

THE ROUTLEDGE HISTORY OF LONELINESS

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11

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11

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Temporality, Modernity and the Historical Gaze

Fred Cooper

In his *Health Report for the Year 1960*, the medical officer of health (MOH) for the borough of Ilford (Essex), Israel Gordon, made the pointed argument that ‘loneliness is not so prevalent as the press and popular opinion would have us believe.’ This was a complicated and ambiguous assertion. In the same report, in fact on the same page, he wrote about the differences between being lonely and living alone, noted that ‘one can be lonely in spirit in the midst of a crowd’, and remarked on ‘the number of old persons who occupy a room with the plaster flaking from the ceiling, and with drab dirty wall paper’:

I find them almost daily in houses where all the other rooms are bright and attractive. No wonder they feel lonely. The state of being alone caused by death or other unavoidable partings is bearable; this being rejected by one’s family is the bitter pill; the true loneliness. No Voluntary Visitor can take the place of the neglectful daughter who lives close at hand yet never calls, or the son who retires to bed without saying ‘Goodnight.’¹

Reporting on the health of the borough of Redbridge nine years later, Gordon wrote that ‘people are becoming more and more conscious of the hardships, deprivations and loneliness which exist even in this Welfare State.’² The point here is not that his summation of the extent and seriousness of loneliness necessarily changed over time. Gordon’s thinking in 1969 was consistent with much of his thinking in 1960—that is, that loneliness was a meaningful and complex problem with severe repercussions for health, and that it was rooted in social and relational causes which welfarist interventions found difficult to prevent, mitigate or disrupt (‘no Voluntary Visitor’, ‘even in this Welfare State’). And yet, in 1960 at least, there was a dissonance between the difficult and frequent ‘reality’ of loneliness, knowledge of which Gordon made explicit professional claim (‘I find them almost daily’), and what he intimated to be a sensationalist public conversation about the problem.

In the first of Gordon’s reports, two imaginings of loneliness were simultaneously true. It was the manufactured focus of a journalistic moral panic, but it was also an ingrained and intractable phenomenon responsible for considerable suffering and pain.³ Without making his anxieties explicit, Gordon played with some of the bigger questions animating historians of loneliness today. In our attempts to show that loneliness has a history which is longer and deeper than the overlapping ‘crises’ in our current present, we intervene in—and, under the right circumstances,

could help to shape—pressing public health debates over loneliness as an endemic or epidemic challenge.

This chapter takes as its subject the framing of loneliness in post-war Britain as a distinctly modern crisis with a particular temporal resonance and urgency. It reflects on how time and temporality were central to newspaper discussions of loneliness as an urgent social problem in the late 1950s and early 1960s, produced by specific cultural, technological, ideological and environmental contexts supposedly unique to mid-century modernity; in particular, the chapter returns frequently to two essays written by the journalist (and later well-known children's author) Susan Cooper. Whether Gordon was right about contemporary journalists inflating the scale of the problem or not, newspaper depictions of loneliness certainly keyed into a striking moral and emotional register. *Picture Post*, to take one example, carried a piece in 1956 which observed that 'in tightly packed London . . . thousands of men and women are lonely, skeletal beings of despair and defeat.'⁴ As other contributions to this volume attest, the post-war period was by no means the first time that loneliness was figured as a particular kind of historically contingent emergency.⁵ What it did, however, was help establish and reproduce a political and cultural script on loneliness as crisis which continues to hinder a clear-sighted reckoning with important histories.⁶

Although this chapter is predominantly a history of how loneliness was represented and thought in post-war Britain, it is also a contemporary history of similar narratives of crisis, emergency and epidemic in the twenty-first century; what these narratives mean for historical engagements with loneliness; and what historical engagements with loneliness mean for them. Discussions of loneliness in Britain today are marked by confused and tangled histories and temporalities, with words such as 'epidemic' or 'crisis' deployed to create a sense of critical urgency, carrying as they do the forceful implication that things have never been this bad before, that we are living in a uniquely lonely time and place.⁷ As Fay Bound Alberti observes, this rhetorical formulation has been commonplace over the past twenty years. Although sometimes politically convenient, it isolates the present from the past in ways which actively harm understandings of how the experience of loneliness and the conditions which make it possible are historically produced and situated.⁸ The best exemplar of the genre remains a 2014 *Guardian* article written by the journalist and activist George Monbiot. He begins by wondering what term best captures the spirit of the era: 'what do we call this time?' Discounting the information age, the digital age and the Anthropocene as either technically inaccurate or 'fail[ing] to distinguish this century from the previous 20', he asks his readers the following: 'What clear social change marks out our time from those that precede it? To me it's obvious. This is the Age of Loneliness.'⁹

History and Crisis

Undoubtedly troubling to historians, the inherent preoccupation with the present in much (otherwise welcome) activist work on loneliness has formed a compelling backdrop for us to go looking for these discarded histories, not least because they exert an enduring influence on the here and now. Keith Snell has charted long changes in economic behaviours, particularly around living alone, which suggest a convincing context for many lived experiences of isolation.¹⁰ David Vincent and Barbara Taylor have wrangled with past understandings, experiences and representations of solitude, turning particularly to the vexed, porous and contested borders between healthy and unhealthy ways of being alone.¹¹ Bound Alberti has traced loneliness as a cultural, emotional and material phenomenon through a variety of different stories, using historical antecedents to trouble and confront some of the biggest modern challenges: preventing isolation in ageing populations, loneliness among young people, and the distance imposed by our use of technology.¹² More recently, Hannah Yip and Thomas Clifton have connected histories of loneliness in early

modern Britain with the fraught and embattled position of the humanities today, suggesting interdisciplinary collaboration as a route out of academic isolation.¹³ And even more recently still, this volume assembles an extensive range of historical perspectives on loneliness, counterbalancing a long thematic neglect. As the editors asserted in their instructions to contributing authors, 'it is, however, a very timely subject, as the psychological and medical implications of loneliness have recently attracted significant press and political attention'.¹⁴ Although we almost always write against the idea of loneliness as crisis, we as historians have to confront the ways that we benefit from this positioning. Even as we critique them—at times simply by showing how loneliness has been experienced in the past—epidemic models lend our work a leverage and capital which can be otherwise scarce.

At the time of writing in the summer of 2021, the impact of COVID-19 on social and relational health adds an additional layer of complexity to discussions of loneliness, history and time. With pandemic isolation largely occupying academic, medical and political attention and resources, even relatively short histories and temporalities of loneliness are frequently swept aside.¹⁵ In 2021, even acknowledging the loneliness 'crisis' of the 2000s and 2010s begins to feel like a welcome engagement with historical context. While this volume as a whole is undoubtedly an antidote to this kind of episodic, crisis-driven thinking, this chapter also reflects specifically on what uses a historical gaze on loneliness can serve. Loneliness is, incontrovertibly, not new, but neither are representations of loneliness as the product of a particular age, epoch or moment. Despite post-war communities largely occupying a nostalgic place in the historical imaginaries of later panics, contemporaries mobilized a familiar language of crisis in the late 1950s and early 1960s, framing loneliness as a medical and moral epidemic with no historical precedent.

Loneliness in Post-War Britain

Loneliness was a recurring and substantial feature of post-war anxieties, over childhood, old age, mental health, community, privacy, migration, gender, romance, suicide and psychological responses to the built environment.¹⁶ In some of these instances, different languages acted as proxies; the psychoanalyst John Bowlby's much-cited and much-critiqued work on 'maternal deprivation', for example, can be read primarily as an exploration of infant loneliness, recast to emphasize surveillance on women's behaviour as mothers.¹⁷ Itself framed as a crisis which threatened to consume a generation, the well-travelled connection between maternal deprivation and juvenile delinquency used childhood loneliness as a fulcrum, with rejecting (and working) mothers bringing up children 'full of hate and mistrust'.¹⁸ For Bowlby, the pathological individualism of the teenage delinquent masked a profound, ingrained fear of abandonment and isolation. In a debate on working women for the American magazine *Ladies Home Journal* in 1958, he described children supposedly deprived of maternal affection as 'lone wolves and lost souls', their ability to form genuine relationships damaged beyond repair and revealing itself in adolescent promiscuity and theft.¹⁹

Similarly, psychiatric discourses on 'suburban neurosis' and the 'new town blues' collapsed loneliness, boredom, frustration and existential angst into a particular kind of environmental malaise, with new kinds of housing producing—and being produced by—worrying and new ideologies of individualism and privacy.²⁰ Writing in the *Liverpool Daily Post* in 1958, the GP Peter Eckersley painted a vivid picture of the suburban housewife 'pinioned in her up-to-date home by small children, hardly knowing another person in the endless, anonymous street where

she lives.' One of his patients implicated her neighbours' obsession with privacy in the narrowing of her social horizons; 'this aspect of the national character', Eckersley reflected, 'can be a very cold thing.' The 'crippling loneliness' that he discerned bubbling beneath the surface of suburban respectability erupted violently onto medical radars only when it was too late; when women had attempted or accomplished suicide, or fallen subject to 'tremendous depressions which exclude any thought of caring for their families or themselves', and thereby neglected or damaged their children.²¹ His diagnosis of 'suburb sickness', he claimed, was widely shared by other suburban practitioners and social workers. Again, loneliness was the crucial vector between the source of conflict or stress (maternal deprivation or suburbia) and the dreaded outcome (delinquency, suicide, or intractable mental illness).

Loneliness, Suicide and Time

Narratives on acute or chronic loneliness impose a particular temporal urgency, converging rhetorical models of personal and social crisis.²² Eckersley's 'suburb sickness' exemplified a common post-war discursive script. Loneliness was produced by a pathogenic aspect of modernity; it was almost entirely hidden from view; it required (and was often too late for) swift intervention, and it had the potential for the most dramatic and difficult social and personal consequences. This script, of course, had a longer history. The work of the Peckham Experiment between 1926–1929 and 1935–1950, for example, used community health centres to counteract the 'social encystment' of 'loneliness and [emotional] starvation' among young families in south London, constructing loneliness as a potentially irreversible process of decline.²³ Post-war reckonings with loneliness rehearsed this assumption—borrowed from models of chronic illness and infectious disease—that it had an identifiable and predictable 'progression', becoming ever more severe and resistant to interference. At a conference on loneliness hosted by the Bristol Council of Social Services in 1958, the vicar of Hartcliffe, Revd R. Armstrong, raised the problem of loneliness on new housing estates. Social groups and churches, he stressed, had to embed residents into communities as soon as they joined: 'don't go along in two years' time, when the people have established a habit of loneliness and when they can no longer make the effort to do anything or go anywhere.'²⁴ Reporting on her experience of setting up a young wives' club in the *Guardian* in 1961, Jill Jeffery explored this 'habit of loneliness' in more depth. Greeted with 'great outpourings of pent-up loneliness', Jeffery suggested that loneliness among young wives and mothers was 'so engrained that it is almost an addiction.'²⁵ Habituation, in this context, entailed a rejection of social bonds, an apathetic—or even actively hostile—inward-turning which troubled contemporary definitions of loneliness as a thwarted need for connection.²⁶

The most thorough public engagement with the precise problem of loneliness as a transformative, atrophying experience came in the form of a series of two essays in the *Sunday Times* in 1962. Written by Susan Cooper, the investigation explored the 'trap of fear' that constrained people with long experiences of loneliness from taking steps to improve their situation. 'Self-pity', she explained, accompanied 'tortured inaction, the penalty for a life which has tightened into a hopeless circle.'²⁷ As such, her work represented a valuable antidote to individualising narratives which placed overwhelming emphasis on personal behaviour and choice, puncturing the assumption—present, for example, in Peter Eckersley's writing—that people who felt lonely could simply 'take the matter into their own hands.'²⁸ Cooper's representation of loneliness converged with Eckersley's, however, in their shared demarcation of time. For Cooper, 'the man or woman desperate in loneliness' was socially and medically invisible, 'unless he is driven to suicide;

when, too late, it [is announced] that the balance of his mind was disturbed.' Suicide, she argued, was an inevitably lonely act:

Loneliness is a kind of death . . . if there is isolation in the moment of death, there is a far more dreadful isolation in the moment of choosing death, and our honeycomb society inflicts that moment on every man who kills himself without apparent cause.

Shifting her analysis to a more hopeful tone, she described the case of a young man, 'Jonathan T', who had reached out to the (newly formed) suicide prevention organization, the Samaritans. Rather than ending his life, T had been 'pulled back just in time'.²⁹

Where chronic loneliness was understood as a long process of attenuation, situating acute loneliness in the narrative arc of suicide saturated it in the exigency of mortal danger; the temporal speed of intervention, in this context, was crucial. Cooper joined a chorus of voices connecting loneliness with suicide, as part of what David Cannadine describes as the 'massive outpouring' of suicidological writing after the Second World War.³⁰ Writing in 1953 for the lay magazine of the British Medical Association, *Family Doctor*, Dr T. Traherne reasoned that 'all potential suicides are essentially lonely people.' While suicide was complex and could be predicated on a range of interlocking causative factors, many could have avoided harm if they had been 'helped to feel themselves part of the social picture'.³¹ Likewise, a physician in the Department of Psychological Medicine at St Bartholomew's Hospital, E.B. Strauss, framed suicide as a means of 'converting social death into the real thing.' In a wide-ranging article on suicide for the *British Medical Journal* in 1956, Strauss argued that people took their lives when they experienced what he termed 'subjective excommunication', prevalent among older adults who felt that they had outlived their usefulness, refugees and migrants who were 'culturally isolated', and 'sensitive, civilised homosexuals' who, when outed, were 'forced to live in a social vacuum, which spells death'.³² Sensationalized explorations of high suicide rates in London boroughs and large towns invited readers into largely manufactured 'life or death' dilemmas, exploring the lives of people who, as a 1958 article in the *Empire News* put it, were 'PERCHED PERILOUSLY ON THE RAZOR'S EDGE OF SUICIDE'. The subject of the piece, 'the girl who lives on a razor's edge', was one of the many 'living dead' inhabiting single rooms in the 'dormitory' borough of Hampstead. Of her many suicide attempts, the article quotes 'her own doctor' as follows: 'One of these days we'll be too late, and all I will be able to do for her is write her death certificate'.³³ This particular lens on suicide subverted the usual practice of reading backwards after the act, heightening apprehensions of danger and crisis.³⁴ Confronting readers with the vicarious horror of a situation implicitly still underway, it played on notions of medical helplessness to render a moral emergency immediate, visceral and personal.

When Susan Cooper wrote that 'loneliness is a kind of death', she was drawing deep from the same rhetorical imaginary: 'living dead', 'social death', death in life.³⁵ This imaginary performed two overlapping kinds of work. As a means of making the experience of loneliness explicable, the language of living death connoted a life of suffering and pain, with everything vital, joyful or good stripped away. Although a genealogy of this concept is far beyond the scope of this article, the trope recurs in a considerable variety of places and times, from lovesickness and madness in medieval France to experiences of vision loss in Niger in the 2010s.³⁶ The living dead haunt both their own lives and—implicitly—the people around them, a point made in Cooper's striking description of 'the bleak sensation of walking alone through a world of other people's friends'.³⁷ Loneliness, here, draws a veil between the sufferer and the social world; they are always on the outside, looking in. Tangled around this, the language of living death collapses

temporalities around death and dying, as the ‘social’ death of loneliness prefigures and foreshadows the ‘real’ death by suicide.³⁸

Modernity and Disease

Picture Post’s evocation of ‘thousands of . . . skeletal beings of despair and defeat’, in this context, can be read as a similar incitement to imagine loneliness as a signifier of death protruding through the body.³⁹ Other attempts to enumerate loneliness or estimate its scale and rate of growth relied on loose appeals to professional expertise, category slippage (such as leaning on numbers for suicides or single-person households) and, in some cases, the straightforward guesswork of campaigners and activists.⁴⁰ For example, the self-described ‘loneliness crusader’, Armand Georges, claimed to have been in receipt of over 40,000 letters from people in England, Scotland and Wales but placed the number of ‘lonely souls’ in Britain at over three million, both in his interviews with journalists and his own pamphleteering.⁴¹ Although Susan Cooper avoided the trope—already becoming well-established—of opening her essays with a note on uncovering an outpouring of hitherto unseen suffering and grief, she later spoke about her research process at a lecture on children’s literature in Vermont in 1990. Having placed a ‘small ad’ in the *Sunday Times*, reading something similar to ‘writer studying loneliness would be grateful for any opinions or information’ (as she recalled it), the department of the paper dealing with advertisements was ‘staggered by the amount of mail that came in to this box number’:

There were mailbags full of letters, and some of the letters were very fat and long. I had hundreds and hundreds of them, so many that in the end we had to send out a circularised note of thanks as their only reply. For twenty-five years I’ve been haunted by feelings of guilt about these unanswered correspondents, because of course each of them was lonely, suffering from a feeling of estrangement from other people or simply from life. And each one of them was responding, with hope and often an outpouring of emotion, to this unknown person who had said to them, talk to me.⁴²

Working from these letters, Cooper had painstakingly constructed a picture of a silent epidemic. Her first article began with an observation and a veiled reprimand: ‘you don’t notice them’. Loneliness, she continued:

is a disease without physical symptoms . . . you don’t notice them, but there are more of them now than there have ever been. The number of lonely people in Britain has been rising steadily for the last twenty years. Today, general practitioners, psychiatrists and social workers recognise it as an alarming iceberg of social malaise, in a country which is becoming steadily more impersonal as its mobility grows.⁴³

Key to the contemporary framing of loneliness as crisis, Cooper’s assumption that the experience was ‘rising steadily’ was a recurring conceit in similar work, even when longer histories were acknowledged. A 1961 item in the *Social Service Bulletin*, for example, contended that ‘loneliness has been a problem since the beginning of time, but it has never been such a problem as in our day and age’.⁴⁴ Cooper returned to this claim several times, noting the ‘alarming increase’ in people ‘born vulnerable to the dark tuberculosis of the spirit that is loneliness.’ Alighting on a series of anxieties around the pace and tenor of post-war life (‘new towns, television, speed’) and collapsing them into a moralistic critique of the seeming decline of neighbourliness and communication, her journalism situated loneliness squarely as an emergent pathology of modernity.

Shared by her contemporaries, Cooper's certainty that loneliness was on the rise sits in instructive contrast with some of her other statements on evidence, both contemporaneously and in her later reflection. Framing the issue as politically neglected and invisible, she wrote in 1962 that 'loneliness is not an official problem, it has no statistics and no champions'.⁴⁵ Without imposing damaging hierarchies of evidence (the systemic privileging of quantitative over qualitative methodologies has been severely limiting to loneliness research over the past fifty years), it is important to note that the kind of mature statistical information which could have provided a reasonable basis for claims about increasing loneliness in the 1950s and 1960s was very much absent, a point also true of the 'loneliness crisis' of the 2000s and 2010s.⁴⁶

Recalling her approach thirty years later, Cooper framed her solicitation of letters from readers as a necessary measure—not just in terms of bringing the experiences of real people to light, but because of an existing dearth of knowledge on loneliness. 'This was a subject', she observed, 'which defied most formal methods of research.'⁴⁷ With no historical lens on loneliness, journalists (and sometimes doctors) came to the problem with a discoverer's subjectivity. The unknowable question is whether engagements with loneliness in the press, or the letters from the public they inspired and drew upon, really captured a historically contingent 'modern scourge', or whether long, substantial and endemic experiences of loneliness were being made visible at that specific time for reasons that had more to do with contemporary moral and medical anxieties over the dislocating and alienating rhythms of modern life.⁴⁸

Each of these different temporal scripts on loneliness converged in the metaphorical conflation of loneliness with disease, perhaps most memorably exemplified in Cooper's 'dark tuberculosis of the spirit.' Indeed, one of the bold print taglines for her first piece promised readers insight into the 'disease at the heart of our modern honeycomb society.'⁴⁹ Disease metaphors were a frequent rhetorical flourish in post-war loneliness journalism, setting in motion an intractable and ahistorical imaginary of loneliness as a perpetual epidemic. Other notable examples include a 1956 article in the *News Chronicle* which discussed loneliness as the symptom of a pervasive and sinister 'hardening of our moral arteries', a visceral invocation of the body politic which reached towards the condition of arteriosclerosis, an initially symptomless disease with diverse and potentially fatal consequences over time.⁵⁰ Writing in the *Manchester Evening News* in 1957, Dorothy Critchlow described loneliness as a 'modern scourge . . . a threat to our mental health no less than disease is to our physical', demanding that it be 'cut out at last from the social life of our country, like the cancer which it is'.⁵¹ The metaphor of loneliness as cancer is striking, carrying connotations of terminal danger arrested only by aggressive intervention.⁵²

In this specific historical case, little can be said to have been resolved in the intervening sixty years. Writers and reformers across the second half of the twentieth century continued to frame loneliness as 'constantly on the increase in this country', with a characteristic ebb and flow of journalistic attention accompanying an observable proliferation of academic work on the subject, mostly in the discipline of psychology.⁵³ With suicide increasingly attached to depression as a causative story, the stakes were raised by new associations between loneliness, heart disease and increased mortality risk, particularly after the publication of the psychologist James Lynch's 1977 book, *The Broken Heart: The Medical Consequences of Loneliness*.⁵⁴ Cumulative research on the impact of loneliness on premature death is responsible for the frequently repeated (and almost universally miscomprehended) assertion that loneliness is 'as bad for your health as smoking 15 cigarettes a day'.⁵⁵

As a vital aspect of post-war debates around work, motherhood, modernity, health and balance in women's lives, discourses on domestic loneliness did contribute significantly to a political and cultural reckoning with gender roles in the 1950s and 1960s.⁵⁶ Although the identity of 'housewife' was increasingly associated with a complex nexus of loneliness, boredom, frustration

and fatigue, forming an important basis for feminist discourses on health, gender and society, it is unclear whether accompanying changes in working patterns, marital relationships or systems of parenting materially affected loneliness for the better.⁵⁷ Indeed, new expectations for balanced work and family lives created their own profoundly gendered stresses, and rarely made space for leisure or socializing.⁵⁸ Sheila Rowbotham, for example, uses the example of an early morning cleaner labouring alone in a vast building to refute the assumption that work necessarily functions as a connecting force.⁵⁹

A fifth of the way through the twenty-first century, post-war epidemic languages are instantly recognisable—not just in present-day journalistic work on loneliness, which, competing for attention with a thousand other sources, frequently sets out to heighten drama and raise the stakes—but in academic scholarship engaged with critical questions of what loneliness is, where it comes from, and how it works.⁶⁰ Edited by the anthropologists Chikako Ozawa-de Silva and Michelle Parsons, a recent special issue of the journal *Transcultural Psychiatry* takes sight at loneliness in diverse cultural contexts. In their introduction to the articles they curate, Ozawa-de Silva and Parsons argue that resisting narratives of loneliness as pathology ‘does not mean that we should or can do nothing to address the spreading pandemic . . . which is as real a threat to human happiness and flourishing as any infectious disease.’⁶¹ Although they position themselves against an increasing and pervasive medicalization of loneliness, in this framing at least, their words do the opposite. In post-war Britain and today, the language of disease imposes a medical lens on loneliness, opening it up for particular kinds of scrutiny, measurement, and intervention. Far from neutral or value-free, this language is profoundly politically charged.⁶² The representation of loneliness as disease or epidemic also has significant consequences for temporal and historical thinking. As Charles Rosenberg put it in 1989, ‘the intent is clear enough: to clothe certain undesirable yet blandly tolerated social phenomena in the emotional urgency associated with a “real” epidemic.’⁶³ Diseases progress, they debilitate and deteriorate, they have diagnoses and—perhaps more importantly—distinct, temporally marked prognoses.⁶⁴ Epidemics emerge and retreat, even if they rarely cleanly end. We can—at least imaginatively, and with significant exceptions and caveats—fix ‘real’ historical epidemics relatively securely in time, even if our pandemic present has no foreseeable conclusion.⁶⁵ Perhaps counterintuitively, the additional challenge to relational health posed by COVID-19 further necessitates a shift away from epidemic thinking. Almost every aspect of the pandemic has been simultaneously old and new, with neglected histories intruding violently into the present.⁶⁶

The Historical Gaze

Historical research works against the language of crisis, revealing hidden depths and dimensions to problems frequently framed as new. This chapter has begun to fill in a partial history of the conceptual model of loneliness-as-crisis; this is a model which continues to isolate scholars, policymakers and publics from important histories, even as it helps to direct research and resources towards the phenomenon. As historians, the work that we do contests misleading imaginings of epidemic loneliness, and begins to compensate for the long neglect of the subject in our discipline. The burden is on us, however, to demonstrate not just how ahistorical or counter-historical narratives misrepresent and misunderstand historical temporalities, but how that misrepresentation distorts attempts to reckon meaningfully with loneliness in the present. There is far more at stake here than disciplinary isolation or invisibility to policymakers, at least on their own terms; a full-throated assertion of the use and value of history has to contend that research or policymaking which refuses to engage with histories of loneliness can only ever be gravely flawed, posing the wrong questions and looking for answers in the wrong places.

Framing loneliness as a crisis of the present or the very recent past inevitably pulls focus to short-term cultural, social, political, economic and technological shifts. Some of these—such as austerity policies and their role in dismantling vital community services, resources and infrastructures—are undoubtedly salient, but narratives which use loneliness as a means of critiquing austerity, neoliberalism or capitalism could be further enriched and deepened with sustained attention to historical contexts and processes.⁶⁷ Others, such as recurring apprehensions over the ambivalent gifts of technologies of (dis)connection, are meaningfully troubled by histories which situate their present iterations in the perspective of a longer timeline. In this vein, histories of the radio as an object of anxiety in post-war discourses on loneliness become of use. One social psychologist, for example, cautioned in 1956 that radio listening could become addictive, standing in for relational and social goods it could never adequately replace: 'the fear of loneliness might lead to people being unable to exist without the permanent dripping shower of sound.'⁶⁸ Rather than minimizing current concerns over loneliness and social media or automated companion technologies, historical questioning reframes the problem in the deeper context of fraught and contested dialogues between relational needs and mediating or compensatory technological innovations.

In her work on the 'historical gaze', the sociologist of education Carol Bertram asks what sets history apart as a discipline, what ways of seeing—aside from the obvious focus on the past—allow it to make a distinct and specific contribution.⁶⁹ Every perspective on loneliness imposes different overarching narratives on what it is, how it works and where it comes from, shaping and constructing loneliness as an object—sometimes inadvertently—through disciplinary processes of research, analysis and representation. A journalistic lens on loneliness asserts itself through the constructed act of uncovering, of bringing a hidden crisis or outrage to light. Concerned with personal histories, psychological literatures often work from an idea of time which focuses primarily on the individual life cycle, even when social or cultural histories are factored in. Sociological, philosophical, geographical, anthropological, educational, literary, medical and psychiatric research on loneliness can also claim—compellingly—to contribute uniquely to a complex and multifaceted problem which requires extensive interdisciplinary collaboration and dialogue to even begin to untangle. Without engaging substantively with historical research, these perspectives still introduce and sustain distinct temporal imaginaries of loneliness. As Virginia Berridge argues in her 2008 article on the role that history and historians play in health policy, however, histories without historians risk neglecting insight and expertise from a vibrant field of study.⁷⁰ Although she described a policy environment (the mid-to-late 2000s) where historians were largely excluded from conversations on health, there has since been increasing recognition of historical methodologies as indispensable in global public health and social medicine, aided by an emphasis on cultural and historical contexts and complexities at the WHO Regional Office for Europe.⁷¹

For Berridge, historians 'offer a form of analysis which in its ability to segment and analyse the issues comprehensively and dispassionately over time, is matched by no other discipline.'⁷² In their recent essay on temporality and climate change, Tamson Pietsch and Frances Flanagan argue explicitly against dispassionate histories; historicity brings certain advantages, such as 'an embrace of embeddedness, complexity and the possibility of social change', but historians make active political choices in whether and how they 'turn their special focus to the kinds of questions our times demand'.⁷³ Through a 'historical lens', the authors suggest, factors and processes inimical to human thriving 'appear powerful, but also re-makeable'.⁷⁴ Histories of loneliness offer precisely this; they excavate the deep and long historical roots of the problem, at the same time as demonstrating that they are neither inevitable nor immutable. For all of its rhetorical urgency and dire prognostications, the crisis model offers a way of witnessing loneliness which is fundamentally more comfortable than historicity. Historical research suggests that loneliness has

been a profound source of suffering for longer than anyone today has been alive, that the effort and ingenuity of past generations has not resulted in effective and lasting solutions, and that it may be the product of ways of ordering relationships and society which require vast efforts to alter or reverse. In comparison, the concept of crisis—as a moment or series of moments charged with the potential for danger but also transformation and resolution—simultaneously alarms and reassures.⁷⁵

In her 2008 study, Berridge reproduces the words of one interviewee, an ‘informant in the policy field’. Supportive of increased historical involvement in policy, they observe that ‘historians are better than other disciplines—they tend to write clearly and don’t purport to tell us what to do. They are different and useful . . . historians are not threatening but can be enlightening.’⁷⁶ Histories of loneliness run counter to this unambitious imagining. They have the potential to enlighten and inform, guiding knowledge and interventions on loneliness in the present day, but they can also threaten, unsettle and disrupt. Pietsch and Flanagan ask the following:

Do historians see themselves as part of that conversation? Do they speak to their various audiences confident that their discipline has something vital to convey, assured that it offers an orientation that is the very kind of orientation our times need?⁷⁷

By leading a broader movement away from epidemic thinking, historians can help shift loneliness *into* crisis. Transformative work has to begin from an understanding of loneliness which is historically inflected and robust; only then can we address the long and systemic barriers which stand in the way of solidarity and care.

Notes

- 1 Israel Gordon, *Borough of Ilford: Health Report for the Year 1960* (1960), 30.
- 2 Israel Gordon, *Annual Report of the Medical Officer of Health for 1969, Borough of Redbridge* (1969), 152.
- 3 For a longer treatment of moral panics in the twentieth century, see Kenneth Thompson, *Moral Panics* (Oxford: Routledge, 2005).
- 4 Anon., ‘Loneliness in London’, *Picture Post*, 3 Mar. 1956.
- 5 See, for example, Violet in this volume.
- 6 Janet Batsleer and James Duggan, ‘Young, Lonely and Stigmatised: We Need a New Approach to Youth Loneliness’, *Transforming Society* blog, last modified 9 Oct. 2020, www.transformingsociety.co.uk/2020/10/09/young-lonely-and-stigmatised-we-need-a-new-approach-to-youth-loneliness/.
- 7 Fay Bound Alberti, ‘This “Modern Epidemic”: Loneliness as an Emotion Cluster and a Neglected Subject in the History of Emotions’, *Emotion Review* 10, no. 3 (2018), 242–54.
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