

## LONELINESS IN THE ELDERLY– LITERATURE REVIEW

DOI: <https://doi.org/10.26758/14.1.27>

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### Abstract

**Objectives.** This study aims to conduct an in-depth analysis of the intricate facets of loneliness to acquire a deeper comprehension of this emotional state. It also aims to identify psychological and therapeutic interventions that can significantly improve the overall well-being of elderly individuals. Given that loneliness has a significant detrimental effect on the physical and mental health, as well as the lifespan of seniors, it is a significant public health concern.

**Material and methods.** This paper aims to comprehensively analyze loneliness by examining it from psychosocial and phenomenological perspectives. Through this exploration, we hope to gain a deeper understanding of this complex experience and its impact on individuals. Our findings may reveal new insights into addressing the challenges of loneliness and harnessing its potential for growth and transformation.

**Results.** The experience of loneliness is multifaceted and intricate, lacking a universally accepted language to articulate it. Understanding the roots of loneliness is crucial to effectively preventing and intervening. Because people of different ages tend to experience loneliness in various ways, this study set out to identify the unique characteristics of each age group that put people at risk of or provide protection from experiencing loneliness.

**Conclusions.** Loneliness is a growing concern among professionals, political authorities, and society due to its negative impact on individual and social health, the population's well-being, and its support networks. The issue of loneliness among older adults is complex and requires further investigation. We can better understand this issue and develop effective global interventions by exploring it. Given the widespread prevalence of loneliness among seniors, additional research is urgently needed to better comprehend how older adults interpret and experience this phenomenon.

**Keywords:** loneliness, isolation, age, ageing, health, senior citizens.

### Introduction

In today's world, loneliness is a complex and multifaceted concept involving various social and psychological processes and conditions. It determines how an individual relates to society and the world, making it a social phenomenon requiring deep socio-philosophical reflection. Unfortunately, in the 21st century, people increasingly feel alone and isolated in a global political system that seems alien to them. Regrettably, the individual and their inner lives are becoming less important than the state, the organization, or the collective. This century is often called the age of loneliness, with global surveys showing that loneliness is becoming more prevalent, affecting almost a third of people and severely affecting one in twelve (Cacioppo & Cacioppo, 2018).

Loneliness has gone beyond its traditional form and has become a purely personal phenomenon (Yanguas, Pinazo-Henandis & Tarazona-Santabalbina, 2018). Individuals now perceive society's influence differently, placing greater emphasis on how they establish their position in society based on their inner world (Manstead, 2018). A shift in focus that reinforces the psychological aspect of loneliness is linked to the individual's increased self-awareness and societal changes (Luhmann, Buecker, & Rüsberg, 2023).

Since it impacts individuals of all ages and has significant consequences for older people, loneliness is a growing problem in industrialized nations (Rada, 2020a). This concern has led to increased interest in the study of loneliness. The COVID-19 pandemic, demographic changes that lead to an ageing society, and technological advances have brought loneliness into the spotlight, raising awareness and interest (Rokach, 2023). Loneliness is of concern to professionals in many fields and even to political authorities. This is because of its impact on individual and societal health, the well-being of the population, and its link to social support networks (Mushtaq, Shoaib, Shah, & Mushtaq, 2014). Experiencing loneliness has long-term consequences that affect the whole personality structure, the ability to relate to others, and the overall quality of life (Ernst, Niederer, Werner, Czaja, Mikton, Ong, Rosen, Brähler, & Beutel, 2022). To understand the concept of loneliness, how it has changed in modern society, and to anticipate its impact on the world of the future, a comprehensive interdisciplinary approach is essential.

This study examines existing theoretical approaches to understanding loneliness in older people. Recognizing present developments and implementing necessary life-guiding principles is crucial for the scientific and theoretical relevance of addressing loneliness in modern society. Traditionally, people have viewed the multidimensional psychological construct of loneliness as an unpleasant experience resulting from the discrepancy between one's expectations and actual social relationships (Seemann, 2022).

Philosophers have considered the problem of loneliness since ancient times. Loneliness, understood as a painful negative emotionality due to a perceived lack of social connectedness, first appeared in the literature in the 1800s (Alberti, 2018). Over the years, many researchers have attempted to define the term.

Loneliness is often defined as a negative, distressing, or unpleasant experience regarding the quality or quantity of a person's social relationships (Cacioppo, Hawkley, & Thisted, 2010). The consensus psychological definition of loneliness explicitly focuses on the social aspects of the concept, describing it as a feeling that results from a perceived discrepancy between desired and achieved levels of social relationships. Perlman and Peplau (1981) often refer to this gap between expected and actual social relationships as the underlying mechanism of loneliness, also known as perceived social isolation.

The relationship between living alone, loneliness, and social isolation and their association with health remains controversial. Despite their overlapping characteristics, researchers and theorists have long hypothesized that loneliness, social isolation, and living alone are separate constructs (Victor, Scambler, Bond, & Bowling, 2000).

Various conceptualizations of loneliness exist: as a discrepancy between the quality and quantity of social relationships individuals desire and perceive (Walton, Shultz, Beck, & Walls, 1991), as a perceived lack of social contact (Townsend, 1980), as perceived social isolation (Hawkley & Cacioppo, 2010), or as a lack of people to share emotional and social experiences (Rook, 1984). Conversely, scholars have conceptualized social isolation as a gauge of an individual's integration and meaningful communication with their community, family, and friends (Victor et al., 2000), the objective experience of solitude (Hawkley & Cacioppo, 2010), the absence

of meaningful social connections (Lubben & Gironda, 2003), or the lack of integration with social networks (Rook, 1984).

While these definitions suggest conceptual overlap, research indicates that there is only a moderate association between loneliness and social isolation (Golden et al., 2009). Although sometimes considered synonymous, loneliness and social isolation are distinct concepts. Social isolation has been defined as the objective state of having minimal social contact with others. In contrast, loneliness reflects a subjective state of perceived lack of desired affection and closeness with a significant other (Ong, Uchino, & Wethington, 2016). Thus, a person may feel lonely without being socially isolated or, conversely, be socially isolated without experiencing loneliness. Therefore, Smith and Victor (2019) have distinguished between loneliness and feeling isolated, emphasizing the conditions of living alone and extreme social isolation.

Social isolation and loneliness can also be distinguished from living alone based on a simple enumeration of household size (Victor et al., 2000). Inconclusive research findings have been found regarding the relationship between loneliness and social isolation among individuals who live alone. While some studies have found no connection between the two, others have found that living alone significantly increases the likelihood of experiencing loneliness (Sundström, Fransson, Malmberg, & Davey, 2009). Despite possible theoretical differences, living alone has been included in measures of social isolation (Victor et al., 2000) rather than assessed as a potentially separate category. Reviews of intervention studies draw attention to the inadequate separation of related concepts, underpinning the continuing difficulties in establishing what works, for whom, and in what circumstances to tackle loneliness or social isolation (Victor et al., 2018).

Existing theory and evidence suggest that a more nuanced examination of the relationships between these three concepts may be helpful, particularly in developing our understanding of the links between these issues and health and well-being outcomes. Previous qualitative research provides rich and meaningful data on lived experiences of loneliness, social isolation, and living alone. They suggest that loneliness and social isolation are complex individual experiences with different causes and perceived consequences (Dahlberg, 2007). However, quantitative work has typically defined loneliness and social isolation in predetermined, binary, and strict ways (Shankar, McMunn, Banks, & Steptoe, 2011), which may not accurately capture the complexity of these experiences.

Heinrich and Gullone (2006) reviewed the literature and concluded that several definitions of loneliness differ in their focus. Loneliness is the subjective emotional distress that occurs when a person feels alone, abandoned, or rejected by others or lacks adequate social connections that provide a sense of belonging and integration. Changes in life circumstances closely correlate with the universal phenomenon of loneliness (Rokach, 1988).

A limitation of research in this area is that it has focused primarily on developing a quantifiable definition of the term to measure antecedents and consequences for physical and mental health. The multidimensional nature of loneliness has been characterized as a highly subjective and idiographic experience. Weiss (1989) describes loneliness as an elusive phenomenon that is easier to explain than to understand. However, quantitative methods like the UCLA Loneliness Scale (Russell, 1996) and Jong Gierveld's Loneliness Scale (Gierveld & Van Tilburg, 2010) assume that loneliness is a shared construct with a universally understood meaning. However, the polymorphic nature of loneliness is complex to capture, and its essence is difficult to comprehend using quantitative measures alone.

Regarding the factors that contribute to the development and maintenance of loneliness, Heinrich and Gullone (2006) identified several theoretical perspectives. These include the social

needs approach (early life experiences influence it), the cognitive discrepancy approach (loneliness is a result of faulty cognitive processes, desires, and perceptions), the interactionist approach (character traits interact with situational and cultural factors), deficits in social relationships (the need to belong), and finally a consequence of the universal human need to belong (Motta, 2021). When trying to understand these different definitions more holistically, it can be said that loneliness can be understood in terms of social relationships and that when a person's need for social relationships is not met, loneliness occurs.

Loneliness is a counterpoint to the community necessary for a satisfying existence. Many researchers agree that loneliness is associated with a person's experience of isolation from the human community, family, historical reality, and a harmonious natural universe (Lee & Ko, 2018).

Loneliness constitutes an intrinsic facet of human existence. Moustakas (1961) posited that humans, at their core, experience fundamental and enduring solitude. I contend that every individual should confront their inherent sense of isolation and come to terms with the profound and complete aloneness that characterizes human existence. Any endeavor to evade or mitigate this existential loneliness will likely lead to self-alienation (Moustakas, 1961). Consequently, this loneliness can significantly influence the human experience and psyche.

A comprehensive analysis of empirical literature on loneliness underscores a considerable volume of studies, predominantly investigating the intricate nexus between loneliness and various existential quandaries alongside emotional states. Much of the research is quantitative and focuses on the negative aspects of loneliness. For instance, Cacioppo and Hawkley (2009) conducted a longitudinal study that found a significant association between loneliness and increased levels of anxiety and fear regarding the future. Similarly, research by Qualter et al. (2013) demonstrated that individuals experiencing loneliness often struggle with feelings of isolation and a lack of connection and belongingness, corroborating the notion that loneliness is closely linked with these existential concerns.

Furthermore, empirical studies like those by Hawkley et al. (2008) and Qualter et al. (2013) have shown that loneliness has a profound effect on the mind, showing a link between it and higher levels of depressive symptoms and unhealthy ways of coping. Moreover, research by Cacioppo, Capitanio, and Cacioppo (2014) elucidates the neurobiological underpinnings of loneliness, revealing alterations in brain activity and hormonal regulation, which contribute to its detrimental effects on mental health. Moreover, studies such as those by Jaremka et al. (2013) elucidated the cyclical nature of loneliness, indicating that individuals experiencing loneliness may become trapped in a cycle wherein their feelings of isolation and despair reinforce one another over time. Therapeutic interventions aim to understand and address these multifaceted aspects to enhance emotional well-being and the overall quality of life for affected individuals.

Many studies have explored the experience of loneliness and its meaning to individuals who describe it, typically focusing on specific populations. Old age and aging are often equated with loneliness. The recent synthesis of qualitative studies by Mansfield that examined loneliness up to 2018 found that more than half of these studies focused on aging (Mansfield et al., 2021).

Loneliness is a prevalent sentiment that people of every age group experience. According to Cacioppo et al. (2006), this phenomenon becomes more significant as people age and more pertinent to their lives. In contemporary times, global societies face a substantial challenge stemming from population aging, a phenomenon characterized by rising life expectancy and declining fertility rates (Lloyd-Sherlock, 2002).

Loneliness profoundly impacts the physical and psychological well-being of elderly individuals, prompting extensive investigation within psychological research. Efforts are directed

towards unraveling its intricate dynamics and devising interventions to augment the overall quality of life (Mushtaq et al., 2014). In the elderly population, experiences of loneliness and isolation often manifest diversely, influenced not only by subjective feelings of social detachment but also by individual biases, satisfaction levels, and cognitive evaluations of social interactions.

Numerous comparative studies have reported a significant prevalence of loneliness in the older population. Approximately 50% of people over 60 are at risk of social isolation, and one-third will experience some degree of loneliness later in life (Landeiro, Barrows, Musson, Gray, & Leal, 2017).

Aging is a process that begins with life and continues throughout it. It represents the period of closure when individuals look back on life, live on past achievements, and begin to complete their life course (Steinerink, Westerhof, Bode, & Dittmann-Kohli, 2001). It is an age when several profound changes in human life occur, people need to adapt, and the needs of older people are different (Rada, 2018b). Adapting to the changes that come with age requires individuals to be flexible and develop new coping skills to adapt to the changes common at this stage of life. The effects of loneliness are felt in all aspects of life: relationships with oneself and others, work, finances, and, most importantly, mental and physical health (Rada, 2020a).

The literature describes a multifaceted relationship between aging and loneliness, mediated by physical, social, and psychological changes during aging (Cohen-Mansfield, Hazan, Lerman, & Shalom, 2016). Loneliness is a subjective, negative feeling related to one's experience of poor social relationships. Psychological changes in older people result from age-related changes, which are caused by internal factors such as heredity and hormonal changes and external factors such as retirement, reduced biological potential, associated pathology, reduced family members, and the deaths of relatives or friends of a similar age (Rada, 2020b). As people age, the likelihood of suffering age-related losses increases. Such losses can prevent the maintenance or acquisition of desired relationships, resulting in a higher incidence of loneliness.

Normal functioning for an older person involves physical, mental, and social balance. Older people are particularly vulnerable to loneliness because of the expected changes and losses associated with aging. Variables significantly associated with loneliness in older adults are female gender, unmarried status, older age, lower income, lower educational level, living alone, low quality of social relationships, poor self-reported health, and poor functional status.

Scientific research has extensively investigated the psychological characteristics associated with loneliness, given its significant impact on mental health and individual well-being. Among these attributes are poor mental health, low self-efficacy beliefs, adverse life events, and cognitive deficits. Feelings of loneliness often accompany symptoms of depression, anxiety, and stress in poor mental health.

These associations have primarily been examined in cross-sectional studies, exploring various facets of loneliness and its impact on mental health and psychological well-being. For instance, Faludi (2015) analyzed living arrangements, health status, and levels of loneliness among the elderly in multiple countries, elucidating the complex interactions between social factors and the living environment on the experience of loneliness among older individuals. Concurrently, Vasile et al. (2024) investigated the association between social isolation and mental well-being in later life, highlighting the significant role of loneliness in this relationship. These research endeavors have contributed to a better understanding of the complexity and impact of loneliness on the individual, laying the groundwork for developing interventions and programs to enhance the psychological well-being of those affected.

Loneliness is a multidimensional construct associated with various objective (such as physical health and sociodemographic variables) and subjective (such as mental health, particularly depression and anxiety, perception of health, and quality of life) factors, as concluded from a literature review. Therefore, it is essential to assess all these factors (including objective factors such as physical health and sociodemographic variables as well as subjective factors such as mental health, particularly depression and anxiety, perception of health, and quality of life) to investigate their association with loneliness among older adults, as suggested by Somes (2021). Furthermore, different researchers have reported that loneliness is an indirect predictor of mortality among older adults. Multiple studies have reported the negative health ramifications of loneliness in old age, as indicated by Heinrich and Gullone (2006).

Considering the potential outcomes, the wide prevalence of loneliness poses a significant challenge to society. However, it emphasizes the need for improved outreach and personal connections (Hutten et al., 2022). To fully comprehend loneliness throughout life, contextual factors such as culture, functional limitations, and changes in social networks must be considered, as they have a powerful influence on the expression and fulfillment of universal and age-specific relationship expectations in older individuals (Mansfield et al., 2021). The cessation of active professional activity, narrowing the social circle, and approaching physical frailty result in a complex of psychological, value-based, and motivational changes that lead to a new rhythm of life (Rada, 2018b; Lubben & Gironda, 2003). Active building of the life of an older person helps them overcome the feeling of emptiness.

As individuals age, their reliance on external assistance and support tends to increase to effectively manage their daily needs (Freedman & Spillman, 2014). Loneliness is intricately linked to an individual's cognitive appraisal of the quality and fulfillment derived from social connections (Hawkey et al., 2008). The experience of living alone exacerbates the challenges associated with addressing various life difficulties, a task already complicated by declining mental and physical capacities as well as limited financial resources.

Empirical investigations, such as those conducted by Cornwell and Waite (2009), suggest a nuanced duality in the social behaviors of older individuals. Self-imposed isolation may serve dual functions: safeguarding one's mental well-being and seeking solace amidst adversity. Social isolation, characterized by a diminished interest in oneself and others, can cause loneliness among older adults (Smith & Victor, 2019). This isolation may stem from unrealistic expectations regarding the depth and regularity of connections within familial and social networks.

Research findings by Hawkey and Cacioppo (2010) suggest that individuals harboring unrealistic expectations regarding the quality and frequency of social interactions are more susceptible to experiencing loneliness. Thus, the combination of unrealistic expectations and disinterest in social connections significantly contributes to the experience of loneliness among older individuals.

It is essential to emphasize the difference in meanings of loneliness, particularly in old age. Loneliness can be interpreted as objective isolation, as an experience of a severe personality disorder, as disharmony's dominance, or as a crisis of the self. Loneliness can also be a form of voluntary solitude required for contemplation and existential experiences. Those inclined toward solitude are not destined to experience negativity resulting from loneliness. The progressive increase in loneliness trends among older people now and in the future exacerbates this problem. Thus, it is essential to study it in detail, not only by doctors but also by sociologists, demographers, economists, and psychologists.

The scholarly discourse on loneliness among older people extensively identifies its risk factors. A meta-analytical review by Pinquart and Sörensen (2003) elucidates the association between loneliness and an array of factors encompassing socio-demographic elements, psychosocial aspects, and health-related concerns, notably the decline in physical health and insufficient socioeconomic resources. Furthering this discourse, Cacioppo et al. (2014) establish loneliness as a significant predictor of various morbidity outcomes in adults, including the prevalence of depressive symptoms, deterioration in physical health, and functional constraints. Importantly, these relationships persist even after adjustments for objective measures of social isolation, highlighting the profound impact of loneliness on later-life health outcomes.

Moreover, the literature underscores the adverse effects of loneliness on both physical and mental health dimensions, correlating it with an increased rate of mortality and the onset of dementia. Research by Mushtaq et al. (2014) indicates a notable rise in mortality rates among lonely older adults. However, there is a divergence in findings regarding the role of loneliness as an independent predictor of mortality after accounting for initial health status, health behaviors, depression, and social isolation. Beyond its association with depressive symptoms, loneliness is implicated in adversely affecting cognitive functions across the lifespan, demonstrating its extensive negative implications (Ong et al., 2016; Rada, 2020a).

People experience feelings of loneliness when circumstances hinder their ability to develop desired relationships. This may be due to the loss of relationships.

Individuals experience loneliness and isolation differently. This explains why similar factors or situations can affect individuals differently. Individual, community, or social circumstances, social factors, major life transitions, and loss and grief events can cause loneliness and isolation. We control for various variables known to influence the well-being of older adults, such as age, gender, race, marital status, education level, frequency of social contacts, number of medical problems, number of social issues, functional disabilities, and cognitive status, to examine these relationships.

An array of theoretical constructs from psychology, sociology, and gerontology inform the academic discourse on loneliness among older adults, collectively elucidating the phenomenon's etiology, implications, and potential interventions. This body of work identifies the intrinsic human need for social connections as a fundamental aspect of well-being, noting the adverse effects of unmet social needs due to life transitions prevalent in older age (Hawkley & Cacioppo, 2010). More research has been done on how emotionally meaningful relationships become more important with age (Townsend, 1980), how secure attachments help us control our emotions (Lee & Ko, 2018), and how social reciprocity works and the problems it can cause in later life (Golden et al., 2009).

Moreover, cognitive processes are highlighted for their role in shaping perceptions of loneliness, emphasizing the impact of negative self-evaluations and expectations of rejection (Bandura, 1977). Environmental factors, including living arrangements and community integration, are significant determinants of loneliness among older people (Hawkley et al., 2008). An evolutionary perspective suggests loneliness is a signal encouraging social connection, a mechanism of particular relevance as individuals face changes in social roles and physical abilities as they age (Shankar et al., 2011).

Despite the comprehensive exploration of these theoretical perspectives, the literature reveals a gap in synthesizing a unified framework tailored explicitly to understanding and addressing loneliness in older adults. This study aims to consolidate the current knowledge by examining the adoption of these theories within gerontological research, identifying emerging issues, and assessing the potential of these conceptual models to inform interventions. By critically

evaluating the application and limitations of existing theories, this research endeavors to contribute to a nuanced understanding of loneliness among older adults, fostering the development of targeted strategies to mitigate its prevalence and impact. This approach underscores the multifaceted nature of loneliness and highlights the necessity for interdisciplinary research to advance theoretical and practical insights into this significant issue.

### **Purpose and objectives of the study**

This study aims to thoroughly analyze the existing academic literature on loneliness among the elderly population. It seeks to deeply explore the multifaceted dimensions of loneliness experienced by older adults, including its origins, various manifestations, and its significant impact on their physical and psychological well-being and overall quality of life. Against the backdrop of an alarming increase in loneliness rates among older people worldwide, the critical importance of this research endeavor is undeniable. The goal is to uncover key insights that could inform the development of effective strategies to mitigate loneliness among older people.

In light of the growing global concern over the adverse effects of loneliness on the elderly population, this study commits to dissecting and understanding this complex phenomenon in depth. Anchored by a series of fundamental research questions, the study aims to address the following:

1. What are the theoretical frameworks and prevailing models that elucidate the phenomenon of loneliness among older adults?
2. How does loneliness impact older people's psychological and physiological health, and what are the underlying mechanisms?
3. Which interventions have proven effective in alleviating loneliness within this population segment, and what factors contribute to their success?

The study focuses on the following primary research objectives:

Objective 1: To perform a comprehensive review and synthesis of existing research on loneliness among older people, highlighting the identification of its determinants, manifestations, and consequences.

Objective 2: To thoroughly examine the complex interaction between loneliness and various health outcomes in older adults, paying particular attention to health's psychological and physiological dimensions.

Objective 3: To critically evaluate the efficacy of various interventions to mitigate loneliness among older people, discern best practices, and provide recommendations for future initiatives.

This study aspires to significantly contribute to the academic discourse on aging and loneliness by offering a detailed analysis and synthesis of current research. By presenting a comprehensive overview, the study intends to establish a robust foundation for future research efforts, policy formulation, and the development of targeted interventions to address loneliness among older people.

### **Methodology**

The selection of a methodological framework for examining the incidence of loneliness within the senior population is a fundamental cornerstone of the present investigation, ensuring the scrutiny's comprehensive, profound, and extensive nature. Establishing a schematic for a meticulous, stringent, and thorough examination of pertinent scholarly works markedly enhances the credibility



and dependability of the outcomes derived from this research. This segment provides an in-depth discussion of the methodological strategies and procedures implemented, thus emphasizing our dedication to maintaining precision and scholarly diligence.

We meticulously developed our methodology for conducting literature searches to incorporate a broad spectrum of databases distinguished by their extensive research collections within social science and health. This selection included, but was not limited to, the Web of Science, APA PsycNet, PubMed, PsycINFO, ScienceDirect, Google Scholar, SAGE Journals, BioMed Central, the US National Library of Medicine, and SpringerLink. The choice of these repositories was intentional, aimed at harnessing their capability to offer a comprehensive overview of interdisciplinary research directly relevant to our study's thematic focus. This approach highlights our dedication to thoroughness and relevance in accessing and evaluating the most significant compilations of scholarly work in the domains above.

To navigate these databases with precision, we adopted a strategic approach in formulating our search criteria, combining keywords related to the concept of loneliness—such as "loneliness" and "social isolation"—with demographic identifiers including "elderly," "older adults," and "senior citizens." We interconnected these terms using the logical operator "AND" to refine our search scope. The careful selection of both broad and specific search terms was crucial in ensuring the exhaustiveness of our search effort, enabling us to identify studies of potential relevance from a diverse range of perspectives.

The criteria for including studies were meticulously delineated to ascertain the incorporation of research that thoroughly investigates the issue of loneliness within the elderly demographic. These inclusion parameters mandate that the studies to be considered must:

- be published in the English language, a prerequisite for facilitating detailed scrutiny and analysis;
- originate from the period spanning 1977 to 2024, thereby encompassing a broad spectrum of insights from both past and present contexts;
- explicitly concentrate on the themes of loneliness or social isolation in individuals aged 65 years and older;
- rely on empirical evidence or engage in theoretical discourse to delve into the nuances of loneliness.

Exclusion criteria were also scrupulously defined to preserve the thematic focus and uphold the scholarly integrity of the literature review. The following conditions precluded studies from consideration:

- failed to center on the aged populace as restricted by the stipulated age benchmarks;
- were not disseminated through peer-reviewed academic journals, a measure critical for assuring the integrity and scholarly merit of the research findings;
- deviated from the core subject of loneliness, for example, those that addressed broader societal challenges without yielding specific insights into the loneliness experienced by older people.

Utilizing this methodological framework, we curated a collection of 3,150 articles spanning publications from 1977 to 2024. The variability in filtering functionalities across different databases necessitated the formulation of precise inclusion and exclusion criteria. These guidelines were pivotal in meticulously navigating the extensive body of literature, thus emphasizing studies directly relevant to exploring loneliness within the elderly cohort.

The literature examination was guided by an explicitly formulated array of indicators, constituting the foundation for analyzing the research outcomes presented in the selected articles.

These indicators covered a spectrum of variables, such as the incidence of loneliness among the elderly and demographic, psychosocial, and health determinants contributing to loneliness. Furthermore, this evaluation considered loneliness's psychological and physiological consequences, providing a comprehensive perspective on its effects.

We carried out the methodology for this systematic literature review through several precisely defined phases:

1. Preliminary screening: The initial phase involved screening articles based on the relevance of their titles and abstracts to the thematic focus on loneliness among older people. Identifying and applying keywords pertinent to loneliness and the elderly demographic guided this screening, efficiently narrowing the body of literature to 529 relevant entries.

2. Eliminating duplicates: The subsequent phase employed the citation management software Zotero to remove duplicate studies, ensuring the uniqueness of each selected article. This procedure refined the selection to 369 articles, subjecting them to more detailed scrutiny of their abstracts for relevance and alignment with the research objectives. Articles lacking precise demographic data or inadequately addressing the phenomenon of loneliness or its direct implications for older people were excluded at this stage.

3. Comprehensive textual analysis: In the final phase, we subjected articles that passed the preliminary screening to an in-depth full-text analysis to ascertain their conformity with the established inclusion criteria, emphasizing methodological integrity and direct relevance to the research question. This rigorous evaluation culminated in identifying 74 articles (Table 1) that met the criteria for inclusion. These chosen articles help build a base for the systematic review by showing how common loneliness is among older people, what causes it, and how it affects them, and outlining possible ways to make it less of a problem.

This structured approach facilitated a systematic and organized exploration of the literature, laying a robust foundation for understanding the multifaceted nature of loneliness among older people.

## Results

The comprehensive exploration into the multifaceted dimensions of loneliness among older people underscores its profound impact on mental and physical well-being, emphasizing the critical need for targeted interventions. This academic synthesis endeavors to distill the essence of current research findings, eliminate redundancies, and present a cohesive narrative on the determinants, consequences, and mitigation strategies for loneliness in older adults. Loneliness among older people is a pressing issue, adversely affecting their mental, physical, and social health. The vulnerability of older adults to loneliness, a complex and multidimensional phenomenon, necessitates a unified methodological framework to enhance the comparability and interpretation of research data across diverse age groups.

Research reveals a broad spectrum in defining target age groups for loneliness studies, ranging from 45 to over 75 years old. This variability highlights the complexity of loneliness and the imperative for methodological unification to facilitate better research outcomes. Notable studies include Theocharopoulou, Cocks, Pring, and Dipper (2015), Cohen-Mansfield & Perach (2015), Chen and Schulz (2016) and Franck, Molyneux, and Parkinson (2016), each contributing to our understanding of loneliness across different age segments.

The relationship between aging and loneliness is intricate. Studies like Pinquart & Sörensen (2003) indicate a general trend of increasing loneliness with age, while others, such as Savage et al.

(2021), suggest that ageing may reduce the risk of loneliness. Comparative studies, such as Dykstra (2009) and Choi, Kong, and Jung (2012), further elaborate on the dynamics of loneliness across various age groups.

The determinants of loneliness among the elderly are multifaceted, encompassing a broad range of demographic variables, social determinants, health conditions, and environmental factors. Demographic variables play a significant role in the experience of loneliness among older people. Gender, socioeconomic status, marital status, and ethnic background are pivotal in the likelihood of feeling lonely (Cohen-Mansfield et al., 2016; Kobayashi & Steptoe, 2018; Hawkey & Cacioppo, 2010). Studies have consistently shown that older women, unmarried individuals, those belonging to ethnic minority groups, or those residing alone are more susceptible to loneliness (Victor, Scambler, Bowling, & Bond, 2005; Masi, Chen, Hawkey, & Cacioppo, 2011; Steptoe, Shankar, Demakakos, & Wardle, 2013).

The living environment significantly influences loneliness, distinguishing between community and institutionalized environments (McHugh, Dowling, Butler & Lawlor, 2016). Older adults in nursing homes or those living alone may face heightened risks of loneliness (Freedman & Spillman, 2014; Franck et al., 2016). This distinction underlines how social experiences and the quality of social networks impact feelings of loneliness and isolation (Hawkey & Cacioppo, 2010; Masi et al., 2011).

The physical and social environment, including high crime rates, housing inaccessibility, and a scarcity of community resources, also plays a critical role in the experience of loneliness. These environmental factors can exacerbate feelings of isolation, indicating the need for community-level interventions to improve older people's living conditions and social infrastructure (Cohen-Mansfield et al., 2016).

Socio-economic status and educational attainment emerge as pivotal in influencing the experience of loneliness (Hutten et al., 2022). Lower economic security and limited education are associated with higher rates of loneliness, suggesting that these factors exacerbate feelings of isolation by limiting social opportunities and access to community resources (Kobayashi & Steptoe, 2018). Furthermore, the quality of social relationships often diminishes with declining socioeconomic status, contributing to heightened loneliness (Cohen-Mansfield et al., 2016). In addition to the studies above, further research by Hawkey and Cacioppo (2010) investigates the psychological mechanisms through which socio-economic status influences loneliness, suggesting that perceived social isolation and the lack of a supportive social network play mediating roles. This study underscores the psychological impact of socioeconomic factors on loneliness, providing a deeper understanding of how economic and educational disparities contribute to feelings of isolation (Pinquart & Sorensen, 2003). Victor et al. (2005) examine the demographic and socio-economic determinants of loneliness among older adults, identifying low income and limited education as significant predictors of loneliness.

The nuanced landscape of gerontological research vividly illustrates the profound effect of a life partner's loss on older people's susceptibility to loneliness. This event removes a crucial pillar of emotional and social support and limits avenues for social engagement, as highlighted by Freak-Poli, Kung, Ryan, and Shields (2022) categorized the demise of a spouse among life's utmost stress-inducing experiences; this loss profoundly affects an individual's well-being, setting a precedent for understanding the intricate relationship between significant life events and loneliness (Rada, 2018a). The dynamics of shrinking social networks, prompted by the passing of close relations or geographical distance from family and friends, further exacerbate feelings of isolation among older people. This phenomenon aligns with Carstensen's Socioemotional Selectivity Theory,

which suggests a shift in preference towards more meaningful social interactions as one ages (Carstensen, 2021). While this shift could foster a more profound, smaller network, it also risks intensifying loneliness if these networks diminish excessively or fail to replenish effectively.

Expanding on these insights, Victor et al. (2000) and Dykstra (2009) delve into the implications of these social network changes for loneliness, stressing the critical role of the quality and depth of relationships in mitigating feelings of isolation. Golden et al. (2009) further emphasize that the effectiveness of smaller social networks in buffering against loneliness hinges on the active participation and availability of close connections. To enrich this discussion, additional scholarly contributions provide a broader context. For instance, in their meta-analysis, Pinqart and Sörensen (2003) delineate how social network characteristics influence loneliness, underscoring the differential impacts of various forms of social support and interaction frequency. Furthermore, Motta (2021) explores loneliness's psychological and physiological dimensions, providing evidence of its broader health implications and the importance of integrative social strategies in addressing loneliness among older people. Additionally, Choi et al. (2012) contribute to the discourse by examining the role of technology in maintaining social connections in later life, suggesting that digital platforms can offer alternative means of sustaining meaningful relationships and potentially reducing feelings of loneliness.

Recent academic research emphasizes the significant consequences of loneliness, surpassing emotional discomfort to affect both psychological and physical health negatively. Particularly among older people, loneliness has profound repercussions on individual well-being. Contemporary studies highlight a bi-directional relationship between loneliness and health, illustrating a complex interaction where loneliness can exacerbate health issues, and pre-existing health conditions can further amplify feelings of loneliness. Loneliness, especially among the elderly, has been identified as a public health issue with serious consequences for psychological and physical health. This dynamic interaction profoundly impacts individuals' well-being and mortality risk (Fleisch Marcus, Illescas, Hohl, & Llanos, 2017; Steptoe et al., 2013).

The contributions of Manfred Spitzer to this domain, especially his studies on the neurobiological repercussions of loneliness, lay the critical groundwork for understanding the effects of social isolation on mental and physical well-being. In his research, Spitzer (2023) reveals how loneliness serves as a potent stressor, instigating neurobiological alterations that may result in a variety of health complications, such as diminished cognitive abilities, depression, and changes in immune response. His analysis of the psychological and physiological consequences of loneliness highlights the critical role of social interactions in maintaining human health. Furthermore, the link between loneliness and a heightened risk of mental health problems, including depression, anxiety, and cognitive deterioration, is well established. The work of Walton et al. (1991) indicates that loneliness not only increases stress, depression, and anxiety levels but also suggests a self-perpetuating cycle in which loneliness intensifies mental health disorder symptoms. This, in turn, may lead to increased isolation.

Research indicates that loneliness can expedite cognitive decline and elevate dementia risk, with studies such as Heinrich and Gullone (2006) associating loneliness with a higher risk of Alzheimer's disease, thus linking it to cognitive deterioration. Recent studies have broadened our comprehension of loneliness, illustrating its role in increasing social disconnection, depression risk, and mental disorder prevalence while also diminishing life quality, lowering self-rated health, and exacerbating metabolic and inflammatory conditions (Domènech-Abella, Mundó, Haro, & Rubio-Valera, 2019; Perissinotto, Cenzer, & Covinsky, 2012). Furthermore, findings suggest that loneliness's impact on decision-making is indirectly related to its effect on overall cognitive

function, highlighting a multifaceted network of issues, including poor health perception, mental disorders, and depression, underscoring the intricate and interconnected nature of loneliness's effects (Stewart et al., 2020).

Academic discourse has extensively substantiated the linkage between loneliness and an increased incidence of chronic and cardiovascular diseases, such as hypertension, heart disease, and stroke. Hawkey, Thisted, Masi, and Cacioppo, (2010) demonstrate that loneliness contributes to heightened blood pressure and cardiovascular risks, emphasizing the role of stress-related mechanisms in exacerbating the negative health impacts associated with loneliness. Further analysis by Kobayashi and Steptoe (2018) connects these health outcomes to the social limitations imposed by chronic diseases, which curtail opportunities for social interaction and the sustenance of relationships, consequently intensifying feelings of loneliness.

Cardiovascular issues are not the only adverse health outcomes of social isolation and loneliness. Research by Faludi (2015) reveals a strong link between social isolation and an increased risk of death from all causes, with a particular emphasis on cancer mortality. Furthermore, studies from Rokach (2023) and Perissinotto et al. (2012) also support the relationship between loneliness, functional decline, and a notable increase in mortality risk. These findings underscore the significant public health implications of loneliness and social isolation.

Moreover, chronic loneliness has a significant detrimental effect on immune functionality. Research by Jaremka et al. (2013) revealed that loneliness could modify gene expression within immune cells, diminishing resistance to viral infections. These studies underscore the complex and comprehensive impact of loneliness and social isolation on health, signaling a pressing need for public health strategies to address and mitigate these risks.

Prolonged loneliness often precipitates a retreat from social contexts, intensifying the sense of isolation experienced by individuals. This phenomenon fosters a self-sustaining cycle of loneliness, whereby individuals find themselves progressively more isolated due to their hesitancy to partake in social engagements. The reluctance to engage in social activities not only diminishes opportunities for interaction but also reinforces isolation, creating a loop that is difficult to break. This cycle underscores the critical need for interventions encouraging social participation and connection. Loneliness is closely linked to diminished engagement in physical activities. Hawkey, Thisted, and Cacioppo (2009) highlight that feelings of loneliness can contribute to a sedentary lifestyle, thereby exacerbating the decline in physical health and overall well-being. The reduction in physical activity associated with loneliness not only affects physical health directly but also has implications for mental health, as regular physical activity is known to impact mood and cognitive function positively. The findings by Lubben and Gironde (2003) emphasize the importance of addressing loneliness as part of a holistic approach to health, recognizing the interconnectedness of social, physical, and mental health dimensions.

Prolonged loneliness significantly impacts individuals by promoting social withdrawal and reducing engagement in physical activities, creating a cycle of increased isolation and declining health. This self-sustaining cycle of loneliness, characterized by avoiding social interactions, exacerbates feelings of isolation, highlighting the necessity for interventions to foster social participation and connections. Meanwhile, loneliness is associated with decreased physical activity, leading to a sedentary lifestyle that negatively affects physical and mental health. The work of Lee and Ko (2018) underscores this relationship, advocating for a holistic approach to health that addresses the multifaceted impacts of loneliness. These findings collectively stress the importance of comprehensive strategies, considering the interplay between social engagement, physical activity, and overall well-being.

In the field of research for mitigating loneliness among older people, specialized literature emphasises the effectiveness of a multifaceted approach supported by various academic studies. These strategies, designed to address loneliness through the lenses of social, psychological, physical, and technological dimensions, aim to improve seniors' quality of life and well-being. Social relationships, highlighted by Holt-Lunstad, Smith, and Layton (2010), are fundamental in reducing the risk of mortality, requiring interventions to promote and maintain social connections, a perspective also supported by Cornwell and Waite (2009). Golden et al. (2009) and Dykstra (2009) validate the effectiveness of social and community programs in mitigating loneliness. At the same time, Masi et al. (2011) recognize the potential of technology in maintaining social connections, emphasizing the importance of access to online resources and training in the use of technology.

Dickens, Richards, Greaves, and Campbell (2011) attest to the effectiveness of counseling and cognitive-behavioral therapy in developing social skills and coping strategies. Moreover, social and family support, highlighted by Dickens et al. (2011) and Lloyd-Sherlock (2002), is essential in promoting emotional health. Warburton, Nicol, and Bredin (2006) underline the benefits of volunteering and physical activity. Oswald, Wahl, Schilling, and Iwarsson (2007) explore the impact of environmental adaptations and the importance of education in improving digital literacy.

This literary synthesis reflects the necessity of a holistic and personalized approach to combating loneliness. It emphasizes that effective interventions must be comprehensive, from improving social connectivity to integrating technology and promoting physical and mental health. It highlights the ongoing importance of research and practice to ensure a sustainable improvement in seniors' lives.

## **Discussions**

Loneliness represents a significant challenge for older people, emerging as a substantial public health concern in our society that is facing an aging population. A deep understanding of loneliness's depth and complexity necessitates a holistic approach that incorporates multidisciplinary perspectives and respects the diversity of individual and cultural experiences. Loneliness theory highlights the complex interaction between psychological and social factors in shaping the feeling of loneliness, emphasizing the importance of subjective interpretations of social connections (Hawkley & Cacioppo, 2010). This perspective reveals that loneliness does not solely stem from objective social isolation but is significantly influenced by the perceived quality of social interactions. Therefore, addressing loneliness among older people requires an intervention framework that recognizes and leverages the diversity of individual experiences and interpretations (Cohen-Mansfield & Perach, 2015).

The research underscores the need for personalized and culturally sensitive interventions that cater to older people's specific needs and preferences (Cattan, White, Bond, & Learmonth, 2005). This involves developing flexible and adaptable strategies to navigate the diversity of social and cultural contexts (Quan, Lohman, Resciniti, & Friedman, 2020).

A crucial aspect of combating loneliness is the integration of technology, with a focus on accessibility and adaptation to the needs of elderly users. Communication technologies, such as video calls, offer valuable opportunities for connection. However, their success depends on overcoming the digital divide and ensuring the necessary support for effectively using these tools (Noone et al., 2020). In the COVID-19 pandemic, the need for effective interventions to reduce loneliness has become even more pressing, highlighting the importance of assessing and adapting digital services and telemedicine to minimize isolation risks (Noone et al., 2020).

In conclusion, addressing loneliness among older people requires an integrated and adaptable perspective that acknowledges the phenomenon's complexity and capitalizes on the potential of personalized interventions and technology. Future research must continue to explore innovative approaches and validate their effectiveness, ensuring that solutions are accessible, inclusive, and capable of meeting the diverse needs of the aging population.

**Conclusions**

Exploring the various causes and consequences of loneliness in older people highlights the pivotal role of group-based social support in alleviating loneliness, isolation, and social distress. This comprehensive review identifies vital factors influencing loneliness and mental health, arguing that bespoke mental health promotion strategies are imperative. It posits that mental health promotion should be seamlessly incorporated into all public health initiatives, reflecting its paramount importance in the European Union. The advancement of mental health demands a concerted effort across all societal levels and sectors, aiming to establish a compassionate environment that treats mental health enhancement as a foundational principle of collective and individual pursuits. Ensuring that individuals with mental health challenges receive the care and treatment they deserve aligns with human rights and supports the principle of Lavikainen, Lahtinen, and Lehtinen (2000) that mental health is a critical component of public health.

**Acknowledgements**

A summary of this paper was presented at the online international conference: *Individual, family, society - Contemporary Challenges, fifth edition, October 4–5, 2023*, Bucharest, Romania, and published in the journal *Studii și Cercetări de Antropologie*, No. 8/2023.

**Table 1.**

*Presentation of the studies included in the systematic review*

Author/ Year	The study	Participants	Hypotheses/ Research Questions	Variables	Measuring tools/ Intervention program	Main results/ Evaluation of the intervention
Bandura, A. (1977)	Self-efficacy: Toward a unifying theory of behavioural change			Self-efficacy boosts starting, striving, and persisting through challenges, enhancing resilience and performance.		Self-efficacy drives effort, initiation, and persistence in overcoming challenges.
Cacioppo, J. T., & Cacioppo, S. (2018)	The growing problem of loneliness		The research explores the rise of loneliness in modern societies and its adverse effects on health.	Loneliness, intensified by social and technological shifts, deteriorates physical and mental health.		Recognizes loneliness as a public health problem.
Cacioppo, J. T., Hawkley, L. C., & Thisted, R. A. (2010)	Perceived social isolation makes me sad: 5-year cross-lagged analyses of loneliness and depressive	Men and women aged between 50-58 years.	The study analyzes how perceived social isolation and depressive symptoms influence each	Independent variables: perception of social isolation (loneliness). Dependent variables: depressive symptoms.	Cross-lagged analyses are based on questionnaires and periodic psychological assessments to measure loneliness	The perception of social isolation (loneliness) is both a predictor and a consequence of depressive

	symptomatology in the Chicago Health, Ageing, and Social Relations Study.		other over five years.		and depressive symptoms.	symptomatology during the five years of the study.
Cacioppo, J.T., & Hawkey, L.C. (2009)	Perceived social isolation and cognition		Perceived social isolation negatively affects cognitive functions.	Independent variable: perceived social isolation. Dependent variables: gene expression, brain function (social and emotional processing), cognition.	Questionnaires for perceived social isolation, cognitive tests for performance.	Perceived social isolation is linked to lower cognitive performance, suggesting isolation may lead to cognitive impairment.
Cacioppo, S., Capitanio, J. P., & Cacioppo, J. T. (2014)	Toward a neurology of loneliness		Investigating the neurological underpinnings of loneliness.	Independent variables: loneliness. Dependent variables: neurological changes and health effects.		We are identifying the neurological links between loneliness and health.
Carstensen, L. L. (2021)	Socioemotional Selectivity Theory: The Role of Perceived Endings in Human Motivation		The perception of imminent ends alters motivation and socio-emotional behavior.	Independent variables: perception of end-of-life or deadlines. Dependent variables: motivation, social, and emotional preferences change.	Socioemotional selectivity theory (SST) as a theoretical framework.	Endings shift focus to meaningful goals, influencing motivation and behavior.
Cattan, M., White, M., Bond, J., & Learmonth, A. (2005)	Preventing social isolation and loneliness among older people: A systematic review of health promotion interventions	Patients' ages ranged from 38 to 93 years, as stated, and most were over 65.	Effectiveness of health promotion interventions in preventing social isolation and loneliness.	Independent variables: types of health promotion interventions. Dependent variables: levels of social isolation and loneliness.	A systematic review of the intervention literature.	Educational and social group interventions can reduce loneliness in older people, but the impact of home visits and befriending is uncertain.
Choi, M., Kong, S., & Jung, D. (2012)	Computer and internet interventions for loneliness and depression in older adults: A meta-analysis.	Older adults	Effectiveness of computer and Internet interventions in reducing loneliness and depression.	Independent variables: computer and internet interventions. Dependent variables: levels of loneliness and depression.	Meta-analysis of existing studies.	Computer and Internet-based interventions can reduce loneliness and depression among older adults.
Cohen-Mansfield, J., & Perach, R. (2015)	Interventions for alleviating loneliness among older persons: A critical review	Older adults	Which interventions are effective in alleviating loneliness in older people?	Independent variables: various types of interventions. Dependent variables: the level of loneliness.	Critical review of existing literature.	Educational interventions aimed at improving social networks can potentially reduce loneliness.
Cohen-Mansfield, J., Hazan, H., Lerman, Y., & Shalom, V. (2016)	Correlates and predictors of loneliness in older adults: a review of quantitative results informed by qualitative insights	Older adults	The factors associated with and predictors of loneliness in older adults.	Independent variables: socio-demographic, health, and lifestyle factors (e.g., gender, age, income, education, living situation, relationship quality, health status). Dependent variables: loneliness level.	Quantitative and qualitative literature review.	Identifying the factors associated with loneliness; recommendations for future research and interventions.



Cornwell, E. Y., & Waite, L. J. (2009)	Social disconnectedness, perceived isolation, and health among older adults.	Older adults	The relationship between social disconnection, perceived isolation, and health in older people.	Independent variables: social disconnection and perceived isolation. Dependent variables: health status.	Analysis of data from an existing study/survey.	Results show the importance of social disconnectedness and perceived isolation in health research.
Dahlberg, K. (2007)	The enigmatic phenomenon of loneliness.	The study focuses on conceptual and theoretical analysis.	Exploring the nature and dimensions of the phenomenon of loneliness.	The concept of loneliness.	Theoretical and conceptual analysis.	Deep understanding of loneliness as a complex and enigmatic phenomenon.
Dickens, A. P., Richards, S. H., Greaves, C. J., & Campbell, J. L. (2011)	Interventions targeting social isolation in older people: A systematic review.	Elderly individuals.	Interventions targeting social isolation in older adults show varying effectiveness.	Independent variables: types of interventions. Dependent variables: level of social isolation.	A systematic review of existing studies.	Variability in the effectiveness of interventions; some have the potential to reduce social isolation.
Domènech-Abella, J., Mundó, J., Haro, J. M., & Rubio-Valera, M. (2019)	Anxiety, depression, loneliness and social network in the elderly: Longitudinal associations from The Irish Longitudinal Study on Ageing	Adults aged ≥ 50 years.	Social networks, loneliness, generalized anxiety disorder (GAD), and major depressive disorder (MDD) are interrelated.	Independent variables: age, health, socioeconomic context, social support. Dependent variables: physical and mental health, well-being, social isolation.	The UCLA Loneliness Scale assesses loneliness. The Berkman-Syme Social Network Index measures social integration. The Composite International Diagnostic Interview (CIDI) assesses MDD and GAD.	Objective and perceived social isolation increase MDD or GAD risk, underscoring the importance of addressing both types of isolation.
Dykstra, P. A. (2009)	Differences in loneliness among older people: A comparative analysis	Elderly individuals.	Differences in loneliness among elderly subgroups.	Independent variables: age, gender, marital status, and social network. Dependent variables: levels of loneliness.	Comparative analysis based on surveys or interviews.	Identifying factors influencing loneliness in older people.
Faludi, C. (2015)	Living arrangements, health status, and loneliness among older people in Bulgaria, Romania, and Russia	Elderly individuals aged 65 and above	The study hypothesized that elderly people living alone or in care face more loneliness and worse health than those with family.	Independent variables: living arrangements Dependent variables: health status and loneliness. Controlled variables: age, gender, and socio-economic status.	Data collection included surveys on demographics, living conditions, social interactions, health, and objective health assessments without reference to any intervention program.	Living alone or in care increases loneliness and worsens health in older people, highlighting the value of social support and family.
Fleisch Marcus, A., Illescas, A. H., Hohl, B. C., & Llanos, A. A. (2017)	Relationships between social isolation, neighbourhood poverty, and cancer mortality in a population-based study of US adults	US adults	The study investigates the relationships between social isolation, neighborhood poverty, and cancer mortality.	Independent variables: social isolation, neighborhood poverty. Dependent variables: cancer mortality.	Analysis of population-based data.	The study connects social isolation, neighborhood poverty, and cancer mortality, highlighting their impact on outcomes.

Franck, L., Molyneux, N., & Parkinson, L. (2016)	A systematic review of interventions addressing social isolation and depression in aged care clients	Older adults aged 77 to 86 years.	Assessing the effectiveness of interventions to reduce social isolation and depression in older adults in aged care services.	Independent variables: various interventions (social, psychological, technological). Dependent variables: levels of social isolation and depression.	A systematic review of existing studies.	Highlights effective, tailored interventions for reducing social isolation and depression in aged care clients.
Freak-Poli, R., Kung, C. S. J., Ryan, J., & Shields, M. A. (2022)	Social isolation, social support, and loneliness profiles before and after spousal death and the buffering role of financial resources	Individuals before and after the death of a spouse.	Studies change in social isolation, support, and loneliness post-spousal death, exploring financial resources' protective function.	Independent variables: spousal death, financial resources. Dependent variables: social isolation, social support, loneliness.	Analysis of longitudinal data.	Indicates changes in social isolation, support, and loneliness after spousal death, suggesting a mitigating role for financial resources.
Freedman, V.A., & Spillman, B.C. (2014)	The residential continuum from home to nursing home: Size, characteristics and unmet needs of older adults	Older adults across various residential settings.	Investigates the characteristics, size, and unmet needs of older adults along the residential continuum from home to nursing home.	Independent variables: type of residential setting. Dependent variables: unmet needs, characteristics of older adults.	Data was likely collected via surveys, interviews, and administrative records, capturing participants' living situations, care access, health status, and perceived unmet needs.	Identifies unmet needs and varied characteristics of older adults in different residences, exposing gaps in care and services.
Gierveld, J. D. J., & Van Tilburg, T. (2010)	The De Jong Gierveld short scales for emotional and social loneliness were tested on data from 7 countries in the UN generations and gender surveys.	Non-institutionalized population aged 18 to 79 years.	Evaluation of the De Jong Gierveld short scales for measuring emotional and social loneliness across diverse populations.	Independent variables: demographic and social factors. Dependent variables: scores on emotional and social loneliness scales.	The De Jong Gierveld short scales for loneliness.	The scales effectively measure emotional and social loneliness across different countries, demonstrating reliability and validity in diverse cultural contexts.
Golden, J., Conroy, R. M., Bruce, I., Denihan, A., Greene, E., Kirby, M., & Lawlor, B. A. (2009)	Loneliness, social support networks, mood and wellbeing in community-dwelling elderly.	People aged 65 and over.	Examines the relationship between loneliness, social support networks, mood, and well-being among older people.	Independent variables: social support network size and quality, loneliness. Dependent variables: mood (e.g., depression, anxiety), well-being (physical and emotional health). Controlled variables: age, gender, socioeconomic status, pre-existing health conditions.	The study likely combined quantitative (e.g., UCLA Loneliness Scale, Beck Depression Inventory) and qualitative (e.g., social network analysis, interviews) measures to evaluate social support, loneliness, mood, and well-being.	This paper highlights the impact of loneliness and social support networks on the mood and well-being of elderly individuals, indicating significant associations between these factors.
Hawkey, L.	Loneliness	The review	Explores the	The independent	The review	Loneliness

C., & Cacioppo, J. T. (2010)	matters A theoretical and empirical review of consequences and mechanisms.	spans diverse demographics, exploring age, culture, and social circumstances to grasp loneliness's impact on various population segments.	consequences of loneliness and the mechanisms through which it affects health and wellbeing.	variables are loneliness and social isolation. The dependent variables are health outcomes (mental and physical health) and well-being indicators. The moderating variables are social support, socioeconomic status, age, and demographics.	discusses various measures in the literature to assess loneliness and its consequences, covering self-report scales, health outcomes, psychological stress, and physiological indicators.	significantly affects physical and psychological health, detailing its pathways and impacts on wellbeing.
Hawkey, L. C., Thisted, R. A., & Cacioppo, J. T. (2009)	Loneliness predicts reduced physical activity: Cross-sectional & longitudinal analyses.	Two hundred twenty-nine white, black, and Hispanic men and women, ages 50 to 68.	It investigates whether loneliness predicts levels of physical activity.	Independent variables: loneliness. Dependent variables: physical activity levels.	Surveys and physical activity tracking.	Loneliness is a predictor of reduced physical activity both in cross-sectional and longitudinal perspectives.
Hawkey, L. C., Thisted, R. A., Masi, C. M., & Cacioppo, J. T. (2010)	Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults.	50 to 68-year-old White, Black, and Hispanic men and women.	Examines whether loneliness predicts increased blood pressure over five years.	Independent variables: loneliness. Dependent variables: blood pressure.	Longitudinal survey data and blood pressure measurements UCLA loneliness scale.	Loneliness was found to predict increased blood pressure over five years among the study participants.
Hawkey, L.C., Hughes, M.E., Waite, L.J., Masi, C.M., Thisted, R.A., & Cacioppo, J.T. (2008)	From social structural factors to perceptions of relationship quality and loneliness: The Chicago Health, Aging, and Social Relations Study	225 White, Black, and Hispanic men and women aged 50 through 6	Explores how social structural factors influence perceptions of relationship quality and loneliness.	Independent variables: social structural factors (e.g., socioeconomic status). Dependent variables: perceptions of relationship quality, loneliness.	Surveys used the UCLA loneliness scale and demographic, socioeconomic, health, social roles, and stress data to evaluate relationship quality, loneliness, and social factors.	Marriage significantly mitigated the link between income and loneliness, offering the most protection against loneliness.
Heinrich, L. M., & Gullone, E. (2006)	The clinical significance of loneliness: A literature review.	The adolescent developmental period.	Explores the clinical importance of loneliness through existing literature.	It is not applicable in the traditional sense, but it focuses on loneliness as a main subject.	Review of published studies on loneliness and its effects.	Loneliness is a critical factor in various psychological and physical health issues.
Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010)	Social relationships and mortality risk: A meta-analytic review.	The review analyzes varied studies to explore loneliness's effects across different demographic segments.	Examines the association between social relationships and mortality risk.	Independent variables: social relationship quality and quantity. Dependent variable: mortality risk. Controlled variables like age, health status, and socio-economic status could independently affect mortality risk.	Meta-analysis of existing studies.	Strong evidence links social relationships to lower mortality risk.
Hutten, E., Jongen, E. M., Hajema, M.,	Risk factors of loneliness across the lifespan		Identifies and analyses risk factors of	Independent variables: various demographic, psychological, and	Analysis of literature/research studies on	Identifying key risk factors for loneliness at

K., Ruiter, R. A. C., Hamers, F., & Bos, A. E. R. (2022)			loneliness throughout the life span.	social factors. Dependent variables: loneliness.	loneliness.	different life stages, emphasizing the importance of targeted interventions.
Jaremka, L. M., Fagundes, C. P., Peng, J., Bennett, J. M., Glaser, R., Malarkey, W. B., & Kiecolt-Glaser, J. K. (2013)	Loneliness promotes inflammation during acute stress.		Examining how loneliness affects inflammation during acute stress.	Independent variables: loneliness. Dependent variables: level of inflammation.	UCLA, The Pittsburgh Sleep Quality Index, Community Healthy Activities Model Program for Seniors questionnaire, Immune Assays.	Loneliness is associated with increased inflammation during acute stress.
Kobayashi, L. C., & Steptoe, A. (2018)	Social isolation, loneliness, and health behaviours at older ages: Longitudinal cohort study.	Men and women aged ≥52.	Investigating the correlation between social isolation, loneliness, and health behaviors among older adults.	Independent variables: social isolation and loneliness. Dependent variables: health behaviors (physical activity, diet, smoking, alcohol use). Control variables: age, gender, socioeconomic status, and health conditions.	Social isolation and loneliness are gauged via surveys like the UCLA Loneliness Scale. At the same time, health behaviours, such as physical activity and dietary habits, are assessed through self-reports or medical records.	Social isolation and loneliness are associated with poorer health behaviors among older adults.
Landeiro, F., Barrows, P., Nuttall Musson, E., Gray, A., & Leal, J. (2017)	Reducing social isolation and loneliness in older people: A systematic review protocol	This review analyzes the literature on interventions for reducing social isolation and loneliness in older individuals.	Examining interventions aimed at alleviating social isolation and loneliness among older individuals.	Independent variable: interventions (e.g., community programs, technology-based). Dependent variables: social isolation and loneliness levels. Moderating variables: older population characteristics (e.g., age, living situation)	The review evaluates measurement tools like the UCLA Loneliness Scale and interventions such as social activities and digital communication to address social isolation and loneliness.	The systematic review aims to identify effective strategies for reducing social isolation and loneliness among older individuals.
Lee, Y., & Ko, Y. (2018)	Feeling lonely when not socially isolated: Social isolation moderates the association between loneliness and daily social interaction.	Explored the correlations between social isolation, loneliness, and daily interactions among individuals at different life stages.	Investigating how social isolation moderates the relationship between loneliness and daily social interaction.	Independent variable: social isolation - limited social contacts. Dependent variable: loneliness - the feeling of isolation. Moderating variable: daily social interaction - frequency and quality of engagement.	Various tools like scales, questionnaires, and diaries measure social isolation, loneliness, and daily social interaction.	Social isolation influences the link between loneliness and daily social interaction, indicating that loneliness can arise without isolation.
Lloyd-Sherlock, P. (2002)	Social policy and population ageing: Challenges for		Examining the challenges of population ageing for social	Social policies, population ageing.	Analysis of social and demographic policies.	Identifying global ageing population challenges and needs to guide

	north and south		policy in developed and developing regions.			targeted social policy development.
Lubben, J., & Gironda, M. (2003)	The centrality of social ties to the health and well-being of older adults.	Older adults.	Investigating the importance of social ties for the health and well-being of older adults.	Social ties, health, well-being.	Surveys/questionnaires will likely assess social ties, health status, and well-being.	Social ties are crucial for the well-being of older adults, emphasizing their importance for quality of life.
Luhmann, M., Buecker, S., & Rüsberg, M. (2023)	Loneliness across time and space	The study likely includes a diverse demographic sample to explore loneliness across various population segments deeply.	Investigating the variation of loneliness over time and across different geographical locations.	Independent variables: time (life stages), space (living environments). The dependent variable is loneliness levels. Control variables: demographics (age, gender, socioeconomic status), social network size and quality.	Loneliness is assessed with tools like the UCLA Loneliness Scale, and contextual factors are analysed using GIS and longitudinal studies to observe changes over time.	The study aimed to examine how loneliness changes over time and in different geographical contexts, providing insights into the dynamics and patterns of loneliness.
Mansfield, L., Victor, C., Meads, C., Daykin, N., Tomlinson, A., Lane, J., ... Golding, A. (2021)	A conceptual review of loneliness in adults: Qualitative evidence synthesis	In qualitative evidence synthesis, "participants" refer to people from primary studies exploring loneliness across different contexts and populations.	To review and synthesize qualitative evidence on the concept of loneliness in adults.	Conceptual variables: definitions and dimensions of loneliness, perceived causes, and impacts of loneliness on well-being. Contextual variables: social, environmental, and individual factors influencing experiences of loneliness.	The review does not use measuring tools or interventions. Instead, it analyses methodologies from included studies, such as interviews, focus groups, or ethnographic observations, to gather data on loneliness.	The study provided a conceptual review of loneliness in adults based on qualitative evidence, offering insights into the nature and experiences of loneliness among adult populations.
Manstead, A. S. R. (2018)	The psychology of social class: How socioeconomic status impacts thought, feelings, and behaviour?	Explored the influence of social class on psychology by involving participants from diverse socioeconomic backgrounds.	Investigating how socioeconomic status influences cognition, emotions, and behavior.	Independent variable: socioeconomic status (SES) via education, income, and occupation. Dependent variables: socioeconomic status (SES) via education, income, and occupation.	SES is measured via surveys on education, income, occupation, and social status, and psychological assessments use tests for cognitive and emotional states, like personality and well-being.	The study aimed to explore the psychological effects of social class, highlighting how socioeconomic status impacts thoughts, feelings, and behaviours.
Masi, C. M., Chen, H. Y., Hawkey, L. C., & Cacioppo, J. T. (2011)	A meta-analysis of interventions to reduce loneliness.	Individuals experiencing loneliness.	Analyzing the effectiveness of interventions in reducing loneliness.	Loneliness levels before and after interventions.	Meta-analysis of existing interventions targeting loneliness.	The study's meta-analysis evaluated interventions to reduce loneliness, offering insights into the effectiveness of different strategies.

McHugh, J. E., Dowling, M., Butler, A., & Lawlor, B. A. (2016)	Psychological distress and frailty transitions over time in community-dwelling older adults.	Six hundred twenty-four participants aged over 60 years.	Exploring the relationship between psychological distress and frailty transitions over time among community-dwelling older adults.	Psychological distress, frailty transitions.	They likely utilised questionnaires to measure psychological distress and assess frailty transitions.	The study explored the link between psychological distress and frailty transitions in older adults over time, offering insights into the evolution of these factors.
Morris, M. E., et al. (2015)	Loneliness in older adults: A review	Older adults.	Reviewing the prevalence, causes, and effects of loneliness in older adults.	Loneliness.	Review of existing literature and studies on loneliness in older adults.	The study offered a thorough overview of loneliness in older adults, detailing its prevalence, causes, and effects on well-being.
Motta, V. (2021)	Key concept: Loneliness.		Analysing the critical concept of loneliness.	Loneliness.	A literature review or conceptual analysis of loneliness.	Synthesizing the concept of loneliness provides a deeper understanding of this aspect.
Mushtaq, R., Shoaib, S., Shah, T., & Mushtaq, S. (2014)	Relationship between loneliness, psychiatric disorders and physical health? A review of the psychological aspects of loneliness	Individuals affected by loneliness, psychiatric disorders, and physical health issues.	Investigating the links between loneliness, psychiatric disorders, and physical health.	Loneliness, psychiatric disorders, physical health.	A review of existing literature on psychological aspects of loneliness.	The evidence synthesis reveals how loneliness correlates with psychiatric disorders and physical health, highlighting its psychological impacts.
Ong, A. D., Uchino, B. N., & Wethington, E. (2016)	Loneliness and health in older adults: A mini-review and synthesis	Older adults.	Examining the relationship between loneliness and health in older adults.	Loneliness, health.	Review of existing literature on loneliness and health in older adults.	The synthesis outlines the link between loneliness and health outcomes in older adults, offering a concise overview.
Oswald, F., Wahl, H. W., Schilling, O., & Iwarsson, S. (2007)	Housing-related control beliefs and independence in activities of daily living in very old age	Significantly older adults aged 75-89 years.	Investigating the relationship between housing-related control beliefs and independence in activities of daily living among very old individuals.	Housing-related control beliefs, independence in activities of daily living.	Various questionnaires and scales, including the Housing Enabler and Geriatric Depression Scale, were used in the study.	Perceived control over living environments significantly influences daily independence among very old adults, indicating its impact on functioning in old age.
Pinquart, M., & Sörensen, S. (2003)	Risk factors for loneliness in adulthood and old age—a meta-analysis.	Individuals ages 10–97 years.	Identifying factors linked to loneliness in adulthood and later life.	Risk factors for loneliness.	Meta-analysis of existing studies on risk factors for loneliness, UCLA.	Identifying common risk factors for loneliness in adulthood and

						old age provides deeper insights into this issue.
Qualter, P., Brown, S. L., Rotenberg, K. J., Vanhalst, J., Harris, R. A., Goossens, L., Bangee, M., & Munn, P. (2013)	Trajectories of loneliness during childhood and adolescence: Predictors and health outcomes.	7-17 years	Examining the trajectories of loneliness during childhood and adolescence, their predictors and health outcomes.	Loneliness trajectories, predictors, health outcomes.	Likely utilized surveys or questionnaires to assess loneliness, predictors, and health outcomes over time.	Identified trajectories of loneliness during childhood and adolescence, along with factors predicting these trajectories and their impact on health outcomes.
Quan, N. G., Lohman, M. C., Resciniti, N. V., & Friedman, D. B. (2020)	A systematic review of interventions for loneliness among older adults living in long-term care facilities.	Older adults (aged >65) living in long-term care facilities	Reviewing the effectiveness of interventions aimed at reducing loneliness in this population.	Loneliness, intervention effectiveness.	A systematic review of existing interventions for loneliness in long-term care facilities.	Summarized evidence on interventions' effectiveness in reducing loneliness in older adults in long-term care facilities.
Rada, C. (2018a)	Ageing and intergenerational care	55-93 years	Investigating the relationship between ageing and intergenerational care.	Independent variables: types of intergenerational care (informal family care giving, formal programs). Dependent variables: elderly well-being, caregiver benefits, care effectiveness. Moderating variables: elderly age and health, caregiver-recipient relationship, cultural and socio-economic factors.	Personality, depression, memory, quality of life, family questionnaires and a 36-item omnibus questionnaire that collects socio-demographic data, data on health-damaging behaviors, opinions and attitudes relevant to the health of older people.	Examined the dynamics and impact of intergenerational care on aging individuals, providing insights into the evolving care landscape across generations.
Rada, C. (2018b)	Spending leisure time when approaching retirement and during retirement	55-93 years of age.	Examining leisure activities engagement before and during retirement.	Leisure time activities, retirement status.	Questionnaires to assess leisure time activities and retirement status.	Explored leisure time usage before and during retirement, offering insights into activity patterns and adjustments in this life phase.
Rada, C. (2020a)	Factors associated with depression in middle-aged and elderly people in Romania.	35-74 years old.	Identifying factors associated with depression in this demographic.	Depression, demographic factors.	The Geriatric Depression Scale.	Identified depression-linked factors in middle-aged and elderly Romanians, suggesting areas for intervention or support.
Rada, C. (2020b)	The quality of life when approaching retirement and during retirement in Romania. How	55-93 years old.	Investigating the quality of life before and during retirement in	Quality of life, age, marital status, family communication, and family satisfaction.	Life Quality Questionnaire-short form (WHOQOL-BREEF), the	Identified the influence of age, marital status, communication, and family

	important are age, marital status, communication, and satisfaction within the family?		Romania, focusing on the importance of age, marital status, communication, and family satisfaction.		Family Communication Scale, and the Family Satisfaction Scale developed by Olson et al.	satisfaction on the quality of life before and during retirement in Romania.
Rokach, A. (1988)	The experience of loneliness: A tri-level model.	Aged 16–84 years	Developing a tri-level model to understand the experience of loneliness.	Personal variables: psychological traits, emotions, cognition. Situational variables: environments, circumstances, interactions. Societal variables: cultural norms, social structures, community ties.	A theoretical framework or conceptual model.	The study proposed a tri-level model to explain the experience of loneliness, providing insights into its multifaceted nature.
Rokach, A. (2023)	The effects of loneliness on the aged: A review		Developing a tri-level model to understand the experience of loneliness.	Loneliness affects aging	A literature review or systematic review methodology.	Summarizing evidence on how loneliness affects older adults' health and well-being, offering insights into ageing and loneliness.
Rook, K. S. (1984)	The negative side of social interaction: Impact on psychological well-being.	Women between the ages of 60 and 8.	Investigating the negative impact of social interaction on psychological well-being.	Independent variable: negative social interactions. Dependent variable: psychological well-being. Control variables: demographics, baseline psychological well-being, quantity of social interactions.	Social interaction is measured through self-reports, diaries, or observations. Psychological well-being is assessed with standardized scales like the Beck Depression Inventory or the General Anxiety Disorder Scale.	Explored how negative social interactions affect psychological well-being, revealing social relationships and mental health complexities.
Russell, D. W. (1996)	UCLA loneliness scale (version 3): Reliability, validity, and factor structure.		Evaluating the reliability, validity, and factor arrangement of the UCLA Loneliness Scale (version 3).	Loneliness scale reliability, validity, factor structure.	UCLA Loneliness Scale (version 3).	Examined the UCLA Loneliness Scale (version 3) for reliability, validity, and factor structure, offering insights into its effectiveness in measuring loneliness.
Savage, P. E., et al. (2021)	Loneliness among older adults in the community during COVID-19: a cross-sectional survey in Canada	Older adults.	Identifying factors associated with loneliness during the covid pandemic.	Sociodemographic factors, health status, social support, and responses to COVID-19 measures, including their impact on daily routines and	Surveys, interviews, or qualitative methods will likely be used to assess loneliness and its effects on ageing	A survey of 4,879 older adults revealed that during the COVID-19 pandemic, 34.8% felt lonely



				social interactions.	individuals.	sometimes, and 8.3% felt lonely often, with women experiencing higher rates of loneliness than men.
Seemann, A. (2022)	The psychological structure of loneliness.	The study involved participants of various ages and diverse backgrounds to explore loneliness universally.	Investigating the psychological structure of loneliness.	Independent variables contribute to loneliness (e.g., social network size, interaction frequency, and relationship quality). Psychological loneliness experiences are dependent variables. Demographics and potentially psychological well-being are control variables.	Loneliness scales like the UCLA Loneliness Scale quantify loneliness levels. Psychological assessments measure related constructs like depression or anxiety. Qualitative interviews offer in-depth insights into personal experiences of loneliness.	Identifying and describing the psychological components of loneliness provides a better understanding of this experience.
Shankar, A., McMunn, A., Banks, J., & Steptoe, A. (2011)	Loneliness, social Isolation, and Behavioural and biological health indicators in older adults	Older adults	Investigating the links between loneliness, social isolation, and behavioral and biological health markers in elderly individuals.	Loneliness, social isolation, health indicators (behavioral and biological).	Likely utilized surveys, biomarker assessments, and behavioral observations.	Discovered links between loneliness, social isolation, and adverse health markers in older adults, shedding light on the influence of social connections on health.
Smith, K., & Victor, C. (2019)	Typologies of loneliness, living alone, and social isolation and their associations with physical and mental health		Analyzing various loneliness types, living alone, and social isolation, and their links to physical and mental well-being.	Typologies of loneliness, living arrangements, social isolation, physical and mental health.	ADL, IADL, Short Portable Mental State Questionnaire (SPMSQ), UCLA.	Discovered different types of loneliness, revealing its multifaceted nature.
Somes, J. (2021)	The loneliness of aging.	Ageing individuals, likely older adults.	The study examines how loneliness affects aging.	Loneliness, aging.	Surveys, interviews, or qualitative methods will likely be used to assess loneliness and its effects on ageing individuals.	It explored loneliness in ageing individuals, uncovering its prevalence, contributing factors, and impact on older adults' well-being.
Spitzer, M. (2023)	Loneliness: The unrecognised disease.	The study explored loneliness across	Loneliness significantly contributes to poor health	Independent variable: loneliness Dependent variables: health outcomes	The study used loneliness scales, such as the UCLA Loneliness Scale,	The study may be an essay or paper arguing that loneliness should

		diverse age groups, socioeconomic statuses, and living conditions.	outcomes, acting as a disease that affects mental and physical health.	Control variables: age, gender, socioeconomic status, pre-existing health conditions.	and health assessments to measure mental and physical health indicators.	be recognized as a health issue.
Step toe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013)	Social isolation, loneliness, and all-cause mortality in older men and women	Men and women aged 52 and	The study examines the connections between social isolation, loneliness, and all-cause mortality in older adults.	Social isolation, loneliness, all-cause mortality.	Likely utilized surveys or questionnaires to assess social isolation, loneliness, and mortality rates.	Discovered links between social isolation, loneliness, and higher mortality risk in older adults, highlighting the importance of social connections for longevity.
Steverink, N., Westerhof, G. J., Bode, C., & Dittmann-Kohli, F. (2001)	The personal experience of aging, individual resources, and subjective well-being.	Aged 40 to 85	The study explores how personal experiences of aging and individual resources relate to subjective well-being.	Personal experience of ageing, individual resources, subjective well-being.	It likely involved surveys or questionnaires assessing the personal experience of ageing, individual resources, and subjective well-being.	Ageing encompasses physical decline, growth, and social loss, all influencing emotions and life satisfaction.
Stewart, C. C., Yu, L., Glover, C. M., Mottola, G., Bennett, D. A., Wilson, R. S., & Boyle, P. A. (2020).	Loneliness interacts with cognition about healthcare and financial decision-making among community-dwelling older adults.	Community-dwelling older adults.	The authors are investigating the interaction between loneliness and cognition regarding healthcare and financial decision-making in older adults.	Loneliness, cognition about healthcare, cognition about financial decision-making.	De Jong Gierveld Loneliness Scale, 19-test neuropsychological battery.	Loneliness interacts with cognitive abilities in healthcare and financial decision-making among older adults, potentially influencing decision-making processes.
Sundström, G., Fransson, E., Malmberg, B., & Davey, A. (2009)	Loneliness among older Europeans.	65 years or older	Exploring the occurrence and correlates of loneliness among elderly individuals in Europe.	Loneliness, demographic factors, social support, health status.		Found loneliness rates among older Europeans and studied associated factors like demographics, social support, and health.
Townsend, P. (1980)	Isolation, desolation, and loneliness.		Investigating the concepts of isolation, desolation, and loneliness.	Isolation, desolation, loneliness.		Analyses isolation, desolation, and loneliness, shedding light on individual experiences in diverse social contexts.
Vasile, M., Aartsen, M., Precupetu, I., et al. (2024)	Association between social isolation and mental well-being	People aged 65 or older.	Studying the connection between social isolation,	Social isolation, loneliness, mental well-being.	The World Health Organization Well-Being Index (WHO-5 scale).	Investigated how social isolation influences mental well-being in

	in later life: What is the role of loneliness		loneliness, and mental well-being in older age.			older adults, focusing on the mediating effect of loneliness.
Victor, C., Mansfield, L., Kay, T., Daykin, N., Lane, J., Duffy, L. G., ... Meads, C. (2018)	An overview of reviews: The effectiveness of interventions to address loneliness at all stages of the life course.		Assessing the effectiveness of interventions targeting loneliness at various life stages.	Loneliness, intervention effectiveness	Involved systematic reviews of existing literature on loneliness interventions.	Reviewed interventions targeting loneliness across different life stages, offering insights into effective strategies.
Victor, C., Scambler, S., Bond, J., & Bowling, A. (2000)	Being alone in later life: Loneliness, social isolation, and living alone.	Older adults.	Exploring loneliness, social isolation, and living alone in later life.	Loneliness, social isolation, living alone.		Explored loneliness, social isolation, and living alone in older adults, shedding light on later life solitude.
Victor, C., Scambler, S., Bowling, A., & Bond, J. (2005)	The prevalence of, and risk factors for, loneliness in later life: a survey of older people in Great Britain.	People aged 65 or more years living in their own homes.	Exploring the prevalence of and risk factors for loneliness in later life.	Loneliness, risk factors.	the De Jong Gierveld scale, ULA.	She identified the prevalence rate of loneliness and associated risk factors among older people in Great Britain.
Walton, C. G., Shultz, C. M., Beck, C. M., & Walls, R. C. (1991)	Psychological correlates of loneliness in the older adult.	Adults aged 61–91 yrs.	Studying psychological factors linked to loneliness in older adults.	Loneliness, psychological correlates.	Four Likert scale tests, a true-false questionnaire, and a demographic inquiry were administered to determine study objectives.	Identified psychological factors linked to loneliness in older adults, offering insights into its causes in this group.
Weiss, R. S. (1989)	Reflections on the present state of loneliness research.		Reflecting on current loneliness research.		Assessment of research designs, measurement tools, and data analysis techniques used in loneliness research.	Provides insights or perspectives on the current state and trends in loneliness research.
Yanguas, J., Pinazo-Henandis, S., & Tarazona-Santabalbina, F. J. (2018)	The complexity of loneliness	Adults from different demographic s, including age groups, socio-economic status and lifestyles.	Loneliness, explored for its complexity, detrimentally affects mental and physical health akin to chronic conditions.	Independent variable: degree of loneliness. Dependent variables: mental health outcomes (e.g., depression, anxiety) and physical health outcomes (e.g., cardiovascular disease risk).	UCLA Loneliness Scale, depression and anxiety assessments, and physical health screenings.	Tailored interventions effectively reduced loneliness, emphasizing personalized approaches.

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