPACT OF LONELINESS ON PEOPLE'S HEALTH

In economic terms, loneliness is associated with increased social and health costs. In the health sphere, it is directly linked to increased use of both primary care and hospital resources. For many, loneliness has negative effects on the body, and many studies have demonstrated a correlation between loneliness and chronic illness.

- **Physical health:** loneliness increases systolic blood pressure (Hawkley; Massi et al., 2010), accentuates obesity (Lauder et al. 2006), exacerbates motor decline (Buchman et al., 2010), damages vascular function (Cacioppo; Hawkley; Crawford *et al.*, 2002), increases the probability of suffering a stroke (Cacioppo, 2014), increases alterations in the immune system (Pressman *et al.*, 2005), and fuels a reduction in physical activity and functional capacity (Shiovitz-Ezra; Ayalon, 2010).

- **Mental health:** loneliness increases the prevalence of painful emotions, fosters sleep problems (Cacioppo; Hawkley; Berntson et al., 2002), predicts symptoms of depression (Cacioppo et al., 2006; Holwerda *et al.*, 2012), damages cognitive function and increases the risk of getting Alzheimer's (Wilson et al., 2007), exacerbates mental health problems (Tylova et al., 2013), and raises mortality rates (Steptoe et al., 2013; Luo et al., 2012).

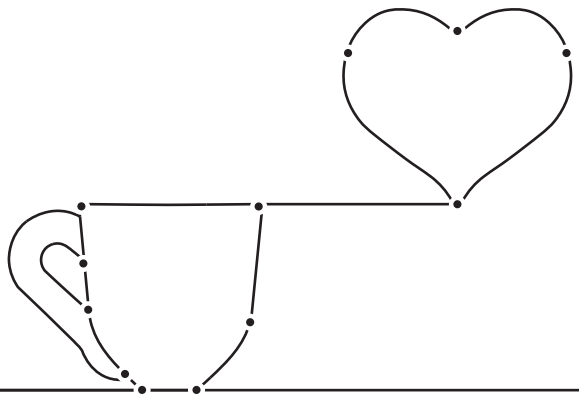
A lack of social integration brings with it a risk of mortality comparable to smoking and a higher risk than physical inactivity.

In fact, as Laura Coll reflected in her article on the relationship between health and loneliness,[9] a lack of social integration carries with it a risk of mortality similar to that of smoking and higher than that of a sedentary lifestyle. Many authors believe that loneliness acts as a health risk similar to other, more traditional or well-known risk factors, such as obesity (Holt-Lunstad et al., 2010).

According to the neurologist and professor at Harvard University Álvaro Pascual Leone, experiencing loneliness has a similar effect on health to smoking fifteen cigarettes per day. In his book *El cerebro que cura*, he explains how loneliness can be considered a lethal disease. Specifically, he describes how there is a direct relationship between the brain and the body and how important it is to look after your body in order for your brain to work properly, and vice versa. In other words, having a brain that is healthy and works well helps us to maintain good health. One of the reasons behind this is the fact that, through a series of mechanisms, the brain monitors the state of the body: this is what we call *interoception*, meaning our perception of our internal world. In addition, the brain is connected to all the other organs and can therefore make them work better or worse or modify how they work. This process takes place through internal mechanisms that can trigger a series of illnesses. Therefore, when someone has anxiety or depression, they suffer from more abdominal problems and intestinal discomfort and are more likely to get a peptic ulcer, among other issues. All in all, a brain that is working well promotes good physical health. This also explains how feeling lonely can have a significant impact on all these internal mechanisms and procedures, so that if we follow a routine to keep our brain and body working well – like eating healthily, sleeping enough, doing exercise, etc. – but we feel lonely, the impact of these actions on our body will be influenced by the feeling of loneliness. Therefore, as well as having a negative impact on our health, loneliness can intervene and reduce the positive impact other actions could have on our health.

According to the neurologist and professor at Harvard University Álvaro Pascual Leone, experiencing loneliness has a similar effect on health to smoking fifteen cigarettes per day.

This being said, some authors (Birditt et al., 2018) have observed that the negative impact caused by loneliness to our body is not as significant as the negative impact of maintaining conflictive social relationships. In this study, people with more conflictive social networks benefited from loneliness as this negative effect was diminished, in comparison to people with less conflictive social networks (Yanguas et al., 2018).



9. *Laura Coll Planas reflexiona sobre soledat, relacions socials i salut* (2021)https://ajuntament.barcelona.cat/dretssocials/ca/barcelona-contra-la-soledat/noticies-soledat/laura-coll-planas-reflexiona-sobre-soledat-relacions-socials-i-salut_1085479

RELATIONSHIPS, SOCIAL SUPPORT AND PARTICIPATION AS PROTECTIVE FACTORS FOR HEALTH

A. RELATIONSHIPS AS A PROTECTIVE FACTOR FOR HEALTH

Few studies have enabled us to identify elements with an impact on quality of life from a longitudinal perspective. One that has done so began in 1938 at Harvard University. *The Study of Adult Development*[10] began by monitoring 724 adolescent boys' lives. More than 80 years later, the life of some of these men and their families are still being studied. One of the main conclusions drawn so far is precisely that **satisfactory relationships make us happier and improve our health.**

The study has also delved deeper into relationships and confirmed that **social connections are good for us**, and that loneliness kills. People with the most social connections during life – whether family members, friends or people in the community – are happier, stay healthier and live longer. Meanwhile, people who are lonely, meaning people with fewer connections than they would like, are less happy, their health declines in adulthood, their brain function deteriorates more quickly, and they do not live as long as people who do not feel lonely (Waldinger, 2015).

Satisfactory relationships make people happier and improve their health

Another key finding was the importance of the **more emotional dimension of loneliness and its link to health**. In other words, the quality of relationships and the existence or absence of relationships characterised by secure attachment also impact our health. For example, marriages or relationships with a lot of conflict and little affection have a worse impact on our health than separation. In fact, one of the conclusions drawn from the study is that **quality relationships characterised by secure attachment are predictors of good health**. Indeed, the people who expressed the most satisfaction with their relationships during adulthood (around age 50) were those who were in the best health during old age.

Quality relationships characterised by secure attachment also protect against illness or possible suffering during ageing. The people who express that they are in safe, protective relationships report less physical pain when they are ill or hurt than people without relationships with secure attachment. Finally, these relationships also protect our brain function: the people who stated that they were in a safe relationship had a better memory and clearer memories, while those who said they were in a relationship without a secure attachment suffer from greater memory decline.

10. Robert Waldinger 2015. TED Talk: What's good for life. Presentation of the results from Harvard University's adult development study. https://www.youtube.com/watch?v=8KkKuTCFvzI&t=33s

Social connections are positive. Loneliness kills.

The quality of relationships and the existence or absence of relationships characterised by attachment also impact health.

B. SOCIAL SUPPORT AND PARTICIPATION AS PROTECTIVE FACTORS FOR HEALTH

Another key element that has an impact on our health is the **social support** we receive. This can be formal in nature (such as support from social services), informal (like support from the neighbourhood network), instrumental (in order to carry out basic, instrumental, everyday activities) or emotional (like the support provided through volunteering). Similarly, **social participation** – defined as the activities we carry out in our environment (whether formal or informal), their frequency and their quality – is also important to consider when exploring the relationship between loneliness and health. Both social support and social participation are protective factors for health.

From a psychological perspective, there are two processes that can explain how **social support can have an impact on our health and well-being** (Coll Planas, 2017):

- The 'stress response dampening' model emphasises the role of social support as a dampener of the negative consequences of chronic and acute stressors. For example, social support can dampen the negative consequences the stressful experience of caring for someone with dementia may have.

- The 'main effects' model describes the general health protection effects that integration into a social network can have, as it influences behaviours relating to health, social engagement, the exchange of social support and access to material resources. For example, mutual support can facilitate physical activity.

Meanwhile, increased participation in associations and informal socialisation raise the probability of reporting good health in adulthood and old age (Coll Planas, 2017).

C. SOCIAL CAPITAL AS A PROTECTIVE FACTOR FOR HEALTH

According to Robert Putnam (1995), **social capital** refers to *the characteristics of social organisation, such as networks, norms and trust, that facilitate coordination and cooperation for mutual benefit* (Putnam, 1995: 67). Social capital includes interaction between individuals on an individual (micro), collective or neighbourhood (meso) and social (macro) scale. Therefore, social capital can be viewed as an umbrella concept whose components – social resources – are grouped into different dimensions (Coll Planas, 2017).

- Objective or structural social capital includes objective aspects such as social participation, social networks and contacts.

- Subjective social capital, meanwhile, includes the feeling of belonging, 'perceived social support' and 'trust in others' or 'perceived public safety on a community scale'.

A series of systematic reviews explore the relationship between social capital and health. To this end, its cognitive and structural dimensions and individual and collective levels are analysed. Individual cognitive social capital seems to protect against the emergence of common mental illnesses, while evidence relating to collective social capital is positive but limited (Coll Planas, 2017).

A connection between loneliness and subjective social capital can also be established: usually, as community safety indicators (closely linked to the feeling of belonging) improve, feelings of loneliness decrease. In other words, if someone lives alone and believes their neighbours will help them if they need something, it is highly likely that the person will feel less lonely than if they thought they should not open the door to anyone because they will hurt them, or because they do not trust them.

In the results of research into the impact of covid-19 on loneliness among older people, we see that, as contact with their close social network increases, so does the feeling of safety among the older population, and as this feeling of safety rises, the prevalence of loneliness falls. It is therefore crucial that we intervene in the generation of social and relational capital in order to combat loneliness and social isolation with a preventive perspective. The central idea lies in the importance of community and local networks as a key protective factor for both phenomena (Sala Mozos E.; Martínez R., 2020).

KEY IDEAS AND SUMMARY

Loneliness has negative consequences on the body and a negative impact on our physical and mental health.

A lack of social integration brings with it a risk of mortality comparable to smoking and a higher risk than physical inactivity.

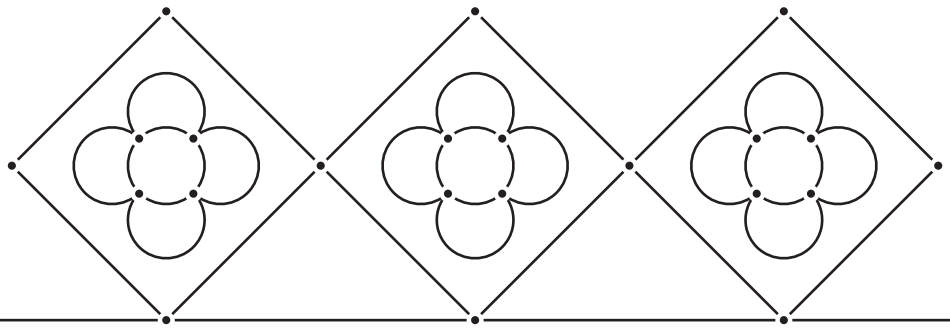
As well as having a negative impact on our health, loneliness can intervene and reduce the positive impact other actions could have on our health.

According to the Harvard Study of Adult Development, satisfactory relationships make us happier and improve our health.

The more emotional dimension of loneliness has a direct impact on health. Satisfactory connections – whether with family members, friends or people in the community – and relationships characterised by secure attachment are protective factors for health and a source of well-being and quality of life.

Social support, social participation and social capital are sources of physical and mental health and protective factors against phenomena like loneliness, social isolation or exclusion.

There is a direct, negative relationship between subjective social capital and loneliness. As community safety indicators improve, feelings of loneliness decrease.



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5. LONELINESS IN THE CITY OF BARCELONA: DATA AND PREVALENCE

INTRODUCTION

In 2015, the European Commission warned that around 30 million adults in Europe often feel lonely and highlighted the need to understand the different factors in loneliness at every life stage. As a response, Barcelona City Council began its research through various surveys and databases to identify different indicators of loneliness in the city (Barcelona City Council, 2021).

This document deals with the data on loneliness in the city of Barcelona. Rather than a full diagnosis, it is a collection of different sources and indicators that give us an idea of the prevalence of loneliness in the city. The data, mainly drawn from the 2020–2030 Municipal Strategy Against Loneliness[5] and other secondary sources, provide an initial analysis of the scale of the problem, the characteristics of the main social groups that experience loneliness and the associated causes.

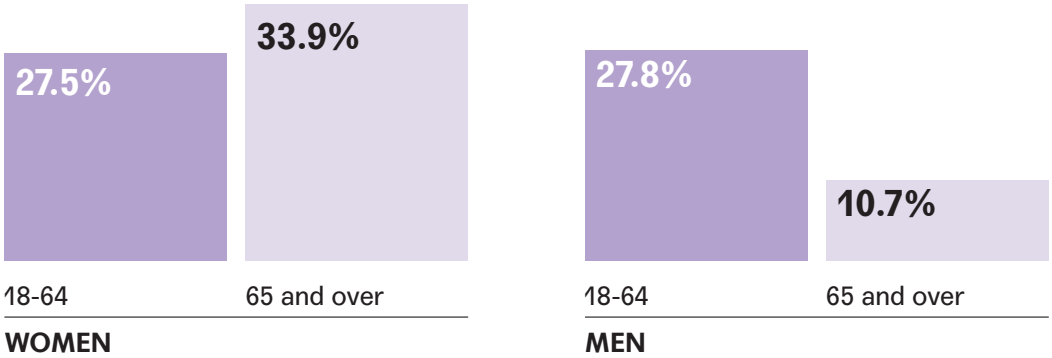
5. https://ajuntament.barcelona.cat/dretssocials/sites/default/files/arxius-documents/barcelona_loneliness_strategy_2020_2030.pdf

LIVING ALONE IN BARCELONA

As we have seen in previous sections, living alone does not necessarily bring with it a feeling of loneliness. In other words, living alone only implies a situation of objective solitude, and only in the sphere of housing. However, it can be associated with a higher risk of feeling lonely, as living alone is a risk factor in itself (see: Loneliness risk factors).

Populational dynamics in recent years in the city of Barcelona are leading more and more people to live alone. In 2020, almost one in three households in the city contained one person; specifically, 31% of homes were single-person households (Barcelona City Council, 2021). In 2004, the number of single-person households was 181,546. This figure has risen to 203,781 in 2021.

GRAPH 1
Profile of single-person households



Source:
Original, based on data from the city of Barcelona register of residents.
Barcelona City Council, 2021

The profile of the people living alone in the city is far from homogeneous, however, and more and more of them are older. As the graph demonstrates, women aged 65 and over are most likely to live alone, making up around 34% of single-person households. This percentage is three times that of the men over 65 living alone.

In the specific case of older people, this could be down to a series of factors, such as improved quality of life and health (with a direct impact on life expectancy and financial independence) and the value assigned to autonomy and personal independence (Sancho et al. 2020). Therefore, living alone is often a chosen situation in many ways. However, in other cases, living alone is an situation that emerges uninvited as the result of a process of losses, such as widowhood, children leaving home and the death of families or members of one's closest social network. It can therefore imply an increased risk of both loneliness and social isolation (Sala Mozos, 2020).

Populational dynamics in recent years in the city of Barcelona are leading more and more people to live alone.
In 2020, 31% of households contained just one person.

LONELINESS IN BARCELONA: INDIRECT INDICATORS

Loneliness is a construct that is difficult to identify; therefore, measuring it is not easy. In order to look at its prevalence in the city, various related indicators are often used. Various studies warn of the enormous variability in the results produced by analyses of loneliness according to the indicators used. This is why it is important to use indicators that are validated and common in the analysis of different sociodemographic profiles. Below is a series of data relating to indirect indicators of loneliness in the city of Barcelona, with which we can carry out an analysis – with certain limitations – regarding different age groups (Barcelona City Council, 2020).

- **Children:** according to the survey *Parlen els nens i nenes: el benestar subjectiu de la infància a Barcelona (2016-2017)*, 13.2% of children aged between 10 and 12 say that they do not entirely agree that someone in their family cares about them. Meanwhile, 22% of them think that, if they have a problem, their family will not help them. Finally, 26.5% indicate that they do not have enough friends (Barcelona City Council, 2021).

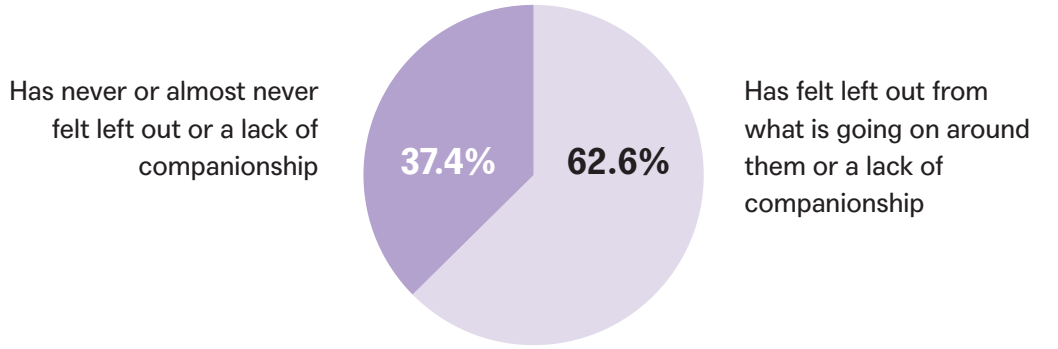
- **Teenagers (13–19 years):** according to the survey *Factors de risc en estudiants de secundària 2016 (FRESC)*, 7% of participants said that they had felt lonely on a regular basis in the six months prior to the survey. Out of those surveyed, 6% indicated that they had no good friends, while 12.3% said they had felt excluded or rejected by their peers in the previous year (Barcelona City Council, 2021). According to the same survey carried out in 2021, girls feel lonely more frequently than boys, and loneliness is more prevalent among pupils of schools in neighbourhoods of lower socioeconomic statuses. Specifically, 17.4% of girls and 9.6% of boys in less advantaged neighbourhoods feel lonely, compared to 15.1% of girls and 8.4% of boys in more privileged neighbourhoods.

- **Older people:** according to the latest edition of the *Barcelona Health Survey (2016)*, 25% of people aged 65 or over felt that they had lacked companionship in the previous 12 months, while 15.1% had felt left out from what was going on around them at some point. The data associated with this indicator also display differences according to whether the participants live alone or with others and along gender lines: women in this age group feel more excluded than men, whether they live alone or with others (Barcelona City Council, 2020). However, the feeling of lacking companionship often is four times as prevalent among women who live alone than among women who live with others (14.7% and 3.7%, respectively). Meanwhile, among men, the percentage is multiplied by nine (1.9% and 17.8%, respectively). It is worth noting here that men aged 65 or over who live alone perceive a lack of companionship more than women in the same situation (MSAL, 2021).

- **People with disabilities:** according to data gathered by the *Survey of People in a Situation of Functional Dependence (EPSD) in Barcelona (2018)*, 25% of people in a situation of functional dependence (mostly over the age of 55) live alone, and 11% have little social support (Barcelona City Council, 2020). In addition, as can be seen in the graph below, almost two thirds (62.6%) of them had felt left out or lacked companionship in the twelve months before the survey was conducted (Barcelona City Council, 2021).

GRAPH 2

Percentage of people with disabilities aged 55 and over who experienced a lack of companionship or exclusion in the 12 months before the survey was conducted (2018).



Source: Survey of People in a Situation of Functional Dependence (EPSD) in Barcelona, 2018

It is important to note that, though it is difficult to appreciate the intensity of this lack of companionship and of the feeling of exclusion felt by people in a situation of dependence with these indicators, this percentage is considerably higher than that produced by the data on older people from the Barcelona Health Survey. In fact, according to the ESPD, 5% of people in a situation of functional dependence aged 55 or over are in a state of severe loneliness (Barcelona City Council, 2020).

LONELINESS IN BARCELONA: ÒMNIBUS SURVEY 2022

The Òmnibus municipal survey in the city of Barcelona is conducted among people aged 16 and over with a stratified random sampling procedure, and the assignment is proportional to population according to the municipal register of residents. It is based on a direct question: *How often do you feel lonely?*

According to this indicator – in other words, according to the data gathered through the question *'How often do you feel lonely?'* – 4.2% of the surveyed population feels lonely often or very often.

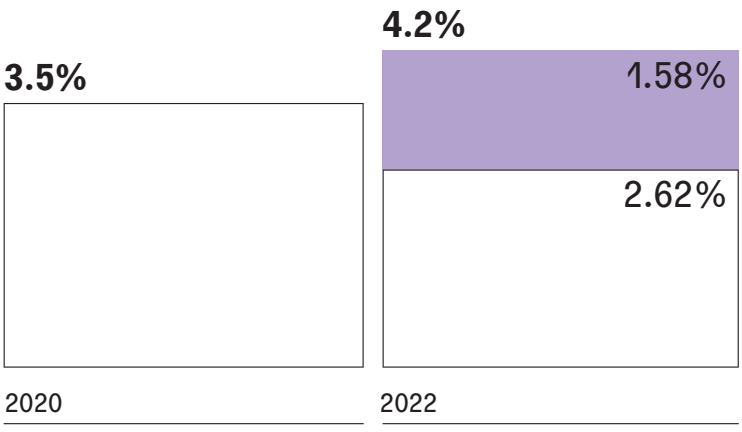
As the graph shows, this figure has increased by 0.7 points on 2020, when 3.5% of the surveyed population indicated that they felt lonely. (Barcelona City Council, 2022).

GRAPH 3

People who feel lonely often or very often

Òmnibus 2020–2022

(%)



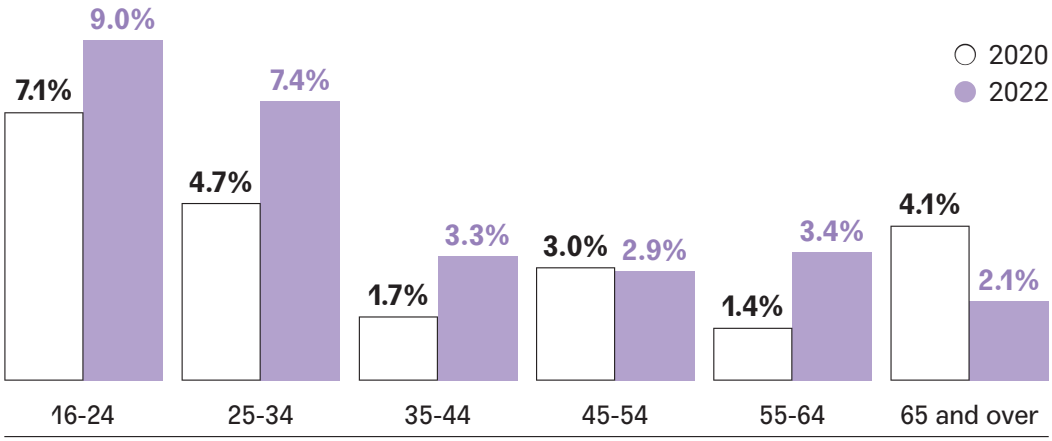
Source:
Òmnibus Survey, June 2022.
Barcelona City Council, 2022

In terms of age, we can see in the graph below that the group that express feelings of loneliness the most are young people aged between 16 and 24, with an increase of almost 2 points on 2020. The percentage of this group that state that they live with loneliness is 9%. Behind them are people aged 24–34, 7.4% of whom say that they feel lonely. Among the population aged between 35 and 64, feelings of loneliness are experienced by around 3%. Finally, 2.1% of older people – aged 65 or over – feel lonely this regularly.

In the last two years, loneliness has become more prevalent in practically all life cycles, especially among young people, but also in the age 55–64 age group. Meanwhile, it has decreased in prevalence among the population aged over 65.

GRAPH 4

Percentage of people who feel lonely according to age group



Source:
Òmnibus Survey, June 2022.
Barcelona City Council, 2022

However, identifying and recognising loneliness can be a difficult task. For this reason, in the 2020 survey, three indirect questions were asked in order to help to recognise the feeling in situations where a direct question would not facilitate detection of loneliness:[6]

- *How often do you feel left out?*
- *How often do you feel isolated from others?*
- *How often do you feel that you lack companionship?*

There are three possible answers: hardly ever, some of the time or often. The scale is used to construct a dichotomous indicator – loneliness or no loneliness – which corresponds to the result of the sum of the 3 indicators, which can range from 3 (if the answer is hardly ever to all questions) to 9 (if the answer to all questions is often). Values of 6 or above indicate a case of loneliness (Barcelona City Council, 2021).

If we analyse these indicators in more detail, we see that 4.7% of the surveyed population felt that they often lacked companionship, 3.3% often felt left out and 2.1% often felt isolated. Meanwhile, 15.4% of participants stated that they feel lonely some of the time, 14.5% felt that they lacked companionship some of the time, 10.4% felt left out some of the time and, finally, 9.6% expressed that they felt isolated from others some of the time (Barcelona City Council, 2020).

6. These three questions correspond to the short-form version of the UCLA scale used in the Municipal Strategy Against Loneliness, which will be explained at the end of the module in the 'Test for measuring loneliness' section.

RELATIONAL LONELINESS IN BARCELONA

The Neighbourhood Relationships and Coexistence Survey in the Barcelona Metropolitan Area (ECAMB by its initials in Catalan) from 2020 incorporates a specific relational loneliness indicator, which is different from the loneliness indicator in the UCLA scale. The relational loneliness index in this survey is based on three questions (Barcelona City Council, 2021):

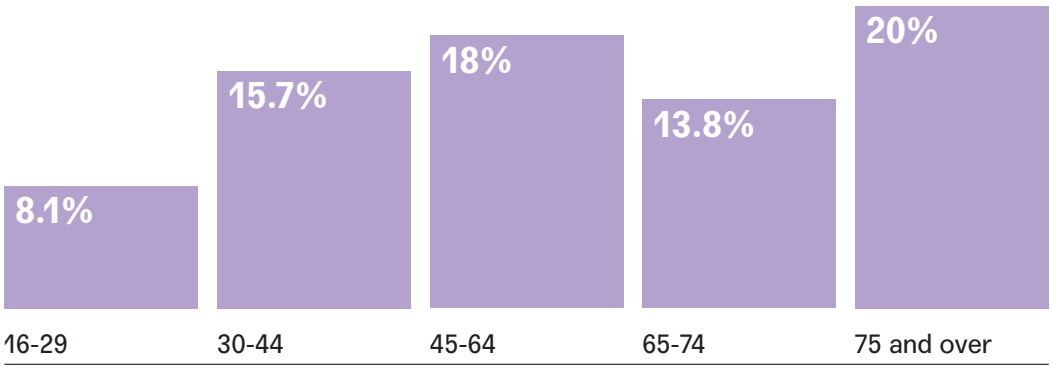
- *Do you usually have someone to talk to about personal issues in your day-to-day life?*
- *Can you rely on your friends or family when you need them?*
- *Do you want to talk to or see your family, friends or neighbours?*

A negative response to one or more of the questions indicates a case of relational loneliness or isolation. To conduct the ECAMB in 2020, 5,437 people aged 16 and over from the 36 municipalities in the Barcelona Metropolitan Area were interviewed, 4,043 of whom lived in the city of Barcelona. Of the population of Barcelona, 10.8% do not usually talk to or see their family, friends or neighbours; 5.5% have no one to talk to about personal issues day to day, and 3.2% cannot rely on friends or family when they need them. According to these results, relational loneliness affects 15.4% of those interviewed. There are no significant differences between men and women. However, there is evidence of a higher impact of relational loneliness on people born abroad: relational loneliness affects 12.3% of people born in the city of Barcelona and 21.6% of those born in another country (Barcelona City Council, 2021).

In terms of age, unlike the UCLA loneliness scale – which measures the subjective feeling of loneliness and shows that young people experience it the most – these results show that relational loneliness is most common among older people, as illustrated in the graph below (Barcelona City Council, 2021).

GRAPH 5
Relational loneliness index according to age range

Source: Neighbourhood Relationships and Coexistence Survey in the Barcelona Metropolitan Area, (ECAMB, 2020). Barcelona Institute of Regional and Metropolitan Studies (IERMB)



LONELINESS AND YOUNG PEOPLE IN BARCELONA

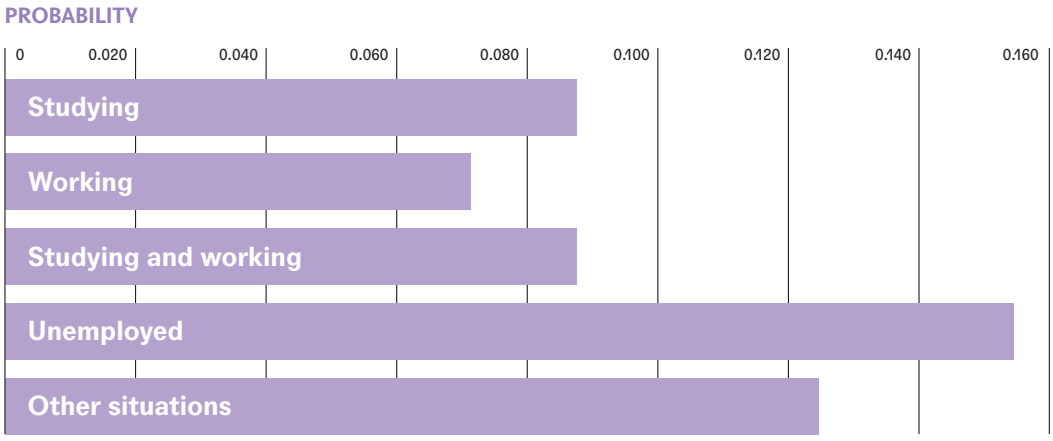
From a life cycle perspective, loneliness is directly linked to transitions and changes. In the case of young people, two crucial factors can have an impact on loneliness. In order to take a closer look at data on loneliness among young people, we can use the *Barcelona Young People's Survey 2020 (EJOB2020, by its initials in Catalan)*. The research done so far compares various moments of transition with feelings of loneliness (Marí-Klose; Escapa, 2021):

1. **Leaving the family home.** The loneliness index is higher among young people who still live in the family home than among those who have left. Therefore, not yet being independent in terms of housing is a factor that can influence feelings of loneliness.

2. **Transition into the world of work.** Young people who are working or studying are less likely to feel lonely than young people who are unemployed. The likelihood of feeling lonely doubles when the person is not working or studying.

GRAPH 6

Probability that the young person feels lonely based on their employment status



Source:
Barcelona Young People's Survey 2020.
Barcelona City Council, 2021

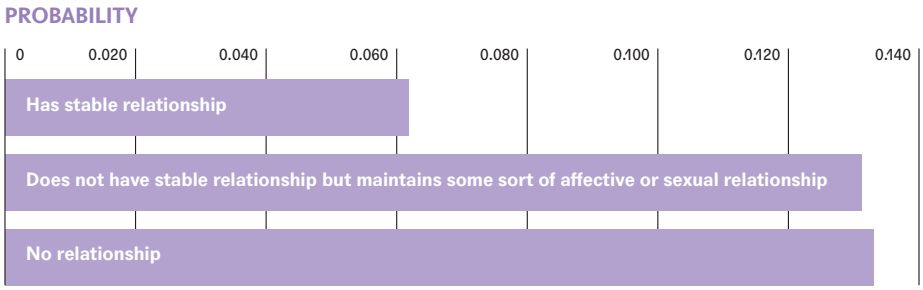
3. **Income.** Young people without their own income are twice as likely to feel lonely as young people with their own income.

4. **Partner.** Intimate relationships during the transition from adolescence to young adulthood play a key role in improving self-esteem and creating identity. Having a partner is a protective factor against loneliness. Even in cases of occasional affective and sexual relationships, people still feel lonely. The stability factor is important to consider.

Loneliness among young people is linked to experiences of frustration and uncertainty in the transition to adulthood. In older people, meanwhile, loneliness is more closely connected to a lack of social relationships of trust.

GRAPH 7

Probability that the young person feels lonely based on their relationship status



Source:
2020 Barcelona Socio-demographic Survey.
Barcelona City Council, 2021

KEY IDEAS AND SUMMARY

There are more and more single-person households in the city of Barcelona. In 2020, 31% of households contained just one person. The number of single-person households has increased from 181,546 in 2004 to 202,440 in 2021.

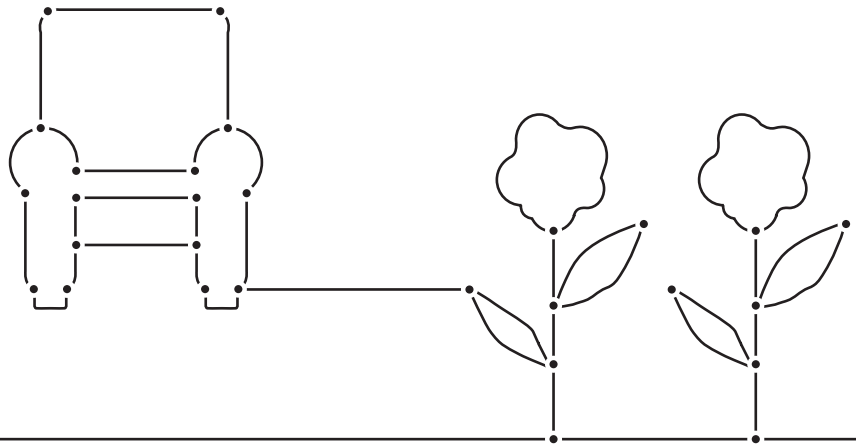
Loneliness is a construct that is difficult to identify; therefore, measuring it is not easy. In order to look at its prevalence in the city, various related indicators can be used, but with limitations.

For the same reason, the prevalence of loneliness sometimes increases when indirect questions are asked. According to the direct indicator, 3.5% of the population of Barcelona feels lonely often or very often. However, this figure rises to 7.3% when the sum of the indicators obtained through indirect questions is analysed.

According to the first wave of the Òmnibus municipal survey in 2022, young people are the group who feel lonely sometimes or often most frequently (32.6%). Specifically, 9% said that they feel lonely often or very often.

According to data from the Neighbourhood Relationships and Coexistence Survey in the Barcelona Metropolitan Area (ECAMB by its initials in Catalan) of 2020, relational loneliness is most common among older people, experienced by 20%.

Loneliness among young people is linked to experiences of frustration and uncertainty in the transition to adulthood. In older people, meanwhile, loneliness is more closely connected to a lack of social relationships of trust (Barcelona City Council, 2021).



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6. INTRODUCTION TO DIFFERENT INTERVENTION MODELS AND PROPOSALS

INTRODUCTION

Social intervention is an action carried out in an organised fashion that attempts to respond to social needs and have a significant bearing on interaction between people and aspires to public or social legitimisation (Fantova, 2007). Its aim is to overcome problematic relationships between people and the environments in which they live (neighbourhood, community, city) through support (material, instrumental, emotional), education (new tools for social interaction) and an expansion and improvement of networks and social relationships (family, friends, neighbours, organisations, institutions and resources) (Pinazo Hernandis, 2020).

Specifically, intervention of a psychosocial nature seeks to understand, predict and change people's social behaviour, improving the harmful aspects of their environment with the end goal of improving their quality of life. To some extent, the ultimate purpose is to increase individual and collective well-being, through the psychological development of people and their links to their social environment (Pinazo Hernandis, 2020).

Given the impact loneliness can have on people's health, well-being and quality of life, it is worth conducting a brief analysis of the types of intervention that can be carried out to tackle it and developing proposals that can improve these interventions.

MODELS AND ACTIONS FOR COMBATING LONELINESS

Some authors distinguish between four forms of action against loneliness (Masi; Chen; Hawkley; Cacioppo, 2001):

- Programmes that improve **social skills** (such as assertiveness, communication skills, etc.).
- Programmes that modify **maladaptive social cognitions** (cognitive restructuring work).
- Programmes that provide **social support** (for example, individual assistance).
- Programmes that increase **opportunities for social interaction** (such as community action programmes, socialisation activities, etc.).

This is a classification that was applied in a systematic review in which interventions were carried out with people of different ages who were experiencing loneliness. One of the conclusions drawn was that all four types of intervention are effective, especially cognitive restructuring programmes. Nonetheless, it is important to note that, given that the interventions were carried out randomly with groups of people of different ages, there is a bias in terms of their effectiveness: the study showed that cognitive restructuring programmes produced very good results with adults in general, but there is no data on their effect on people of different ages, such as young people or older people.

Other authors propose a different classification of loneliness and social isolation interventions. According to Mima Cattan, there are four types: one-to-one, group, service provision and community development (Cattan et al., 2005). Each type implies a series of advantages and limitations:

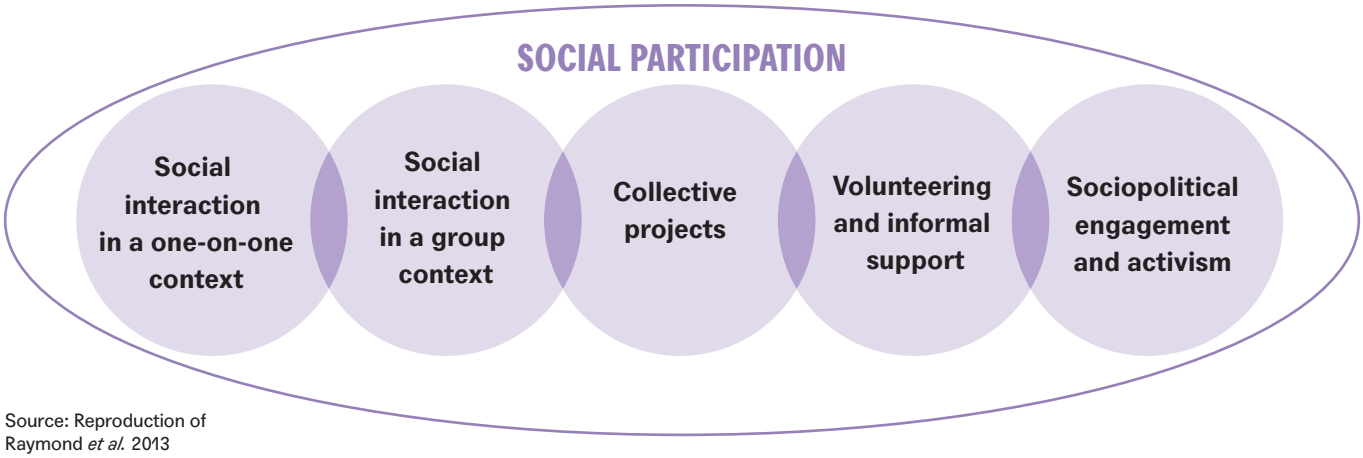
- **One-to-one interventions:** These include all interventions carried out between two people. They can be led by professionals – as is the case for interventions of a therapeutic nature – or by volunteers, who may provide individual emotional support in person or via telephone, for example. This type of intervention allows for a deeper knowledge of the person's individual needs, so that the intervention can be adapted accordingly. These interventions have a bigger impact on people experiencing loneliness than on people who are isolated.
- **Group interventions:** These include socialisation activities, bereavement groups, art therapy, etc. Though they provide less of an insight into people's individual needs, group interventions have some highly positive collateral effects: they bring people together so that they can develop interpersonal relationships. It is important to note that group interventions will always have more of an impact if they include an educational component.

- **Service provision interventions:** These are formal interventions that help to incorporate people into support networks. This type of intervention has a greater impact on socially isolated people than on people experiencing loneliness.

- **Community interventions:** Community interventions have a lot of potential, as they constitute a consolidated way of catering to individual needs through collective interventions and because the more social capital a community or neighbourhood has, the less lonely people in it feel. It is important to note here that intergenerational interventions can be carried out in order to combat age-based segregation and maximise impact on people of all ages.

Just as the impact of loneliness on people's health has been demonstrated, the reverse has also been proven: that social participation, social support and relationships are protective factors for health (Litwin, 2000; Sundquist, 2004; Unger, 1997; Everard, 2000). For this reason, we will now examine the results of another classification carried out around **social participation promotion programmes** (Raymond *et al.*, 2013). In this case, the members of the group were older people. However, the contribution made by this study is considered interesting because it can mostly be applied to other age groups.

A point to remember here is that this type of programme has a greater impact on social isolation than on loneliness.



Source: Reproduction of Raymond *et al.* 2013

The categorisation is based on the following characteristics: type of social situation, whether interactions and relationships facilitate or encourage social participation, and the activities proposed to fulfil the planned goals. So, actions or programmes that encourage social interaction in a one-on-one context include community programmes and interventions carried out in homes. Those that do so in a group context include training and care and assistance in older people's centres. Collective projects include recreational, sports, sociocultural and intergenerational activities. Volunteer programmes include formal volunteering. Finally, sociopolitical engagement and activism programmes include an overall perspective and an intergenerational perspective. It is worth noting that programmes that include different types of interventions will always have a greater impact.

MUNICIPAL STRATEGY AGAINST LONELINESS

A process of networking has led to the design and implementation of the Municipal Strategy Against Loneliness, with a ten-year horizon. The Strategy is organised into four cross-cutting strategic lines:

- Raise awareness and generate knowledge of the impact of loneliness on the city and on the well-being of those who live here.
- Deploy resources and services to prevent, detect and attend to situations of loneliness.
- Restructure the city and its different areas to create community spaces to tackle situations of loneliness.
- Adapt municipal organisation to the new challenges posed by loneliness.

Each of these strategic lines contains a series of specific goals (twenty-five in total). The following table offers a summary of these aims and their connection to each of the strategic lines.

Municipal Strategy Against Loneliness

CORE STRATEGIES	GENERAL GOALS	SPECIFIC GOALS
1.		
RAISE AWARENESS AND GENERATE KNOWLEDGE ABOUT THE IMPACT OF LONELINESS	**Raise awareness**	1.1 Lead communication campaigns and actions. 1.2 Advertise the services for promoting emotional care and dealing with situations of loneliness. 1.3 Roll out mechanisms that contribute to decision-making regarding local policies on loneliness.
2.		
DEVELOP RESOURCES AND SERVICES TO PREVENT, DETECT AND ATTEND TO LONELINESS	**Promote prevention within services in order to generate connections and satisfactory relationships**	2.1 Drive measures to facilitate access to activities (education, culture and leisure). 2.2 Promote resources and access to knowledge and skills in order to reduce the digital gap. 2.3 Facilitate in-person interaction between people and between generations. 2.4 Develop a range of tools for personal use to tackle emotional discomfort.
	Facilitate the detection of people experiencing loneliness	2.5 Provide tools for professionals to detect, prevent and intervene in cases of loneliness. 2.6 Promote networks of professional and community leaders for the prevention and detection of situations of loneliness.
	Facilitate monitoring and support for people experiencing loneliness	2.7 Strengthen the offering of services and programmes to tackle loneliness at all life stages. 2.8 Drive new actions and services to tackle loneliness. 2.9 Drive measures to care for carers. 2.10 Develop a technological offering that helps to tackle situations of loneliness. 2.11 Start up a programme focusing on pets as a resource against loneliness.
3.		
RESTRUCTURE THE CITY AND ITS DIFFERENT AREAS TO CREATE COMMUNITY SPACES TO TACKLE SITUATIONS OF LONELINESS	**Boost and strengthen the actions, services, plans and resources aimed at building community, infrastructure and social capital**	3.1 Transform and 'green' the public space in order to recover areas for interaction and coexistence. 3.2 Make the city accessible from a physical and communication perspective. 3.3 Strengthen the activity of care networks in detecting and reducing loneliness. 3.4 Promote new, alternative ways of sharing housing. 3.5 Boost the role of local facilities as spaces for interaction. 3.6 Strengthen group support and mutual aid services, as well as activities that promote relationships and exchange.
4.		
ADAPT MUNICIPAL ORGANISATION TO THE NEW CHALLENGES POSED BY LONELINESS	**Prioritise care for municipal staff**	4.1 Detect loneliness among municipal workers and implement measures to tackle it. 4.2 Establish organisational resilience mechanisms to deal with situations of loneliness among municipal staff.
	Promote the inclusion of the loneliness perspective in the work of municipal staff with links to the public	4.3 Review existing services and programmes to incorporate the anti-loneliness perspective. 4.4 Provide municipal professionals with the methodological tools and knowledge resources to integrate the loneliness perspective. 4.5 Establish mechanisms for coordination and cross-departmental work among municipal areas in order to tackle loneliness.

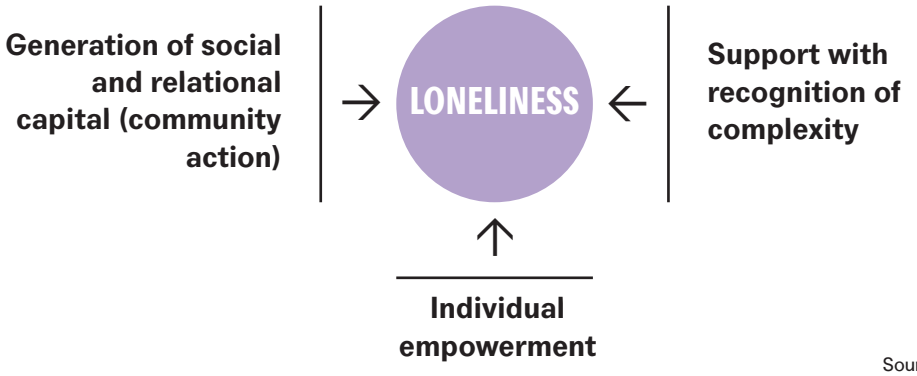
FROM A PALLIATIVE APPROACH TO A PREVENTIVE, RESTORATIVE FRAMEWORK

Loneliness is directly linked to people's social integration. Satisfactory social integration depends not just on the person's social skills, but also on the environment (in a broad sense) and the support available to the person (De Jong Gierveld et al., 2018).

In a similar vein, it is important to remember that, as we have seen in previous sections, loneliness is a complex, plural, diverse phenomenon that cannot be tackled from just an individual perspective. A social, collective view is required. That is why public policies must be designed and developed to this end, such as the Municipal Strategy Against Loneliness.

This new view of loneliness also requires us to make a qualitative leap and incorporate other types of measures, beyond those that are purely palliative. **A preventive, restorative approach must be included** in the design of policies and programmes, while innovative methodologies must be developed to integrate one-to-one and group intervention approaches with community development interventions.

Loneliness is a complex, plural, diverse phenomenon that cannot be tackled from just an individual perspective. A social, collective view is required.



Source: Original

Firstly, **individual empowerment** must be promoted from a preventive standpoint. As loneliness is inherent to human existence, it is highly likely that it will appear at different times in a person's life. We therefore must be able to recognise, express and tackle it. In the words of Javier Yanguas, 'The other side of the loneliness coin is not 'non-loneliness'. It is having the tools to deal with it'.

Secondly, loneliness is complex and diverse, which means that people of different ages who may be experiencing it will need **individualised support** that considers the subjective nature of the feeling in order to help them to overcome it and develop the tools needed to deal with it when it appears.

A preventive, restorative approach must be included in the design of policies and programmes, while innovative methodologies must be developed to integrate one-to-one and group intervention approaches with community interventions.

Finally, the **community dimension of social intervention** is key for the creation and strengthening of different social networks (family, neighbours and communities), which are a key protective factor against the phenomena of social exclusion, loneliness and relational isolation (Fantova, 2020). The support role taken up by networks of neighbours during the covid-19 crisis is evidence of this. We must therefore move towards situating loneliness and social isolation as an explicit or even central part of social policies, in interaction with a civic movement that can take joint responsibility in creating more humane, more participatory, safer communities (Sala Mozos E. 2020).

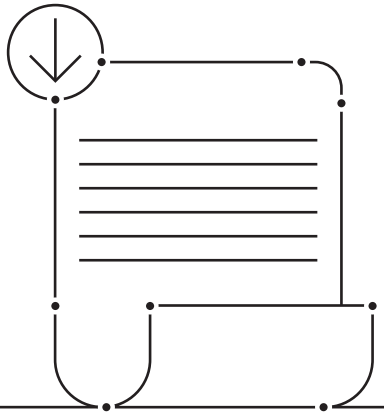
KEY IDEAS AND SUMMARY

There are many types of interventions for tackling loneliness and social isolation.

Various authors propose a series of classifications that can help us to understand the possible types of intervention and the impact they can have on loneliness and/or social isolation.

The Municipal Strategy Against Loneliness has emerged following a process of networking, as an operational response to loneliness in the city of Barcelona organised into four strategic lines and twenty-five specific goals.

When dealing with loneliness, we must go beyond a purely palliative perspective and take on a preventive, restorative approach.



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7. UCLA TEST FOR MEASURING LONELINESS

INTRODUCTION

In general, according to Professor Christina Victor (2005), we can differentiate between two types of measures or tools for measuring loneliness: **direct or self-assessed measures, and aggregate or scale measures**. The former involves direct, single questions that ask the person to assess their perceived level of loneliness in terms of frequency (Sancho et al. 2020). The value of this type of measure could be its simplicity, though we must acknowledge that this simplicity can constitute a reduction of such a complex phenomenon.

Then there are scales. The best known instruments for measuring loneliness were designed and put together in the late 1970s and early 1980s; these include the UCLA scale (1978) and the De Jong Gierveld scale (1985).

- The UCLA loneliness scale (University of California, Los Angeles) consists of twenty items divided into three dimensions: subjective perception of loneliness, family support and social support. It also includes two other factors: intimacy with others and sociability (Mayol et al. 2015). It is the most commonly used scale worldwide and various versions of it have been developed in order to adapt it to different groups of the population.

- **The De Jong Gierveld scale**(Netherlands) is composed of eleven items to measure two dimensions of loneliness. Six of these items measure emotional loneliness, caused by the absence of loved ones, trust or intimate relationships. The other five measure social loneliness, caused by the desire to have support when needed.

Both scales were designed and put together in individualistic societies that are different to the collectivist society here in Catalonia or Spain. For this reason, some aspects relating to their validity can be questioned. Studies to validate these two scales have been carried out in our society with varying results. The UCLA scale has been deemed valid and adaptations to it have been made so that it can be used for different groups in the population (Mayol et al. 2015), while in the case of the De Jong Gierveld scale and others, more items have needed to be incorporated in order to measure different levels of loneliness (Buz and Adanez 2012).

Nonetheless, loneliness is a highly complex phenomenon and the tools we have to measure it are not perfect. In order to ensure a thorough examination of loneliness, and because it is a subjective, complex feeling, survey results should be accompanied by data gathered through other qualitative techniques, such as in-depth interviews or focus groups. This way, a better understanding of the phenomenon can be reached and a more detailed assessment can be provided (Coll Planas 2019).

MEASURING LONELINESS

The Municipal Strategy Against Loneliness incorporates both types of loneliness measurement. The first, a direct question about how often people feel lonely, uses the word 'loneliness' explicitly, which enables us to interpret what loneliness means to us.

You can think for a few minutes about what loneliness means to you and answer the following question:

	HARDLY EVER	SOME OF THE TIME	OFTEN
How often do you feel lonely?	◯	◯	◯

As loneliness is a complex, diverse feeling, it is often indirect questions on aspects linked to loneliness that enable us to accurately identify people who are experiencing loneliness but do not express this directly due to the associated stigma (Barcelona City Council, 2020). The scale used in Barcelona City Council's Municipal Strategy Against Loneliness is the short-form version of the UCLA (University of California, Los Angeles) scale, which consists of indirect questions that measure self-perceived isolation, social connection and emotional connection.

The short-form version (which has also been validated) includes the following questions, which we encourage you to answer. There are three possible answers: hardly ever, some of the time or often. Please tick the answer that most applies to you:

	HARDLY EVER	SOME OF THE TIME	OFTEN
How often do you feel left out?	◯	◯	◯
How often do you feel isolated from others?	◯	◯	◯
How often do you feel that you lack companionship?	◯	◯	◯

The scale is used to construct a dichotomous indicator – loneliness or non-loneliness – which corresponds to the result of the sum of the 3 indicators.

- *'Hardly ever'* responses are worth a point.
- *'Some of the time'* responses are worth 2 points.
- *'Often'* responses are worth 3 points.

The lowest possible score is 3 (if the answer is hardly ever to all questions) and the highest is 9 (if the answer to all questions is often). Values of 6 or above indicate a case of loneliness.

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APPENDIX

SELF-ASSESSMENT TEST

CHOOSE THE RIGHT ANSWER

1. LONELINESS IS

a) Objective and can be measured by the size of the person's social network.
b) A subjective feeling or perception resulting from the discrepancy between the relationships we have and those we would like to have.
c) A complex phenomenon caused by abandonment.

2. SOCIAL ISOLATION

a) Is the same as loneliness. The two concepts can be used interchangeably.
b) Is characterised by being the sole direct cause of loneliness.
c) Is characterised by a lack or limited existence of lasting interpersonal relationships.

3. EMOTIONAL LONELINESS

a) Is a feeling or a subjective response to an absence of intimate personal relationships or bonds.
b) Usually appears when a person first arrives in a place or city.
c) Is characterised by a lack or limited existence of relationships.

4. SOCIAL LONELINESS

a) Is the same as social isolation.
b) Is the result of a lack of lasting social relationships.
c) Is the subjective response to the lack or insufficiency of relationships or sense of community.

5. LONELINESS RISK FACTORS

a) Are factors that determine any person's feeling of loneliness.
b) Can be used to prioritise certain areas of intervention and/or groups who could be at risk of suffering from loneliness.
c) Are sociodemographic variables that determine whether or not a person suffers from loneliness.

6. THE FEELING OF LONELINESS

a) Has nothing to do with a person's health or quality of life.
b) Can have negative consequences on our mental and physical health.
c) Has no correlation with chronic illnesses.

7. LONELINESS

a) Is a feeling inherent to human existence that can have an impact throughout the life cycle.
b) Only affects older people.
c) Is linked to age and gets worse as we get older.

8. THE ORGANISATION OF THE MUNICIPAL STRATEGY AGAINST LONELINESS

a) Is led by a single department of Barcelona City Council.
b) Has been built across departments and involves the whole municipal organisation.
c) Is a municipal initiative that will come to life in the next three years.

9. HOW MANY STRATEGIC LINES ARE THERE IN THE MUNICIPAL STRATEGY AGAINST LONELINESS?

a) Four: awareness-raising, implementation of new projects to tackle loneliness, training for professionals and academic knowledge.
b) Four: awareness raising; deployment of resources and services to prevent, detect and deal with loneliness; restructuring of the city, the public space and the community network; and the adaptation of the municipal organisation.
c) Three: awareness raising, training for municipal staff and deployment of new projects.

10. THE FEELING OF LONELINESS

a) Is linked to mortality rates and can even have more of an impact on them than smoking.
b) Does not impact people's health.
c) Has an impact on people's health but not enough empirical evidence has been produced to demonstrate this.

11. TRADITIONAL GENDER ROLES

a) Make the risk of isolation higher among women.
b) Influence how children relate to each other.
c) Are a factor that explains why women express their loneliness more than men.

12. WHEN WE SAY LONELINESS IS SUBJECTIVE, WE MEAN

a) That we all feel the same thing when we feel lonely.
b) That all individuals experience loneliness.
c) That individual expectations lead us to have different experiences when faced with the same or similar situations.

ANSWERS

1	b	4	c	7	a	10	a
2	c	5	b	8	b	11	c
3	a	6	b	9	b	12	c

Ajuntament
de Barcelona