



A unified approach to loneliness

Fried, L., Prohaska, T., Burholt, V., Burns, A., Golden, J., Hawkley, L., Lawlor, B., Leavey, G., Lubben, J., O'Sullivan, R., Perissinotto, C., van Tilburg, T., Tully, M., & Victor, C. (2020). A unified approach to loneliness. *The Lancet*, 395(10218). [https://doi.org/10.1016/S0140-6736\(19\)32533-4](https://doi.org/10.1016/S0140-6736(19)32533-4)

[Link to publication record in Ulster University Research Portal](#)

Published in:
The Lancet

Publication Status:
Published (in print/issue): 11/01/2020

DOI:
[10.1016/S0140-6736\(19\)32533-4](https://doi.org/10.1016/S0140-6736(19)32533-4)

Document Version
Publisher's PDF, also known as Version of record

General rights

The copyright and moral rights to the output are retained by the output author(s), unless otherwise stated by the document licence.

Unless otherwise stated, users are permitted to download a copy of the output for personal study or non-commercial research and are permitted to freely distribute the URL of the output. They are not permitted to alter, reproduce, distribute or make any commercial use of the output without obtaining the permission of the author(s).

If the document is licenced under Creative Commons, the rights of users of the documents can be found at <https://creativecommons.org/share-your-work/licenses/>.

Take down policy

The Research Portal is Ulster University's institutional repository that provides access to Ulster's research outputs. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact pure-support@ulster.ac.uk

crippling, strategies and design novel structures that leverage the power of polymathy. By allowing polymathic thinking to flourish, society will be in a much better position to reach the innovation required to tackle our most pressing challenges. The choice is ours to make.

I declare no competing interests.

Michael Araki

arakimichael@gmail.com

Pontifical Catholic University of Rio de Janeiro,
Rio de Janeiro 22451-900, Brazil

- 1 Snow CP. The two cultures and the scientific revolution. London: Cambridge University Press, 1959.
- 2 Ashley-Norman, P. Science and literature: complementary, not contradictory. *Lancet* 2019; **394**: 465.
- 3 Burke P. A social history of knowledge II: from the encyclopaedia to Wikipedia, vol 2. Cambridge, UK: Polity Press, 2012.
- 4 Cohen PR. A return to polymathy. 2015. <http://paulcohen.github.io/papers/Polymathy.pdf> (accessed Sept 4, 2019).
- 5 Simonton DK. Creativity in science: chance, logic, genius, and zeitgeist. London: Cambridge University Press, 2004.
- 6 Root-Bernstein RS, Bernstein M, Garnier H. Correlations between avocations, scientific style, work habits, and professional impact of scientists. *Creat Res J* 1995; **8**: 115–37.

A unified approach to loneliness

Globally, there are growing concerns about rates and consequences of loneliness, especially among older adults. In response, 2018 saw the launch of a UK loneliness strategy and the first minister for loneliness in the world appointed. In the USA, the National Academies of Sciences, Engineering, and Medicine set up a special committee to examine the problem.¹ Demographic shifts suggest that the numbers experiencing loneliness are likely to increase.

However, it is important to recognise that most older adults are not chronically lonely and loneliness is also experienced by other age groups, especially young adults. Large gaps remain in our understanding of loneliness, rates and drivers of loneliness in different populations, its

effect on health and wellbeing, and evidence on effective interventions. We believe loneliness can be defined as a subjective negative experience that results from inadequate meaningful connections, but neither definitions nor assessments of loneliness have achieved wide-scale consensus. The variety of scales and single-item measures of loneliness used to date should be standardised to advance knowledge with an agreed common set of valid measures.

Currently, there is inadequate causal evidence of the consequences of loneliness but associations with poor health and wellbeing have been established. The evidence shows associations with depression, anxiety, non-communicable diseases, poor health behaviours, stress, sleep, cognition, and premature mortality (with the evidence especially strong for depression).² However, further work is required to establish causality between loneliness and specific health outcomes, and vice versa, as well as to investigate social consequences that remain unclear.

Structural and cultural changes (eg, technology and social media use) and societal forces (eg, perceptions and expectations around ageing and ageism) and their effect on loneliness also need to be better understood. The evidence base for loneliness interventions is characterised by poorly constructed trials with small samples, a lack of theoretical frameworks, undefined target groups, heterogeneous measures of loneliness, and short follow-up periods. Within this context the charity, voluntary or community sectors, and government are delivering programmes, often with inadequate empirical evidence.

Key therapeutic elements of interventions must be identified, as well as their optimal intensity, frequency, and duration. Although inevitably more complex to implement and evaluate, evidence indicates that interventions

must be tailored and matched to specific root causes of loneliness. This Correspondence is based on discussions from a meeting in Belfast, held in December, 2018, of international researchers that led to the establishment of an International Loneliness and Social Isolation research Network (I-LINK) to drive this work. Research, policy, and practice can only benefit from a greater pooling of expertise and knowledge exchange to address this global challenge.

We declare no competing interests.

*Linda Fried, Thomas Prohaska, Vanessa Burholt, Annette Burns, Jeannette Golden, Louise Hawkley, Brian Lawlor, Gerard Leavy, Jim Lubben, *Roger O'Sullivan, Carla Perissinotto, Theo van Tilburg, Mark Tully, Christina Victor*
roger.osullivan@publichealth.ie

Institute of Public Health in Ireland, Dublin D08 NH90, Ireland (RO'S); Institute of Public Health in Ireland, Belfast, Ireland (RO'S); Mailman School of Public Health, Columbia University, New York, NY, USA (LF); College of Health and Human Services, George Mason University, Fairfax, VA, USA (TP); School of Nursing and School of Population Health, University of Auckland, Auckland, New Zealand (VB); Institute of Public Health in Ireland (AB, ROS), School of Health Sciences (MT), and Bamford Centre for Mental Health and Well Being, Ulster University, Coleraine, Ireland (AB, ROS, GL); Mercer's Institute for Successful Ageing, St James Hospital, Dublin, Ireland (JG); National Opinion Research Center, University of Chicago, Chicago, IL, USA (LH); Global Brain Health Institute, Trinity College Dublin, Dublin, Ireland (BL); University of California, Los Angeles Luskin School of Public Affairs, University of California, Los Angeles, Los Angeles, CA, USA (JL); School of Social Work, Boston College, Boston, MA, USA (JL); Department of Medicine, University of California, San Francisco, CA, USA (CP); Department of Sociology, Faculty of Social Sciences, Vrije Universiteit Amsterdam, Amsterdam, Netherlands (TvT); and College of Health and Life Sciences, Brunel University London, London, UK (CV)

- 1 The National Academies of Sciences, Engineering, and Medicine. The health and medical dimensions of social isolation and loneliness in older adults. 2018. <https://www8.nationalacademies.org/pa/projectview.aspx?key=HMD-HSP-17-25> (accessed Aug 14, 2019).
- 2 Cacioppo JT, Hawkley LC, Thisted RA. Perceived social isolation makes me sad: 5-year cross-lagged analyses of loneliness and depressive symptomatology in the Chicago Health, Aging, and Social Relations Study. *Psychol Aging* 2010; **25**: 453.