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Loneliness in Later Life: What Sociology and Philosophy Offer Beyond the Public Health Frame

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Abstract

Loneliness among older people is now widely discussed as a threat to health. Meta-analyses linking weak social ties to earlier death have moved the subject from the margins of gerontology into national strategies and clinical guidance, and the gain in attention has been real. The framing also has costs. It treats loneliness mainly as an individual risk factor to be screened for and reduced, and it has little to say about why some lives become lonely, what the experience means to those who live it, or whether being alone is always a harm. This narrative review sets the public health account beside two older traditions of thought. Sociological work locates loneliness in the structure of the life course, in housing, bereavement, poverty and the standing of old people, and shows that it varies between societies in ways an individual model does not predict. Philosophical work distinguishes loneliness from solitude, asks whether a degree of loneliness belongs to the human condition, and treats social contact as something people may be owed. The review argues that the three accounts answer different questions and that practice built on the first alone risks measuring loneliness carefully while misunderstanding it.

Keywords: *Loneliness, Later life, Social isolation, Solitude, Sociology of ageing, Public health*

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1. Introduction

In the space of about fifteen years loneliness has been redescribed. What earlier generations treated as a sorrow of private life is now spoken of in the vocabulary of epidemiology: prevalence, exposure, risk, intervention. The World Health Organization has issued an advocacy brief on social isolation and loneliness among older people (WHO, 2021), and a consensus report in the United States has examined what health services could do about them (National Academies, 2020). Governments have followed with strategies and, in a few cases, ministers.

The redescription rests on strong evidence that the quality and quantity of a person's relationships are associated with how long that person lives. It has brought resources and seriousness to a neglected subject. This review does not dispute that evidence. Its concern is with what the public health frame

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brings into view and what it leaves in shadow, and with two bodies of scholarship, one sociological and one philosophical, that were writing about loneliness in old age long before it was called an epidemic and that are seldom cited in the policy literature.

The argument is that these traditions are not ornaments to the health account. They ask questions it cannot ask from within its own terms: what produces loneliness at the level of a society, whether loneliness and aloneness are the same thing, and what a lonely person might have a claim to. Later life is a good place to pose them, because it is where loss of partners and friends, retirement from work and the approach of death all press on the matter at once.

2. Approach of the Review

This is a narrative review of published work, selected for influence and for the clarity with which each source represents a position. It covers the principal reviews and reports of the health literature, sociological studies of old age and loneliness from the mid twentieth century onwards, historical studies of loneliness and solitude, and philosophical writing in the existential, phenomenological and analytic traditions. No systematic search was carried out and the selection leans towards work in English and towards Europe and North America. The review compares frames of understanding and does not pool findings.

3. The Public Health Frame

The modern study of loneliness began in social psychology. [Weiss \(1973\)](#) separated emotional loneliness, the absence of a close attachment, from social loneliness, the absence of a wider circle, and held that one could not substitute for the other. [Perlman and Peplau \(1981\)](#) defined loneliness as the unpleasant experience that arises when a person's network of relationships is deficient, in number or in quality, relative to what that person wants. This cognitive definition is still the standard one. It makes loneliness subjective by construction and separates it from social isolation, which is an objective lack of contact ([de Jong Gierveld, 1998](#)).

Two developments turned a psychological construct into a health priority. The first was a biological account. [Cacioppo and Patrick \(2008\)](#) proposed that loneliness is an evolved aversive signal, comparable to hunger or pain, that prompts a social animal to repair its connections, and that when the signal persists it alters sleep, stress responses and the appraisal of other people. The second was quantitative synthesis. [Holt-Lunstad et al. \(2015\)](#) pooled prospective studies and reported that loneliness, social isolation and living alone were each associated with a higher risk of death. Findings of this kind permit comparison with familiar risk factors, and such comparisons have carried the subject into public debate.

From here the frame generates a programme: measure loneliness with validated scales, identify those at risk, and intervene. A meta-analysis of interventions found that the more successful ones addressed maladaptive patterns of social thinking instead of simply increasing opportunities for contact ([Masi et al., 2011](#)). The consensus report cited above was candid that the evidence for interventions deliverable through health care remained limited ([National Academies, 2020](#)). Table 1 places this frame beside the others discussed below.

Three limits follow from the frame's own logic. Because it treats loneliness as an exposure, it attends to the lonely individual and has little to say about the arrangements that made the individual lonely. Because it seeks reduction, it has no place for the thought that some loneliness is fitting, as grief is fitting after a death. And because its measures ask about a felt deficit, it cannot easily distinguish the person who is alone and content from the person who has adapted to deprivation by wanting less.

4. Sociological Accounts

Sociologists of old age met loneliness early, and what they saw was social structure.

4.1. Isolation, desolation and living alone

In his study of old people in a district of east London, [Townsend \(1957\)](#) found that those with the least

contact were not always the loneliest. He distinguished isolation, having few ties, from desolation, having lost someone loved, and concluded that it was recent loss, above all of a spouse, that lay behind most loneliness in old age. The observation has been confirmed repeatedly. Victor *et al.* (2009), drawing together British survey and interview research, showed that loneliness in later life follows several distinct paths: a continuation of lifelong loneliness, a new experience brought on by bereavement or illness, and, for some, a decline in loneliness with age. They also noted that the proportion of older people who say they are often lonely had changed little across the post-war decades.

Table 1: Frames for understanding loneliness in later life, with the response each tends to favour			
Frame	Loneliness is understood as	Characteristic response	Representative sources
Public health	A risk factor for illness and early death	Screening, referral, individual intervention	Holt-Lunstad <i>et al.</i> , 2015; WHO, 2021
Social psychology	A gap between desired and actual relationships	Change in expectations and social cognition	Perlman and Peplau, 1981; Masi <i>et al.</i> , 2011
Sociology of ageing	An outcome of bereavement, poverty, health and housing	Pensions, housing, transport, local services	Townsend, 1957; Victor <i>et al.</i> , 2009
Historical sociology	A modern emotion with a datable history	Caution about claims of unprecedented crisis	Alberti, 2019; Vincent, 2020
Existential philosophy	A feature of being a separate self	Cultivation of solitude; acceptance	Tillich, 1963; Mijuskovic, 1979
Ethics and political philosophy	A failure of what persons owe one another	Rights to contact; valuing care	Brownlee, 2013; Kittay, 1999

Living alone is likewise a poor proxy. Klinenberg (2012) documented the rapid growth of single-person households in wealthy countries and argued that for many older people living alone is a preference made possible by pensions, housing and better health, one that they defend against the alternatives of moving in with children or into an institution. The sociological point is that the same arrangement is experienced differently according to whether it was chosen and what surrounds it.

4.2. Variation between societies

If loneliness were chiefly a matter of individual disposition or of how many people live alone, it should be most common where households are smallest and family obligations weakest. Comparative research finds otherwise. Yang and Victor (2011) analysed survey data from twenty-five European countries and found the highest levels of reported loneliness in eastern Europe and the lowest in the north, with differences between countries larger than differences between age groups. Dykstra (2009) set this finding beside two others, that loneliness is common only among the very old and that it has not risen over time, and called the contrary beliefs myths. The usual explanation combines material conditions with expectations: where older people are poorer and in worse health, and where norms of family closeness are strong, the gap between what is hoped for and what is available is wider.

4.3. Loneliness as a product of history

Historians have added that the concept itself is recent. Alberti (2019) argued that loneliness in the present sense, a painful emotional lack, emerged in English usage around the turn of the nineteenth century, and that it is better seen as a cluster of emotions shaped by secularisation, individualism and changing family forms than as a timeless state. Vincent (2020) traced the parallel history of solitude and described loneliness as solitude that has failed. Elias (1985) offered a longer view of one of its sharpest forms: the ageing and dying, he argued, have been moved behind the scenes of social life in modern societies, so that people find it difficult to stay close to those who are near death. Loneliness at the end of life is on this account an effect of how the living organise themselves.

5. Philosophical Accounts

Philosophy contributes distinctions and arguments, and three of each bear on later life. Figure 1 sets them beside the sociological and public health contributions.

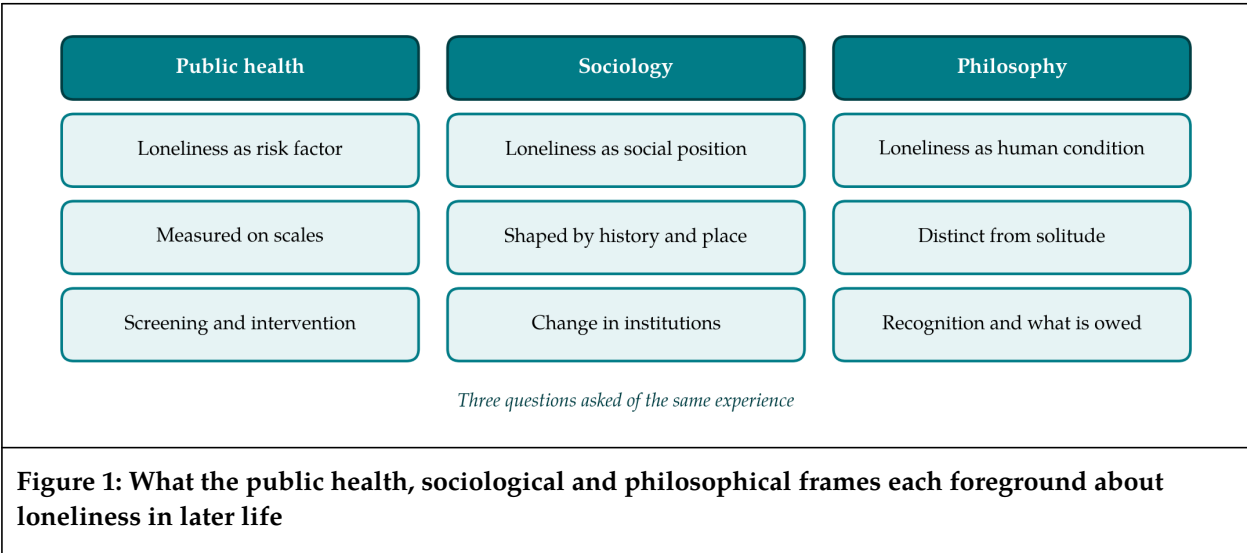
5.1. Loneliness is not solitude

The most useful distinction is between being alone and being lonely. [Tillich \(1963\)](#) remarked that language has one word for the pain of being alone and another for its glory. [Arendt \(1958\)](#) gave the distinction political weight. She separated isolation, in which a person is cut off from acting with others, from solitude, in which a person keeps company with himself or herself in thought, and from loneliness, in which a person is deserted even by that inner companion. She observed that loneliness had once been a marginal experience suffered in conditions such as old age and had become an everyday experience of modern masses. A frame that counts time alone as exposure cannot register that solitude may be sought and valued.

Gerontology has its own versions of the point. The theory of socioemotional selectivity holds that as people perceive their remaining time to be limited they concentrate on fewer, emotionally closer relationships, so that a shrinking network may reflect choice ([Carstensen et al., 1999](#)). [Tornstam \(2005\)](#) described a late-life shift in outlook, which he called gerotranscendence, that includes a greater need for contemplative solitude and a lessened interest in superficial contact.

5.2. Loneliness and the human condition

A stronger claim is that loneliness is not an accident of circumstance at all. [Mijuskovic \(1979\)](#) argued, drawing on the history of philosophy and literature, that the isolation of each consciousness is fundamental and that human activity is in large part an effort to escape it. [Svendsen \(2017\)](#) resisted that conclusion while granting that anyone capable of attachment is capable of loneliness, and he connected chronic loneliness with difficulty in trusting others. One need not accept the strong thesis to draw a lesson for old age. If some loneliness belongs to being a self with a history that nobody else fully shares, then the very old, who have outlived those who shared it, face something that visiting schemes do not address. [Beauvoir \(1972\)](#) added that societies treat the old as other than themselves, and that this refusal of recognition is felt.



5.3. What the lonely are owed

Analytic philosophers have asked whether social contact is a matter of justice. [Brownlee \(2013\)](#) argued for a human right against social deprivation, understood as a right to minimally adequate opportunities for decent human contact, on the ground that such contact is a condition of a tolerable life and of the exercise of other rights. [Kittay \(1999\)](#) argued from another direction that dependency is a normal part of every life, and that societies which regard independence as the standard case undervalue both those who need care

and those who give it. Together these positions recast loneliness in frail old age as a question about obligations, and not only about health.

6. Implications and Gaps

Placing the frames side by side suggests some practical corrections. Assessment should separate isolation, loneliness and chosen solitude, and should ask about loss, since bereavement calls for something different from a thin social network. Programmes aimed at individuals need to be weighed against measures that act on conditions: income in retirement, housing that allows people to remain near those they know, transport, and public places where casual contact occurs. And those who design services should allow that an older person may decline company without being a case of unmet need.

The gaps run in both directions. Health research would benefit from measures able to tell contented solitude from resigned adaptation. Sociological work has said little about very old people in institutions, who are usually excluded from surveys. Philosophical writing on loneliness has paid limited attention to dementia, where the capacity to keep oneself company, on which the idea of solitude depends, may be altered. Most of the literature in all three traditions comes from wealthy Western societies, and its categories may not travel unchanged.

7. Conclusion

The public health frame has made loneliness in later life visible and fundable, and its core finding, that social connection matters for survival, stands. Sociology shows that who becomes lonely depends on bereavement, resources and the place a society gives its old people, and that loneliness has a history. Philosophy shows that aloneness has a valuable form, that some loneliness may be inseparable from a long life, and that contact can be understood as something owed. An account that draws on all three would treat loneliness as a risk, a social fact and a human experience at the same time, and would be slower to assume that the remedy is always a service delivered to an individual.

Conflict of interest

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