Loneliness among Older Adults in Contemporary Sociological Literature: Trends, Controversies and Research Agendas

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Abstract*:*
Loneliness in later life has emerged as a central concern in contemporary sociology because it concentrates broader transformations in demographic ageing, social inequality, institutional arrangements of care, and changing cultural expectations surrounding relationships, autonomy, and belonging. This article provides a synthetic analysis of the 20 most-cited peer-reviewed articles published between 2023 and 2025 that explicitly focus on loneliness among older adults, with emphasis on sociological and social-gerontological contributions. Rather than treating loneliness primarily as an individual psychological state, the reviewed literature increasingly conceptualizes it as a socially produced and institutionally patterned condition shaped by care environments, migration and minority status, stigma, and normative relational expectations. At the same time, the field has become more reflexive about measurement, demonstrating that prevalence estimates and trend claims are contingent on instruments, modes of data collection, and cultural context. Intervention research has similarly shifted from generic activity-based solutions toward a sociological understanding of interventions as embedded within social infrastructures, organizational routines, and local ecosystems of care. Building on convergences and tensions within this influential corpus, the article identifies key controversies concerning conceptual boundaries between loneliness and social isolation, causal directionality and feedback loops with health, cross-cultural comparability, and the political implications of framing loneliness as an epidemic. From this synthesis, the article articulates a forward-looking research agenda centered on life-course and chronicity-sensitive models, culturally grounded yet comparative measurement strategies, meso-level institutional analysis of care and community settings, intersectional approaches to inequality, and theory-driven evaluation of interventions. Taken together, the analysis positions loneliness in later life not as an individual deficit but as a social outcome reflecting how contemporary societies organize belonging, recognition, and access to meaningful participation in older age.

Keywords: loneliness; older adults; ageing; social gerontology; social inequality; institutional care; measurement and prevalence; interventions; stigma; life-course perspective

1.Introduction

Within contemporary human rights frameworks, loneliness in later life can be understood not merely as an individual emotional condition, but as a socially produced vulnerability that intersects with fundamental rights related to dignity, participation, and social inclusion. International and national human rights discourses increasingly recognize that the right to a dignified life entails more than protection from material deprivation; it also presupposes meaningful access to social relations, institutional support, and opportunities for participation in community life (Otovescu, 2009). From this perspective, persistent loneliness among older adults signals potential failures of social

systems to uphold relational dimensions of human dignity, particularly in contexts marked by demographic ageing, shrinking family networks, and the institutionalization of care. As Otovescu (2009) argues, the culture of human rights in contemporary societies must be evaluated not only through formal legal guarantees but also through everyday social practices and institutional arrangements that enable—or constrain—individuals' capacity to belong, to be heard, and to remain socially visible. Loneliness thus emerges as a critical sociological indicator of how effectively human rights principles are translated into lived social realities for ageing populations.

Loneliness in later life has become a focal object of contemporary social inquiry because it crystallizes the interaction between demographic change, social inequality, institutional arrangements of care, and shifting cultural expectations about relationships, autonomy, and belonging. Drawing on the most influential recent scholarship, this article synthesizes evidence and arguments from the 20 most-cited peer-reviewed scientific articles (2023–2025) that explicitly center loneliness among older adults, with priority given to sociological and social-gerontological orientations and to works widely used in sociological debates about ageing, inequality, and social policy. Across this corpus, three meta-level developments stand out. First, the field has moved from treating loneliness mainly as an individualized psychological state toward specifying multi-level social mechanisms and contexts that produce, organize, and legitimize loneliness, including institutional care environments, migration and minority status, and stigma processes (Akhter-Khan et al., 2023; Joshi et al., 2025; Neves & Petersen, 2025; Zhang, Lu, et al., 2023). Second, the literature has become increasingly "measurement-aware," foregrounding how prevalence estimates depend on scale choice, mode of data collection, and cross-national comparability, which complicates claims about "how much" loneliness exists and whether it is rising (Schroyen et al., 2023; Stegen et al., 2024; Su et al., 2023). Third, intervention research has shifted from generic "social activities" toward questions of mechanism, local implementation, and fit between program designs and older adults' relational expectations, leading to a more explicitly sociological treatment of interventions as social and institutional arrangements rather than merely individual treatments (Duffner et al., 2024; McDaid & Park, 2024; Paquet et al., 2023; Patil & Braun, 2024).

The imposition of home confinement during the emergency period functioned as a powerful amplifier of loneliness and social anxiety, particularly for groups already positioned at the margins of everyday interaction. While a majority of the population experienced the pandemic within family settings, a non-negligible share of individuals—disproportionately older adults and women—lived alone throughout this period, resulting in sharply unequal experiences of isolation. For older adults living alone, mobility restrictions did not merely reduce social contact but often suspended it almost entirely, converting administrative isolation into lived solitude (Otovescu, 2022: 66). This pattern underscores the socially differentiated effects of crisis governance: uniform public-health measures can generate uneven relational consequences depending on living arrangements, gender, and age. In this sense, pandemic restrictions did not create loneliness ex nihilo, but intensified pre-existing vulnerabilities, revealing how policies designed to protect physical health can simultaneously deepen social disconnection among structurally exposed populations (Otovescu, 2022: 67).

A defining background condition for the recent literature is the COVID-19 pandemic, which operated simultaneously as an empirical accelerator and as a critical social juncture in the study of loneliness in later life. In its early phase, the scale of contagion across Europe was initially limited, with relatively low numbers of confirmed cases distributed unevenly across countries. This early containment window, however, was followed by rapid and highly uneven escalation, most notably in contexts characterized by dense urban interaction and in institutional settings of elder care (Otovescu, 2022: 40). The explosive spread observed in such environments exposed the structural vulnerability of older adults not simply to infection, but to the social consequences of crisis governance. Restrictions on mobility, visitation bans in residential care, and the suspension of routine social services transformed everyday sociality into a regulated risk, rendering loneliness a foreseeable outcome of public-health decision-making rather than an unintended side effect. In this sense, the pandemic revealed how loneliness among older adults can be produced through institutional logics designed to protect life, yet implemented in ways that fracture relational infrastructures.

At the same time, the pandemic reshaped the research field itself by generating both an urgency to quantify loneliness and a rapid expansion of synthetic knowledge production. The prominence of large-scale reviews and meta-analyses in the 2023–2025 period reflects not only scientific accumulation but also political and media pressures to provide aggregate prevalence figures capable of informing policy responses. However, qualitative and experience-centered studies within the same corpus demonstrate that pandemic-related loneliness was rarely a wholly new phenomenon. Instead, it intensified pre-existing trajectories shaped by living arrangements, health status, care dependency, and institutional positioning, particularly in long-term care facilities and socially segregated urban settings. The pandemic thus functioned less as a singular cause of loneliness and more as a magnifying lens, making visible how unequal access to social contact, care infrastructures, and institutional flexibility structures vulnerability in later life—patterns that continue to inform post-pandemic sociological debates on ageing, inequality, and social policy

The synthesis highlights enduring controversies—especially the loneliness/social isolation distinction, causal inference and feedback loops with health, cross-cultural validity of core constructs, and the political consequences of framing loneliness as an "epidemic". Building on convergences and tensions in the top-cited literature, the article proposes a research agenda centered on life-course and intersectional stratification, culturally grounded measurement, meso-level institutional ethnography of care and community infrastructures, and theory-driven evaluation of interventions at scale.

Finally, in order to anchor this discussion within a sociological perspective that rigorously articulates the tension between the "structural" level of the phenomenon and its lived experience, reference can be made to my analysis of loneliness as a simultaneously objective and subjective condition: on the one hand, it derives from measurable social conditions (relational networks, institutional arrangements of care, inequalities, organizational routines, access to participation), while on the other hand it gains meaning through

interpretations, normative expectations, and affective biographies that give substance to the experience of "being alone" (Cioacă, 2025). From this perspective, loneliness in later life can be understood as an indicator of how society organizes belonging and recognition, and its variations cannot be adequately explained either through inventories of risk factors or strictly psychological approaches, but rather through an integration of institutional mechanisms and lived meanings, with direct implications for how interventions and public policies are conceptualized (Cioacă, 2025).

2. Corpus and approach

This review is anchored in a purposive bibliometric strategy: identifying 2023–2025 journal articles whose titles and abstracts indicate a primary focus on loneliness among older adults (typically defined as 60+ or 65+, but also including older-adult samples in community and institutional settings), then retaining the 20 highest-cited items within that set. Citation counts were compiled as displayed on major indexing or publisher pages (most often PubMed for biomedical-indexed journals, Cambridge Core, Wiley, SAGE, and Nature/Palgrave for social-science venues) as of February 1, 2026. Because citation metrics differ by database and update schedules, counts should be interpreted as comparable indicators of influence within this defined search window rather than as a single definitive cross-database ranking. The analytic aim is not merely to summarize results but to map how influential recent work constructs loneliness as a social phenomenon, what empirical strategies dominate, where disagreements persist, and how a next-wave sociological agenda can be articulated from the field's own most-cited reference points.

Table 1 provides a structured overview of the 20-article corpus, including citation counts, methods, and the primary thematic contribution each work makes to sociological understandings of later-life loneliness.

Table 1. Comparative profile of the 20 most-cited 2023–2025 articles focusing on loneliness among older adults (citation counts as displayed on major indexing/publisher pages)

Article (APA short citation)	Citations	Design / Method	Population / Setting	Core Thematic Focus	Key Contribution to Sociological Understanding
Su et al., 2023	280	Systematic review & meta-analysis	Older adults; COVID-19 pandemic studies	Prevalence under pandemic conditions	Positions loneliness as a population-level vulnerability produced by public-health regimes and disrupted social routines; emphasizes heterogeneity and the need for longitudinal social research.
Paquet et al., 2023	128	Meta-review + integration with practice-based resources	Older adults; multi-intervention landscape	Social prescribing and intervention typologies	Frames interventions as social infrastructures and implementation ecosystems; develops an ontology-like framework linking evidence to real-world services.
Akhter-Khan et al., 2023	140	Theory-building and integrative synthesis	Older adults across diverse contexts	Relational expectations	Reorients loneliness toward normative expectations and relational meaning, linking social change and ageing to mismatches between expected and actual relationships.

Zhang, Kuang, et al., 2023	114	Longitudinal cohort study	Older adults in Shanghai	Loneliness–isolation–mental health dynamics	Demonstrates reinforcing pathways among loneliness, social isolation, and depression, supporting sociological models of cumulative disadvantage and feedback loops.
Kadowaki & Wister, 2023	65	Integrated review + grey-literature analysis	Community-dwelling older adults; pandemic context	Patterns, effects, interventions	Applies socio-ecological and resilience frameworks, emphasizing community and system-level responses beyond individual coping strategies.
Deng et al., 2023	44	Systematic review & meta-analysis	Older adults (multi-study samples)	Sleep quality as a mediating pathway	Supports embodiment arguments: loneliness is socially produced yet physiologically consequential, linking social disconnection to health via sleep.
Neves et al., 2023	41	Qualitative diary study	Older adults already lonely pre-pandemic (Australia)	Lived experience during lockdown	Shows how institutional lockdown orders intersect with prior loneliness, highlighting temporalities of hope, loss, and unequal coping resources.
Schroyen et al., 2023	28	Scoping review	Older adults worldwide (regional comparisons)	Prevalence and definitional boundaries	Demonstrates wide prevalence variability and shows how definitions of loneliness versus isolation shape estimates and policy narratives.
Zhang, Lu, et al., 2023	37	Qualitative meta-synthesis	Nursing-home residents	Institutional loneliness	Develops themes linking environmental change and loss to the social organization of loneliness in residential care settings.
Sun et al., 2024	40	Quantitative mediation/moderation models	Older adults (survey-based)	Social anxiety, networks, support	Bridges social-psychological mechanisms with network and support structures, identifying relational pathways for targeted interventions.
Stegen et al., 2024	33	Systematic review & meta-analysis	Community-dwelling older adults	Measurement mode and country effects	Shows that prevalence estimates are partly artifacts of instruments and data-collection modes, complicating cross-national and temporal comparisons.
Duffner et al., 2024	35	Systematic review & meta-analysis	Older adults; intervention studies	Intervention effectiveness	Shifts focus from outcomes to mechanisms and intervention typologies, highlighting heterogeneity between technological and non-technological approaches.
Patil & Braun, 2024	26	Review of reviews	Older-adult loneliness interventions	Evidence synthesis and bias	Assesses review quality and consolidates intervention categories, treating effectiveness as contingent on design and contextual fit.
Mushtaq & Khan, 2024	26	Scoping review	Older adults during COVID-19	Mental health and social isolation	Synthesizes pandemic-era social conditions, showing how loneliness is intertwined with institutional disruption and mental-health burdens.
McDaid & Park, 2024	17	Qualitative program evaluation (interviews)	Older adults in a local English program	Program fit and uptake pathways	Conceptualizes intervention as a social process of recruitment, legitimacy, and sustained engagement, foregrounding user experience.
Hajek et al., 2025	37	Systematic review, meta-analysis & meta-regression	Older adults	Chronic loneliness and isolation	Makes chronicity a central analytic category, encouraging sociological inquiry into persistence, stratification, and structural lock-in.
Susanty et al., 2025	43	Meta-analysis	Older adults across continents	Global prevalence and risk factors	Produces comparative prevalence estimates and correlates, supporting multi-level risk framing (health, gender, institutionalization, rurality).
Joshi et al., 2025	27	Scoping review	Ethnic-minority and	Migration, ethnicity,	Advances intersectional and structural explanations (language barriers,

			immigrant older adults (high-income countries)	socio-ecological mapping	discrimination, transnational ties) and calls for culturally sensitive measures.
Neves & Petersen, 2025	28	Conceptual + qualitative synthesis	Older adults living alone and in care homes	Stigma	Develops a sociological theory of loneliness stigma, showing how ageism and moral judgments shape disclosure and help-seeking.
Salari et al., 2025	22	Systematic review & meta-analysis	Older adults (global samples)	Global prevalence and associated factors	Consolidates large-scale prevalence estimates and associated factors, reinforcing policy relevance and institutional dimensions of loneliness.

Source: Author's compilation based on citation counts retrieved from publisher and indexing-platform pages (Web of Science, Scopus, Google Scholar), February 1, 2026.
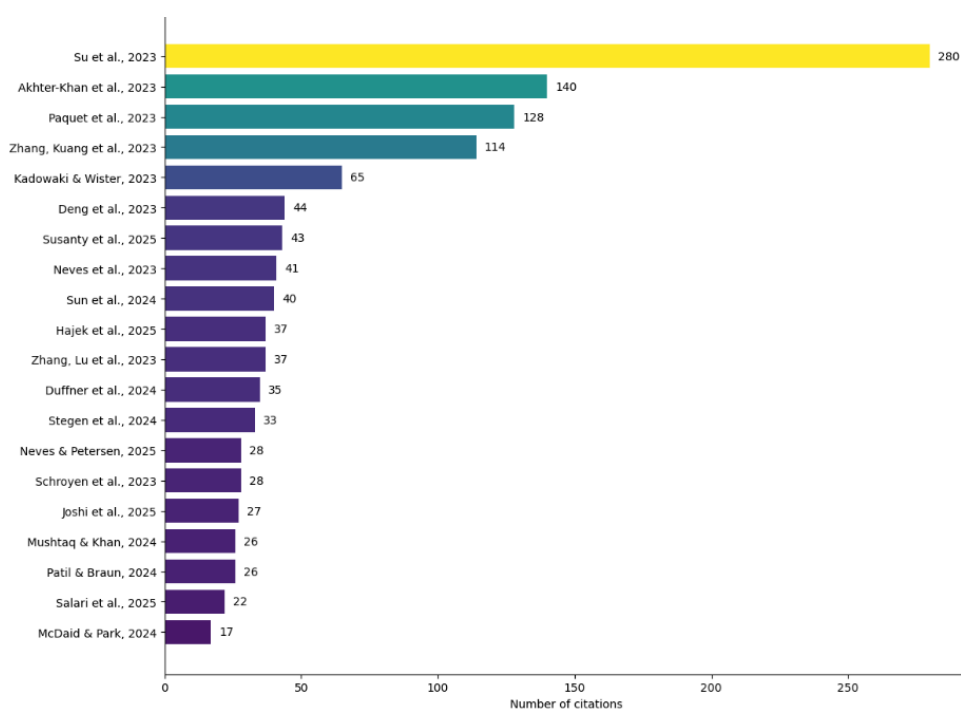

Figure 1. Comparative profile of the 20 most-cited 2023–2025 articles focusing on loneliness among older adults (citation counts as displayed on major indexing/publisher pages)
Source: Author's compilation based on citation data retrieved from major indexing and publisher platforms (February 1, 2026).

To illustrate the skewed influence structure typical of fast-moving literatures, Figure 1 summarizes the citation distribution of the corpus. A small number of meta-analyses and major syntheses concentrate the most citations, while qualitative and program-evaluation work—although foundational for sociological mechanism-building—tends to accumulate citations more slowly.

3. Trends

A first major trend in the 2023–2025 sociological and social-gerontological literature is the consolidation of loneliness as a population-level condition that varies systematically across social contexts rather than merely across individuals. The most-cited works are disproportionately prevalence syntheses, which have political and epistemic consequences: they provide numbers that travel into policy narratives and media claims while simultaneously revealing the fragility of those numbers. Su et al. (2023) became a highly cited anchor because it assembled pandemic-era studies and estimated that roughly three in ten older adults experienced loneliness during COVID-19, with substantial heterogeneity, thereby linking loneliness to public-health governance and the restructuring of everyday sociality. Yet this "headline prevalence" orientation is immediately complicated by the measurement-focused meta-analysis of Stegen et al. (2024), which shows that estimates depend heavily on the loneliness instrument used, how data are collected, and national context; the implication for sociological inference is that prevalence is partly co-produced by research infrastructures and cultural response patterns, not simply "out there" waiting to be measured. Schroyen et al. (2023) similarly underscores that prevalence ranges are wide and that definitional boundaries between loneliness and related constructs shape what gets counted, reinforcing the idea that sociological claims about loneliness trends must be reflexive about their epistemic foundations rather than relying on a single pooled estimate as a social fact.

A second trend is the widening of explanatory ambition from "risk factors" toward social mechanism and social meaning, especially mechanisms that connect macro social change to micro experience. Akhter-Khan et al. (2023) crystallizes this movement by arguing that older adults' loneliness should be theorized through their social relationship expectations—availability, care, intimacy, shared enjoyment, generativity, and respect. This theoretical move is sociologically consequential because it treats loneliness not simply as absence (of contacts) but as mismatch within normative relational economies; loneliness becomes a relational verdict about whether one's social world meets culturally and biographically shaped standards. The framework also invites attention to how retirement, widowhood, disability, migration, and neighborhood change alter both expectations and attainable relationship forms, making loneliness a diagnostic of social organization in later life rather than a purely internal feeling. This meaning-based orientation converges with the stigma-centered sociological contribution of Neves and Petersen (2025), which theorizes loneliness as morally evaluated and socially sanctioned in later life contexts, implying that loneliness is not only experienced but also managed through concealment, selective disclosure, and guarded help-seeking—behaviors that can themselves intensify loneliness by restricting connection opportunities.

A third trend is the strengthening of institutional and meso-level analysis—especially institutional care settings and community interventions—as key sites where loneliness is produced, visible, and governable. Zhang, Lu, et al. (2023) synthesizes qualitative evidence from nursing homes and identifies how relocation into institutional environments can reorganize identity, autonomy, and social ties, producing loneliness through environmental transformation and losses that are not merely interpersonal but institutionally patterned. This focus on institutional context resonates with Neves et al. (2023), which uses solicited diaries from older adults who

were lonely even before COVID-19 to show that the experience of lockdown was filtered through pre-existing loneliness trajectories and through institutional time regimes that restructured daily life; the diaries foreground how loneliness is temporally patterned (days, weeks, waves) and how resources for meaning-making and contact are unevenly distributed. Kadowaki and Wister (2023) extends this meso-level sensibility by integrating review findings with contextual Canadian evidence and emphasizing socio-ecological and resilience frameworks; their synthesis implies that loneliness in later life is partly a systems problem—about accessible outdoor spaces, intergenerational program capacity, outreach logistics, and the ability of institutions to sustain connection under crisis conditions.

A fourth trend is the rapid maturation of intervention research into a more explicitly sociological conversation about implementation, mechanisms, and institutional fit. The meta-review by Paquet et al. (2023) is influential not only because it catalogs intervention types (from group activities and support groups to ICT-based supports and home/community care) but because it attempts to connect scientific evidence to real-world service landscapes through an "on-the-ground" integration strategy. This de-emphasizes the idea that intervention efficacy is only a matter of effect sizes and instead highlights the ecology of delivery, referral, participation, and sustained engagement—features often invisible in clinical-style evaluations. Duffner et al. (2024) similarly synthesizes intervention outcomes, but their meta-analytic emphasis on mapping "working mechanisms" reinforces a shift toward explaining why interventions work (or fail) for some older adults in some contexts. Patil and Braun (2024), by explicitly evaluating review quality and bias and then narratively consolidating intervention categories, strengthens the methodological agenda of the field: intervention evidence must be treated as stratified by study design, measurement choice, and contextual fit, which is directly aligned with sociological commitments to heterogeneity and causal complexity. McDaid and Park (2024) contributes a qualitatively grounded complement: through interviews within a localized English program, they show that routes into services, perceived legitimacy, and subjective fit govern whether an intervention becomes socially meaningful rather than merely available, implying that "offerings" not embedded in trusted social pathways can fail even if they are theoretically appropriate.

A fifth trend is the increasingly explicit treatment of loneliness as dynamic and potentially self-reinforcing, including the emergence of chronicity as a central construct. The longitudinal study by Zhang, Kuang, et al. (2023) offers empirical support for vicious-circle dynamics among loneliness, social isolation, and depression: loneliness predicts later depressive symptoms, and depression can in turn shape the risk of social isolation, suggesting a feedback structure that resembles cumulative disadvantage models. Hajek et al. (2025) elevates this temporal insight into a broader analytic agenda by systematically examining chronic loneliness and chronic social isolation, using meta-analysis and meta-regression to explore prevalence and correlates of persistent forms. The sociological payoff of chronicity is substantial: it invites inquiry into which structural conditions—poverty, disability, caregiving burdens, neighborhood exclusion, migration-related barriers, stigma—convert episodic loneliness into persistent states, and how institutional routines (medicalization, eligibility rules, fragmented services) may inadvertently stabilize loneliness over time. Even studies emphasizing physiological or psychosocial pathways contribute to this

dynamic framing: Deng et al. (2023) strengthens the argument that loneliness is embodied through health-related pathways (here, sleep quality), making persistence consequential not only emotionally but also physically, which can further restrict participation and intensify social disconnection.

A sixth trend is the widening of inequality-sensitive perspectives, with migration and minority status becoming a particularly visible axis of analytic development. Joshi et al. (2025) represents an explicitly socio-ecological mapping of loneliness and social isolation among ethnic minority and immigrant older adults in high-income countries, highlighting the intersection of general ageing-related risks (health decline, bereavement) with migration- and ethnicity-specific mechanisms such as language barriers, cultural mismatch in expectations, discrimination, and fragmented trust in institutions. The review's emphasis on structural and cultural dimensions—and on the underrepresentation of discrimination in existing empirical research—moves loneliness scholarship toward classic sociological concerns: stratification, marginalization, and institutional exclusion as drivers of subjective experience. In this way, the corpus increasingly frames loneliness not simply as a distribution of individual deficits but as an outcome of unequal access to belonging, recognition, and culturally legitimate social participation.

4. Controversies

A central controversy in contemporary sociological discussions of older-adult loneliness concerns conceptual boundaries: what precisely counts as loneliness, how it differs from social isolation, and whether the distinction is analytically productive or politically distracting. Although many studies reproduce the standard distinction—loneliness as subjective discrepancy and social isolation as objective lack of contact—the most influential reviews show that research practice often blurs boundaries by using proxy measures, single-item indicators, or mixed operationalizations, which in turn shapes prevalence estimates and intervention claims. Stegen et al. (2024) demonstrates that estimates for community-dwelling older adults vary with instrument, mode, and country, implying that even when researchers claim to measure "loneliness," they may be capturing different social experiences across contexts. Schroyen et al. (2023) further illustrates that prevalence ranges are partially an artifact of definitional and methodological heterogeneity, raising a sociological warning: policy claims that treat loneliness prevalence as a stable, comparable statistic risk reifying what is partly an outcome of measurement conventions and cultural response styles. At the same time, conceptual boundary work is not merely technical; it affects the moral and political framing of older adulthood, potentially encouraging narratives that depict older adults as uniformly isolated, thereby reinforcing ageist imaginaries that Neves and Petersen (2025) argue are part of the stigma ecology surrounding loneliness.

A second controversy concerns causality and directionality: does loneliness "cause" ill health and social withdrawal, or is it primarily a symptom of prior structural conditions and health constraints? The top-cited corpus does not resolve the issue but clarifies how causality is likely reciprocal and temporally layered. Zhang, Kuang, et al. (2023) provides evidence consistent with bidirectional pathways: loneliness predicts later depressive symptom burden, and depression predicts later social isolation risk, a pattern that supports sociological feedback models rather than one-way causal narratives. Hajek et al. (2025) intensifies the debate by focusing on chronic loneliness

and chronic social isolation, implicitly challenging short-term or cross-sectional accounts that cannot distinguish transient loneliness from persistent states with potentially distinct correlates and consequences. Deng et al. (2023), by tying loneliness to sleep quality, can be read as strengthening a "loneliness causes health problems" narrative; yet its meta-analytic design also makes visible the need for stronger longitudinal evidence and for sociologically richer models that specify how social conditions shape sleep through daily routines, stress, and resource scarcity, which then feed back into social participation. The unresolved controversy, sociologically, is not whether loneliness is "causal" but how to model causality as a multi-level process in which health, agency, stigma, and institutional access form mutually reinforcing constraints.

A third controversy is cross-cultural comparability and the question of universality versus cultural construction. Global meta-analyses such as Susanty et al. (2025) and Salari et al. (2025) offer wide-angle prevalence estimates and correlate lists that appear to support quasi-universal risk patterns (e.g., gender differences, institutionalization, health status). Yet Joshi et al. (2025) challenges the implicit universality of dominant measures and definitions by stressing that loneliness and isolation are culturally constructed and that Western-developed scales may not capture relational expectations and belongingness in familistic or minority contexts. Akhter-Khan et al. (2023) similarly emphasizes contextual factors—culture, functional limitations, network change—as shaping how relationship expectations are expressed and satisfied, implying that the same "score" may represent different social realities across settings. This tension generates a methodological and theoretical controversy: whether the field should prioritize standardized, comparable measurement (to enable global prevalence claims) or culturally grounded conceptualization (to capture social meaning and avoid category error). A sociological synthesis suggests that the field must pursue comparability without erasing difference, likely through measurement strategies that explicitly model cultural response patterns and that integrate qualitative work to validate constructs in specific communities.

A fourth controversy concerns the "interventionization" of loneliness: what kinds of responses are appropriate, and how should responsibility be distributed across individuals, communities, and the state? The intervention-focused literature shows a tension between scalable, technology-mediated solutions and relationally intensive, community-embedded approaches. Paquet et al. (2023) and Duffner et al. (2024) both map a diverse intervention landscape, including ICT-based supports, but their syntheses also imply that effectiveness depends on social fit, engagement, and the ability to sustain meaningful contact rather than simply increasing nominal interactions. Patil and Braun (2024) pushes this debate by highlighting quality and bias across reviews, suggesting that "what works" cannot be asserted without attending to methodological limitations and context. McDaid and Park (2024) sharpens the sociological critique: program uptake and perceived suitability are social processes shaped by routes of referral, trust, stigma, and personal narratives, meaning that interventions may fail not because they are theoretically misguided but because they do not align with how older adults recognize their own needs or accept help. The controversy thus concerns whether loneliness interventions should be framed primarily as individual behavior change, as service delivery and navigation, or as social-structural reform (housing, transportation, neighborhood design, anti-discrimination),

with the most sociologically aligned works pushing toward the latter without abandoning the former.

A fifth controversy, increasingly visible in stigma-focused work, concerns whether public discourse about loneliness reduces or exacerbates harm. Neves and Petersen (2025) argue that loneliness is stigmatized in later life contexts and tied to ageist assumptions; labeling and campaigns may reduce silence but can also amplify moral judgment, producing pressures to appear socially successful or "not needy." Neves et al. (2023) shows that loneliness narratives during COVID-19 were intertwined with loss, hope, and coping; the diary method reveals that older adults may resist simple loneliness labels and instead narrate complex moral economies of endurance, gratitude, and constrained choice. From a sociological standpoint, the controversy is about representation and governance: whether portraying loneliness as an epidemic mobilizes resources or instead produces surveillance-like expectations that older adults must demonstrate sociability, potentially deepening stigma and discouraging disclosure. The corpus suggests that future sociological work must treat loneliness discourse itself as an object of study, including how categories circulate through institutions and shape what forms of help are culturally legitimate.

5. Research agendas

The top-cited 2023–2025 literature implies a future research agenda that is less about discovering ever more correlates and more about building integrative, multi-level explanations that can be tested, compared, and used to design institutionally realistic interventions. One priority is to formalize life-course and chronicity-informed models that distinguish episodic from persistent loneliness and that specify transition points—retirement, bereavement, disability onset, migration, institutionalization—where social networks, expectations, and opportunities are reorganized. Hajek et al. (2025) provides a methodological and conceptual foundation for treating chronic loneliness as a distinct analytic object, while Zhang, Kuang, et al. (2023) demonstrates empirically that loneliness can participate in feedback loops with mental health and social isolation. A sociological research program should therefore develop longitudinal and mixed-method designs that capture how loneliness becomes "locked in" through cumulative disadvantage, stigma, and institutional barriers, rather than relying on cross-sectional snapshots that cannot separate causes from consequences.

A second priority is measurement development that is simultaneously comparative and culturally credible. The prevalence-focused syntheses show that the field's most-cited outputs are often those that offer pooled estimates, yet Stegen et al. (2024) and Schroyen et al. (2023) make clear that measurement choices can change conclusions substantially. Joshi et al. (2025) adds that dominant measures may miss culturally specific meanings and belongingness dynamics in minority and migrant communities. A rigorous sociological agenda would therefore combine (a) cross-national quantitative work that explicitly models instrument and mode effects, (b) qualitative validation within specific cultural and institutional contexts, and (c) theory-informed operationalization of relational expectations as proposed by Akhter-Khan et al. (2023). In practice, this would mean treating measurement not as a technical prelim but as a substantive site where social norms, stigma, and identity shape how older adults interpret and answer loneliness questions.

A third priority concerns institutional ethnography and meso-level sociology of care, with nursing homes, home care systems, and community programs treated as social organizations that structure loneliness. Zhang, Lu, et al. (2023) suggests that institutional loneliness is produced through environmental transformation and the reconfiguration of autonomy and ties, while Neves et al. (2023) demonstrates how crisis governance reshapes everyday relational economies for those already lonely. McDaid and Park (2024) illustrates that interventions are mediated by local institutional pathways—who refers, how participants enter, what counts as success, and how engagement is sustained. Future research should therefore analyze loneliness-producing mechanisms at the level of organizational routines (staffing patterns, activity design, visiting rules, transportation access, referral infrastructures), as well as the moral and interactional order that governs whether older adults can acknowledge loneliness without shame, a theme that becomes central in Neves and Petersen (2025).

A fourth priority is to integrate inequality and intersectionality as organizing principles rather than as subgroup analyses. Joshi et al. (2025) highlights that ethnic minority and immigrant older adults face distinctive mechanisms such as linguistic isolation, cultural mismatch, and discrimination, yet these remain underrepresented empirically, especially through qualitative and longitudinal approaches. A sociological research agenda should treat loneliness as an inequality outcome: not only stratified by income, gender, and living arrangements, but also by the social recognition of one's relationships, by the legitimacy of one's needs, and by access to culturally safe spaces for participation. This approach aligns with the stigma framework of Neves and Petersen (2025), which implies that those already marginalized may experience a compounding burden: fewer resources for connection and greater moral risk in disclosing loneliness.

A fifth priority is a more theory-driven, mechanism-sensitive evaluation science for interventions. The intervention syntheses—Paquet et al. (2023), Duffner et al. (2024), and Patil and Braun (2024)—collectively imply that "effectiveness" is an insufficient end point unless researchers can specify mechanisms, contexts, and participant pathways. Paquet et al. (2023) proposes a way forward by integrating evidence with real-world resources and by emphasizing typologies that can connect interventions to service ecosystems. McDaid and Park (2024) adds that interventions should be studied as sociological processes: uptake is shaped by meaning, identity, and trust, and impacts are perceived and narrated rather than merely scored. Sociological evaluation should therefore combine quantitative outcomes with qualitative accounts of fit and meaning, and it should measure intermediate social mechanisms—recognition, belonging, reciprocity, generativity, respect—alongside loneliness scores, echoing the expectation-based framework of Akhter-Khan et al. (2023).

A sixth priority is to bridge "embodiment" and "social meaning" without collapsing one into the other. Deng et al. (2023) shows that loneliness is associated with sleep quality in older adults, and Zhang, Kuang, et al. (2023) links loneliness to depression trajectories, both suggesting that loneliness has bodily and mental health consequences. A sociological agenda should not treat these findings as proof that loneliness is fundamentally psychological or biological; instead, it should examine how social conditions—housing insecurity, neighborhood exclusion, caregiving burdens, discrimination, institutional schedules—generate stress and disrupt sleep and health, thereby reducing capacity for social participation and entrenching loneliness. The goal

would be an explicitly sociological model of health pathways that preserves the social origin of loneliness while acknowledging its physiological reality.

Finally, the corpus points to a need for research that treats public discourse and policy framing as causal forces. If loneliness is stigmatized (Neves & Petersen, 2025), and if prevalence numbers are fragile and context-sensitive (Stegen et al., 2024; Su et al., 2023), then policies built on decontextualized "epidemic" narratives risk mistargeting resources or inadvertently reinforcing stigma. Future research should therefore analyze how loneliness categories circulate through health systems, aging services, media, and community organizations, how older adults interpret those categories, and how discourse changes help-seeking and social participation. This agenda would position loneliness scholarship firmly within sociology of ageing, aligning empirical measurement with analysis of institutions, norms, and inequality.

6. Conclusion

The most-cited sociological and social-gerontological literature on loneliness among older adults from 2023–2025 is both expansive and convergent in key ways. It converges on an understanding of loneliness as socially patterned, context-sensitive, and consequential—produced at the intersection of demographic transitions, institutional arrangements, cultural expectations, and unequal access to belonging. It also converges methodologically on large-scale syntheses that generate mobile prevalence estimates and intervention typologies (Paquet et al., 2023; Salari et al., 2025; Stegen et al., 2024; Su et al., 2023; Susanty et al., 2025), while relying on qualitative and theory-building work to reveal meaning, stigma, and institutional mechanisms that numbers alone cannot capture (Neves et al., 2023; Neves & Petersen, 2025; Zhang, Lu, et al., 2023). The central controversies—conceptual boundaries, causal inference, cross-cultural comparability, and the politics of intervention—are not signs of immaturity but indicators that loneliness has become a genuinely sociological object, implicating measurement, morality, institutions, and inequality in the production of subjective experience.

A forward-looking sociological research program, grounded in the field's most influential recent work, should prioritize longitudinal and mixed-method designs attentive to chronicity and life-course transitions; culturally grounded yet comparable measurement; institutional analysis of care and community infrastructures; intersectional inequality frameworks; and mechanism-based evaluation of interventions embedded in real service ecosystems. Such a program would move beyond treating loneliness as a problem located in older individuals and instead analyze it as a social outcome—one that reflects how contemporary societies distribute connection, recognition, and the practical means of participation in later life.

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