



**Jamie D. Aten Ph.D.**  
Hope + Resilience

## LONELINESS

# Measuring How the Pandemic Has Impacted Loneliness

An interview with Martina Luchetti on how COVID-19 has affected loneliness.

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Source: Martina Luchetti, used with permission

In the midst of the COVID-19 pandemic, social-distancing regulations have pushed individuals into isolation rather than proximate relationships. In this interview, Martina Luchetti sheds light on her research on how social support and human resilience have overcome increased loneliness despite the regulations.

[Martina Luchetti](#), Ph.D., is an Assistant Professor at the Florida State University, College of Medicine, Department of Behavioral Sciences and Social Medicine. Her research focuses on how psychosocial factors (i.e., personality) contribute to cognitive health and aging. Her recent [work](#) has focused on the risk of cognitive impairment associated with loneliness and loneliness in the context of caregiving.

**Jamie Aten: How did you first get interested in this topic?**

**Martina Luchetti:** Since the beginning of the pandemic, social distancing and stay-at-home orders have been essential to slow the spread of the virus in the United States and worldwide. However, many leading voices, including the

American Psychological Association, expressed serious concerns about the impact of such measures on feelings of social isolation and loneliness.

Even before the pandemic, loneliness was recognized as an important risk factor associated with poor health, depression, and premature mortality. With the restrictions on in-person contacts and social gatherings, it was expected that loneliness would increase, particularly among vulnerable groups, such as older adults.

In the early phase of the outbreak, our research group at the College of Medicine (Lab Directors, Dr. Sutin and Dr. Terracciano) was able to implement a large research project to monitor psychological and behavioral responses to the COVID-19 pandemic, assessing loneliness and other mental health outcomes.

**JA: What was the focus of your study?**

examined how loneliness and perceived support from others changed from before to during the acute phase of the pandemic, after most States in the U.S. had implemented social distancing measures and stay-at-home orders.

Our sample consisted of an online panel of American adults (ages 18-98), from across all 50 States, the District of Columbia, and Puerto Rico. We first asked participants to complete a survey in late January and early February that was unrelated to COVID-19. At that time, the virus was not yet considered a threat to the U.S. When the closures started happening in mid-March, we were able to re-contact participants to survey them again about their loneliness, mental health, and responses to the pandemic. This second assessment was during the "15 Days to Slow the Spread" guidelines from the White House. We later re-contacted participants for a third assessment at the end of April, when most state and local governments had issued stay-at-home orders that closed schools and non-essential businesses and advised residents to stay home and limit social contact.

We tested how loneliness and perceived support changed over these three assessments. We also examined whether loneliness increased in specific at-risk groups—specifically, in older adults (versus younger age groups), individuals with pre-existing medical conditions that increased their risk for severe illness from COVID-19, and individuals living alone.

**JA: What did you discover in your study?**

**ML:** Contrary to the fear that the lockdowns would lead to a surge in loneliness, we found that loneliness did not increase across the three assessments. Rather, participants perceived more social and emotional support from others than before the pandemic. There was a small increase in loneliness among older adults (over 65), but it is important to note that older adults reported less loneliness overall compared to younger age groups, even with the small increase. Moreover, this increase leveled off by the assessment at the end of April.

There were no differences in the other two groups examined: Individuals living alone and those with at least one chronic condition felt lonelier at the first assessment but did not increase in loneliness after the start of the social distancing measures.

**JA: Is there anything that surprised you in your findings, or that you weren't fully expecting?**

**ML:** We were surprised to observe an increase in perceived support—this increase was apparent in the whole sample and in all of the at-risk groups. The measures taken to reduce the impact of the pandemic physically cut people off from one another. However, even while physically isolated, the increased feelings of social support and of "being in this together" might have helped limit increases in loneliness.

**JA: How might readers apply what you found to their lives during COVID-19?**

**ML:** The findings might help to recognize that as individuals we might be more resilient and resourceful than we thought. From the start of the pandemic, there have been anecdotal reports of people calling their family and friends more often and finding creative ways to stay connected. This might explain the increase in perceived support observed in the study and why there were no changes in loneliness.

**JA: How can readers use what you found to help others amidst this pandemic?**

**ML:** We are going through a crisis where social distancing and isolation are essential to save lives, but this social distancing is not likely to cause loneliness if we see it in the context of that we are all in this together. Humans have a need to be connected. Checking on each other and offering support (even virtually) may help compensate for the loss of the ways that we typically use to connect and interact with others.

**JA: What are you currently working on that you might like to share about?**

**ML:** Our research team is now interested in better understanding why loneliness did not increase in the first month of the pandemic. Our study found that, on average, loneliness did not increase. However, it is likely that

some participants increased and some others decreased, leading to no change overall. The next step is to assess risk and resilience factors that lead to increases and decreases in loneliness at the individual level. That is, to identify which individuals are at higher risk and which factors may help mitigate loneliness.

I would also like to note the necessity to continue to monitor loneliness, as the current situation continues to evolve. Our study examined loneliness during the acute phase of the coronavirus outbreak, but it is now important to assess possible long-term effects of social distancing on loneliness and other mental health outcomes.

#### References

Luchetti, M., Lee, J. H., Aschwanden, D., Sesker, A., Strickhouser, J. E., Terracciano, A., & Sutin, A. R. (2020). The trajectory of loneliness in response to COVID-19. *American Psychologist*, 75(7), 897-908. <http://dx.doi.org/10.1037/amp0000690>



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## About the Author

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