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Fractures in the Living Human Web: On the Challenge of Loneliness and Social Isolation in Individual Life, Society and Pastoral Care

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This paper introduces the challenge of unwanted loneliness to the theory of pastoral care. It does so by first exploring the phenomenon of loneliness in close dialogue with the social sciences, particularly the psychology of loneliness, and then discussing the role that religiosity and pastoral care can play in addressing the complex challenge of contemporary loneliness. Social loneliness is portrayed as a painful gap in social relationships, defined as a discrepancy between existing and desired relationships as subjectively perceived by the individual. Its intense and chronic form has significant negative effects on well-being and health. Loneliness results from individual circumstances of biography, social cognition and behavior, as well as from structural exclusion through socio-cultural marginalization. In many cases, individual circumstances and structural factors interact to produce persistent loneliness. In responding to the complex challenge of loneliness, pastoral care must take into account this dual nature of loneliness as well as the resources and risks associated with religion. A multi-level approach to pastoral care—which integrates interventions at the micro level of individual care, the meso level of community and culture, and the macro level of public discourse and policy—in response to loneliness is proposed. In addition to a synthesis of the interdisciplinary loneliness research literature, the argumentation is based on original statistical analyses of diachronic loneliness trajectories in the Swiss population. Using representative data from the Swiss Household Panel, the empirical part of the paper identifies a typology of loneliness trajectories in individual biographies as well as risks and resources in coping with loneliness situations.

1. A Global Challenge: Fractures in the Living Human Web

Being alone is an ambivalent phenomenon. On the one hand, many of us desire the tranquility and independence that solitude promises (Coplan et al. 2019). Developmental psychology emphasizes the ability to be positively alone as an essential step in personal maturation (Winnicott 1990). On the other hand, in many societies around the world, there is growing concern that unwanted and chronic loneliness is negatively affecting the quality of life and health of parts of the population. From the United Kingdom to South Korea, governments have taken public action to address loneliness in society. And, indeed, even after the social distancing of the Covid pandemic is over, trends of aging societies, persistent socioeconomic inequalities, individualization of culture, and ambivalences of digital technology suggest that the social challenge of loneliness is here to stay.

From a pastoral care perspective, the challenge of loneliness can be linked to the image of the living human web (Miller-McLemore 2018). This image highlights the understanding that "human subjectivity itself is deeply interconnected. Genuine care now requires understanding the living human document as embedded within an interlocking public web of constructed meaning. Policy issues that de-

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termine the health of the living human web are sometimes as important as issues of individual emotional well-being" (Miller-McLemore 2018, 313).

Loneliness marks fractures in the living human web. The metaphor allows us to address the dual nature of the causes of loneliness. This paper argues that loneliness arises both from individual circumstances of biography, social cognition, and behavior, as well as from structural exclusion through sociocultural marginalization. In many cases, individual circumstances and structural factors interact to produce persistent loneliness. Pastoral care must take into account this dual nature of loneliness, as well as the resources and risks of religion, in order to adequately address this global challenge.

This paper introduces the challenge of unwanted loneliness to the theory of pastoral care. It does so by first exploring the phenomenon of loneliness in close dialogue with the social sciences, and then discussing the role that religious resources and pastoral care can play in this regard.

The argumentation proceeds as follows: First, the individual side of loneliness is explored by introducing the psychology of loneliness. Then, the structural causes of loneliness are highlighted, leading to an understanding of loneliness as a result of structural exclusion. Against the backdrop of loneliness trajectories in individual lives, the contribution of religiosity in prevention and coping is discussed. The final section outlines an integrative approach to pastoral care for loneliness that includes interventions at the micro, meso, and macro levels of the social sphere.

In addition to a synthesis of the loneliness research literature, the argumentation is based on my own statistical analyses of loneliness in the Swiss population. Using representative data from Switzerland (Swiss Household Panel), I identify loneliness phenomena that are typical of modern, individualized societies. These empirical findings are also relevant to other contexts with similar social conditions.[1]

2. The Individual Side of Loneliness: The Painful Delta in Social Relationships

This section introduces the psychology of loneliness. First, loneliness will be defined as a painful delta in social relationships. The section then will move on to discuss the cognitive model of chronic loneliness, which points to negative social cognitions and behaviors of social withdrawal among some individuals experiencing chronic loneliness. These behaviors can lead to a self-perpetuating process of loneliness and social withdrawal.

The *discrepancy model of loneliness* has become a standard in the psychology of loneliness. It defines loneliness in terms of the discrepancy between existing and desired relationships as subjectively perceived by the individual (Peplau and Perlman 1982). When current social relationships do not match desired social relationships, this gap leads to feelings of loneliness. The incongruence concerns the quantity and, even more so, the quality of social relationships.

The extent and intensity of unwanted loneliness range from a specific lack of certain types of relationships to a complete alienation from the social world (McKenna-Plumley et al. 2023, 18f.). As an unpleasant feeling, loneliness triggers an impulse to re-establish contact with others. With its impulse to connect socially, loneliness is a functional emotion. Most experiences of loneliness remain temporary and should not be pathologized. Chronic loneliness, however, is an aversive experience associated with stress, loss of meaning and devaluation (McKenna-Plumley et al. 2023, 5–12). At the heart of the lived experience of loneliness is a longing for meaningful belonging. It is typically accompanied by stress and worry due to lack of social support, boredom in daily life, and, at times, frustration and anger.

The Swiss Household Panel (SHP) asked respondents: "How lonely do you feel in your life, where 0 means 'not lonely at all' and 10 means 'extremely lonely'?" Based on this survey, my analyses confirm a cluster of negative emotions and self-deprecation that forms around loneliness (Figure 1). The Pearson correlations are statistically significant and clear in their direction and strength. They confirm above average levels of depressive mood, sadness and worry associated with loneliness.

These findings from Switzerland are consistent with a recent meta-analysis across a variety of countries and social groups that confirms substantial negative effects of chronic loneliness on well-being

1 The Swiss Household Panel is a publicly available longitudinal data set that is representative of households in Switzerland (Tillmann et al. 2022). It can be obtained here: https://forscenter.ch/projekte/swiss-household-panel, 26/09/2024.

Figure 1: Emotional cluster and self-esteem related to loneliness emotions
Values of Pearson correlations, all statistically significant; representative of the Swiss population; n ≥ 7198 adults; source: own calculations with SHP 2019 (SHP 2012/2013 for self-esteem).

as well as on mental and physical health (Park et al. 2020). This shows that social relationships play an essential role in human life. The experience of loneliness becomes problematic when the social needs of humans, who are constituted as relational beings, are not met.

According to the *cognitive model of chronic loneliness*, chronic loneliness impairs the processes of social perception and behavior (Cacioppo and Hawkley 2009). Chronic loneliness can cause a cognitive bias in the processing of information about social situations (Spithoven, Bijttebier, and Goossens 2017). The evolutionary conditioned preservation motive triggered by isolation leads to heightened sensitivity or even hypervigilance to potential social threats. Chronically lonely individuals are more likely to anticipate and interpret social situations negatively, in particular when these situations are ambivalent or neutral. This cognitive pattern expects rejection by others. Chronically lonely individuals are more likely to have negative impressions of themselves and others. Accordingly, chronic loneliness causes social trust in others to diminish. The cognitive distortions of social perception lead to counterproductive behaviors such as preemptive devaluation of others and social withdrawal. As in the case of a self-fulfilling prophecy, impaired perceptions interfere with the possibility of corrective social experiences that might alter the negative cognitive pattern. Overall, the cognitive model describes a circular process of self-reinforcing chronic loneliness through cognitive impairment and its behavioral consequences (Skoko et. al. 2024).

The psychology of loneliness offers two important implications for pastoral care. First, the *pain of unwanted loneliness* should make us wary of the theological heroization of being solitary—for example, as being before God—as has happened sometimes in theology. Self-chosen solitude can indeed yield valuable spiritual experiences. However, it should not be confused with unwanted and aversive loneliness, which is perceived by those who experience it as beyond their control.

Second, the cognitive model of chronic loneliness suggests that simply providing opportunities for social interaction may be an inadequate approach to intervention in certain cases of entrenched loneliness. While religious communities can be beneficial for many, negative social cognitions and patterns of social withdrawal can impede participation. In such cases, pastoral care must commence at a more profound level, *addressing patterns of social cognition and behavior* and gradually rebuilding social trust. This approach will be the subject of a more detailed discussion in the final section.

3. The Structural Side of Loneliness: Loneliness through Socio-cultural Exclusion

Loneliness must not be misunderstood as an exclusively individual and psychological phenomenon.

Rather, the inequality of loneliness highlights its structural causes. Socio-culturally marginalized groups are disproportionately affected by loneliness.

Among the multitude of structural risks, three central factors should be highlighted:

A. Stigma: Different types of cultural stigma and minority status act as risk factors. Stigma that causes loneliness is particularly related to poverty (Bower, Conroy, and Perz 2018), illness and disability (Lewis et al. 2024b), and sexual or gender minorities (Elmer, van Tilburg, and Fokkema 2022). Such cultural stigmata invite social discrimination, which leads to loneliness through social rejection. In addition, individuals internalize stigma as devaluation and withdraw socially. In other cases, individuals hide their stigma and suffer from loneliness in the midst of the social group because of this loss of authentic identity that they disguise. The latter has also been shown to affect sexual and gender minorities in religious communities (Escher et al. 2019). These structural risks of loneliness reflect the pervasiveness of dominant cultural norms—particularly heteronormativity, able-bodiedness, and economic meritocracy—that marginalize and exclude identities that deviate from these cultural structures.

B. Financial deprivation: In addition to the stigma associated with poverty, financial deprivation is an instrumental barrier that hinders participation in social activities that involve costs, such as recreational activities (Topor, Ljungqvist, and Strandberg 2016). Moreover, social relationships often imply a reciprocal logic of mutual generosity and support. Individuals from impoverished backgrounds lack the capacity to reciprocate and, as a result, are excluded from contact networks or choose to disengage (Offer 2012).

C. Exclusion from cultural discourse: Individuals in "exceptional" circumstances often perceive a lack of understanding from significant others who do not share their life experience. Loneliness is then a consequence of the recurrent inability to communicate and understand each other. This problem affects a range of life situations, from intensive caregiving (Vasileiou et al. 2017) to terminal illness (Lewis et al. 2024a). From a structural perspective, the failure to communicate and understand is partly the result of cultural structures that exclude such circumstances from social discourse. The seemingly individual situations in which words are absent are, in fact, determined by cultural discourses that define the boundaries of communication. For example, the experience of communicative loneliness in the context of a diagnosis of a terminal illness is inextricably linked to the dominant societal discourse which maintains that illness is a controllable phenomenon and that life is ultimately curable (Lewis et al. 2024a).

I propose to refer to the structural dimension of loneliness with the term *exclusion*, as introduced by poverty and inequality research (Kronauer 2020, 27–45; Kronauer 2010). Processes of exclusion cut across multiple dimensions, such that exclusion in one dimension leads to exclusion in another. In the context of poverty research, the concept of exclusion originally focused on economic exclusion, which subsequently led to social exclusion. In the case of loneliness, the concept needs to be extended to the cultural level, as cultural exclusion also contributes to social loneliness.

The concept of exclusion identifies society as the structural subject of exclusionary processes. Concurrently, it denotes the individual consequences of exclusionary circumstances in the life experiences of the individuals subjected to them. These individuals *feel* excluded. In addition, the term articulates the illegitimacy of exclusion, thereby evincing a critical impetus.

The structural dimension of loneliness through socio-cultural exclusion underscores the need for a *political dimension of pastoral care*. To effectively address the challenge of loneliness, pastoral care must go beyond the lonely individual. Rather, political pastoral care seeks to support policies that address the structural causes of loneliness. Less social inequality and an effective welfare state have been shown to reduce the risk of loneliness in societies (Nyqvist, Nygård, and Scharf 2019; Wu, Zhang, and Fokkema 2022). Preventing loneliness also requires a well-developed public infrastructure, with public meeting places and an efficient and affordable public transport system (Lamanna et al. 2020). Political pastoral care will advocate for public policies that prevent and reduce loneliness in society.

Equally important, political pastoral care needs to challenge exclusionary cultural norms in order to break the stigmas that promote loneliness. Political pastoral care will advocate in public discourses for diversity and a positivity of vulnerability, with the intention of disrupting the norms of heteronormativity, able-bodiedness and economic meritocracy that promote loneliness. To effectively address the challenge of loneliness, pastoral care must become an agent of cultural change in this sense, including cultural change within religious communities.

4. The Diachronic Dynamics of Loneliness: Loneliness Trajectories and Coping Resources

In this section, individual and structural loneliness risks are demonstrated in two statistical analyses of diachronic loneliness trajectories in the lives of individuals. The temporal dynamics of loneliness are of paramount importance as they affect individual well-being. Occasional and transient experiences of loneliness are common in modern life and should not be pathologized. Conversely, prolonged social isolation becomes increasingly difficult to overcome and can have lasting negative effects. This distinction motivates a special focus on the temporal dynamics of loneliness.

Using the longitudinal SHP data, I track how loneliness changes in the lives of individuals in the Swiss population over a six-year period (2013 to 2019). From the three survey points, we construct six different types of diachronic loneliness trajectories (Figure 2).

This focus on the dynamics of loneliness reveals that most individuals manage and overcome loneliness situations in their lives. Loneliness trajectories are subject to considerable dynamics, most of which are positive. Individuals who experience high levels of loneliness at one point in time are more likely to experience a significant decrease in loneliness than to experience it permanently (Figure 3). However, about six percent of the Swiss population experienced significant chronic loneliness over the course of several years, indicating prolonged, potentially especially burdensome and rigidified loneliness trajectories.

In a second step, we analyze which factors help to overcome severe loneliness and which factors increase the likelihood that loneliness will persist. More specifically, the next analysis exclusively includes the loneliest 10 % of the population in 2016 and investigates how their loneliness has evolved by 2019.

Using a multivariate linear regression model, I identify the factors that tend to perpetuate loneliness and those that support to overcome loneliness situations. Descriptive statistics for this analysis are provided in the Appendix. The linear regression uses loneliness in 2019 as the dependent variable, controlling for loneliness in 2016 as an independent variable, including only those individuals who were clearly lonely in 2016 (loneliness in 2016 ≥ 6 out of 10). The final model explains about 27 % of the differences in loneliness values in 2019 for those who were clearly lonely in 2016 (corr. R2=0.27).

Model I in Figure 4 shows that loneliness situations tend to last longer in old age (age: B=+0.12**) as well as in poor health (health status 2016: B=-0.12**). As discussed in the previous section on

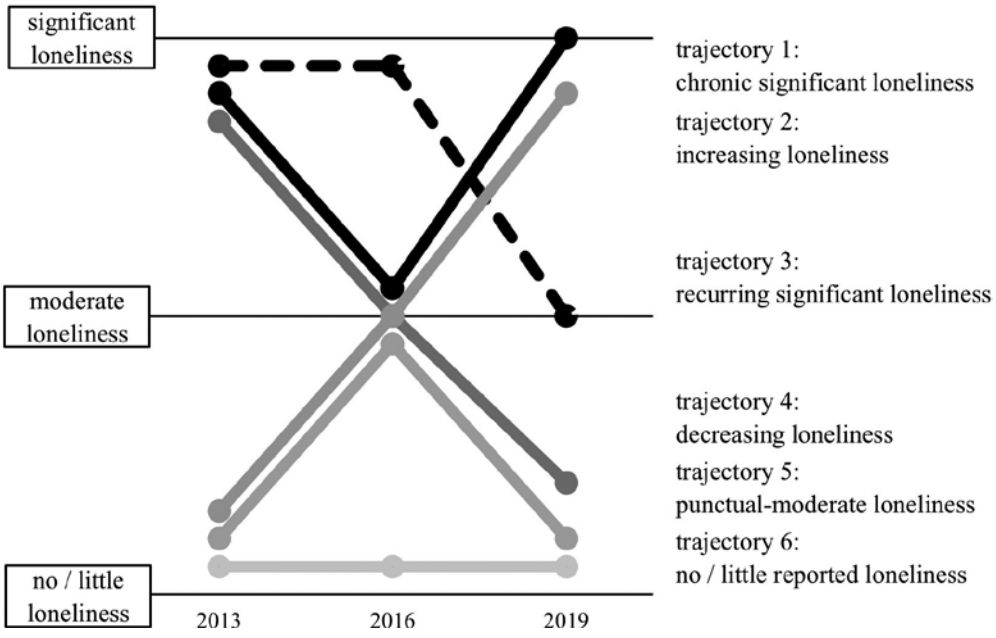

Figure 2: Six types of loneliness trajectories over a six-year period

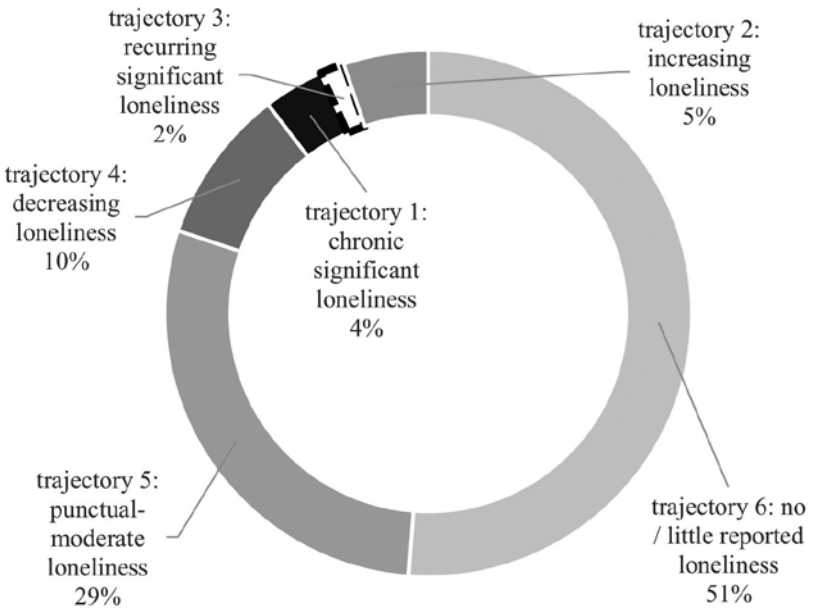

Figure 3: Six types of loneliness trajectories over a six-year period: Shares in the Swiss population
Shares in the Swiss population; n = 4435 adults; source: own calculations with SHP 2013–2019.

the structural side of loneliness, chronic illness makes social participation more difficult, and the cultural stigma of poor health promotes social withdrawal. Individual health is partly determined by socioeconomics, confirming a first structural factor of loneliness risk. Other structural factors are confirmed in Model II: individuals living in disadvantaged areas (B=+0.07^{x}) and individuals with limited access to transportation (no access to a car: B=+0.08*) are somewhat disadvantaged in overcoming situations of loneliness in Switzerland. The statistical effects of these structural factors underscore the importance of the political dimension of pastoral care in addressing the challenges of loneliness.

Model I confirms that several subjective resources support the mitigation of loneliness situations. The most important factor is generalized social trust, which significantly supports the odds of reducing loneliness (B=-0.17***). Conversely, a deficiency in social trust increases the probability of experiencing prolonged periods of loneliness. Generalized social trust signals a generally open and cooperative attitude toward other people (Uslaner 2018). Social trust is essential for forming and maintaining social relationships, thereby increasing the chances of overcoming loneliness. As discussed in section 2, however, that cognitive processes of chronic loneliness undermine social trust. Given the pivotal role of social trust and its susceptibility to erosion, a crucial aspect of pastoral care in the context of loneliness is the incremental restoration of social trust.

In the extended Model II, we see that the development of loneliness is influenced by life events (new partnerships, relationship breakdowns). These relationship events are partly predicated on social trust (cf. the trust coefficients between Models I and II). The positive effect of social trust on loneliness reduction is mediated by its support for the formation and maintenance of social relationships.

In addition, the alleviation of loneliness situations is somewhat supported by a forward-looking attitude in coping behavior ("I usually find a way.": B=-0.09*), highlighting another subjective resource.

Finally, Model II points to the subjectivity of loneliness in the sense that feelings of loneliness clearly depend on one's satisfaction with living in a single household (B=-0.21***). Such satisfaction is likely to result from both a meaningful lifestyle and a subjective acceptance of one's current life situation. Similarly, loneliness is reduced by satisfaction with social relationships in multi-person households (B=-0.18***). These findings point to another important function of pastoral care: Loneliness interventions should encourage individuals to lead meaningful and socially connected lives, while also supporting the subjective processing of personal biographies and circumstances.

The next section discusses the role that religious resources can play in preventing and coping with loneliness.

		I		II	
		b	B	b	B
Initial situation	Loneliness 2016	-0.35***	-0.15***	-0.26**	-0.11
	Gender: female	+0.28	+0.05	+0.21	+0.04
	Age in years	+0.02**	+0.12**	+0.02*	+0.12
	Health status 2016	-0.47**	-0.12**	-0.42**	-0.11
	Disadvantaged residential area 2019	+0.50	+0.06	+0.58x	+0.07x
	No car at private disposal 2019	+0.45	+0.07	+0.57*	+0.08*
Subjective resources	Generalized social trust 2016	-0.20***	-0.17***	-0.09*	-0.08
	Attitude: Lying to others in own interest 2017	+0.10*	+0.09*	+0.09*	+0.09*
	Sense of control: "I usually find a way." 2015	-0.14x	-0.09x	-0.13x	-0.08x
	Sense of control: "I usually find a way." 2018	-0.15*	-0.09*	-0.09	-0.06
	Prayer frequency 2018	-0.14*	-0.09*	-0.12*	-0.08*
Life events, behavior, acceptance, and quality of social relationships	New partnership between 2017 and 2019			-1.48***	-0.14***
	Suffering from termination of a relationship 2018			+0.16*	+0.10*
	Suffering from termination of a relationship 2019			+0.21**	+0.13**
	Leisure internet usage more than 60 minutes daily: count 2016 to 2019			+0.25x	+0.08x
	Inviting friends home at least once a month			-0.41x	-0.07x
	Satisfaction with living alone 2019			-0.40***	-0.21***
	Satisfaction with living together in the household 2019			-0.36***	-0.18***
	Number of providers of emotional support 2019			-0.14*	-0.10*
	corr. R2	0.14		0.27	

Figure 4: Linear regression for loneliness in 2019 with significant loneliness in 2016
Constants: I: +9.58; II: +8.15; x for $p < 0.10$; * for $p < 0.05$; ** for $p < 0.01$; *** for $p < 0.001$; n = 541 adults who were significantly lonely in 2016 (loneliness in 2016 ≥ 6 of 10); source: own calculations with SHP 2016–2019.

5. Loneliness and Religiosity: Religious Resources for Prevention and Coping

Regarding the *preventive potential of religiosity* and religious community, we must avoid the misconception that religious individuals are not lonely or that religious community provides complete protection against loneliness. Neither is the case.

Nevertheless, a threefold effect of certain forms of religiosity in preventing some chronic loneliness is plausible.

A. My empirical analysis indicated that generalized social trust is a crucial element in the formation

and sustenance of social relationships, thereby serving as a mitigating factor against loneliness (as discussed in section 4, The Diachronic Dynamics of Loneliness). Recent decades have seen a considerable body of research on the relationship between religion and social capital (Traunmüller 2018). This research has frequently demonstrated that those forms of religion that emphasize the commonality of all people and thus promote universalistic social identities support the formation of generalized social trust (e. g., Hsiung and Djupe 2019; Roleder 2024). The religious reinforcement of generalized social trust occurs through religious teachings that espouse a universalistic anthropology, through religious rituals in which participants experience togetherness, and through social learning in religious communities. By promoting generalized social trust, such forms of religiosity plausibly provide some preventive resources with respect to chronic loneliness.

B. Another preventive function arises from the opportunities for social interaction that religious communities provide. However, the social culture of religious communities can vary significantly, ranging from more anonymous and socially distanced forms to those that are more contact-intensive (Edgell Becker 1999; Roleder and Weyel 2019).

C. Third, in some contexts, religiosity promotes empathic and supportive social relationships, which are important resources against chronic loneliness (Krause 2016).

In this threefold way, certain forms of religiosity partly counteract loneliness before it becomes entrenched.

However, religion as a whole is an ambivalent social force that can also be indifferent or counterproductive to the prevention of loneliness. Shyness and otherness inhibit social integration in religious communities (Shields 2016). The positive effect of religion on social support is confirmed by some studies but not by others (Roleder 2020, 175–94). A negative image of God that diminishes one's sense of self-worth or makes one distrustful of others actually increases the risk of loneliness (Schwab and Petersen 1990).

Similarly, the role of religion in *coping with loneliness* when it is experienced is not without ambivalence. Our analysis from Switzerland finds that prayer can sometimes be a helpful resource in loneliness situations, although the statistical effect of prayer frequency is small (Figure 3: B=-0.09*). Otherwise, the few studies available suggest that a positive religious coping style can support successful coping with loneliness (Yıldırım et al. 2021; French, Purwono, and Shen 2022; Gallegos and Segrin 2019). Positive religious coping includes a supportive image of God and a forward-directed attitude. However, negative religious coping, particularly feelings of abandonment by God, increase loneliness (Yıldırım et al. 2021). An equally negative dynamic occurs when feelings of social abandonment and despair in the midst of loneliness are projected onto the relationship with God.

Overall, the empirical evidence suggests both a certain preventive and a coping function for religiosity in relation to loneliness, while also acknowledging the social ambivalences of religion.

6. Summary: A Sketch of Practical Wisdom on Loneliness Interventions in Pastoral Care

The idea of the living human web can inspire an integral approach to pastoral care that embraces the multifaceted and complex nature of loneliness risks and burdens. This final section summarizes the implications of loneliness research for a multilevel approach to pastoral care that addresses loneliness at the micro, meso, and macro levels of the social sphere.

At the *micro level*, in the encounter with the lonely individual, pastoral caregivers should provide space for the expression and processing of the strong emotions associated with loneliness. For example, the words of Psalm 22 and Psalm 88 can be helpful in addressing the strong emotions of loneliness. Also, the stigma and shame of loneliness need to be addressed sensitively.

Pastoral care in theory and practice must take the psychology of loneliness seriously. In some cases, the cognitive vicious circle of loneliness requires work on the social cognitions and behaviors of those affected.[2] About half of cases of severe chronic loneliness have diagnosable mental health conditions that require medical and psychological treatment (Beutel et al. 2017).

2 This is a perspective that is still in need of development. The empirical evidence shows that interventions targeting social cognitions and social behavior are effective (Seewer et al. 2024). This approach needs to be part of loneliness interventions. At the same time, it remains to be specified how social cognitions and social behavior can be effectively addressed in a pastoral care setting.

In situations of social hypervigilance and social withdrawal, individuals can benefit from low-threshold and outreach ministries that are accessible in the midst of their circumstances (such as visiting ministries, digital and telephone pastoral care).

In life situations where individuals are unable to socialize with others, it can be helpful to engage in productive and meaningful solitary activities, such as gardening or board games. There is empirical evidence that solitary activities can reduce some of the distress caused by loneliness (Gardiner, Geldenhuys, and Gott 2018).

As we have seen in section 5, the relationship between religiosity and loneliness is a sensitive one. On the one hand, religiosity can be drawn upon as a positive coping resource. On the other hand, the feeling of being abandoned by God in loneliness needs to be given space in the pastoral encounter. Pastoral caregivers should also be alert to and address those forms of religiosity that foster social distrust and thus increase the risk of loneliness.

At the *meso level* of religious communities, the religious cultivation of social trust through community life, celebration of rituals of togetherness, and universalistic anthropology can contribute to loneliness prevention. In addition, religious communities with their opportunities for socializing and a culture of social support can provide an "ecology of care" that draws on the social resources of religious communities (Gill-Austern 1995, 234).

The need for cultural change concerns religious communities themselves. They need to affirm a culture of diversity and the positivity of vulnerability to mitigate the loneliness risks of cultural stigmas imposed on those who deviate from the social norms of heteronormativity, able-bodiedness, and economic meritocracy.

Religious communities also have an opportunity to engage in media education and to address the ambivalent role of social media in relation to loneliness. On the one hand, digital communication enables contact and can thus alleviate loneliness. On the other hand, excessive use of the Internet has been shown to perpetuate loneliness (Figure 3: chronic excessive Internet use: B=+0.08[x]).

At the *macro level* of public discourse, political pastoral care addresses the structural dimension of loneliness, which consists in the structural exclusion of marginalized groups (see 3.). Political pastoral care will advocate the implementation of public policies that mitigate structural risks of loneliness, especially policies that promote cultural diversity and a strong public infrastructure, and that counteract economic inequality. In addition, public education about loneliness can be helpful in increasing knowledge about loneliness and reducing the stigma associated with loneliness.

In these complementary ways, pastoral care may contribute to the formation of new bonds between the fractures in the living human web.

7. Appendix

	mean	sd	min	max
Loneliness 2019	3.85	2.72	0	10
Loneliness 2016	7.21	1.12	6	10
Gender: female	1.60	–	1	2
Age in years	56.91	18.07	18	91
Health status 2016	3.83	0.72	1	5
Disadvantaged residential area 2019	0.12	–	0	1
No car at private disposal 2019	1.20	–	1	2
Generalized social trust 2016	5.83	2.29	0	10
Attitude: Lying to others in own interest 2017	2.85	2.58	0	10
Sense of control: "I usually find a way." 2015	7.58	1.65	0	10
Sense of control: "I usually find a way." 2018	7.47	1.68	0	10
Prayer frequency 2018	2.77	1.76	1	6
New partnership between 2017 and 2019	0.07	–	0	1
Suffering from termination of a relationship 2018	0.46	1.72	0	10
Suffering from termination of a relationship 2019	0.45	1.66	0	10
Leisure internet usage more than 60 minutes daily: count 2016 to 2019	0.85	0.86	0	2
Inviting friends home at least once a month	1.44	–	1	2
Satisfaction with living alone 2019	-0.28	1.46	-7.55	2.45
Satisfaction with living together in the household 2019	-0.28	1.34	-8.48	1.52
Number of providers of emotional support 2019	3.66	1.93	0	9

Figure 5: Descriptive statistics for figure 4
n = 541 adults who were significantly lonely in 2016 (loneliness in 2016 ≥ 6 of 10); source: own calculations with SHP 2016–2019.

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