



RESEARCH ARTICLE

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Loneliness in Later Life: Perspectives from Local Service Providers in Coimbra

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ABSTRACT

Loneliness in later life is a growing social issue in contemporary societies, intensified by demographic ageing, changes in family structures, and widening social inequalities. In Portugal, one of the most aged countries in Europe, this phenomenon raises important concerns for social justice and the protection of rights in old age. Despite increasing international attention, little is known about how frontline community professionals understand and respond to loneliness among older adults in specific territorial contexts. This study used semi-structured interviews with six professionals working in different sectors, and the data were analysed through thematic content analysis. Based on these primary qualitative data, the study adopted a qualitative exploratory-interpretative design to examine loneliness in ageing as a social determinant of mental health from the perspective of professionals in the municipality of Coimbra. The findings reveal five interconnected dimensions shaping experiences of loneliness: critical life transitions, fragile relational networks, territorial constraints, socioeconomic vulnerability, and institutional limitations. These results highlight that loneliness in ageing is a multidimensional and socially produced phenomenon. The study underscores the need for integrated public policies, early and community-based interventions, and stronger coordination between health, social services, and local networks to promote dignified and socially supported ageing.

Keywords: *ageing; loneliness; mental health; social determinants of health; territory.*

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INTRODUCTION

Population ageing constitutes one of the most significant structural transformations of the twenty-first century, producing profound impacts on social protection systems, public policies, and the organisation of collective life. In Portugal, this trend is particularly pronounced: according to recent data from PORDATA (2025), the ageing index exceeds 190 older adults for every 100 young people, placing the country among the most aged societies in Europe. At the same time, the proportion of people aged 80 and over continues to rise, a group especially exposed to functional dependency, relational fragility, and vulnerability in mental health.

Within this demographic context, the mental health of older adults has gained increasing scientific and political relevance. The World Health Organization highlights that depression, anxiety, psychological distress, and cognitive decline affect a significant proportion of the older population, often aggravated by widowhood, chronic illness, poverty, social exclusion, and limited relational support (WHO, 2022). Among these factors, unwanted loneliness stands out as one of the most persistent and silent expressions of psychosocial vulnerability. It is therefore essential to distinguish loneliness from social isolation: while social isolation refers to the objective scarcity of social contacts, loneliness corresponds to the subjective perception of insufficient or absent meaningful relationships (Holt-Lunstad, 2021). This distinction is particularly relevant in later life, a stage frequently marked by relational losses, retirement, widowhood, reduced mobility, and the reconfiguration of social roles.

In Portugal, several studies identify a higher prevalence of loneliness among older women, people living alone, individuals with low income, and residents of peripheral or rural territories (Mira et al., 2025; Fonseca, 2023). Recent family transformations including smaller household structures, geographical mobility, the emigration of descendants, and reduced availability for informal care further contribute to the weakening of traditional support networks (Cabral & Ferreira, 2013). The municipality of Coimbra represents a particularly relevant context within this framework. It presents an ageing demographic structure and a heterogeneous territorial configuration where relatively well-served urban parishes coexist with peripheral areas characterised by mobility constraints, difficulties in accessing services, and residential isolation (CLAS/C, 2024; INE, 2024). Local organisations have increasingly identified recurrent situations of prolonged loneliness, psychological distress, and family fragility among older adults.

Research Gaps

Despite growing public and scientific attention, the literature still tends to approach loneliness in an individualised manner, privileging psychological or behavioural dimensions while overlooking the structural, territorial, and institutional factors that shape its production and persistence. This gap limits the development of integrated responses and obscures the ways in which loneliness is socially distributed and reinforced by cumulative inequalities across the life course. Understanding how professionals working in community settings perceive and address loneliness therefore becomes essential for advancing a more comprehensive socio-territorial perspective.

It is within this framework that the present study is situated. Its main objective is to analyse loneliness in ageing as a social determinant of mental health from the perspective of professionals engaged in community-based intervention in the municipality of Coimbra. By articulating individual trajectories, community networks, and broader social structures, the study seeks to contribute to a multilevel understanding of the phenomenon with direct implications for public policies, Social Work practices, and the protection of rights in later life.

Theoretical Framework

Understanding loneliness in later life requires conceptual clarity, as the term is often used interchangeably with social isolation, abandonment, or exclusion. Although related, these concepts refer to distinct realities and imply different responses in social policy and professional practice. Social isolation denotes the objective scarcity of social contacts, whereas loneliness corresponds to the subjective perception of insufficient or absent meaningful relationships (Holt-Lunstad, 2021; Dahlberg & McKee, 2022). This distinction helps explain why individuals with apparently adequate social networks may still experience profound loneliness.

Classical contributions, such as Weiss's (1973) differentiation between emotional and social loneliness, remain analytically relevant. However, contemporary research emphasises that loneliness cannot be reduced to an individual psychological state. Ageing unfolds within social contexts shaped by cumulative inequalities, family transformations, territorial barriers, and cultural representations of old age (Victor & Pikhartova, 2020; Valtorta et al., 2021). From this perspective, the social determinants of health framework is particularly useful, highlighting how income, housing, mobility, access to care, and social participation influence mental health and relational well-being (WHO, 2021, 2023).

Recent studies show that low income, functional dependency, widowhood, reduced mobility, and poor territorial accessibility significantly increase the risk of loneliness among older adults (Dahlberg et al., 2022; Cudjoe et al., 2020). Similarly, research on social capital demonstrates that networks of trust, reciprocity, and community cohesion act as protective factors, whereas relational fragmentation and declining civic participation intensify isolation (Kawachi et al., 2013; Simões et al., 2022).

The literature on ageing in place further indicates that remaining in one's home is protective only when supported by adequate environmental conditions, accessible services, and strong formal and informal networks (Wiles et al., 2012; Iecovich, 2014). In territories marked by mobility constraints, service shortages, or weak community ties, ageing in place may instead lead to isolation and psychological distress.

In Portugal, recent studies highlight the territorial unevenness of ageing conditions, with peripheral and rural areas showing higher levels of loneliness, socioeconomic vulnerability, and limited access to services (Barbosa et al., 2023; Mira et al., 2025). Coimbra reflects this pattern, combining urban areas with strong service provision and peripheral zones characterised by mobility barriers, reduced social facilities, and greater dependence on informal support (CLAS/C, 2024; INE, 2024).

Despite growing attention to loneliness, the literature still tends to prioritise individual or psychological explanations, overlooking how structural, territorial, and institutional factors shape its emergence and persistence. This gap limits the development of integrated responses and obscures how loneliness is socially distributed across different contexts.

To address this gap, the present study mobilises the concept of structural loneliness, understood as a subjective experience of relational disconnection produced through the interaction of biographical trajectories, socioeconomic inequalities, territorial conditions, and institutional response capacity. Bronfenbrenner's ecological perspective (1994, 2009) provides a useful analytical lens, enabling the interpretation of loneliness across interdependent macrostructural, mesosocial, and microsocial levels.

Despite increasing international research on loneliness, few studies examine how frontline community professionals understand and respond to loneliness in specific territorial contexts. This gap limits the development of integrated, place-based strategies to address loneliness in later life.

METHODOLOGY

Research Design

This study adopts a qualitative exploratory-interpretative design appropriate for examining complex and context-dependent social phenomena such as loneliness in later life. This approach enables access to meanings, perceptions, and experiential knowledge that cannot be captured through quantitative methods (Flick, 2020; Minayo, 2007). The research was conducted in the municipality of Coimbra, a territory marked by demographic ageing and heterogeneous living conditions, which provides a relevant context for analysing socio-territorial vulnerabilities.

Participants and Sampling

Data were collected through primary qualitative data, obtained directly from semi-structured interviews with six professionals working with older adults in Coimbra. Participants were selected through purposive sampling based on three criteria:

1. professional experience with ageing-related issues;
2. knowledge of the local territory;
3. regular contact with situations of vulnerability in later life (Patton, 2015).

This strategy ensured access to informed perspectives on territorial dynamics, institutional responses, and structural factors associated with loneliness. Table 1 summarises participants' main characteristics.

The study's limitations include the small number of participants, the purposive sampling strategy, the exclusive focus on professional perspectives, and the territorial circumscription to Coimbra. Despite these constraints, the study offers relevant exploratory and interpretative insights into loneliness in ageing as a socio-territorial and structurally conditioned phenomenon.

Table 1

Characterisation of Participants

Code	Profession	Institutional Sector	Professional Experience
E1	Psychologist	Community organisation	>20 years
E2	Social worker	Non-profit/social sector organisation	>20 years
E3	Gerontologist	Territorial structure	>10 years
E4	Emergency Medical Technician	Health service	>20 years
E5	IPSS Manager	Community organisation	>20 years
E6	Social worker	Territorial structure	>25 years

Note. Participants were identified through alphanumeric codes to ensure anonymity. Authors' own elaboration.

Instrument

A semi-structured interview guide was used, organised around three thematic dimensions:

1. perceptions of loneliness in ageing;
2. factors contributing to its emergence;
3. impacts on mental health and existing territorial responses.

This instrument balanced thematic orientation with flexibility, allowing participants to elaborate on their experiences and interpretations.

Data Gathering Procedure

Interviews were conducted face-to-face between September and October 2025, with an average duration of 60 minutes. All interviews took place in private settings agreed upon with participants. With informed consent, interviews were audio-recorded and transcribed verbatim. Throughout the process, attention was given to active listening and reflexivity, valuing the experiential knowledge of professionals regarding loneliness and relational fragility in the territory.

Data Analysis Procedure

Data were analysed using thematic content analysis inspired by Bardin (2016), combining inductive and deductive procedures. The analytical process followed five stages:

1. comprehensive reading of transcripts;
2. initial coding of meaning units;
3. grouping into thematic categories;
4. cross-case interpretative review;
5. articulation with the theoretical framework.

Thematic analysis was chosen for its suitability in identifying patterns of meaning across qualitative narratives and for its flexibility in integrating both data-driven and theory-informed insights. Analytical consistency was ensured through systematic comparison between interviews, documentation of interpretative decisions, and continuous dialogue with relevant literature.

Ethical Consideration

Participants were informed about the study's objectives, the voluntary nature of participation, and confidentiality safeguards. All data were anonymised to protect the identities of individuals and institutions. As the study focused exclusively on professional perspectives and did not involve the collection of personal or clinical data from older adults, it fell within the scope of research activities that, according to national guidelines, do not require formal ethics committee approval. Nonetheless, ethical principles of autonomy, confidentiality, and responsible data management were rigorously observed.

RESULTS AND DISCUSSION

The analysis identified five interdependent dimensions shaping experiences of loneliness in later life: critical life-course transitions, fragility of relational networks, territorial constraints, socioeconomic inequalities, and institutional and cultural invisibility. Together, these dimensions show that loneliness is not merely the absence of company, but a socially conditioned phenomenon emerging from the interaction between biographical trajectories, relational withdrawal, territorial barriers, and structural vulnerabilities. This interpretation aligns with recent research that conceptualises loneliness as a multidimensional and socially distributed experience (Holt-Lunstad, 2021; Dahlberg & McKee, 2022).

1. Critical Life-Course Transitions

Retirement, widowhood, functional decline, and successive losses were consistently described as moments that intensify vulnerability. These transitions disrupt routines, reduce opportunities for interaction, and weaken feelings of usefulness and belonging. Widowhood, in particular, emerged as a turning point, especially when the partner represented the main source of daily interaction: *“There are people who, when they lose their partner, also lose the only daily presence they had.”* (E3)

These findings reinforce evidence that life-course transitions accumulate and interact, producing differentiated risks of loneliness (Victor & Pikhartova, 2020). They also echo perspectives that emphasise the unequal distribution of resources and coping capacities across the life course.

2. Fragility of Relational Networks

Participants highlighted the weakening of family interactions and the limited availability of informal support, often due to geographical dispersion, labour demands, or emigration: *“Many children want to help, but they live far away, work all day, or emigrated.”* (E2)

Beyond family ties, the erosion of neighbourhood relations and community trust was described as a key factor amplifying social invisibility. These accounts are consistent with studies showing that declining social capital and reduced community participation increase the risk of loneliness and psychological distress (Kawachi et al., 2013; Simões et al., 2022).

3. Territorial Constraints

Mobility difficulties, architectural barriers, insufficient transportation, and distance from essential services were identified as major obstacles to social participation: *“There are people who stop leaving home simply because they can no longer move around independently.”* (E5)

These findings resonate with recent research showing that territorial inequalities strongly shape opportunities for ageing with autonomy and connection (Barbosa et al., 2023). In Coimbra, disparities between central and peripheral parishes illustrate how ageing in place may become ageing in isolation when accessibility and proximity-based services are insufficient.

4. Socioeconomic Inequalities

Low pensions, economic fragility, and material deprivation restrict not only access to essential goods but also participation in social activities: *“Some people refuse social gatherings because they cannot afford a coffee or a taxi.”* (E6)

These accounts align with evidence that socioeconomic disadvantage is a major determinant of loneliness, limiting mobility, social participation, and access to supportive

environments (Valtorta et al., 2021). Poverty thus emerges as both a material and relational constraint.

5. Institutional and Cultural Invisibility

Participants noted that loneliness rarely appears as a formal reason for intervention and often becomes visible only in crisis situations: “*It only becomes visible when there is already a crisis.*” (E1)

Cultural representations that normalise sadness or withdrawal as “natural” in old age further contribute to invisibility: “*There are still people who believe that being sad is simply part of growing old.*” (E4)

These findings echo WHO (2021, 2023) alerts regarding the underdiagnosis of loneliness and the fragmentation between health and social services. Limited articulation between sectors and insufficient proximity-based interventions were described as barriers to early detection and prevention.

Synthesis

Overall, the results show that loneliness in ageing emerges from the convergence of biographical losses, fragile relational networks, territorial inequalities, socioeconomic constraints, and institutional limitations. Rather than an individual condition, loneliness constitutes a sensitive indicator of the fragility of family, community, and social support systems. These findings reinforce the need for integrated, territorialised, and intersectoral policies capable of promoting meaningful social participation and ensuring dignified ageing.

Contribution to the Literature and Addressing the Research Gap

This study directly addresses the research gap identified in the introduction by examining how frontline community professionals interpret and respond to loneliness within specific territorial contexts, an aspect still insufficiently explored in existing literature, which frequently prioritises individual or psychological explanations of loneliness in later life. The findings extend current knowledge by demonstrating that loneliness is shaped not only by personal circumstances, but also by structural, territorial, socioeconomic, and institutional factors that interact across multiple levels.

By articulating five interdependent dimensions - biographical transitions, relational fragility, territorial inequalities, socioeconomic vulnerability, and institutional and cultural invisibility - the study offers an integrated socio-territorial perspective that advances theoretical understanding beyond traditional individualised approaches. Furthermore, the concept of structural loneliness is empirically reinforced, providing new insights into how accumulated inequalities and territorial conditions shape experiences of relational disconnection in later life.

These contributions highlight the need for multi-level and place-based approaches capable of articulating health, social protection, and community responses, while also offering a conceptual and empirical foundation for rethinking policies and professional practices aimed at preventing loneliness in ageing.

Table 2 synthesises the principal analytical dimensions emerging from the thematic analysis and the main structural factors associated with experiences of loneliness in later life.

Table 2
Dimensions Associated with Loneliness in Ageing

Analytical Dimension	Identified Factors
Biographical trajectories	Retirement, widowhood, loss of social roles, worsening health
Relational networks	Weakening of family and social networks, emotional isolation
Territorial constraints	Limited mobility, housing barriers, access difficulties
Socioeconomic inequalities	Low pensions, economic vulnerability, social deprivation
Institutional and cultural mediation	Mental health stigma, insufficient responses

Note. Authors' own elaboration based on thematic analysis of the interviews.

The analysis identified five interdependent dimensions structuring the experience of loneliness in ageing. These dimensions are deeply interconnected, demonstrating that loneliness emerges from the convergence of relational losses, accumulated inequalities, territorial constraints, economic vulnerability, and limitations in formal support systems. Rather than an exclusively individual experience, loneliness appears as a socially conditioned phenomenon reflecting broader structural and community vulnerabilities.

CONCLUSIONS

Loneliness in later life emerges as a multidimensional and socially conditioned phenomenon, shaped by the interaction between biographical transitions, relational fragility, territorial inequalities, and institutional limitations. By analysing the perspectives of professionals working in the municipality of Coimbra, this study highlights how loneliness reflects broader social structures and the uneven conditions under which ageing occurs.

Practical Implications

The findings indicate that community preparedness can be strengthened through concrete actions such as:

1. implementing active outreach programmes to identify older adults experiencing relational withdrawal before crises occur;
2. developing neighbourhood-based initiatives that promote regular contact, shared activities, and informal support networks;
3. expanding community mental health services with a focus on early detection of emotional distress;
4. improving transportation and mobility support, enabling older adults to maintain participation in community life.

These measures can help reduce isolation, reinforce relational continuity, and promote meaningful social engagement.



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Declaration of Generative AI

During the preparation of this manuscript, the authors used ChatGPT (OpenAI, GTP-5.5) to assist with language editing, translation, and text refinement. The tool was used solely to improve clarity, grammar, and overall readability. All content was critically reviewed and revised by the authors, who take full responsibility for the final version of the manuscript.

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