



Research Article

Loneliness in Aotearoa

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Abstract

Loneliness is a severe problem in New Zealand and most prevalent among the young, namely Generation Z. In March 2020, New Zealand went into lockdown due to Covid-19, and there was a spike in young people indicating loneliness as an issue. This age group experienced feeling the loneliest.

The experience of loneliness is subjective for all individuals; however, feeling lonely relates to broader and shared social, economic, political, and environmental issues. As we have recently become regular social media users and have more screen time, disconnection and lack of deep human relationships and social connections are becoming serious issues for young people.

It is widely reported that loneliness, social isolation, and living alone have increased the risk of heart disease, stroke, and dementia, leading to depression and death. Promoting social connection is imperative for people and our community's well-being and health.

This research used documentary as a methodology to explore the thoughts and perceptions of people involved in understanding loneliness to help provide viewers with a deeper understanding, raise social awareness for people experiencing loneliness, and reduce the impact of being lonely.

The 'Loneliness in Aotearoa' documentary indicates that New Zealand's young people are currently suggesting that they are more lonely than other generations, and collectively there is a need to take action to minimise loneliness.

In the UK, Tracey Crouch, appointed the first Minister of Loneliness in 2018, stated, "Nobody should feel alone or be left with no one to turn to. Loneliness is a serious issue that affects people of all ages and backgrounds, and it is right that we tackle it head-on."

In New Zealand, we have not appointed a Minister of Loneliness yet. There is the question do we need one?

A growing challenge

Alberti (2018) states that loneliness is a modern-day problem. In the sixteenth and seventeenth centuries, it was acceptable and relatively normal for people to be single and on their own. Loneliness has always existed and needs to be understood as an "emotion cluster" (Alberti, 2018, Hertz, 2020).

According to Hawkey and Cacioppo (2010), lonely people see the social world as a threatening place and expect more negative feedback, and this reinforces the cycle of social isolation that is accompanied by feelings of low self-esteem, stress, anxiety, and pessimism that can contribute to adverse health outcomes like depression (Hawkey & Cacioppo, 2010).

The general perception of loneliness is that it applies predominantly to the older generation who are widowed or single, not Gen Z. This is primarily due to the media regularly publishing material about older people being lonely. There is a lack of coverage and social awareness of loneliness among young people.

Personal observations of university students highlight that they have decided not to return to physical classes over the last 18 months; they prefer to study online, creating a more significant problem due to the lack of human connection. COVID-19 has caused more fear and social anxiety in people due to a lack of face-to-face contact since lockdowns began on 26 March 2020.

An individual perceives loneliness through a set of emotional aspects that accompany loneliness, including sadness, melancholy, frustration, shame, or desperation. It is the individual's subjective evaluation regarding the quality and quantity of their social relationships built and rebuilt by the people in their lives. Therefore, many variables are attributed to loneliness, and a person can experience these occurrences frequently or occasionally.

"Loneliness in New Zealand adults is highest among youth aged 15-24." Cathy Comber, Loneliness NZ

Social media platforms like Facebook, Instagram and TikTok were designed to connect people; however, if a user posts a photo or video and does not receive likes or comments on the post, it can cause the person to feel socially excluded. Many Gen Z now prefers communicating on devices instead of face-to-face human interaction. In late 2019 the world was alerted to the beginning of the SARS-CoV-2 outbreak. The pandemic has escalated loneliness to unanticipated levels in young adults in New Zealand. Loneliness increased significantly for 18- to 24-year-olds in 2020 when COVID-19 spread worldwide, and we went into lockdown. In the UK, people aged 16

to 24 were more than twice as likely (50.8%) to have experienced "lockdown loneliness" as those aged 55 to 69 (24.1%) (Pidd, 2020). In New Zealand, during the lockdown, 20.8 per cent of young people aged 18-24 reported feeling lonely most or all the time, compared to 5.8 per cent of young people aged 15-24 in the 2018 GSS (Walker, 2020). The challenge is growing as people become increasingly lonely from a young age.

Loneliness

"I used to think the worst thing in life was to end up all alone. It's not. The worst thing in life is ending up with people who make you feel all alone." – Robin Williams'

Loneliness is both an internal and an existential state – personal, societal, economic, and political (Hertz, *The Lonely Century*, 2020).

According to Yanguas et al. (2018), loneliness has multiple facets:

- There are feelings of emptiness or abandonment associated with a lack of relationships or intimacy.
- There is the temporal perspective (loneliness sets in over time) through which the individual perceives their loneliness.
- There is the set of emotional aspects that accompany loneliness, including sadness, melancholy, frustration, shame or desperation; and there is the individual's subjective evaluation regarding the quality and quantity of their social relationships, built and rebuilt by the people in their lives (p. 303).

The latter evaluation depends on the continuous interaction between factors which are rather diverse but include identity, personality, expectations, life events, interpersonal engagement, socio-economic variables, and household conditions. However, while effective interventions are necessary, they are still scarce (Yanguas et al., 2018).

Loneliness can make an individual feel unsupported and uncared for by neighbours, employers, the community, and the government. It is about feeling disconnected not only from those we are meant to feel intimate with but also from ourselves. It is not only about the lack of support in a social and familial context but also feeling politically and economically excluded.

Loneliness is subjective and is experienced from as young as five years old, originating from feelings of being socially excluded when others will not play with them (Berguno et al., 2004). In their extensive study, Berguno and colleagues (2004) invited Forty-two children aged between eight and ten years to be interviewed to learn about their loneliness experience at primary school. Eighty per cent of the children had periods of being lonely at school. These experiences were associated with boredom, inactivity, a tendency to withdraw into fantasy, and a passive attitude towards social

interactions. Moreover, children who invested in very few friendships were more vulnerable to becoming isolated. Similarly, most children (68%) claimed to have been bullied, with lonely children being more likely to be victimised by peers. Furthermore, children reported ineffective teacher interventions ending their victimisation experiences. Thus, the findings indicated that bullying and particular teacher interventions contributed to children's prolonged sense of loneliness at school (Berguno et al., 2004).

Adolescence and young adulthood are the most significant risk period for the emergence of depression. Loneliness might be most stigmatising, given intense social pressure to appear connected (Achterbergh et al., 2020). Given the high prevalence of loneliness amongst young people and the lack of research focused on this age group, it is crucial to gain a better understanding of the experience of loneliness among young people with depression, as well as its causes and consequences, to tailor the design of age-appropriate treatments (Achterbergh et al., 2020).

Project Aim

I aimed to understand more about loneliness by producing a documentary film and reducing the negative impact of loneliness. I hoped to drive further awareness and a deeper understanding of loneliness in Aotearoa. The loneliness documentary is for all stakeholders - people who identify as lonely and people with limited knowledge of loneliness. Interviews were conducted with stakeholders to deep-dive into why loneliness exists and unpack why people feel ashamed to be lonely.

Project questions

The overarching project question was: How might a documentary film approach provide a deeper understanding and raise social awareness for people who are currently experiencing loneliness?

The main questions used to structure the interviews in the documentary are as follows:

- What is loneliness?
- Why do you think loneliness exists?
- Are the younger or older generations more impacted by loneliness?
- With social media - isn't everyone more connected?
- What can be done to reduce loneliness?
- In New Zealand, do you think loneliness is a serious problem?

Methodology

Documentary filmmaking was used as a qualitative research strategy. This approach has recently gained traction as an extension of visual ethnography (Pink,

2013) or video ethnography (Heath et al., 2010). Through visual methods, it is possible to capture the views and beliefs of a wide range of stakeholders and share them in a more accessible medium. This can support a more authentic participant voice and connection with the topic (Fitzgerald & Lowe, 2020). There are questions regarding the rigour of the methodology, particularly around the researcher editing the footage in a way which manipulated the narrative. However, in this instance, it was used as a vehicle to support an awareness of an important social issue.

I interviewed stakeholders on camera about their professional experience working with people who identified as lonely, deep-dived into what loneliness is, and explored possible solutions to prevent or reduce loneliness in our communities. These stakeholders were health professionals, New Zealand NGOs (non-governmental organisations) and charities, mental health experts, and counsellors working with people who have experienced loneliness. It was crucial for this project to build strong stakeholder relationships throughout to ensure the success of filming this social impact documentary. I was privileged to collaborate with leading subject experts, including Michael Hempseed and Cathy Comber.

In addition to the documentary, I created surveys to measure loneliness in our society and asked a selection of questions based on participants' experiences with loneliness. This helped me understand the level of loneliness in Aotearoa from survey respondents. After people watched the virtual premiere of 'Loneliness in Aotearoa' on 4 December, I requested feedback (three questions) using the SurveyMonkey Likert scale to determine whether viewers had a deeper understanding of loneliness, if young people are more impacted than other generations, and possible solutions.

I would like you to now watch the 'Loneliness in Aotearoa' documentary before you continue reading the report. Please click the link here: [Loneliness in Aotearoa](#).

Results and Analysis.

I collaborated with numerous people to bring together the 'Loneliness in Aotearoa' documentary. Unfortunately, due to the COVID-19 lockdown on 17 August 2021, I couldn't continue filming all the stakeholders for the documentary.

I planned to interview eight stakeholders on camera for the documentary. However, this did not occur due to lockdown and other mitigating factors. The five interviews I conducted for the documentary were with organisations including Youthline, Loneliness NZ, Student Volunteer Army (SVA), Cuddle Connection NZ and Michael Hempseed, a mental health expert with extensive knowledge on loneliness in young people.

There were several commonalities and recurrent themes among all these stakeholders who work with lonely people. One of the key insights is that loneliness

occurs due to the lack of deep connections with others, and you only need to have 3 to 5 friends in your life to achieve this. Another recurring theme was that deep connection needs face-to-face contact, not by connecting through video calls, chatbots, or interactive technology.

All stakeholders advised that loneliness impacts the Gen Z group (18 - 24yrs) in New Zealand. Evidence-based research across the world also confirms that young people are affected by loneliness more so than other generations.

The solutions to reducing loneliness across the stakeholders were to:

- Join community & support groups
- Build deeper connections with people (existing or new connections)
- Volunteer some time to purpose-led organisations
- Participate in a cuddle or touch therapy
- Explore co-living options to prevent loneliness
- Speak to helplines, health professionals, or service providers
- Social prescribing

“Loneliness and feeling unwanted is the most terrible poverty.”

- Mother Teresa

Community & support groups

A key theme in the interviews was the effectiveness of joining community and support groups. There are many opportunities to connect with people through these groups. Some current examples include;

<http://www.splice.org.nz/our-programmes>

<https://www.meetup.com/topics/for-lonely-people/nz/auckland/>

<https://mentalhealth.org.nz/groups>

Public spaces

One way to build deeper connections with people is by spending more time in public spaces. In recent years, people have started to live more isolated from others, live to an older age, have fewer children, divorce more often, and live further away from friends and family for education and careers. These developments all make people feel socially excluded and, consequently, lonely. There is growing recognition that personal characteristics, such as being older or healthy, and neighbourhood characteristics, including urban design, can affect people's loneliness. The subjective feelings about a neighbourhood can also be a significant source of life satisfaction and loneliness.

In addition to the personal and social neighbourhood characteristics, mobility characteristics, such as transport-mode use, frequency of visits, and distance from public spaces, were found to affect loneliness and life satisfaction. Older adults can

walk and cycle in public areas, meet family and friends outdoors, and interact socially, reducing the risk of loneliness (Bergefurt, 2019).

During the 2020 national lockdowns, we saw stark differences in people's experiences, depending on where they lived. For some, it was balcony bingo, front lawn exercise classes, and a welcome break from the daily commute thanks to remote working from the spare room. For others, it was unsafe or overcrowded housing, limited access to safe green spaces, and working in settings often poorly equipped against the virus, or at home, without adequate room or furniture. The pandemic has starkly revealed the vulnerability and isolation caused by a built environment that keeps people away from their neighbours. Everyone should have the right to live, work and play in places that promote good health, well-being and connectedness (Lab, 2020).

Public space needs a sense of community to thrive and build connections. To improve wellbeing, it is imperative to prioritise common space, social interaction, and reasonable access to parks and public transport. This will enable people to feel connected, feel a sense of belonging in their neighbourhood, and be content.

"Urban design and public transport also play a huge part in how people feel can be physically connected and helps create a sense of community or neighbourhood. Again, about accessibility for all, Inclusive policies and spaces that do not discriminate..." - Loneliness survey participant.

Robotic pets

Another way to create connections with people is by using robotic pets. Robotic pets may effectively alleviate loneliness in older adults, especially those who live alone, have fewer social connections, and live less active lifestyles (Hudson, 2020). People with robotic pets reported showing their robotic pets to others, which helped facilitate communication and social connections.

Volunteering

The beneficial effects of volunteering on health outcomes have been well documented. Research has found that participation in voluntary services significantly predicts better mental and physical health, life satisfaction, self-esteem, happiness, lower depressive symptoms, psychological distress, and mortality and functional inability (Yeung, 2017).

Cuddle groups

When we cuddle, our bodies release hormones including oxytocin, serotonin and dopamine that provides happiness and can reduce feelings of loneliness. Thanks partly to the anxiety-reducing hormone oxytocin, released in response to positive,

social touch. Professional cuddle organisations like Cuddle Sanctuary aim to give clients a sense of calm and bliss. First popularised in the early 2000s, professional cuddling aimed to fulfil the touch needs of a range of clients, including survivors of post-traumatic stress disorder and sexual assault and adults on the autistic spectrum. Dozens of independent professional cuddling organisations, like Portland's Cuddle Up to Me, and more extensive networks of professionals, like Cuddlist, have trained hundreds of touch facilitators globally. Research has shown that without physical touch, we are likely to experience loneliness, depression, anxiety disorders and stress (Volpe, 2020).

There is one trained Cuddlist based in Whangarei, Northland, New Zealand. Charging \$80 per hour, the Cuddlist begins the session with an agreement of open and honest communication. The goal is to help find more satisfying connections that flow into all areas of the person's life.

"Everyone knows how to cuddle. The training is around making sure we are always providing a safe space. Make sure the session is about them, at their pace, and we're always modelling how to maintain your boundaries. One of the important things for us, too, is that we never engage in anything we're not 100 per cent happy to do. We need to be a full yes, and it creates an energy that allows the client to relax and not worry" (Collins, 2020).

Co-living

The cohousing model was created in Denmark in the early 1970s as an innovative form of collective housing and later spread to other northern European countries, the USA, and other countries such as Uruguay. In recent years, cohousing has re-emerged in the USA, Europe, Australia, New Zealand, and Japan. This popularity has been associated with a growing desire for a sense of belonging, to experience more connection with the community and an increasing rejection of dominant consumption patterns. In addition, it has been boosted by the lack of affordable housing and poor rental conditions and has been presented as a potential alternative to conventional tenure arrangements (Juli Carrere, 2020).

Co-living embraces shared housing for like-minded people who want to live differently in a more sustainable way. In Auckland, numerous locations, including The Coh in Mt Eden, cater to young professionals and post-grads. Comunita has been designed to create a highly curated co-living space and encourages meaningful relationships, self-improvement, and well-being. Cohaus in Grey Lynn is focused on building affordable housing that incorporates smart design and innovative technology to create a community which minimises loneliness.

Mental Health chatbots

Chatbots (conversational agents) increasingly receive attention in the mental health arena because they elicit honest self-disclosure about personal experiences and emotions. Although self-disclosure can help determine mental health status, little research has addressed how to assess mental status from self-disclosure to a chatbot automatically. If a chatbot can automatically evaluate the mental status of users, it can help them improve their mental wellness or facilitate access to mental health professionals (Kawasaki, 2020).

Internet-based cognitive behavioural therapy (CBT) has been offered since the 1990s but has been characterised by low adherence. The development of CBT chatbots, which mimic everyday conversational styles to deliver CBT, may increase adherence and offer other advantages. A chatbot called 'Woebot' has decreased depression and anxiety in college students over a 2-week course (Press, 2020).

New Zealand has many text-based and AI chatbots, including Clearhead. New Zealand doctors designed this mental health platform to improve access to care for people who need it. After using the platform, I discovered that the bot could not recognise what loneliness is. Even though the conversation was friendly and colloquial, which built trust and confidence while using the platform, the chatbot kept diverting to tools and resources for depression and anxiety, which was not helpful. This is an example of the chatbot failing to recognise loneliness, potentially creating a negative experience for the user.

"I feel technology definitely has a role to play in helping with mental health issues. However, it needs to be applied sensitively. Any tech-based solution needs to focus on how a human will interact with it and how that will likely make them feel. As everyone is different, some tech solutions will work for some but not others - you need to take the journey knowing the capability and limitations of the tech you're using." - Loneliness survey participant.

Social prescribing

Social prescribing is when GPs and community-based practitioners prescribe patients to a link worker who gives people time to focus on what matters to them. Link workers take a holistic approach to helping people improve their health and well-being. Many national organisations and individuals from policy, practice, and academia are rightly advocating social prescriptions as an essential way to expand the options available for GPs and other community-based practitioners to provide individualised care for people's physical and mental health through social interventions. No robust figures exist, but it is thought that around 20% of patients consult their GP primarily for social issues. Given this and the driving forces of an ageing population, increasingly

complex health and social needs, and increasing demand for services, social prescribing is rapidly gaining popularity (Husk, 2019). Social prescribing is one way to help people manage and improve their health and well-being by connecting with their community to reduce loneliness and social isolation.

Rent-a-Friend

Rent-a-Friend is an online service that allows you to have a local friends all over the world. It caters to people new to a city, seeking companionship to see a film or go to a work party. The hourly rate is \$10 per hour, depending on the location and activity requested. This is a platonic friendship, and time is limited.

Founded by an entrepreneur who had seen the concept take off in Japan and now operating in dozens of countries, including the UK, its website has more than 620,000 platonic friends for hire.

It is a sign of our times that a growing economy has emerged to service those who feel alone. Even before the coronavirus pandemic triggered a 'social recession' with its restrictions on gatherings, one in eight Brits did not have a single close friend they could rely on, up from one in ten just five years before (Hertz, Why working from home might not be as good for you as you think, 2020).

Conclusion and next steps

In 2021, my goal was to produce a pilot documentary film about loneliness in Aotearoa and validate that Gen Z is the group that experiences loneliness the most. After interviewing the stakeholders who participated in the documentary, they inspired me to continue this path to help reduce loneliness, not just for Gen Z but for other generations too.

Through my quantitative research and attending global loneliness webinars, conferences, and discussions in 2020-21, it has become clear that social isolation and loneliness are a health epidemic worldwide. This was confirmed by GILC (Global Initiative on Loneliness and Connection) and WHO (World Health Organization), working together on a global response to these public health issues.

The 'Loneliness in Aotearoa' pilot documentary shines a light on loneliness in New Zealand, highlighting that we also need to tackle the issue of social isolation and loneliness more seriously to prevent cardiovascular disease, stroke, dementia, suicidal ideation, anxiety, depression, and death.

From the start of my TFL journey in June 2020 until now, my interest in loneliness has never waned. The main challenge through this process was the lockdown that impacted the documentary's filming. Trying to navigate through this uncertainty was tough. As I'd already filmed five stakeholders by 17 August 2021, I had enough footage

to work with. As a filmmaker, I understand that change and disruption can be a part of the creative process, so I adopted an agile approach to finish this vital piece of social impact work.

When I was interviewed on Flea FM in October 2021 for this project, I was asked about my plan for loneliness. I aim to secure creative funding in 2022/23 to produce a web series about loneliness across different segments. I'd like to further explore social isolation and loneliness in the LGBTI or rainbow community, people with disabilities, secondary school students, single parents, and other cultures.

Loneliness is subjective, and everybody experiences this feeling differently. I find it intriguing that some people only have glimpses of loneliness, and others experience chronic loneliness where they cannot connect with people on a deeper level.

I would also like to continue having conversations about loneliness and contribute to discussions locally and globally by collaborating with non-profit organisations such as 'Campaign to End Loneliness' UK, 'Ending Loneliness Together' Australia, 'No Isolation' Norway, 'Loneliness NZ' and others.

The documentary premiered on YouTube on the 4 December 2021 at 7:00 pm to a guest-list audience, and 300+ people viewed the documentary in a few days. Many stakeholders contacted me to advise that they were moved and inspired by the documentary to act and start a conversation in their own lives. After the launch of 'Loneliness in Aotearoa', I received much positive feedback from the stakeholders involved in the project - I found it very humbling that they liked or loved what I had produced. Loneliness NZ advised that they wanted to publish the documentary on their website; Dr Robin mentioned that she would recommend me as a loneliness expert to the Auckland University of Technology, and Tech Futures Lab asked if they could share my documentary with other cohorts.

I will continue pitching stories/angles to the media about loneliness to hopefully secure publications, radio interviews, broadcasting opportunities, social media and digital presence, and future collaborations to raise awareness about social isolation and loneliness in Aotearoa. I wish to destigmatise loneliness, so people can reach out and connect with someone who can help. This mahi will hopefully improve lives.

He aha te mea nui o te ao, he tangata, he tangata he tangata.

(What is the most essential thing in the world, it is the people, the people, the people).

Recommendations and resources

- The following organisations include:
 - The Loneliness Lab, London - Launched in 2018 to tackle loneliness through urban design, placemaking and the built environment <https://www.lonelinesslab.org/>
 - Marmalade Trust, Bristol - Charity dedicated to raising awareness of loneliness and helping people make new friendships <https://www.marmaladetrust.org/>
 - WHO (World Health Organization) - Social Isolation & Loneliness <https://www.youtube.com/watch?v=-80yIRLHHNo>
 - Ending Loneliness Together, Australia - National network of organisations who have come together to address the growing problem of loneliness in people living in Australia. <https://endingloneliness.com.au/>
 - Global Initiative on Loneliness & Connection (GILC) - Comprises representatives of national organisations committed to addressing the pressing global issues of loneliness and social isolation and supporting the dissemination of system-wide, national approaches to build social connection. <https://www.gilc.global/>

Loneliness in Aotearoa media channels

Contact lonelinessinaotearoa@gmail.com

Website <https://www.lonelinessinaotearoa.com/>



Instagram

<https://www.instagram.com/lonelinessinaotearoa/>



14 Posts **60** Followers **178** Following

Loneliness in Aotearoa Community

Documentary about loneliness in New Zealand, produced and directed by @digisocialpr Launched on 4 December 2021. #loneliness
lonelinessinaotearoa.com

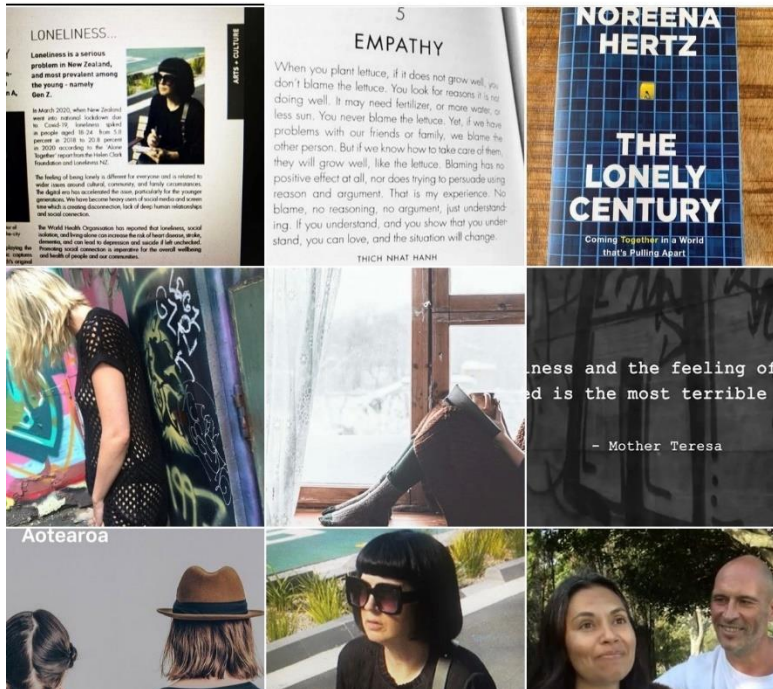
Edit Profile

Ad Tools

Insights

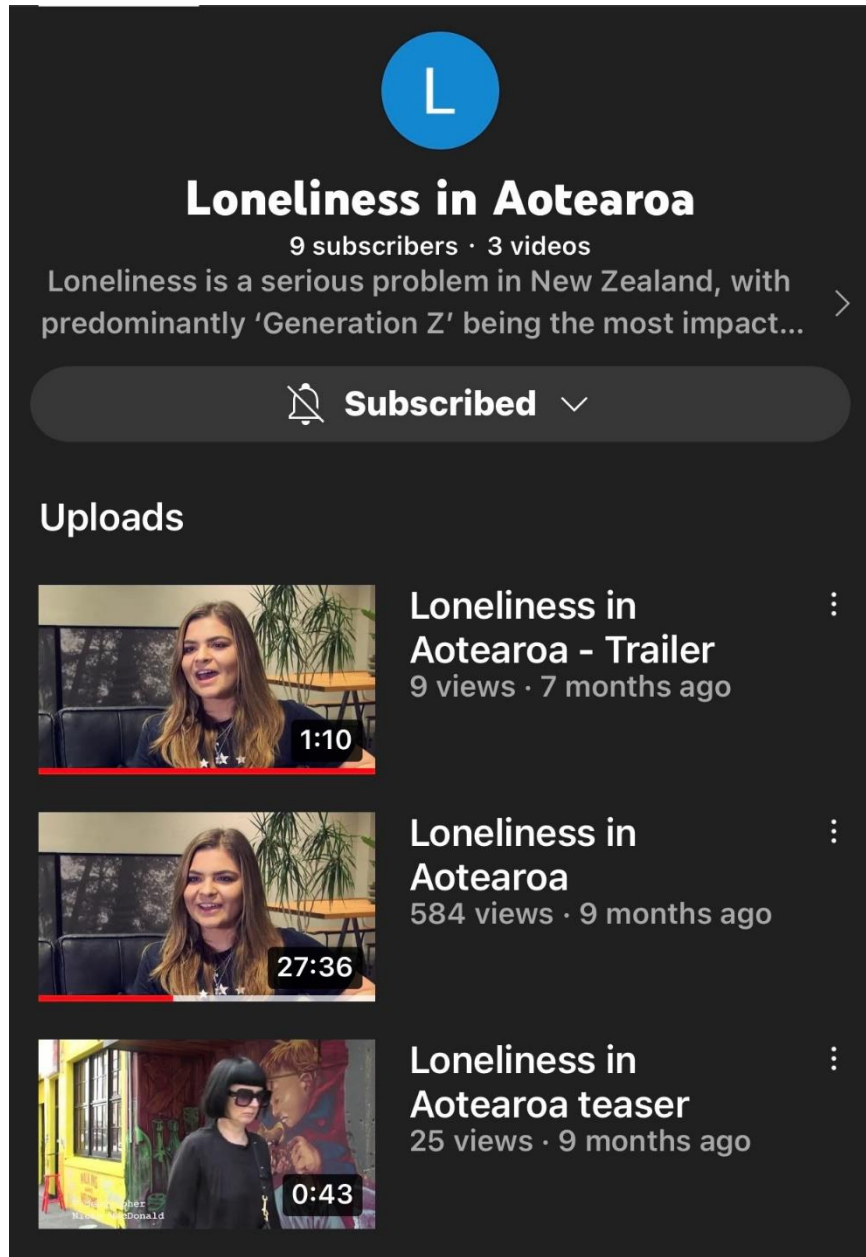
Add Shop

Email



YouTube

<https://www.youtube.com/channel/UCP7IHbzt-baZACIL4zticIA>



The image shows a YouTube channel page for 'Loneliness in Aotearoa'. At the top is a blue circular profile picture with a white letter 'L'. Below it, the channel name 'Loneliness in Aotearoa' is displayed in white, followed by '9 subscribers · 3 videos'. A short description reads: 'Loneliness is a serious problem in New Zealand, with predominantly 'Generation Z' being the most impact...'. Below the description is a 'Subscribed' button with a bell icon and a dropdown arrow. The 'Uploads' section lists three videos:

- Loneliness in Aotearoa - Trailer**: 9 views · 7 months ago, 1:10 duration.
- Loneliness in Aotearoa**: 584 views · 9 months ago, 27:36 duration.
- Loneliness in Aotearoa teaser**: 25 views · 9 months ago, 0:43 duration.

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Melissa Fergusson heads brand and content for a high-growth tech company in Tāmaki Makarau. She has always had a passion for mental health and a deep curiosity about loneliness and how this impacts people’s lives.

Melissa graduated with a Master of Technological Futures in 2021 and is considering further PhD study in 2023. Loneliness can touch us all, so finding solutions to reduce loneliness is front of mind for Melissa going forward with future projects and collaborations. She is currently studying He Papa Tikanga at Te Wananga o Aotearoa.

