LIVING WELL

Loneliness Is More Than a Bad Evening

Loneliness and isolation are linked to serious health risks, but the evidence also shows why one small, specific connection matters.

The room can be full

You can spend the day answering messages, sit through a crowded meeting and still go home feeling that nobody really knows you. Loneliness does not count the people nearby. It measures the distance between the connection you have and the connection you want.

That makes loneliness different from social isolation. Isolation means having few relationships, little contact or limited support. Loneliness is the feeling of being alone, disconnected or without meaningful relationships and belonging. You can be isolated without feeling lonely. You can also have plenty of friends and feel profoundly alone.

Both are common. About one in three adults in the United States reports feeling lonely, while about one in four reports lacking social and emotional support. The conditions around you matter: transportation, community spaces, language barriers and access to local programs can all affect whether connection is possible.

Life can narrow for many reasons. Divorce, unemployment, bereavement, violence, discrimination, chronic illness, disability and living in a rural area are all associated with greater risk. Young adults, older adults, people living alone, immigrants, low-income adults and people who identify as gay, lesbian or bisexual may be affected more than some other groups.

This is not a personal failing dressed up as a health problem. Sometimes the obstacle is not that you have forgotten how to make friends. It is that illness, loss, geography or exclusion has made ordinary contact harder to reach.

What the numbers really say

Loneliness is associated with depression, anxiety, heart disease, stroke, type 2 diabetes, dementia, self-harm and earlier death. That is a sobering list. It needs one important qualification: an association does not, by itself, show that loneliness directly caused every outcome.

A 2023 meta-analysis combined 90 prospective cohort studies involving more than 2.2 million adults. Social isolation was associated with a 32% higher risk of death from any cause, while

loneliness was associated with a 14% higher risk. Isolation was also associated with higher cardiovascular and cancer mortality; loneliness was associated with higher cancer mortality.

Those figures compare groups over time. They do not mean that a lonely person can calculate an individual expiry date, or that one quiet weekend raises mortality by a fixed amount. People who are isolated or lonely may differ in health and circumstances from people who are not, even when researchers attempt to account for those differences.

A 2025 review of 86 longitudinal studies focused on older adults and found a similar pattern. Loneliness was associated with 14% higher all-cause mortality, social isolation with 35% higher mortality and living alone with 21% higher mortality. Results varied according to factors including age, sex, region, chronic disease, follow-up and study quality.

The consistency matters, but so does the uncertainty. These studies make loneliness and isolation impossible to dismiss as merely unpleasant. They do not prove that forcing yourself into more social events will reverse a particular disease or erase a statistical risk.

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Loneliness changes across a life

For children and teenagers, loneliness can become entwined with experiences they did not choose. Bullying can involve deliberate, repeated physical, verbal or social harm, including making someone feel excluded. Young people who are bullied are at risk of loneliness, depression, anxiety, low self-esteem, physical complaints and trouble at school.

A 2020 rapid review examined 80 studies of loneliness and social isolation in children and adolescents. Among previously healthy young people, the evidence linked both experiences with depression and possibly anxiety, when loneliness was measured and for periods extending years later. Duration appeared more closely related to mental health symptoms than intensity.

That finding offers a useful correction to the way adults sometimes respond. A lonely afternoon is not the same as loneliness that keeps going. The review also judged the studies to have a high risk of bias, and most were observational. The signal is concerning, not a precise forecast for any one child.

Later in life, retirement, bereavement and serious illness can unsettle familiar relationships and routines. Most older adults remain satisfied with their lives, even when physical health problems accumulate. Mental ill health and loneliness should not be written off as normal parts of ageing.

Hearing may also be part of the picture. A 2020 review found that most adjusted studies linked

hearing loss in older adults with greater loneliness and social isolation. But 12 of its 14 studies were cross-sectional, so they captured association rather than a clear sequence of cause and effect. The review called for research into whether treating hearing loss reduces loneliness.

Connection is not a prescription

It would be convenient if research could identify one activity that reliably fixed loneliness. It has not. A 2022 systematic review considered 70 trials involving 8,259 older adults and examined approaches including counselling, psychotherapy, exercise, music, social activities, videoconferencing and animal-assisted therapy.

Most interventions produced only small effects. Animal-assisted therapy and videoconferencing in long-term care showed larger effects in some analyses, but results varied greatly between studies. There were few studies for each approach, and the reviewers rated the overall quality of evidence as very low.

That does not mean connection is futile. It means the evidence cannot honestly support a universal formula. A video call may bridge distance for one person and underline it for another. A group activity can create belonging, but simply placing lonely people together does not guarantee closeness.

The distinction between isolation and loneliness helps here. If your problem is limited contact, creating a reliable point of contact may address the gap. If you see people regularly but do not feel understood, adding more names to your week may miss what you need. The useful question is not only how many people you know, but what kind of connection feels absent.

There is also a point where this stops being solely a social problem. Changes in sleep, eating, mood or energy; withdrawing from people and activities you enjoy; hopelessness; unexplained aches; increased alcohol or drug use; or thoughts of harming yourself or someone else can signal a mental health problem. Speak to a primary care provider or mental health professional rather than asking companionship to do the work of clinical care.

Make one invitation concrete

On Monday, choose one person and make one specific invitation. This takes a phone and a calendar. Suggest a conversation or shared activity that is possible for both of you, then put the agreed plan in your calendar rather than leaving it at "sometime."

Keep the size of the step honest. The research does not promise that one call will make you less lonely or improve your physical health. It does show that loneliness and isolation deserve

attention, while intervention trials suggest effects are often small and highly dependent on context.

If there is no obvious person to contact, use the same phone to approach a local community program or your primary care provider and say exactly what is happening: "I have very little contact with other people," or "I am around people, but I feel alone." Those are different problems, and naming the difference gives the conversation somewhere to begin.

For a child being excluded or bullied, the practical step belongs to an adult too. Listen, make clear that the bullying is not the child's fault, involve the school or relevant organisation and follow up. Bullying may not end immediately, so a single conversation is not the finish line.

One invitation cannot carry the weight of every loss, illness or barrier. But it can turn a vague instruction to "connect more" into a date, a person and a next contact. On Monday, that is enough to begin.

Where this comes from

- Older Adult Mental Health

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/olderadultmentalhealth.html
- Bullying and Cyberbullying

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/bullyingandcyberbullying.html
- Health Effects of Social Isolation and Loneliness

  Centers for Disease Control and Prevention · https://www.cdc.gov/social-connectedness/risk-factors/index.html
- Interventions Associated With Reduced Loneliness and Social Isolation in Older Adults: A Systematic Review and Meta-analysis.

  JAMA network open, 2022 · https://pubmed.ncbi.nlm.nih.gov/36251294/
- Loneliness, social isolation, and living alone: a comprehensive systematic review, meta-analysis, and meta-regression of mortality risks in older adults.

  Aging clinical and experimental research, 2025 · https://pubmed.ncbi.nlm.nih.gov/39836319/
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- A systematic review and meta-analysis of 90 cohort studies of social isolation, loneliness and mortality.

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- Hearing Loss, Loneliness, and Social Isolation: A Systematic Review.

  Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery, 2020 · https://pubmed.ncbi.nlm.nih.gov/32151193/