Positive Connections and Solitude: Contribution to Loneliness Interventions and Policy Development

WHITE PAPER

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1. Introduction and Summary of Findings

The aim of this white paper is to contribute to a wider understanding of, and stimulate conversations about, what it means to be alone. We provide a review of the multi-dimensional experiences of aloneness, which include (1) the challenges of loneliness, and (2) the benefits of solitude. It is designed to guide policy through examining the convergence and divergence points between enjoyable and distressing moments of aloneness. The mapping of these broader concepts of aloneness highlights how solitude interventions might be relevant for the many people who are isolated, feel lonely, and have poor psychological health.

The paper discusses what is already known and understood within both loneliness and solitude research, taking note of the current policy direction for alleviating loneliness. We encourage anyone who is involved in research, delivery, or policy on loneliness and mental health to read and consider the findings from this paper. The literature on solitude benefits contributes more nuanced and balanced understanding and insights to the existing work on loneliness, supporting community mental health across the UK.

The findings highlight the importance of positive and meaningful *connections*. This means social, community, environment, and self-connection. For instance, it is important that we have authentic and enjoyable relationships and interactions with others, both close and loose ties, and to feel safe where we live, and to enjoy the natural environment and community we live in. Significantly, research also indicates that we need to enjoy our own company and be able to spend some time alone. There is a higher likelihood of helplessness, alienation, distrust, loneliness, and isolation when such positive and meaningful connections with others and ourselves are not of good quality or are missing altogether. A key message from this paper is to value *both* alone time and social interactions, both of which need to be self-determined and embedded in safe and healthy communities.

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2. Background

This review of literature on loneliness and solitude, with a focus on adult populations, was supported by the QR Policy fund at Buckinghamshire New University. An essential part of this project has been to engage with expertise within academia and policy development to identify ways in which solitude research offers new insights and opportunities for policy activity aiming to tackle loneliness, isolation, and related mental health concerns.

Researchers and practitioners who work within the areas of loneliness and/or solitude have contributed to this white paper. These valuable expert voices have contributed evidence-based insights. It is out of this work that the current white paper has been developed, which aims to add to the conversation of how policy and support work can be implemented to enable high levels of wellbeing and connection within communities in the UK.

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3. Scope, Limitations, and Context

This is the first white paper that integrates knowledge and expertise from both loneliness and solitude research for the purpose of informing policy development. It opens dialogue about how research on solitude offers a new lens on loneliness to empower individuals and communities to strengthen their wellbeing. Using a broad lens, it examines feeling and being alone.

The exploration into the differences and similarities between feeling lonely and being in solitude is not entirely new. For instance, earlier research into the qualities of alone time characterised solitude primarily as loneliness (a negative solitude experience), inner-directed solitude (a positive solitude experience aimed at turning inwards), or outer-directed solitude (a positive solitude experience characterised by a sense of intimacy with others or spirituality; Long et al., 2003). Since then, research has extended its understanding of both loneliness and solitude in different contexts and populations, but has not gone so far as to examine the benefits of solitude in conjunction with how this knowledge might inform policy and interventions aimed at addressing loneliness.

There is no one agreed definition of loneliness or solitude within research. Broadly speaking, loneliness is defined as when a person does not have the quality or quantity of relationships which they would like (Barreto et al., 2021; Cacioppo & Cacioppo, 2012), so it is possible to feel lonely even when there is a supportive network in place (Rodriguez et al., 2020). Loneliness has also been linked to other forms of emotional loss such as illness and retirement (Victor, 2019) or even a yearning for a particular landscape (Ozawa-de Silva & Parsons, 2020). In fact, the experiences of life changes, whether planned or unplanned, have the potential to provoke existential loneliness and a visceral sense of feeling alienated and isolated from a meaningful life (Davies, 1996; Victor, 2019).This feeling of loneliness might also be due to discrimination, abandonment, rejection (Ozawa-de Silva & Parsons, 2020), or stigma (Malli et al., 2022; Mansfield et al., 2021). Loneliness through this lens becomes a complex and multi-dimensional experience that can include feelings of loss, rejection, and disconnection.

Solitude has been defined as being intentionally, physically alone (Nguyen, Weinstein, & Ryan, 2021; Thomas, 2021). In some instances, solitude has also been framed as being alone despite the presence of others (Long et al., 2003), such as when one is in their own mental space and not interacting. It can be viewed as a positive experience, although the cultural narrative often conflates loneliness, isolation, and solitude as negative and unwanted. People may benefit from solitude, but the stigma of solitude is a barrier that can prevent people spending time alone or understanding this time as an opportunity (Dahlberg, 2007). Such solitude stigma pervades Western culture by colouring expectations about solitude and comfort within it (Ren & Stavrova, 2023); it may also affect how we judge others who select to be alone (Galanaki, 2014).

There is a body of evidence that shows loneliness is associated with poorer wellbeing. For instance, loneliness is associated with poor physical/all-cause mortality among adults (Hawkley & Cacioppo, 2010; Rico-Uribe et al., 2018), wellbeing (e.g. quality of life, life satisfaction; Park et al., 2020), and general health concerns such as sleep problems, colds and headaches in adults (Park et al., 2020), depression and anxiety (Mann et al., 2022). This can also impact life choices (e.g. academic outcomes; Eccles et al., 2020) and society in general (Meisters et al., 2021). In contrast to loneliness, solitude in its positive form has a 'de-activation effect' (Nguyen et al., 2018), which describes time alone that reduces the intensity of high-arousal emotions, such as anger or excitement, while increasing low-arousal emotions. As a result, solitude can lead to a sense of relaxation, increasing calm or peaceful emotions (Lay et al., 2019; Toyoshima & Kusumi, 2022; Weinstein et al., 2021), although in some situations when not desired or controlled has also been found to create higher cortisol levels in younger adults (Pauly et al., 2016). More research, especially longitudinal research, is needed to fully understand the multi-dimensional experiences of loneliness and solitude, and in particular whether loneliness predicts reduction in health for healthy people in different context and populations.

There is an overarching assumption within this paper that everyone has some capacity for both solitude and social interactions –and that both time in solitude and connecting with others are essential to wellbeing for everyone, though the balance of the need for social belonging and the desire for solitude may differ between individuals. A healthy relationship with solitude is an additional factor in what it means to be socially and psychologically well. It is important to note, nevertheless, that it is not the intention of this paper to suggest 'healthy' solitude is a panacea for the very real problem of loneliness. Instead, we explore the role of solitude in society, and examine how all interventions need to start with listening and tailoring to the needs of each individual, and this is the position taken in this paper, as there are a variety of reasons for and experiences of both loneliness and solitude and there is no 'one-size-fits-all' solution.

3.1 What the paper covers

We examined the adult lived experience, and reviewed papers which included mostly qualitative data on the perceptions and experiences of being and feeling alone. We included literature that presented experiences of positive and valued alone time, and also research that highlighted painful, negative, shameful, and problematic alone time. As much as possible, the most relevant and well-known papers were reviewed, as long as they included qualitative data on adult populations.

3.2 What the paper does not cover

A number of papers have been excluded from the current discussion of the research, even though they would otherwise be included in a comprehensive review. The current exploration was not intended to address quantitative measures for solitude and loneliness, intervention effectiveness, traits of loneliness and solitude, or frequency and severity of experiences. We do not discuss specific sub-populations, situational definitions, and context of loneliness or solitude. Papers on specific clinical populations or those with specific mental health disorders are also not included. We have also excluded research involving children and adolescents.

Several excellent and informative research papers and policy documents exist that address these excluded populations, and some of the more specific and nuanced areas not covered in this white paper. Links to some of this research and other resources can be found in Section 2.1 and Section 9.

4. Method

4.1 Criteria for the review

A selective literature review was undertaken between 1st November 2022 and 31st March 2023, meaning the included literature was purposefully selected using a defined set of parameters (Table 1).

Table 1.
Inclusion and Exclusion Criteria for Literature Review

Inclusion Criteria	Exclusion Criteria
✓ Exclusion Criteria	X Children and adolescents
✓ Loneliness, solitude, aloneness terms and their synonyms (e.g. lonely, seclusion, solitary)	X Measures and intervention studies
✓ Mental health and wellbeing correlates	X Hard copy articles not available electronically (due to rapid review process)
✓ Perceptions of/ attitudes towards/ experiences of	
✓ Electronic articles, published and unpublished	

4.2 Stage 1

The literature review was undertaken using a systematic method as described by Booth et al.(2016) and included an analysis stage of thematically coding the data as described by Braun and Clarke (2022). The process was systematically undertaken using a transparent process justifying why each paper was included, and how the extracted data were coded and turned into themes. This resulted in a number of themes which reflected the literature positions.

4.3 Stage 2

Following the completion of the literature review the team of collaborators convened in three Round Table discussions to review the findings and discuss how they inform policy development. The discussion points from the Round Tables are presented here, with clear recommendations from the team.

5. Findings

5.1 Social narratives and conversations need to shift away from stigmatising solitude to recognising its benefits

Social expectations can play a significant role in shaping how a person perceives time alone. Pressure to be socially involved and accepted by others (Leontiev, 2019), and to be a certain way with others (i.e. happy not sad; Bastian et al., 2015) puts demands on a person. Others may negatively judge the person who spends too much time in solitude (Thomas, 2023), which can result in feelings of shame and loneliness when alone (Long & Averill, 2003). An emphasis on relationships in a person's life can create feelings of isolation when a relationship is not satisfactory (Heu et al., 2021), where those that feel lonely are considered inept and incapable of relationships, or even deemed 'abnormal'(Malli et al., 2022). Also, when friends do not provide needed support a person may feel isolated and alone (Heu et al., 2021).

Solitary experiences can also be shaped by one's perception of the surrounding social environment. For instance, Birditt et al. (2019) posit that feeling socially threatened will impact the wellbeing evaluation of solitude. This is also the case when alone in public, where there might be certain norms around what types of behaviours are more appropriate (Ratner & Hamilton, 2015). These norms might be particularly salient for middle-aged or older women because of social expectations around having families and children. So, women especially tend to feel more stigma when eating alone in public, which can result in increased loneliness (Nguyen et al., 2023). On the other hand, a general sense of social connectedness is associated with more wellbeing when alone (Jiang et al., 2019; Luo et al., 2022; Pauly et al., 2018); this theme has been studied more often in older adults who are generally more likely to benefit from solitude time (Chen & Liu, 2023; Ost Mor et al., 2021; Pauly et al., 2016).

What is needed in society is a new understanding of the wellbeing benefits of solitude, which is a different experience to feeling lonely. Paradoxically, solitude has the potential to overcome the social stigma associated with loneliness; solitude offers time to be 'with oneself' and has been related to a sense of freedom from social pressures, choice, and self-reliance (Weinstein et al., 2021; 2023). In addition, in solitude, people have the opportunity and time to self-reflect; they can think through previous experiences and plan for future ones, or they can be present and think about the moment (Naor & Mayseless, 2020; Thomas, 2021; Weinstein et al., 2023).

Overall, it is beholden on society to remove the stigma ascribed to solitude by appreciating and valuing the moments when solitude is beneficial. If individuals feel supported by their communities regarding their pursuit of solitude, they are less likely to feel lonely or isolated when alone (Mikulincer et al., 2021). Of course, solitude can sometimes be difficult (even for those who enjoy solitude), and has been linked to ruminative thought (Lay, 2018). However, targeting maladaptive thoughts through the reframing of solitude as positive has been shown to boost resilience (Rodriguez et al., 2020).

5.2 The physical environment needs be a safe psychological space with opportunities for solitude *and* interactions with others

When our environment is structured so that it supports both strong and weak ties – friendship and nodding acquaintanceship – it is more likely that we have the peace and sense of safety to enjoy time alone. This might be parents dropping off their children at school or nursery, walking in a local park, or a street that feels safe to stop on for a quick chat; when we get around on foot we are more likely to say hello to someone than if we are in a private car. Recent research (Marquez et al., 2023) shows how loneliness varies from one area to another even when the demographics of that area are taken into account. This makes strong intuitive sense – we can all think of places we have lived or parts of our neighbourhood that make us feel connected; we can also think of spaces that do the opposite and increase feelings of disconnection.

Large monolithic buildings often alienate us, whereas a more human scale with points of interest makes

us feel at home. Recently, research has found a relationship between being near trees and lower loneliness (Astell-Burt et al., 2022). Hammoud et al. (2021) identified, using smart phone technology, that over-crowded urban environments were associated with higher levels of loneliness, whilst contact with nature and good social inclusivity were associated with lower levels of loneliness. Spending time in natural environments has also been found to improve psychological wellbeing and reduced feelings of loneliness during the COVID-19 pandemic (Phillips et al., 2021). Nature and green urban spaces are ideal locations to feel at peace alone; they are also places where weak social ties can often take place. When a person is connected to nature or animals, this is often reported as a meaningful connection, and can be felt whether in a garden or some other natural landscape (Dahlberg, 2007). Moreover, creating space for nature in urban environments has been found to increase affinity for solitude (Lee & Scott, 2017).

Finally, and perhaps most importantly for feeling happy in solitude, there is the role of crime and antisocial behaviour to consider. There are clear associations between perceptions of crime and feeling lonely, as was found in a study examining worry about crime in former Soviet Union countries (Stickley et al., 2023). In general, there is no simple association between being part of an ethnic minority and being lonely, but there is a link between harassment or feeling discriminated against and loneliness (Lee & Bierman, 2019).

5.3 Choice, individual differences, and opportunities to socially interact *and* spend time alone need to be addressed for good health and wellbeing

Several studies have looked at motivation for solitude from the framework of Self-Determination Theory – one of the most prominent motivation theories in psychology (Ryan & Deci, 2017). Within this framework, there are two types of motivation for solitude: a self-determined motivation represents reasons for spending time alone covering self-discovery, creativity and for rest, whereas a non-self-determined motivation represents reasons for

spending time alone which are due to social hurts, fear of rejection, or social anxiety (Thomas & Azmitia, 2019). Several studies have shown that emerging adults who have more self-determined reasons for spending time alone tend to have more positive self-views (Nguyen et al., 2021; Thomas & Azmitia, 2019). In contrast, those with more non-self-determined reasons show more negative psychological symptoms such as loneliness and depression (Thomas & Azmitia, 2019).

The distinction of different types of motivation for solitude highlights the importance of choice in solitary experiences. While solitude has been shown to dampen strong emotions and allows opportunities for rest and recovery, this effect is only apparent for those who have more choice in how they spend time alone (Nguyen et al., 2018). Researchers have found evidence of how much choice matters in solitude by looking at situations when research participants get to choose which activities to do (Study 3, Nguyen et al., 2018), or whether they spend time alone for self-determined reasons (Study 4, Nguyen et al., 2018).

Additional evidence comes from qualitative interviews, where choice was mentioned as one important component of positive solitude (Ost Mor et al., 2021; Weinstein et al., 2023). People also described positive experiences in solitude as the freedom to spend the time in whatever way they wished and the ability to be comfortable with their own company without having to make compromises (Weinstein et al., 2021). Therefore, both quantitative and qualitative data support the role of choice in solitude, and explain why many negative accounts of solitude often came from situations where solitude was enforced, such as the case of solitary confinement in prisons, the use of time-out as punishment for children, or the lockdowns of the COVID-19 pandemic. These negative emotional experiences are more likely when people are 'stuck' in solitude (Elmer et al., 2020), whether physically or emotionally. It is no wonder that scholars have increasingly argued that to live a psychologically balanced life, people need both time alone *and* time with others (Davies, 1996; Littman-Ovadia, 2019; Manusov, 2020).

5.4 The skill of finding a balance between self-connection and community-connection needs to be actively taught

Individuals can be out of balance either by spending *too little* time alone or *too much* time alone. The latter imbalance typically garners the most concern because of its associations with social anxiety and social avoidance (Nguyen et al., 2022). However, when people neglect time in solitude, they do so at the potential cost of losing touch with their authentic selves (Averill & Sunderarajan, 2014) and miss opportunities for personal growth (Davies et al., 2016; Lay et al., 2019; Malli et al., 2022). Causes for imbalance in this direction can range from an avoidance of solitude due to fear of boredom and loneliness, to an inability to carve out the time or find private space to be alone (Thomas, 2021).

When individuals are prevented from accessing time alone, they can experience aloneliness, defined as a state of dissatisfaction and decreased wellbeing stemming from thwarted solitude (Coplan et al., 2019). Thus, it is important to maintain a balance of social and solitary activities in daily life and to know how to shift from one state to another when necessary (Elmer et al., 2020; Littman-Ovadia, 2019). This requires a certain level of self-attunement, whereby individuals notice whether they are feeling lonely for self-connection or lonely for community-connection, and then have the wisdom to remove themselves from the current context to correct the imbalance (Larson, 1990; Thomas, 2021).

Scholars have argued that certain psychological and practical skills may be necessary for an individual to maintain such a balance and benefit from solitude when they engage in it. Thomas (2021) identified a set of solitude skills, the core of which is the ability to be introspective, regulate emotions, and enjoy solitary activities. High capacity in these areas collectively fosters development of one's inner world (Dahlberg, 2007; Littman-Ovadia, 2019; Long et al., 2003; Weinstein et al., 2021), and serves to prevent an individual from falling into loneliness, boredom, or despair (Lay et al., 2019). The skill of validating or reframing solitude as a positive and worthwhile pursuit is also necessary, especially if one has been socialized by family or culture to view the desire to be alone through a deficit lens (Rodriguez et al., 2021; Thomas, 2021).

Taken together, these findings have led researchers to propose that skills training be designed and implemented with adults. Such interventions are theorised to have clinical value in alleviating loneliness and fostering psychological wellbeing when individuals have learned to effectively utilise solitude as a resource (Leontiev, 2019; Pauly et al., 2022; Rokach, 2018; Thomas, 2021; Uziel & Schmidt-Barad, 2022).

6. Recommendations

The recommendations are intended to complement and add to the existing policy work. They are broad themes to stimulate discussions and engender new ways of thinking about the role of solitude in social policy.

6.1 Conversations and Definitions

The reluctance to admit to feeling lonely is formed by the cultural constructions of loneliness as something to be ashamed of (Baretto et al., 2023; Kirk et al., 2017); a desire to seek solitude is similarly viewed through a deficit lens (Thomas, 2021). As such, the negative social perceptions of solitude increase feelings of stigma and shame in alone situations and increase the risk of feeling lonely (Rodriguez et al., 2020). The stigma from both loneliness and solitude highlight how Western society defines the implicit expectations and judgements by which we all live our lives (Gergen, 2015). These values change over time and space: what one generation or culture values and accepts, another might devalue and reject. This offers hope that we can begin to shift the conversations to overcome the stigma of loneliness and solitude.

Ways to do this:

Solitude has many positive qualities which are rarely discussed. For instance, it is important to take the time to pause and reflect away from the 'doing' of life to ensure that we remain in touch with our inner selves (Littman-Ovadia, 2019) and solitude restores the self by allowing one to be 'off-stage' for a while (Birditt et al., 2019). There is also evidence of long-term benefits of building solitude into one's life. It has been found that, in adults, positively-felt time alone correlates with less sadness, fewer physical health issues, better life satisfaction, less boredom, and less loneliness (Littman-Ovadia, 2019; Thomas, 2021). When conversations clearly distinguish the differences between solitude and loneliness, they open up a new dialogue about the value of solitude. Sharing evidence-based information on what solitude could offer within mental health, loneliness, and community wellbeing initiatives has the potential to increase awareness and acceptance that time alone can be very rewarding and beneficial for building self-connection and reducing social pressures (Weinstein et al., 2021).

In combination with generating conversations on the value of solitude moments, the conversation should also extend to the concept of loneliness. Often loneliness is perceived as an individual-level deficit, yet as has been discussed in this paper, it can be felt when the environment presents barriers or there is a feeling of helplessness and despair about life more broadly. Therefore, anyone can feel lonely if their environment or the ability to live life authentically is compromised, regardless of how socially connected they might be (Borawski, 2021). Conversations should include these external and societal factors that can often contribute to feelings of loneliness. Therefore, in line with other recent work aimed at identifying the evidence-gaps in loneliness research (https://www.gov.uk/government/publications/tackling-loneliness-evidence-review), we argue that there is a need to reconsider how loneliness is operationalised, whether at the individual or the community level, and that this needs to happen for all ages and across cultures.

6.2 Physical Space

Physical space needs to feel safe, welcoming and accessible; if not, it might push people to self-isolate and experience distrust of those around them. It deprives individuals of a community of others, which increases chances of loneliness and decreases the chance of positive alone time (Averill & Sunderarajan, 2014). What matters here is that there is a range of welcoming options available that will work for all parts of a community. We need shops and libraries, cafes and community centres, religious and spiritual buildings, public houses, eating places, and other facilities which are valued as part of a thriving community. What we have in common is a remarkably consistent need for nature, so green spaces are also very important in our urban landscapes, increasing social connection and positive time alone.

Ways to do this:

Firstly, there is a need for clear commitment from policymakers that they are going to make a difference on this issue. It's also important to draw on the research that has already been done and to continue to move it forwards. What works best is to genuinely involve local communities in finding the best ways of creating more welcoming neighbourhoods. A bench in one place could be the ideal place for people to catch up, but the same bench in another place could be a magnet for antisocial behaviour. This kind of involvement was a central part of the recent feedback from community projects which have been supported by the Campaign to End Loneliness (https://www.campaigntoendloneliness.org/tackling-loneliness/tackling-loneliness-through-the-built-environment/). Therefore, it is clear that public health strategies would benefit from recognising the way the built environment impacts health (Hammoud et al., 2021). This needs to include accessible, safe and interactive green spaces and offer people reasonable choice of where they go, what they do, and who they are with.

6.3 Psychological Support

The physical space needs to be complemented with the capacity to address issues of feeling lonely or alienated, and to enable moments of solitude. Social loneliness, found in populations of young adults as well as older adults over 50 years of age, is defined as a feeling of disconnection across life domains, with accompanying experiences of helplessness, powerlessness, stigma and shame (Mansfield et al., 2021). Interventions empower individuals to address these feelings and make changes in their life or perspective and have good potential to increase enjoyment of their community, interactions, and moments of solitude.

Ways to do this:

There are a number of effective tools already used to support psychological wellbeing, such as Cognitive Behavioural Therapy (CBT), mindfulness, and various positive psychology approaches (https://www.campaigntoendloneliness.org/wp-content/uploads/Psychology_of_Loneliness_FINAL_REPORT.pdf). These approaches do not ignore the distress or existential issues facing each individual; we need to encourage acceptance and understanding of what is driving the feelings of distress or loneliness, and what the person can do to empower themselves to live the life they wish to live. Sometimes people may need encouragement to interact with others; at other times, people will need encouragement to spend time alone. Marginalised groups, in particular, need to be given support to be who they are and to be able to live within the community fully. Community-led support groups are one way of offering these groups a voice.

6.4 Community and Educational Resourcing

Because cultural messages contribute to individual attitudes and behaviours around time alone, both the individual and the community share the role of normalizing solitude as part of healthy development. Without this individuals will continue to feel that other people do not support their alone time and may then feel self-doubt, have negative views of themselves, and ruminate on their expectations of themselves (Nguyen et al., 2021). Creating a community approach to learning the skills of solitude fosters a shared recognition that time alone is beneficial and valued. Indeed, research indicates that solitude's benefits are not restricted to the individual; they also serve interpersonal relationships and community integration, given that the restoration and regulation that occurs during solitude results in a more emotionally balanced and receptive individual who can engage more constructively in those relationships (Birditt et al., 2019; Thomas, 2023).

Ways to do this:

Communities and individuals alike benefit from the creativity found within solitude (Sosa & Gero, 2012). Increasing opportunities for teaching how to spend time in quiet reflection and imagination through educational programmes within institutions and communities is a way of ensuring everyone has the capacity to be in the solitude space. This recognises that learning does not always need to take place in busy group environments. Mental processing requires quiet contemplation and space to be creative and meditative, and engaging in creativity might even reduce feelings of loneliness (Pauly et al., 2022).

Forming community-led programmes which value solitude skills and collectively share the learning of the benefits and pitfalls of solitude has the potential to build resilience and adaptability to encourage spaces for positive solitude to grow. Education programmes which show people how to benefit from solitude and how to find connections to other people, the environment, and themselves would begin to normalise alone time. This also has the potential to reduce feelings of loneliness that currently can arise through cultural stigma and shame about spending time alone. These educational programmes should be developed with stakeholders to include academics, policy developers, third sector organisations, and most importantly, the individuals and community groups who experience loneliness.

7. Conclusion and Next Steps

Our recommendations offer a high-level set of ideas into what researchers, practitioners, and policy makers should consider when designing interventions to engender a full range of connections within our communities. They address loneliness in an indirect way: through the valuing of time alone in solitude. Further work is needed to identify the individual and community approaches and how they might be facilitated, and by whom.

These recommendations are designed to complement, and not take away from, the good work already being undertaken to reduce loneliness and increase psychological wellbeing in communities. The simple message is that we do need social interactions and building these relationships is vitally important. But despite the negative messaging in Western cultures, we also need to be alone sometimes too, and sometimes a lack of positive time alone can be the very cause of loneliness. The project has identified several important additions to how loneliness, isolation, and their mental health consequences can be addressed. Existing interventions and policy work have begun to address the barriers to feeling connected by considering how the physical space might be used better, and therapies such as CBT have been helping individuals overcome their limiting thoughts.

This paper enhances and recognises solitude skills to enable the individual to learn to be with their emotions and thoughts, and to regulate their emotions to gain perspective. We have highlighted that feeling connected is not only possible through solitude, but can be enhanced when time alone is built into everyday life. The joining up of these different connection points within research, interventions, and policy offers an empowered future for everyone in our communities.

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9. Futher Resources

Campaign to End Loneliness
https://www.campaigntoendloneliness.org

Age UK
https://www.ageuk.org.uk

Loneliness and Social Isolation in Mental Health Network
https://www.ucl.ac.uk/psychiatry/research/epidemiology-and-applied-clinical-research-department/loneliness-and-social-isolation

BBC Loneliness Experiment
https://www.seed.manchester.ac.uk/education/research/impact/bbc-loneliness-experiment/

Solitude Lab
https://www.solitude-lab.com/

SOAR in solitude
https://www.soarinsolitude.info/

Solitude and Identity lab
http://virginiathomas.middcreate.net/solitudelab/