Loneliness – an unequally shared burden in Europe*

Headlines

- More than 75 million European adults meet with family or friends at most once a month and around 30 million European adults frequently feel lonely.
- Loneliness is more prevalent in Eastern and Southern Europe than in Western and Northern Europe.
- Poor health, unfavourable economic circumstances and living alone are all associated with higher rates of loneliness.
- Loneliness affects all age groups. Even though the elderly may be more socially isolated than other age groups, they do not report more frequent feelings of loneliness.

Policy Context

Population ageing, the rising number of people living alone and the increasing use of digital technologies for communication have led many to posit that loneliness is on the rise.

The significance of loneliness for individual well-being and social cohesion should not be underestimated. The mortality risk of loneliness is comparable to that of obesity and smoking. Persistent loneliness is further associated with unhealthy behaviours, mental problems and poor cognitive performance. Lonely individuals also report more pessimistic judgements and feel more threatened by life situations compared to their ‘non-lonely’ counterparts.

Moreover, in an ever more connected world, lonely and socially isolated people face the potential double penalty of suffering from poorer health conditions and being stigmatised as socially inept.

The prevalence of loneliness in Europe

While there are a variety of definitions, there is general agreement that loneliness is an unpleasant feeling deriving from the paucity and/or low quality of a person’s social networks.

Frequently lonely individuals, for the purposes of this brief, are those who report feeling lonely ‘most of the time’, ‘almost all’ or ‘all of the time’ in the past week. Socially isolated individuals are those stating that they meet socially with friends, relatives or work colleagues at most once a month.

Figures 1 and 2 depict the prevalence of frequent loneliness and social isolation in Europe. These figures may be underestimated, given the negative social stigma associated with loneliness.

Around 7% of adults in Europe (i.e. roughly 30 million people) report being frequently lonely. As many as one in ten people in Hungary, the Czech Republic, Italy, Poland, France and Greece frequently feel lonely. The lowest share of lonely people are found in the Netherlands and Denmark with just 3%, Finland with 4% and Germany, Ireland and Sweden with 5%.

*This policy brief has been prepared by Béatrice d’Hombres, Sylke Schnepf, Martina Barjaková and Francisco Teixeira Mendonça. It is based on the JRC report: Loneliness across Europe, Barjaková, d’Hombres, Schnepf, JRC Working Papers in Economics and Finance, Forthcoming. This brief can be downloaded from: https://ec.europa.eu/jrc/en/research/crosscutting-activities/fairness.
Quick guide

Loneliness can be measured directly, by asking people about their subjective feelings of loneliness. Indirect measures probe into specific determinants of loneliness such as the frequency of meetings with friends or having someone to talk to about intimate matters.

The results of the analyses summarised in this brief are based on European Social Survey (ESS) data. The 2010, 2012 and 2014 ESS waves include both a direct and indirect measure of loneliness. The sample size of these three pooled waves amounts to more than 106,000 observations in 24 European member states. Logistic regressions were employed to identify the main determinants of loneliness and social isolation.

A selection of the results of these analyses is displayed in Figure 4. The results depicted in Figure 4 and discussed in the text are expressed in percentage point differences and not in percentage changes, which makes it possible to calculate the accumulated disadvantage experienced by different population sub-groups.

Regional figures discussed in the text are based on analyses carried out separately for four European regions. Northern Europe is Denmark, Finland, Ireland, Sweden and the United Kingdom; Western Europe is Austria, Belgium, France, Germany, and the Netherlands; Southern Europe is Cyprus, Greece, Italy, Portugal and Spain; Eastern Europe is Bulgaria, the Czech Republic, Croatia, Estonia, Hungary, Lithuania, Poland, Slovenia and Slovakia.

Figure 1: Prevalence of frequent loneliness across Europe

While self-reported loneliness has not increased in Europe over the past decade, not much is known about longer term changes. Existing evidence is unclear on whether the rather recent phenomenon of participation in social media increases loneliness or can in fact substitute for face-to-face contact.

In contrast with feelings of loneliness, many more adults in Europe (18% or around 75 million people) are socially isolated. Country variations for this measure are much larger than for subjective loneliness. More than 40% of Hungarians and Greeks do not socialise more often than once a month. In Lithuania, Estonia and Poland the figure approaches 35%. At the other end of the spectrum, social isolation is lowest in the Netherlands, Denmark and Sweden, at around 8%.

Frequent loneliness and social isolation are related but distinct concepts. Frequent loneliness is not only about the number but also about the quality of social contacts, which could explain why it is reported less frequently than social isolation: socially isolated individuals might not necessarily feel lonely.

In addition, whereas feelings of loneliness imply a negative experience, social isolation may sometimes be self-imposed and associated with positive outcomes.

Regional differences in loneliness

Loneliness and social isolation have clear regional patterns (see Figure 3). The lowest levels of loneliness are found in Northern Europe, followed by Western Europe (with the exception of France and Belgium). Western and Southern Europe have the lowest levels of socially isolated individuals, with Eastern Europe at the other
extreme. However, wide variability is observed in Southern Europe, with Portugal displaying very low levels of social isolation (9%), and Greece the opposite (43%).

**Figure 2: Prevalence of social isolation across Europe**

![Map showing prevalence of social isolation across Europe]


**Figure 3: Regional patterns of frequent loneliness and social isolation**

![Regional patterns chart]


Although the regional patterns described above are undoubtedly partly explained by differences in the individual characteristics of the populations of EU member states (see section below), they are equally shaped by a broader socio-cultural country context.

In Southern and Eastern Europe family ties are strong and certain filial norms, such as cohabitation of the elderly with their adult children, used to be more prevalent than in Western or Northern Europe. Expectations of social connectedness, and hence potential dissatisfaction, could therefore be higher in the South and East.

**Who is lonely in Europe?**

Both frequent loneliness and social isolation are related to **individuals’ socio-economic and demographic** characteristics as well as to **country and time** factors.

The factors contributing the most to loneliness are displayed in Figure 4. The diamonds depict percentage point differences in terms of loneliness and social isolation between a person with the individual characteristics reported on the y-axis (such as being a woman) and its reference group reported in bold (in the same example, men). The percentage point differences reported for each characteristic are after accounting for other individual characteristics.

As illustrated in Figure 4, **poor health** is highly associated with loneliness. Individuals with poor health are, all other things being equal, 10 percentage points more likely to be frequently lonely or socially isolated compared to their healthier counterparts. These figures are equivalent to an increase of more than 100% and 50% in frequent loneliness and social isolation, respectively. Regional analysis shows that in Eastern Europe the difference between the unhealthy and healthy amounts to 14 percentage points for frequent loneliness, and in Northern Europe, 7 percentage points. Granted, the relationship between health and loneliness is bidirectional as it is well established that loneliness is detrimental to health. Health and social welfare systems may have a role to play in offering services to support lonely or socially isolated individuals.

Face-to-face connections with close family lower the incidence of loneliness. **Individuals living alone** have, on average, an 8-percentage-point
higher risk of being frequently lonely than co-habiting individuals.

**Figure 4: Factors contributing to frequent loneliness and social isolation in Europe – selected results**

![Graph showing factors contributing to frequent loneliness and social isolation in Europe](image)

Note 4: European Social Survey (2010, 2012 and 2014). Percentage point differences are net of other variables included in the model. Results derived from logistic regressions. Variables included in the model but not displayed are: gender, living with children, religious affiliation, immigrant status, year and country fixed effects.

Not surprisingly, the widowed are also lonelier. Regional variations are substantial. Whereas individuals living without a partner face a 5-percentage-point higher risk of frequent loneliness in Northern Europe, this figure doubles in Eastern Europe.

**Favourable economic circumstances** protect against frequent loneliness and social isolation. The unemployed are about 3 percentage points more likely to feel frequently lonely, and individuals in the lowest income quintile (the lowest-earning 20%) have about a 4-percentage-point greater chance of feeling lonely than the highest income quintile (the top-earning 20%). Given the accumulation of disadvantages, the poor and unemployed face the sum of a 7-percentage-point higher risk of frequent loneliness on average compared to employed individuals in the highest income quintile. Furthermore, the influence of unemployment on loneliness is twice as high in Eastern and Southern Europe as in the rest of Europe. The results also suggest that engaging in social activities requires adequate income.

The **elderly** suffer more from social isolation than other age groups. Compared to those aged 26 to 45, adults aged 65 and over are 9 percentage points more likely not to engage often in social activities. This figure is above 15 percentage points in Eastern Europe. Again, family ties, varying cultures and closeness of friendships might drive regional variations. On the other hand, all other things being equal, frequent loneliness is not a specificity of the elderly. This is surprising, given that they live in greater social isolation than other population groups. The results even suggest that the elderly are slightly less frequently lonely than the 26-45-year age group.

Differences in loneliness between **males** and **females** and between individuals in **urban** and **rural** areas are marginal.

**Evidence-based policy**

Loneliness as a social problem has entered the political and social debate only recently. The extent of loneliness described in this brief suggests that measures of **multidimensional well-being** should take into account this significant social phenomenon.

**Designing effective measures** to combat loneliness will require better understanding of the underlying drivers of loneliness. More effort could be given to assessing the **impact** of interventions targeting lonely people.

**Related and future JRC work**

Loneliness and social isolation correlate with feelings of vulnerability, threat and anxiety levels. Loneliness is hence potentially associated with political and **social values**. The JRC is therefore currently examining whether loneliness could negatively affect social cohesion.

This brief is one of a **series of science for policy briefs** reporting on recent JRC research on various aspects of fairness. A **comprehensive report on fairness** will be published in 2019.