Social Isolation, Loneliness, and Christian Communities

A Backgrounder

Rebecca Vachon and Micah Allatt

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A Cardus Research Report

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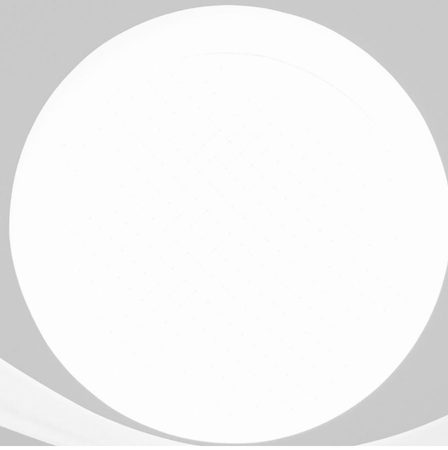

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cardus.ca

@cardusca

Head Office: 1 Balfour Drive, Hamilton, ON L9C 7A5

info@cardus.ca

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About the Authors

REBECCA VACHON is program director for Cardus Health. She holds a PhD in public administration from the University of Ottawa, where she also taught courses in public administration and public policy. She has been published in the *Financial Post* and *Policy Options*, as well as in academic journals.

MICAH ALLATT is a recent honours business graduate from Trinity Western University. He served as a Cardus intern while a student at TWU's Laurentian Leadership Centre in Ottawa from September to December 2024. During that time he collaborated closely with the Cardus Faith Communities program on a number of projects related to the intersection of faith and public life.

About Cardus Health

Cardus Health aims to foster a social system that supports the desire for a natural death, equips social institutions to support patients and caregivers, and develops a continuum of care for those approaching the end of life.

Key Points

- Social isolation and loneliness are challenging societal problems with significant impacts on the health and well-being of those affected, including higher rates of mortality and morbidity.
- Social isolation refers to an objective lack of social networks and connections, which can be measured by examining the social relationships in someone's life, whereas loneliness refers to the perception that one's social connections are lacking, whether in quantity or quality.
- Social isolation and loneliness also interact with and exacerbate inequities within society, with vulnerable or marginalized groups, such as older Canadians, at an increased risk. Data from Statistics Canada point to women, Canadians living with disabilities, recent immigrants and non-permanent residents, and Indigenous Canadians reporting loneliness at higher levels.
- The introduction of euthanasia and assisted suicide as "medical assistance in dying" (MAiD) also heightens the urgency of the situation. While evidence is contested as to the extent to which isolation and loneliness are driving requests for and receipt of MAiD, Health Canada reports show that many Canadians receiving MAiD are identifying isolation and loneliness as a source of their suffering.
- Importantly, research has found that spirituality and belonging to a faith community are associated with experiencing *less* social isolation and loneliness. Religion and spirituality can help to protect against social isolation and loneliness, as well as to support healthy responses in situations of isolation or loneliness.
- However, despite research on the positive role that religion and spirituality can play regarding social isolation and loneliness, our understanding of how faith communities address these issues is limited—particularly in the Canadian context. This backgrounder sets the stage for Cardus's upcoming survey of Christian communities, which in turn seeks to map out the infrastructures that may contribute to lessening social isolation within churches and in their broader communities.

Table of Contents

Key Points 4
Introduction 6
Defining Social Isolation and Loneliness 8
Impacts on Health 9
    Impact on Mortality Risk 10
    Impact on Health Decline 10
    Impact on Health Equity 10
Social Isolation and Loneliness in Canada 11
    Risk Factors for Loneliness 12
    Assisted Dying and Social Isolation 14
Social Isolation and the Christian Faith 17
    How Do Christians Understand Loneliness and Isolation? 17
    What Is the Impact of Faith on Experiences of Social Isolation and Loneliness? . . 19
    How Do Faith Communities Address Social Isolation and Loneliness? 21
Conclusion 23
References 24

Introduction

Social isolation and loneliness are challenging societal problems with significant impacts on the health and well-being of those affected, including higher rates of mortality and morbidity. In simpler terms, those who are socially isolated or lonely have higher rates of illness and death. But while the negative impacts of these problems are well established in research, society has struggled to implement satisfactory solutions. This backgrounder will discuss how Christian communities can—and do—play an important role in protecting people from, as well as responding to, social isolation and loneliness.

In recent years, social isolation and feelings of loneliness were exacerbated by the COVID-19 pandemic, as people were cut off or distanced from relationships, communities, and social institutions.[1] These problems, however, are neither new nor novel, and even with a general return to normalcy after the pandemic, they continue to need attention and redress.

Heightening the urgency of this situation in Canada is the 2016 introduction—and subsequent expansions—of euthanasia and assisted suicide, or "medical assistance in dying" (MAiD). Health Canada's 2023 annual report on MAiD states that 21 percent of MAiD recipients whose natural death was "reasonably foreseeable" ("track 1") reported that isolation or loneliness was a reason for their request, as it was for 47.1 percent of recipients whose natural death was not reasonably foreseeable ("track 2").[2] This underscores the import of a palliative care approach, which—delivered to those with life-limiting illnesses and conditions—involves consideration and support of spiritual needs and existential distress in order to care for the whole person, not merely their physical symptoms.

Across the world, there is varying recognition of the public health problem that social isolation and loneliness pose. Some countries, such as the UK and Japan, have created cabinet positions to address the issue,[3] and some government bodies, such as the US Surgeon General's office, have called for and outlined frameworks for national strategies.[4] According to a 2024 scoping review of national policies on loneliness and social isolation, technical reports from the Canadian government on the subject exist—but are ten or more years old. Only fourteen out of fifty-two

1 R. O'Sullivan et al., "Impact of the COVID-19 Pandemic on Loneliness and Social Isolation: A Multi-Country Study," *International Journal of Environmental Research and Public Health* 18, no. 19 (2021), https://doi.org/10.3390/ijerph18199982.

2 Health Canada, *Fifth Annual Report on Medical Assistance in Dying in Canada*, 2023 (Updated Feb. 1, 2025), 32, https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2023.html.

3 "Government's Work on Tackling Loneliness," Government of the United Kingdom, https://www.gov.uk/guidance/governments-work-on-tackling-loneliness; "List of Ministers," Prime Minister's Office of Japan, https://japan.kantei.go.jp/101_kishida/meibo/daijin/index_e.html.

4 As noted in the report, "Advisories are reserved for significant public health challenges that require the nation's immediate awareness and action." Office of the U.S. Surgeon General, *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community* (2023), 6, https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf.

countries surveyed had relevant policy documents, and very few had official policies laying out strategies and action plans.[5]

Non-governmental organizations, including the World Health Organization, have also highlighted the problem.[6] And, indeed, research institutions—Cardus among them—are also investigating and raising the alarm.

Both the risk factors and the negative effects of social isolation and loneliness are deeply complex and defy simply solutions. In this backgrounder, we do not propose a solution but instead aim to better understand the role that the Christian faith and Christian communities can and do play in responding to the issue. As found in 2019 polling that Cardus conducted in partnership with the Angus Reid Institute,[7] as well as in other research discussed in this report, spirituality and belonging to a faith community are associated with *less* social isolation and loneliness.

This research backgrounder is written for Christian readers as one part of a larger project addressing this research question. It will be followed by primary research—a survey of Canadian Christian communities, which is designed in consideration of the research being reviewed and discussed in this backgrounder. This project also builds on Cardus's previous work, namely, the aforementioned 2019 polling in partnership with the Angus Reid Institute, as well as a paper released in 2020.[8]

Our project uniquely focuses on the faith component of the issue, asking, how do Christian communities respond to social isolation both externally and internally? What formal and informal social infrastructures are facilitating connection? Although we are studying Christian communities specifically, this research may be applicable to other faith communities also. In this background report, specifically, we discuss academic literature, government reports, and available data to briefly establish what research tells us about the relationships between faith and social isolation and loneliness. We also discuss research and hypotheses on the mechanisms by which religious institutions and religious participation affect social isolation. This establishes the foundation for the subsequent survey, guiding its approach and questions.

5 N. Goldman et al., "Addressing Loneliness and Social Isolation in 52 Countries: A Scoping Review of National Policies," *BMC Public Health* 24, no. 1207 (2024), table 1, https://doi.org/10.1186/s12889-024-18370-8. Within Canada, this includes the 2014 *Report on the Social Isolation of Seniors*, produced by the National Seniors Council.

6 "Reducing Social Isolation and Loneliness Among Older People," World Health Organization, https://www.who.int/activities/reducing-social-isolation-and-loneliness-among-older-people.

7 Angus Reid Institute, "A Portrait of Social Isolation and Loneliness in Canada Today," Polling, June 17, 2019, https://angusreid.org/social-isolation-loneliness-canada/.

8 Cardus, "Extreme Social Isolation and Loneliness Affect Almost One Quarter of Canadians," press release, June 17, 2019, https://cardus.ca/news/news-releases/extreme-social-isolation-and-loneliness-affect-almost-one-quarter-of-canadians/; Cardus, "Loneliness and Social Isolation," press release, June 29, 2020, https://cardus.ca/research/loneliness-and-social-isolation/.

Defining Social Isolation and Loneliness

Social isolation refers to an objective lack of social networks and connections, which can be quantified by examining the social relationships in someone's life. It can, as such, be measured more easily than loneliness, which refers to the perception or feeling that one's social connections are inadequate, in quantity or in quality.[9]

As an example, someone working full-time in an office environment, who lives with a spouse and other family members, is active in a church community, volunteers once a week, and participates in a recreational sports league, is a socially connected person. By contrast, a retiree without a spouse or other family, with mobility issues and a lack of community engagement, is socially isolated. Yet, both persons or neither may experience loneliness. As Cacioppo et al. state, "Although physical/objective social isolation may increase the risk for loneliness, individuals can also feel lonely in a marriage, friendship, family, schoolyard, or congregation."[10] Loneliness, as such, is a subjective experience that may be related to social isolation, but is still distinct, since "an individual's experience of their social situation [including feeling lonely] can differ from objectively measured relationships or social contracts [measures of social isolation or connection]."[11]

Studies of the experience of loneliness propose dimensions of the concept, looking at deficits (or the opposite—connection) within different areas, namely:[12]

- **intimate isolation/connection**: a "perceived presence/absence of someone in your life who serves as a nurturing confidant, someone who affirms your existence," such as a spouse
- **relational isolation/connection**: a "perceived presence/absence of quality friendships or family connections"
- **collective isolation/connection**: a "perceived presence/absence of a meaningful connection with a group or social entity beyond the level of individuals (such as a school, team, nation)"[13]

9 A. Bull, N. Iciaszczyk, and S.K. Sinha, "Understanding the Factors Driving the Epidemic of Social Isolation and Loneliness Among Older Canadians," National Institute on Ageing, Toronto Metropolitan University, December 2023, https://www.niageing.ca/loneliness23; J. Holt-Lunstad et al., "Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review," *Perspectives on Psychological Science* 10, no. 2 (2015): 227–37, https://doi.org/10.1177/1745691614568352; O.A. Fakoya, N.K. McCorry, and M. Donnelly, "Loneliness and Social Isolation Interventions for Older Adults: A Scoping Review of Reviews," *BMC Public Health* 20, no. 129 (2020), https://doi.org/10.1186/s12889-020-8251-6.

10 J.T. Cacioppo et al., "Loneliness Across Phylogeny and a Call for Comparative Studies and Animal Models," *Perspectives on Psychological Science* 10, no. 2 (2015): 205, https://doi.org/10.1177/1745691614564876.

11 L. Rodger, N. Iciaszczyk, and S.K. Sinha, "Understanding Social Isolation and Loneliness Among Older Canadians and How to Address It," National Institute on Ageing, Toronto Metropolitan University, June 2022, https://www.niageing.ca/social-isolation-and-loneliness.

12 L.C. Hawkley, M.W. Browne, and J.T. Cacioppo, "How Can I Connect with Thee? Let Me Count the Ways," *Psychological Science* 16, no. 10 (2005): 798–804, https://doi.org/10.1111/j.1467-9280.2005.01617.x, cited in J.T. Cacioppo and S. Cacioppo, "The Phenotype of Loneliness," *European Journal of Developmental Psychology* 9, no. 4 (2012): 446–52, https://doi.org/10.1080/17405629.2012.690510.

13 Cacioppo and Cacioppo, "The Phenotype of Loneliness," 448–50.

Loneliness can also be experienced differently from one person to the next, and by the same person at different stages of life. Some research has found highly distressing experiences of loneliness among young adults, combined with an intense experience of "social inadequacy and alienation," likely due to the developmental needs of young adults to find secure intimate, relational, and collective connections.[14]

Studies of social isolation also examine different types of relationships, including family and friends. In its annual survey on aging, the National Institute on Ageing at Toronto Metropolitan University uses the Lubben Six-Item Social Network Scale, which assesses contacts with family and friends.[15] Other studies include indicators for social isolation that extend beyond family and friends to participation in other social groups or activities, as well as participation in religious activities.[16]

Because social isolation and loneliness are usually connected, are both associated with negative health repercussions, and are usually studied together in research, this backgrounder likewise discusses them together. Furthermore, as articulated by the National Institute on Ageing, "There are likely common risk factors, consequences, and potentially beneficial interventions that can be used to target and address both social isolation and loneliness."[17]

Impacts on Health

Social isolation and loneliness are well established by researchers as public health problems in that they are associated with negative health consequences. In general, the more a person experiences social isolation or loneliness, the higher their morbidity and mortality risk.

These impacts on health can be related to, among other mechanisms, how isolation and loneliness may contribute to fewer social contacts who can monitor or initiate interventions for health needs, as well as reduced contact with health-care providers and lower adherence to taking medication or other medical treatments, therapies, and so forth.[18] This relationship goes both ways, as poor health can also aggravate isolation and loneliness, which in turn can further compromise health.[19]

14 A. Rokach, *The Psychological Journey to and from Loneliness: Development, Causes, and Effects of Social and Emotional Isolation* (Academic Press, 2019), 157–58, https://doi.org/10.1016/C2017-0-03510-3.

15 Bull, Iciaszczyk, and Sinha, "Understanding the Factors."

16 H.O. Taylor, "Social Isolation's Influence on Loneliness Among Older Adults," *Clinical Social Work Journal* 48 (2020): 140–51, https://doi.org/10.1007/s10615-019-00737-9.

17 Rodger, Iciaszczyk, and Sinha. "Understanding Social Isolation and Loneliness Among Older Canadians," 8.

18 Holt-Lunstad et al., "Loneliness and Social Isolation as Risk Factors," fig. 1; Rodger, Iciaszczyk, and Sinha, "Understanding Social Isolation and Loneliness Among Older Canadians," 28.

19 Bull, Iciaszczyk, and Sinha, "Understanding the Factors," 29.

Neuroscientific research has suggested that loneliness may serve an adaptive function evolutionarily speaking, in prompting individuals to reconnect with the community.[20] In contemporary times, however, "chronic loneliness may be maladaptive," resulting in these negative impacts and health consequences.[21]

Impact on Mortality Risk

Mortality risk is associated with isolation and loneliness. For instance, in a 2015 meta-analysis, researchers found that "substantial evidence now indicates that individuals lacking social connections (both objective and subjective social isolation) are at risk for premature mortality." Using data from the seventy studies they reviewed, the researchers concluded that "after accounting for multiple covariates, the increased likelihood of death was 26 percent for reported loneliness, 29 percent for social isolation, and 32 percent for living alone."[22]

Impact on Health Decline

Research points to the negative effects of loneliness on the immune system. It decreases capacity to cope with stress and chronic illness, as well as leading to faster declines in health among those with illnesses.[23] Relationships have also been identified between social isolation and suicide. Conversely, strong social connections can reduce the risk of suicide.[24] Associations also appear between loneliness and lack of social supports and risk factors for Alzheimer's disease and other dementias.[25]

Impact on Health Equity

Social isolation and loneliness also interact with and exacerbate inequities within society, with vulnerable or marginalized groups at an increased risk. Umberson and Donnelly, for instance, reviewed evidence of inequities in social isolation, arguing that "some populations are more at risk of isolation than others because their social structural position fosters more isolation."[26] Social isolation and loneliness can

Social isolation and loneliness also interact with and exacerbate inequities within society, with vulnerable or marginalized groups at an increased risk.

20 The work of Cacioppo and Cacioppo is notable here. For a concise introduction, see J.T. Cacioppo and S. Cacioppo, "Correspondence: The Growing Problem of Loneliness," *The Lancet* 391, no. 10119 (2018): 426, https://thelancet.com/journals/lancet/article/PIIS0140-6736(18)30142-9/fulltext.

21 Cacioppo et al., "Loneliness Across Phylogeny," 205.

22 Holt-Lunstad et al., "Loneliness and Social Isolation as Risk Factors," 233, 235.

23 Rokach, *The Psychological Journey to and from Loneliness*, 22–23.

24 C. Motillon-Toudic et al., "Social Isolation and Suicide Risk: Literature Review and Perspectives," *European Psychiatry* 65, no. 1 (2022): 19, https://doi.org/10.1192/j.eurpsy.2022.2320.

25 K. Shafighi et al., "Social Isolation Is Linked to Classical Risk Factors of Alzheimer's Disease-Related Dementias," *PLoS ONE* 18, no. 2 (2023), https://doi.org/10.1371/journal.pone.0280471.

26 D. Umberson and R. Donnelly, "Social Isolation: An Unequally Distributed Health Hazard," *Annual Review of Sociology* 49 (July 2023): 393, https://doi.org/10.1146/annurev-soc-031021-012001.

further marginalize those living with mental illnesses or with disabilities, as well as those who are sexual minorities, experiencing homelessness, or living with chronic or terminal illnesses.[27]

There is also significant concern about the prevalence of social isolation and loneliness among seniors. Because older populations are more likely to experience health challenges, or changes and losses in their social networks due to deaths of spouses, family, and friends, seniors are at higher risk of social isolation and loneliness. As Blevins summarizes, "Aging-related factors, including marital status changes, alterations in social contact participation, new contacts, sensory deficits, mobility issues, and a lack of financial resources, have been shown to be associated with an increase in loneliness."[28]

Social Isolation and Loneliness in Canada

In western cultures, social changes, including changes in family structures, increased mobility, and changing technologies, can contribute to decreased connections—or, at least, decreased quality of connections—within families, communities, and workplaces. As Rokach notes, "Our lifestyle in the dawn of the 21st century both creates isolation and makes it more difficult to cope with."[29]

Along with other western countries, Canada has identified a worrisome prevalence of social isolation and loneliness within its population. The Angus Reid Institute's 2019 polling, conducted in partnership with Cardus, found that approximately half of the population were dealing with isolation or loneliness, or both, to a significant extent. The results indicated that 23 percent of the population were either somewhat or very lonely and isolated; and only 22 percent of the population were neither lonely nor isolated. Those in the lonely and isolated group were more likely to have lower incomes, lower levels of education, and belong to a minority group; and by contrast, those who were neither lonely nor isolated had higher than average household incomes and usually lived with other family.[30]

Statistics Canada also conducts periodic surveys on feelings of loneliness in Canada. In 2024, an average of 13.5 percent of Canadians said that they "always or often feel lonely," compared with 34.6 percent reporting they "sometimes feel lonely," and 51.9 percent reporting they "rarely or never feel lonely."[31]

27 Rokach, "Loneliness of Marginalized," in *The Psychological Journey to and from Loneliness*, https://www.sciencedirect.com/science/article/pii/B9780128156186000084, 173-206.

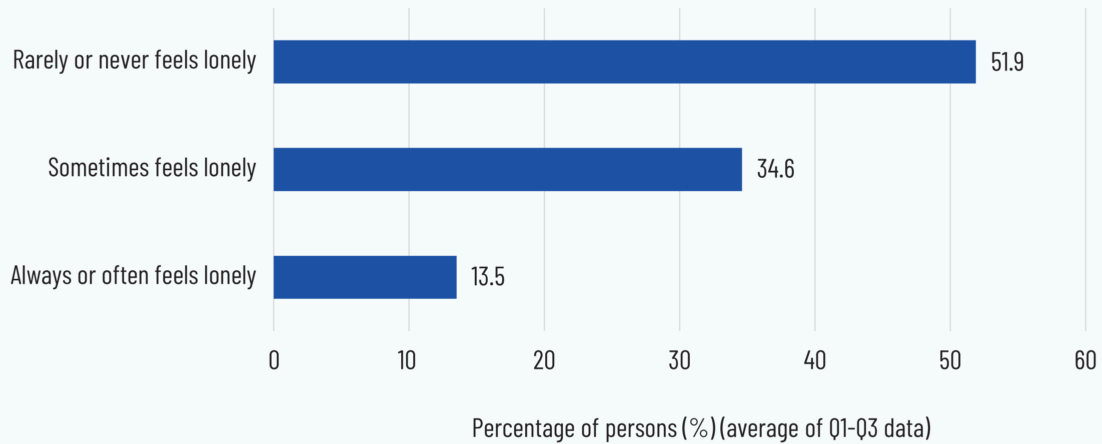
28 D. Blevins, "A Faith-Based Intervention to Address Social Isolation and Loneliness in Older Adults," *Journal of Christian Nursing* 40, no. 1 (2023): 32, https://doi.org/10.1097/CNJ.0000000000001023.

29 Rokach, *The Psychological Journey to and from Loneliness*, 45.

30 Angus Reid Institute, "A Portrait," 5, 8, 9.

31 For 2024, data are provided for each available quarter (Q1, Q2, and Q3) and were used to calculate the average for 2024 in general. Statistics Canada, Table 45-10-0048-01: *Loneliness by Gender and Province* (2024), https://doi.org/10.25318/4510004801-eng.

Figure 1. Reported Feelings of Loneliness in Canada, Q1-Q3 2024

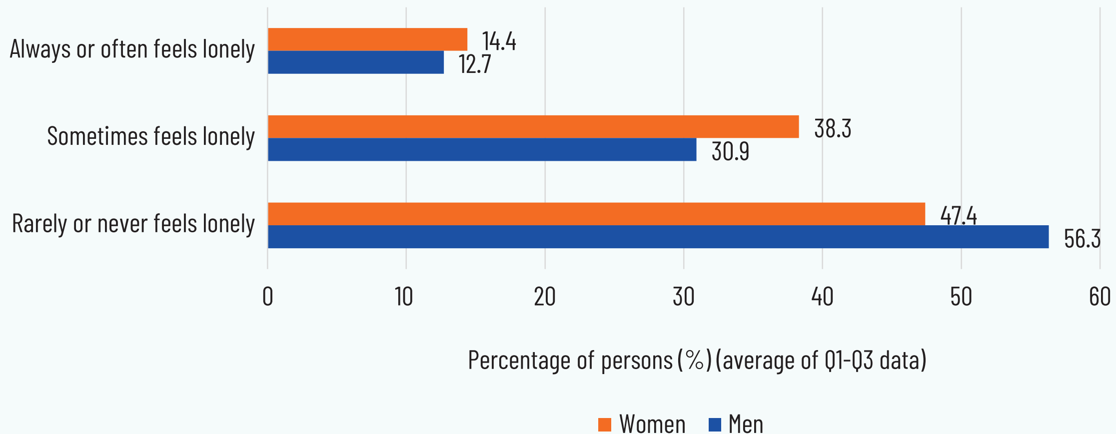


Source: Statistics Canada. Table 45-10-0048-01: *Loneliness by Gender and Province*.

Risk Factors for Loneliness

Women report higher levels of loneliness than men, with 14.4 percent of women saying they "always or often feel lonely" and 38.3 percent saying "sometimes," compared to men with 12.7 percent saying they "always or often feel lonely" and 30.9 percent saying "sometimes." The percentage of women reporting that they "rarely or never feel lonely" was 47.4 percent, compared to 56.3 percent of men.[32]

Figure 2. Reported Feelings of Loneliness in Canada, by Gender, Q1-Q3 2024



Source: Statistics Canada. Table 45-10-0048-01: *Loneliness by Gender and Province*.

32 Based on calculating the average from Statistics Canada's Q1, Q2, and Q3 2024 data. Statistics Canada, Table 45-10-0048-01: *Loneliness by Gender and Province*.

Statistics Canada data[33] also reveal a higher incidence of "always or often feels lonely" among certain groups:

- immigrants who have been in Canada ten years or less (17.1 percent) and non-permanent residents (18.4 percent), compared to non-immigrants (13.5 percent) and immigrants who have lived in Canada for more than ten years (12 percent)
- Indigenous persons (19.6 percent), compared to non-Indigenous (13.3 percent)
- those with a disability, difficulty, or long-term health condition (20.4 percent), compared to those without (8 percent)
- urban populations (14 percent), compared to rural ones (10.5 percent)

The National Institute on Ageing's work includes the Ageing in Canada Survey, an annual survey that began in 2022 and measures loneliness and social isolation among older Canadians (aged 50+). The 2022 survey found that four in ten were socially isolated and 58 percent reported some degree of loneliness. In the population aged fifty and above, 18 percent were very lonely, 40 percent somewhat lonely, and 42 percent not lonely.[34]

Interestingly, in this 2022 Ageing in Canada Survey, the oldest cohorts had lower rates of social isolation and loneliness, with 30 percent of the population aged eighty and above identified as socially isolated, compared to 40 percent of those aged sixty-five to seventy-nine and 45 percent of those aged fifty to sixty-four. A similar trend is found in the results on reported loneliness.[35]

Although older seniors have extensive risk factors, as previously discussed, the Survey noted "a growing body of research showing that the relationship between age and social isolation and loneliness may not necessarily be linear."[36] Mund et al., for instance, provide a meta-analysis of loneliness across the lifespan.[37] One factor may be simply that socially isolated, very lonely persons have higher mortality risks, resulting in a positive selection bias, whereby "older adults experiencing higher levels of isolation and loneliness are not likely to live as long as other older persons," thus skewing the sample.[38] In other words, those who are more isolated and lonely are likelier to die at a somewhat younger age, resulting in those who do live longer tending to be those who have not been as isolated or as lonely.

33 Based on calculating the average from Q1, Q2, and Q3 2024 data. For non-permanent residents, however, only Q1 data were used as Q2 and Q3 data for that category were flagged by Statistics Canada as "use with caution." Statistics Canada, Table 45-10-0049-01: *Loneliness by Gender and Other Selected Sociodemographic Characteristics* (2024), https://doi.org/10.25318/4510004901-eng.

34 Bull, Iciaszczyk, and Sinha, "Understanding the Factors," 16. The authors note limitations of the survey, including the lack of surveying northern populations and older Canadians living in long-term care facilities or other institutions, as well as it only capturing Canadians with sufficient digital literacy to undertake the digital survey. Level of social isolation was measured using the LSNS-6 scale, which is discussed in more detail in their report.

35 Bull, Iciaszczyk, and Sinha, "Understanding the Factors," 17. See the report for the breakdown of results.

36 Bull, Iciaszczyk, and Sinha, "Understanding the Factors," 18.

37 M. Mund et al., "The Stability and Change of Loneliness Across the Life Span: A Meta-Analysis of Longitudinal Studies," *Personality and Social Psychology Review* 24, no. 1 (2019): 24–52, https://doi.org/10.1177/1088868319850738.

38 Bull, Iciaszczyk, and Sinha, "Understanding the Factors," 18.

Assisted Dying and Social Isolation

An additional source of concern regarding the prevalence of social isolation and loneliness in Canada is how it may be interacting with the legalization of euthanasia and assisted suicide, or "medical assistance in dying" (MAiD), since 2016.

Contested Evidence Related to Isolation's Association with MAiD

Some small studies have found that older MAiD recipients are more likely than younger MAiD recipients to live alone, although living alone does not necessarily mean that they were socially isolated or lonely. Retrospective chart reviews of select hospitals have indicated that significantly higher rates of MAiD requesters live alone, compared to the general population,[39] and that cohabitation is associated with "decreased likelihood of completing MAiD."[40] However, these studies caution that living alone does not necessarily mean that the patient experienced social isolation, and note that in one small study, they did not find "an increased rate of social isolation identified by the patients themselves nor by the care team in the cohort over 80 years old."[41]

A 2024 Irish study found that social disconnection, which they define as encompassing both loneliness and social isolation, was associated with a "wish to die."[42] This study was conducted in a country where assisted dying is currently unavailable, so the focus was on its relationship to suicidal ideation and behaviour. In a similar vein, a 2017 survey of attitudes of care-dependent older adults in Austria found that those living alone "were far more in favour of EUT [euthanasia]—particularly with regard to the inclination to use it for themselves rather than with regard to its more general availability [to others]."[43]

By contrast, a 2021 systematic review of available, peer-reviewed studies concerning older adults' attitudes toward euthanasia or assisted suicide found that after controlling for other variables, social factors including loneliness did not have an effect.[44] The authors acknowledge, however,

39 D. Selby et al., "Medical Assistance in Dying (MAiD): A Descriptive Study from a Canadian Tertiary Care Hospital," *American Journal of Hospice and Palliative Medicine* 37, no. 1 (2020): 61, https://doi.org/10.1177/1049909119859844; D. Selby, B. Chan, and A. Nolen, "Characteristics of Older Adults Accessing Medical Assistance in Dying (MAiD): A Descriptive Study," *Canadian Geriatrics Journal* 24, no. 4 (2021): 312–18, https://doi.org/10.5770/cgj.24.520.

40 C. Lees, G. Gubitz, and R. Horton, "A Retrospective Review of Medically Assisted Deaths in Nova Scotia: What Do We Know and Where Should We Go?" *Journal of Palliative Medicine* 24, no. 7 (2021): 1014, https://doi.org/10.1089/jpm.2020.0512.

41 Selby, Chan, and Nolen, "Characteristics of Older Adults Accessing Medical Assistance in Dying (MAiD)," 316.

42 M. Ward, R. Briggs, and R.A. Kenny, "Social Disconnection Correlates of a 'Wish to Die' Among a Large Community-Dwelling Cohort of Older Adults," *Frontiers in Public Health* 12 (August 21, 2024): 2, https://doi.org/10.3389/fpubh.2024.1436218.

43 E. Stolz et al., "Attitudes Towards Assisted Suicide and Euthanasia Among Care-Dependent Older Adults (50+) in Austria: The Role of Socio-Demographics, Religiosity, Physical Illness, Psychological Distress, and Social Isolation," *BMC Medical Ethics* 18, no. 71 (2017): 10, https://doi.org/10.1186/s12910-017-0233-6.

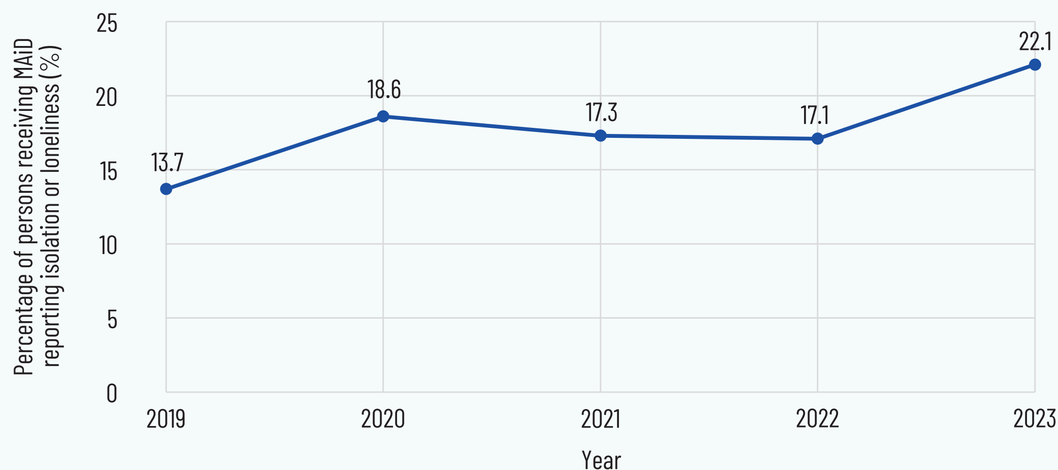
44 D.A. Castelli Dransart et al., "A Systematic Review of Older Adults' Request for or Attitude Toward Euthanasia or Assisted-Suicide," *Aging & Mental Health* 25, no. 3 (2019): 420–30, https://doi.org/10.1080/13607863.2019.1697201.

that with the exception of the 2017 Austrian study discussed above, other studies included in their review were highly limited in the questions asked about these social factors. Another 2024 systematic review similarly found a lack of evidence to support social isolation and loneliness as driving requests for and receipt of assisted dying, but also identified the quality of studies overall to be low while noting how loneliness—the subjective experience of feeling isolated—can negatively affect mental health and how addressing it can improve quality of life among patients.[45]

Health Canada Data on MAiD, Isolation, and Loneliness

Although research has not fully explored the relationship between MAiD and isolation or loneliness, as discussed above, Health Canada reports that a significant—and increasing—number of persons receiving MAiD identify isolation or loneliness as a source of suffering motivating their decision.[46] Of note, however, is that multiple sources of suffering can be included by the same patient and no ranking is used, so it is unclear to what extent isolation or loneliness is a primary or secondary factor in their decision to die prematurely.

Figure 3. Isolation or Loneliness Reported as a Factor in the Suffering of Those Who Received MAiD



Source: Health Canada, *First, Second, Third, Fourth* and *Fifth Annual Report on Medical Assistance in Dying in Canada*.
Note: Unlike previous reports, the *Fifth Annual Report* only provides the nature of suffering differentiated by track 1 and 2 recipients, and does not provide a combined percentage. As such, authors calculated the combined number to compare to previous years' data.

It is also unclear to what extent isolation or loneliness is contributing to other sources of suffering that Health Canada records in its MAiD reports, such as feelings of loss of dignity, perceiving oneself as a burden on family, friends, or caregivers, emotional distress, or existential suffering,

45 E. Corcoran et al., "The Association Between Social Connectedness and Euthanasia and Assisted Suicide and Related Constructs: Systematic Review," *BMC Public Health* 24, no. 1057 (2024): 36, https://doi.org/10.1186/s12889-024-18528-4.

46 Health Canada, *Fifth Annual Report*, 31–32.

fear, or anxiety.[47] Additionally, the impact of isolation or loneliness on other health conditions that may affect patients requesting and receiving MAiD is unclear. Engelhart, Stall, and Quinn, for instance, note that many factors, including social isolation, contribute to frailty, which itself may lead to MAiD.[48] In the *Fifth Annual Report on MAiD*, in fact, Health Canada indicated that 1,392 MAiD recipients had frailty reported as a medical condition, and for 92 MAiD recipients, frailty was their sole medical condition.[49]

Notably, there is a significant difference in the reported isolation or loneliness between track 1 MAiD recipients, whose deaths must be reasonably foreseeable, and track 2 MAiD recipients, whose deaths are not reasonably foreseeable and may include persons qualifying based on chronic conditions or disabilities. While 21.1 percent of track 1 MAiD recipients reported isolation or loneliness, this jumped to 47.1 percent of track 2 MAiD recipients.[50]

MAiD and Marginalization Data from Ontario

This striking difference is also found in the data released by the MAiD Death Review Committee in Ontario, a body established through the Office of the Chief Coroner. Using 2023 data for Ontario, the committee highlights a significant disparity in the incidence of isolation or loneliness between track 1 and track 2 recipients.

For track 1 recipients, 15.8 percent identified isolation or loneliness as a type of unbearable suffering, compared to 39.7 percent among track 2 recipients.[51] This is disconcerting given that, according to the Office of the Chief Coroner, the proportion of the most marginalized groups receiving MAiD is highest among track 2 recipients (compared to track 1 recipients and the general population).[52] The committee also notes isolation as a source of suffering within each of the case studies discussed in its third 2024 report, opining that "pausing MAiD assessments and facilitating measures and interventions to reduce social isolation may have been a valuable and beneficial approach when seeking options to alleviate suffering for this person."[53]

47 Health Canada, *Fourth Annual Report on Medical Assistance in Dying in Canada 2022* (October 2023), 41, https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2022.html.

48 The authors also emphasize the dynamism of frailty, which renders it challenging to predict outcomes, leading the authors to recommend that "clinicians should consider whether factors contributing to frailty are reversible when considering requests for MAiD." S. Engelhart, N.M. Stall, and K.L. Quinn, "Considerations for Assessing Frail Older Adults Requesting Medical Assistance in Dying," *Canadian Medical Association Journal* 194, no. 2 (2022): E51–53, https://doi.org/10.1503/cmaj.210729.

49 Health Canada, *Fifth Annual Report*, 26.

50 Health Canada, *Fifth Annual Report*, 32.

51 Ministry of the Solicitor General, Office of the Chief Coroner for Ontario, *MAiD Death Review Committee (MDRC) Report 2024—2: Complex Medical Conditions with Non-Reasonably Foreseeable Natural Deaths* (2024), 8.

52 Ministry of the Solicitor General, Office of the Chief Coroner for Ontario, *Medical Assistance in Dying (MAiD): Marginalization Data Perspectives* (2024).

53 Ministry of the Solicitor General, Office of the Chief Coroner for Ontario, *MAiD Death Review Committee Report 2024—3: Navigating Vulnerability in Non-Reasonably Foreseeable Natural Deaths* (2024), 17.

While further information may be needed to fully quantify the association between isolation and loneliness and MAiD, the fact that isolation and loneliness are a significant cause of suffering for MAiD recipients should be sufficient cause for concern. As discussed by Khawaja and Khawaja, decision-making can be influenced by social isolation and a lack of social supports, which presents ethical and moral issues when assessing requests for premature death through MAiD.[54]

Social Isolation and the Christian Faith

How Do Christians Understand Loneliness and Isolation?

For Christians, loneliness and isolation are themes that resonate within their faith tradition. According to Genesis 2:18, after the creation of Adam, God said, "It is not good that the man should be alone; I will make him a helper as his partner." Understanding humans as created in the image of God or *imago Dei*, Christians recognize themselves as made *for relationship*, both with their Creator and with one another.[55]

The Scriptures include many accounts of loneliness and isolation. Some, such as the exile of Cain, address how human actions—particularly sin—can lead to profound isolation (Genesis 4:13). At a collective level, the Israelites' experience of exile shapes much of the Old Testament literature and theology, addressing not only their deep homesickness (see Psalm 137:1), but also the manner in which exile can become a potent time of reflection, repentance, and ultimately, renewal of faith.

> *Understanding humans as created in the image of God or* imago Dei*, Christians recognize themselves as made* for relationship*, both with their Creator and with one another.*

In the Gospels, Jesus also expresses loneliness and isolation, most poignantly as he faces his own crucifixion. In the Garden of Gethsemane, he says, "I am deeply grieved, even to death; remain here, and stay awake with me" (Matthew 26:38), and on the cross, he cries out, "My God, my God, why have you forsaken me?" (Matthew 27:46). Christians believe that although fully divine, the Son of God was also fully human and, as such, not exempt from human experiences and the suffering they can bring. Through this cry, writes Pope Benedict XVI, "Jesus is praying the great psalm of suffering Israel, and so he is taking upon himself all the tribulation, not just of Israel, but of all those in this world who suffer from God's concealment. He brings the world's anguished cry at God's absence before the heart of God himself."[56] Moreover, there are Gospel accounts of Jesus seeking

54 M. Khawaja and A. Khawaja, "The Ethics of Dying: Deciphering Pandemic-Resultant Pressures That Influence Elderly Patients' Medical Assistance in Dying (MAiD) Decisions," *International Journal of Environmental Research and Public Health* 18, no. 16 (2021): 8819, https://doi.org/10.3390/ijerph18168819.

55 See also the discussion of human creation in A. Neil and A.P.W. Bennett, "Who Are You? Reaffirming Human Dignity," Cardus, 2019, https://cardus.ca/research/who-are-you-reaffirming-human-dignity/.

56 Benedict XVI, *Jesus of Nazareth Part 2—Holy Week: From the Entrance into Jerusalem to the Resurrection* (Ignatius Press, 2011), 214.

solitude for prayer and reflection (see Mark 1:35 and Luke 5:16). This suggests a positive aspect of isolation—it can be a time for spiritual communion and renewal.

While acknowledging the reality of loneliness, Christians also find hope and comfort in the richness of their faith tradition. Psalm 23 provides strong assurance of God's constant presence: "Even though I walk through the darkest valley, I will fear no evil; for you are with me" (Psalm 23:4). Prayer, as described by Pope Benedict XVI, "actualizes and deepens our communion of being with God."[57] C.S. Lewis, reflecting on praying the Psalms, says he finds "an experience fully God-centered, asking of God no gift more urgently than His presence, the gift of Himself, joyous to the highest degree, and unmistakably real."[58] Christian community provides support and accompaniment to its members and, for Christians, prayer, both collectively and individually, connects believers to God.

While prayer and community may help alleviate isolation and loneliness, Christians also acknowledge the deep pain and suffering that is a part of this life.[59] And yet, this suffering is not devoid of meaning for Christians, but rather is recognized as an opportunity for spiritual growth (James 1:2–4). The apostle Paul's writings often frame suffering, including isolation, as a means of developing character and deepening faith (Romans 5:3–5). In living out their faith, Christians respond to the suffering of isolation and loneliness in others, including caring for the widowed and orphaned, welcoming the stranger, and visiting the sick and those in prison (James 1:27; Matthew 25: 31–46).[60]

Altogether, while Christianity acknowledges the pain of loneliness and isolation, it also provides a framework for understanding these experiences within a larger context of relationship with God and community with others. As such, Christian thought and theology allow its adherents to understand both the nature of loneliness and isolation as well as their resolution.[61]

57 Benedict XVI, *Jesus of Nazareth* (Doubleday, 2007), 130.

58 C.S. Lewis, *Reflections on the Psalms* (Avarang Books, 2023), 46, Kindle.

59 See, for instance, the discussion of loneliness in the thinking of Henri Nouwen, Dorothy Day, and Dietrich Bonhoeffer in M. Werntz, "The Solitude of the Saints," *Comment Magazine*, January 12, 2023, https://comment.org/the-solitude-of-the-saints/; see also Benedict XVI's discussion of communion: "General Audience of 29 March 2006: The Gift of 'Communion,'" The Vatican, https://www.vatican.va/content/benedict-xvi/en/audiences/2006/documents/hf_ben-xvi_aud_20060329.html.

60 See, for instance, John Paul II, "Letter of His Holiness Pope John Paul II to the Elderly," October 1, 1999, The Vatican, https://www.vatican.va/content/john-paul-ii/en/letters/1999/documents/hf_jp-ii_let_01101999_elderly.html.

61 See, for instance, S. Gibbes, "A Crisis of Community: How an Epidemic of Loneliness Is Contributing to Social Disconnection in Churches," *Practical Theology* 15, no. 3 (2022): 258–71, https://doi.org/10.1080/1756073X.2021.2019367.

What Is the Impact of Faith on Experiences of Social Isolation and Loneliness?

The 2019 Angus Reid Institute polling, conducted in partnership with Cardus, found that being more active in religious activities, including attending religious services and praying, was associated with a lower likelihood of belonging to the most isolated and lonely cohorts.[62] There is also a significant body of academic research on the relationship between religion/spirituality and health generally, as well as its relationship with social isolation and loneliness. Overall, literature points to religion and spirituality as associated with lower mortality and morbidity rates, and better quality of life and health.[63]

As summarized by Oman and Thoresen, mechanisms of positive impacts of religion/spirituality include the following:

- encouraging healthy behaviours and discouraging unhealthy behaviours and lifestyles (such as heavy drinking)
- supporting mental health and positive psychological states, which, in turn, can have a positive impact on physical health
- enabling effective coping in response to stress, which can improve both physical and psychological health
- enlarging and strengthening social networks and associated social supports, which can, in turn, support health generally[64]

From a research perspective, religion and spirituality can be a *protective factor* against social isolation and loneliness, as well as *supporting healthy responses* to being socially isolated or feeling lonely.[65] For instance, research points to the role of religion in finding meaning in life—even in difficult moments—which can support mental health and assist in psychologically adapting to and reframing negative or stressful experiences. The authors of an American study, for instance, describe how trust in God, and practices like prayer that can support this trust, can alleviate stress; altogether, positive religious coping is associated with positive mental-health outcomes.[66]

62 Angus Reid Institute, "A Portrait."

63 D. Oman and C.E. Thoresen, "Do Religion and Spirituality Influence Health?" in *Handbook of the Psychology of Religion and Spirituality*, ed. R.F. Paloutzian and C.L. Park (Guilford Press, 2005), 435–59; H.O. Abu et al., "Association of Religiosity and Spirituality with Quality of Life in Patients with Cardiovascular Disease: A Systematic Review," *Quality of Life Research* 27 (2018): 2777–97, https://doi.org/10.1007/s11136-018-1906-4; G. Lucchetti et al., "Spirituality, Religiosity and the Mental Health Consequences of Social Isolation During Covid-19 Pandemic," *International Journal of Social Psychiatry* 67, no. 6 (2021): 672–79, https://doi.org/10.1177/0020764020970996.

64 Oman and Thoresen, "Do Religion and Spirituality Influence Health?," 440.

65 Lucchetti et al., "Spirituality, Religiosity and the Mental Health Consequences of Social Isolation"; Blevins, "A Faith-Based Intervention"; Ward, Briggs, and Kenny, "Social Disconnection Correlates."

66 S. Pirutinsky, A. Cherniak, and D. Rosmarin, "COVID-19, Mental Health, and Religious Coping Among American Orthodox Jews," *Journal of Religion and Health* 59 (2020): 2290, https://doi.org/10.1007/s10943-020-01070-z.

Rokach also notes the unifying aspect of faith and religious adherence, not only with others that share their faith but also with God. Faith, he found, can be a significant means of responding to loneliness:

> When we started to explore loneliness and how people cope with it, we did not expect that religiosity and attending religious services would be prominent among the strategies that are used to address the pain of loneliness. The Religion and Faith dimension suggests that individuals need to feel connected to and/or worship a divine entity, God, or Supreme Being. Through affiliating with religious groups and practicing their faith, individuals gain strength, inner peace, and a sense of community and belonging.[67]

That said, research suggests that the opposite can also be true, where loneliness may be a result of spiritual struggles that have yielded negative beliefs about God (that is, believing a circumstance is the result of divine punishment), mistrust of God or anger toward God (that is, God doesn't care about me or is responsible for hurting me), doubting religious beliefs, and similar feelings.[68]

Relating to the role of religion and spirituality in enhancing social networks, research does look specifically at the role of membership or participation in a faith community (that is, attending services, etc.) in addressing social isolation and loneliness. This can be particularly important for certain populations, like older adults who may be retired and thus may have lost other social networks, such as within a workplace. As a result, the social interaction provided by faith community activities can be particularly significant.[69]

Additionally, volunteering within faith communities enhances the social experiences of the volunteers themselves, as well as those participating in or receiving the services, programs, and efforts. Again, volunteering plays an important role for the senior population, as it "takes away from periods of social isolation and loneliness by allowing for opportunities to interact across ages, integrate (especially for new immigrants), contribute their wisdom and knowledge, give back to the community, develop new skills, feel valued and less dependent on others."[70]

It should be noted, however, that some research draws attention to loneliness *within* religious populations, as well as more nuanced and complicated relationships between religion/spirituality factors and loneliness. Namely, using survey data from the UK, Gibbes found *higher* rates of loneliness among practicing Christians compared to non-Christians.[71] One of the samples was focused specifically on single persons attending church, however, which may lend support to concerns regarding loneliness among particular subgroups—such as single persons—within the churchgoing population.

67 Rokach, *The Psychological Journey to and from Loneliness*, 261–62.

68 Oman and Thoresen, "Do Religion and Spirituality Influence Health?"; Lucchetti et al., "Spirituality, Religiosity and the Mental Health Consequences of Social Isolation."

69 Blevins, "A Faith-Based Intervention," 28.

70 R. Banu, S. Liladrie, and B. Noka, "The Role of Faith Communities in Improving Supports to Reduce Loneliness and Social Isolation in Immigrants 65+," Sheridan Centre for Elder Research, 2019, 13, https://source.sheridancollege.ca/centres_elder_building_connected_communities_reports_faith/1/.

71 Gibbes, "A Crisis of Community."

Further, Gemar found that, in a US study, religious affiliation was associated with higher rates of loneliness within certain groups, such as minority religious groups. Overall, notes Gemar, the relationship may be complex: "Our analysis reveals that spirituality alone does not mitigate loneliness when other variables are accounted for, presenting complex and divergent associations between religious service attendance, self-reported religiosity, and different facets of loneliness."[72]

These particular studies do raise questions about how those within some communities, such as singles or visible minorities, may have higher risks of loneliness, but more research is needed to better understand these findings. Regardless, significant evidence points to participation in a faith community and in faith-based activities as significant in protecting persons from loneliness and isolation, as well as supporting healthy responses to such experiences.

How Do Faith Communities Address Social Isolation and Loneliness?

What role do faith communities play in practice, and what impact does that have?

An important research project was undertaken by the Sheridan Centre for Elder Research, examining the role of faith communities regarding social isolation and loneliness among older Canadian immigrants (aged 65+). Its survey focused on the experiences of loneliness and isolation among older immigrants in the Peel and Halton region of Ontario and highlights the ways in which a faith community responds not only to spiritual needs but also to "social and survival needs for its members," including providing a "sense of belonging and trusting relationships through activities that enhance interpersonal connections and social support."[73]

Through interviews with faith leaders, the study also identified a range of approaches to serving the needs of older immigrants within their communities:

> Faith leaders identified the formal ways such as prayer groups, emails, flyers, social groups/programs, outreach, volunteer opportunities and community partnerships which helped them connect with older immigrants. However, it was observed that it was the informal ways that allowed faith leaders to add a more personal touch into the work they do. The informal strategies mentioned include home visits, flexible meeting hours, texting/calling, social media, word of mouth and informal advising. The success of faith groups in relating effectively with older immigrants and retaining those trustful relationships can be attributed to a combination of strategies they capitalize on.[74]

Other research has recognized faith community nursing, or parish nursing, as a means of identifying and intervening to address isolation and loneliness. This speciality involves registered nurses who work within a faith community to provide health care or, as is more often the

72 A. Gemar, "Religion and Loneliness: Investigating Different Aspects of Religion and Dimensions of Loneliness," *Religions* 15, no. 488 (2024): 17, https://doi.org/10.3390/rel15040488.

73 Banu, Liladrie, and Noka, "The Role of Faith Communities," 5.

74 Banu, Liladrie, and Noka, "The Role of Faith Communities," 11.

case, to assist the community's members in accessing health-care services.[75] Faith community nurses can be a means of identifying risk factors within the membership, as well as "promoting connectedness" between those who are experiencing or are at risk for loneliness and social isolation, and other ministries, programs, and people.[76]

Attention in the UK to isolation and loneliness has led to efforts from faith-based organizations to understand and respond to the problem,[77] and has prompted coalition-building between faith communities. A national network of faith and community organizations, FaithAction, undertook a study of their member groups on the topic, culminating in their 2019 report, *Right Up Your Street: How Faith-Based Organisations Are Tackling Loneliness*. Summarizing a survey of their members on their responses to loneliness, as well as a series of follow-up case studies, the authors note a high priority placed on the issue of loneliness and/or social isolation from a large majority (82 percent) of respondents. Their survey of members identified projects and programs, both within and beyond the community.[78]

A number of approaches identified by *Right Up Your Street* involved what the authors call "hubs": "locally known venues hosting a range of activities. These might include crafts, food, coffee mornings, discussion groups and events around health and wellbeing." These can be within the church building itself or other community centres or buildings. And because many faith communities have existing infrastructures, "the question isn't 'How do we get a physical presence within our community?,' but 'What do we do with it?'" Home-based visits and programs are also significant, especially in cases of illness, mobility limitations, or other barriers.[79]

Even without a faith community nursing program or other program focused on health, a faith community often has other resources that can enable it to identify and support those at risk of isolation and loneliness. For instance, knowing that a parishioner lost a loved one, the community is well placed to help the survivor remain connected and supported; likewise, fellow parishioners who notice attendance changes may be able to check in to ensure a member is okay.[80]

75 E. Schroepfer, "A Renewed Look at Faith Community Nursing," *MEDSURG Nursing* 25, no. 1 (2016): 62–66, https://www.pnmny.org/articles/ARenewedLookatFaithCommunityNursingMSN%20J-F16.pdf.

76 E.M. Long, "Faith Community Nursing: Identifying and Combating Social Isolation and Loneliness in Older Adults," *Journal of Christian Nursing* 38, no. 4 (2021): 234–39, https://doi.org/10.1097/CNJ.0000000000000883.

77 Periodic surveys of Anglican churches in the UK have also pointed to increases in the proportion of church leaders reporting social isolation/loneliness as a major/significant problem, proportions which range from 55 percent of church leaders in what they refer to as the least deprived parishes up to 81 percent among leaders of the most deprived parishes. Church Urban Fund and The Church of England, "Church in Action: A National Survey of Church-Based Social Action," February 2015, 5, https://cuf.org.uk/uploads/resources/Church-in-Action-2015_0.pdf.

78 R. Garland, J. Simmons, and J. Hadgraft, *Right Up Your Street: How Faith-Based Organisations Are Tackling Loneliness* (FaithAction, 2019), https://communities1st.org.uk/sites/default/files/2022-07/fa-right-up-your-street.pdf.

79 Garland, Simmons, and Hadgraft, *Right Up Your Street*, 16, 17.

80 B.V. Garrison, "Transforming the Narrative of Aging and Dementia in Faith Communities: Toward a New Paradigm of Inclusion," *Journal of Religion, Spirituality & Aging* 33, no. 4 (2021): 413–29, https://doi.org/10.1080/15528030.2021.1885003.

Overall, despite research on the positive role that religion and spirituality can play regarding social isolation and loneliness, research is limited as to how faith communities, as institutions, address these issues—particularly in the Canadian context.

Conclusion

As this backgrounder has shown, social isolation and loneliness pose significant public health challenges. In the Canadian context, these challenges appear to affect some marginalized groups at even higher levels than the general population. Social isolation and loneliness are also indicated as a source of suffering reported by persons whose lives end prematurely through MAiD.

And while religion and spirituality can be a protective factor against isolation and loneliness, there is limited empirical research exploring the role played by faith communities. Yet, understanding this role is important. As articulated by the Sheridan Centre for Elder Research in their report on faith communities and elder immigrants, "Faith organizations must be taken seriously, as one among many places that play a crucial role in meeting community health needs. Cross sectoral contributions will not only improve the quality of loneliness/isolation interventions but also allow faith groups to be effective in the preventative stages."[81]

This backgrounder sets the stage for Cardus's upcoming survey of Christian communities[82] within Canada. This survey project, however, unlike some of the research reviewed for this backgrounder, is not measuring the effectiveness of specific interventions, nor the outcomes of any informal or formal programs or projects or structures within Christian communities. Measuring effectiveness is undoubtedly necessary but is beyond the scope of the project at hand. Instead, the focus is on mapping out and understanding the role that Christian communities play on this issue, in the hopes that this will fuel further research, as well as inspire and support the communities that endeavour to address these important and basic human needs.

Accordingly, our upcoming survey research will not entirely fill the research gap in this area. However, it will provide an important building block in this research, by mapping out the infrastructures that may contribute to lessening social isolation within churches and their broader communities. This will include identifying any programs or projects that are directly and intentionally focused on addressing social isolation and loneliness (such as a targeted outreach program for homebound church members), or structures that informally promote community and support connection (such as prayer groups or hospitality ministries). It may support future evaluative and measurement efforts, but also, in the meantime, can serve to inspire and energize Christian churches in responding to social isolation.

81 Banu, Liladrie, and Noka, "The Role of Faith Communities," 15.

82 Even though the role of non-Christian faiths and faith communities in general warrants study, this project narrows its scope to focus on the—still very substantial—pool of Christian faith communities in Canada, with which Cardus, as an organization that draws on Christian social thought, has existing connections to draw on in facilitating the dissemination of the survey.

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