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An investigation into "*what loneliness feels like*"

Loneliness is generally considered to be an adverse state of mind based on a mismatch between someone's actual and desired social relationships (De Jong Gierveld and Van Tilburg, 2010). While there is a strong association between social isolation and loneliness, the experiences are not interchangeable. Social isolation can be objectively measured in terms of frequency of social contact; loneliness is a subjective experience dependent on a person's perception of the quality and quantity of their current relationships and the fulfilment of their social needs (Puyané *et al*., 2025). A person can have vast social networks yet still experience loneliness.

Researchers have identified three types of loneliness: emotional, where meaningful relationships are absent; social, where social connections lack quality; and existential, where someone feels separate from other people and the world (Mansfield *et al*. 2019). There are clear commonalities in the literature, yet settling on a general definition of the experience of loneliness is challenging (Hauge and Kirkevold, 2010).

Heu *et al*. (2021) conducted a cross-cultural analysis of prominent definitions of loneliness and personal descriptions of loneliness experiences and found no fundamental qualitative differences. They report that most share concepts of a disconnect between desired and actual social relationships; a distinction between loneliness and solitude; and descriptions of loneliness as a negative emotional state similar to depression.

Similarly, Goldman *et al*. (2024) examined national policies aiming to tackle loneliness across 52 countries and found that, while only a few nations had initiatives in place, those that did highlighted similar factors as potential causes and suggested similar actions to alleviate loneliness. This cross-cultural agreement in definition and policies suggests loneliness is publicly conceptualised as a universally similar experience.

However, Mansfield *et al*. (2019) noted various identity contexts that can influence how an individual perceives their social reality and therefore alter how they perceive or experience loneliness – including age, gender, sexuality, race, migrant status, and job title. McKenna-Plumley *et al*. (2023) argue that loneliness is an individual, subjective experience. Their systematic review of 29 studies revealed the multidimensionality of the experience of loneliness, highlighting that loneliness as a consequence of the loss of a spouse is a fundamentally different experience than, for example, prolonged loneliness as a result of feeling a disconnect from society.

Most likely, the commonalities identified in how we understand and talk about loneliness combine with individual identities, contexts, and interpretations to produce more distinct, subjective experiences. Heinrich and Gullone (2006) suggest that as humans, we continue to feel an evolutionary desire to form social connections and that an individual's emotional response to a lack of connection can manifest in various ways, ranging from feelings of failure, deprivation and longing (i.e. loneliness), to an appreciation for solitude and self-reflection.

Loneliness is primarily described as a negative emotional state involving a wide range of (mostly) unpleasant emotions, including hopelessness, shame and anxiety. There is often overlap with symptoms of depression and other mental health issues - Matthews *et al*. (2021), for example, found that participants reported anxiousness, self-deprecation and comparison to others as part of their loneliness experience. Cacioppo and Hawkley (2009) outline a cycle of negative feelings in which lonely individuals experience depressive thoughts, in turn creating a negative perception of themselves and the social world, and thus decreasing motivation to pursue social relationships. In addition, lonely people experience an increased sensitivity to social threats, which reinforces their anxieties surrounding socialising and fear of rejection. This negative feedback loop can result in feelings of hopelessness that are a barrier to seeking help.

Across multiple accounts and studies, loneliness is associated with physical as well as emotional effects. For example, Rokach (1988) analysed participant's descriptions of their loneliest experiences and found that the emotional distress of loneliness was often coupled with somatic symptoms such as headaches, nausea and insomnia. He posits that a lonely person's feelings of hopelessness could lead not just to further isolation but eventually to physical outcomes such as declining mobility. Matthews *et al*. (2021) also found that experiences of loneliness often occurred alongside physical health issues, even for young people.

Research on loneliness has often focused on adolescence, an age at which there are considerable changes in social relationships and identities. Heinrich and Gullone (2006) suggest that adolescents' preoccupation with social status makes them more attuned to feelings of detachment or isolation from peers. Numerous studies have found that adolescents attribute their loneliness to difficulties connecting with friends and turbulence in the relationships within their peer groups (Martin *et al*., 2014; Verity *et al*., 2022; Turner *et al*., 2024). Young people attributed difficulties at home or with learning to the pain they were experiencing (Martin *et al*., 2014) and described their loneliness as a dark, emotionally exhausting experience, causing disturbing thoughts and a mistrust of others (Verity *et al.*, 2022; Turner *et al.*, 2024) that could prevent new social relationships forming during adolescence and beyond.

McInnes and White (2001) found that older adults most commonly experienced emotional loneliness following the loss or fracturing of a close relationship, such as the death of a spouse. In addition to the loss of a deeply meaningful connection, the grieving process can alter whether and how an individual is able to socialise. They might resist support efforts from their community, potentially shrinking their social network risking emotional loneliness.

The authors found that older people in particular reported feeling shame or stigma surrounding their loneliness. Many older interviewees described their loneliness as "a state of silent suffering" (p.134) due to their unwillingness or inability to verbalise their feelings; they reported feeling embarrassed and hiding their struggles with loneliness as a result, not wanting to burden or impose upon others. McInnis and White (2001) also found that in situations where participants were reluctant to share, they often turned to harmful, short-term coping mechanisms to distract from their feelings of loneliness.

There are stereotypical associations between old age and loneliness, and there are several risk factors for loneliness to which older people are likely to be exposed, such as being widowed, living alone, and physical health conditions or mobility issues. McKenna-Plumley *et al.* (2023) found even among people with vast, supportive social networks, many

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anxiously anticipated loneliness in later life. Their fears were exacerbated by concerns about the difficulty of avoiding (e.g.) physical health challenges, cognitive decline, and loss or grief; they perceived loneliness in older age to be inevitable. Pikhartova *et al*. (2015) found that a third of people aged 50 and over expected to be lonely later in life – and that this expectation and acceptance of stereotypical views of old age were associated with a greater likelihood of experiencing loneliness later in life.

Overall, loneliness is widely considered to be an unpleasant emotional experience that can also manifest physical and mental health symptoms. While it is a multifaceted and subjective experience, it typically stems from a longing for emotional connection, frustration at one's current social relationships, and despondence or anxiety regarding how best to alleviate loneliness.

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