



Federal Ministry for  
Family Affairs, Senior Citizens,  
Women and Youth

# ***Loneliness Barometer 2024***

***Long-term development of  
loneliness in Germany***



# Foreword

Dear readers,

I am pleased to present the Loneliness Barometer 2024, the first comprehensive report on the long-term development of loneliness in Germany. The report, which was commissioned by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and the Loneliness Network Germany (Kompetenznetz Einsamkeit), describes the evolution and development of loneliness in our society. It is an important contribution as loneliness is a phenomenon that affects our entire society. Millions of people in Germany feel lonely. Loneliness has increased significantly during the COVID-19 pandemic. Lonely people are less likely to vote in elections and less likely to get involved in civic life and volunteering.



This report contains data on loneliness from the past 30 years, stemming from various surveys as part of the Socio-Economic Panel. The Institute for Social Work and Social Education within the Loneliness Network Germany has now compiled this data for the first time as a long-term study.

The report shows: loneliness manifests itself differently in various groups and has many causes. Factors such as education, care work, health and social relationships influence the feeling of loneliness: married people with a higher level of education and a higher income are less likely to feel lonely than single people with little education and a low income. We also learn that family carers often feel lonely. The report also finds that loneliness levels have been stable to declining since the 1990s. However, this trend has been interrupted by the pandemic.

Overall, the results show that loneliness is a cross-cutting issue. Many stakeholders are involved, be it in education, business, labour and work, health and care. That is why the members of the Federal Government are tackling the issue of loneliness together.

The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth is leading this endeavour on behalf of the Federal Government by providing the Federal Government's strategy to counter loneliness. The strategy was approved by the Federal Cabinet in late 2023. It brings together numerous measures from various federal ministries all geared towards strengthening social connection and social interaction.

For successful policies to counter loneliness, we need data: politicians need to be able to base their measures on figures that show the scope and extent of loneliness. This report provides us with this data.

I would like to thank the project staff at the Institute for Social Work and Social Education within the Loneliness Network Germany for their work on this report. The network is our strong partner in the fight against loneliness.

Whether policymakers, practitioners or the research community – I recommend that anyone interested should read this Loneliness Barometer.



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# Summary

## Objectives and methodological design of the Loneliness Barometer 2024

The Loneliness Barometer 2024 examines the long-term development of the impact and burden of loneliness within the German population (persons 18 years and older) on the basis of representative data by the Socio-Economic Panel (SOEP) between 1992 and 2021. The Loneliness Barometer 2024 specifically aims to:

- provide representative statements on the development of the prevalence of loneliness in the adult German population over time,
- identify vulnerable groups and risk factors,
- highlight changes and trends in loneliness distress of various groups, and
- enable international comparability of data over time.

## Selected results of the Loneliness Barometer 2024

- Long-term development of loneliness distress

Overall, the good news is that after a very sharp increase in loneliness in 2020, the first year of the pandemic, a development towards pre-pandemic levels can be observed for 2021, even though the number of people affected by loneliness was still higher than in 2017.

Specifically, the data shows that people over the age of 75 are on average most affected by loneliness in the long run. However, the first year of the pandemic (2020) had a very strong impact on the loneliness of younger people; the effect was thus reversed and continues to exist despite a continuing reduction. During the pandemic, levels of loneliness distress rose particularly sharply among younger people. In 2020, younger people (aged between 18 and 29) were more affected by loneliness (31.8 per cent) than people aged 75 and over (22.8 per cent). In addition, loneliness levels normalised more quickly among older people in 2021. While younger age groups remained at a higher level in 2021 (14.1 per cent) than before the pandemic (8.6 per cent in 2017), loneliness among older people is roughly back at the same level as before the pandemic. The data also shows that women are more likely to experience increased loneliness than men, with the pandemic also exacerbating this effect.

- Life situations of persons with increased loneliness

The results of the Loneliness Barometer show that loneliness has a negative impact on physical and mental health. Findings on poverty also provide a striking picture: levels of loneliness distress are highly increased among unemployed people. During the pandemic, the differences in loneliness distress between employed and unemployed people narrowed to five percentage points in 2020, but bounced back in 2021 to a gap of 16.1 percentage points. It should also be noted that people who perform intense care work (especially single parents and family carers) and people with migration and/or refugee experience are more likely to experience loneliness.

- Sources of resilience against loneliness: participation and social connections

When analysing the development of loneliness, it is important to consider factors that foster people's resilience against loneliness. To this end, the Loneliness Barometer focuses on the quality of primary relationships, social participation and education. Overall, the German population in general appears to have a solid foundation of resilience factors against loneliness. The frequency of visits from/to primary relationships (family, friends and neighbours) was at a consistently high level – even during the pandemic. Satisfaction with the quality of primary relationships is also consistently high. The proportion of people engaging in social participation at least once per month has increased for almost all forms of social participation. Being active in sports has become an increasingly important form of social participation for many people in recent years. Education is also an important resilience factor against loneliness. People with a higher level of education are less affected by loneliness than people with a medium level of education, who themselves are less affected than people with a low level of education.

- Regional and spatial aspects of loneliness

The feeling of loneliness can be intensified or fuelled by spatial or regional factors. Based on the SOEP data, however, only minor differences were found between the western and eastern German states, and there is no significant difference in loneliness distress between people in rural or urban areas.

- Loneliness aspects and attitudes towards democracy

Loneliness is negatively related to trust in political institutions, the population's interest in politics and motivation to participate in political processes. Based on the SOEP data, the Loneliness Barometer in 2021 shows a significantly lower level of trust in political institutions (police, political parties, politicians, legal system,

parliament) among people with increased loneliness than among people without such distress. People with increased levels of loneliness are also significantly more likely to believe in political conspiracies. This reinforces the assumption that people experiencing loneliness are more uninterested in politics than people without loneliness experiences. Overall, this also has an impact on political participation in elections.

### Selected policy recommendations – understanding loneliness as an interministerial challenge

- Loneliness affects people of all age groups. Moreover, the Loneliness Barometer shows that social crises can lead to the emergence of new risk groups. Measures to prevent and reduce loneliness should therefore focus on all age groups.
- The prevention and reduction of loneliness can be understood as part of an integral gender policy. With a view to creating a gender-equitable society, measures to counter a gender loneliness gap should be implemented.
- Preventing loneliness can contribute to the prevention of certain illnesses. Social connections and relationships are a key resource in this context and should be given greater consideration. In addition, the long-term effects of the pandemic on loneliness should be closely monitored.
- Loneliness and its effects are an integral part of hidden poverty. Loneliness prevention and intervention should thus be integrated into anti-poverty policy.
- Loneliness should be addressed as a particularly burdensome consequence of poverty. This also requires a loneliness-sensitive labour market policy: maintaining and strengthening social relationships should be seen as an important resource that protects people from losing their employment or helps them find new work in the event of unemployment.

Raising awareness of the issue of loneliness in companies as well as the services offered by the employment agencies and job centres could provide a good starting point for this.

- There is a clear correlation between care work and loneliness. As women are disproportionately highly represented in the affected groups, there is an important link between policies against loneliness and policies for women, families and gender equality. In addition, single parents and family carers are at higher risk of poverty. This highlights another significant link between combatting poverty and preventing loneliness.
- Some of the burdens faced by people with refugee and migration experiences could be reduced if their access to education and the labour market was improved. At the same time, there are increased barriers to social participation for this group, which can be countered, for instance, by reducing discrimination and language barriers and promoting cultural programmes. The development of specific programmes that are adapted to the needs of people with migration and/or refugee experiences should thus be promoted and supported.
- Ensuring a high quality of close relationships should be one of the core objectives of a policy to counter loneliness in Germany. This could be promoted, for instance, through preventative and sensitising measures which already exist for children and young people. Loneliness-sensitive neighbourhood and urban development planning also plays a role in this regard.
- When promoting and supporting social participation, care should be taken to ensure that all population groups are considered.
- The central role of education in preventing and reducing loneliness is well recognised. On the one hand, more-educated people will profit more from this fact than less-educated people. On the other hand, this also means that educational work should therefore focus on approaches that are specifically tailored to lonely people with a low level of education.
- Regional differences in loneliness distress in Germany cannot be adequately captured by the SOEP data. Precise recording of social statistics data with a higher spatial resolution is crucial.
- Increased loneliness can pose a threat to liberal democracy in Germany, as it is accompanied by a general loss of trust, which in turn affects the basic pillars of democracy. Preventing and reducing loneliness should therefore also be seen as contributing to promoting democracy and stabilising the democratic system in Germany.

# 1 Introduction: loneliness in Germany

The Loneliness Barometer is intended to provide reliable information on the evolution and development of loneliness in Germany – particularly for vulnerable groups. This introduction describes the aims and data basis of the Barometer and provides a definition of loneliness.

## 1.1 Introduction

Loneliness is a complex and widespread problem that affects people in different age groups and life situations. The risk factors and effects of loneliness vary from person to person.

Increased loneliness is linked to significant risks for individual mental and physical health. It is associated with the development of physical and mental illnesses and leads to significantly increased mortality (Bücker, 2022). At the same time, its negative social consequences are increasingly being recognised. Loneliness is not only associated with poorer health, but also often coincides with lower political participation and the erosion of trust in democratic institutions (Langenkamp, 2021a, 2021b; Schobin, 2022b).

This Loneliness Barometer provides the first regular representation of the long-term development of loneliness within the population (aged 18 years and older) in Germany on the basis of representative data. Specifically, this monitoring is intended to:

- enable representative statements to be made about the development of the prevalence of loneliness in the adult population in Germany over time,
- identify vulnerable groups and risk factors,

- highlight changes and trends in loneliness distress experienced by different groups, and
- enable comparability of the data over time and in an international context.

The Loneliness Barometer contributes to a better understanding of the prevalence of loneliness in Germany. On this basis, it encourages and promotes a reduction of loneliness in Germany. The focus is on the individual, social and contextual factors that can influence loneliness, whether in its development or in its reduction.

The introduction presents the theoretical and methodological foundations of the Loneliness Barometer. Chapter 2 takes a look at the long-term development of loneliness within the German population. Chapter 3 focuses on specific life situations. These include the health impacts of loneliness, poverty, care work, and loneliness experienced by people with migration or refugee experiences. Chapter 4 is devoted to sources of resilience, i.e. factors that can provide protection against loneliness. This includes an analysis of the perceived quality of primary relationships, i.e. family, friends and partnerships, social and cultural participation as well as education. The spatial factors of loneliness are covered in Chapter 5, while Chapter 6 looks at aspects regarding democratic participation.

## 1.2 Loneliness – a definition

The Loneliness Barometer builds on the following definition of loneliness:



Loneliness is described as “the unpleasant experience that occurs when a person’s network of social relations is deficient in some important way, either quantitatively or qualitatively” (Perlman & Peplau, 1981).

Experiencing loneliness is thus a subjective perception of the affected person. Loneliness arises from the discrepancy between the expectations of social relationships and actual relationships. The perceived deficiency can relate to both the number of social contacts (quantity) and their quality. When analysing loneliness, it is important to differentiate the term from other concepts such as “social isolation” or “being alone”. Loneliness, being alone and social isolation describe different states and feelings. As the above definition shows, loneliness is a subjective sense of lack or deprivation. However, subjective feelings do not necessarily correspond to the objective life situations to which they refer. People who are lonely are therefore not necessarily socially isolated. Conversely, socially isolated people are not lonely per se. In contrast to loneliness, social isolation is understood to be a situation that can be observed from the outside: the term describes the objective fact that a person has very little social contact with people around them – measured against a certain reference value. In colloquial terms: a person is socially isolated if they are alone most of the time, whether intentionally or not. However, it should be noted that there is currently no scientific consensus as to which reference value of social contact should be considered “very little” or “very low” (Luhmann, 2022).<sup>1</sup>

## 1.3 Loneliness during the COVID-19 pandemic

The COVID-19 pandemic has brought the issue of loneliness to the fore. During the pandemic, loneliness increased dramatically across almost all population groups. This Barometer therefore focuses on the question of how loneliness has developed in the context of the pandemic.

The protective health measures taken in response to the pandemic had a direct impact on the social lives of all people. Opportunities to meet with people outside one’s own household were severely restricted, as were participation in social and cultural life and volunteering. These effects are clearly visible in various studies (Buecker & Horstmann, 2021; Ernst et al., 2022). It can furthermore be shown that the pandemic intensified existing vulnerability characteristics. Particularly severe loneliness distress arose not solely, but especially, in social groups which already exhibited risk characteristics before the pandemic. According to current studies, these include (non-exhaustive list):

- Children and adolescents: there is clear evidence of a rise in loneliness among children and adolescents, particularly during the COVID-19 pandemic. Research on this issue is limited. However, the study by the German Youth Institute (Deutsches Jugendinstitut e.V.) “Kind sein in Zeiten von Corona” (Being a child in times of Corona) (Langmeyer et al., 2020) and the KiCo and JuCo studies I-III by the research network “Kindheit – Jugend – Familie in der Corona-Zeit” (Andresen et al., 2022) stand out. These two studies emphasise the severe emotional and psychological strain on children, with low-income households being particularly affected.
- Older and very old people, especially those in residential care facilities: even before the pandemic, these persons were considered a high-risk group for increased loneliness (Huxhold & Henning, 2023). Older people were particularly susceptible to severe COVID-19 infections. During the pandemic, the group of very old people – especially those in residential care facilities – saw severe restrictions placed on their social lives in order to avoid COVID-19

<sup>1</sup> For a detailed discussion of these concepts, their measurement and correlation, see Huxhold et al. (2022); Kaspar et al. (2022); Luhmann (2022); Mund (2022); Neu & Müller (2020); Schobin et al. (2021).

infections (Entringer, 2022; Gaertner et al., 2021; Huxhold & Engstler, 2019; Kaspar et al., 2022; Råker et al., 2021).

- Single parents and carers: care work, i.e. caring for children and dependent relatives, contributes to an increased sense of loneliness. In this case, the closure of schools and daycare centres, but also the loss of support structures such as outpatient care services, volunteer helpers, and even the direct family, had a major impact on the loneliness experienced by this group during the pandemic (see, among others, Bünning et al., 2021).
- People with migration or refugee experiences: currently, there is only limited research on the relationship between loneliness and migration in Germany (Geisen et al., 2022). However, studies indicate higher levels of loneliness for migrants (Fokkema & Naderi, 2013) and (especially) for refugees (Löbel et al., 2021). In the case of migrants, this can be attributed in particular to poorer health and a lower socio-economic status (Fokkema & Naderi, 2013).
- Lesbian, gay, bisexual, transgender, intersex and other queer people (LGBTIQ+) people: loneliness has rarely been addressed in research on LGBTIQ+ people, even though they were already a high-risk group before the pandemic. It can be assumed that experiences of multiple discrimination exacerbate loneliness (Fischer, 2022). Fischer (2022) notes that social alienation and social exclusion can contribute to increased feelings of loneliness. Friendship networks can in turn be seen as resilience factors.
- Persons with chronic illnesses/disabilities: these persons are particularly at risk of suffering from loneliness. This holds true not only across all age groups but also, in particular, for young people with disabilities (Landtag Nordrhein-Westfalen [NRW], 2022, p. 120). People with disabilities are more dependent on support from their social environment (Neu & Müller, 2020, pp. 48ff.). Reasons for this include physical barriers to participation as well as social discrimination. At the same time, these groups are particularly difficult to reach – both in terms of research (Entringer, 2022, p. 37) and with appropriate measures to prevent and reduce loneliness (Bücker & Beckers, 2023, pp. 21, 49; Gibson-Kunze & Arriagada, 2023; Landtag NRW, 2022, p. 111).

## 1.4 Data basis and methodology

### Data basis – the Socio-Economic Panel (SOEP)

The data for the Loneliness Barometer is taken from the SOEP – a representative annual long-term survey in Germany (Goebel et al., 2019). Loneliness has been measured in the SOEP using two instruments since 1992. The measurement has been performed at different points in time since 1992, using a one-item instrument (henceforth “one-item instrument”, survey years: 1992, 1993, 1995, 1996, 1997, 2008, 2013, 2018). Since 2013, loneliness has also been measured at four-year intervals using an abridged version of the University of California, Los Angeles Loneliness Scale (henceforth “UCLA-LS”, survey years: 2013, 2017, 2020 as part of the SOEP-CoV survey and 2021). The sample currently comprises around 30,000 respondents. In addition, a small sample (around 6,000 respondents) was surveyed on loneliness as part of a dedicated COVID-19 survey (referred to as the SOEP-CoV study) from April to June 2020 as well as in January/February 2021 (Entringer, 2022; Kühne et al., 2020). In principle, the SOEP always records its data over the entire year. Some of the SOEP-CoV responses were integrated into the overall SOEP sample in 2021. The samples therefore overlap substantially. This report always uses the entire sample for the year 2021. For the year 2020, in contrast, only the SOEP-CoV sample was analysed. This means: for 2020, this report mainly looks at loneliness aspects and impacts at the height of the lockdown measures rather than for the entire year 2020. Overall, this provides a picture that is both representative of the long-term course of the pandemic, as well as its effects on loneliness aspects within the population, and the findings can be linked to international research as research was based on an internationally established measurement tool and a high-quality, representative sample. However, the SOEP data includes key risk groups only to a limited extent, either because the specific characteristics of such groups are not adequately surveyed or because certain groups, such as people in inpatient facilities, are generally not surveyed in the framework of the SOEP.

### Statistical methodology

Although the SOEP is a panel study that regularly and repeatedly surveys the same people, it is treated as a repeated cross-sectional study for this present study. This approach is appropriate since there are often several years between the survey waves in which loneliness aspects are being recorded. Over the course of time, many people leave the sample and it is replenished with new study participants. As part of the development of its cross-sectional weighting, the SOEP ensures that the sample can always be extrapolated representatively to the population of the Federal Republic of Germany in each and every year. The weighting gives certain groups more weight in order to correct for distortions that arise from the complex sample design of the SOEP. This analysis uses this cross-sectional weighting to estimate percentages and averages. This allows for a more accurate picture of the real population groups which are considered individually here for each year (for 2020 in the respective period April-June).

Furthermore, a significance level of  $\alpha \leq 5$  per cent is generally assumed for this report in order to decide on the statistical significance of differences or test statistics. When calculating the standard errors of confidence intervals and test statistics, statistical corrections are made for both the clustering of the SOEP into primary (electoral districts) and secondary sampling units (households) as well as for the stratification of the SOEP. All percentages, confidence intervals and test statistics (e.g. for regression analyses or T-tests) were calculated using the R-package “survey” (Lumley, 2011). More detailed information on the statistical methodology can be found in the statistical appendix at <https://www.bmfsfj.de/bmfsfj/service/publikationen/einsamkeitsbarometer-2024-237576> (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth [BMFSFJ], 2024).

### Instruments for measuring loneliness

The SOEP uses two instruments to measure loneliness: the three-item version of the UCLA-LS and a direct one-item instrument.<sup>2</sup>

UCLA-LS comprises the three following questions:

1. How often do you have the feeling of lack of company?
2. How often you have the feeling of being left out or of missing out?
3. How often do you have the feeling of being socially isolated?

The responses are given via a five-point response scale (ranging from “never” = 1 to “very often” = 5). The three items are then used to create an averaged sum scale. To simplify the presentation, this scale is divided into two: values above three ( $> 3$ ) were assigned to the category “Increased loneliness”. Semantically, this corresponds to the group of people who feel lonely more often than “sometimes”. In contrast, scores equal to or less than three ( $\leq 3$ ) were grouped into the category “No increased loneliness”. Semantically, this corresponds to the group of people who feel lonely only “sometimes” or less often than “sometimes”. The one-item instrument, in turn, is based on asking respondents to agree or disagree with the statement “I often feel lonely”, which is surveyed on a four-point answer scale (ranging from “Strongly agree” = 1 to “Strongly disagree” = 4). This question has been asked in the same way in various SOEP surveys since 1992 (most recently in 2018) and thus allows a limited observation of the experience of loneliness over a very long period of time. For this report, the one-item instrument was split into two. Respondents who “strongly” agreed with the statement “I often feel lonely” were categorised as experiencing “increased loneliness”. Respondents who only “somewhat” agreed or “somewhat” or “strongly” disagreed with the statement were categorised as experiencing “no increased loneliness”.

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<sup>2</sup> For a comprehensive introduction and discussion of measuring loneliness, see Mund (2022).

It should be emphasised that there is currently no scientific consensus concerning the choice of threshold values for the UCLA-LS and the one-item instrument in terms of what amount of loneliness and loneliness distress must be considered problematic. The threshold values “More often than sometimes” and “Strongly agree” were chosen according to three criteria:

1. Episodic and situationally limited loneliness is considered by researchers to be a productive psychological adaptation signal (Luhmann, 2022). It is therefore not considered problematic. “More often than sometimes” semantically corresponds to a level of distress that occurs regularly. In contrast, strong agreement with the statement “I often feel lonely” clearly expresses a loneliness experience that occurs more than episodically.
2. A typical bias in studies is a preference for the middle category (“Sometimes” in this case), for example because respondents are unsure, do not understand the question exactly or answer inattentively. The choice of the “sometimes” category therefore may express a different reality or meaning than the actual perception of one’s own loneliness.
3. The prevalence of increased loneliness in UCLA-LS and the prevalence of increased loneliness determined via the one-item instrument correspond approximately if the thresholds are set to “more often than sometimes” and “strongly agree”. Both instruments were used simultaneously in 2013, which allows for this comparison. A different choice of thresholds leads to a higher discrepancy between the two instruments.

In this report, however, the focus is primarily on the UCLA-LS, which has been recorded at regular intervals from 2013 onwards. This is partly because, from a psychometric point of view, this scale measures loneliness distress more accurately than the one-item instrument (Mund, 2022), and partly because this scale is used most frequently in national and international studies, which ensures better comparability of results. The present longitudinal study therefore uses data from the one-item instrument for the years up to 2013, which is then replaced by the UCLA-LS data from 2013 onwards.

## 1.5 Structure and content of the Loneliness Barometer

This Loneliness Barometer is part of a comprehensive report on loneliness in Germany. The report consists of two modules: (I.) Loneliness monitoring and (II.) Loneliness focus analyses.

### **I. Loneliness monitoring**

The Barometer uses data from the Socio-Economic Panel (SOEP) to describe long-term developments in Germany. Among other aspects, it examines changes in the risk profile for loneliness distress, the overall development of participation in social life in Germany, the development of the economic and social situation of people with increased loneliness and the development of political participation of people in loneliness situations.

### **II. Loneliness focus analyses**

The statistical analyses on loneliness are supplemented by focus analyses in which selected issues are investigated in detail. The focus analyses examine issues and groups that cannot be analysed using SOEP data.

## 2 Long-term development of loneliness

Effective policy to counter loneliness requires a comprehensive understanding of the long-term development of loneliness in Germany. How have the burdens on different social groups developed, particularly with regard to age and gender? What long-term trends can be identified in the development of solitary or reclusive lifestyles?

### 2.1 Introduction

Gaining a comprehensive understanding of the long-term development of loneliness in Germany forms the basis for an effective and future-oriented policy to counter loneliness. To enable evidence-based projections about the future of loneliness development and to design appropriate measures for its prevention and reduction, it is necessary to understand historical developments as well as current trends: which social groups were particularly affected by loneliness in the past and how has their loneliness developed in the present? In the following sections, these questions are examined for the categories of age and gender and presented using selected historical data as well as recent statistics. This provides an overall picture of the long-term development of loneliness in Germany and the new challenges that emerged from the global pandemic in 2020. The breakpoint before and after 2013 is due to the different survey methods to record and measure loneliness: until 2013, only the one-item instrument was used; the UCLA-LS was added in 2013 (see Chapter 1).

### 2.2 Long-term development of loneliness up to 2013 by age group

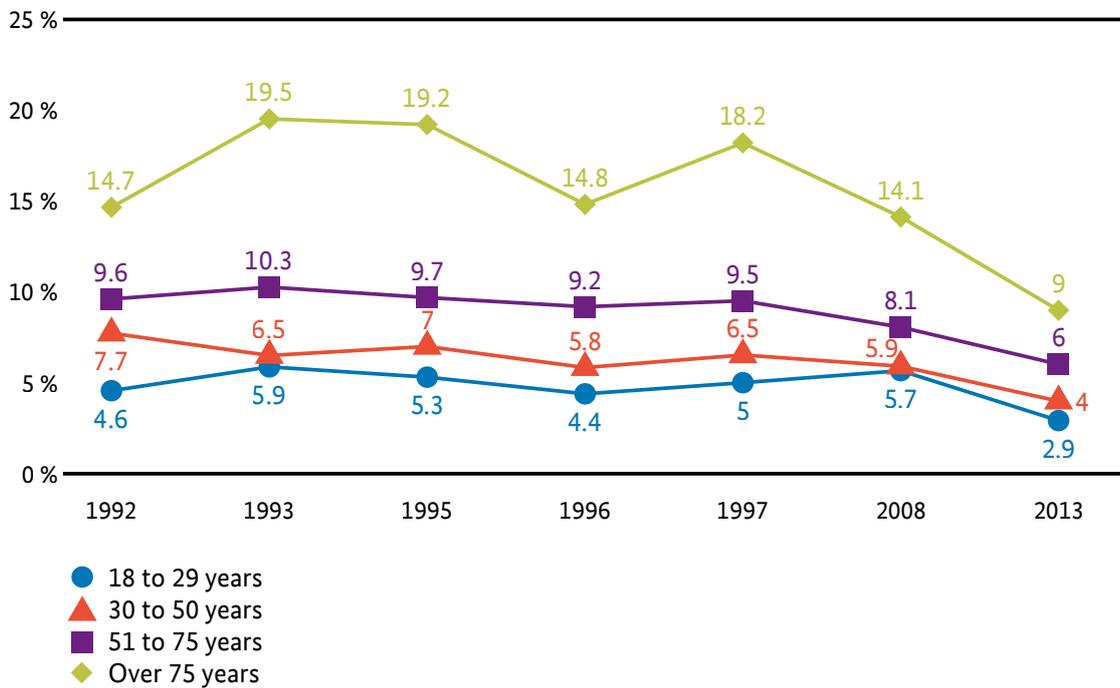
From 1992 to 2013, a positive trend can be observed across all age groups. According to the data, the loneliness rate among people aged 18 and over was 8.3 per cent in 1992, falling to 5.3 per cent by 2013.

However, research by Luhmann & Hawkey (2016) has highlighted that within the adult population in Germany, people over the age of 75 are particularly and increasingly affected by loneliness. A differentiated view of different age groups is essential.

In this regard, it is important to emphasise that old age in itself is not a direct risk factor for loneliness distress (Huxhold & Henning, 2023). Rather, the risks result from an accumulation of life events that may foster loneliness and occur more frequently with increasing age (Luhmann, 2022). These include the loss of life partners, close relatives and close friends, health impairments and social challenges such as poverty in old age as well as age discrimination.

*Throughout 1992 to 2013, people over the age of 75 were more likely to be lonely than any younger age group.*

Figure 2.1: Loneliness up to 2013 by age group, population aged 18 and over, instrument: one-item instrument



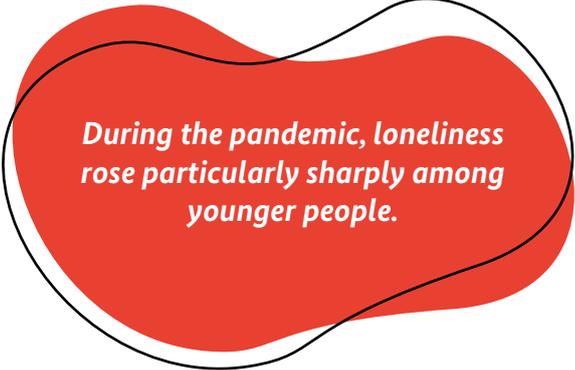
As the group of older people (over 75 years) will grow significantly in the coming decades and make up an ever larger proportion of the total population, it is crucial to closely monitor the development of loneliness distress in this group. A systematic decline in loneliness in this age group would be highly encouraging. This would indicate that the increase in loneliness distress associated with an ageing society may be more moderate than is currently assumed based on the prevalence of loneliness. In fact, the SOEP data show a more positive development over time: compared to the 1990s, loneliness distress among older people has decreased significantly in the 2010s.<sup>3</sup> While proportions of be-

tween 14.7 per cent and 19.5 per cent were common in the 1990s, in 2013 a mere 9 per cent of people over the age of 75 were affected by increased loneliness. However, the other age groups of 18- to 29-year-olds (1992: 4.6 per cent; 2013: 2.9 per cent), 30- to 50-year-olds (1992: 7.7 per cent; 2013: 4 per cent) and 51- to 75-year-olds (1992: 9.6 per cent; 2013: 6 per cent) also recorded a significant decrease in loneliness. The age-specific comparison in the years up to 2013 shows that loneliness increases significantly with age, regardless of the year of the survey – at least when measured using the one-item instrument.

<sup>3</sup> When interpreting the data, it should be noted that in the scope of this report, the SOEP is analysed as a repeated cross-sectional study. It always involves people of the same age group in the different years, but not the same birth cohort in different years. The curves in the figures therefore do not show the change in loneliness of a particular birth cohort from one survey year to the next, but rather how a relative proportion of people affected by loneliness in the respective age groups changes.

### 2.3 Long-term development of loneliness up to 2013 by gender

Whether men or women are more likely to be affected by loneliness cannot be clearly determined on the basis of international research. Research results of different studies come to very inconsistent conclusions.<sup>4</sup> A meta-analysis of 575 international studies suggests that, if there is a tendency, men are more likely to be affected by loneliness (Maes et al., 2019). For Germany, however, the SOEP data consistently show the opposite picture: in every survey year between 1992 and 2013, the proportion of women affected by loneliness was consistently higher. The respective gap was at a minimum of 1.8 percentage points (in 2008) and a maximum of 3.8 percentage points (in 1995).



*During the pandemic, loneliness rose particularly sharply among younger people.*

### 2.4 Loneliness after 2013 and in the course of the pandemic by age group

Since 2013, the SOEP has provided a more precise assessment of loneliness distress by using the UCLA-LS. The data shows that the general downward trend of loneliness from the 1990s was significantly interrupted by the global pandemic in 2020. The COVID-19 pandemic brought with it a host of new challenges that impacted people's mental wellbeing. Overall, loneliness levels among the total population rose from 7.6 per cent in 2017 to 28.2 per cent in 2020 and fell back to 11.3 per cent in 2021. Surprisingly, loneliness levels rose particularly sharply among younger people during the pandemic. These even exceeded the loneliness levels of older people. In the first year of the pandemic in 2020, the proportion of people with increased levels of loneliness among 18- to 29-year-olds was 9 percentage points – and as such significantly higher than among people aged 75 and over. Another notable aspect is that loneliness (distress) levels among older people in 2021 normalised more rapidly than those of younger persons: in the younger age groups, the numbers remain at a higher level than before the pandemic. Among older people, loneliness distress in 2021 was roughly at the same level as before the pandemic, while that of the youngest age group was still significantly higher than in 2013 and 2017. 30- to 50-year-olds as well as 51- to 75-year-olds show significantly higher loneliness distress in 2021 than was the case in 2013 and 2017 as well. These developments illustrate the complex impact of the pandemic on the social fabric and emphasise the need to take targeted measures to prevent loneliness among all age groups.

<sup>4</sup> Amongst other things, there are at least two potential reasons for the varying study results: first, differences can be explained by the measurement instrument. For instance, women show a higher loneliness rate when surveyed with direct measurement methods (see Mund, 2022, p. 12). The measurement instrument can also lead to varying response behaviour, with men responding in a “more socially desirable” way as they may be more ashamed of feeling lonely (Barreto et al., 2021). Meanwhile, differences in the ascribed gender roles could serve as a possible explanation, for example with regard to the greater involvement of women in care work (see chapter 3.4).

## 2.5 Loneliness after 2013 and in the course of the pandemic by gender

While the loneliness patterns between age groups were reversed during the pandemic, they persisted and even widened between the genders: during the COVID-19 pandemic, loneliness rose sharply and the gap between men and women widened significantly. In 2020, the gap was at up to 9.9 percentage points. However, this normalised in the course of 2021. Nonetheless, the proportion of both men and women affected by increased loneliness is still significantly higher than before the pandemic.

*During the pandemic, loneliness distress increased particularly sharply among women.*

In contrast, the difference between men and women was roughly the same again in 2021 as before the pandemic (around 2 to 3 percentage points).

Figure 2.2: Loneliness until 2013 by gender, population aged 18 and over, instrument: one-item instrument

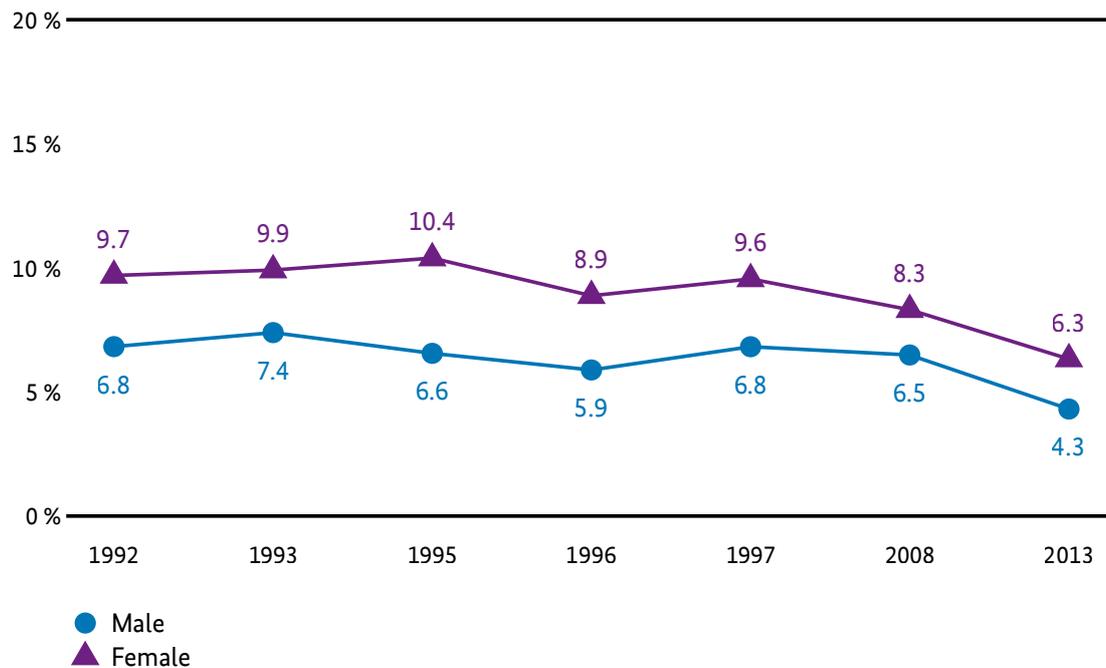


Figure 2.3: Loneliness from 2013 onwards by age group, population aged 18 and over, instrument: UCLA-LS

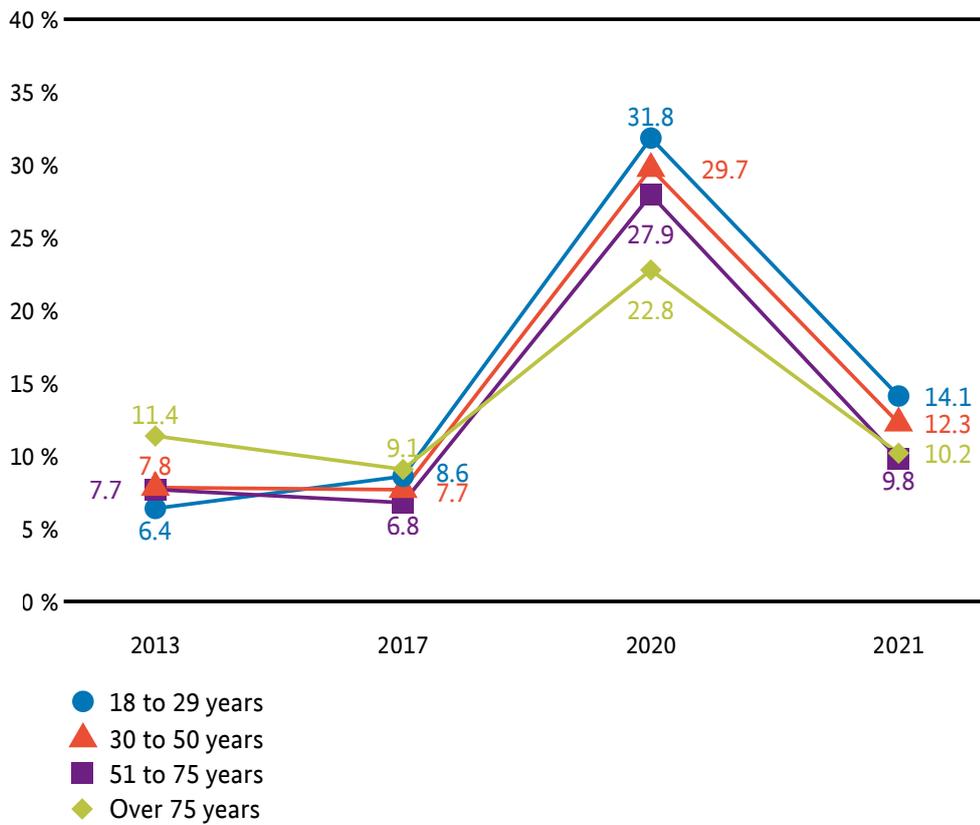


Figure 2.4: Loneliness from 2013 onwards by gender, population aged 18 and over, instrument: UCLA-LS

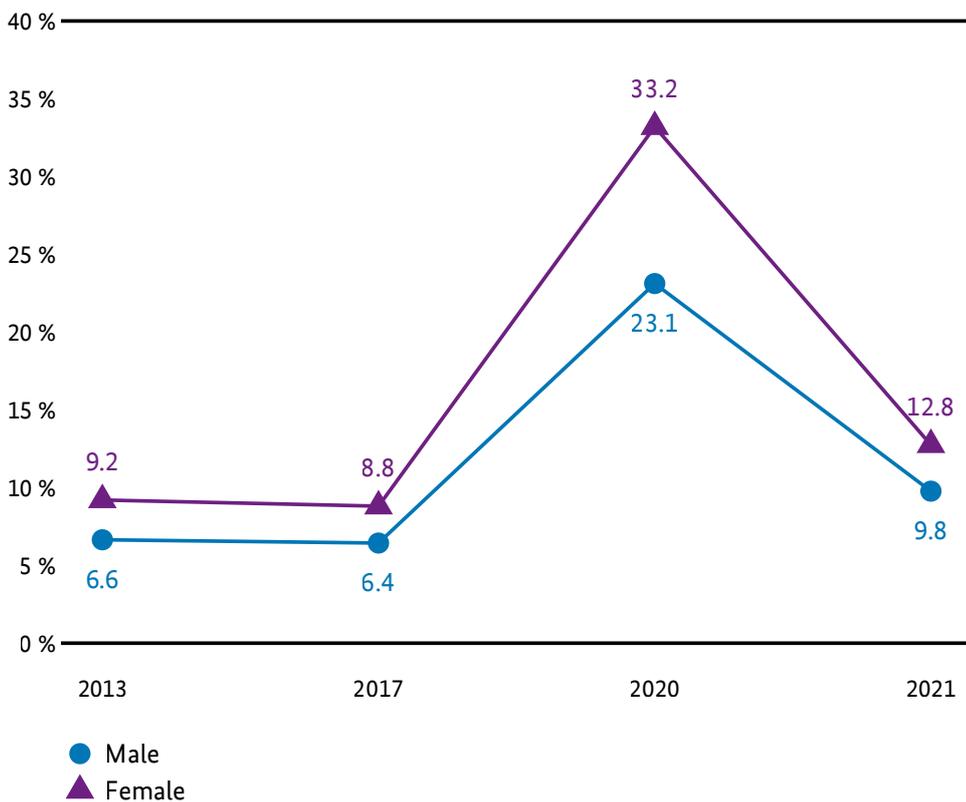
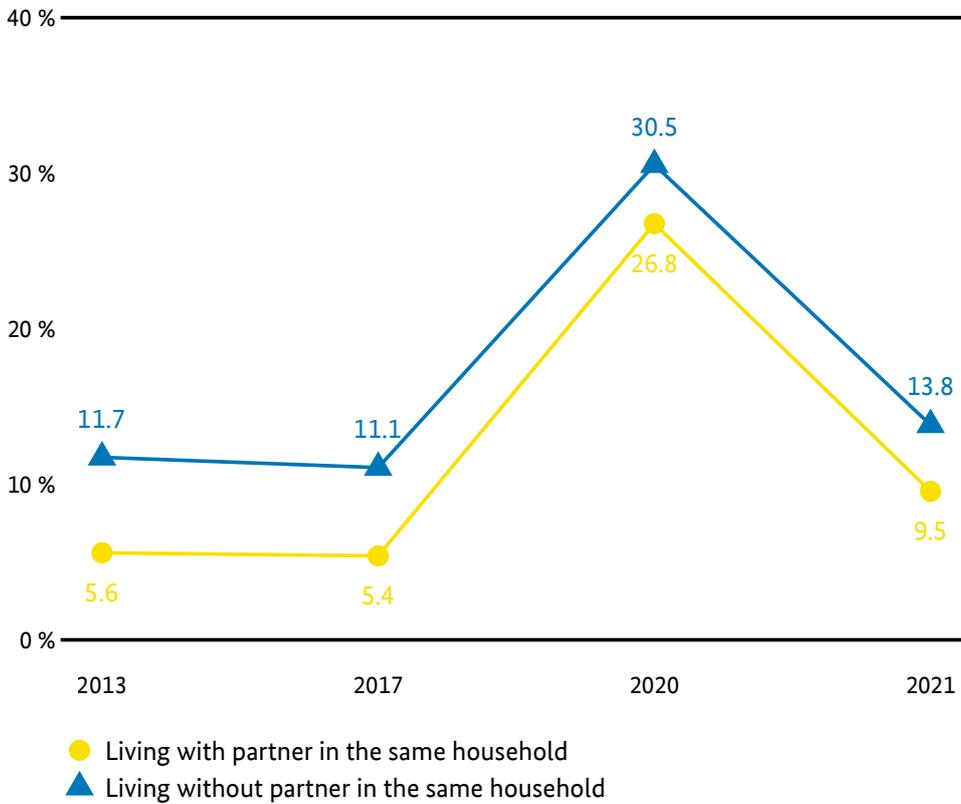


Figure 2.5: Proportion of people with increased loneliness by partnership status, population aged 18 and over, instrument: UCLA-LS



## 2.6 Development of solitary/reclusive lifestyles

The development of solitary or reclusive lifestyles is often used as a point of reference to diagnose an increasing “isolation trend” within society due to modernisation processes (Schobin, 2022a). The term “solitary lifestyle” is used here to describe people with lifestyles that are characterised by the fact that they largely manage their everyday domestic life alone. This can be captured in social statistics, for example, by the proportion of people living in single-person households and/or do not have a permanent/long-term partnership. However, living a solitary lifestyle does not automatically mean being socially isolated or lonely – even though there is a statistical correlation. For instance, the SOEP data indicates that people in Germany who are not in a partnership and/or live alone in a household are more frequently affected by in-

*Women as well as very old people are more likely to live solitary lifestyles.*

creased loneliness. The SOEP has been recording the proportion of people living without a partner or alone in their household since the early 1990s. The figures show that the proportion of people affected by loneliness who live without a partner in the household is, at between 6.1 (2013) and 4.3 percentage points (2021), significantly higher than for people who live with a partner. This corresponds to theories in scientific literature: high-quality partnerships are considered a

key protective factor against loneliness-related distress. People living alone, regardless of whether they are in a partnership or not, present a similar picture across the

board: with the exception of the pandemic year 2020, the proportion of people from this group experiencing loneliness is also significantly higher.

Figure 2.6: Proportion of persons without a partner, population aged 18 and over, by age group

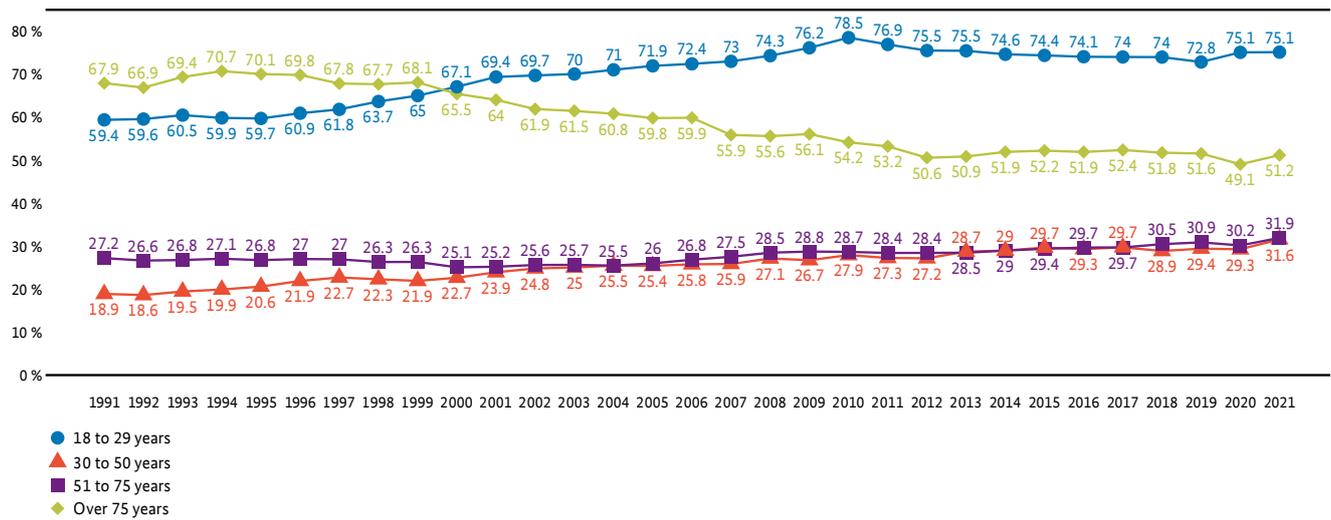
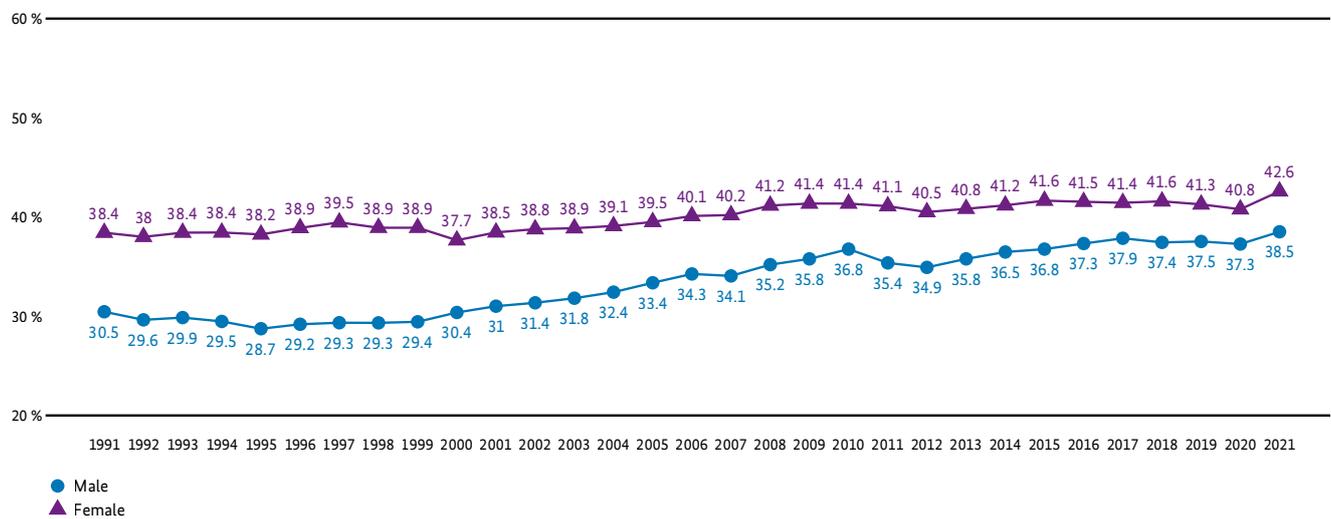


Figure 2.7: Proportion of persons without a partner, population aged 18 and over, by gender



However, current research indicates that there is no clear causal link between the increase in solitary lifestyles and the increase in loneliness. In fact, several observations contradict the assumption that an increase in solitary lifestyles results in more people experiencing loneliness. At European level, for instance, the proportion of single-person households tends to correlate

negatively with loneliness distress (Dykstra, 2009; Luhmann & Bücker, 2019). Moreover, being without a partner is often self-chosen and therefore an expression of increased relationship autonomy. This, in turn, is positively linked to the protection that partnerships offer against loneliness. The more freely relationships can be formed and organised, the higher their quality

and thus the greater the protection against loneliness (Heu et al., 2021; Schobin, 2022a). The statistical correlation between solitary lifestyles and loneliness distress

is therefore more likely attributable to processes which foster loneliness, such as widowhood, as well as being partnerless and living alone.

Figure 2.8: Proportion of persons living alone, population aged 18 and over, by age group

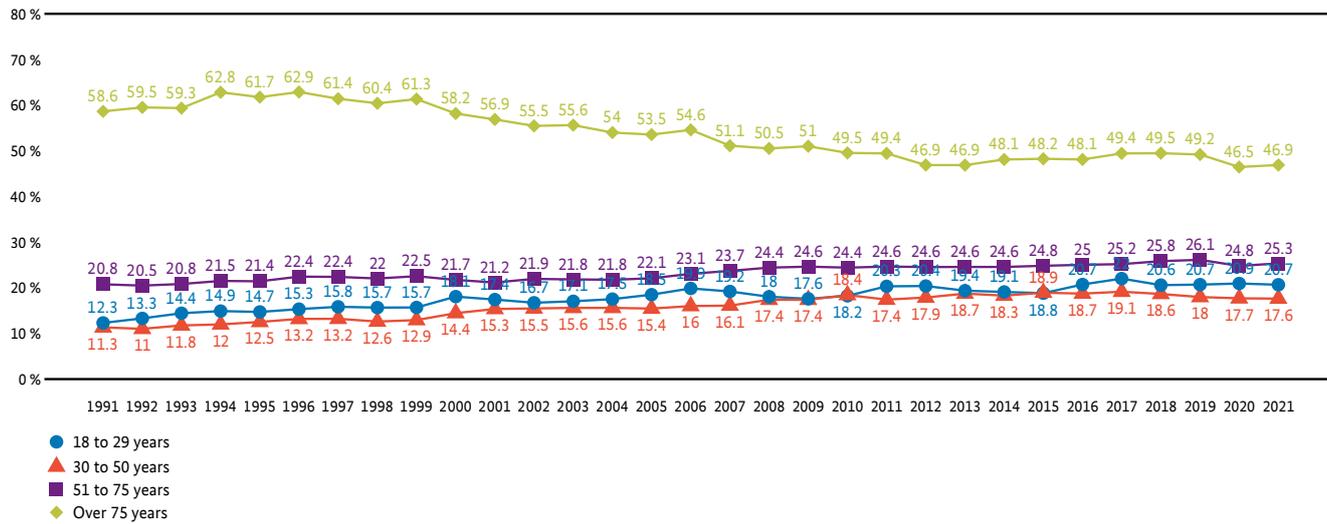
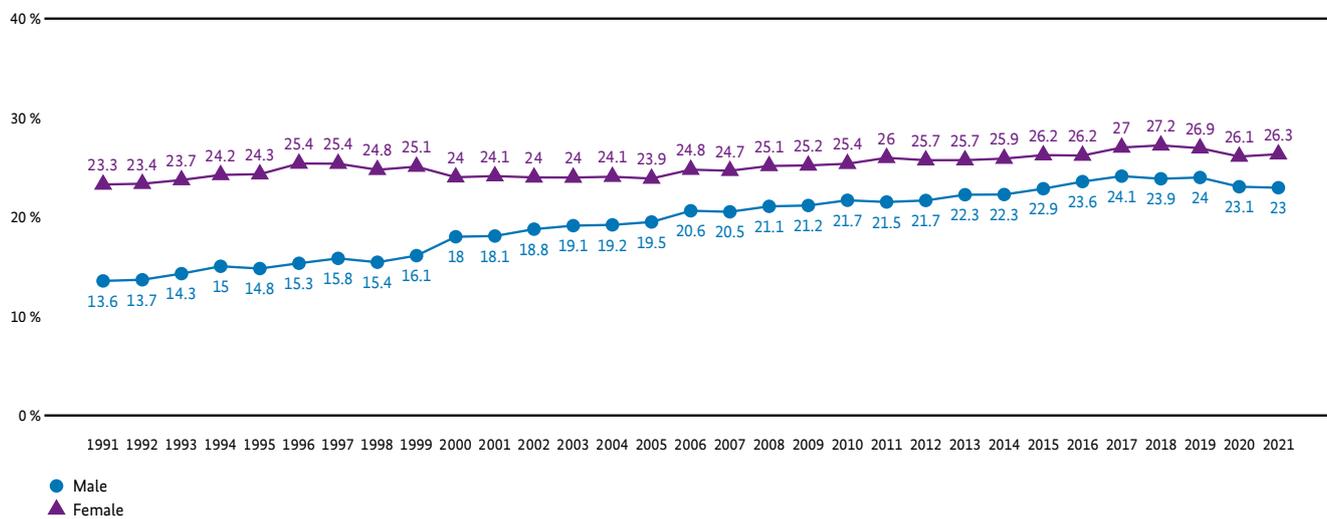


Figure 2.9: Proportion of persons living alone, population aged 18 and over, by gender



Nevertheless, loneliness monitoring would not be complete without looking at the development of the proportion of solitary lifestyles in the population: in the SOEP data, the proportion of partnerless people and people living alone has increased significantly since the early 1990s. A convergence between the genders is observable. This could be interpreted as a positive signal indicating that the gender-specific differences with

regard to the factors that restrict the autonomy of men and women in their choice of living arrangements and lifestyles are diminishing. The trend of living without a partner can also be assessed positively. Although the proportion of people living without a partner in the household is increasing significantly up to the age of 75, this increase is particularly pronounced among 18- to 29-year-olds (+15.7 percentage points between 1991

and 2021), while it is rather moderate in the middle age group of 51- to 75-year-olds (+4.7 percentage points between 1991 and 2021). In the group of older people, on the other hand, the proportion of people living without a partner in the household in fact decreases significantly (-16.7 percentage points between 1991 and 2021). This indicates that a growing number of people in the last phase of their lives benefit from one of the key resources to protect them against loneliness. Despite this, significantly more people over the age of 75 were living in single-person households in 2021 (there is a 29.3-percentage-point difference between the age groups of 30 to 50 and over 75). This is an important piece of information with regard to strategies and policies to reduce loneliness distress among older people.

## 2.7 Conclusion and recommendations

The SOEP data show that people over the age of 75 are more likely to be affected by loneliness than people aged between 18 and 75. Only the first year of the pandemic, 2020, had so strong an impact on loneliness among younger people that this general effect was reversed and this new situation has since continued despite a reduction in the new gap. According to the Federal Statistical Office's 2022 Time Use Survey (Zeitverwendungserhebung), one in six people often feel lonely (16.4 per cent). Among young adults aged between 18 and 29, it is one in four people (23.6 per cent) (Statistisches Bundesamt, 2024). The 2022 Zeitverwendungserhebung included loneliness for the first time, using a one-item instrument. Accordingly, methodological differences limit comparability. The results confirm increased loneliness during the pandemic as well, particularly among younger people. Furthermore, the SOEP data show that women are more likely to experience loneliness than men, with the pandemic even exacerbating this effect. The good news is that, regardless of age and gender, a development towards the pre-pandemic level can

already be observed in 2021, even if the number of people affected by loneliness distress is still higher than in 2017. Data from early 2023 from the Mitte-Studie show that the general loneliness distress in Germany was back at levels similar to those before the pandemic (Neu & Küpper, 2023, p. 338). However, due to methodological differences between the Mitte-Studie and the SOEP, methodologically better comparable long-term study results are needed to confirm this trend. Meanwhile, the development of the prevalence of solitary lifestyles is also rather positive. Older people in particular (over the age of 75) are now proportionately more likely to live with a partner in the household than at the beginning of the 1990s and 2000s. This means that they are now more likely to have access to one of the key resources providing particularly strong protection against loneliness: a high-quality, stable partnership.

**Recommendations with regard to age:** The pandemic has revealed that the historical trend of stable or even decreasing levels of loneliness can be broken by crisis events. It was also surprising that loneliness levels among younger people rose sharply during the pandemic. This shows that even groups that have not previously been particularly affected by increased loneliness are vulnerable during times of societal crisis. This also means that loneliness prevention measures are important in all age groups and should not be designed solely for age groups that are considered particularly affected or at risk.

**Recommendations with regard to gender:** With regard to gender differences, the prevention and reduction of loneliness could be understood as part of an integrated gender policy that also takes into account care work performed in family contexts (see Chapter 3). Loneliness distress leads to a significant reduction in subjective well-being and harbours substantial health risks. With regard to creating a gender-equitable society, a "gender loneliness gap" should be addressed and counteracted.

## 3 Life situations of people with increased loneliness

The life situations of people with increased loneliness are often characterised by additional burdens such as poor health, poverty or traumatic experiences such as fleeing their home country. Loneliness can only be effectively countered if the multiple burdens and distress of lonely people are taken into account. It is therefore essential to record the development of life situations of people suffering from loneliness in Germany.

### 3.1 Introduction

In general, increased loneliness can affect people in any life situation. Nevertheless, it is often the case that people with increased loneliness also have to contend with additional challenges. The connections and correlations between these multiple distress factors are currently the subject of intensive research (Dittmann & Goebel, 2022; Holt-Lunstad, 2022; Löbel et al., 2021; Schobin et al., 2021). The following sections describe different dual burdens such as loneliness and poor health, loneliness and poverty, loneliness and intensive care work, but also loneliness and refugee experiences.

*The SOEP records the physical health of respondents every two years using the Physical Health Scale (PCS). The PCS is based on four indicators: physical capabilities, ability to fulfil social functions, pain levels and subjective physical health assessment.*

### 3.2 Loneliness and health

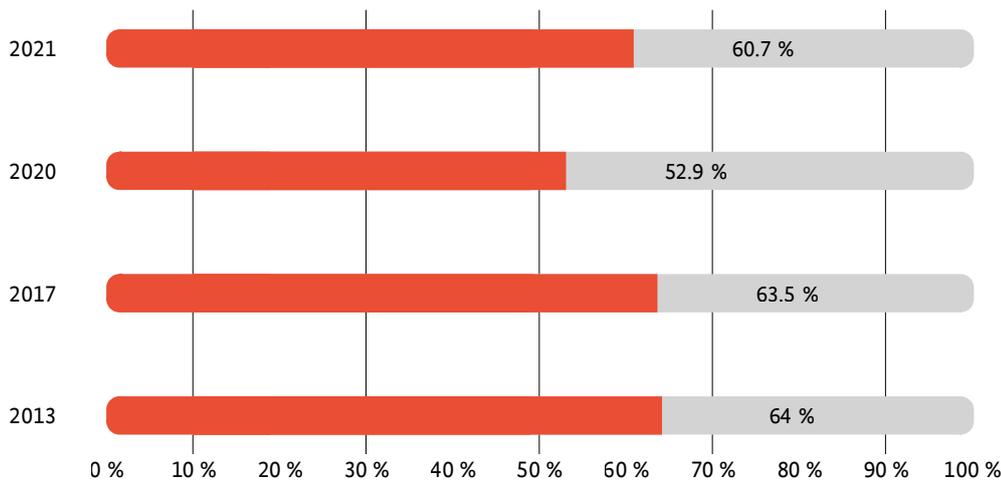
There is broad consensus in research that loneliness is linked to a significant deterioration in mental and physical health (Bücker, 2022). This also has corresponding consequences for the healthcare system (Fulton & Jupp, 2015). Specifically, loneliness is associated with depressive disorders, suicidal behaviour, sleep problems, higher mortality and cardiovascular diseases, among other health issues (Bücker, 2022; Griffin et al., 2020; McClelland et al., 2020). Studies highlight the importance of social relationships as a resource for a healthy life: social relationships reduce stress factors, increase resilience and have an overall positive effect on behaviour and lifestyle (Bücker, 2022; Dyal & Valente, 2015; Hawkley et al., 2009). It has been shown that loneliness

*The SOEP records the mental health of respondents every two years using the Mental Health Scale (MCS). The MCS is based on four indicators: general vitality, ability to fulfil social functions, emotional stress in the person's own social role and subjective mental health assessment.*

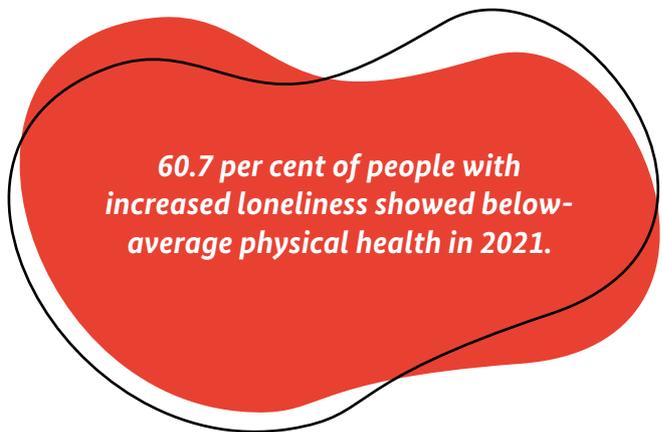
has an impact on physical and subjective well-being (VanderWeele et al., 2012). This effect intensifies with increased duration (chronification) of loneliness. Measures to reduce loneliness therefore always have a health policy aspect as well. In turn, poor physical or

mental health can increase the risk of loneliness, just as illnesses can, for instance, restrict mobility and thus also social participation. The relationship between health and loneliness is therefore assumed to be reciprocal (Cacioppo et al. 2006; Park et al. 2020).

Figure 3.1: Proportion of people with increased loneliness and below-average physical health, population aged 18 and over, instruments: UCLA-LS, SOEP-PCS

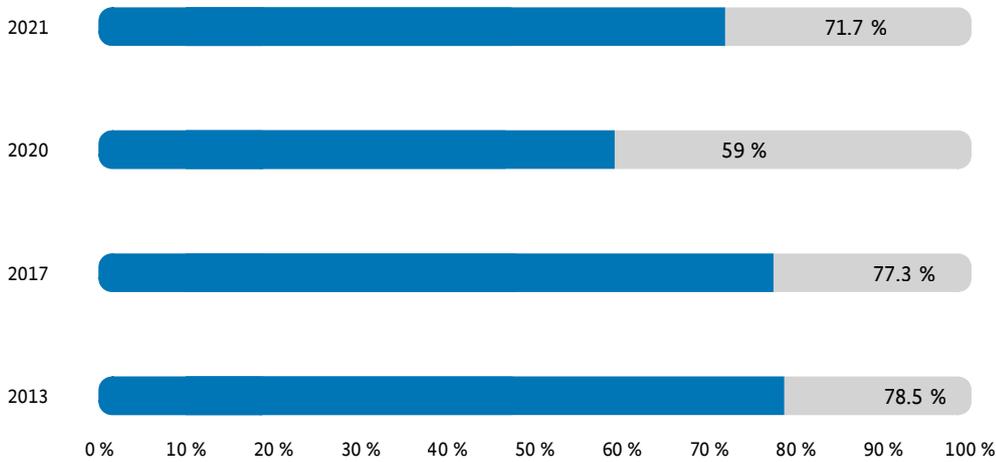


The available SOEP data confirms the assumption that there is a significant correlation between loneliness and health. The health burdens of people suffering from loneliness are stable over time and significantly higher than those of people not experiencing loneliness. This is illustrated by the proportion of people suffering from loneliness whose health is below average. With the median within the population aged 18 and over in one year on the SOEP-PCS scale being assumed as the average value in this regard: in every survey year except 2020, the proportion of people affected by loneliness distress with below-average physical and mental health was significantly higher overall and even significantly higher than the 50 per cent that would be expected with the same level of health. In concrete numbers, this means that in 2013 and 2017, the proportion of people affected by loneliness with below-average physical health was 63.5 and 64 per cent respectively. This proportion fell to 52.2 per cent in the first year of the



pandemic in 2020, before rising again to over 60.7 per cent in 2021. A similar trend is evident with regard to mental health.

Figure 3.2: Proportion of people with increased loneliness and below-average mental health, population aged 18 and over, instruments: UCLA-LS, SOEP-PCS



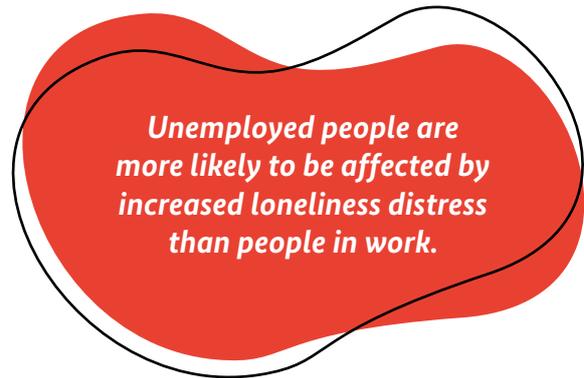
**71.7 per cent of people with increased loneliness showed below-average mental health in 2021.**

Comparatively speaking, the physical and mental health of people with increased loneliness improved significantly in the pandemic year of 2020. However, this is not good news: the alignment is mainly due to the fact that overall, many more people felt lonely than in previous years. The negative effects of loneliness on health are only likely to become apparent after some time due to the presumed physiological mechanism (Bücker, 2022). This means: due to the increase in loneliness distress during the pandemic, a group of people who had not previously experienced loneliness-related health problems were now at risk of developing these.

In view of the double burden of loneliness and poor health, it is important to closely monitor loneliness among very old people living in residential care centres. In this group, health problems sometimes overlap with the loss of a partner and/or close relatives. Up to now, the data available for Germany has been very limited, as the SOEP does not survey very old people in residential care facilities. However, thanks to the D80+ study by the German Centre of Gerontology (Deutsches Zentrum für Altersfragen, DZA), up-to-date and reliable data is now available on this group of older people in residential care facilities (Kaspar et al., 2022). In this survey, very old people (80+ years) were asked how often they had felt lonely in the previous week. The possible answers were “Never or almost never”, “Sometimes”, “Most of the time” and “Always or almost always”.

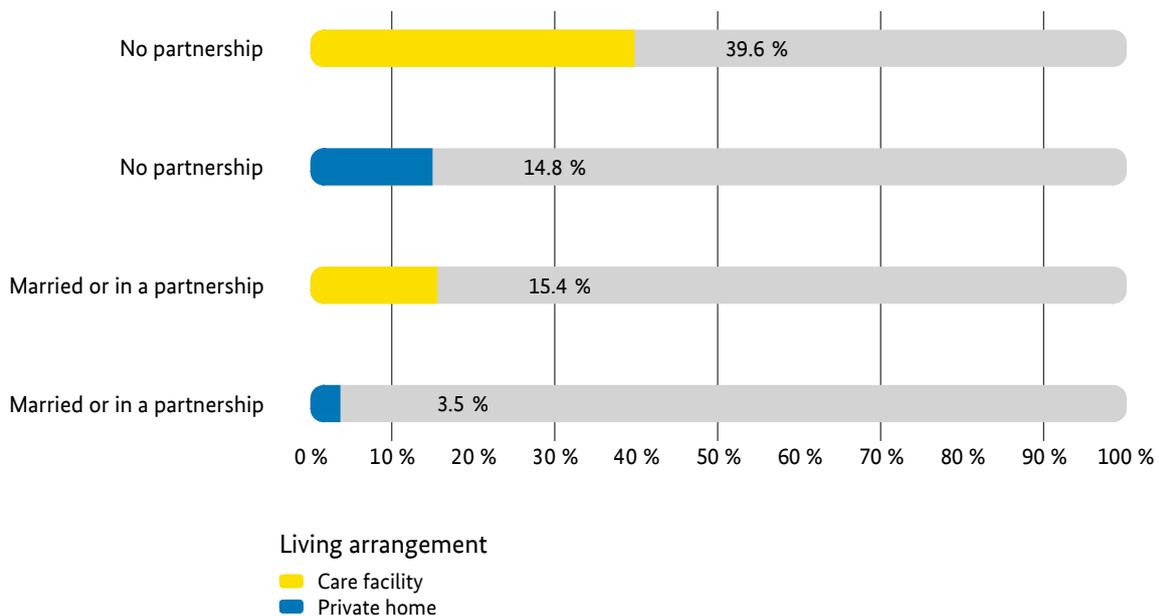
**People living in care and retirement homes are more likely to experience loneliness. This is particularly true if they live without a partner.**

Persons who selected “Most of the time” or “Always or almost always” were considered “lonely”. The study shows that people living in care homes are indeed particularly likely to experience increased loneliness. However, it was also indicated that the distress levels are largely dependent on social conditions, such as the existence of a partnership. If the people surveyed lived in a care home and had no partner, 39.6 per cent of them stated that they were lonely. In contrast, only 14.8 per cent of very old people who lived in an inpatient facility but had a partner stated that they were lonely. The latter roughly corresponds to the proportion of lonely people among partnerless very old people living in private accommodation (15.4 per cent). Strikingly, the proportion of people experiencing loneliness distress, but who are both in a partnership and live in private accommodation is at a mere 3.5 per cent. This



finding shows that health problems in certain constellations, such as living without a partner in residential care facilities, can be linked to particularly high levels of loneliness.

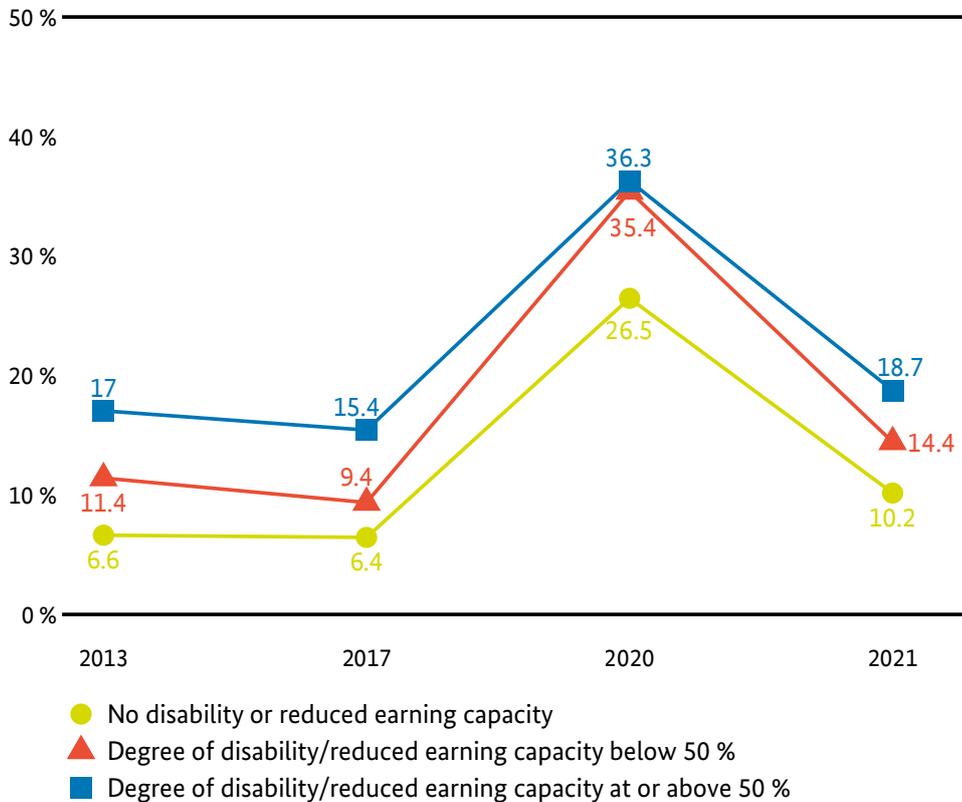
Figure 3.3: Proportion of people with increased loneliness by living arrangement and partnership status, one-item instrument, calculation: DZA, data basis: D80+, figure based on Kasper et al. (2022, p. 19)



According to international research, pronounced loneliness distress is to be expected in many people living with permanent physical, emotional and mental impairments (Emerson et al., 2021; Gómez-Zúñiga et al., 2022; Rokach et al., 2006). Permanent physical, emo-

tional and mental impairments can foster loneliness in various ways. For instance, the specific impairment of a person can have a direct impact on their ability to participate in social life, but also on their ability to maintain self-determined primary relationships.

Figure 3.4: Loneliness from 2013 onwards according to degree of disability, population aged 18 and over, instrument: UCLA-LS



Furthermore, physical, emotional or mental impairments are often associated with negative stereotypes. These negatively impact the acceptance of people with such impairments in social contexts or, in the form of an anticipated rejection, reduce the person’s willingness to participate in social life or to enter into primary relationships such as close friendships or partnerships (Emerson et al., 2021; Gómez-Zúñiga et al., 2022; Rokach et al., 2006). Overall, it can therefore be assumed that there is a solid statistical correlation between permanent physical, emotional or mental impairments on the one hand and loneliness on the other. The World Health Organization traditionally distinguishes between

impairments, disabilities and handicaps (Rokach et al., 2006). An impairment is defined as the dysfunction of certain body organs or systems (e.g. muscle weakness). A disability is defined as a restriction in the performance of a typical everyday activity (e.g. being able to walk without assistance). Handicaps, finally, are seen as the result of an impairment or disability that prevents the respective person from fulfilling a social role (e.g. pursuing paid work) (Rokach et al., 2006). With regard to an official assessment and determination of disability or reduced earning capacity, these distinctions are taken into account in the German social system by means of a gradual classification of disability or disadvantage.

The severity of the disability is roughly quantified on the basis of the degree of disability ten-increment steps from 20 to 100. In accordance with the Ninth Book of the German Social Code (SGB IX), a degree of 50 or higher is considered a disability that results in a severe handicap. Despite the wide range and diversity of underlying impairments and disabilities, a severe disability is therefore generally assumed to involve a large number of handicaps, sometimes affecting most or all areas of life. A high degree of disability is often associated with restrictions in the ability to socialise and take advantage of opportunities for social participation – and is thus also a potential indicator of increased loneliness. The SOEP takes account of the degree of disability annually. The data clearly supports the picture painted by international research: people who have an officially recognised severe disability (degree of disability of 50 per cent or higher) have shown a statistically significantly high level of loneliness distress every year since 2013 when compared to people without disability or reduced earning capacity (2013: +10.4 percentage points; 2017: +9 percentage points; 2020: +9.8 percentage points; 2021: +8.5 percentage points).

However, this group also registered statistically significantly higher loneliness distress compared to the group of people whose degree of disability is below 50 per cent. The only exception is, again, the year 2020: in this pandemic year, the difference was only 0.9 percentage points and cannot be considered statistically significant. The sample of people with a disability/reduced earning capacity was smaller in this year and therefore subject to greater random fluctuations. In 2021, then, the gap was already 4.3 percentage points again, i.e. in a similar range to the pre-pandemic years (2013: +5.6 percentage points; 2017: +6 percentage points). Overall, there is therefore a largely consistent picture: people with disabilities in Germany are more likely to experience increased loneliness, which itself becomes more likely with a higher degree of disability.

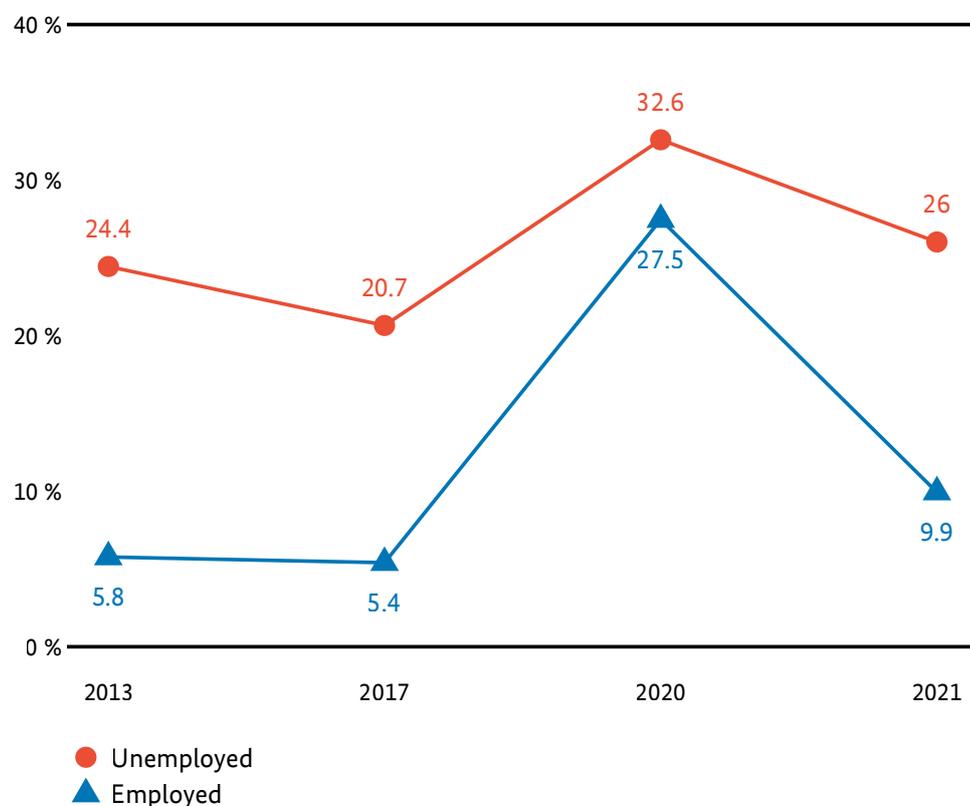
### 3.3 Loneliness and poverty

Already since the 1980s, poverty has been a known factor favouring loneliness and discouraging social participation (see Chapter 4). Single older people and recipients of social benefit payments in accordance with Book II of the German Social Code (SGB II) are particularly at risk of poverty (Aust, 2020). As poverty and unemployment are directly linked, it is important to investigate the connection between employment and loneliness. According to current research, there are complex feedback dynamics and mutually reinforcing relationships between the loss of work and increased loneliness (Schobin et al., 2021).

On the one hand, the loss of employment can lead to the loss of important economic resources as well as social relationships that protect against loneliness. On the other hand, an important part of all employment is distributed via social relationships rather than the formal labour market (Granovetter, 1973). People affected by loneliness have more difficulties accessing these informal labour markets. Equally important is the health factor. As loneliness has a negative impact on health, it can contribute to health-related job loss. Overall, a strong correlation between unemployment and loneliness distress can thus be presumed.

The SOEP data clearly confirms these presumptions. In every survey year since 2013, loneliness levels of unemployed people have been significantly higher than those of people in employment. The gap varies between 18.6 percentage points in 2013 and 5.1 percentage points in 2020. There was a brief convergence during the pandemic, as many people in employment were exposed to new loneliness experiences. However, in 2021, the gap widened again to 16.1 percentage points as loneliness distress levels normalised.

Figure 3.5: Loneliness from 2013 onwards by employment status, population aged 18 and over, instrument: UCLA-LS

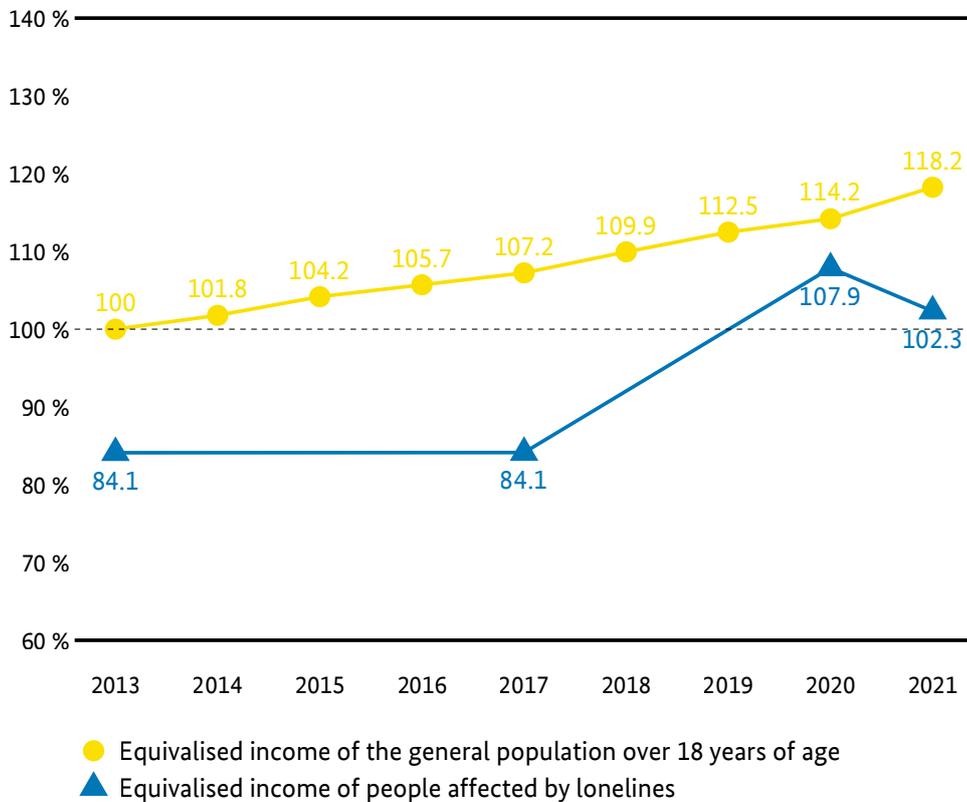


The connection between loneliness distress and poverty is also particularly clear when looking at the development of (inflation-adjusted) equivalised incomes<sup>5</sup>. For the entire population, the SOEP data indicate an increase of 7.3 percentage points in equivalised income between 2013 and 2017. In contrast, people suffering from loneliness saw a significantly lower increase of less than one percentage point over the same period. In the first year of the pandemic, 2020, the equivalised income of people suffering from loneliness increased sharply, but this must not be considered good news. The effect is primarily due to a change in the composition of the group of people experiencing loneliness distress: after all, the proportion of people experiencing increased loneliness rose sharply during the pandemic. Since

the effects of the pandemic affected almost all income groups, the proportion of people with higher incomes increased within the group of people with higher loneliness distress. This led to an alignment of equivalised incomes during the pandemic. However, this should not be read as an indication that the pandemic neutralised the social mechanisms that put people with loneliness distress at an economic disadvantage in Germany. In 2021, their income gap in relation to the equivalised income of the overall population was already 15.9 percentage points again. This indicates that the normalisation of loneliness distress is taking place faster among economically stronger groups than among economically weaker people.

<sup>5</sup> The equivalised income is a value calculated from the total income of a household and the number and age of the people living on this income. In this report, adults living in the household were given a weight of 1, children over the age of 15 a weight of 0.5 and children under the age of 15 a weight of 0.3. The equivalised income is calculated by dividing the household income by the total weight of all household members.

Figure 3.6: Development of the equivalised incomes from 2013 onwards by loneliness distress, population aged 18 and over, instrument: UCLA-LS



### 3.4 Intense care work

Another connection between poverty and loneliness arises in the context of intensive forms of (unpaid) care work: first and foremost, this includes care work for dependent persons as well as raising and supervising children. As intensive forms of care work complicate both access to the labour market as well as opportunities for social participation due to the time burden of care tasks, it can be assumed that they also contribute to increased loneliness as well as poverty experiences (Schobin et al., 2021).

However, the available SOEP data leaves high statistical uncertainties with regard to the extent of loneliness distress on family carers. This is due to the small number of cases of family carers and high random fluctuations in the data series. Moreover, family carers are not a homogeneous group. Particularly in the case of very intensive care activities, higher levels of loneliness could

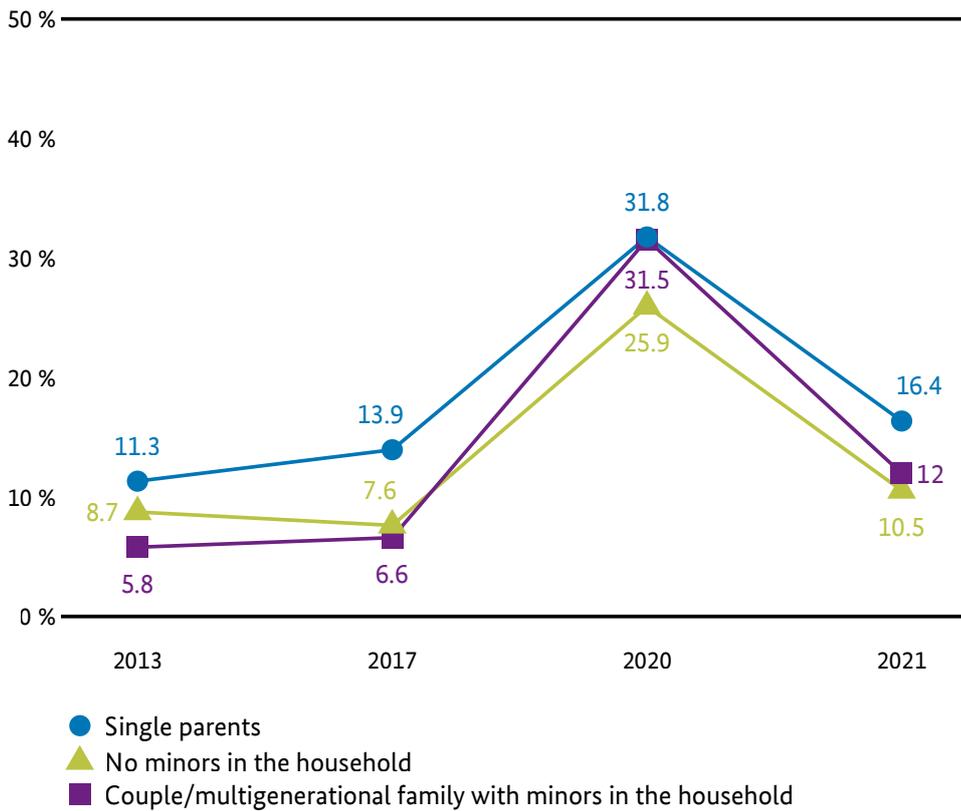
be expected. However, a reliable breakdown of the data according to care degree, for instance, is not possible due to the small number of cases. The picture is much clearer with regard to single parents, though. Single parents are significantly more affected by loneliness than people who live in a couple or multigenerational family with underage children in the household, or than people without any minors in the household.

*Single parents are significantly more affected by loneliness than non-single parents.*

Since 2013, the proportion of single parents affected by loneliness has been consistently between 5.5 (2013) and 4.4 percentage points (2021) higher than for non-single parents (couple/multigenerational families). This shows a statistically significant multiple burden, which briefly converged during the pandemic. Particularly for people

in couple and multigenerational families with under-age children in the household, there was still no sign of a complete normalisation in 2021. At 12 per cent, the loneliness distress of such “non-single parents” in 2021 was still significantly higher than the level of 6.6 per cent in 2017.

Figure 3.7: Development of increased loneliness by type of care work, instrument: UCLA-LS

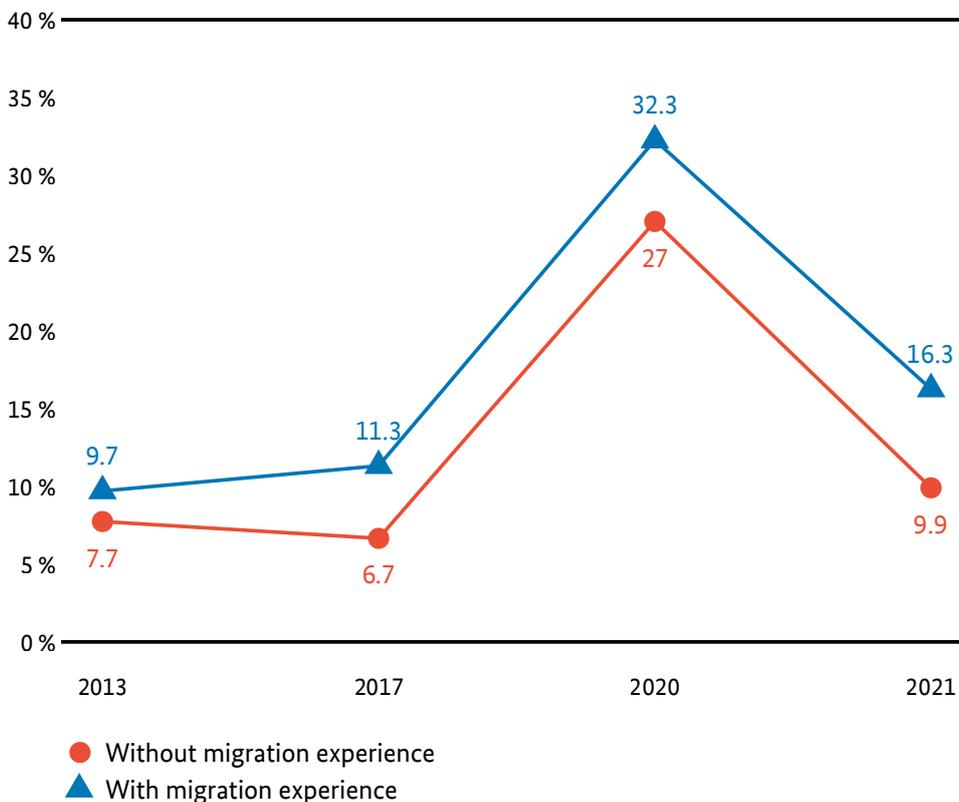


### 3.5 Loneliness among persons with migration and refugee experiences

Various studies have found a correlation between migration experiences and increased loneliness in both Germany and other European countries (Eyerund & Orth, 2019; Kate et al., 2020). This correlation can be attributed to several factors. These include, for instance, discrimination based on origin, poorer access to the labour market and education as well as generally fewer opportunities for social participation.

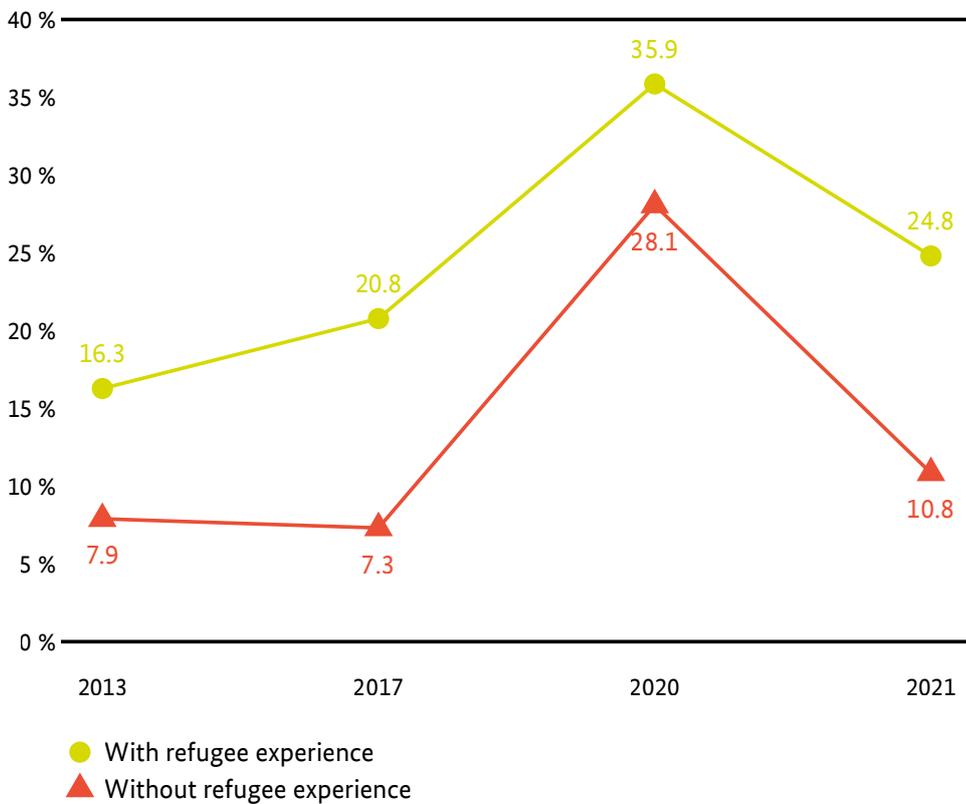
The SOEP data confirms this picture. Since 2013, the proportion of people with increased levels of loneliness in the group of people with migration experience has always been significantly higher than among people without migration experience.<sup>6</sup> The gap fluctuated between 2 percentage points (2013) and 6.4 percentage points (2021). In 2020, loneliness increased roughly the same for both groups. In 2021, though, there was a normalisation back to the prior levels. However, the proportion of people suffering from loneliness was still significantly higher in 2021 among both groups than it was in 2017.

Figure 3.8: Loneliness from 2013 onwards by migration experience, population aged 18 and over, instrument: UCLA-LS



<sup>6</sup> The SOEP records migration experience in terms of three categories. Respondents who were not born in Germany are assigned to the category "Direct migration experience". Respondents who were born in Germany are assigned to the category "No migration experience" if their parents or grandparents have no migration experience, and otherwise to the category "Indirect migration experience". For simplicity, the categories "Direct migration experience" and "Indirect migration experience" have been summarised in this report under the category "With migration experience".

Figure 3.9: Loneliness from 2013 onwards by refugee experience, population aged 18 and over, instrument: UCLA-LS



*People with refugee and migration experience are more frequently affected by loneliness.*

Similar observations can be made with regard to loneliness distress among people with refugee experience.<sup>7</sup> With the exception of 2020, their proportion among people with increased loneliness is significantly higher than for people without refugee experience. Moreover,

the difference is more pronounced than among people with migration experiences. This can be attributed to the particular psychological, social and economic burdens and effects of fleeing one’s home country.

The difference to the group without refugee experience fluctuates between 8.4 percentage points in 2013 and 14 percentage points in 2021. During the pandemic, loneliness levels for the two groups converged, although the random fluctuations in the data for people with refugee experience were very large. This makes it difficult to estimate the extent of additional burdens caused by the pandemic. However, a look at the year 2021 shows that loneliness was significantly higher among people with refugee experience than before the pandemic (+4 percentage points compared to 2017).

<sup>7</sup> The SOEP records refugee experience in terms of three categories: “Without signs of refugee experience”, “With signs of direct refugee experience” and “With signs of indirect refugee experience”. For details on data generation, see Krause & Glass (2019). For simplicity, the three categories have been grouped into either “with refugee experience” or “without refugee experience”.

### 3.6 Conclusion and recommendations

The results show that loneliness has a negative impact on physical and mental health and that health burdens are significantly higher for people with increased loneliness. People in residential care facilities and people with disabilities are particularly affected. The average health situation of people with increased loneliness appears to have “improved” during the pandemic. However, this would be a false conclusion: the “improvement” is due to changes in the composition of the sample. In the first year of the COVID-19 pandemic, significantly more people reported experiencing loneliness than in previous years. On closer inspection, the findings should therefore be interpreted more negatively: due to the effects of the pandemic, the group of people suffering from loneliness now includes more relatively healthy people who have not yet been affected by loneliness long enough for adverse health effects of loneliness to manifest themselves. This is supported by the fact that the results for 2021 show already higher values for both physical and mental well-being, even if the pre-pandemic levels have not yet been reached again in either case. It is therefore important to observe whether the prevalence of loneliness fully normalises in the coming years. In 2021, the proportion of people with increased levels of loneliness was still significantly higher than before the pandemic (see Chapter 2). If there is no complete normalisation, there will be a risk of lasting deterioration in the overall health of the population due to the long-term effects of increased loneliness. However, data from early 2023 indicates a normalisation, although no reliable statements can yet be made about individual groups. Moreover, the validity of current research is still limited, as there are no reliable long-term studies with comparable measurement methods.

The findings on poverty also show a clear pattern. A look at the development of the equivalised income of people experiencing loneliness shows an increasingly divergent gap: people with increased loneliness benefited significantly less from the general increase in prosperity between 2013 and 2017. One factor for this is presumably their (lack of) access to employment. Among the unemployed, the proportion of people with loneliness distress is significantly higher than in the overall population. During the pandemic, the differences in equivalised income and access to employment somewhat converged. However, again, this is not due to an improvement in the life opportunities of people experiencing loneliness, but rather to the sudden increase in loneliness distress during the pandemic overall.

It should be highlighted that people performing intensive care work are more likely to experience loneliness. The analysis of the SOEP data is most consistent in the case of single parents: they are significantly more frequently exposed to increased loneliness. The SOEP data reveals a similar trend for family carers. However, due to the sometimes low number of cases, there are some uncertainties regarding the statistical robustness of these findings.

Finally, the SOEP data indicates that loneliness distress is significantly higher among people with migration and/or refugee experience than among people without migration and/or refugee experience. The data shows that this gap in loneliness between people with and without refugee experience narrowed during the pandemic. As the case numbers are relatively low and may therefore show high random fluctuations, it is not clear whether there was indeed a difference during the pandemic. In 2021, however, a significant difference in loneliness distress can already be observed again for people with migration and/or refugee experiences.

**Recommendations with regard to health:** Preventing loneliness can also contribute to the prevention of certain diseases. In the Anglo-Saxon sphere, it is already being suggested that social connections and relationships should be given greater consideration in the healthcare system (Holt-Lunstad, 2022). In addition, the long-term effects of the pandemic on loneliness distress should be closely monitored. The SOEP data indicates that during the pandemic, people who previously had no loneliness-related health burdens felt increased loneliness over a longer period of time. Although the 2021 data shows a normalisation in this respect, it also highlights that there is a new group among people with increased loneliness-related distress: people who used to show fewer health problems and only developed increased loneliness in the course of the pandemic.

**Recommendations with regard to poverty:** Loneliness distress is an integral part of hidden poverty and should be understood as one of the most serious consequences of social inequality. Against the background of a multidimensional understanding of poverty, loneliness prevention and intervention should therefore be integrated into anti-poverty policy and loneliness should be addressed as a particularly burdensome effect of poverty. A labour market policy that is more sensitive to loneliness could offer particularly important opportunities: maintaining and strengthening social relationships should be seen more strongly as a resource that protects people from losing their employment and helps them find new work if they become unemployed. Raising awareness of the issue of loneliness in companies, as well as the services offered by the employment agency and job centres, could provide a starting point for this. Overall, a labour market policy that takes into account the strengthening of social connections would both help to break the feedback loop of social isolation, loneliness and stigmatisation and increase the permeability of the labour market. Work is an important factor in protecting against loneliness.

**Recommendations with regard to care work:** Care work – whether in the form of raising and supervising children or providing for people in need of care – is connected to loneliness. Single parents and family carers are significantly more likely to be affected by loneliness than people who share child rearing with another person or do not provide other care work. It is therefore important to provide good framework conditions for the reconciliation of family/care work and employment. This includes promoting the sharing of family responsibilities between partners, reliable childcare services and a family-friendly working environment. As women are disproportionately more highly represented in the affected groups (Müller & Samtleben, 2022), there is an important link here between a policy to counter loneliness on the one hand and gender equality and family policies on the other. In addition, parents and carers are at risk of poverty and therefore highlight the important interlink between combatting poverty and preventing loneliness. This combination should be taken into account in corresponding policy design.

**Recommendations with regard to refugee and migration experience:** People with refugee and/or migration experience show higher levels of loneliness than people without this experience. Some of the distress could be reduced if their access to education and the labour market was improved. However, people with refugee and/or migration experience face increased barriers to accessing opportunities to participate in society. The reduction of discrimination and language barriers as well as the promotion of cultural programmes with a strong appeal for these population groups can be of help in this regard. Furthermore, the increasing proportion of people with migration experiences poses a challenge for welfare state actors in Germany who provide services to reduce loneliness. So the development of special services that are adapted to the needs of people with migration and/or refugee experience should be supported accordingly.

# 4 Sources of resilience against loneliness: participation and social contacts

This chapter focuses on factors that are considered to have a protective effect against loneliness. Various sources of resilience are analysed. These include the quality of primary relationships, social participation and the protective effect of education.

## 4.1 Introduction

When analysing the development of loneliness distress, it is not only important to describe the factors that make the occurrence of loneliness more likely (see Chapter 3), but also to consider the development of factors that increase resilience to loneliness distress.

Important resources that can protect against loneliness include involvement in high-quality primary relationships and the opportunity to regularly participate in social life. The term “primary relationships” refers to close, personal connections between individuals and emphasises fundamental interpersonal connections that are based on emotional closeness and interpersonal trust. Social participation, meanwhile, refers to relationships between individuals that allow them to actively participate in social, cultural and political aspects of society. In particular, social participation protects against “social loneliness” (Weiss, 1973), which is distinguished from “emotional loneliness” (Luhmann, 2022). Accordingly, “emotional loneliness” is primarily understood as the feeling of a lack of quality or quantity of relationships with close people such as partners, family, relatives and close friends. “Social loneliness”, in contrast, refers to social groups in the immediate

environment, neighbourhoods, acquaintances, club life, religious communities, cultural life or volunteering. The opportunity to participate in social life is considered to be of great importance for the prevention of social loneliness, while high-quality primary relationships are particularly important for protection against emotional loneliness.

It should be noted that the SOEP data does not allow for a breakdown of loneliness according to subtypes, such as social or emotional loneliness. However, the development of the quality of social connections can be illustrated well with the SOEP data. First, the frequency of visits to family and relatives as well as friends, neighbours and acquaintances is surveyed. Second, satisfaction with family life or the circle of friends is surveyed at regular intervals.

Likewise, participation in social life can also be mapped comprehensively. This report can only present a selection. A wide range of social participation that reflects different social preferences and priorities is represented here, namely data on volunteering, attending religious events, sporting activities, artistic and musical activities as well as attending pop cultural events such as cinema or concerts.

Figure 4.1: At least one visit per month by/to family and relatives by gender and survey year



Besides social connections and involvement in social participation, education is an important resilience factor to counter loneliness. A higher level of education improves access to the labour market and to higher-paid employment. Poverty as a risk factor for loneliness is analysed in more detail in Chapter 3. In addition, higher education also facilitates participation in non-income-related forms of social participation, such as volunteering (Groh-Samberg & Lohmann, 2014; Simonson et al., 2022). The following sections therefore cover the development of these three key sources of resilience: the quality of social connections, social participation and the level of education.

## 4.2 Frequency and quality of primary relationships

The quality of relationships with close persons, i.e. family, friends, partner (primary relationships), is the key resource for protection against loneliness (Luhmann, 2022). In the SOEP, this is measured via the frequency of visits and satisfaction with family life as well as with the circle of friends and acquaintances.

The first finding is the high stability of the frequency of visits. The frequency of visits by/to family and relatives changed only marginally between 1990 and 2021. The

proportion of people who visit or are visited by family or relatives at least once per month is largely stable. However, there is a significant difference between the genders here in almost all survey years, although it is relatively small: while the proportion of women who visit their family and relatives at least once per month has remained relatively constant at 76.5 per cent, the frequency of contact among men is subject to greater fluctuations and, at 76.2 per cent in 2021, for the first time aligned with the level of women. Regarding an interpretation of the frequency of visits, it should be noted that the question is aimed at reciprocal visits in the leisure time of people outside one's own household. Respondents naturally tend to have more frequent contact if family members (or friends) live in the same house.

*Satisfaction with family life and the circle of friends and acquaintances is at a consistently high level.*

Figure 4.2: At least one visit per month by/to family and relatives by age group and survey year

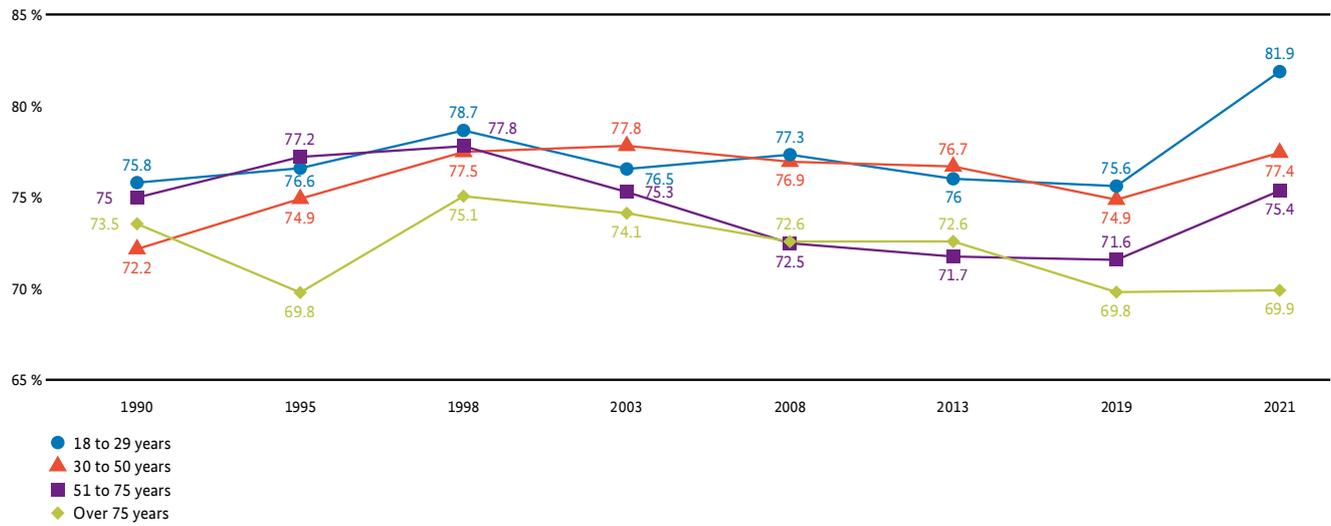
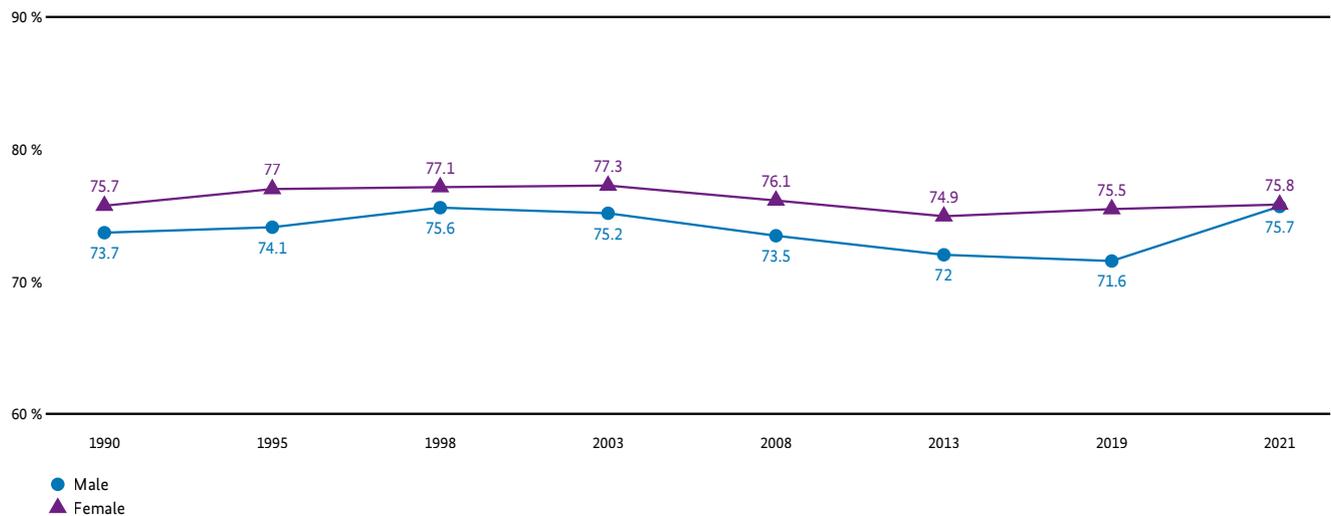


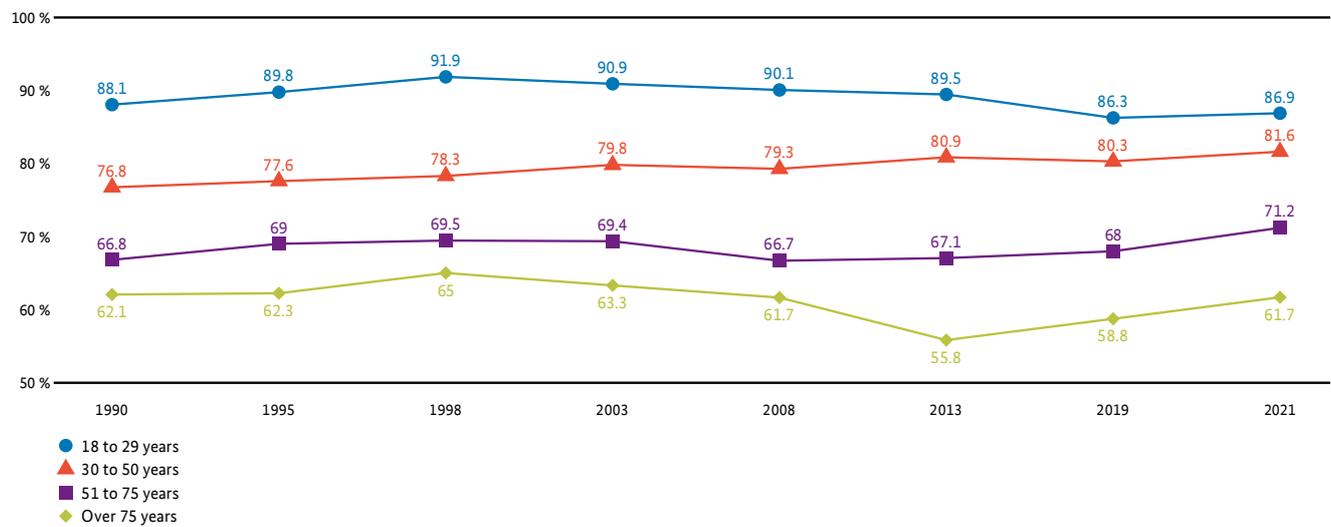
Figure 4.3: At least one visit per month by/to friends, neighbours and acquaintances by gender and survey year



The age-specific differences are also fairly small and only for the age groups considered here only became significant in 2021. The data indicates that the proportion of people who see their family and relatives at least once per month tends to decline with increasing age (in 2021: 18 to 29 years: 81.9 per cent; 30 to 50 years: 77.4 per cent; 51 to 75 years: 75.4 per cent; over 75 years: 69.9 per cent). However, the differences between the various age groups vary significantly over time.

For instance, the differences between the individual age groups were more pronounced in 2021 than in 2019. This could be related to the fact that older people were considered a highly vulnerable group during the COVID-19 pandemic and were more likely to adhere to contact restrictions, while younger people in 2021 may have undergone a kind of “COVID-19 rebound” in which social visits to family and relatives in fact intensified following the prior contact restrictions.

Figure 4.4: At least one visit per month by/to friends, neighbours and acquaintances by age group and survey year



The frequency of visits by/to friends and neighbours shows a similarly stable pattern as visits by/to family and relatives. There are only minor gender-specific differences as well, which equalised in 2021 (at least once per month: women: 75.8 per cent; men: 75.7 per cent). The frequency of visits by/to friends and neighbours, on the other hand, is subject to consistently significant differences when broken down by age group. Similar to visits to family and relatives, the proportion of people who visit friends and neighbours at least once per month declines with increasing age (18 to 29 years: 86.9 per cent; 30 to 50 years: 81.6 per cent; 51 to 75 years: 71.2 per cent; over 75 years: 61.7 per cent; all figures for 2021). It is striking that the figures have remained stable over time and no changes can be observed in the second year of the pandemic (2021).

In general, there is a high level of satisfaction with family life and the circle of friends and acquaintances in Germany. Satisfaction was measured in the SOEP on a scale of 0 to 10 points. A person was categorised as very satisfied if they gave a score of 7 or higher. Both genders

(women 2006: 75.3 per cent, 2021: 82.4 per cent; men 2006: 76.2 per cent, 2021: 83.4 per cent) and age groups (18 to 29 years 2006: 74.7 per cent, 2021: 85.6 per cent; one-time years 2006: 74.5 per cent, 2021: 83.3 per cent; 51 to 75 years 2006: 78.3 per cent, 2021: 81.7 per cent; over 75 years 2006: 72.9 per cent, 2021: 81.7 per cent) were equally satisfied with family life. There are significant differences between the genders in some years, but also between individual age groups. However, these differences are not consistent over time. Moreover, they do not appear to be significant overall, as all groups show a high level of satisfaction. What appears more significant is a slight tendency towards an increase in the proportion of those being very satisfied with family life across all groups since the mid-2000s. This indicates that the quality of family relationships in Germany has in fact developed positively. Furthermore, the figures do not indicate that the pandemic has permanently broken this positive trend of an increase in the proportion of very satisfied people. The SOEP data suggests that the quality of family relationships has not been enduringly damaged by the pandemic.

Figure 4.5: Proportion of people being satisfied with their family life, by gender and survey year

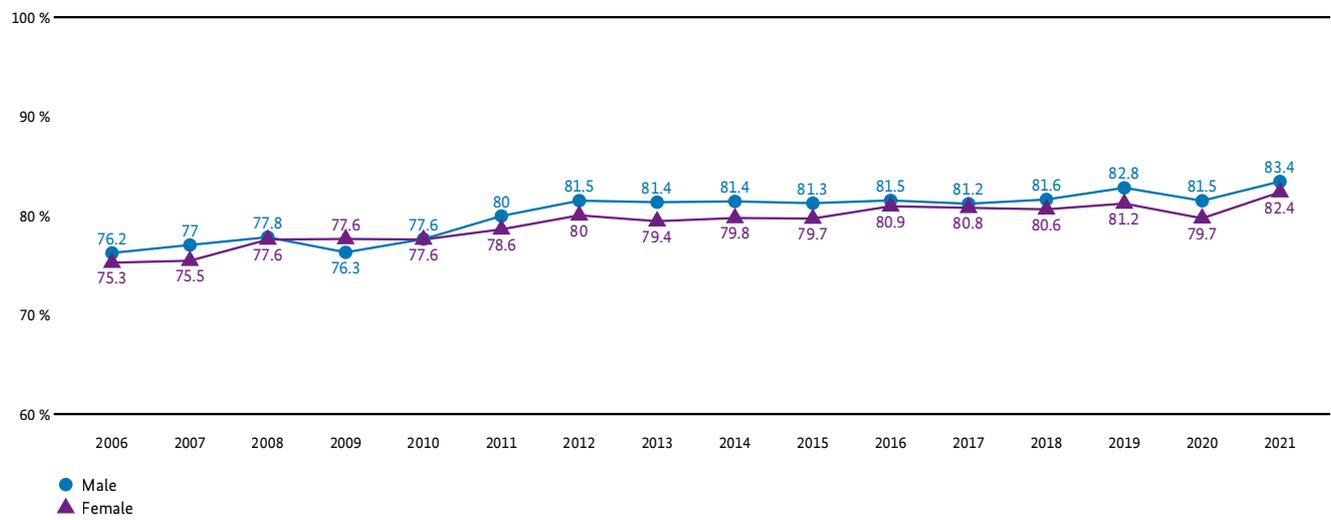
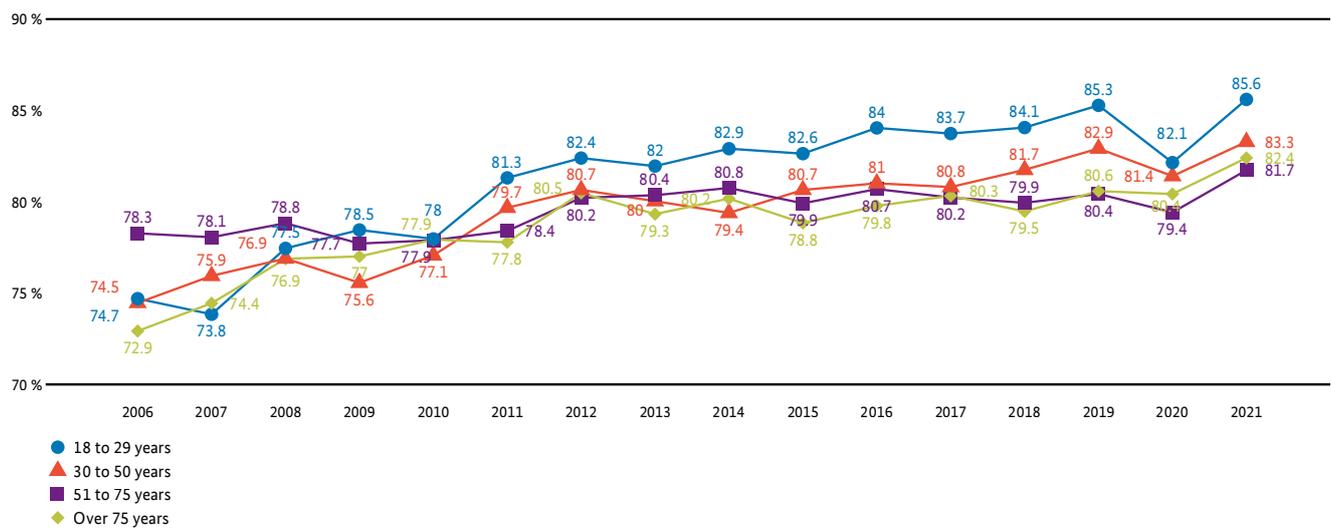


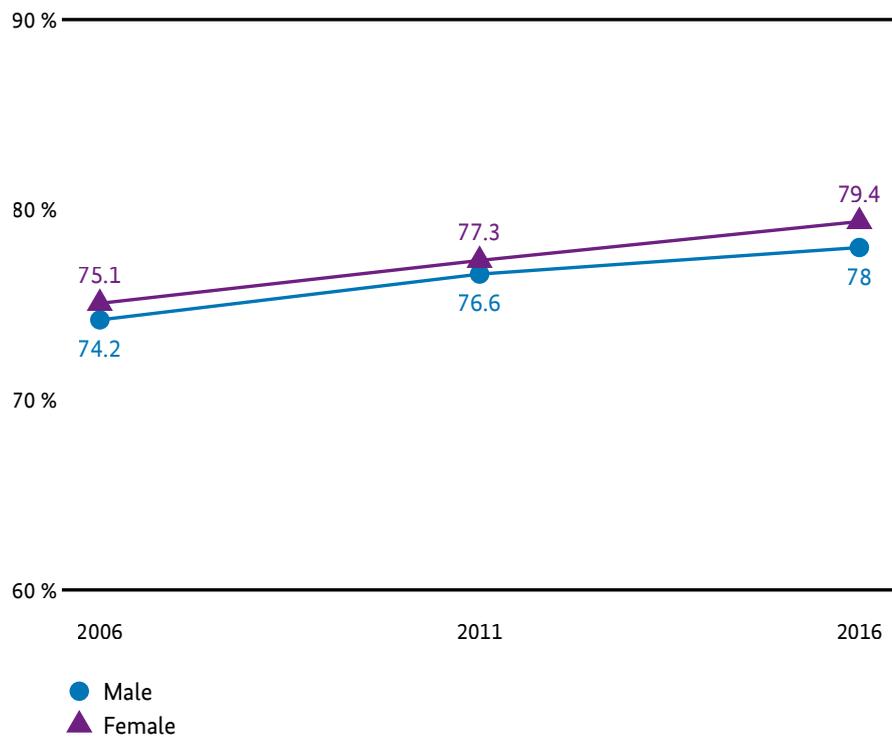
Figure 4.6: Proportion of people being satisfied with their family life, by age group and survey year



Being very satisfied with one's own circle of friends is also very common in Germany. However, the proportion of people being very satisfied with their friendships is slightly lower than for family life. In addition, this type of data is recorded less frequently. As in the case of satisfaction with family life, the data does not indicate a significant difference between the genders (women 2006: 75.1 per cent, 2016: 79.4 per cent; men 2006: 74.2 per cent, 2016: 78 per cent). In contrast to satisfaction with family life, a consistent and significant age group difference can be recognised with regard to friendships: people over the age of 75 are slightly less likely to be very satisfied with their circle of friends

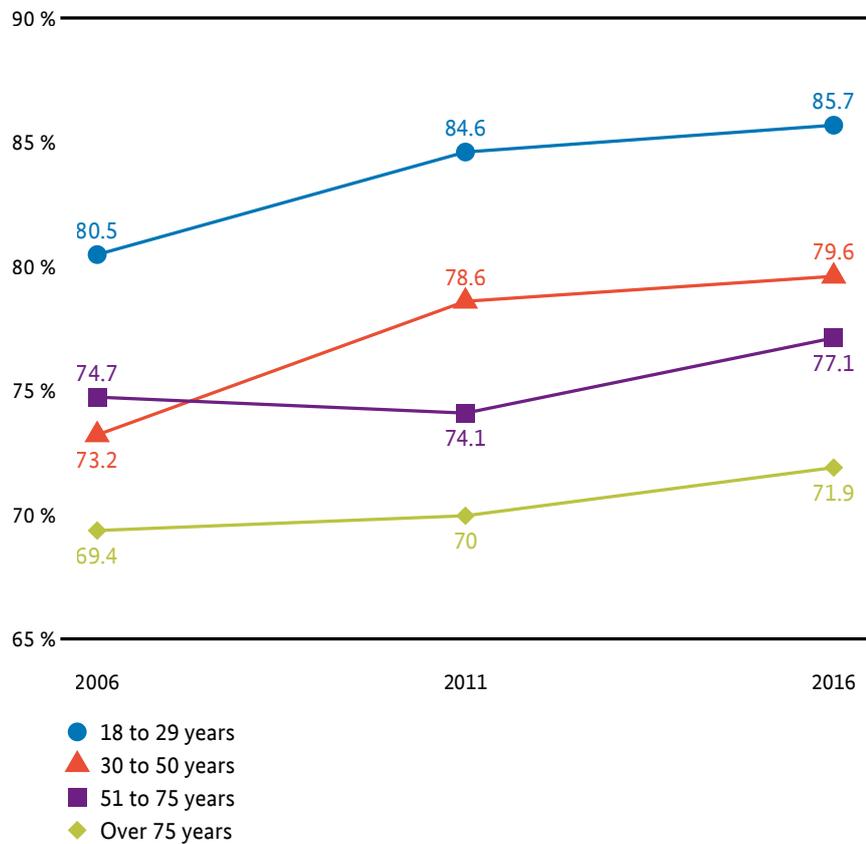
and acquaintances than younger people aged between 18 and 75 (18 to 29 years 2006: 80.5 per cent, 2016: 85.7 per cent; 30 to 50 years 2006: 73.2 per cent, 2016: 79.6 per cent; 51 to 75 years 2006: 74.7 per cent, 2016: 77.1 per cent; over 75 years 2006: 69.4 per cent, 2016: 71.9 per cent). As in the case of family life, the data also points to a significant trend towards an increase in those who are very satisfied with their circle of friends. However, data is missing for the pandemic year of 2020 as well as for 2021.<sup>8</sup> It is therefore not possible to determine whether this positive trend has continued, as it has in the case of family life.

Figure 4.7: Proportion of people being satisfied with their circle of friends, by gender and survey year



8 This variable is usually surveyed every five years. However, the values are missing in the version of the SOEP (v.38.1) on which this report is based.

Figure 4.8: Proportion of people being satisfied with their circle of friends, by age group and survey year



**Conclusion: satisfaction with primary relationships**

Regarding the frequency of contact with primary relationships, there is a high degree of consistency for both genders across the survey periods. It is surprising that there was no drastic drop in the frequency of visits in 2021. There could be several reasons for this: first, the frequency depicted here shows visits of at least once per month. People who visited their family, relatives, friends and neighbours daily or weekly before the pandemic may in fact have significantly reduced their frequency of visits to one or a few times a month without this being visible in the analysis. Similarly, the survey does not enquire into how many family members or friends and acquaintances are visited. For instance, people who

regularly visited a large circle of friends and family before the pandemic and the respective contact restrictions may have greatly reduced their visits to a few selected people during the pandemic without this being reflected in the results of the analyses.

Overall, the SOEP data indicates that the quality of primary relationships in Germany is very high for both genders as well as for younger and older adults. Moreover, it has tended to develop positively since the mid-2000s. Even in the first year of the pandemic (2020), the data does not show a trend towards a strong deterioration in the quality of primary relationships. Overall, German society appears to be building on a very

solid foundation in this regard. As high-quality primary relationships are a key factor in protecting against loneliness, the observed high quality of these relationships supports the assumption that loneliness levels will largely normalise in the years following the pandemic – or may have already done so.

The same applies to the frequency of visits. It can be assumed that the frequency of visits from family, relatives, friends and acquaintances reduced during the COVID-19 pandemic (Blom et al., 2020). However, this analysis of the SOEP data also shows that the vast majority of people visited a family member or friend at least once per month in 2021 and that these important primary relationships were not completely discontinued. It can also be assumed that the frequency of visits by most people is likely to have returned to pre-pandemic levels by the phasing-out of the last protection measures against COVID-19 in April 2023 at the latest.

### 4.3 Participation in social life

The opportunity to participate in social life is important to prevent forms of loneliness, which according to Weiss (1973) can be described as “social loneliness”. This notion refers to the subjective feeling of not being embedded in secondary group relationships (neighbourhoods, acquaintances, club life, religious communities, cultural life, volunteering and so on). It is distinguished from “emotional loneliness”, which is understood as the subjective feeling of a lack of primary group relationships. The SOEP offers the opportunity to depict participation in social life in a comparable way over time using a variety of indicators. In fact, the SOEP asks a multitude of questions about activities in leisure time and private life in different, constantly changing rhythms, which are comparable over time because they are recorded in a very similar methodological way. Only a selection of these can be presented here, showing developments since the early 1990s up to 2019 and in some cases up to 2021. The focus is on social participation in the context of volunteering, attendance at religious events, pop culture events, active participation in sport as well as artistic and musical activities.

Figure 4.9: Volunteering activities by gender and survey year (at least once per month)

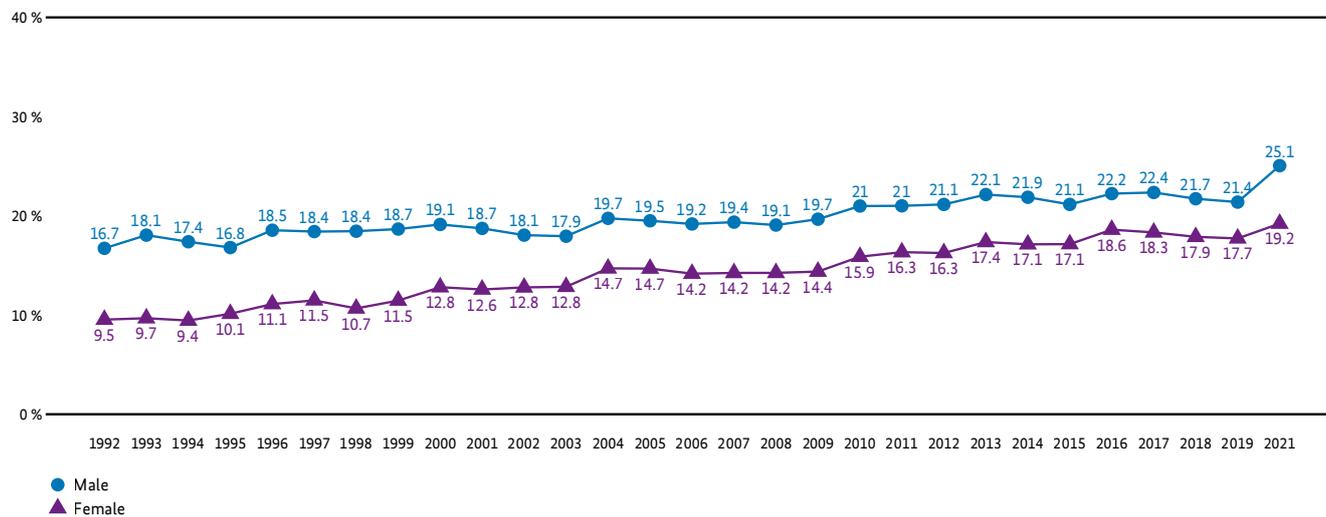
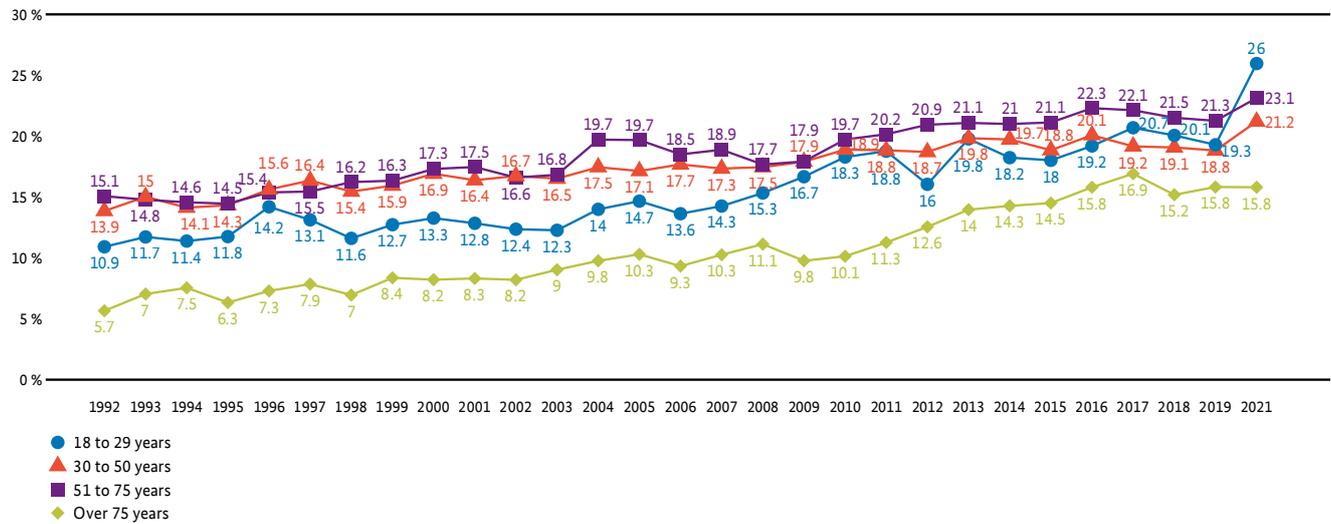


Figure 4.10: Volunteering activities by age group and survey year (at least once per month)



**Volunteering in clubs and associations**

Volunteering in clubs and associations has not only remained stable over the years, but indeed increased significantly across all analysed groups. Men are more likely to volunteer in clubs and associations than women (men 1992: 16.7 per cent, 2021: 25.1 per cent; women 1992: 9.5 per cent, 2021: 19.2 per cent). This significant difference was decreasing over the years up to 2019. In 2021, the gap in volunteering activity between men and women increased significantly again.<sup>9</sup>

People between the ages of 18 and 75 are more likely to volunteer than people over 75 (18 to 29 years 1992: 10.9 per cent, 2021: 26 per cent; 30 to 50 years 1992: 13.9 per cent, 2021: 21.2 per cent; 51 to 75 years 1992: 15.1 per cent, 2021: 23.1 per cent; over 75 years 1992: 5.7 per cent, 2021: 15.8 per cent). However, this significant difference has narrowed as well, as the proportion of people who volunteer has increased more among older respondents than the average of people aged between 18 and 75. Similarly, this trend towards convergence cannot be observed in 2021 again, which is due to the

fact that younger people between the ages of 18 and 29 in particular recorded a strong increase in volunteering in this year.

**Religious events**

Attending religious events has remained relatively stable over time, with a slight but significant downward trend. It should be noted that the period observed is between 1992 and 2019. Therefore, no statements can be made about the impact of the COVID-19 pandemic on attendance at religious events. Men (1992: 16.6 per cent; 2019: 13.4 per cent) are significantly less likely to attend religious events at least once per month than women (1992: 23 per cent; 2019: 16.3 per cent). In turn, people over 75 years of age (1992: 28.3 per cent; 2019: 24.8 per cent) consistently attend religious events significantly more often at least once per month than people aged between 18 and 75 years (18 to 29 years 1992: 13.1 per cent, 2021: 9 per cent; 30 to 50 years 1992: 15.3 per cent, 2021: 12.7 per cent; 51 to 75 years 1992: 27 per cent, 2021: 15.8 per cent).

<sup>9</sup> Only volunteering in clubs and associations is analysed here. This only partially covers the voluntary commitment of citizens. A more complex depiction of the development of volunteering is provided, for instance, in reports on the German Survey on Volunteering (Deutscher Freiwilligensurvey, FWS).

Figure 4.11: Attendance at religious events by gender and survey year (at least once per month)

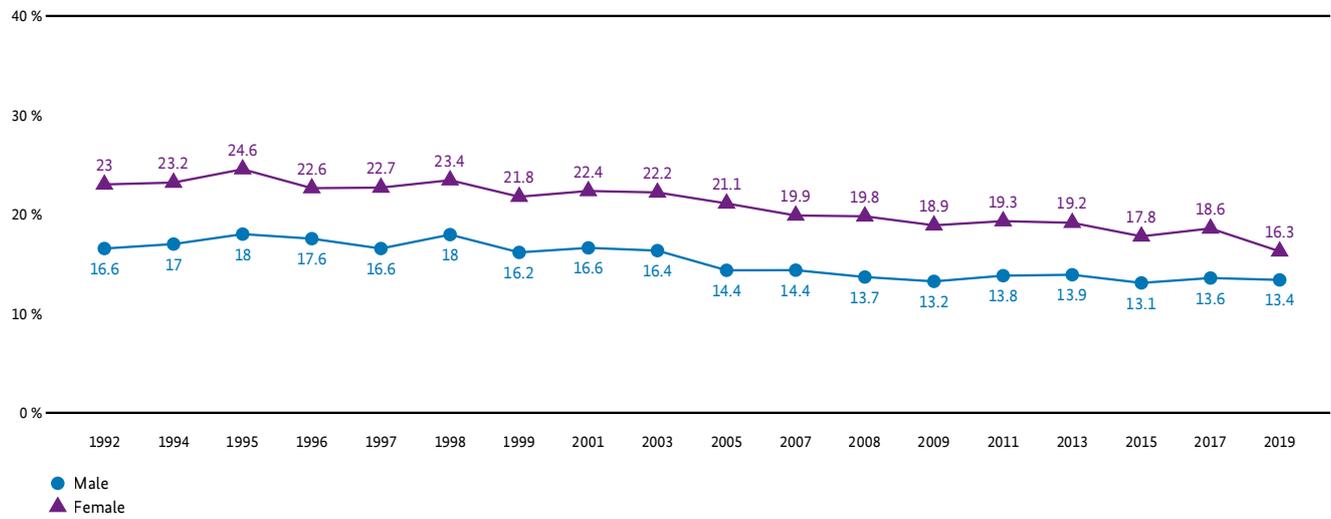
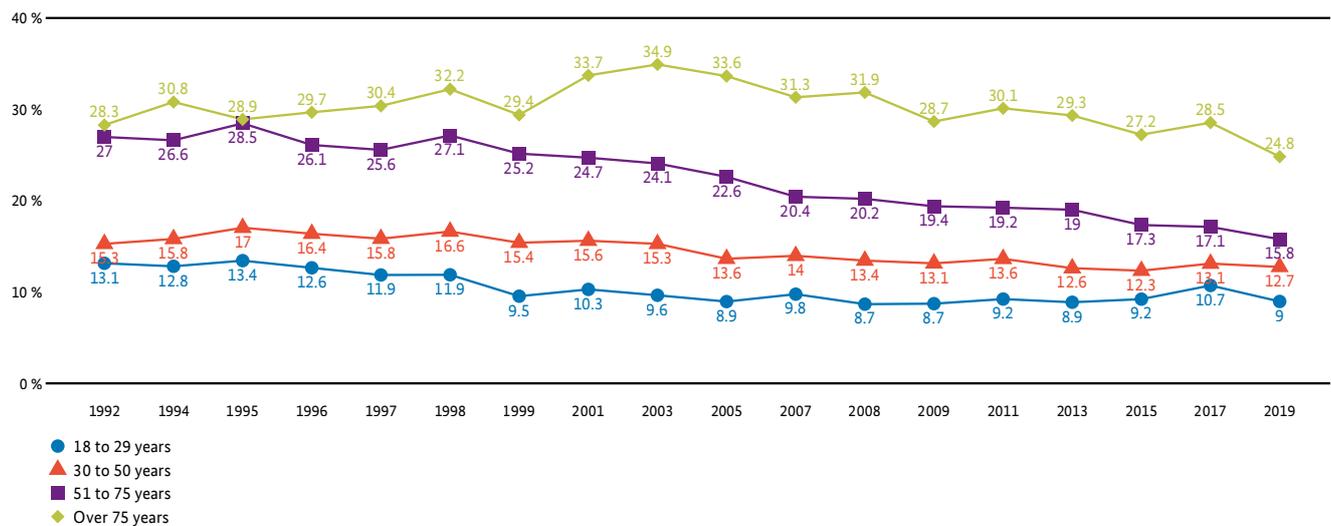


Figure 4.12: Attendance at religious events by age group and survey year (at least once per month)



**Active sports**

Participation in sporting activities increased significantly across both genders and age groups between 1992 and 2021. This trend can also be observed in the pandemic year 2021, except for people over the age of 75. The continuation of sports during the pandemic is not surprising, considering that several sports can also be practised at home or alone outdoors, for instance jogging.

The gender-specific gap of men (1992: 32.0 per cent; 2021: 64.7 per cent) being more likely to actively exercise at least once per month than women (1992: 25.3 per cent; 2021: 63.2 per cent) has closed over time.

Figure 4.13: Participation in active sports by gender and survey year (at least once per month)

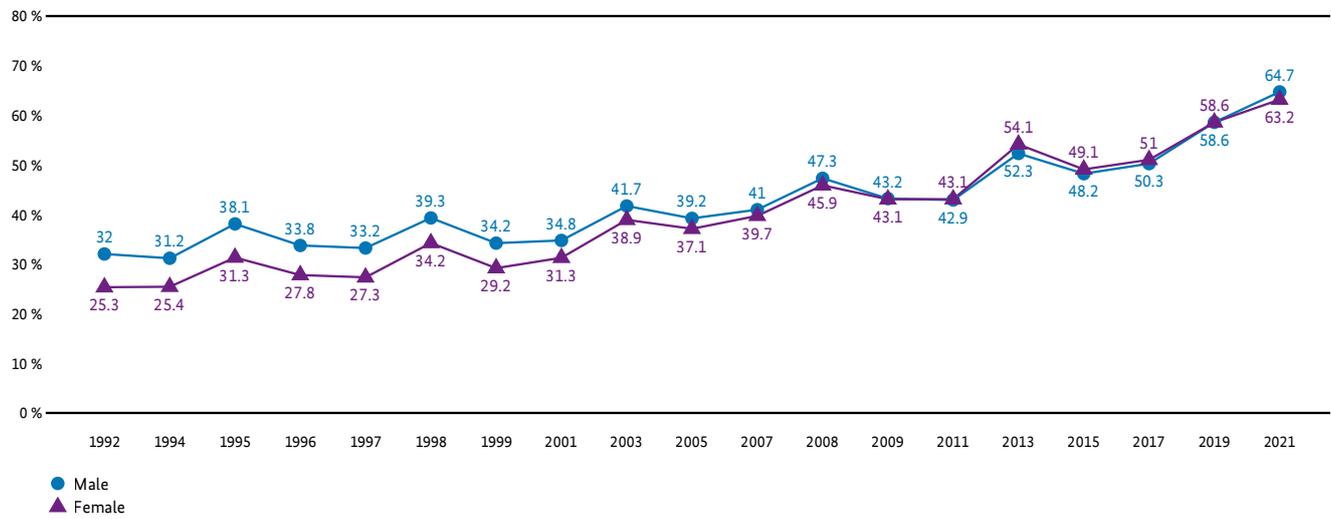
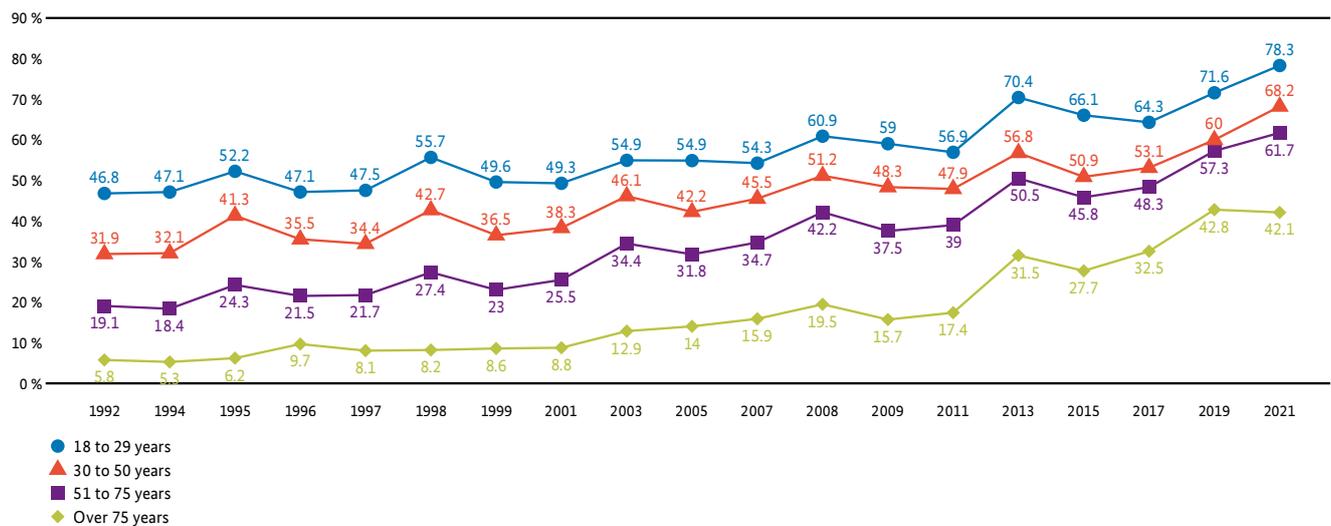


Figure 4.14: Participation in active sports by age group and survey year (at least once per month)



People aged between 18 and 75 years (18 to 29 years 1992: 46.8 per cent, 2021: 78.3 per cent; 30 to 50 years 1992: 31.9 per cent, 2021: 68.2 per cent; 51 to 75 years 1992: 19.1 per cent, 2021: 61.7 per cent) are more likely to exercise once per month or more than people over

the age of 75 years (1992: 5.8 per cent; 2021: 42.1 per cent). The differences have narrowed significantly, particularly between the middle age groups (30 to 50 years and 51 to 75 years).

**Attendance at pop culture events**

The proportion of people who attend pop cultural events (cinema, pop concerts and so on) at least once per month remained fairly stable across all groups between 1992 and 2019. The continuing trend since 1992 has been for people over 75 to attend pop culture events significantly more often. However, it should again be noted that data is only available for 2019 and therefore no statements can be made about the effects of the pandemic and the associated protective measures on cinema attendance, for instance.

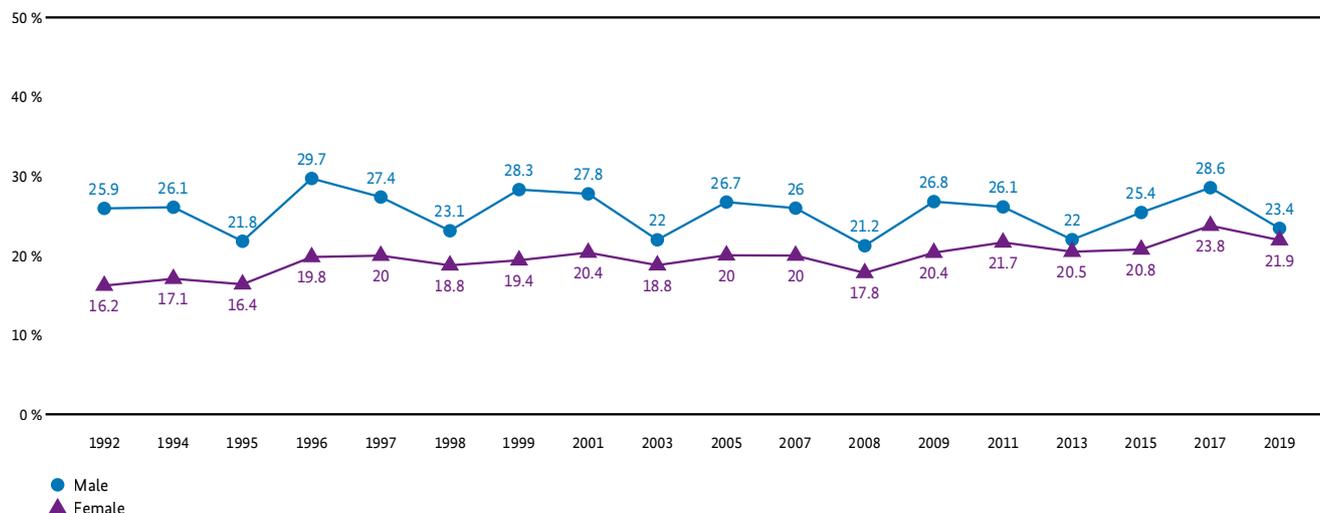
Men (1992: 25.9 per cent; 2019: 23.3 per cent) are more likely to go to pop culture events at least once per month than women (1992: 16.2 per cent; 2019: 22 per cent), although this difference has decreased significantly over the years and hardly appears to be of any practical significance in 2019 (only 1.5 percentage points difference).

People aged between 18 and 29 (1992: 56.7 per cent; 2019: 47.2 per cent), on the other hand, are significantly more likely to go to a pop culture event at least once per month than people aged 30 and over (30 to 50 years 1992: 18.8 per cent, 2021: 26 per cent; 51 to 75 years 1992: 5.5 per cent, 2021: 15.2 per cent; over 75 years: 0.5 per cent, 2021: 7.4 per cent). The age-specific difference is practically more significant than the gender-specific difference (up to 39.8 percentage points difference between the age groups in 2019), although it has recently become significantly smaller over time.

**Artistic or musical activities**

The proportion of people who engage in or pursue an artistic or musical activity at least once per month has increased significantly over time. This trend can be observed across all genders and age groups.

Figure 4.15: Attendance at pop culture events by gender and survey year (at least once per month)



Women (1995: 21 per cent; 2021: 33.1 per cent) are significantly more likely to pursue artistic and musical activities at least once per month than men (1995: 20.2 per cent; 2021: 26.8 per cent). This gender-specific difference has widened slightly over time.

Meanwhile, the age-specific differences are more stable and have rarely changed significantly and, above all, not

consistently over the years. People aged between 18 and 75 (18 to 29 years 1992: 27.4 per cent, 2021: 43.5 per cent; 30 to 50 years 1992: 22.2 per cent, 2021: 30.7 per cent; 51 to 75 years 1992: 18 per cent, 2021: 27.1 per cent) are more likely to pursue an artistic or musical activity at least once per month than people aged 75 and over (1995: 8.4 per cent; 2021: 21.8 per cent).

Figure 4.16: Attendance at pop culture events by age group and survey year (at least once per month)

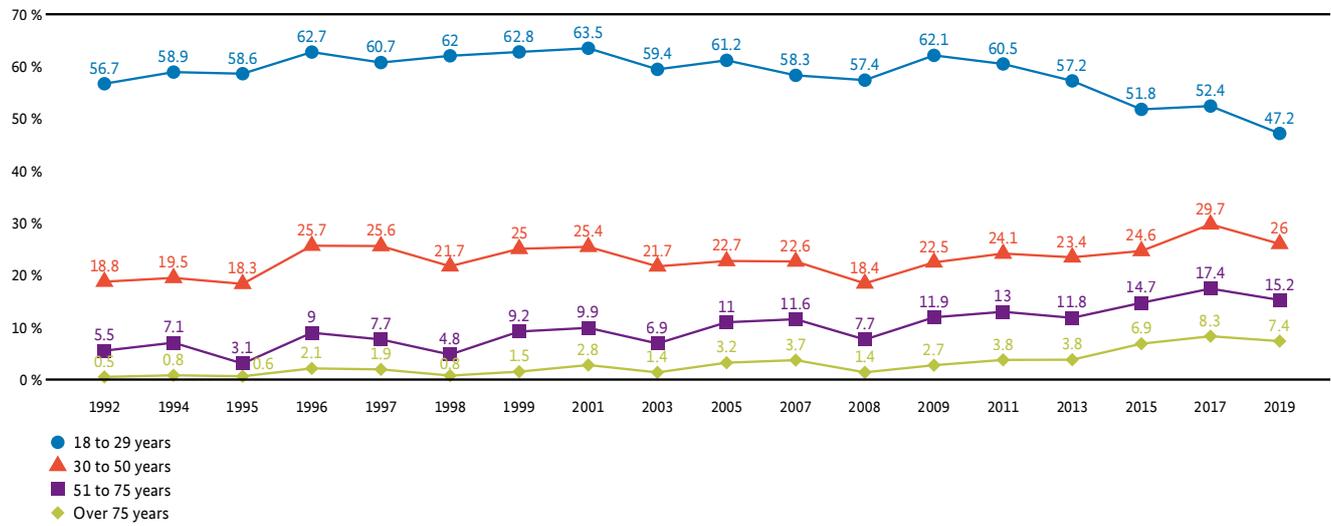


Figure 4.17: Pursuing artistic or musical activities by gender and survey year (at least once per month)

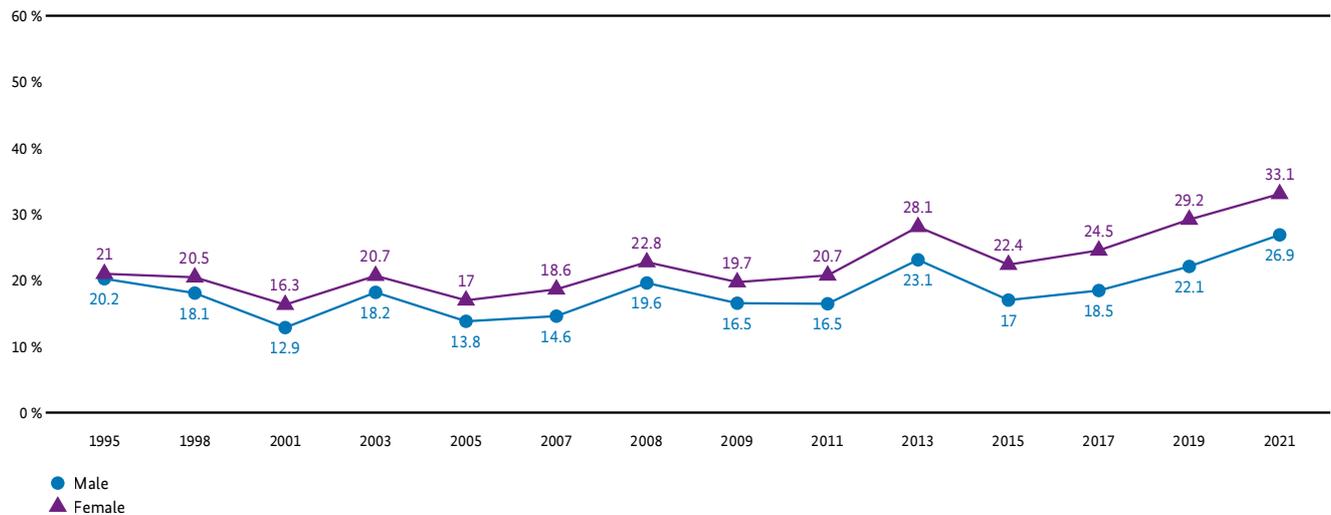
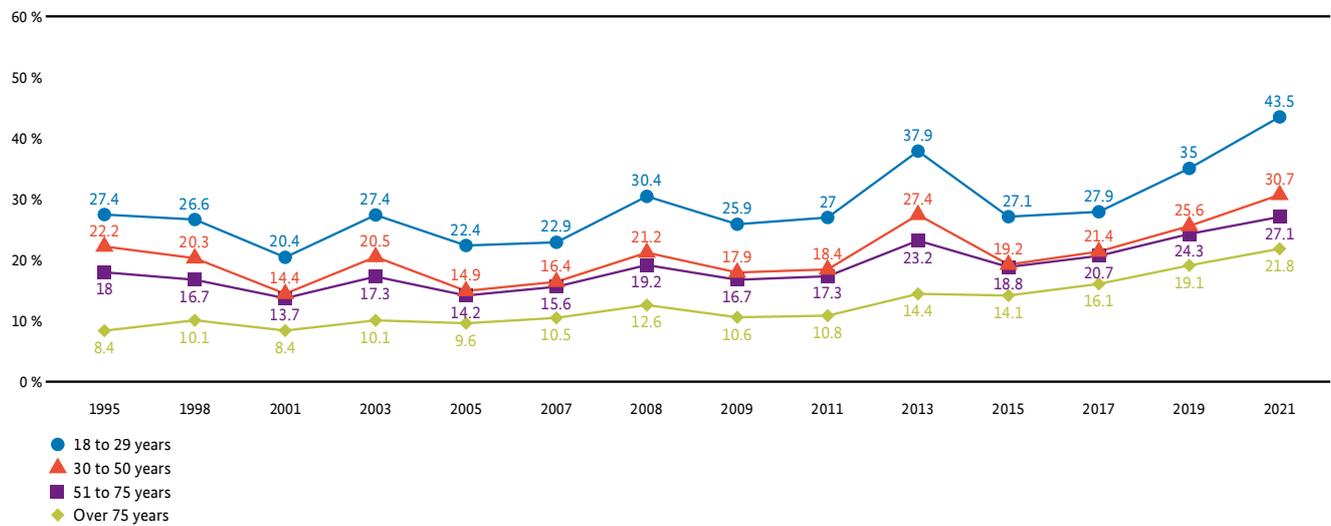


Figure 4.18: Pursuing artistic or musical activities by age group and survey year (at least once per month)



**Conclusion on the development of participation in social life**

Overall, the SOEP data indicates that participation in social life in Germany has developed positively. Two developments in particular should be emphasised:

- People between the ages of 18 and 75 are more likely to volunteer, actively participate in sports, pursue an artistic or musical activity or visit cinemas. Meanwhile, people over 75 are more likely to attend religious events.
- A secularisation trend can be observed: attendance at religious events is decreasing, while active participation in sports is increasing and becoming more equalised between the genders. Participation in artistic activities is also increasing for all age groups as well as genders.

Overall, this trend is likely to pose a challenge for a policy to counter loneliness because, on the one hand, an important part of the loneliness prevention services currently provided by denominational organisations could face increased participation limitations in the future. On the other hand, however, the increase in

participation in active sports is beneficial as it is likely to contribute to a healthier ageing population. As poor health is not only a cause but also a risk factor for loneliness distress (Bücker, 2022; see also Chapter 3), the trend towards participation in active sports might help reduce loneliness distress in the future.

With regard to the increase in sporting activities, it would be necessary to break down more precisely whether it is primarily an increase in club sports or individualised forms of sport. However, this is not possible on the basis of the SOEP data. The slight increase in volunteering activities is also positive, as volunteering is seen as a key social institution that can help protect people – especially in old age – from loneliness (Schobin et al., 2021). Volunteering not only contributes to the social integration of the active person themselves, but also represents a social resource for other people, who are thus better protected against loneliness. The SOEP data for 2021, for instance, shows that loneliness distress is statistically significantly higher among people who do not volunteer (12 per cent) than among people who do volunteer work (7.9 per cent).

## 4.4 Development of loneliness by level of education

The following section takes a look at the educational level of people with increased loneliness as compared to the rest of the adult population. To do so, the International Standard Classification of Education 97 (ISCED-97) is used as an indicator.

A higher level of education has long been recognised as a factor reducing the risk of loneliness (Pinquart & Sorensen, 2001). The protective effect of higher education arises, among other things, from improved access to the labour market and is also causally linked to important health determinants (Feinstein et al., 2006). While poverty and poor health can cause loneliness, a protective effect of education may consequently be assumed. First, it should be noted that there has been an expansion of tertiary education in Germany – as in most countries belonging to the Organisation for Economic Co-operation and Development (OECD). In the SOEP data, this is reflected in the fact that the proportion of people with a low level of education (ISCED-97 level 0 to 2, which corresponds at most to a current lower secondary school certificate) has been falling steadily since the 2000s (and even before), while the proportion of people with tertiary education (ISCED-97 level 5 and 6) has been increasing steadily. A general increase in the level of education in Germany can therefore be assumed. Against the background of the assumption that education protects against loneliness, this can be interpreted as a positive development for social protection against loneliness distress. However, despite the positive development in the general level of education, it is important to consider how loneliness develops within persons with different educational levels. For instance, a



*Education is an important factor for protection against loneliness.*

negative dynamic would be conceivable in which loneliness distress among people with lower levels of education increases faster than the educational level of the overall population. This could happen, for example, if loneliness distress prevents educational success or other factors increase the loneliness distress of less educated people particularly strongly. The available data does not provide a clear picture in this regard. This is partly due to the pandemic, but also high random fluctuations. However, the data clearly shows that people with a low level of education are consistently more likely to be affected by loneliness than people with a medium level of education, who in turn are more likely to be affected by loneliness than people with a high level of education.

The SOEP data reveals that education is a significant factor in resilience against loneliness. This effect is clearly visible even in times of crises. Education is one of the most important aspects in the fight against poverty and social exclusion and thus also against social inequalities (Groh-Samberg & Lohmann, 2014). Moreover, education plays an important role in terms of social participation: people with a higher level of education have better access to social participation, which in turn reduces their risk of loneliness.

Figure 4.19: Development of increased loneliness by education

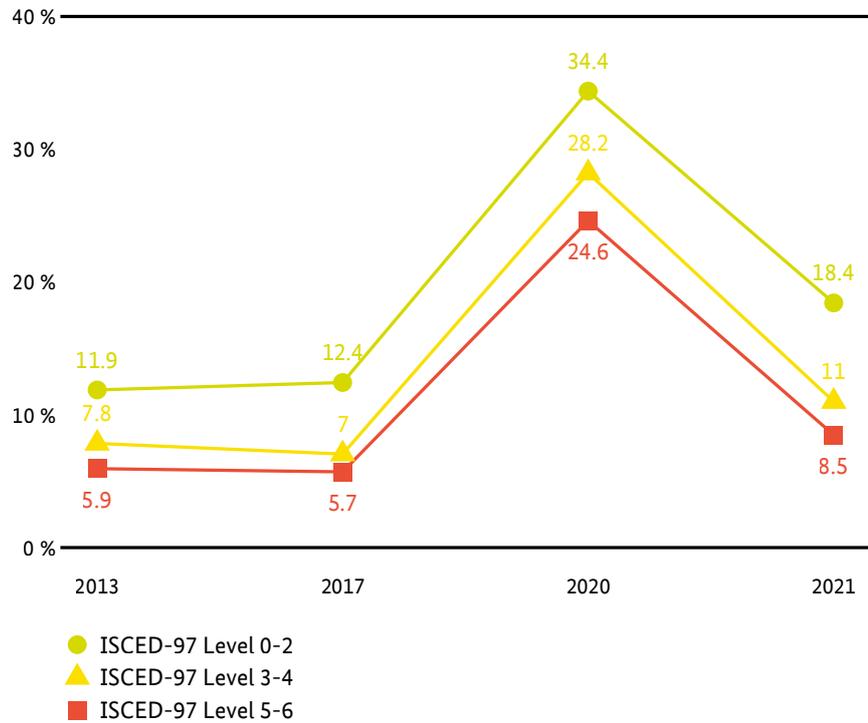
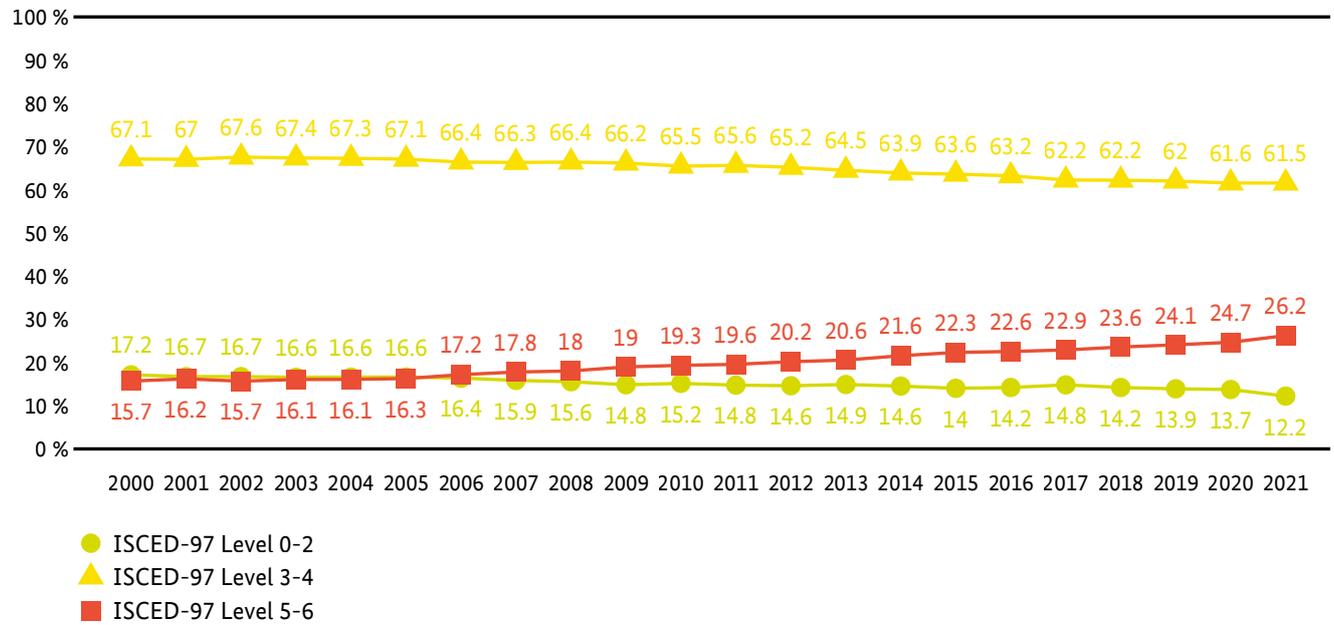


Figure 4.20: Overall development of the educational level in Germany 2000–2021



## 4.5 Conclusion and recommendations

In general, the German population can be said to have a solid foundation of resilience factors against loneliness. The frequency of visits by/to primary relationships such as family, friends and neighbours is at a consistently high level and has even been maintained, at least partially, during the pandemic. Satisfaction with the quality of primary relationships is also consistently high and even trending upwards.

The proportion of people participating in social activities at least once per month has increased for almost all forms of social participation. Only attendance at religious events is in decline. Being active in sports has become an increasingly important form of social participation for many people in recent years. This is also encouraging with regard to the other health-promoting aspects of sport.

Education is another important resilience factor against loneliness. The data shows a clear correlation between education and loneliness, which did not diminish during the COVID-19 pandemic. People with a higher level of education are less affected by loneliness than people with a medium level of education, who themselves are less affected by loneliness than people with a low level of education.

### **Recommendations with regard to primary relationships:**

Ensuring a high level of quality in close relationships should be one of the core objectives of a prevention-oriented policy to counter loneliness in Germany. This can be supported, for instance, by means of preventative and sensitising measures for children and young people.

### **Recommendations with regard to social participation:**

When promoting participation in social life, care should be taken to ensure that the respective activities are promoted equally across the genders. Furthermore, the trend towards secularisation poses a challenge, particularly for denominational actors in the welfare sector, who currently enable social participation in the form of volunteering activities and low-threshold cultural offerings (Schobin et al., 2021).

**Recommendations with regard to education:** The key role of education in any form of preventive health and social policy is well known. This also applies to a preventive strategy to counter loneliness. In particular, the combination of lower levels of education with higher levels of loneliness should have implications for the development of loneliness prevention campaigns. On the one hand, highly educated people will benefit more from such campaigns than less educated people. Therefore, on the other hand, awareness-raising work should focus on approaches that are specifically tailored to lonely people with a low level of education.

# 5 Regional and spatial aspects of loneliness

The feeling of loneliness can be intensified or favoured by spatial or regional factors. This chapter therefore takes a look at differences in loneliness distress between western and eastern German states as well as along the urban-rural divide.

## 5.1 Introduction

The link between increased loneliness and spatial or regional factors is a relatively new subject in interdisciplinary loneliness research (Neu, 2022; Potz & Scheffler, 2023). Current research looks in particular at large-scale differences between entire countries. For instance, international comparative studies have shown that regions in Southern and Eastern Europe exhibit particularly high levels of loneliness (Berlingieri et al., 2023). However, it is difficult to clearly separate spatial and regional factors from cultural, economic and political influences (Neu, 2022).

Nonetheless, smaller-scale research findings suggest that regional differences in the prevalence of loneliness and isolation cannot be explained solely by socio-demographic factors such as age, health and education. Loneliness is also associated with regional circumstances. For instance, there is discussion about how the availability of infrastructure, the design of the built environment and the quality of the living environment are related to loneliness (Buecker et al., 2021; Cox et al., 2019; Potz & Scheffler, 2023; MacIntyre & Hewings, 2022; Neu, 2022). Overall, current research makes it clear that places and spaces structure people's opportunities for participation and scope for action and therefore play an important role in preventing and reducing loneliness. Examples include, for instance, "the focus on "caring communities" in the Seventh Government Report on Older

People (BMFSFJ, 2016) and the "Soziale-Orte-Konzept" social spaces concept (Kersten et al., 2022).

Against this backdrop, this chapter examines the changes in the prevalence of loneliness at the level of the federal states (Länder) in Germany. This regional level is the smallest spatial level for which the SOEP provides sufficiently meaningful sub-samples (with some limitations).

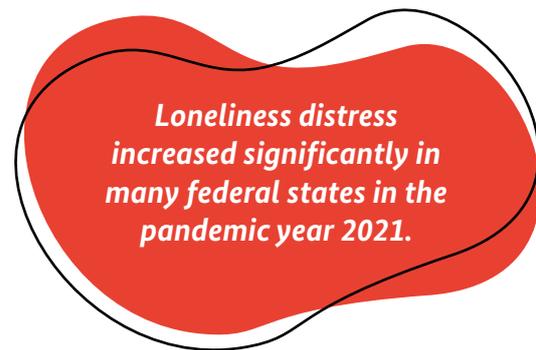
## 5.2 Development of loneliness by state

Figure 5.1 shows the development of loneliness distress between 2013 and 2017 at state level. There are no values for some states as the data basis does not allow for reliable information (margin of error greater than  $\pm 2$  per cent). These are Bremen, Hamburg, Mecklenburg-Western Pomerania, Saarland, Saxony-Anhalt and Thuringia. In all of these states, the margin of error for the combined data for 2013 and 2017 is greater than  $\pm 2$  per cent. The data was therefore not interpreted. The highest levels of loneliness in 2017 were found in Brandenburg (2013: 11.7 per cent; 2017: 10.2 per cent), Hesse (2013: 9.4 per cent; 2017: 8.3 per cent) and Lower Saxony (2013: 8.1 per cent; 2017: 8.0 per cent), whereas the lowest levels were recorded in North Rhine-Westphalia (2013: 7.6 per cent; 2017: 7.2 per cent), Saxony

(2013: 8.6 per cent; 2017: 7.2 per cent), Bavaria (2013: 7.5 per cent; 2017: 6.8 per cent) and Schleswig-Holstein (2013: 6.5 per cent; 2017: 6.9 per cent). It is particularly striking that there was no significant change between 2013 and 2017 in any of the states being analysed. The differences between the individual states are not analysed due to the high margins of error.

Figure 5.2 shows the development of loneliness distress in the federal states between 2017 and 2021. Here, too, no sufficiently precise values could be determined for Bremen, Hamburg, Mecklenburg-Western Pomerania, Saarland, Saxony-Anhalt and Thuringia. The margin of error is also too large for Berlin in this time period. It is not surprising that loneliness increased significantly in most states between 2017 and 2021, as many restrictions due to the COVID-19 pandemic (still) dominated the everyday lives of the German population in 2021. No state has a loneliness rate of less than 7 per cent. Only in Brandenburg, Lower Saxony and Schleswig-Holstein was there no significant increase in loneliness distress.

The highest loneliness distress in 2021 was recorded in North Rhine-Westphalia (13.7 per cent) and Saxony (12.5 per cent), the lowest in Schleswig-Holstein (9.4 per cent), Brandenburg (8.8 per cent) and Lower Saxony (8.4 per cent). The highest increase in loneliness levels can be observed in North Rhine-Westphalia (6.5 percentage points) as well. However, when interpreting the findings, it should be noted again that the margins of error are very large. The differences between the states are therefore not necessarily statistically significant and thus not interpreted separately.



A comparison over time of the loneliness distress by western and eastern German states (western states: WS, eastern states and Berlin: ES) includes all data, i. e. also that for people in Bremen, Hamburg, Mecklenburg-Western Pomerania, Saarland, Saxony-Anhalt and Thuringia (see also Figure 5.1). The time comparison shows a fairly stable loneliness distress between 2013 (WS: 7.5 per cent; ES: 9.7 per cent) and 2017 (WS: 7.4 per cent; ES: 8.6 per cent), a sharp increase in 2020 when the COVID-19 pandemic hit (WS: 27.5 per cent; ES: 31.3 per cent) and a decline in 2021 (WS: 11.2 per cent; ES: 11.8 per cent), although the pre-pandemic level was not reached again. In 2013 and 2017, the eastern German states plus Berlin show a significantly higher loneliness distress than the western states, with this difference being greatest in 2020 (which is characterised by a high loneliness distress overall), at 3.8 percentage points. In 2021, however, the east-west difference is no longer significant. Overall, the east-west difference in the 2021 data appears to be too small to be categorised as practically significant (0.6 percentage points).

Figure 5.1: Proportion of people with increased loneliness by state 2013–2017

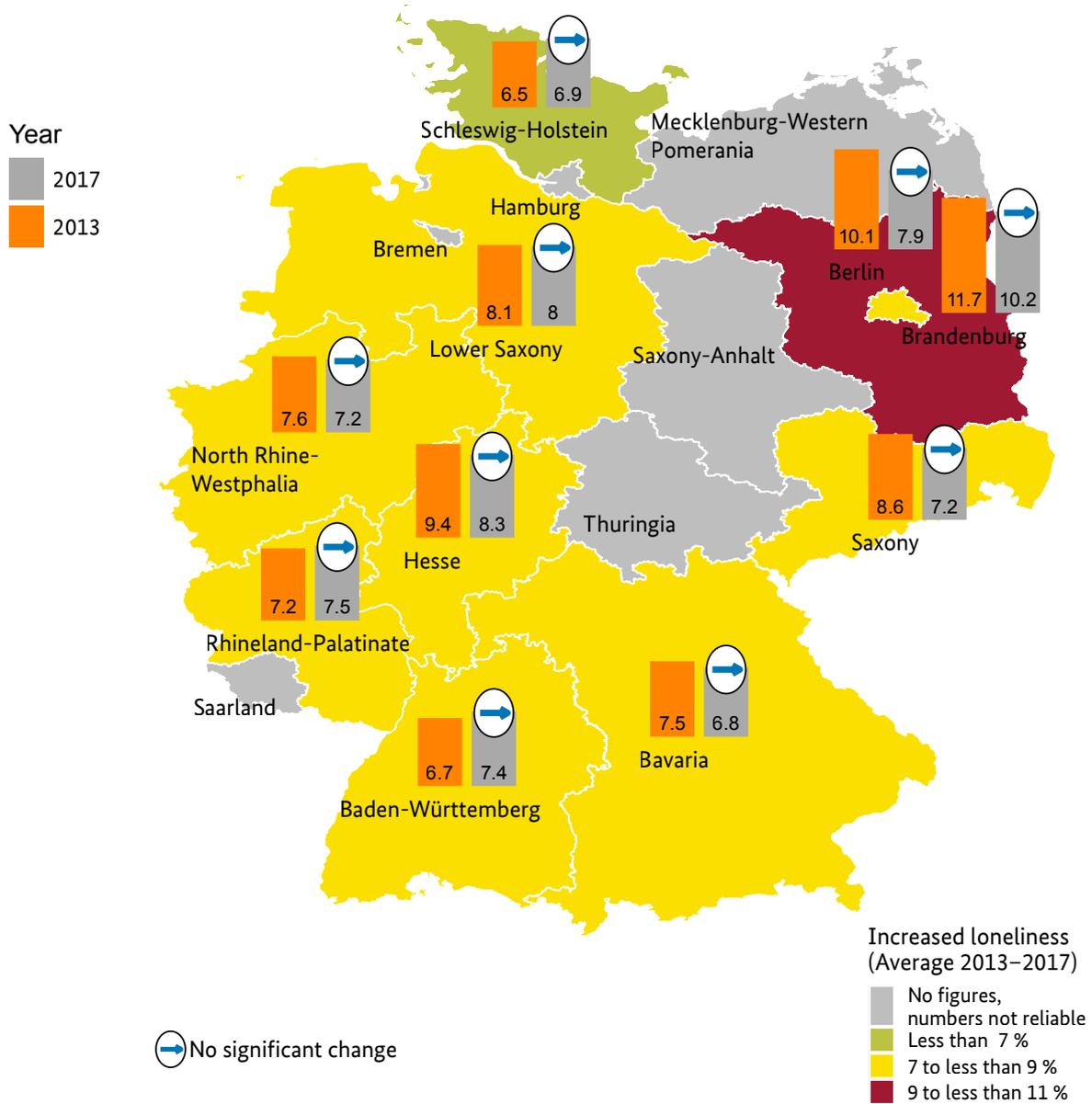


Figure 5.2: Proportion of people with increased loneliness by state 2017–2021

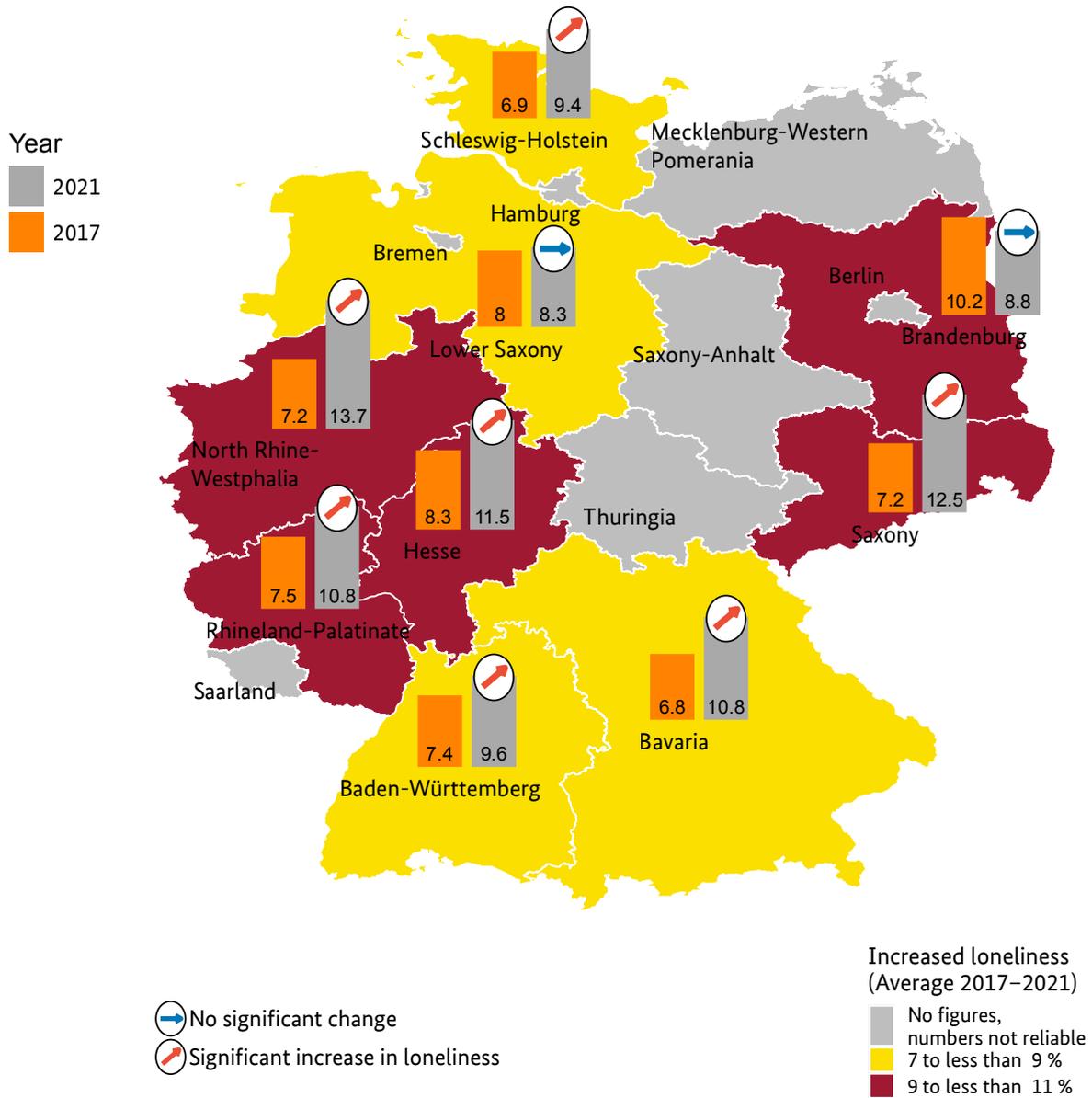
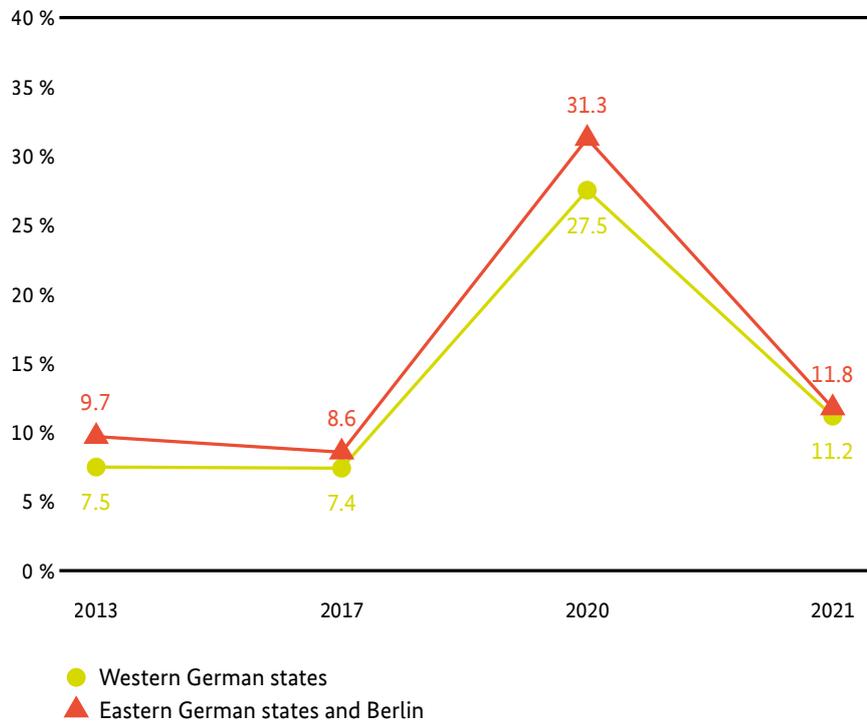


Figure 5.3: Proportion of people with increased loneliness by western and eastern German states 2013–2021



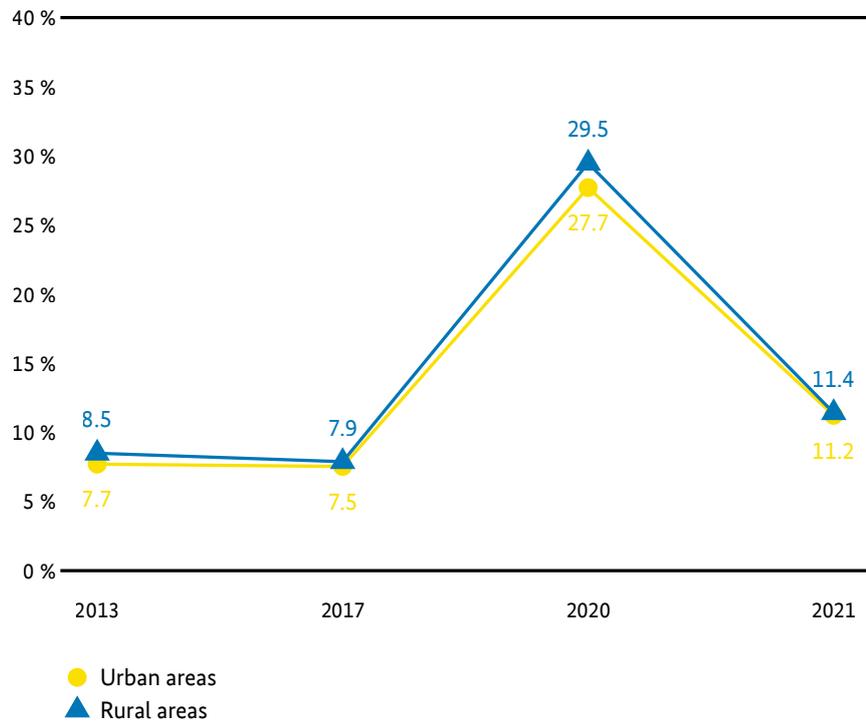
### 5.3 Development of urban-rural differences in loneliness

A comparison of loneliness distress over time in urban and rural areas between 2013 and 2021 shows a very similar trend. Between 2013 (urban areas: 7.7 per cent; rural areas: 8.5 per cent) and 2017 (urban areas: 7.5 per cent; rural areas: 7.9 per cent), loneliness distress remained stable before rising sharply with the outbreak of COVID-19 in 2020 (urban areas: 27.7 per cent; rural areas: 29.5 per cent) and then falling again in 2021 (urban areas: 11.2 per cent; rural areas: 11.4 per cent). Again, neither rural nor urban areas returned to pre-pandemic levels in 2021.

*There are no practically significant differences in loneliness distress between rural and urban areas.*

There are no practically significant differences in loneliness distress between rural and urban areas.

Figure 5.4: Proportion of people with increased loneliness by living environment 2013–2021



## 5.4 Conclusion and recommendation

The development of loneliness distress at state level between 2013 and 2021 reveals a multifaceted scenario. In some states, no reliable values could be determined due to insufficient data. However, if the data from all states is taken into account and broken down into western and eastern German states, a slight significant difference between east and west can be observed in several survey years. The eastern German states including Berlin, have slightly higher levels of loneliness than their western counterparts. However, this difference is no longer statistically significant in 2021. Therefore, this finding should not be overinterpreted and could be determined by cultural, economic and political factors, which can also have an impact on loneliness distress (Neu, 2022).

Based on the SOEP data, there is no significant difference in loneliness distress between people in rural and urban areas. Overall, spatial factors appear to have little or no influence on loneliness distress among the population at the levels analysed here. However, it is worth noting that small-scale studies have found that loneliness can be related to regional factors (Buecker et al., 2021). Therefore, further research at lower socio-spatial levels, such as municipal level, could be insightful and identify factors influencing perceived loneliness distress. Such analyses could be pursued in future versions of the Loneliness Barometer, utilising more detailed data.

**Recommendation:** Based on the current SOEP data, regional differences in loneliness distress in Germany cannot be adequately analysed. The statistical uncertainties in the estimates are comparatively high even in the most populous federal states. The only recommendation for action that can be formulated is therefore to pro-

mote the scientific collection of further social statistics data with narrower spatial scales and more detail. This could be done, for instance, by promoting surveys with a very large sample size that are stratified by district, or by including a respective measurement of loneliness in the annual large-scale survey “Mikrozensus”.

# 6 Loneliness and attitudes towards democracy

Long-term increased loneliness is accompanied by a general loss of trust, which affects key pillars of democracy. Lonely people often exhibit greatly diminished trust in political institutions as well as in politicians, the police and the justice system. Interest in politics and loyalty to political parties is also weakened. This chapter therefore focuses on the connection between loneliness and attitudes towards democracy.

## 6.1 Introduction

A relatively new issue in loneliness research is the connection between loneliness distress and a decline in trust in the political institutions of liberal democracies (Langenkamp, 2021a; Neu et al., 2023; Schobin, 2018). It is being investigated in the context of loneliness distress being associated with a reduction in interpersonal trust. On average, lonely people trust the people around them less; it is assumed that this is an effect of loneliness distress (Langenkamp, 2023; Rotenberg, 2010; Schobin, 2018). In addition to reduced interpersonal trust, people affected by loneliness also tend to have less trust in institutions such as the police, the legal system, political parties and parliament. Similarly, people affected by loneliness are more likely to believe in conspiracy narratives such as there being a power elite that controls politics behind the scenes (Neu et al., 2023). This complex of a general loss of trust, which is associated with increased levels of loneliness, can have practical implications for political participation in liberal democracies. A current study by the Friedrich Ebert Foundation (Mitte-Studie 2022/2023) warns that loneliness can be associated with anti-democratic views such as conspiracy narratives and tolerance/acceptance of violence (Neu & Küpper, 2023). Initial research findings show that

people affected by loneliness are less interested in politics, vote less often and feel less attached to a particular party than people who are not affected by loneliness (Langenkamp, 2021b).

## 6.2 Democratic participation and loneliness

The latest SOEP data confirms the assumption that trust in political institutions is reduced and lower among people suffering from loneliness. The SOEP uses a scale of 0 to 10 to ask which public institutions or groups of people are personally trusted. The survey covers the legal system, the police, political parties, politicians and the German parliament (Bundestag). In 2021, the proportion of people giving a value above 5 is significantly smaller among people who experience loneliness than among people who do not experience increased loneliness. For instance, a mere 50.6 per cent of people experiencing loneliness trust the legal system, compared to 63.8 per cent of people without increased loneliness; and only 66.2 per cent of people experiencing loneliness trust the police, compared to 77.2 per cent of less lonely people.

Only 38.9 per cent of people with increased loneliness have confidence in the Bundestag, compared to 50 per cent of people without increased loneliness. Trust in politicians (21.3 per cent versus 29.8 per cent) and in political parties (20.4 per cent versus 28.8 per cent) is

particularly low. Overall, the current SOEP data supports the notion of a severe and practically significant reduction in trust in the political institutions of liberal democracies and their participants among people suffering from loneliness.

Figure 6.1: Trust in political institutions by loneliness distress (2021), instrument: UCLA-LS

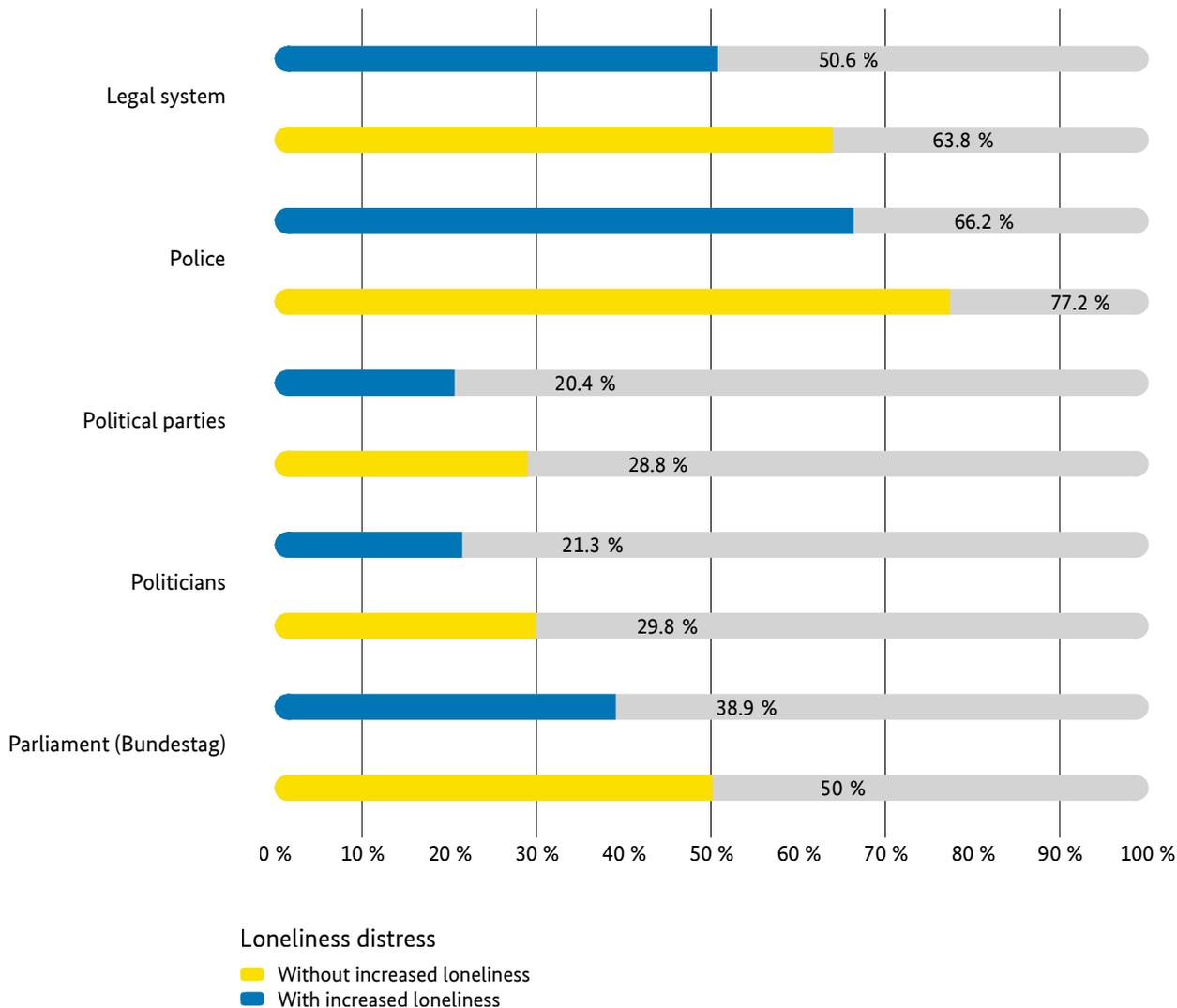
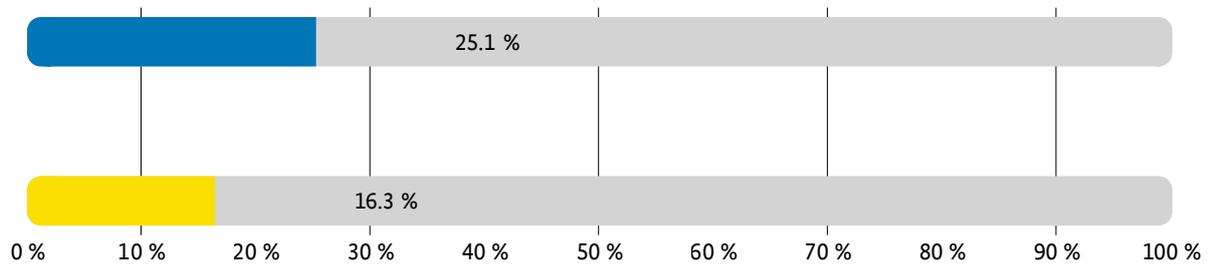


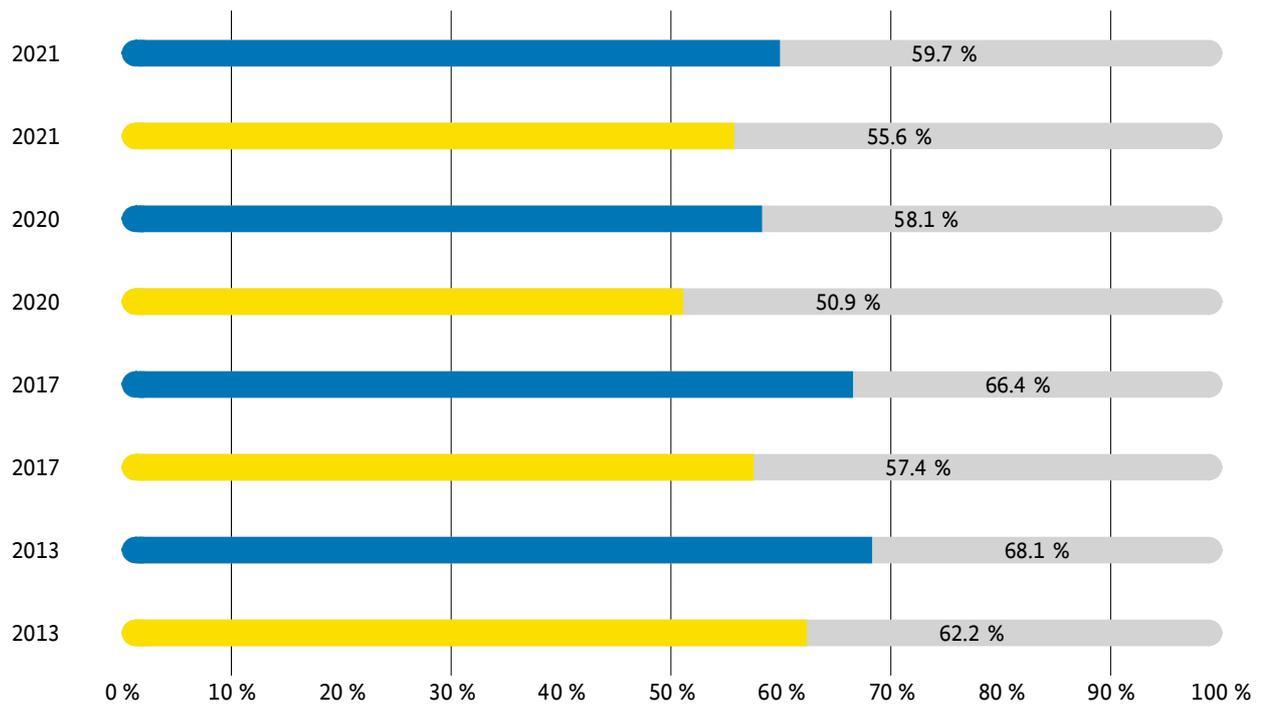
Figure 6.2: Strong belief in conspiracy narratives by loneliness distress (2021), instrument: UCLA-LS



Loneliness distress

- Without increased loneliness
- With increased loneliness

Figure 6.3: Development of disinterest in politics by loneliness distress and survey year



Loneliness distress

- Without increased loneliness
- With increased loneliness

The reduced trust in political institutions is accompanied by an increased tendency to believe in political conspiracies (for instance, people believe that there is a secret group (or groups) working behind the scenes to control the state and government decisions and monitor citizens). The SOEP surveyed respondents' belief in a political conspiracy for the first time in 2021. On a scale from 0 to 100 per cent, respondents were asked how certain they were that, for instance, secret organisations

exerted great influence on political activities or that government authorities closely monitored citizens. The proportion of those with a strong belief in conspiracy narratives (on average over 70 per cent certain) is significantly higher among people with increased loneliness levels. Some 25.1 per cent expressed a strong belief in conspiracy narratives, compared to 16.3 per cent among respondents without increased loneliness.

Figure 6.4: Development of commitment to a political party by loneliness distress

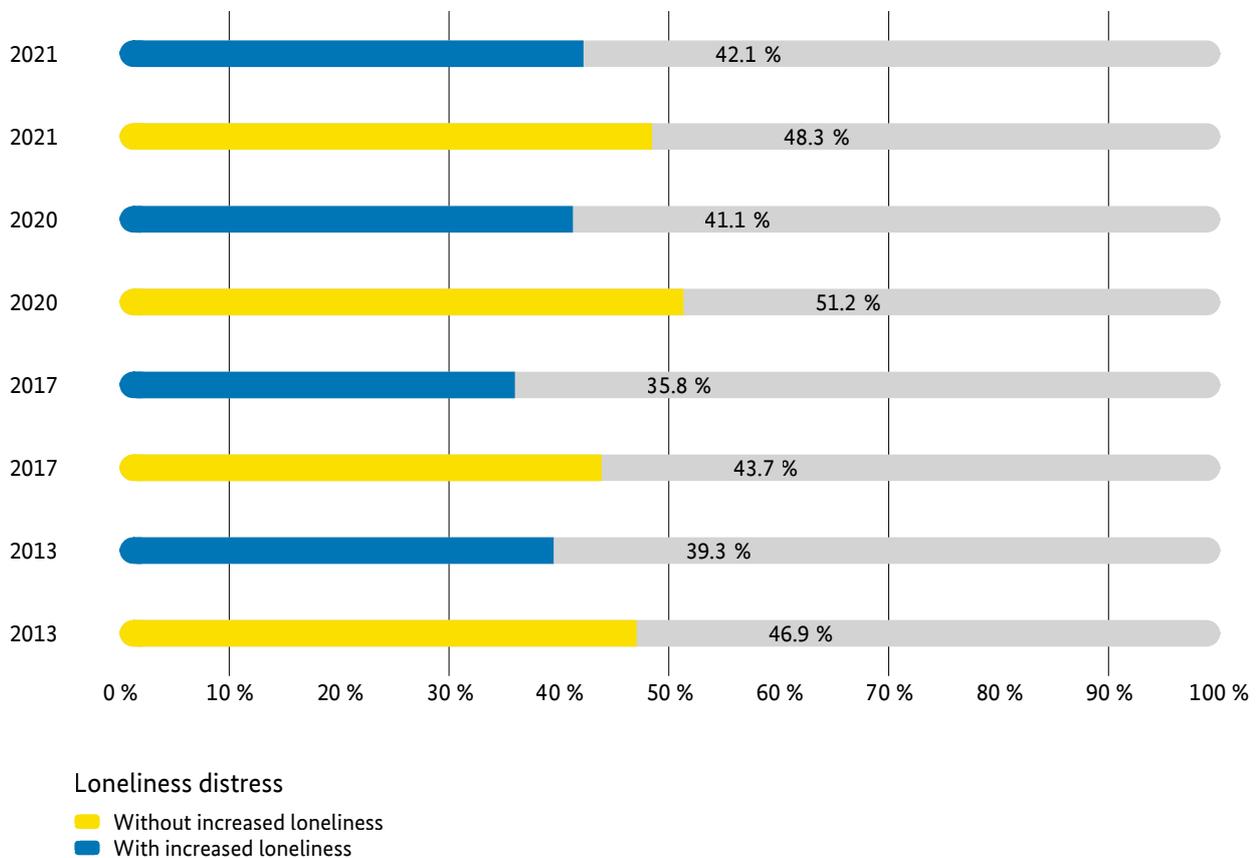
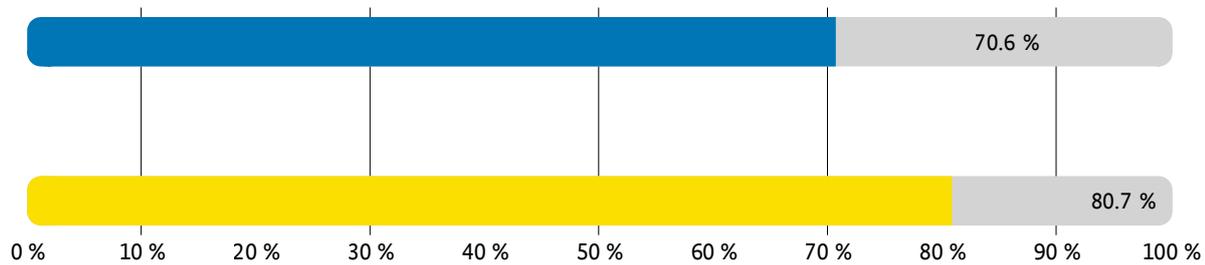


Figure 6.5: Clear voting intention by loneliness distress (2021), instrument: UCLA-LS



#### Loneliness distress

- Without increased loneliness
- With increased loneliness

The more common general loss of trust as well as the belief in conspiracy narratives may be two signs that political participation and political positioning in a liberal democracy are weakened among people suffering from loneliness. In the following, it is therefore illustrated how political interest and ties to political parties have developed in recent years among people with increased loneliness. Both these aspects are recorded annually in the SOEP, so the data allow for conclusions to be drawn about the development of political participation among people suffering from loneliness.

First, the SOEP indicates a positive trend: the proportion of people who have little or no interest in politics decreased significantly between 2013 and 2021 among people with increased loneliness (2013: 67.7 per cent; 2021: 59.3 per cent) as well as among people without increased loneliness (2013: 62.2 per cent; 2021: 55.4 per cent). There is currently no evidence that political disinterest is developing significantly differently among people with loneliness distress than among people without loneliness distress. Nevertheless, people with increased loneliness show a significantly lower interest in politics in every single survey year and the proportion with little or no interest in politics is significantly

higher among them. This gap does not appear to be closing over time. People with higher levels of loneliness distress also depict a lower level of commitment to a political party than people without loneliness distress. The trend shows an initial decline in loyalty to a particular party among both those without and those with loneliness distress between 2013 and 2017 (without increased loneliness 2013: 46.9 per cent; 2017: 43.7 per cent; with increased loneliness: 2013: 39.3 per cent; 2017: 35.8 per cent), followed by a significant increase in 2020 and 2021 (without increased loneliness 2020: 51.2 per cent; 2021: 48.3 per cent; with increased loneliness: 2020: 41.1 per cent; 2021: 42.1 per cent). Despite these fluctuations between 2013 and 2021, the gap in party loyalty between people with and without loneliness distress remains relatively constant (2013: 7.6 percentage points, 2021: 6.2 percentage points).

The lower interest in politics and the lower party loyalty are also significantly related to intention to vote in elections. In the SOEP, only 70.9 per cent of people with increased loneliness stated that they would definitely go to the polls next Sunday if there were a general election. This figure is 80.7 per cent, 10.1 percentage points higher, among people without increased loneliness.

### 6.3 Conclusion and recommendation

The SOEP 2021 data reveals a significantly lower level of trust in political institutions, such as the police, political parties, politicians, the legal system and the parliament, among people with increased loneliness than among people without loneliness distress. Likewise, people with increased loneliness believe in political conspiracies significantly more often than people without increased loneliness.

The SOEP data supports the assumption that disinterest in politics is more prevalent among people with loneliness distress than among people without such distress. At the same time, however, the data shows that disinterest in politics has fallen in both groups (and thus in the population as a whole). However, the significant gap in disinterest in politics between people with and without increased loneliness remains clearly visible. Moreover, party loyalty among people with increased loneliness is consistently lower in the SOEP in most survey years than among people without increased loneliness. This is also reflected in a lower level of participation/voting in elections.

**Recommendation:** Loneliness is negatively correlated with trust in political institutions, interest in politics and motivation to participate in political processes. It can furthermore be assumed that these correlations also reduce party loyalty and weaken participation in

elections. In the political system of the Federal Republic of Germany, political parties play a key role in shaping the will of the people. However, the parties not only pool social issues and interests, they also socialise and mobilise citizens and thus contribute to socialisation according to Max Weber's definition. Parties therefore not only have political, but also social and intermediary functions (Wiesendahl, 2006), which can serve to counter loneliness. At the same time, a high level of participation in elections is of central importance for securing the legitimacy of liberal democracies. In this sense, loneliness distress, especially if accompanied by general attitudes jeopardising democracy, can pose a potential threat to liberal democracy in Germany. This is in line with the conclusion of the current *Mitte-Studie*, which recommends understanding loneliness distress as an indicator of how many people feel increasingly disconnected from democracy and its institutions (Neu & Küpper, 2023). Preventing and reducing loneliness should therefore also be understood as a means of stabilising the democratic system in Germany and as a contribution to promoting democracy. From this recommendation, the *Mitte-Studie 2022/2023* derives the need to maintain and create inclusive and democratic meeting spaces/places (Neu & Küpper 2023). This could be supplemented by a call to promote social/civic engagement in its various forms as this simultaneously contributes to both preventing loneliness and encouraging participation in political processes (Schobin 2022b).

# 7 Conclusion: loneliness in Germany

**People with increased loneliness often have to struggle with additional challenges, and their trust in democratic institutions is weakened. During the pandemic, loneliness distress rose sharply among the population, but has since fallen again to some extent. This subsequent downward trend also corresponds to the positive development of two resilience factors: both the quality of close relationships and the quality of social participation have developed positively in Germany over long periods of time. Overall, loneliness and loneliness distress must be seen as a challenge for the whole of German society. Overcoming this challenge requires both cross-networking between the different sectors of health and social policy as well as the development of innovative approaches to counter loneliness.**

## 7.1 The development of loneliness

Overall, the SOEP data shows that people with increased loneliness have to contend with multiple disparities: their health is poorer, they have fewer social resources such as education or employment, they benefit less from general prosperity development, their political participation is lower and their trust in democratic institutions is more often weak(ened). However, people suffering from increased loneliness and/or social isolation are not a homogeneous group. Loneliness is a multifaceted issue affecting both the individual and society as a whole. Moreover, there are complex interactions between individual and social factors causing and fostering loneliness. Loneliness can affect anyone. Although the challenges and distress are more pronounced among both socially disadvantaged and older people, the statistical correlations should not obscure the fact that loneliness and social isolation are not age- or life-situation-specific phenomena per se. This is particularly well illustrated by the effects of the COVID-19 pandemic which revealed that vulnerability to loneliness also affects people not belonging to one of the typical risk groups. For instance, during the

pandemic, loneliness distress increased particularly sharply among people up to the age of 75. This means that even those who normally appear more resilient in the statistics because they are less affected are in fact vulnerable as well. Overall, it is not possible to draw direct conclusions about individual vulnerabilities from statistical risk groups because the causes of loneliness are complex. The paths leading to increased loneliness differ from individual to individual. They arise from a complex interplay of individual predisposition, acquired or inherited vulnerabilities, situational factors and social influences. Research in this field is mostly still in its infancy. There is a lack of empirically tested explanatory models for many statistical correlations, and even many known findings require further research in order to be theoretically understood. This “infancy” of interdisciplinary loneliness research makes it difficult to understand the long-term effects of the COVID-19 pandemic, for instance. At least, the current data is a cause for hope in this regard: in 2021, loneliness distress levels had already moved strongly towards pre-pandemic levels. However, they were still statistically significantly higher than the reference level of 2017. A certain proportion of people – which the pandemic suddenly exposed to circumstances that foster feelings of loneliness – may therefore have developed new risks of chronic loneliness distress.

The relatively rapid normalisation after the first year of the pandemic requires a focus on resilience factors. Loneliness distress is caused not least by deficiencies in the quality of relationships. One reason for the relatively short period of the sharp increase in loneliness distress during the pandemic is probably the high quality of close relationships and the solid development of social participation in Germany. The development of close relationships appears to be particularly positive. Satisfaction with family life has tended to increase further from a high level and satisfaction with the circle of friends was also consistently high until right before the pandemic. The frequency of contact with close people living outside the household also proved to be stable, and among the particularly vulnerable group of older people over 75 years of age, partnerlessness is declining. Overall, the network of close social relationships protecting against loneliness is thus reliable and on average of a high quality. Likewise, the development of social participation in Germany is also positive. Social engagement is tending to increase rather than decrease, more and more people are actively taking part in sport, attending pop cultural events such as cinema screenings and concerts at least once per month or pursuing artistic and musical activities. Attendance at religious events, in contrast, is declining, especially among younger people. This secularisation dynamic represents one of the key challenges for the further development of services to counter loneliness, which in many cases in Germany are provided by organisations closely linked to the Christian churches (Gibson-Kunze & Arriagada, 2023).

## 7.2 Loneliness as a challenge for society as a whole

The SOEP data supports the notion that loneliness and loneliness distress must be understood as a challenge for society as a whole. Loneliness is a societal issue that cuts across the usual sectoral categorisations. It affects both health and social policy, and sometimes also employment or housing policy. But even within the sectors, loneliness is a cross-cutting issue. It appears in psychological outpatient clinics as well as in the inpatient treatment of cardiovascular diseases; in care for older people as well as in family counselling; it is the subject of district planning and neighbourhood projects. Reducing loneliness therefore requires innovative approaches in many areas to meet the needs of a highly heterogeneous target group. Within Germany's subsidiary welfare system, these needs are currently often addressed differently – and sometimes not at all. Loneliness prevention is also still in its initial stages. There is a lack of reliable scientific data to enable an evidence-based assessment as to which measures are effective in preventing loneliness. All of this emphasises the need for a coordinated strategy to tackle the many facets of the challenge of loneliness. International experiences such as those from the UK and the Netherlands show that successful strategies to counter loneliness are based on the formation of coalitions and cooperation between political, welfare state, civil society and academic stakeholders of very different types and scope. These alliances aim to create a comprehensive and sustainable approach to the issue and promote public awareness as well as the development of effective measures to prevent loneliness and support people affected by it.

The first Loneliness Barometer shows that it is high time to recognise loneliness as a pressing political challenge and to cooperate on curbing it within the framework of a coordinated overall strategy. The German Federal Government adopted its first strategy to counter loneliness in Germany in late 2023. The strategy includes numerous measures geared towards preventing and reducing loneliness (Federal Government, 2023).

### 7.3 Outlook: the future of the Loneliness Barometer

This first Loneliness Barometer marks the beginning of a long-term monitoring of loneliness and loneliness distress in Germany. The recurring collection and publication of reliable facts and figures on loneliness are an important part of a strategy to counter loneliness. The Loneliness Barometer is intended to provide the data basis for political and professional decisions towards preventing and reducing loneliness. This report should therefore be expanded in future versions. It is particularly important to expand the data basis, as the SOEP data can only depict key risk groups to a limited extent. These groups include people under the age of 18, but also particularly very old people (85 years or older) and people accommodated in care homes (Entringer, 2022). Moreover, it is currently impossible to assess the development of loneliness distress on demographically

smaller groups which are particularly exposed to social discrimination. Examples include LGBTIQ+ people, but also Sinti and Roma people. Separate studies appear to be necessary because even the case numbers in one of the best representative surveys such as the SOEP are usually too small for proper assessments. In addition, studies should always be carried out with the involvement of relevant advocacy organisations.

A final aspect concerns the further development of the measuring instrument. The UCLA-LS primarily addresses the issue of emotional loneliness. Other types and forms, such as social, societal or existential loneliness, can therefore not be considered in a differentiated manner via this instrument. The UCLA-LS also does not provide for a differentiation by duration, intensity and frequency of loneliness distress. In future versions of loneliness monitoring, significant improvements could therefore be achieved. It should also be noted that there is no consensus in research as to the threshold value on the UCLA-LS above which loneliness distress is problematic. For instance, it could be argued whether a threshold is reached if negative consequences such as cardiovascular disease or depression increase above such a certain threshold value (Entringer, 2022). The threshold value “More often than sometimes” for increased loneliness should therefore be regarded as an appropriate approximation and should be reviewed in future versions of the report, based on the latest scientific findings.

## 8 References

- Andresen, S., Lips, A., Rusack, T., Schröer, W., Thomas, S. & Wilmes, J. (2022). *Verpasst? Vershoben? Verunsichert? Junge Menschen gestalten ihre Jugend in der Pandemie: Erste Ergebnisse der JuCo III-Studie – Erfahrungen junger Menschen während der Corona-Pandemie im Winter 2021*. [https://hildok.bsz-bw.de/files/1326/JuCo\\_3.pdf](https://hildok.bsz-bw.de/files/1326/JuCo_3.pdf) <https://doi.org/10.18442/205>
- Aust, A. (2020). *Arm, abgehängt, ausgegrenzt. Eine Untersuchung zu Mangellagen eines Lebens mit Hartz IV*. <https://www.der-paritaetische.de/alle-meldungen/expertise-arm-abgehaengt-ausgegrenzt-eine-untersuchung-zu-mangellagen-eines-lebens-mit-hartz-iv/>
- Barreto, M., Victor, C., Hammond, C., Eccles, A., Richins, M. T. & Qualter, P. (2021). Loneliness around the world: Age, gender, and cultural differences in loneliness. *Personality and Individual Differences*, 169, 110066. <https://doi.org/10.1016/j.paid.2020.110066>
- Berlingieri, F., Colagrossi, M. & Mauri, C. (2023). *Loneliness and social connectedness: insights from a new EU-wide survey*. European Commission. <https://publications.jrc.ec.europa.eu/repository/handle/JRC133351>
- Blom, A. G., Wenz, A., Rettig, T., Reifenscheid, M., Nauermann, E., Möhring, K., Lehrer, R., Krieger, U., Juhl, S., Friedel, S., Fikel, M. & Cornesse, C. (2020). *Die Mannheim-er Corona-Studie: Das Leben in Deutschland im Ausnahmezustand*. Arbeitspapier.
- BMFSFJ (2016). *Siebter Bericht zur Lage der älteren Generation in der Bundesrepublik Deutschland. Sorge und Mitverantwortung in der Kommune – Aufbau und Sicherung zukunftsfähiger Gemeinschaften und Stellungnahme der Bundesregierung zum Bericht der Sachverständigenkommission*. <https://www.bmfsfj.de/resource/blob/120144/2a5de459ec4984cb2f-83739785c908d6/7-altenbericht-bundestagsdrucksache-data.pdf>
- Bücker, S. (2022). *Die gesundheitlichen, psychologischen und gesellschaftlichen Folgen von Einsamkeit* (KNE Expertisen Nr. 10). <https://kompetenznetz-einsamkeit.de/download/2879/>
- Bücker, S. & Beckers, A. (2023). *Evaluation von Interventionen gegen Einsamkeit* (KNE Expertisen Nr. 12). <https://kompetenznetz-einsamkeit.de/download/4788>
- Buecker, S., Ebert, T., Götz, F. M., Entringer, T. M. & Luhmann, M. (2021). In a Lonely Place: Investigating Regional Differences in Loneliness. *Social Psychological and Personality Science*, 12(2), 147–155. <https://doi.org/10.1177/1948550620912881>
- Buecker, S. & Horstmann, K. T. (2021). Loneliness and Social Isolation During the COVID-19 Pandemic. *European Psychologist*, 26(4), 272–284. <https://doi.org/10.1027/1016-9040/a000453>
- Bundesregierung (2023). *Strategie der Bundesregierung gegen Einsamkeit*. Dezember, 2023. <https://www.bmfsfj.de/bmfsfj/service/publikationen/strategie-der-bundesregierung-gegen-einsamkeit-234582>

- BMFSFJ (eds.) (2024). Loneliness Barometer 2024, Annex: Statistics. March 2024. <https://www.bmfsfj.de/bmfsfj/service/publikationen/einsamkeitsbarometer-2024-237576>
- Bünning, M., Ehrlich, U., Behaghel, F. & Huxhold, O. (2021). *Enkelbetreuung während der Corona-Pandemie* (DZA aktuell, 07/2021). Deutsches Zentrum für Altersfragen. [https://www.ssoar.info/ssoar/bitstream/handle/document/75928/ssoar-2021-bunning\\_et\\_al-Enkelbetreuung\\_waehrend\\_der\\_CoronaPandemie.pdf;jsessionid=94180E8165E6B3646C874C6787E684DA?sequence=1](https://www.ssoar.info/ssoar/bitstream/handle/document/75928/ssoar-2021-bunning_et_al-Enkelbetreuung_waehrend_der_CoronaPandemie.pdf;jsessionid=94180E8165E6B3646C874C6787E684DA?sequence=1)
- Cox, D. A., Streeter, R. & Wilde, D. (2019). *A loneliness epidemic? How marriage, religion, and mobility explain the generation gap in loneliness*. American Enterprise Institute.
- Dittmann, J. & Goebel, J. (Mai 2022). *Einsamkeit und Armut* (KNE Expertisen Nr. 5). <https://kompetenznetz-einsamkeit.de/download/2943/>
- Dyal, S. R. & Valente, T. W. (2015). A Systematic Review of Loneliness and Smoking: Small Effects, Big Implications. *Substance Use & Misuse*, 50(13), 1697–1716. <https://doi.org/10.3109/10826084.2015.1027933>
- Dykstra, P. A. (2009). Older adult loneliness: myths and realities. *European Journal of Ageing*, 6(2), 91–100. <https://doi.org/10.1007/s10433-009-0110-3>
- Emerson, E., Fortune, N., Llewellyn, G. & Stancliffe, R. (2021). Loneliness, social support, social isolation and wellbeing among working age adults with and without disability: Cross-sectional study. *Disability and Health Journal*, 14(1), 100965. <https://doi.org/10.1016/j.dhjo.2020.100965>
- Entringer, T. (Mai 2022). *Epidemiologie von Einsamkeit in Deutschland* (KNE Expertisen Nr. 4). <https://kompetenznetz-einsamkeit.de/download/2876/>
- Ernst, M., Niederer, D., Werner, A. M., Czaja, S. J., Mikton, C., Ong, A. D., Rosen, T., Brähler, E. & Beutel, M. E. (2022). Loneliness before and during the COVID-19 pandemic: A systematic review with meta-analysis. *The American Psychologist*, 77(5), 660–677. <https://doi.org/10.1037/amp0001005>
- Eyerund, T. & Orth, A. K. (2019). *Einsamkeit in Deutschland: Aktuelle Entwicklung und soziodemographische Zusammenhänge*. IW-Report Nr. 22.
- Feinstein, L., Sabates, R., Anderson, T. M., Sorhaindo, A. & Hammond, C. (2006). What are the effects of education on health? In *What Are the Effects of Education on Health? Measuring the Effects of Education on Health and Civic Engagement* (pp. 171–354). OECD.
- Fischer, M. (Mai 2022). *Einsamkeit unter LSBTQI\* Menschen: Gesellschaftliche Entfremdung, soziale Ausgrenzung und Resilienz* (KNE Expertisen Nr. 7). <https://kompetenznetz-einsamkeit.de/download/2859/>
- Fokkema, T. & Naderi, R. (2013). Differences in late-life loneliness: a comparison between Turkish and native-born older adults in Germany. *European Journal of Ageing*, 10(4), 289–300. <https://doi.org/10.1007/s10433-013-0267-7>
- Fulton, L. & Jupp, B. (2015). *Investing to tackle loneliness*. Social Impact Bonds Discussion Paper. [https://www.socialfinance.org.uk/assets/documents/investing\\_to\\_tackle\\_loneliness.pdf](https://www.socialfinance.org.uk/assets/documents/investing_to_tackle_loneliness.pdf)
- Gaertner, B., Fuchs, J., Möhler, R., Meyer, G. & Scheidt-Nave, C. (2021). *Zur Situation älterer Menschen in der Anfangsphase der COVID-19-Pandemie: Ein Scoping Review*. Vorab-Onlinepublikation. <https://doi.org/10.25646/7856>
- Geisen, T., Widmer, L. & Yang, A. (2022). *Migration und Einsamkeit. Resultate eines systematischen Literaturreviews* (KNE Expertisen Nr. 2). <https://kompetenznetz-einsamkeit.de/publikationen/kne-expertisen/kne-expertise-06>
- Gibson-Kunze, M. & Arriagada, C. (2023). *Maßnahmen und Projekte zur Vorbeugung und Linderung von Einsamkeit in Deutschland. Eine Systematisierung* (KNE Forschung Nr. 2). <https://kompetenznetz-einsamkeit.de/publikationen/kne-forschung/kne-forschung-02>
- Goebel, J., Grabka, M. M., Liebig, S., Kroh, M., Richter, D., Schröder, C. & Schupp, J. (2019). The German Socio-Economic Panel (SOEP). *Jahrbücher für Nationalökonomie und Statistik*, 239(2), 345–360. <https://doi.org/10.1515/jbnst-2018-0022>

- Gómez-Zúñiga, B., Pousada, M. & Armayones, M. (2022). Loneliness and disability: A systematic review of loneliness conceptualization and intervention strategies. *Frontiers in Ppsychology*, 13, 1040651. <https://doi.org/10.3389/fpsyg.2022.1040651>
- Granovetter, M. S. (1973). The Strength of Weak Ties. *American Journal of Sociology*, 78(6), 1360–1380.
- Griffin, S. C., Williams, A. B., Ravyts, S. G., Mladen, S. N. & Rybarczyk, B. D. (2020). Loneliness and sleep: A systematic review and meta-analysis. *Health Psychology Open*, 7(1). <https://doi.org/10.1177/2055102920913235>
- Groh-Samberg, O. & Lohmann, H. (2014). Soziale Ausgrenzung von Geringqualifizierten: Entwicklungen der materiellen, kulturellen und politischen Teilhabe. In U. Bauer, A. Bolder, H. Bremer, R. Dobischat & G. Kutscha (Hrsg.), *Expansive Bildungspolitik – Expansive Bildung?* (P 173–193). Springer Fachmedien Wiesbaden. [https://doi.org/10.1007/978-3-658-06669-7\\_8](https://doi.org/10.1007/978-3-658-06669-7_8)
- Hawkey, L. C., Thisted, R. A. & Cacioppo, J. T. (2009). Loneliness predicts reduced physical activity: cross-sectional & longitudinal analyses. *Health Psychology*, 28(3), 354–363. <https://doi.org/10.1037/a0014400>
- Heu, L. C., Hansen, N. & van Zomeren, M. (2021). Resolving the cultural loneliness paradox of choice: The role of cultural norms about individual choice regarding relationships in explaining loneliness in four European countries. *Journal of Social and Personal Relationships*, 38(7), 2053–2072. <https://doi.org/10.1177/02654075211002663>
- Holt-Lunstad, J. (2022). Social Connection as a Public Health Issue: The Evidence and a Systemic Framework for Prioritizing the “Social” in Social Determinants of Health. *Annual Review of Public Health*, 43, 193–213. <https://doi.org/10.1146/annurev-publhealth-052020-110732>
- Huxhold, O. & Engstler, H. (2019). Soziale Isolation und Einsamkeit bei Frauen und Männern im Verlauf der zweiten Lebenshälfte. In C. Vogel, M. Wettstein & C. Tesch-Römer (Eds.), *Frauen und Männer in der zweiten Lebenshälfte* (P 71–89). Springer Fachmedien Wiesbaden. [https://doi.org/10.1007/978-3-658-25079-9\\_5](https://doi.org/10.1007/978-3-658-25079-9_5)
- Huxhold, O. & Henning, G. (2023). The risks of experiencing severe loneliness across middle and late adulthood. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*. Vorab-Onlinepublikation. <https://doi.org/10.1093/geronb/gbad099>
- Huxhold, O., Suanet, B. & Wetzel, M. (2022). Perceived Social Exclusion and Loneliness: Two Distinct but Related Phenomena. *Sociological Science*, 9, 430–453. <https://doi.org/10.15195/v9.a17>
- Kaspar, R., Wenner, J. & Tesch-Römer, C. (Januar 2022). *Einsamkeit in der Hochaltrigkeit* (D80+ Kurzberichte Nr. 4). [https://ceres.uni-koeln.de/fileadmin/user\\_upload/Bilder/Dokumente/NRW80plus\\_D80plus/20220126\\_D80\\_Kurzbericht-Nummer-4\\_Jan2022.pdf](https://ceres.uni-koeln.de/fileadmin/user_upload/Bilder/Dokumente/NRW80plus_D80plus/20220126_D80_Kurzbericht-Nummer-4_Jan2022.pdf)
- Kate, R. L. F. ten, Bilecen, B. & Steverink, N. (2020). A Closer Look at Loneliness: Why Do First-Generation Migrants Feel More Lonely Than Their Native Dutch Counterparts? *The Gerontologist*, 60(2), 291–301. <https://doi.org/10.1093/geront/gnz192>
- Kersten, J., Neu, C. & Vogel, B. (2022). *Das Soziale-Orte-Konzept: Zusammenhalt in einer vulnerablen Gesellschaft. Rurale Topografien: Band 16*. transcript. <http://www.transcript-verlag.de/978-3-8376-5752-4>
- Kühne, S., Kroh, M., Liebig, S., & Zinn, S. (2020). The Need for Household Panel Surveys in Times of Crisis: The Case of SOEP-CoV. *Survey Research Methods*, 14(2), 195–203. <https://doi.org/10.18148/srm/2020.v14i2.7748>
- Landtag NRW (2022). *Bekämpfung sozialer Isolation in Nordrhein-Westfalen und der daraus resultierenden physischen und psychischen Folgen auf die Gesundheit*. <https://www.landtag.nrw.de/portal/WWW/dokumentenarchiv/Dokument/MMD17-16750.pdf>
- Langenkamp, A. (2021a). *The influence of loneliness on perceived social belonging and trust believes – longitudinal evidence from the Netherlands*. OSF Preprints. <https://doi.org/10.31219/osf.io/erpja>
- Langenkamp, A. (2021b). Lonely Hearts, Empty Booths? The Relationship between Loneliness, Reported Voting Behavior and Voting as Civic Duty. *Social Science Quarterly*, 102(4), 1239–1254. <https://doi.org/10.1111/ssqu.12946>

- Langenkamp, A. (2023). The Influence of Loneliness on Perceived Connectedness and Trust Beliefs – Longitudinal Evidence from the Netherlands. *Journal of Social and Personal Relationships*, 40(7), 2298–2322. <https://doi.org/10.1177/02654075221144716>
- Langmeyer, A., Guglhör-Rudan, A., Naab, T., Urlen, M. & Winklhofer, U. (2020). *Kind sein in Zeiten von Corona. Ergebnisbericht zur Situation von Kindern während des Lockdowns im Frühjahr 2020*. [https://www.researchgate.net/publication/349590947\\_Kind\\_sein\\_in\\_Zeiten\\_von\\_Corona\\_Ergebnisbericht\\_zur\\_Situation\\_von\\_Kindern\\_waehrend\\_des\\_Lockdowns\\_im\\_Fruhjahr\\_2020](https://www.researchgate.net/publication/349590947_Kind_sein_in_Zeiten_von_Corona_Ergebnisbericht_zur_Situation_von_Kindern_waehrend_des_Lockdowns_im_Fruhjahr_2020)
- Löbel, L.-M., Kröger, H. & Tibubos, A. N. (2021). *Social isolation and loneliness in the context of migration: a cross-sectional study of refugees, migrants, and the native population in Germany* (SOEPpapers on Multidisciplinary Panel Data Research). DIW.
- Luhmann, M. (Mai 2022). *Definitionen und Formen der Einsamkeit* (KNE Expertisen Nr. 1). <https://kompetenznetz-einsamkeit.de/download/2882/>
- Luhmann, M. & Bücken, S. (2019). *Einsamkeit und soziale Isolation im hohen Alter*. Ruhr-Universität Bochum. [https://hss-opus.ub.ruhr-uni-bochum.de/opus4/frontdoor/deliver/index/docId/6373/file/LuhmannBueckerEinsamkeitimhohenAlter\\_Projektbericht.pdf](https://hss-opus.ub.ruhr-uni-bochum.de/opus4/frontdoor/deliver/index/docId/6373/file/LuhmannBueckerEinsamkeitimhohenAlter_Projektbericht.pdf) <https://doi.org/10.13154/294-6373>
- Luhmann, M. & Hawkey, L. C. (2016). Age differences in loneliness from late adolescence to oldest old age. *Developmental Psychology*, 52(6), 943–959. <https://doi.org/10.1037/dev0000117>
- MacIntyre, H. & Hewings, R. (2022). *Tackling loneliness through the built environment*. Campaign to End Loneliness. <https://www.campaigntoendloneliness.org/tackling-loneliness/tackling-loneliness-through-the-built-environment/>
- Maes, M., Qualter, P., Vanhalst, J., van den Noortgate, W. & Goossens, L. (2019). Gender Differences in Loneliness across the Lifespan: A Meta-Analysis. *European Journal of Personality*, 33(6), 642–654. <https://doi.org/10.1002/per.2220>
- McClelland, H., Evans, J. J., Nowland, R., Ferguson, E. & O'Connor, R. C. (2020). Loneliness as a predictor of suicidal ideation and behaviour: a systematic review and meta-analysis of prospective studies. *Journal of Affective Disorders*, 274, 880–896. <https://doi.org/10.1016/j.jad.2020.05.004>
- Müller, K.-U. & Samtleben, C. (2022). *Reduktion und partnerschaftliche Aufteilung unbezahlter Sorgearbeit erhöhen Erwerbsbeteiligung von Frauen*. [https://doi.org/10.18723/diw\\_wb:2022-9-1](https://doi.org/10.18723/diw_wb:2022-9-1)
- Mund, M. (Mai 2022). *Quantitative Messung von Einsamkeit in Deutschland* (KNE Expertisen Nr. 3). <https://kompetenznetz-einsamkeit.de/download/2965/>
- Neu, C. (2022). *Place Matters! Raumbezogene Faktoren von Einsamkeit und Isolation: Erkenntnisse und Implikationen für die Praxis* (KNE Expertisen Nr. 8). <https://kompetenznetz-einsamkeit.de/download/3458/>
- Neu, C. & Küpper, B. (2023). Einsamkeit, Feindseligkeit und Populismus. In A. Zick, B. Küpper & N. Makros (Eds.), *Die distanzierte Mitte – Rechtsextreme und demokratiegefährdende Einstellungen in Deutschland 2022/23* (Seite 335–354). Verlag J.H.W. Dietz Nachf.
- Neu, C., Küpper, B. & Luhmann, M. (2023). *Extrem einsam? Die demokratische Relevanz von Einsamkeitserfahrungen unter Jugendlichen in Deutschland*. [https://www.progressives-zentrum.org/wp-content/uploads/2023/02/Kollekt\\_Studie\\_Extrem\\_Einsam\\_Das-Progressive-Zentrum.pdf](https://www.progressives-zentrum.org/wp-content/uploads/2023/02/Kollekt_Studie_Extrem_Einsam_Das-Progressive-Zentrum.pdf)
- Neu, C. & Müller, F. (2020). *Einsamkeit. Gutachten für den Sozialverband Deutschland*. Sozialverband Deutschland. <https://www.sovd.de/fileadmin/bundesverband/pdf/broschueren/gesundheit/Gutachten-Einsamkeit-sovd.pdf>
- Perlman, D. & Peplau, L. A. (1981). Toward a Social Psychology of Loneliness. In G. R. Duck S. (Eds.), *Personal Relationships in Disorder* (pp. 31–56). Academic Press.
- Pinquart, M. & Sorensen, S. (2001). Influences on Loneliness in Older Adults: A Meta-Analysis. *Basic and Applied Social Psychology*, 23(4), 245–266. [https://doi.org/10.1207/S15324834BASP2304\\_2](https://doi.org/10.1207/S15324834BASP2304_2)

- Potz, P. & Scheffler, N. (2023). *Integrierte Stadtentwicklung und Einsamkeit* (KNE Expertisen Nr. 14). <https://kompetenznetz-einsamkeit.de/publikationen/kne-expertisen/kne-expertise-14>
- Räker, M., Klauber, J. & Schwinger, A. (2021). Pflegerische Versorgung in der ersten Welle der COVID-19-Pandemie. In K. Jacobs, A. Kuhlmeier, S. Greß, J. Klauber & A. Schwinger (Eds.), *Pflege-Report 2021* (P 33–58). Springer Berlin Heidelberg. [https://doi.org/10.1007/978-3-662-63107-2\\_3](https://doi.org/10.1007/978-3-662-63107-2_3)
- Rokach, A., Lechcior-Kimel, R. & Safarov, A. (2006). Loneliness of people with physical disabilities. *Social Behavior and Personality: an International Journal*, 34(6), 681–700. <https://doi.org/10.2224/sbp.2006.34.6.681>
- Rotenberg, K. J. (2010). The conceptualization of interpersonal trust: A basis, domain, and target framework. In K. J. Rotenberg (Eds.), *Interpersonal Trust during Childhood and Adolescence* (pp. 8–27). Cambridge University Press. <https://doi.org/10.1017/CBO9780511750946.002>
- Schobin, J. (2018). Vereinsamung und Vertrauen: Aspekte eines gesellschaftlichen Problems. In T. Hax-Schoppenhorst (Eds.), *Das Einsamkeits-Buch: Wie Gesundheitsberufe einsame Menschen verstehen, unterstützen und integrieren können* (pp. 46–67). Hogrefe.
- Schobin, J. (2022a). Loneliness and Emancipation: A Multilevel Analysis of the Connection between Gender Inequality, Loneliness, and Social Isolation in the ISSP 2017. *International Journal of Environmental Research and Public Health*, 19(12), 7428. <https://doi.org/10.3390/ijerph19127428>
- Schobin, J. (Mai 2022b). *Einsamkeit, Gesellschaft und Demokratie: Einstellungen und Teilhabe* (KNE Expertisen Nr. 11). <https://kompetenznetz-einsamkeit.de/download/2872/>
- Schobin, J., Haefner, G. & Eulert, M. (2021). *Gesellschaftlicher Wandel und Einsamkeit*. Gutachten für die Enquetekommission IV „Einsamkeit“ – Bekämpfung sozialer Isolation in Nordrhein-Westfalen und der daraus physischen und psychischen Folgen auf die Gesundheit. [https://www.landtag.nrw.de/files/live/sites/landtag-r20/files/Internet/IA.1/EK/17.\\_WP/EK%20IV/MMI17-365.pdf](https://www.landtag.nrw.de/files/live/sites/landtag-r20/files/Internet/IA.1/EK/17._WP/EK%20IV/MMI17-365.pdf)
- Simonson, J., Kelle, N., Kausmann, C. & Tesch-Römer, C. (2022). *Freiwilliges Engagement in Deutschland*. Springer Fachmedien Wiesbaden. <https://doi.org/10.1007/978-3-658-35317-9>
- Statistisches Bundesamt (destatis) (2024). Zeitverwendungserhebung 2022. Einsamkeit. [https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Einkommen-Konsum-Lebensbedingungen/Zeitverwendung/Ergebnisse/\\_inhalt.html#805172](https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Einkommen-Konsum-Lebensbedingungen/Zeitverwendung/Ergebnisse/_inhalt.html#805172)
- VanderWeele, T. J., Hawkey, L. C. & Cacioppo, J. T. (2012). On the reciprocal association between loneliness and subjective well-being. *American Journal of Epidemiology*, 176(9), 777–784. <https://doi.org/10.1093/aje/kws173>
- Weiss, R. S. (1973). *Loneliness: The experience of emotional and social isolation*. MIT Press.
- Wiesendahl, E. (2006): *Parteien*. S. Fischer.



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