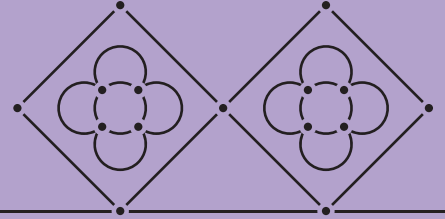
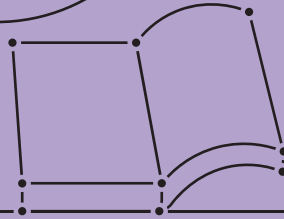
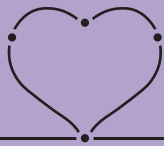
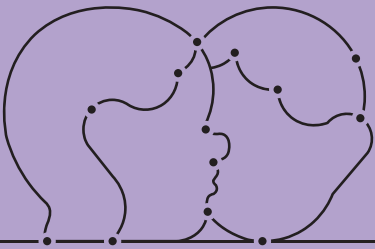
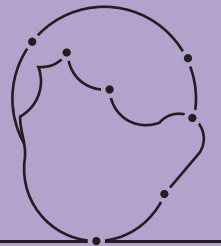
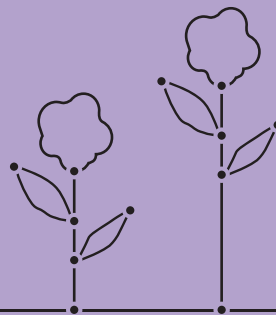
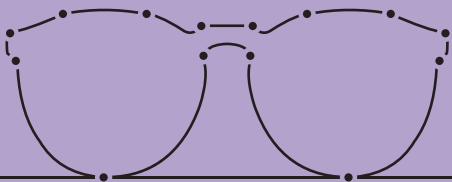
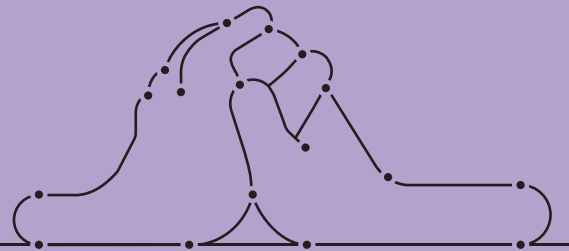
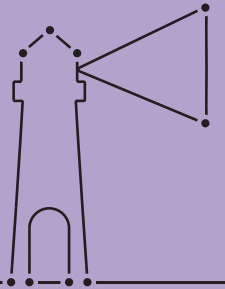
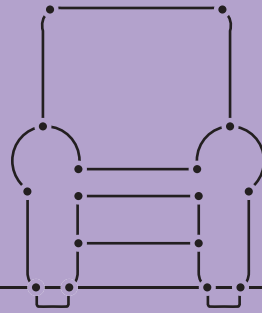


**BARCELONA
AGAINST
LONELINESS**



**RECOGNISING
LONELINESS:
OBSERVING,
PREVENTING,
PROVIDING
SUPPORT**





**Ajuntament
de Barcelona**

DIRECTOR

Directorate of Services for Children, Young People
and Older People
Department of Planning and Processes

WRITTEN BY

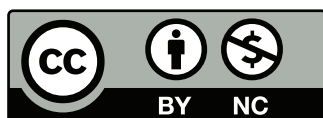
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Barcelona, July 2022

RECOGNISING LONELINESS: OBSERVING, PREVENTING, PROVIDING SUPPORT

Training tools for understanding and recognising 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 provide municipal staff with tools for identifying situations of loneliness in their daily work and acquiring the basic knowledge needed to deal with the situation and give the necessary guidance.
- To make this knowledge and these tools accessible to social organisations that work to combat loneliness in the city of Barcelona.

After all, understanding and recognising 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**

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1. WHY IS LONELINESS DIFFICULT TO DETECT?

INTRODUCTION

Detecting loneliness implies a series of difficulties linked to various psychological and sociocultural phenomena. When identifying loneliness, these elements must be taken into account in order to achieve the aim of guaranteeing equal opportunities for everyone who uses assistance services and empowering people and communities to tackle the issue.

In this section, we will examine some of these difficulties, while reflecting on the influence of the dominant culture on the expression of loneliness, analysing the psychosocial components behind the complexity of the problem and offering some ideas that could contribute towards improving the detection process.



THE CULTURE OF SUCCESS. HIDDEN LONELINESS

Feeling bad is frowned upon. The **culture of permanent well-being** and the quest for happiness mask any manifestation of unease that deviates from the perfect, plausible, praiseworthy images we see on social media.

Though we are living in the time with most opportunities for connection in human history, the relationships generated thanks to the virtual world are not always built according to parameters that facilitate intimacy, mutual care, bonding or the validation of non-normative representations of social success. Herein lies the paradox (Nardone, 2021) of feeling at our loneliest at the moment in history when opportunities for contact are most numerous.

Connection through social media or in the virtual world does not necessarily imply the creation of a real bond. We are experiencing the paradox of feeling lonelier than ever at the moment in history when we have the most opportunities to contact people.

Social desirability as a need for approval – and the belief that this can be obtained through culturally appropriate, acceptable behaviours – has always been a characteristic of human societies. Nonetheless, it can become a source of distress when recognition is only achieved this way in day-to-day life (Nardone, 2021). One obstacle in detecting loneliness is therefore its concealment, or the underlying shame at failing to ‘achieve’ a connection with the world in the way dictated by prevailing models.

Third-generation psychological therapies have taken a contextual analysis approach and delved into how the effects of ‘feeling good’ as a dominant culture have shunned certain feelings, thoughts or private events, resulting in these being considered negative, abnormal, unbalanced. Feeling bad and believing that you are mentally healthy are not concepts that form a cultural pair in social terms (Wilson; Luciano, 2021). With this backdrop, normalising feeling lonely at any time in life is not easy. **Suffering is stigmatised** and associated with failure, rather than being viewed as part of the human condition.

Loneliness is no exception to this, and any expression of it is met with a barrier in mass culture that puts any dissatisfaction with relationships and emotional suffering down to personal failure, an inability to fit in, or dysfunctionality. The pathologisation of unease also affects the feeling of loneliness: rather than being validated as an issue that can affect anyone at any time in life, it becomes hard to express and gets hidden.

Whether it is feeling a lack of social or intimate support at times when you need others; finding yourself without connections in a broken community; noticing that your connection with the world or with your identity is weak; or experiencing the existential abyss of loneliness after a significant loss, it is safe to say that, in a culture of self-sufficiency, no one wants to feel lonely.

The idea of **vulnerability being inherent to human beings**, explored extensively by bioethics from an anthropological standpoint, is now accepted by few. The cultural tradition surrounding us – one that promotes individualism and competition – has pushed fragility and interdependence into the background, hiding the fact that being vulnerable is an intrinsic part of human nature (Feito, 2007). Taking this further, the fact that knowing and accepting that we are *vulnerable* provides us with strength to deal with complex situ-

The pathologisation of unease affects the feeling of loneliness, which becomes hard to express and gets hidden. Loneliness gets a bad press in our culture of self-sufficiency.

ations ends up getting ignored. Instead of being an effective shield, the illusion of invulnerability sabotages the very response that should provide us with real protection (Brown, 2016).

Viewed from another angle, **vulnerability (from a sociopolitical perspective)** can be described as the presence of unfavourable conditions that expose people or groups to more risks (Feito, 2007). Increasingly precarious living conditions, deepening inequalities and series of multiple intersecting oppressions that generate complex living situations without support or resources to help to cope with them **conceal loneliness behind other life issues that accumulate or suddenly appear.**

Having to satisfy one's basic human needs (shelter, food, physical health) in a context with few resources can lead to emotional needs being relegated to the bottom of the list of personal priorities. Thus, in a care model that only responds to social emergencies (due to principles or limited possibilities), loneliness is passed over as a second- or third-rate need, overtaken by other more objectifiable issues, which undoubtedly generate large pockets of exclusion in today's society and must be tackled.

The strategic decision to **deal with loneliness through public policies** made by contemporary cities, with a perspective based on complexity, sensitivity and transversality, is a shift away from the prevailing neglect of the issue. It prioritises the public's emotional health, efforts to combat stigma, and the construction of strong communities that act as a network in times of difficulty.

Recognising the complexity of loneliness as a psychosocial issue is a fair, realistic first step to be taken in order to know how to approach identifying it and do so while considering individualisation, diversity and the veils that conceal it.

Below is an analysis of some of the factors involved and proposals for approaching loneliness, with our eyes and ears wide open to detect it and keeping in mind the difficulties we can encounter when providing assistance day to day.



ELEMENTS THAT EXPLAIN THE COMPLEXITY OF THE ISSUE

Loneliness is a complex issue fuelled by individual structural and sociocultural factors. Detecting it requires consideration of subjective elements that are not always easy to take into account in the assistance cycle, for reasons associated with various elements. Some of these are cultural, others are linked to how services work, while others still are related to the nature of the issue.

Loneliness is a complex issue fuelled by individual structural and sociocultural factors.

Detecting it requires consideration of subjective elements.

What are the core aspects of this complexity? How can we consider them in our practice? What kind of perspective is required to open up our senses to loneliness?

We will explore two key aspects of the inherent difficulty in detecting loneliness on a psychosocial level: the **subjectivity** of the feeling and the **stigma** surrounding it.

A. SUBJECTIVITY

One of the leading theorists in the study of loneliness from a cognitive perspective, John Cacioppo (2008), made a key distinction (mentioned above) in order to clarify what we are referring to when we talk about loneliness: the difference between being alone and being lonely.

Loneliness can be detected by the person's subjective perceptions: it is the feeling of loneliness that explains the anguish, unease, emotions and negative thoughts around the issue, and not objective elements like the composition of the person's network or frequency of contact (though these can undoubtedly be relevant risk factors that ring alarm bells on an individual, group or community level).

Ultimately, in all cases, **we have to know how the person feels**, how they see their situation, and what effects it has on their emotional and social well-being.

From a psychological perspective, anguish and dissatisfaction are caused by a situation of solitude when the cognitive evaluation of existing relationships and those that the person would like gives a negative result. This generates **cognitive dissonance**: when the proximity and intimacy a person would like do not match the proximity and intimacy they have (de Jong Gierveld, 1987; Peplau; Perlman, 1982).

Cognitive dissonance model for loneliness



Source: Martínez and Celdrán (2019). According to Peplau and Perlman's model (1982).

Other authors who study loneliness, such as Javier Yanguas, deem this cognitive perspective insufficient, indicating that, though it is interesting, it is not enough to understand what loneliness is and means to humans in depth (Yanguas, 2021). This author, a pioneer in research into loneliness, offers nuances that enrich a cognitive vision that is perhaps excessively arithmetical.

He argues that some elements relating to subjectivity build a **more complex perspective of loneliness**. These elements are as follows (Yanguas, 2021):

- Loneliness makes us feel **isolated**, as though we are in a bubble. Feelings of isolation are an intrinsic part of this (subjective) experience.
- Unease and **feelings** of sadness, melancholy, frustration, shame, abandonment and emptiness emerge.
- The **need for intimacy** is behind the feeling. This is not about just being with people, but also the quality of the relationship.
- The relevance of loss, transitions and absences throughout the life cycle. Lack of **life plans**.
- Suffering deriving from separation, incomprehension, **rejection**.
- A feeling of **vulnerability** caused by situations that are too much for us due to a lack of resources or social support.
- A lack of **connection to the place** where one lives. This connection provides a sense of belonging, affinity with others, emotional safety, mutual influence, a perception of sharing values and resources, etc. An absence of connection leads to feelings of loneliness.

Loneliness can be described as a feeling, and as such, it is subjective. Detecting it requires a willingness to observe, to listen actively and to build a personal bond during detection, as well as the creation of operating conditions within services that allow space for a bond to be developed (Martínez, 2022).

- **Opportunities for diverse expressions to emerge** must be given through conversation, words, interaction and the multiplication of voices through networking. We cannot only respond to objective factors or wait for fixed statements that express a request for action to reduce this feeling. Sometimes, time and joint action from various professionals will be required in order to grasp this subjectivity.
- It is important to pay attention to **indirect verbalisations** of loneliness that can occur in the assistance process, such as 'I don't have anyone' or 'I don't know who to turn to', when recording someone's social background. They can indicate that the person is in a situation of risk of loneliness. We must be attentive to the emergence of these signs, by listening carefully and using dialogue dynamics, where appropriate, to find out how the person feels about this.

- Looking **beyond the textual or verbal information** is key. Indirect indicators, such as those linked to the service (not giving a reference person for the personal network, sensing that the visit is an opportunity for the person to talk to someone), give us valuable information on a lack of opportunities for connecting and communication needs.
- It is essential to find out **how the situation makes the person feel** and how they want to deal with it. Simply drawing up a sociogram or genogram, detecting risk factors or observing the occurrence of a life transition without company or support is not enough. At the same time, and from a subjective perspective, a person having support or a large network does not guarantee that they do not feel lonely. We must pay attention to personal evaluation and perception, thoughts and associated emotions.

B. STIGMA

Loneliness and suffering carry a heavy negative stigma in society today. Fighting stigma is key in order to encourage people to express their feelings and accept help.

On a theoretical level, Erving Goffman (1963) – a pioneering sociologist in symbolic interactionism – defines stigma as ‘the situation of the individual who is disqualified from full social acceptance’. The stigma associated with mental health, for example, turns a person with mental health issues into someone ‘different’, with negative connotations (Muñoz *et al.*, 2020).

Fighting stigma is key in order to encourage people to express their feelings and accept help.

It is in this direction that a Municipal Strategy Against Loneliness that deals with the complexity of the issue has the potential of exercising a normalising force, by recognising that public policies are doing something, that loneliness

is socially accepted as a collective issue, that the expression of this feeling is valid and that tailor-made opportunities to help city residents to connect are offered.

As the Complutense University of Madrid’s guide, *Guía de buenas prácticas contra el estigma* (Muñoz *et al.*, 2020), indicates in a necessary theoretical review, stigma is not inside people. Instead, it is a label or allocation imposed by others, within a system of power relations, on a person or a group.

Three interrelated directions in which the stigma around loneliness operates can be distinguished.

- Firstly, it **blames individuals** for the situation that is generating a feeling of loneliness. Believing that people choose their own life trajectory in a free society with equal opportunities for all individuals throughout life leads to a perception of situations of loneliness as a deserved condition, brought on by unwise life choices.

This belief is built on an internal attribution, from an individualist paradigm, of the responsibility we have in the life choices we make and on the creation of a story of failure behind the feeling that ignores the structural causes of loneliness in contemporary society (reviewed in previous capsules in this course). Prejudices like ‘they must be alone for a reason’ generate discrimination (in the stereotypes-prejudices-discrimination triad examined by social psychology) and social shame and make it difficult to express emotions, for fear of being blamed.

- Secondly, **the prejudice that views psychological suffering** as indicative of vulnerability conceals the expression of loneliness and adjacent emotions (emptiness, angst, sadness, abandonment...). The trivialisation and simplification of positive psychology (used superfluously in marketing and advertising) and the culture of constant happiness hamper the normalisation of negative emotions, thus preventing people from recognising their own loneliness.

Feeling good is not as important as looking like you feel good, which conceals issues like loneliness even further. Some authors (Wilson; Luciano, 2021) refer to this as the tyranny of the image of well-being. Suffering is avoided, and there are recipes of all kinds for living a full life, but this avoidance can have destructive effects, including the frustration caused by the perception that emotions like sadness are not normalised.

- Though the source of stigma can be the stigmatising person or society, from the **perspective of the stigmatised person** (Muñoz *et al.*, 2020), other, internal mechanisms are in operation: self-stigma, for example, which must be considered when exploring the complexity of detection. This is the part of the stigma that grows inside the stigmatised person, generating negative feelings. This negative self-perception can be paralyzing and harm both the person's perception of self-efficacy and their ability to recover.
- ▷ **Interiorisation** occurs in accordance with a model with **four successive levels** (examples of which are found below): (1) knowledge of stereotypes, (2) approval of stereotype, (3) interiorisation of stigma, and finally, (4) damage caused to self-esteem and self-efficacy by the interiorisation of the stigma (Corrigan; Rao, 2012, as cited in Muñoz *et al.*, 2020).

LEVELS OF INTERIORISATION	EXAMPLE OF MATERNITY
Knowledge of the stereotype	'Women feel complete when they become mothers'.
Approval of the stereotype	'I think that, when I become a mother, I'll feel complete and satisfied'.
Interiorisation of the stigma	'I'm a mother, so I should feel complete and satisfied'.
Damage to self-esteem and self-efficacy	'I'm a mother and I feel lonely, so I'm not a good enough woman and I don't know how to be a good mother'.

Source. Original

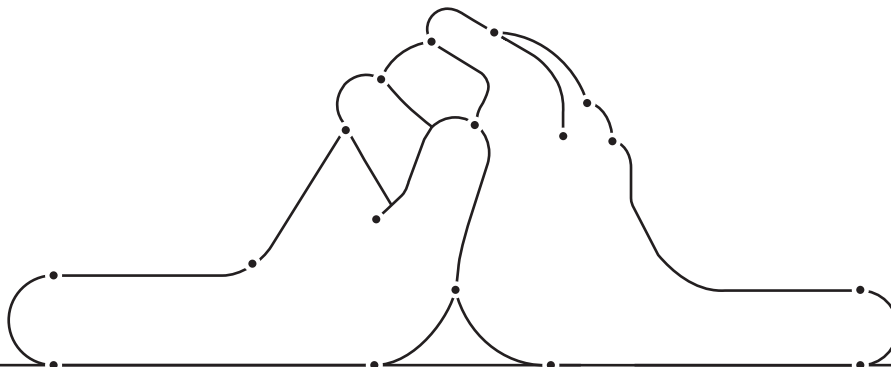
Some ideas for **building a space of trust free from prejudices** – adapted from and based on the publication *Detectar la soledad durante l'envelliment. Una guia* (Martínez, 2022) – are listed below:

1. Pointing out the **structural causes** of loneliness can help to reduce the feeling of guilt and shame. A lack of time for social relationships, time spent caring for someone intensively, an inaccessible environment and the deterioration of community relations in neighbourhoods are all factors that could make someone feel lonely.

2. **Encouraging emotional expression**, as far as possible, and reversing the negative weight assigned to loneliness. Feeling lonely at some point in life is normal, and we should be able to show it without fearing prejudice.
3. **Not judging**: this is the starting point for breaking down barriers when someone asks for help, as blaming generates shame and hiding (among family members and loved ones, too, who do not want to express the limits of their support). If a family member cannot give the required support, they might want to avoid asking for help so that this does not become known.
4. **Not treating the person as vulnerable**, as this can push them to withdraw. The use of infantilising language can lead to the person taking on a passive role and not getting involved in changing the situation that is bothering them.
5. The social perception of loneliness influences how it is experienced. An **empowering dialogue** must be created to help to help bring about change and encourage the person to accept and deal with the problem.

To combat stigma and consider subjectivity as an essential element in the detection process while encouraging communication that builds a connection, some important steps are to INVESTIGATE without invading, ASSESS without labelling, and ASK without directing.

In the following capsules, we will look at some tools and signs that can be taken into account in order to detect loneliness in accordance with these principles.



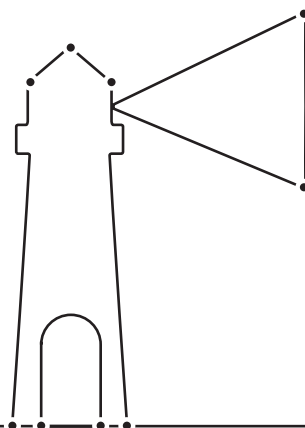
KEY IDEAS AND SUMMARY

Loneliness is complex and difficult to detect and identify for a series of reasons, including: the culture of constant well-being, its relationship with 'relational dysfunction', feelings of guilt and difficulties in seeing ourselves as vulnerable, as human beings.

Two of the main elements that explain the complexity of the construct are subjectivity and the associated stigma.

As these aspects make loneliness difficult to detect, the following is required:

- Starting out with a willingness to observe, to listen actively and to build a bond (service operating conditions must facilitate the creation of space for a bond to be developed).
- Building a space of trust, free from prejudices, to facilitate detection.



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2. TOOLS AND ADVICE FOR DETECTING LONELINESS

WEIGHTING THE SIGNS

So far, we have seen that loneliness has **multiple causes** and analysed how it can have **consequences on various areas**, which means that to tackle loneliness is to promote the **prevention** of other (psychological, health, social) issues. We have also examined the **risk factors** for loneliness and explored some of the components that make it **difficult to detect** (mainly subjectivity and the stigma surrounding the issue).

One of these components, **attention to subjectivity**, or how the person feels about and assesses the situation (beyond any presence of risk factors), is absolutely fundamental for person-focused loneliness detection. The warning signs for possible presence of loneliness are a key element: when recognising the protective factors present, when sharpening of the senses during the assistance process, and when creating populational loneliness risk maps. Nonetheless, these signs must be weighted differently in our assessments, and we need to **remember that what the person is expressing to us** is a decisive verification element.

Next, we will look at the **signs, clues, warnings** or **tools** we can consider in our everyday practice, linking them to *elements of communication* (direct and indirect expressions, other paralinguistic elements) that can emerge in *different areas of life* and to aspects of *service characteristics and procedures*.

The recommendations presented here may be more or less pertinent or adapted to our practice depending on the nature of the service that we provide, and our professional role as **part of a multidisciplinary community network**. Regardless, it is important to take them into account overall in order to facilitate networking and referrals, considering all elements that can be observed from different angles of specialisation.



SIGNS LINKED TO ASPECTS OF COMMUNICATION

Active listening and the creation of a climate that encourages emotional expression are key when dealing with manifestations of loneliness, as they ensure that the person expressing them can speak openly and have opportunities to communicate and the person receiving them (in this case, the professional) can be an attentive, available recipient who is open to the message.

The central role played by **listening** in loneliness detection is key, as (Martínez, 2022):

- It enables us to consider **subjectivity**.
- It helps us to **raise the alarm** based on implicit expression.
- It invites us to **ask** if the person feels lonely, giving us the opportunity to normalise tackling the issue directly during interaction.

Active listening and the creation of a climate that encourages emotional expression are key when dealing with manifestations of loneliness.

As a rule, we must keep our eyes and ears open and be willing to look, listen and make the most of opportunities to investigate once signs are given. We will now reflect on some of these communication elements.

A. DIRECT MANIFESTATIONS OF LONELINESS

As we have seen, loneliness is hard to express directly, but it can emerge tacitly, and this manifestation can act as a cut-off point to validate the detection of loneliness. Statements like 'I feel all alone', 'I didn't think I'd feel this lonely at a time like this', or 'the loneliness is getting to me' are direct, real expressions we can come across in the assistance context. Though, as indicated above, the emergence of these direct statements or other similar declarations during interactions is not always frequent, and if they do arise, we can deal with the situation and integrate an approach to loneliness into our intervention in various ways.

WHEN A DIRECT EXPRESSION OCCURS, WE CAN:

- **Give an empathetic response that validates their feelings** and shows that we care about the issue, that we are willing to work on it together.
- **Investigate further to verify it**, if appropriate. For example, we can ask about the frequency and duration of these feelings. Sometimes, asking about emotions out of nowhere, out of context in the conversation, can be invasive, or inappropriate due to the nature of the request being handled. When a direct expression occurs, it is important to take the opportunity to investigate it.

- **Offer, propose, guide to:** a certain service, space or programme that can deal with the situation, if the moment and our professional role are appropriate for this. We can alternatively indicate that we are looking at this issue and working on it, if the person would like support. To this end, the website *Barcelona Against Loneliness*¹¹ offers various resources for combating loneliness: municipal services and programmes, municipal facilities and spaces, initiatives developed by social organisations, etc.

B. INDIRECT MANIFESTATIONS OF LONELINESS

In the face of a subjective issue surrounded by heavy stigma, opening our eyes and ears helps us to receive messages of loneliness that are not explicit, direct or defining. Here, the indirect communication of loneliness through other manifestations becomes key.

We have provided some hypothetical indirect expressions, organised according to the sphere to which they refer: personal, home environment, close daily interactions or community, all of which are defined in the *Guide for prevention, detection and support for teenagers and young people in situations of loneliness*,¹² by Barcelona City Council (2021).

These expressions may come from people of various age groups throughout their life cycle and in different situations.

11. <https://ajuntament.barcelona.cat/dretssocials/ca/barcelona-contra-la-soledat>

12. https://ajuntament.barcelona.cat/dretssocials/sites/default/files/arxius-documents/guia_soledat_joves_2021.pdf



Loneliness is a subjective issue surrounded by heavy stigma.

Opening our eyes and ears helps us to receive messages of loneliness that are not explicit, direct or defining.

The indirect communication of loneliness through other manifestations becomes key.

IN TERMS OF... INDIRECT EXPRESSION

PERSONAL SPHERE	LOSS	'All my friends and family have died in the last few years'
	COMMUNICATION	'I don't have anyone to talk to. I spend hours alone in my room without chatting with anyone'
	ROUTINES, USES OF TIME	'I spend a lot of time at home alone with the baby. Days can pass without me talking with an adult. I miss it'
	LIFE PLANS	'Without work it's really hard to have a decent home, and without a home we can't even think about having kids. I've always wanted them and now I feel empty, disconnected'
HOME ENVIRONMENT	SUPPORT, CARE	'I spend all day taking care of my mother, without any support. It's exhausting and I have no energy. I've given up practically everything I used to do before'
	ISOLATION	'There's no lift in our building, so I haven't been outside in a long time. If no one visits me, I'm always alone'
	VIOLENCE	'My dad is always really angry, and sometimes I get scared. He shouts at me and I just need someone to listen to me and hug me'
	INSTITUTIONALISATION	'There are a lot of people with dementia at the home and I barely speak to anyone. I had a friend but she died in the summer. I don't feel like building relationships in here any more'
CLOSE DAILY INTERACTIONS	STIGMA	'When you have a disability, people leave. It's not easy finding a partner when you have a disability'
	SOCIAL MEDIA	'Sometimes watching YouTubers makes me feel worse. It makes me feel like I never talk to anyone in real life' 'When I see everyone doing things with friends on Facebook, and I'm always at home, I feel like a bit of a failure'
	WORK	'I've changed job so many times and my hours are so all over the place that since I arrived in the city, I haven't got remotely close to anyone at all. I don't know who to turn to'
	PLEASURE	'I retired just before the pandemic and I don't dare to do any activities out of fear. I was looking forward to this time when I could do things and now I've been feeling bored and isolated for two years'
	PEER GROUP	I would like to have more friends but I don't fit in, no one invites me to do things and I spend a lot of time alone'
COMMUNITY DIMENSION	NEIGHBOURS	'I don't have anyone to give a spare house key to' 'The neighbours have changed a lot, the neighbourhood isn't the same. A lot of the shops I used to visit every day have disappeared. I don't have that neighbour who's lived there for years and you can rely on any more'
	SERVICES	'I really like talking to you, I want to chat. Don't hang up on me' 'I make the most of the time the carer is here to talk. If she doesn't come, I don't talk to anyone all day'
	ACCESSIBILITY	'There's been construction work going on in my neighbourhood for years and I find it hard to get to places. I ended up spending afternoons alone because moving around the streets doesn't feel safe'
	RACISM	'When I go in a shop I feel like they are watching me. They always think I'm going to steal, so I buy something quickly and leave. That makes me feel rejected everywhere I go'

Source: Original.

The presence of **these manifestations** of relational loneliness (in terms of suffering linked to the state of the person's network), as well as references to sadness, emptiness or exclusion (as they do not feel part of anything), **are invitations to talk about loneliness** when it is difficult. This is an opportunity that opens a gap in the assistance context for investigating further without invading or forcing.

Knowing if we should **ask anything else**, if it is the right time to offer or suggest a resource or if the person simply needs us to listen and offer warmth **depends on the relational and communicative context that has been created**, and each professional will act in accordance with opportunities and their competencies. We must pay attention to the presence of these words, though, as they open up the path to detection with care (Martínez, 2022).

C. THE RHYTHMS AND SILENCES OF THE STORY

Paralinguistic elements can also provide very valuable information. The silence and rhythms in the story of their life a person tells, the everyday occurrences and needs they communicate, often reveal much more than verbal expressions (Martínez, 2022).

A silence indicates a gap, a lack, which can sometimes indicate a deficiency or dissatisfaction with relationships (network, frequency, quality, etc.).

- For example, when we ask for details of a **contact person** and they cannot give us one, this points to a significant **lack in their support network**.
- If we ask about their day-to-day life and they say that they **do not have contact with anyone day to day**, this might be causing them anguish. We have a **lack of interaction indicator**, which can be used to find out more.

The **story**, rhythms and tempos that make up the conversation can provide relevant information from a detection standpoint:

- *A child might tell us, for example, that he spends a lot of hours watching television every afternoon, and that his parents spend most of the day working from home in the study. He expresses to us that he understands that this is just the way it is.*
→ Implicitly, he indicates that he does not do anything between the time he leaves school and the time he goes to bed. He does not go to his friends' houses and his parents do not play with him, because they are busy. He has not told us that he is lonely, but **we can see a story of absences** that might be making him feel lonely (absence of family members, of peer group, of playing opportunities).
- *Another person might explain, for example, that their son comes over once a week, brings them their shopping, and leaves again. She says that he has no time and that she is not complaining, but she has no one else around her.*
→ She is not directly expressing that she feels lonely, but her story shows us that (1) she only has occasional **instrumental support** from a family member (and no other type of support) and that (2) 'she is not complaining', meaning that she is **not outwardly upset about it, which is not the same as saying that she is actually satisfied** (Martínez, 2022).

SIGNS LINKED TO SERVICES

A. PROCEDURES

Within our services, we can identify tools that we use in our day-to-day practice that provide us with relevant information on the signs indicative of a possible situation of loneliness, while there are others that we could incorporate to increase the amount of information we have. We have indicated some of these procedures and tools in the following table:

PERSONAL SPHERE	HOME ENVIRONMENT	CLOSE DAILY INTERACTIONS	COMMUNITY DIMENSION
Consider the presence of risk factors in each sphere			
Draw up a relational map (amount, frequency)	Get to know their family or home situation	Draw up a map of their friend network (composition, frequency...)	Encourage networking across the region (awareness-raising, conferences, professional circuits, etc.)
Analyse day-to-day life from a relational point of view: how they relate to others every day	Consider the changes that may be taking place (separations, illnesses, house moves, migrations)	Detect situations of separation or rejection	Build a geographical map of the community network around the person
Create a time use map	Analyse their management of their day-to-day life (access to services, information, etc.)	Detect situations of bullying, harassment or discrimination	Investigate about their interest in participating or getting involved in their surroundings
Investigate about connections on special occasions (holidays, birthdays, etc.)	Find out about their view of relationships (cultural, personal, expectations, etc.)	Consider support with life plans (incorporation into the world of work, retirement, maternity...)	Check whether they are familiar with the community network
Examine the existence of any communication barriers		Analyse relationship with social media and new technologies (barriers, addictions, facilitation of connections...)	Check for the existence of spaces of exclusion, discrimination and barriers around them

Source:
Based on the *Guide for the prevention, detection and monitoring of adolescents and young people in situations of loneliness*. Barcelona City Council, 2021

B. SERVICES

Elsewhere, we can consider **generic recommendations** to be made more specific in accordance with the characteristics of each sphere (Martínez, 2022).

1. Recognising professionals as key agents in the detection of loneliness.
2. Including the detection of loneliness among the service's **goals** (taking the necessary resources into account).
3. Promoting **person-centred assistance**, by paying attention to the emotional aspect and cultivating a connection.
4. Ensuring the **training, tools, tempos** and **spaces** needed to make detecting loneliness possible.
5. Defining, on an **operational level**, what is expected from teams and to what extent they should take action.
6. Promoting **coordination** with other sectors, services and programmes against loneliness, by facilitating networking and links with community and third-sector spaces.



KEY IDEAS AND SUMMARY

The element of subjectivity must be considered in the detection of loneliness. There are signs that warn us that someone might be feeling lonely.

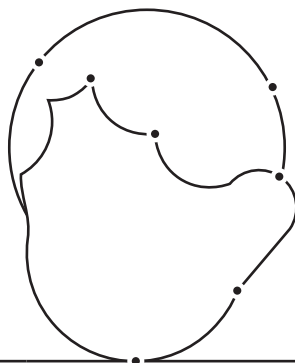
It is difficult to express loneliness directly.

The indirect communication of loneliness through other manifestations is key in the detection process. Opening our eyes and ears will help us to receive messages of loneliness that are not explicit, direct or defining.

Indirect expressions of loneliness can be identified in the personal sphere, in the home environment, in close daily interactions, and in the community dimension.

Paralinguistic elements can also provide very valuable information.

Within our services, we can identify tools that we use in our day-to-day practice that provide us with relevant information on the signs indicative of a possible situation of loneliness. They can be categorised as relating to the personal sphere, to the home environment, to close daily interactions, and to the community dimension.



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3. THE IMPORTANCE OF APPROACHING LONELINESS FROM A LIFE CYCLE AND INTERSECTIONALITY PERSPECTIVE

INTRODUCTION

Generally, within human development, loneliness has been categorised as part of later stages of life; indeed, the profile of an older woman who lives alone is the most commonly presented to illustrate the issue.

The increase in research and promotion of public policies around loneliness in Western societies is allowing for a broader analysis of the real issue, thanks to the prevalence of data gathered from various generations and more longitudinal coverage across the human life cycle. A good example of this in our city is the work done by the City Council to examine and combat an issue that, as we know, affects multiple groups of residents. The collection of data, from the first Òmnibus Survey (June 2020) onwards, has brought us closer to seeing the prevalence and manifestations of loneliness at different age ranges in the city more clearly, setting out the basis for objectively founded action through public policies that centres city residents' real needs.

This new view of the issue, which emphasises the potential presence of loneliness throughout life, has focused on assistance from health, educational, social and academic professionals more heavily due to the circumstances created by covid-19, especially considering the effects of lockdowns and social restrictions on the emotional health of age groups that are more diverse than those usually linked to loneliness.

A relatively recent finding thus becomes clear: in the city of Barcelona, loneliness affects certain age groups in the life cycle more heavily, and older people are not always the group most impacted (2020–2030 Municipal Strategy Against Loneliness. Barcelona City Council).

This fact is highly important: (1) so as not to stigmatise old age as a time where loneliness is an inherent part of life; (2) so as not to underestimate prevalence in other age groups and therefore make the mistake of not tackling the problem at other life stages and ignoring its effects on subsequent development; and (3) in order to open the door to analysing loneliness throughout life, shunning a linear view of human development that portrays the course of life as a bell curve – from growth to deterioration – without considering human plasticity and implementing optimisation (for it to work better) or compensation (as a strategy to tackle losses) mechanisms (Triadó; Celdrán; Vilar, 2019).

It is at this point that a life cycle perspective becomes necessary in order to understand human beings' paths and to see loneliness as an issue that can occur at any time in life, influenced by interconnected generational, cultural, historical and individual factors.

Loneliness particularly affects certain age groups in the life cycle, and older people are not always the most impacted

THE LIFE CYCLE PERSPECTIVE. BEYOND HUMAN DEVELOPMENT

The life cycle perspective within psychology as a discipline is much more than a theory. It is an approach that seeks to overcome the growth–decline dichotomy that had previously characterised analysis of the course of life and recognises that gains and losses can occur at any time in life. Referring to life cycle psychology therefore implies the adoption of a broader perspective than the view usually taken by so-called *developmental psychology* (Dulcey Ruiz; Uribe, 2002).

In the face of the homogenising, stage-based view, the life cycle perspective becomes a key contextual and dialectic framework that considers the whole of life as continuous with various changes

Various authors (Kail; Cavanaugh, 2011) indicate that, as a result of an increase in longitudinal research and life course studies, the life cycle perspective has become a key contextual and dialectic framework that considers the whole of life as continuous with various changes. This way, historical, sociocultural, contextual and everyday parameters take precedence over any abstract classification that focuses solely on age as a criterion (and the homogenising,

stage-based view is thus abandoned).

The life cycle perspective offers a new vision of the determinants of development, meaning the factors that influence the trajectory of each individual's life. As pointed out by Triadó, Celdrán and Villar (2019), in reference to Baltes's fundamental contribution (1987), there are three types of influence on our development from different angles, which stem from biological or socioenvironmental factors:

- **Normative age-related influences.** Factors that affect everyone at certain age intervals in a specific community. For example, the start of adolescence, arrival at the age of majority or retirement.
- **Normative history-related influences.** Factors that occur at a certain historical moment and only affect individuals from a certain generation or impact people living at the same time but from different age cohorts in different ways. For example: the sociohistorical conditions that influenced children of the period after the Spanish Civil War in the first half of the twentieth century under Francoism.
- **Non-normative influences.** Factors that only affect a certain individual or a very specific group, which explain individual differences between people of the same age. For example, being forced to migrate for economic reasons, become a widow/widower or being diagnosed with a degenerative disease.

LOOKING AT LONELINESS THROUGH THE LIFE CYCLE PRISM

This framework allows for an **approach to loneliness** that is much more in tune with the nature of the problem, as *the life cycle perspective* does the following:

- It includes a **significant cultural component** that impacts various stages of the life cycle. We know that the culture to which we belong contributes towards building meaning regarding our relational expectations, and that, in turn, influences what we expect from others and the direction of our life goals.

This could explain (as seen previously) the differences between Nordic and Mediterranean cultures, for example, in terms of the desirable amount of family support and the resulting discrepancies in prevalence of loneliness.¹³ This difference has been attributed to the high expectations surrounding social relationships, and especially family, in Mediterranean societies. We need to consider the weight carried by expectations and the assessment made by the person when configuring their feeling of loneliness, and we must do this beyond an intrapersonal perspective. The life cycle perspective can help with this. Generational and cultural factors intervene in the formation of our expectations, which end up influencing subjectivity, along with other variables (Martínez; Celdrán, 2019).

- It considers **generational aspects** that can impact the life of certain groups of the population more heavily depending on the time in life at which they find themselves at that moment. These are what political science and sociology call impression-making events (Simón, 2021): historic moments that occur in a person's adolescence or youth and therefore have a significant impact on their subsequent life trajectory. They might include the Covid-19 social restrictions for adolescents and young people, as these measures limited their personal network at a time in life at which social relationships have a heavy influence on people's psychological and social development.
- It views **human ageing as a process** that consists of growing and ageing throughout life, in which no period or stage of life can be understood on its own, without consideration of its origins and consequences (Kail; Cavanaugh, 2011). From this standpoint, if we want to understand a particular period, we need to know what happened before (life story) and consider the effects it could have on the future. Therefore, first of all, we have to keep in mind that loneliness at certain times of life can have an effect on the person's subsequent well-being (and even on their development). Take the example of a newborn baby without a solid attachment to any parent figure and the consequences this lack can have on subsequent life stages. Secondly, we must remember that some psychological characteristics may deteriorate over the course of a life, while others can get stronger or develop more optimally than in earlier periods, faced with these losses. For example, various studies analysing the psychological well-being of different age groups during the covid-19 lockdown have observed that older people had more cognitive and emotional resources to deal with the situation than younger

13. Though the European countries where older people have most frequent contact with their children are Italy, Greece and Spain (Eurofound: European Quality of Life Survey, 2012), loneliness is more prevalent among older people in southern Europe than in the north: a phenomenon that has been studied widely (Fernández; Abellán; Ayala, 2018).

generations, and therefore experienced less psychological distress during the restrictions (Yanguas, 2020; Losada-Baltar, 2020).

The life cycle perspective offers a reference framework that can help us as public service professionals to **understand the causes, consequences and domains of loneliness in a multidimensional way** and to implement a **non-deterministic view that promotes change and repair**, in recognition of the role we can play as community agents within the individual's context of influence. The focus must be placed on personal empowerment to deal with situations of loneliness through resilience and to achieve life goals through free selection of certain objectives, through optimisation of the (personal and community) resources available to maximise the achievement of these objectives, and through compensation via strategies that enable us to regulate the losses that occur throughout life.

It is therefore important to pay attention to how the historical time, social opportunities and inequalities, and culture affect individual experience at each stage of life.



The life cycle perspective offers a reference framework that can help us to understand the causes, consequences and domains of loneliness in a multidimensional way.

LONELINESS THROUGHOUT LIFE. FEELING SUPPORTED AT KEY MOMENTS

The life cycle perspective recognises that the experience of loneliness can act in a cumulative, interactive way and shape people's lives.

If an individual feels lonely during one of the key transitions for their development, this can have an effect on their subsequent life trajectory.

For example, when a young person who migrated to the country leaves a centre for minors, they have no social support, which can have a strong negative impact on their life trajectory and incorporation into the world of work. This can lead to a whole host of inequalities and insecurity that highlight serious individual differences with other, non-racialised young people with social support and better training and employment opportunities. All of this takes place at a time of transition to the adult world, where employment is one of the pillars for building a life plan for the future and for having access to basic rights (such as housing).

If an individual feels lonely during one of the key transitions for their development, this can have an effect on their subsequent life trajectory.

Nonetheless, having dealt with loneliness by developing strategies that compensate for losses can help the person to accumulate resources for use in situations of risk of loneliness in the future. We have seen this happen in older people, who already felt lonely before the lockdown caused by the pandemic, so their feeling of loneliness did not grow

and they had already acquired everyday strategies to tackle the conditions imposed by the restrictions (Yanguas, 2020; Losada-Baltar, 2021).

Just as our life experiences and important events in our history and in our social context shape our development and behaviour, loneliness also plays a role in forming the story of our lives.

Below are some key concepts we can use to analyse situations of loneliness and offer support from a life cycle perspective. These concepts require us to pay attention to each individual's personal story and their shared life (or social) history.

COHORT:

people who were born during the same period and who experience social changes within a culture at the same time in their life. There are cohorts who go through an important time in their life with a higher risk of loneliness, such as people who were teenagers during the Covid-19 pandemic.

TRANSITION:

a change or shift between stages and statuses or roles. For example, the transition from being a student to joining the world of work. In social loneliness terms, many older people who retired during the Covid-19 pandemic had drastically reduced access to training and

leisure in their surroundings, which hampered their planned goals for this time in life and reduced their social participation (with the implications relating to the change in role this involves).

TRAJECTORY:

this involves a view of long-term patterns of stability and change, made up of multiple transitions (always inserted into trajectories). For example, maternity is a transition that leads to a longer trajectory with a certain degree of stability that will probably include other transitions (changing professional role, being a main carer, feeling lonely during breastfeeding, etc.). Trajectories are not necessarily a straight line, but there is some degree of continuity in their direction.

LIFE EVENT:

this is a significant occurrence that implies a relatively abrupt change, which can have serious, lasting effects. This term refers to the event itself and not to the transition that occurs as a result of it. For example, the death of a loved one is a significant life event that can involve a series of changes, including the risk of feeling lonely.

A. HOW IS LONELINESS FUELLED THROUGHOUT ONE'S LIFE? THE SOURCES

Though adolescence and old age are the most studied life stages when it comes to loneliness, it is important to identify a series of situations in our culture that can generate loneliness or a risk of loneliness, associated with various age groups.

As professionals in direct contact with people who could be feeling lonely, we must pay attention to the emergence of these factors (sources) in their life story, make sure they do not have to repeat themselves over and over, and facilitate the sharing of relevant information through networking.

Thanks to Barcelona City Council's promotion and development of the **2020–2030 Municipal Strategy Against Loneliness**, the list of known sources of loneliness at different stages of life has been **extended and updated**. Here, we have listed some common sources and other, more specific ones linked to life transitions that are important in our culture throughout the life cycle, as well as the events that can significantly affect a life story.



SOURCES OF LONELINESS ACCORDING TO AGE BRACKET

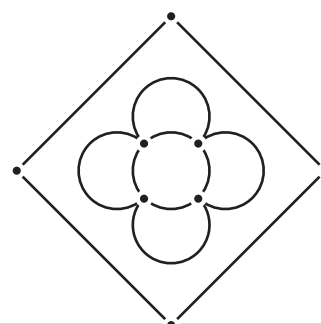
(2020–2030 Municipal Strategy Against Loneliness. Barcelona City Council)

CHILDHOOD	ADOLESCENCE AND YOUTH	ADULTHOOD	OLD AGE
<ul style="list-style-type: none"> ● No one to play with ● Situations of bullying or harassment at school ● Rejection from peer group ● Little time spent with parents ● Moving house ● Discrimination due to disability ● Living in abusive environment ● Loss and grief ● Covid-19 	<ul style="list-style-type: none"> ● Moving house ● Lack of close friends ● Not accepted by peer group ● Situations of bullying or harassment at school ● Lack of partner ● Pressure characteristic of adolescence ● Migration processes ● Living in an abusive environment ● Gender violence ● Discrimination due to disability ● Deterioration in health ● Loss and grief ● Covid-19 	<ul style="list-style-type: none"> ● Moving house ● Change or loss of job ● Lack of friends, loved ones or partner ● Migration processes ● Chronic unemployment ● Caring for a dependent person ● Being the victim of a scam ● Being a parent ● Having a disability ● No longer receiving assistance from carers ● Becoming homeless ● Gender violence ● Deterioration in health ● Children leaving home ● Becoming dependent, receiving care ● Loss and grief ● Covid-19 	<ul style="list-style-type: none"> ● Moving house ● Loss of partner and meaningful social relationships ● Presence of mental illness or physical limitation ● Deterioration in health ● Reduced social activity ● Living with a disability ● No longer receiving assistance from carers ● Becoming homeless ● Children leaving home ● Gender violence ● Retirement ● Becoming dependent, receiving care ● Loss and grief ● Covid-19

*In bold, the sources exclusive to each life stage.

SOURCES OF LONELINESS PRESENT AT DIFFERENT STAGES:

bullying or abuse, moving house, migration processes, lack of friends or social relationships, lack of partner, children leaving home, loss and grief, becoming homeless, deterioration of health, disability or dependence, Covid-19.





B. HOW CAN PROFESSIONALS DEAL WITH THE PRESENCE OF THESE SOURCES IN OUR DIRECT ASSISTANCE?

- Identifying the presence of these factors can be an **informative, restorative and/or preventive detection process** that deals with how they have affected, currently affect and will affect the person's future. This is consequently a valuable source of information in order to find out about strategies previously adopted and any losses experienced, to support the person in the present in the search for optimisation mechanisms and resources, and to work on the prevention and anticipation of future consequences. Therefore, if the person expresses that one of these events has occurred in their life, we need to take an active look at their life cycle, avoiding a static, temporal analysis that only focuses on the situational effects of the feeling of loneliness. Knowing how they have dealt with prior situations, deciding how we can guide them today in terms of the specific effects of loneliness and seeing the challenges that could arise in future events requires us to maintain a longitudinal view.
- Being aware of the presence of these sources of loneliness greatly helps us to **provide specific, diverse, personalised, efficient support opportunities**. By this, we mean both implementing support strategies and the appropriate resources for each situation (facilitating support in the area closest to the issue that is generating the loneliness: expanding the personal network, providing housing solutions, offering mental health care, promoting incorporation into the world of work) and referring, sharing and utilising the networking done by the most appropriate community resources and services, thus making the process more efficient to facilitate debureaucratised support that fulfils each individual's specific, unique needs in an optimal way.

AN INTERSECTIONAL PERSPECTIVE: PAYING ATTENTION TO DIVERSITY

When analysing the sources of loneliness detailed in the section above, we can glimpse how various overlapping oppressions or discriminations can generate specific situations of inequality that lead people to feel lonely.

If we take a closer look at the causes mentioned by the 2020–2030 Municipal Strategy Against Loneliness, in all age brackets, certain sources of loneliness marked by oppression relating to gender, class, origin or disability stand out (including: *gender violence, migration processes, homelessness, situation of disability*). Sexual orientation or age (a cross-cutting category) could be added as other dimensions that can generate a specific set of situations of loneliness.

Therefore, even just when looking at the causes of loneliness, **an intersectional perspective must be adopted**: one that takes into account all the diversity and complexity of people, groups, contexts and life stories. Going a step further, expressions of loneliness (gender, cultural and even generational differences in its manifestation or emergence), the areas of life it impacts (mental health, physical and social well-being), the consequences

it can generate (isolation, addictions, depression, stigma, suicide) and the responses that can be offered (individual, group, community, institutional) require an analysis that does not homogenise cases or solutions and that deals with situations of loneliness in the plural, taking into account human complexity.

The main aim of this perspective is to be able to generate responses in public policy that provide individualised assistance and avoid allowing situations of loneliness where oppressions overlap to fade away into the margins. We need to be attentive, understanding and offer support adapted to situations of loneliness of those affected by multiple forms of discrimination.

Intersectionality therefore examines how **systems of oppression relating to social identities** (age, gender, origin, class, sexual orientation, etc.) **are interrelated** on multiple, simultaneous levels, thus **explaining social inequality from a multidimensional standpoint**.

During detection, therefore, we must broaden our perspective beyond a segmented sociodemographic profile (group of women, group of young people, group of migrants) and instead consider **how loneliness can be presented, be expressed and develop in different ways when various dimensions overlap and lead to multiple inequalities affecting the person's life**. Evidently, being an older migrant woman who is suffering from gender-based violence and has no support generates specific needs that will require a careful response to the situation. Another example is that of loneliness caused by transphobia among young unemployed trans people in the city of Barcelona, which requires a non-homogenised response involving cross-cutting youth- or employment-related initiatives, mobilisation of various agents and resources, and a particular understanding of the psychosocial impacts this complex situation can have on the person (as well as of the loneliness risk factors that can emerge in the short, medium and long term).

When dealing with loneliness, an intersectional perspective must be adopted: one that takes into account all the diversity and complexity of people, groups, contexts and life stories.

In the detection process, we must broaden our perspective and take into account how loneliness can be presented, expressed and developed differently when various dimensions that exercise multiple inequalities on a person's life overlap.

A. DIVERSITY AS A STARTING POINT

So, the intersectional perspective directs our attention to an obvious fact: that people are diverse, loneliness has multiple causes and it is experienced in different ways. Taking diversity into account helps us to offer individualised responses that consider overlapping discriminations and to pay attention to other situations that may exacerbate a feeling of loneliness. The life cycle perspective, meanwhile, enables us to deal with intraindividual diversity from a time standpoint. Therefore, the combination of these two dimensions provides us with a longitudinal, cross-cutting viewpoint that enriches the detection process and our support for the public.

Some of the axes of inequality we can take into account when detecting loneliness are as follows.

AGE, TIME IN LIFE

People can accumulate experiences of loneliness from other stages in life, which reduce or increase their ability to deal with their current loneliness. A life cycle perspective is essential in order to understand how the individual experiences loneliness and the differences within each age group. As indicated in the Strategy, the probability of feeling lonely increases significantly both in processes of transition to adult life and in moments of solitude.

For example, in the 'young people' group, unaccompanied immigrant children are at high risk of loneliness, as various difficulties intertwine at the time of a life transition, which can have a drastic impact on multiple dimensions and on this change in life stage.

If we focus on the risk of loneliness among widowed women over 80 in a situation of disability and poverty (and in neighbourhoods without much of a community network), a whole, specific field of potentialities for loneliness with a series of very particular needs opens up.

Another example is the case of older people without children, who experience less loneliness compared to older people who have had children. This is down to two factors, the first being that older people without children have developed strategies to deal with loneliness, and the second being that they have no expectations in terms of fulfilment of their care needs.

ORIGIN, CULTURE, RACE

Migration situations can add risks of loneliness linked to migratory grief, uprooting, lack of sense of belonging, social exclusion and insufficient access to rights. Economic, legal and housing difficulties, migrations caused by conflict or poverty, and racism in the host society (combined with sexism and ageism, which generate specific oppressions) can

seriously exacerbate social isolation and discriminations, which intensifies the presence of loneliness at decisive moments of transition.

It is important to identify the elements that lead people to lack a sense of connection or belonging at key moments in the life cycle. As indicated by professionals from various services in the city of Barcelona who have analysed loneliness in young people (the findings of which can, on a general level, be transferred to other age groups), it is crucial to identify what they call 'ambiguous identities': elements that make young people feel rejected due to their difference, and that aggravate social isolation (Barcelona City Council, 2021. 'Més de 100 professionals de joventut es posen les ulleres contra la soledat').

Inability to speak the local language, late incorporation into the school system, cultural differences, irregular status, inadequate access to the right to housing, the situation of unaccompanied minors, loss of freedom in immigration detention centres, and so on. The accumulation and overlapping of situations that carry a high risk of loneliness or social isolation require the promotion of specific support for newcomers in their process of migrating and building life plans.

Further, paying attention to other axes of oppression that generate intersecting discriminations is essential when dealing with specific issues (gender, origin, sexual orientation, age, disability, etc.).

For example, when a Romani woman who is a mother enters a supermarket, she may frequently feel observed, judged and criminalised, due to racialisation. Women in this situation often feel as though the cashiers or even the security staff are following them and watching them, assuming that they have come to steal. They tend to do their shopping as quickly as possible, so as to escape the situation. This can have a significant impact on their feeling of belonging, and as a result, on the feeling of loneliness.

Meanwhile, the belief that older people do not have the capacity to learn – a prejudice based on the stereotype of mental rigidity during old age – constitutes a huge obstacle in older migrant people's access to learning the local language. Combined with this are factors that can increase anguish in complex life situations (such as access to health treatments inconsistent with their cultural beliefs, at a time in life where they might need care the most) as well as impacting the feeling of loneliness.

DISABILITIES

Our society generates a series of situations that increase the risk of loneliness when a person has a disability. According to a 2018 survey among people in a situation of functional dependence (data gathered in MSAL), approximately two thirds of this group had felt left out or a lack of companionship in the previous year.

The type of disability, the time at which this disability is acquired (in the course of the life cycle), the economic resources available, the urban environment and housing (accessibility) where the person lives day to day, the social support received from the local family network and the community network, and the stigma associated with each specific situation are components that intensify or shape different experiences on the same axis of discrimination.

Nonetheless, one of the main triggers of loneliness among people with a disability is not always directly linked to strictly objective factors, but rather to ideological elements: prejudices. The lack of accessibility around us generates a host of frustrations and reduces opportunities of all kinds, but stigma has a decisive impact on one's intimate and per-

sonal life, leading to difficulties in seeking friendship and sexual or affective relationships (especially for people with communication and speaking difficulties).

On top of the obstacles they face in various areas of life, people are burdened with breaking down the prejudice against them in order to establish intimate relationships (a significant factor in emotional loneliness): a task they should not have to face alone.

By looking at this issue from an intersectional perspective, we can examine disability at the same time as gender, for example. A widely made observation is that women's expectations in terms of relationships differ significantly from men's. It is therefore highly likely that increased difficulties in establishing sexual and affective relationships have a different impact on women with a disability than on men with a disability.

GENDER, SEXUAL ORIENTATION

Non-binary, non-monogamous and non-heterosexual people can experience situations of discrimination that exacerbate loneliness at many moments in the life cycle and have an especially painful impact in stages like childhood and adolescence. In many cases, these situations can intensify or take new forms or directions at different ages, for example when a person goes 'back in the closet' when they need to live in a residential centre due to a situation of dependence, or when someone has a less dense family network because family members rejected their sexual orientation and they require long-term care as their health is deteriorating.

In addition, as pointed out by Dr Sara Moreno from a sociological analysis and gender perspective, there are gender differences in how people express and experience loneliness: though men are more likely to suffer from emotional loneliness (according to evidence from various studies and surveys), women display the feeling more directly. An analysis of uses of time (which is essential to the gender perspective, given the invisible nature of care in our society) reveals how a lack of resources in complex life situations – for example, a young person who does not have a job or study – generate different social demands and confrontations for men and women: in these situations, young women are assigned care tasks, while men are not (or if they are, they do not do them or they do not attach any meaning to them). This could explain why women feel resigned in the face of this situation and men feel frustrated, as well as why young men experience more emotional loneliness.

It is crucial that we take gender differences into account when detecting loneliness, as well as the time in life and associated discriminations (maternity, empty nest, provision of care, gender violence, the psychosocial impact of unemployment, transphobia, etc.).

Specifically, we must remember that, in our society, being a woman brings with it a series of factors that foster inequality and increase the risk of loneliness: longer life expectancy (more accumulated dependence), more difficulties accessing the labour market, more precarious work, higher probability of widowhood, more poverty, more time dedicated to care, more single-person households, more impact from an empty nest, etc.

For example, it is very likely that a woman who has dedicated her time to caring intensively for a dependent relative has accumulated pains and/or illnesses that she has been ignoring. Then, when she stops being a carer, these pains and/or illnesses will probably become more obvious, and she will need support. It is also likely that, as she has been dedicating almost all her time to caring for her relative, she does not have a network around her and therefore does not have the support she would hope for when she needs it, which exacerbates her feeling of loneliness.

CLASS, ECONOMIC SITUATION

Loneliness can be felt regardless of socioeconomic situation. Having said that, poverty generates a host of loneliness risk factors, and in turn, loneliness can reduce the number of social opportunities of all kinds available.

Suffering from financial difficulties can lead to the presence of unhealthy habits (linked to energy poverty, for example), a lack of access to housing (and increased isolation when combined with a disability) and a lack of opportunities for social participation (and of a feeling of belonging), all of which are factors that increase one's risk of loneliness.

Poverty generates a field of urgent needs that can sometimes conceal loneliness or make its detection more difficult: in a situation where the coverage of other basic needs is lacking, loneliness remains silent, latent, disregarded.

Detection is closely linked to requests for basic services. Situations that do not pass through these circuits are more difficult to observe. This is why community work to multiply the number of people looking out for each other is fundamental in order to tackle situations of loneliness that poverty and socioeconomic difficulties hide.

Meanwhile, certain specific conditions that foster loneliness can be experienced by wealthy people: living in an uptown area with little sense of community, financial abuse of older people, etc. Furthermore, the stigma and shame associated with asking for help can be exacerbated when the person is wealthy, and in many cases, loneliness cannot be detected through the conventional channels (primary healthcare, for example).

Economic situation can intersect with other factors, such as gender, and have a direct impact on loneliness. There continues to be much more body-image pressure on women than on men. A lack of access to so-called 'beauty' services, such as hairdressers, beauty salons, etc., can affect many women and make it more difficult for them to establish intimate relationships. This phenomenon is sometimes accentuated in the case of younger women, in such a way that it becomes a direct cause of increased loneliness.

As indicated in the *Guia per incorporar la interseccionalitat a les polítiques locals* (Coll-Planas; Solà-Morales, 2019), **the location of each individual in the social structure is not simply the result of the various positions of oppression they accumulate added together** (an additive logic): instead, the Guide posits that intersections between axes generate specific situations. We therefore need to understand the qualitative differences between the ways of experiencing loneliness triggered by different oppressions.

This is a list of some of the strategies suggested by these authors that help us to gain a more practical, applied understanding of the intersectional perspective.

KEY STRATEGIES FOLLOWED TO APPLY INTERSECTIONALITY TO PUBLIC POLICIES

CONSIDERING COMPLEXITY WITHIN CATEGORIES	Starting out on a single axis of inequality, but emphasising the way in which the social group in question (women, migrants, young people, people with disabilities) is affected by other axes. This is a way of signalling groups' internal diversity and shining a light on parts of the group that had been ignored.
MOVING FORWARD WITH THE CREATION OF COMMON FRAMEWORKS	Establishing shared regulations and training that brings together various areas and spaces to collectivise information and carry out joint processes between different services (diagnoses, participatory processes, strategic plans, services, etc.).
WORKING FROM ISSUES, NOT IDENTITIES	This is a useful strategy for complex cases, for example those involving abuse of older people, female genital mutilation or live-in domestic workers. It could be a good method to ensure that staff in different services are on the same page and working together, without one axis prevailing over another.
ENCOURAGING THE CREATION OF COALITIONS IN CIVIL SOCIETY	In order to shift the dynamic with which each association mobilises in relation to an axis, one-off or regular spaces could be created where groupings different to those usually made can take place, so that issues that affect various groups, such as care, can be dealt with.
APPLYING INTERSECTIONAL MAINSTREAMING	Taking gender mainstreaming as a reference to develop joint strategies between different segmented policies, with a view to all spheres of public policy considering all axes and their intersections.

Source: *Guia per incorporar la interseccionalitat a les polítiques locals* (Coll-Planas; Solà-Morales, 2019)

The concurrence of various discriminations in one person heightens risks and requires action that deals with the specificities generated by the accumulated inequalities.

The narrative or story of their life we gather from our interaction in an assistance context is key in order for us to understand how their situation of loneliness has been shaped and how they have dealt with it. It makes it easier to share the case among services and can be used as a reference to diagnose the situation and to design the action that must be taken with the person.



KEY IDEAS AND SUMMARY

The latest research into loneliness has provided data on its prevalence in different generations and helped us to analyse the phenomenon more longitudinally, throughout the life cycle.

The life cycle perspective offers a reference framework that can help us as public service professionals to understand the causes, consequences and domains of loneliness in a multidimensional way.

To view loneliness from the life cycle perspective is to recognise that the experience of loneliness can act in a cumulative, interactive way.

Loneliness has effects that shape the narrative of our life.

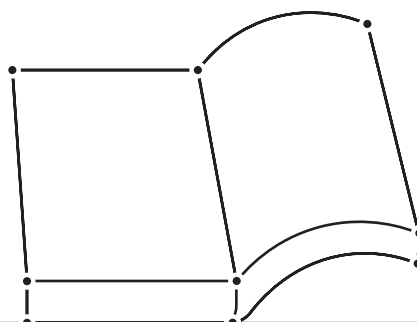
Moments of transition in life are decisive in terms of our experience of loneliness. If an individual feels lonely during one of the key transitions for their development, this can have an effect on their subsequent life trajectory.

In the 2020–2030 Municipal Strategy Against Loneliness, the list of known sources or causes of the emergence of loneliness at different stages of life has been updated.

Overlapping oppression or discrimination can generate specific situations of inequality that lead people to feel lonely. That is why an intersectional perspective that considers diversity and the complexity of situations is required.

Loneliness can be presented, expressed and developed differently when various dimensions that exercise multiple inequalities on a person's life overlap.

The location of each individual in the social structure is not simply the result of the various positions of oppression they accumulate added together (an additive logic): instead, the intersections between axes generate specific situations. When dealing with loneliness, we therefore need to understand the qualitative differences between the ways of experiencing it triggered by different forms of oppression.



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A GUIDE FOR IDENTIFYING LONELINESS

LONELINESS is 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 (Barcelona City Council, 2020).

- Let's remember what it means to feel lonely and how it is a complex, plural, diverse construct marked by **SUBJECTIVITY AND STIGMA**.
- Let's consider the implications loneliness has on the person, how difficult it is to recognise the feeling, and the fact that **THERE ARE AS MANY KINDS OF LONELINESS AS PEOPLE WHO FEEL IT**.
- The experience of the person **we are dealing with IS AND WILL ALWAYS BE UNIQUE**.

LET'S CREATE THE RIGHT CLIMATE AND SPACE

Let's go beyond the main purpose of our service and **broaden our perspective to include the EMOTION the person is putting across**.

Let's put our loneliness glasses on:

- ▷ Let's generate a **space of safety and trust that will help us to recognise loneliness more easily**.
- ▷ Let's show **empathy, consistency, respect, warmth**.
- ▷ Let's **avoid depicting the person as vulnerable** and maintain an **empowering dialogue**.
- ▷ **Let's facilitate conversation around loneliness with empathy, openness and respect**.
- ▷ **Let's normalise expressing negative emotions**.

OBSERVATION

We only need to OBSERVE. Pay attention to the signs that could be WARNING of a situation of loneliness. **This is not about intervening or evaluating.**

RISK FACTORS. Have we identified the presence of some risk factors?

Sociodemographics

Gender, age, marital status, socioeconomic status, place of residence.

Health and personal independence

Self-perceived health, functional decline, mobility difficulties, deterioration in functional capacity, comorbidity.

Psychology and personality

Depression, poor mental health and low life satisfaction, low self-esteem and self-efficacy, unhealthy habits.

Interaction and social participation

Composition of the household, social network, quantity and quality of social relations, degree of social participation, social support.

It is important to remember that these are objective elements that can warn of a risk of loneliness, but we will always have to investigate more and find out **HOW THE PERSON FEELS**.

THE NARRATIVE. Pay attention to the various direct and indirect expressions, silences and other elements that could be indicating a possible situation of loneliness (see: ‘Tools and advice for detecting loneliness’):

Statements like ‘*I feel all alone*’, ‘*I didn’t think I’d feel this lonely at a time like this*’, or ‘*the loneliness is getting to me*’ are direct expressions of loneliness.

But loneliness is a subjective issue surrounded by heavy stigma, so opening our eyes and ears helps us to receive messages of loneliness that are not explicit. Expressions related to:

- ▷ loss: *all my friends and family have died.*
- ▷ communication: *I don’t have anyone to talk to.*
- ▷ life plans: *without work it’s really hard to have a decent home.*
- ▷ stigma: *when you have a disability, people leave.*
- ▷ work: *I’ve changed job and I don’t know anyone.*

or similar, could indicate a case of loneliness.

PHYSICAL PRESENCE AND ATTITUDE. Pay attention to the person’s physical appearance. Without stigmatising, observe the details that could be signs of risk. Observe, without judging, whether there may be an attitude of having GIVEN UP.

LIFE TRANSITIONS. Try to identify life events that could involve a transition or a change: retirement, becoming a carer or no longer being one, illness or death of a loved one, change in place of residence, incorporation into the world of work, a newly empty nest, etc.

IDENTIFY (without stigmatising) whether there may be an aspect of their identity subject to discrimination: for example, perhaps they are a young person who has been bullied, a transgender person, or a racialised woman, or perhaps they have another profile that could have an impact on loneliness.

THE CONVERSATION

Once this observation has been made, if you believe there may be a risk of loneliness, you will need to assess whether you can ask them about it directly. **In order to do this, it is important to generate a space of safety and trust first, following the indications in section 01.** If this is the case and the person is in agreement, you can have a conversation. To do so, you first need to assess what kind of communication is most suitable:

- **DIRECT:** if you deem this appropriate and think the person is lonely and they can express this openly, you can simply ask them directly:

- ▷ *Have you felt lonely at all lately?*

- **INDIRECT:** if you are not sure whether the person is lonely, or you think the person might get uncomfortable, avoid answering the question or struggle to answer it, you can try indirect questions:

- ▷ *Do you feel you have enough company? How does that make you feel?*
- ▷ *Do you have relationships with others in your day-to-day life? How do they make you feel?*
- ▷ *Do you feel you have the support you need when you need it?*
- ▷ *Do you feel bored in your day-to-day?*
- ▷ *Do you feel disconnected from your community or neighbourhood? Why?*

These questions do not constitute a psychometric test; they are simply a series of subjective assessment indicators. **Just one or two affirmative answers could be indicative of a possible case of loneliness.** Remember the importance of a qualitative perspective when dealing with loneliness. The subjective nature of loneliness requires this perspective, so that we may notice the details that can provide information on a case of loneliness.

HOW CAN I GUIDE THE PERSON?

Some RECOMMENDATIONS

- Remember that loneliness is not easy to recognise or express, and that this process is just an initial observation.
- When assisting the person, pay attention to the TIME and assess whether it is the appropriate time for giving them guidance.
- Sometimes, even if we are certain that the person is lonely, it is not the right time or context for proposing a service or resource. The reasons for this can be multiple: the person might be overwhelmed, they might be with someone who will not facilitate the process, or they might communicate that they are receiving psychological care, for example.
- We might have to investigate further and wait for the next visit.
- Be aware that overly direct communication or a hasty suggestion might put the person on high alert and lead them to reject the suggested assistance.
- If you observe someone at risk of suffering from severe loneliness, assess the possibility of referring them to specialist services.

GUIDANCE

- On the Barcelona Against Loneliness website,¹⁴ there are a series of municipal services and programmes and community facilities with activities that help to tackle loneliness.
- The Barcelona Assets Map¹⁵ displays the different resources offered by organisations in the city.

14. https://ajuntament.barcelona.cat/dretssocials/ca/barcelona-contra-la-soledat/noticies-soledat/quant-els-treballs-causen-soledat_1142715

15. <https://mapadactius.barcelona/index/autocura/totes-les-edats/tota-la-ciutat/>

APPENDICES

1. 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 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.

13. THE DOMINANT CULTURE TENDS TO

- a) Facilitate the expression of vulnerability at later stages of life.
- b) Strengthen community relations in the urban environment.
- c) Highlight only success and happiness.

14. LONELINESS CAN SOMETIMES BE HIDDEN BY

- a) A feeling of shame at having been unable to build bonds.
- b) Prioritising dealing with other, more tangible problems.
- c) Both of the above.

15. LONELINESS RISK FACTORS

- a) Are objective elements that determine the confirmation of the feeling of loneliness.
- b) Help us to direct our attention and identify possible warning signs of loneliness.
- c) Are irrelevant when assessing a situation of loneliness.

16. THE FACT THAT LONELINESS IS HEAVILY CHARACTERISED BY SUBJECTIVITY MEANS THAT

- a) We need to focus primarily on subconscious displays of loneliness.
- b) It is impossible to detect the presence of loneliness during interactions.
- c) Taking into account how the person feels is fundamental.

17. THE LIFE CYCLE PERSPECTIVE

- a) Considers epigenetic aspects when the person's development is normative.
- b) Takes into account the fact that biological, cultural, historical and contextual aspects have an impact on the trajectory of a person's life.
- c) Identifies age as the only criterion for explaining human development and divides people into age cohorts.

18. IN MEDITERRANEAN SOCIETIES, OLDER PEOPLE

- a) Feel less lonely than in Nordic societies.
- b) Feel more lonely than in Nordic societies.
- c) Feel just as lonely as in other cultures.

19. WHEN WE SAY THE LIFE CYCLE PERSPECTIVE HELPS US TO HAVE A MORE DYNAMIC VIEW OF LONELINESS, WE MEAN THAT

- a) It enables us to examine the biopsychosocial decline that occurs in all human groups.
- b) It highlights that gains and losses occur throughout life, regardless of age.
- c) It helps to put the weight of negative emotions in the individual's cognitive assessment into perspective.

20. THE SOURCES OR CAUSES OF LONELINESS

- a) Are never shared at different life stages by men and women.
- b) Have nothing to do with the discrimination the individual might be experiencing.
- c) Can be shared by different life stages or exclusive to one particular life stage.

21. INTERSECTIONALITY MEANS

- a) The juxtaposition of subjective and objective elements in the configuration of emotions.
- b) Different axes of oppression that can intersect in a person's life and generate specific difficulties beyond the sum of these discriminations.
- c) Work done as a network by different professional sectors in the social sphere to support vulnerable groups.

22. ACTIVE LISTENING

- a) Enables us to be more precise when measuring the feeling of loneliness.
- b) Is a tool that is more closely linked to informal social spaces and inappropriate for professional intervention spaces outside the mental health sphere.
- c) Gives us the opportunity to talk about loneliness naturally when we identify certain signs.

23. DIRECT MANIFESTATIONS OF LONELINESS

- a) Are uncommon and do not help us to determine the presence of loneliness.
- b) Are uncommon but if they appear, they are a turning point in the detection process.
- c) Are highly prevalent in all age groups since the Covid-19 pandemic.

24. THE SILENCES THAT OCCUR WHEN TALKING ABOUT THEMES THAT COULD BE RELATED TO LONELINESS

- a) Could indicate significant absences that notify us of a possible presence of loneliness.
- b) Do not need to be taken into account, as they do not provide reliable information on the risk of loneliness.
- c) Should be avoided so as not to interrupt the rhythm of the conversation and alternative responses should be given.

ANSWERS

1	b	4	c	7	a	10	a	13	c	16	c	19	b	22	c
2	c	5	b	8	b	11	c	14	c	17	b	20	c	23	b
3	a	6	b	9	b	12	c	15	b	18	b	21	b	24	a

2. CASE STUDIES

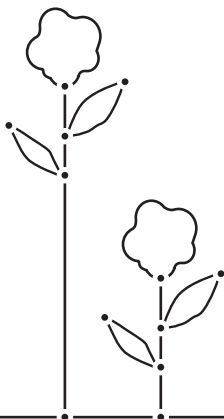
PRACTICAL ACTIVITY

DETECTING LONELINESS

The following are situations based on real cases that services might encounter, presented here so that we can analyse the presence of loneliness and reflect on how we can detect it. A series of questions relating to the content of this course have been proposed to help with this reflection.

Read each case carefully and try to answer the following questions, considering the reality in your area of work.

1. Which **risk factors** mentioned in the case could signal the presence of loneliness?
2. Which **life events or transitions** included in the case description could be a source of loneliness from a life cycle perspective?
3. On which aspect **would you need more information** in order to detect loneliness more accurately? How could you get it? What **tools** or **procedures** are needed?
4. Do you think an **intersectional perspective** is required? In this case, in what way could specific expressions of loneliness be generated?
5. What **resources or proposals** could you suggest when giving guidance?
 - a. Are they part of the service where you work or are they external?
 - b. Do they deal with loneliness directly or indirectly?
6. What kind of **networking** could be done in this case? How could you initiate this?



CASE 1

First interview, referred from the Health Centre, 25-year-old man who has been living in Barcelona for 9 months. He does not have a relationship with his parents and has no siblings or partner. He explains that he has had no contact with his parents for over a year (since he came out as gay, his family have rejected him. He experienced homophobia in his home town – a rural municipality in the province of Huesca).

He had a road traffic accident and has been in hospital in the city for four months. He uses a wheelchair and will have to go to his local health centre every day for rehab. He has no friends or family in the city, only some acquaintances with whom he does not have much of a bond.

He lost his job in hospitality during his hospital stay and is paying the rent with his (limited) savings. He seems downcast and expresses that he is confused about the future and feels helpless. He is in pain and the prognosis is not certain yet.

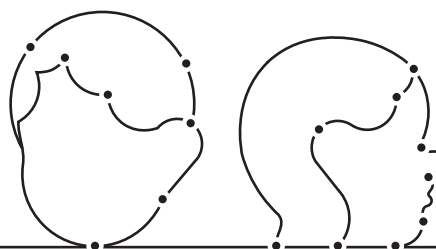
His flat, which he shares with two other people with whom he has no bond on a personal level, is not wheelchair-accessible. He needs help with basic activities of daily living (BADLs) and instrumental activities of daily living (IADLs). He does not mention anyone in his network who could provide support.

CASE 2

Examination of home to assess energy poverty situation. An 86-year-old woman lives there on her own. She cooks with a gas camping stove because there is no safe gas installation in the home, which she rents. She does not want any conflict with the owner (she is afraid they might kick her out), but neighbours have insisted on the housing conditions being assessed. A neighbour detected a leak by coincidence a month ago. The tenant has had difficulties paying the electricity bill for the last year. She says that this is not an especially serious problem for her, because more and more often she eats the same for every meal: a coffee with milk and a biscuit. She receives very little by way of a pension and does not cook just for herself. On top of that, she has lost her appetite, and she says that she has been receiving treatment for depression for twelve years.

She has three children but only has contact with one of them for occasional instrumental support (he takes her to the doctor's). She has two friends and only speaks to one of them on the phone, as one has mobility problems and does not leave the house (she lives in a neighbourhood with poor accessibility, and she does not visit her) and the other has a hearing impairment.

The home visit is longer than expected because she needs to talk and vent her emotions. She explicitly asks us not to leave because she needs to talk to someone. When the visit is over, she invites us to come back whenever we want and to call her on the phone.



CASE 3

Recently widowed 81-year-old man who had a fall and broke his hip after his wife died a year ago. She had Alzheimer's for seven years. He was her main carer throughout the illness, until she moved to a care home six months before she died. He visited her there every day.

Since the fall, he has not left the home in two months, and he is frightened of going out alone. He has two sons, one of whom lives in Berlin, so he sees him very occasionally (Christmas, holidays), while the other lives in Molins de Rei. He gets some instrumental support from this son every two weeks (shopping, paperwork, etc.).

Six years ago, he and his wife sold their home and moved to a more accessible place, given that the wife's degenerative disease would progress (in the old home, they did not have a lift). They moved neighbourhoods and he has no network in this one. He does not know anyone or any of the local facilities. Being a carer occupied all of his time during those seven years.

CASE 4

Young woman starting to work for a multinational company. She has just completed a two-year professional qualification in administration and finance and joined the company, working as an administrative assistant in the sales department. It is a company with over one thousand employees spread out over three regional offices. She is in the central office. She is 21 and this is her first job since finishing her studies. While she was studying, she worked as a waitress in the city to pay for her studies. Though no longer in a pandemic, the company has got used to remote working, and everyone works from home full time. She has been given everything she needs to work from home: a computer, a monitor and accessories. In addition, she has access to all the servers, databases, calendars and client accounts. She only has contact with her colleagues during the weekly operational meeting on Mondays, in which they prioritise her tasks. The weekly meetings last an hour and a half in total, and she has a five-minute slot to express any queries or concerns she may have. There are no other formal or informal spaces in the company for communication.

Her salary is slightly less than the interprofessional minimum wage. She lives with her father (a widowed older man) in a village an hour away from the city because she cannot afford to pay rent. She has no other family and her network of friends is in the city.

CASE 5

A request arrives at the dentist's clinic, referred from social services. A 56-year-old woman needs dental implants (her missing teeth are very noticeable). She says that she is embarrassed and only talks to her sister, who is 71, with whom she has been living since she got divorced. She has no children and is unemployed.

Her sister has been certified as highly dependent, and she is her main carer. She indicates that she avoids speaking to neighbours and has difficulties starting conversations (even in a local shop) because she does not want to show her mouth. She has been divorced for fourteen years and has no contact with her ex-husband. When we ask for the details of someone who could accompany her after the procedure, she says she has no one she could ask, so she will wait at the clinic until she can leave on her own. She expresses that she only laughs when she is alone or with her sister.

CASE 6

A 34-year-old woman from Ecuador who arrived a month before the pandemic, with the intention of working in a care home as a carer for dependent older people.

Due to the situation in care homes during the initial months of the Covid-19 pandemic, the job she was promised does not materialise. She is unemployed and paying the rent with the savings she accumulated before moving (which will run out soon, as her intention was to earn money). She lives with two other people in an irregular situation, but they do not have a personal relationship, and one does not speak the same language as her.

She knocks on a neighbour's door to ask for information on how to get help, because she is on the verge of being homeless. This neighbour gives her access to her Wi-Fi so that she can contact her family – all of whom are in Ecuador – as she cannot afford a telephone line. She has not been able to build a network in the neighbourhood because of the lockdown and various other restrictions.

CASE 7

Worker with higher education qualifications and good planning and management capacities who has been working successfully in an organisation for two years, with excellent results. He manages a team of around ten people, showing a high degree of leadership and planning the processes and projects they need to complete with very good results. His job is a middle management role and he is accountable to the department director, who encourages his leadership of the team and with whom he has a close relationship. However, the department director takes early retirement and the deputy director of another department without any detailed knowledge of the tasks and processes carried out in the department takes on the role. As time goes by, the new director starts to assign him basic management and administration tasks that are below his role. The director demands that he explain every small step he makes, and he limits his capacity to manage the team (he cannot give orders or issue directives), so his leadership shrinks. Little by little, his team stops trusting him. Every initiative is limited, because he cannot express an opinion on ways processes could be improved. The worker does not know who to turn to, because he feels as though if he points out the situation or complains, he will lose his job.

CASE 8

Referred case from a school of an eight-year-old child originally from China who does not speak Spanish or Catalan, with very little integration in the school. The school has said that they have little contact with the parents, who do not collaborate. In the integration classroom he is reserved, and the teacher has warned of possible bullying, which has been referred to the school counselling department. The parents speak different dialects and do not speak the local language.

The child is aware that he is isolated and he cries when he is alone with teachers. Nobody knows what he does when he leaves school: he might go home, or he might work for the family business. On several occasions he has fallen asleep in the classroom (physical signs of exhaustion) and he is often absent.



**Ajuntament
de Barcelona**