

There Are 5 Types of Loneliness

Why Do We Only Have One Solution?

By Ann Somers Hogg
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The Pathway to Healing Isn't the Same for Everyone

In 2025, the World Health Organization [estimated](#) that loneliness costs the U.S. economy \$406 billion per year. For reference, loneliness costs our economy *40 times* the government's annual investment in the [Rural Health Transformation Program](#).

Recapturing those dollars offers a sizable opportunity. But to do so, we have to shift how we think about "loneliness."

In "The Innovator's Solution," Clayton Christensen argued that progress in business and science often stalls because of poor categorization. And his observation fits our current loneliness epidemic perfectly. As the 19th and 21st Surgeon General, Dr. Vivek Murthy, highlighted, [loneliness](#) is the defining public health crisis of our time.



Yet, despite his declaration in 2023, we haven't moved the needle on the scale of our epidemic:

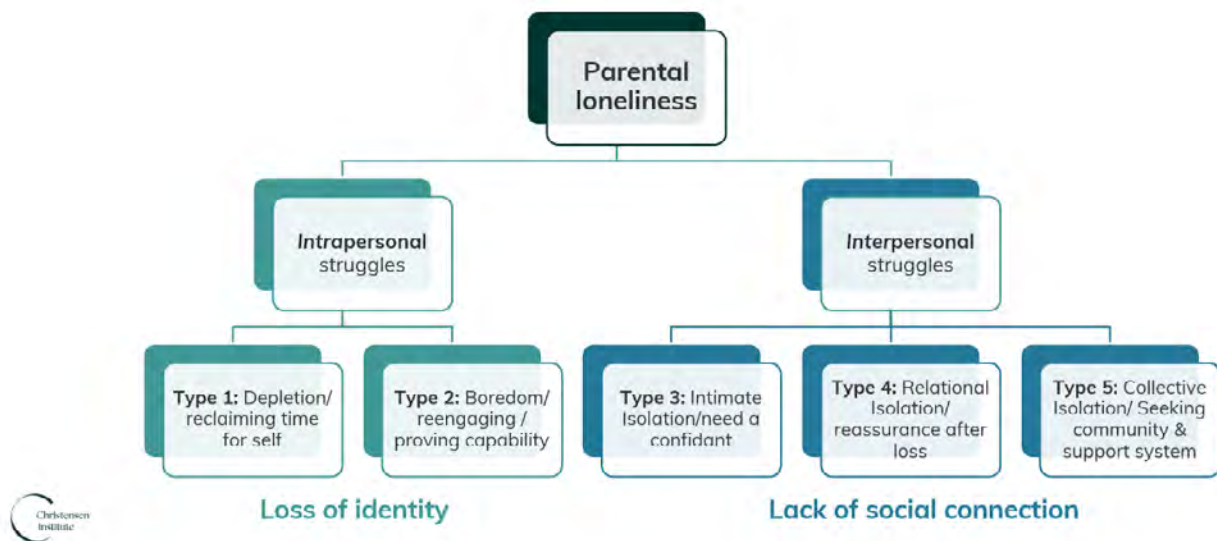
- [Half](#) of all adults are still lonely.
- Loneliness is a [more popular](#) Google search term this year than in any year prior.
- [Two-thirds](#) of parents are lonely, as well as 40% of [elders](#) and [teens](#).

So, if it's robbing us of our [health](#) and wealth, why does the epidemic rage on?

My latest research reveals it's because we have the categories wrong. At the same time, I want to be clear that this isn't a blaming statement. Without shedding light on the loneliness crisis, Murthy wouldn't have created a movement eager to solve it. But eagerness and effectiveness aren't the same things.

With better categories, we can chart a more effective pathway to reducing our loneliness.

The Five Categories of Parental Loneliness



Source: The Christensen Institute

'I'M LONELY' MEANS DIFFERENT THINGS TO DIFFERENT PARENTS

Because of the long-tail ripple effects of parents' loneliness — not just on their own health, but on [their children's as well](#) — our research focused on discovering why parents decided to alleviate their loneliness and how they did it.

When it comes to treating loneliness, other research shows what works on [average](#) (i.e., CBT, social prescribing). Yet meta-analyses on parental loneliness show that we know little about which interventions work for [different types of loneliness](#). That lack of knowledge explains part of our inability to move the needle on the epidemic.

The results of my own research were unexpected: "I'm lonely" doesn't mean one thing. For parents, it represents at least five different experiences, each calling for distinct solutions.

That means our one-size-fits-all approach to loneliness, which generally suggests that an individual increase their number of social interactions, isn't the best fit for every individual. That's

not to say social relationships aren't good for our health. [They absolutely are](#). They're just not the best *first* step for everyone.

Better categories help us match the struggle to the best-fit solution, and our research identified five categories of parental loneliness. Interestingly, two aren't rooted in a lack of social connection, but instead in a loss of identity. Our findings are visualized below.

When we better understand a problem's source and what drives it, we can diagnose it effectively; only then can we intervene in a way that will help. **When a provider can identify what drives an individual's feelings of loneliness, they can engage the patient, activate a behavior change, and improve health outcomes.** It creates a virtuous cycle.

But if we keep assuming all loneliness stems from the same struggle, our public health and healthcare systems will keep missing opportunities to serve large swaths of lonely people.

Five Question Test to Identify and Treat Loneliness

#1: Depletion/reclaiming time for self

"Do you feel like you rarely have time or space that's just for you, separate from taking care of others?"

If "yes"



A "yes" suggests that recommending a support group or social club could push parents toward others before they're ready to engage. Instead, counselors and physicians should first focus on options that help parents reclaim time for themselves. As mentioned above, validation that it's acceptable to take time for yourself can help.

#2: Boredom/reengaging/proving capability

"Do you feel stuck in a routine, like you're going through the motions rather than feeling excited or engaged in your life?"

If "yes"



If parents answer "yes" to this question, providers should point patients toward activities they look forward to or long to participate in (hobbies, sports, skill-building activities, etc.).

#3: Intimate isolation/need a confidant

"Do you feel weighed down by life's responsibilities, and like you don't have a close friend or family member you can talk to about what you're going through?"

If "yes"



Referring parents to peer groups or other near-term support offerings can meet the desires of those struggling in this way. Given the urgency felt in this group, solutions with long wait lists won't meet these parents' needs.

#4: Relational isolation/reassurance after loss

"Have you recently lost an important role or relationship and are feeling alone as a result?"

If "yes"



Physicians and counselors should point parents toward avenues for reassurance. This could include reconnecting with a trusted family member or friend, grief support groups, career coaching, or peer groups for a specific situation. But the offering will best serve the parent if it focuses on reassurance as the bridge to reconnection.

#5: Collective isolation/seeking community and support system

"Do you feel disconnected from a community or support system of people who understand you and know you well, and do you long for that to be different?"

If "yes"



Parents who answer "yes" to this question are looking for a long-term commitment (unlike those in 3 and 4), so referrals to established community groups, parent networks, or other social prescribing tools are a good fit for this group.

FIVE TYPES OF LONELINESS AND HOW TO TREAT EACH ONE

In 2024, the Annals of Family Medicine recommended that primary care physicians incorporate an understanding of their patients' loneliness and social isolation into their practice. That's an important first step. However, simply assessing whether a patient is lonely won't reduce loneliness.

Instead of asking "Are you lonely?" we need to ask "How are you lonely?"

Based on our finding that parents experience loneliness in five different ways, we developed a screener that physicians, counselors or patients can use to determine not only what type of loneliness they're struggling with, but also the best first step. Because the right social group for a mom struggling to belong isn't necessarily the right fit for one who needs to reclaim time for herself.

LOOKING TOWARD A MORE CONNECTED FUTURE

When I started interviewing parents who'd recently overcome a period of chronic loneliness, I didn't expect their stories to include struggles with identity. To be clear, I'm a parent, and I understand that identities morph as we take on new roles in life. But I didn't expect parents to label their struggles with identity as loneliness.

Then I realized that if the prevailing (though incomplete) definition of loneliness is one's perception of inadequate relationships, it should include one's relationship with oneself. And for many of the parents we spoke to, that's how they see it, too.

We can't make progress on a problem with a foundation of unclear categories. And that's what our current approach to

loneliness is built upon. Our discovery of the five ways parents experience loneliness creates a new approach to categorization that our society desperately needs.

We don't have to keep incurring the \$406B opportunity cost that loneliness costs our economy each year. And we shouldn't: reduced loneliness represents a massive opportunity for our health and financial futures.

But to change course, we do have to change the questions we're asking lonely patients. It's not just "are you lonely?" but "how are you lonely?" that will yield greater engagement, smarter interventions, better outcomes and, ultimately, dollars saved.

AUTHOR



Ann Somers Hogg is a healthcare leader with a strong background in strategy, innovation, and leadership, known for her impactful work in driving organizational growth and transformation. Her research looks into the role of business model innovation and disruption in healthcare, including how to transform a sick care system into one that values and creates total health. Currently, she focuses on drivers of health, maternal health, and the pathways to improve both.