Are Inequalities Contributing to Cancer-Related Loneliness?

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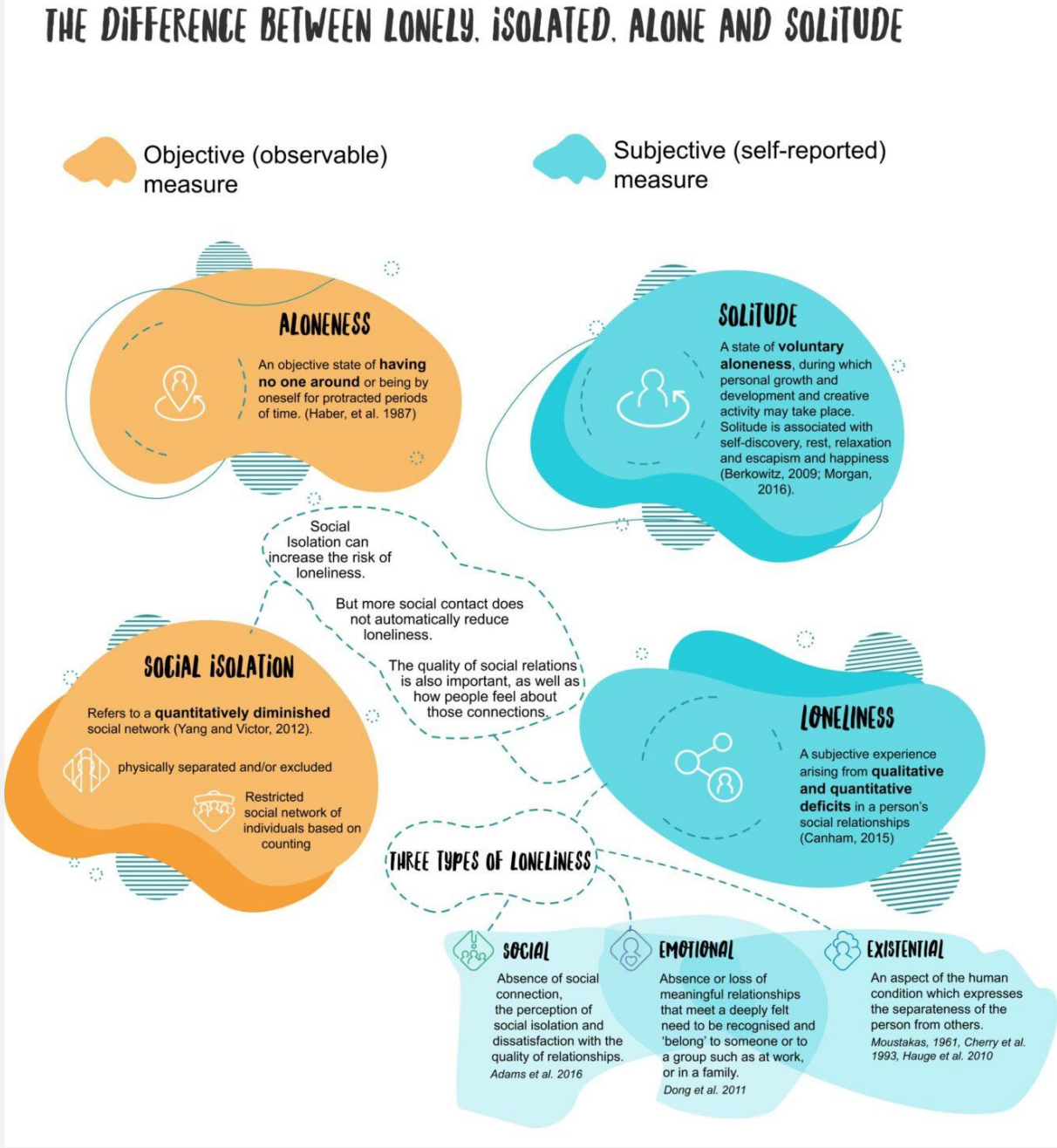
Defining Loneliness

- **Social -** perceived deficit in the quantity and quality of social connections
- **Emotional -** loss or absence of deeply meaningful relationships that satisfy fundamental human needs for attachment, recognition and belonging
- **Existential -** deeper sense of being separate from others



Mansfield, L., Daykin, N., Meads, C., Tomlinson, A., Gray, K., Lane, J. and Victor, C. (2019) 'A conceptual review of loneliness across the adult life course (16+ years)', *What Works Centre for Wellbeing*. Available at: https://whatworkswellbeing.org/wp-content/uploads/2020/02/V3-FINAL-Loneliness-conceptual-review.pdf (accessed 23 December 2025).

Campaign to End Loneliness (2024) *Facts and statistics about loneliness*. Available at: https://www.campaigntoendloneliness.org/facts-and-statistics / (Accessed: 6 July 2026

Defining Cancer-related Loneliness

- Not just a deficit in meaningful or social relationships
- Cancer-related loneliness is complex:
  - Existential challenge
  - A desire to return to normality: 1) memories of life unimpeded by life-threatening illness 2) social, emotional, fiscal and physical losses resulting from cancer, 3) hopes and aspirations for a positive outcome
  - Stressful and significant life challenges
  - Draws attention to existing (or non-existent) relationships
  - Perceived or actual absence of resources
  - Perceived or actual absence of future opportunities

"cancer and the circumstances around it, cause a threat that result in feelings of being fundamentally separated and lonely."

Loneliness in the CLIO study: Characteristics

- 19% - 61% of people with cancer will be lonely (Smith *et al*., 2024; Deckx, van den Akker and Buntinx, 2014).
- 18 people participants – 11 ongoing lonely, 3 never lonely
- Two or more of the following were characteristics of loneliness:
  - Poor prognosis
  - Recent diagnosis
  - Cancer recurrence
  - Lonely prior to cancer
  - Life partner support unavailable during cancer diagnosis and treatment
  - Life stressors – such as homelessness, bereavement, loss of job etc
- Relational challenges in discussing cancer
- Having access to information is important

Smith, S., Lally, P., Steptoe, A., Chavez-Ugalde, Y., Beeken, R.J. and Fisher, A. (2024) 'Prevalence of loneliness and associations with health behaviours and body mass index in 5,835 people living with and beyond cancer: a cross-sectional study', *BMC Public Health*, 24, p. 635. https://doi.org/10.1186/s12889-024-17797-3
Deckx, L., van den Akker, M., Buntinx, F. (2014) 'Risk factors for loneliness in patients with cancer: a systematic literature review and meta-analysis', *European Journal of Oncology Nursing*, 18(5):466-77. doi: 10.1016/j.ejon.2014.05.002.

Turning the Rubicon – Cancer diagnosis fragments life

“cancer and the circumstances around it, cause a threat that result in feelings of being fundamentally separated and lonely.”

- Existential - Realisation and reality of the fragility or fallibility of their bodies
- Ontological – Who was-am I? The ability to be as they had once been, has changed with diagnosis.
- A sense of an internal change to thoughts, expectations and needs.
- Sense of vulnerability and loss of coherence of their world.

Meaning making

- Salutogenesis (Antonovsky, 1979)
- Sense of coherence:
  - Comprehensibility – perception of life events as structured, predictable, and explicable
  - Manageability - capacity and available internal and external resources to handle challenges and resolve difficulties
  - Meaningfulness – life's demands are perceived as worthy of investment and engagement

Mittelmark, M.B. and Bauer, G.F. (2022) 'Salutogenesis as a theory, as an orientation and as the sense of coherence', in Mittelmark, M.B., Vaandrager, L., Sagy, S., Lindström, B., Bauer, G.F., Pelikan, J.M., Eriksson, M. and Magistretti, C.M. (eds) *The Handbook of Salutogenesis*, 2nd edn. Cham: Springer, pp. 11–17. doi: 10.1007/978-3-030-79515-3_3 (accessed 4 January 2026).

Super, S., Wagemakers, M.A.E., Picavet, H.S.J., Verkooijen, K.T. and Koelen, M.A. (2016) 'Strengthening sense of coherence: opportunities for theory building in health promotion', *Health Promotion International*, 31(4), pp. 869–878. doi: 10.1093/heapro/dav071.

Meaning making *(continued)*

- Salutogenesis (Antonovsky, 1979)
- Generalise Resistance Resources:
  - protective, supporting coping during stressful periods.
  - biological, psychological, social, or material resources
- Abundant and utilised GRR's support Sense of Coherence

Dahlgren, G. and Whitehead, M. (1991) *Policies and strategies to promote social equity in health: Background document to WHO strategy paper for Europe*. Available at: https://files01.core.ac.uk/download/pdf/6472456.pdf (accessed 11 January 2026)

Micro-level factors of loneliness

- Cancer is a life stressor
- Severity of cancer symptoms/treatment and side-effects/disability
- Satisfaction of basic needs
- Prior experience of adversity
- Perceived and actual ability to take control of the situation
- Access to and availability of resources
- Cognitions, behaviours, motivations and maladaptions
- Interpersonal relationships

Meso- and Macro-level Factors

- Meso-level factors include the systems that connect the individual to broader health structures, such as the NHS and community social networks.
- Macro-level influences on health and loneliness, including inequalities, economic factors, and social attitudes

EKHUFT variability in meeting needs

National cancer care standards:

- <28 days for diagnosis confirmation
- <62 days for treatment

- There is not uniformity across patient groups in their experiences, gender and tumour site/type, waiting times.
- Uncaring encounters - feeling processed through the medical system in a cursory or perfunctory manner.
- Language and behaviours of individual healthcare professionals were perceived as disempowering, leaving participants feeling unable to express their emotions and emphasising sense of loneliness.

East Kent Hospitals University NHS Foundation Trust (2025) 'Annual report and accounts 2024–2025'. *East Kent Hospitals University NHS Foundation Trust*. Available at: https://www.ekhuft.nhs.uk/s3/assets/files/annual_reports_and_publications/final-annual-report-and-accounts-2024-2025-web.pdf (accessed 30 January 2026).
East Kent Hospitals University NHS Foundation Trust (2024) 'Annual report and accounts 2023–2024'. *East Kent Hospitals University NHS Foundation Trust*. Available at: https://www.ekhuft.nhs.uk/s3/assets/files/annual_reports_and_publications/ekhuft-annual-report-and-accounts-for-2023---2024.pdf (accessed 30 January 2026).

Lack of access to information

- Specialist nurses – major source of information
- Time of diagnosis - reduced capacity to process and retain complex clinical information - details not fully understood or recalled
- Few charities available for face-to-face discussion
- Cancer care map: limited offering and confusing
- Requirement to pay for counselling or wait if offered
- Support groups limited and reliant on volunteers
- Support groups are not always relevant
- Funding environment is restricted

Social deprivation

- Economic, health, education, and living-condition disadvantages
- Statistically measured through indicators such as low income, unemployment, educational outcomes, crime, barriers to housing, and health problems.
- Margate, Ramsgate, and Dover rank among some of the most deprived in the country.
- People are ‘deprived’ - experience deficits in resources that go beyond financial means, and intersecting inequalities contribute.
- Structural inequalities influence not only the likelihood of developing cancer, but also cancer outcomes.
- Cancer mortality is substantially higher in the UK’s more deprived communities, with individuals in the most deprived areas experiencing nearly 60 % higher (Warnock, 2025)
- Risks – Obesity and smoking, delayed diagnosis and unequal access to healthcare

Warnock, A. (2025) ‘Cancer death rates almost 60% higher in UK’s most deprived areas’, *Cancer Research UK – Cancer News*, 21 February. Available at: https://news.cancerresearchuk.org/2025/02/21/cancer-death-rates-higher-for-most-deprived/ (accessed 31 January 2026).

In conclusion

- Social deprivation, high disease burden, and limited psychosocial support in East Kent increase vulnerability to cancer-related loneliness.
- Structural inequalities intensify the challenges of living with cancer.
- Macro-level disadvantage intersects with individual and social experiences of loneliness.
- Inequalities can heighten uncertainty, reduce perceived agency, and exacerbate feelings of loneliness.

Your questions, thoughts and observations

Thank you!

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