Loneliness in America

How the Pandemic Has Deepened an Epidemic of Loneliness and What We Can Do About It

Richard Weissbourd, Milena Batanova, Virginia Lovison, and Eric Torres

Executive Summary

(Please note that this data should be considered preliminary because of certain data limitations—see methodology.)

Alarming numbers of Americans are lonely. According to our recent national survey of approximately 950 Americans, 36% of respondents reported feeling lonely "frequently" or "almost all the time or all the time" in the prior four weeks. A startling 61% of young people aged 18-25 and 51% of mothers with young children reported these miserable degrees of loneliness. Survey respondents also reported substantial increases in loneliness since the outbreak of the pandemic.

The cost of loneliness is high. Loneliness is linked to early mortality and a wide array of serious physical and emotional problems, including depression, anxiety, heart disease, substance abuse, and domestic abuse ([see here](#), [here](#), [here](#), and [here)](#).

We clearly need to curb Covid-19. We need to wear masks, keep physically distant, and perhaps lock down if the disease or new variants of it continue to spread. But as Vivek Murthy, the former and again-nominated U.S. Surgeon General, has pointed out, loneliness is also an epidemic. And, as developmental psychologist [Niobe Way](#) puts it: "We are in danger of alleviating one public health problem—the transmission of disease--while exacerbating another."

This report, which is based largely on our data, sheds light on who is lonely, the many forms of loneliness, and what we can do to prevent and mitigate loneliness. We draw particular attention to young adults' loneliness. Young adults are far more likely not only to be lonely but to suffer anxiety and depression (see [here](#)), and depression and loneliness can brutally compound each other ([see here](#) and [here](#)). Forty-three percent of young adults in our survey reported increases in loneliness since the outbreak of the pandemic. Our data also suggest that lonely young adults are even more likely than lonely people generally to lack basic forms of human attention and emotional sustenance. About half of lonely young adults in our survey, for example, reported that no one in the past few weeks had "taken more than just a few minutes" to ask how they are doing in a way that made them

feel like the person "genuinely cared." Throughout the report, we take up a variety of strategies for responding to loneliness among young adults.

We also underscore the importance of work to alleviate loneliness on three fronts:

1. **Providing people with information and strategies that can help them cope with loneliness, including strategies that help them identify and manage the self-defeating thoughts and behaviors that fuel loneliness.** Compared to the non-lonely, lonely individuals, for example, are more critical of themselves and others (see here) and are more likely to expect rejection (see here), which can cause them to avoid social situations, deepening their loneliness. According to our survey, lonely people also commonly perceive imbalances in their relationships, and this perception may cause them to withdraw. About 65% of lonely survey respondents reported, for instance, that they're better listeners to other people than other people are to them (27% reported "pretty even") and 69% feel that they try to understand others' experiences more than other people try to understand theirs (25% reported "pretty even"). We need public education campaigns that alert people to these undermining perceptions and mindsets.

2. **Building not just our physical but our social infrastructure.** High rates of loneliness are a societal failure, and these rates demand that we as a society, at every level of government and in our communities, begin to reweave and reimagine our relationships. Our key institutions—including health care systems, workplaces, religious and secular community organizations, schools and colleges—can be far more intentional and systematic about connecting us to each other and encouraging and supporting people in caring for those who are lonely. Doctors, for example, can ask about loneliness at annual physicals and connect patients to resources that support social connection, and schools can be more intentional about connecting parents to each other.

3. **Working to restore our commitment to each other and the common good.** Loneliness is a bellwether not only of our country's emotional and physical but moral health. In this age of hyper-individualism, the degree to which Americans have prioritized self-concerns and self-advancement and demoted concern for others in many communities has left many Americans stranded and disconnected. We need to return to an idea that was central to our founding and is at the heart of many great religious traditions: We have commitments to ourselves, but we also have vital commitments to each other, including to those who are vulnerable. We describe key practices in families, schools, and other institutions that can help restore this sense of moral responsibility.

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Staggering numbers of Americans appear to be lonely. In our national survey of approximately 950 Americans in late October 2020, 36% of respondents reported "serious loneliness"—that is, feeling lonely "frequently" or "almost all the time or all the time" in the prior four weeks. An alarming 61% of young people aged 18-25 reported these miserable degrees of loneliness. Survey respondents also reported substantial increases in loneliness since the outbreak of the global pandemic.

Loneliness is a culprit in a whole slew of problems, including depression, anxiety, substance abuse, heart disease, and domestic abuse—problems that all appear to be ticking up during the pandemic (see here, here, here, and here). In an online survey completed by some 5,400 people in late June 2020, the prevalence of anxiety symptoms was three times as high as the rate reported in the second quarter of 2019, and depression was four times as high (see here). Moreover, loneliness and depression can brutally compound one another, with depression breeding loneliness and loneliness breeding depression (see here and here). Research suggests that loneliness can curdle into suspicion, contempt, and aggression as well (see here and here). Loneliness is related to worse physical and cognitive functioning (see here and here) and earlier mortality (see here and here). Research also finds that lacking social connection carries the same if not greater health risks as heavy smoking, drinking, and obesity (see here and here). Apart from these damaging consequences, being lonely frequently or all the time is simply a terrible way to live. And this suffering and these problems are likely to only spread and deepen over the winter as people become more isolated and the absence of loved ones feels more acute.

It is, of course, vital to prevent the spread of Covid-19. Americans clearly need to wear masks and keep physically distant. We may need to enter another lockdown phase as new variants spread. But loneliness, as the former and again-nominated U.S. Surgeon General Dr. Vivek Murthy has pointed out, is its own epidemic. And, as developmental psychologist Niobe Way puts it: "We are in danger of alleviating one public health problem—the transmission of disease—while exacerbating another." How can we protect Americans from both Covid-19 *and* epidemic levels of loneliness? Further, how can we seize this moment to create systems and practices that assure more people are anchored in stable relationships long after the pandemic is over?

The following describes more specifically, drawing on our survey, who in America appears to be lonely and why they appear to be lonely. We then take up solutions. There is no single or simple solution to loneliness, in part because there are many types of loneliness with different causes, and the experience of loneliness tends to differ by age and many other factors.

We underscore in particular pervasive loneliness among young adults. Young adults suffer high rates of both loneliness and anxiety and depression. According to a recent CDC survey, 63% of this age group are suffering significant symptoms of anxiety or depression (see [here](#)). Forty-three percent of young adults in our survey reported increases in loneliness since the outbreak of the pandemic. Our data also suggest that lonely young adults are even more likely than lonely people generally to lack basic forms of human attention and emotional sustenance. About half of lonely young adults in our survey, for example, reported that no one in the past few weeks had "taken more than just a few minutes" to ask how they are doing in a way that made them feel like the person "genuinely cared." Throughout the report, we take up a variety of strategies for responding to loneliness among young adults.

We also underline the importance of work to mitigate loneliness on at least three fronts:

- First, it's vital to develop public education campaigns that provide people with information and strategies that can help them cope with loneliness, including strategies that help them spot and manage the self-defeating thoughts and behaviors that loneliness often brings.
- Second, we need to rebuild our social infrastructure. Physicians, for example, should be asking patients if they are lonely as part of annual physicals.
- Finally, we need to work to restore in Americans a greater sense of responsibility to others and the common good. At [Making Caring Common](#), we believe that we are long overdue for a rethinking of our responsibilities to others and our collective well-being, for reminders of an idea that was central to our founding and is at the heart of many great religious traditions: We have commitments to ourselves, but we also have vital commitments to each other, including to those who are vulnerable. We describe key practices in families, schools, and other institutions that can help restore this sense of responsibility.

A Lonely Nation

To one degree or another, loneliness afflicts huge numbers of Americans. While 36% of our survey respondents reported feeling serious loneliness over the last four weeks either frequently or almost all the time or all the time, an additional 37% of respondents reported feeling lonely occasionally. Loneliness also doesn't seem to spare any major demographic group. Among our survey respondents, there were no significant differences in rates of loneliness based on race or ethnicity, gender, level of education, income, religion, or urbanicity. Large numbers of survey respondents in both political parties suffer loneliness, although Democratic respondents were more likely to report loneliness (40%) than Republicans (29%).

Both the number of people who are lonely and the frequency of their loneliness appears to have increased since the pandemic broke out. In contrast to the 36% of people who reported serious loneliness in the month prior to the survey (late October 2020), 25% of respondents recalled feeling serious loneliness in the two months prior to the pandemic. Twenty-eight percent of respondents reported feeling lonelier in the past month than they did prior to the pandemic, i.e., they experienced increases in their frequency of loneliness. While retrospective accounts may be distorted, these retrospective accounts of loneliness are consistent with data reported prior to the pandemic. The

U.S. Department of Health & Human Services website indicates that in 2019 one in five Americans reported feeling lonely or socially isolated (see here).

There are different types of loneliness, with different causes. Loneliness is commonly described as the negative feelings that emerge from a perceived gap between one's desired and actual relationships (see overviews here, here, and here). People with many friends can thus still perceive this gap and feel lonely, while those with few friends may never suffer loneliness.

Yet this definition blurs important distinctions in the experience of loneliness (see here). It is one thing to feel empty or unfulfilled in one's friendships or family relationships, for example, and another to feel unwanted by others, which is different from painfully missing contact with loved ones or close friends. The feelings of deficiency and rejection that a young person experiences who has fewer friends than their peers are quite different than the depletion and longing for adult connection and support that a parent may feel after spending all day caring for a two-year-old or juggling work, childcare, and new homeschooling responsibilities. It is still another type of loneliness to feel unseen or unheard or irrelevant to others, to feel one's existence diminished. Loneliness is often intricately interwoven with feelings of self-worth and specifically with how much caring attention one receives from the people one expects to provide it. A 62-year-old single woman we heard from recounted that she moved to a new city where she didn't know anyone in part to avoid feeling neglected by people she assumed cared about her. "It's much easier to feel lonely in a place where no one reaches out to you because you don't know anyone than to feel lonely in a place where you do know people." For some people, loneliness is existential—a deep sense of aloneness in space and time.

There are also almost countless, often overlapping reasons why people feel lonely. Loneliness is often triggered by life changes—the loss of loved ones, say, or a move to a city where one doesn't have friends. Loneliness can result from one or some combination of difficulties forming close relationships, narcissism, or deep needs for affirmation that are hard to fulfill in the best of circumstances. Many lonely people also appear to lack basic forms of care and support. Thirty-six percent of our survey respondents who reported serious loneliness said no one in the past few weeks had taken "more than just a few minutes to ask" how they're doing in a way that made them feel the person "genuinely cared." Fifty percent reported that they wished someone would ask them how they're doing in a genuine way, 19% reported that they had no one who cared about them outside their family, and 42% reported having fewer non-family members care about them as they would like.

Making matters worse, research suggests that many lonely people suffer from mindsets that make them more vulnerable to loneliness. Compared to the non-lonely, lonely individuals are more critical of themselves and others (see here) and are more likely to expect rejection (see here). Lonely people also commonly perceive imbalances in their relationships that may cause or deepen their loneliness. About 45% of lonely survey respondents reported reaching out to people more than other people reach out to them (29% reported that it's "pretty even"), 65% feel that they're better listeners to other people than other people are to them (27% reported "pretty even") and 69% reported that they try to understand others' experiences more than other people try to understand theirs (25% reported "pretty even"). People may perceive these imbalances for many reasons. A therapist conveyed to us that many of her clients appear to feel these imbalances now "because they're running on fumes,

there's no gas in the tank. Even when people are attentive to them it doesn't feel like it's enough." People may also perceive these imbalances when they're around too many people who are self-absorbed or dealing with preoccupying stresses, who don't listen or empathize consistently. In either case, this perception can be a constant, draining wound.

It's far too easy for lonely people, because of these mindsets and perceived imbalances, to get caught in damaging downward spirals (see here). Lonely people who are distrusting or who feel their overtures are unreturned can avoid social situations and organize their lives in ways that enable them to tolerate isolation, which may only deepen their loneliness and lead to greater withdrawal and distrust. That lonely people are often ashamed of loneliness and may work hard to disguise it—hiding the nature of their day-to-day lives or falsely projecting strength—can deny them the authentic connections that heal loneliness. Lonely people may also become self-focused and needy in ways that cause others to disengage. As a 25-year-old recently told us, "when I'm lonely I know I text people too much. I know it turns people off."

Social media can compound all this. To be sure, social media can benefit people who are lonely in many ways: they make new friends, for example, or join with others in pursuing shared causes. Those who feel different or outcast in some way may find kinship with people who feel similarly different or outcast.

But social media can be hell for lonely people. It can greatly deepen feelings of being unwanted—the addictive torture of insufficient "likes"—and subject people to many forms of harassment and ostracism. The pervasive self-curation and posing on social media can painfully magnify lonely people's longing for real understanding and connection. The flood of images of people delighting with their friends or family can hound lonely people with feelings of deficiency and shame (see here and here).

The Loneliness of Young Adults

Contrary to popular belief, several studies, including ours, suggest that young people are far more likely to be lonely than the general population of adults and that loneliness subsides as people move through middle age (see here, here, and here). While we had too few elderly respondents in our sample to have confidence in our findings related to loneliness in this population, other studies suggest that the elderly also suffer higher rates of loneliness (see here and here), but these rates may not be as high as for young people. For example, one large-scale international study conducted in 2018 found that 40% of 16 to 24-year-olds often or very often felt lonely, compared with 27% of adults over 75 (see here).

Sixty-one percent of young adults in our survey reported feeling serious loneliness in the prior month, compared to 24% of survey respondents aged 55-65. Forty-three percent of young people reported increases in loneliness since the pandemic. A recent CDC online survey indicates that young people are also more likely to suffer mental health problems during the pandemic than any age group. According to this survey, an alarming 63% of young people are suffering significant symptoms of anxiety or depression (see here).

Young people may be lonely, anxious, and depressed for many reasons, with these problems fueling each other in complex ways. As a society, we do little to support emerging adults at precisely the time when they are dealing with the most defining, stressful decisions of their lives related to work, love, and identity. Who to love? What to be? Strong, immediate connections to family members may be the most critical guardrails against loneliness, but young people are also often disconnected from their inherited families and have not yet created their chosen families.

Our data also suggest that lonely young people are even more likely than lonely people in general to lack basic forms of human attention and emotional sustenance. About half of lonely young people in our survey reported that no one in the past few weeks had "taken more than just a few minutes" to ask how they are doing in a way that made them feel like the person "genuinely cared." Twenty-one percent of lonely young people reported they don't have people in their lives who ask about things important to them, and 14% reported having no one who cared deeply about them outside their family. Forty-two percent reported not having as many non-family members care deeply about them as they wanted.

Further, many young people may not yet have older adults' capacities to develop mature, reciprocal relationships in which they feel known and affirmed. Studies suggest that compared to older adults, young adults tend to feel less satisfied and genuinely close to people and tend to have more conflicted or problematic relationships (see here). Young adults also may be more focused than older adults on the quantity of their relationships and may conflate quantity with quality. While older adults' social networks tend to be smaller, they're more satisfied in their relationships and more likely to forgo peripheral relationships that bring conflict or stress (see here).

Compounding matters, young people tend to be especially dependent both on social media and on peer norms and peer approval, making them particularly vulnerable to social media's harms, including the production of false selves, the deluge of people enjoying others' company, and ostracism and bullying.

Finally, particular populations of young people face specific challenges. Young Americans who are not in college—about half of young people—may be deprived of both work communities and school communities during the pandemic. They're often stuck at home with very little to do and little contact with peers. For those attending college, remote learning or in-person learning with social restrictions can certainly exacerbate loneliness and stress (see here and here).

There is much to romanticize about being young, but that romanticization can blind us to the anguish and desolation that far too many young people suffer. And many young people are calling for help. Compared to other lonely people in our sample, young lonely people are more likely to report showing vulnerability to others in the last few weeks—42% reported showing vulnerability quite a bit or a lot, and 46% reported showing vulnerability a little or somewhat. As we take up below, we need to be far more purposeful and systematic about anchoring young people and protecting them from loneliness.

Other Lonely Populations

Our survey findings suggest other populations that may be prone to loneliness, including single (never married), divorced, and separated adults, and mothers with small children. While parents in general were no more likely than other survey respondents to feel lonely in our study (35%), mothers of young children were significantly more likely to report serious loneliness (51%). Forty-seven percent of mothers with young children reported an increase in loneliness since the pandemic.

There is also substantial evidence that the pandemic has further piled on stress and burdens for mothers, further depleting their reserves and limited their capacity for close, replenishing connections (see here). According to USC's "Understanding Coronavirus in America Study," non-college educated women have been hit the hardest, likely because the pandemic has hugely devastated service-oriented sectors, such as restaurants and hotels, that employ more women (see here). Further, because schools and daycares oscillate between closing and re-opening, stay-at-home orders have made it difficult for family members like grandparents to help (see here).

Given what we know about the loneliness of mothers with young children, the particular isolation of the pandemic, and the ways in which parental stress and depression can complicate and impede many aspects of children's healthy development (see here and here), it's crucial that we do more to connect and replenish parents of young children.

Preventing and Mitigating Loneliness

Across the public and private sector, in our neighborhoods, families, and work communities, we urgently need strategies for preventing and mitigating loneliness. We needed these strategies prior to the pandemic, and we need them even more urgently now, especially during this long, lonely winter. And because there are different types of loneliness and different people experience loneliness for different reasons, preventing and alleviating loneliness this winter and in the future calls for work on at least three fronts:

1. **Public education to increase awareness of the self-defeating behaviors that are frequent symptoms of loneliness and of ways to combat them.**

   We need public education campaigns that heighten awareness of the self-defeating mindsets and behaviors that cause and deepen loneliness. People ought to know that loneliness often brings undue self-criticism and criticism of others and the anticipation of social failures and rejection, knowledge that gives them a chance to better manage these beliefs and behaviors. These campaigns can draw on the ingredients of successful short-term interventions that address these cognitive distortions, such as cognitive strategies that help lonely people reframe negative perceptions (see here and here).

   Given that loneliness breeds shame, public education can, too, work to normalize loneliness, reminding people of how widespread it is and underscoring the ways that heavy social media participation can feed loneliness and shame. It's vital that public education also conveys the importance of seeking professional help when anxiety and depression and other loneliness-related problems become debilitating.

Loneliness experts underscore the importance of conveying the message that lonely people need to reach out to others, even if it's the last thing they feel like doing (see here). This pill will be hard to swallow for many lonely people, given that, as our findings suggest, lonely people often already perceive themselves as reaching out to other people more than other people reach out to them. But encouragements to reach out may be far more effective if they are combined with other messages that alert lonely people to self-defeating tendencies, such as the message that lonely people are often too critical of themselves and others and too prone to expect rejection. People also tend to underestimate the amount of negative feelings others have, relative to positive feelings, so it might also help for lonely people to hear the message that loved ones may care about them but not recognize their loneliness (see here).

2. A Broad Societal Response and Development of Social Infrastructure

Important as it is to give individuals strategies for combating loneliness, loneliness is chiefly a societal, not a personal, failure that demands a societal response.

Most urgently, we need to launch national, state, and local public education campaigns that emphasize safety in the face of a global pandemic while raising awareness about the importance of maintaining and creating social ties and reaching out to those who may be lonely. The first author of this report is part of a group of national leaders focused on building bridges among Americans, assembled by the Einhorn Collaborative, that is in the early stages of launching a national campaign designed to connect Americans to each other in safe ways—the #StaySafeStayConnected campaign. This campaign seeks, among other goals, to make a focus on social connection along with COVID safety central to the Biden administration's coronavirus task force, to utilize public service announcements and digital marketing to underscore the importance of social connection for physical and mental health, and to enlist prominent science communicators and public figures in promoting safe connections. It also seeks to create partnerships that elevate the importance of social connection with digital platforms such as Facebook, Instagram, TikTok, Twitter, Pinterest, and Google, and to create strategic collaborations that promote social connections with national organizations and networks such as PTAs, the YMCA, YWCA, religious organizations, libraries, the National League of Cities, and the National Governors' Association.

Over the longer term, we need to create a social infrastructure that creates more opportunities for gratifying relationships and far more consistently protects people from loneliness. Our key institutions—e.g., community organizations, health care organizations, workplaces—can embed routine practices that maintain and expand our ties to others. Consider, for example, the following:

- Doctors' offices: Primary care physicians should routinely ask about loneliness at annual physicals and connect lonely patients to resources that support connection, whether online yoga or reading groups, Bible study groups, or informal support groups.
- K – 12 schools: Schools should regularly provide parents with resources and opportunities for connecting to one another. Schools also should assure that every child

is connected to a school adult. While we did not survey children for this report, many children clearly also feel loneliness and disconnection, especially during these times (see here and here), and connections between students and school adults can reduce these adults' loneliness as well. Making Caring Common has successfully utilized a "relationship mapping" exercise in schools over the last several years that is designed to assure that every child has a sturdy, trusting relationship with a school adult (see here). Schools can, too, connect children with people in their communities in various ways that reduce both children's and adults' loneliness. Students might, for example, be assigned to write biographies of community members—a crossing guard, a store clerk, a postal worker—or regularly express gratitude to those who contribute in some way in one's communities.

- <u>Colleges and universities:</u> Many college campuses, whether four-year colleges or community colleges, should become more intentional and systematic both during and after the pandemic about creating communities in which students feel they belong, especially given the high rates of loneliness, anxiety, and depression on college campuses over the last several years (see here and here). Colleges can, for instance, create the expectation that faculty and staff will check in with students regularly, organize a variety of virtual student communities and support students in creating these communities themselves. In our experience, students can be very creative in developing these communities with minimal prompting and support. Committees of students, staff, and faculty can engage in a continuous improvement process, administering brief student surveys that provide information about what types of students are lonely or feel alienated and that inform community-building activities.

- <u>Senior centers:</u> Many senior centers can not only be more proactive and creative in combating loneliness among the elderly but can specifically focus on connecting young people and the elderly, given that young people and the elderly appear most prone to loneliness. Conversely, high schools, colleges, and other youth-serving and youth development organizations might more purposefully and regularly connect young people to the elderly.

- <u>Workplaces:</u> More workplaces should intentionally create community, regularly check in with employees about whether they are lonely and connect employees to various resources that support connection. Combatting loneliness among employees is not only the right thing to do, it also makes financial sense given the toll loneliness takes on productivity (see here and here). Workplaces can be particularly attuned and responsive to the loneliness that young people are likely to experience in contrast to older employees, including developing social opportunities and other ways to connect that are tailored to young people.

- <u>City agencies:</u> City agencies can facilitate connection in various ways, including promoting new apps and existing platforms that provide safe places and activities that enable people to gather outside both during and after the pandemic.

- <u>Federal, state, and local service opportunities:</u> The federal government should greatly expand its commitment to national service for young people, and state and local governments can do much more to promote many forms of organized service that bring people together to work on common problems. This pandemic and its aftermath will

create a huge array of needs, whether for food assistance, support for senior citizens, assistance to small businesses, or tutoring for students who have fallen behind. This collective work is not only an antidote to loneliness, it can help us build back healthier communities and lead to lasting connections that undergird and strengthen a social infrastructure over time.

3. **Restoring Our Commitments to Each Other**

Perhaps most importantly, taking on loneliness means taking on another problem—a deep moral failure—that has reverberated destructively through many aspects of American life. For decades, cultural critics and researchers have decried Americans' focus on the self at the expense of attention to others and the common good (see here, here, here, and here). The elevation of self-concerns and the demotion of concern for others is one root not only of loneliness but of many other problems now besetting our county, including the lack of decency in our public life, tribalism, social media hostility, and the rise of hate groups. These problems demand a rethinking of our responsibility to each other, including to those of us who are vulnerable.

In the long term, putting care for others front and center in our culture requires making it a priority in our child-raising. At Making Caring Common, we have written extensively about how the intense focus in homes and schools on children's achievement and happiness has crowded out attention to developing children's capacity to care for others (see here and here, for example). In a survey we conducted in 2013, we asked youth to rank what was most important to them: achieving at a high level, happiness (feeling good most of the time), or caring for others. Almost 80% of youth picked some aspect of their success—high achievement or happiness—as their top choice, while only roughly 20% selected caring for others (see here). In the survey that is the basis for this report, we asked adult respondents of varying ages what was most important to their own parents in child-raising: achievement, happiness, or caring for others. Almost 90% of respondents reported that achievement or happiness was more important to their parents than whether they cared for others.

Making matter worse, families and schools do little to cultivate in children the skills that are at the heart of the caring friendships that prevent and mitigate loneliness, including the capacity to ask questions and listen, to check for understanding when listening or communicating, to identify feelings in oneself and others, and to respond sensitively to difficult feelings in others. Similarly, we have failed miserably to prepare young people for gratifying romantic relationships, a vital buffer against loneliness. Learning how to love may be the most important thing that we do, yet in our families and schools we do almost nothing to prepare young people for the subtle, tender, generous, courageous, and tough-minded work of learning how to love and to develop mature romantic relationships (see here).

There is much that families, schools, colleges, afterschool programs, sports programs, churches, and many other institutions can do to cultivate in children and young people commitments to others and relationship skills (see, for example, Making Caring Common's educator, family, and college resources). And there are specific things that families and schools can do to put lonely

people on children's radar and to cultivate their commitment to those who are vulnerable. Public education campaigns might urge families, for example, to adopt the practice of every family member taking ten minutes each week to check in on someone who may be lonely, including people who are not family or close friends.

And there is much that each of us can do to model and to help make concern for others—including concern for those who are lonely—a prevalent social norm. We should ask ourselves if we are alert to whether people in our orbit are in pain, including suffering loneliness. We can commit to reaching out once a week to someone we think may be lonely, or someone we haven't connected with in a while. We can recognize that any true morality means helping others not just when it's easy, but especially when it's hard, and reach out to lonely people even when they are needy, critical, or self-deprecating in ways that may be irritating and alienating. We can ask ourselves whether we are vigilant about managing the many obstacles that can get in the way of our caring for others, whether it's our own selfishness, blindness, arrogance, fears of close relationships, and/or fears of others depending on us.

Conclusion

Devastating as this pandemic has been, it has also exposed wide holes in our social fabric and made many Americans keenly aware of how much their daily well-being hinges on the ongoing warmth and care of others. The time seems ripe for concerted efforts to reimagine our social relationships and to mobilize coherently and strategically to prevent and curb loneliness.

Resources

The Aspen Institute's Loneliness Project is a collaboration between Aspen Digital and Facebook to help advance the collective knowledge and understanding of loneliness, social connection, and technology. https://csreports.aspeninstitute.org/Lessons-in-Loneliness/2020/what-is

Better Help is a counseling service providing a slew of virtual options for individuals, couples, and teens. https://www.betterhelp.com

National Alliance on Mental Illness is a free, nationwide peer support service for anyone living with or who knows someone with a mental health condition. https://www.nami.org/help

The National Domestic Violence Hotline is a free, confidential site for victims of abuse and individuals who can support others. https://www.thehotline.org

Oprah's Just Say Hello campaign, a partnership with Skype to combat loneliness and encourage more face-to-face interactions. https://www.oprah.com/health/just-say-hello-how-to-participate

Psychology Today is a popular resource with detailed listings for mental health professionals across the U.S. https://www.psychologytoday.com/us/therapists

Therapy Den connects people (individuals, couples, children, families, and groups) to the right therapist, based on specialty, zip code, and insurance. https://www.therapyden.com

The UNLonely Project, launched by the Foundation for Art and Healing, seeks to broaden awareness of loneliness and empower people to connect with each other through the arts. https://www.artandhealing.org/unlonely-home/

Zen Care offers introductory videos and free initial bookings for various types of care to ensure the right therapist match. (Only available in a number of U.S. cities: New York, Boston, Rhode Island, Los Angeles, Chicago, Washington DC, Denver, New Jersey, San Diego, and Seattle). https://www.zencare.co

Methodology

The online survey which made possible the data summarized in this report was conducted via Amazon's Mechanical Turk, or Mturk, a fee-for-service survey panel that attracts diverse samples (i.e., Workers) from all over the United States and other countries. Specifically, the survey (N = 935, 41% male, 7% Black, 77% White) was designed in Qualtrics and disseminated through Mturk to U.S.-based adults over 18 years of age, in late October (2020). One of Mturk's features is its system and premium qualifications; as such, we requested Workers who were in the U.S. and had a 95% approval rating (meaning, their work gets approved by researchers or those requesting their tasks 95% of the time).

The survey included about 50 primary questions (with some open-ended response options) largely developed by Making Caring Common, and it took participants less than 20 minutes to complete. Upon completion of survey data collection, we used raking to generate sample weights which matched the sample to the population of U.S. adults on gender, race, age, income, educational attainment, and political party or affiliation. All results presented in this report incorporate the survey weights in order to attain better estimates of the U.S. population. Population values for gender, race, age, income, and educational attainment came from the U.S. Census, while data for political party came from the most recent Gallup survey available. Even with sample weights, our sample was disproportionately higher educated (with more than a high-school diploma) and working age (ages 25 to 55).

Regarding other survey limitations, some threats to internal (e.g., attention or motivation) and external validity (e.g., generalizability) using Mturk have been reported (see here). Nonetheless, researchers have found that results obtained from Mturk samples are consistent with results obtained from other widely used and accepted sampling pools (see here and here).