

RESEARCHING SOCIAL PSYCHOLOGY

# Addressing Loneliness

Coping, Prevention and  
Clinical Interventions

Edited by  
Ami Sha'ked and Ami Rokach



# Addressing Loneliness

This is a volume on loneliness and what can be done to address its pain. While most books simply describe loneliness from one authority's point of view, this volume includes a comprehensive review of the literature and employs top researchers in the field who discuss their own research findings, conclusions, and clinical experience. It explores the relationship between loneliness and sexuality, loneliness and optimism, and parental loneliness during pregnancy and childbirth. It also addresses loneliness throughout the life cycle in children, adolescents, the elderly, and disabled, leading to a variety of coping and therapeutic modalities aimed at helping those who suffer from loneliness in its various forms.

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# **Researching Social Psychology**

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Ami Rokach**

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# Dedication

**First, to all the lonely people**

**To my lifelong friend and partner Drora; to my children Tal, Sharon, and Eli Sha'ked; and to Aviad Erenreich and Hagit Werner—whose love and support shields me from loneliness (A.S.)**

**And to Pnina, Natalie, and Benny Rokach, who have always been my 'bestest' friends, lovers, supporters, and soul nourishers (A.R.)**

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# Prologue: What Do We Do About Loneliness?

*Ami Sha'ked and Ami Rokach*

This edited collection of chapters contributed by a select group of leading scholars from around the globe is a companion volume to a book we co-authored, entitled *Together and Lonely- Loneliness in Romantic Relationships: Causes and Coping* (Rokach & Sha'ked, 2013). As we reviewed the voluminous theoretical and empirical literature for that book, we found a noticeable lack of sufficient information on coping processes with loneliness, interventions to alleviate its emotional and social effects, and prevention modalities to minimize its occurrence. Although there were several books on loneliness on the market, none was geared to address these aspects of loneliness. Therefore we intended to create an educational volume addressing the topic of loneliness from a coping, clinical intervention and prevention aspects. We included essays featuring loneliness from social, cultural, philosophical, and psychological perspectives; studying loneliness along the life span and its passages and transitions; loneliness of those who are disabled, those who are culturally alienated and feel lonely and isolated, and people who are lonely in their work environment; loneliness in close relationships; and also offer a novel, unique, and perhaps first of its kind theme: loneliness and sexuality.

We were fortunate that the distinguished authors not only agreed to contribute chapters in their areas of expertise, but also to tailor their essays to meet the specific and unique needs of this volume. We would like to see this book useful for researchers, academicians, and clinicians as well as for the well-read and knowledge-inquisitive general public. We hope that the book will be suggested as reading material for undergraduate and graduate courses that deal with loneliness and closely related constructs.

## CONCEPTUALIZING LONELINESS

The construct of loneliness has captured the attention of social scientists for over three decades. Many definitions of loneliness have been constructed (see Peplau & Perlman, 1982 for a dozen different definitions). Kraus and her associates recognized three underlying features common to

all the definitions they reviewed: loneliness is a subjective emotional state, as opposed to an objective characteristic in one's social surroundings; it results from perceived deficiencies in a person's social life; and loneliness is an aversive and distressing experience (Kraus, Davis, Bazzini, Church, & Kirchman, 1993).

Loneliness has also been conceptualized as a composite of two related and interwoven elements: a cognitive element encompassing the discrepancy between a person's desired and actual, day-to-day social relationships and the affective element manifested by adverse emotional experiences of separation, anguish, and pain (Cacioppo & Hawkley, 2009; Masi, Chen, Hawkley, & Cacioppo, 2011). Loneliness, not to be viewed synonymously with social isolation, has been shown to be more closely associated with the quality rather than the quantity of the relationships one has (de Jong Gierveld, van Tilburg, & Dykstra, 2006; Perlman & Peplau, 1998; Rokach & Brock, 1997). Literature review leads to the conclusion that loneliness is an inherently essential element of human existence (Cacioppo and Patrick, 2008; Moustakas, 1961), and it appears to be a cross-cultural and universal psychosocial phenomena (Rotenberg, 1999). Perhaps this is one of the reasons that loneliness is inevitable, and most people experience various degrees of loneliness accompanied by pain and distress at some time in their lives. In accordance with this assertion, Rokach and Sha'ked (2013) contend that "loneliness is interwoven in our existence, just like joy, hunger, and self-actualization. Humans are born alone, they often experience the terror of loneliness in death, and they usually try desperately to avoid loneliness in between" (p. 7).

Rotenberg (1999) suggests that the universality of loneliness may well be explained within the framework of the belongingness hypothesis presented by Baumeister and Leary (1995), who underscore the vital role of the human motive to belong as part of the evolutionary makeup of survival. Accordingly, people are motivated by the desire to form, enhance, and maintain gratifying and supporting social and romantic relationships to protect against exclusion, alienation, and loneliness (Hendrick & Hendrick, 1995). Not being able to fulfill the need to belong might cause negative consequences to a person's psychological welfare, such as the anguish of loneliness (Hendrick, 2004; see also Rokach, 2011). Belonging and loneliness are two ends of an emotional spectrum to such a degree that "If people did not have a fundamental need to belong, loneliness, as we know it, would not exist" (Hendrick, 2004; p. 9). Rewarding social connections that fulfill the need to belong are a viable source for a sense of attachment bonding, social integration, emotional nurturance and reassurance, a deep awareness of being valued, a stable source of assistance, support, and guidance (Weiss, 1974, 1982).

Rokach's (in Rokach & Sha'ked, 2013) three decades of research has brought him to conceptualize loneliness as a multidimensional experience composed of five basic factors, not necessarily to be collectively felt or preset

in every loneliness experience. These are: Emotional distress manifested by feelings such as pain, anguish, anxiety, emptiness and hopelessness, a sense of social inadequacy and alienation; interpersonal isolation commonly associated with loneliness, expressed as a sense of perceived lack of social support, accompanied by devastating pain of rejection, of being left out, self-alienation, or self-detachment, felt when the agony and pain associated with loneliness are an excessively heavy emotional reality to bear; and finally, on a positive note, the dimension of growth and discovery, viewing loneliness as an inner power that may motivate personal development and growth, which may result in becoming more socially involved and lead to seeking a more meaningful life (see Wong's chapter in this volume).

## TYPES OF LONELINESS

One of the earliest typologies of loneliness was constructed by Moustakas (1961). Moustakas distinguished between loneliness anxiety—an emotionally aversive state with consequences of a deep sense of social alienation—and existential loneliness, an inevitable element in the human existence but yet a positive force that leads toward self-growth and development.

Weiss (1973, 1974) formulated a theoretical typology that categorized loneliness into two distinct types: social loneliness and emotional loneliness. The distinction between these two kinds of loneliness was made on the basis of the relationship deprivation or deficit a person experiences. Social loneliness relates to a perceived discrepancy between a person's desired and actual social connections. In contrast, emotional loneliness results from the absence of close, intimate bond with another person. One of the dimensions in de Jong Gierveld's (de Jong Gierveld, van Tilburg & Dykstra, 2006) multidimensional model is viewing loneliness as an emotional deprivation resulting from the absence of an intimate relationship, which provides what Weiss (in Russel, Cutrona, Rose, & Yurko, 1984) coined "social provisions": a deep sense of relational cohesion, felt security, and nurturance in the form of affectionate care and support. Social provisions supplied within an attachment bond include the provision of a secure base, shown by a partner's support that empower personal growth, and a safe haven that provides reassuring support at times of need (i.e., when one experiences stress) (Hazan, Gur-Yaish, & Campa, 2004). Other provisions supplied by social interactions are social integration and companionship, reassurance of worth and self-competence, reliable and stable alliance of support, a source of assistance and support, and guidance and trustworthy advice (Weiss, 1974). The effects of loneliness on an individual's personality characteristics and features of his or her social network are mediated by the availability of specific social provisions (Kraus et al., 1993).

Rokach and Sha'ked (2013) addressed two central elements in human relations: the psychosocial construct of loneliness and the forming of romantic

relationships, commonly perceived as the protective shield against loneliness. Within this context, the authors described two forms of loneliness as they are commonly experienced in intimate relationships: **essential loneliness** and **transient or reactive loneliness**. This is similar to the differentiation made in regard to endogenic and reactive depression in which the former is thought to be an essential dimension of a person's makeup, whereas the latter is a reaction to a transient life event or passage. Therefore, essential loneliness is a primal state, a fundamental characteristic of one's disposition. Essential loneliness is usually attributed to personality and developmental factors, i.e., low self-esteem, an enduring and deep sense of personal and social inadequacy, and recurrent failure in forming and maintaining intimate relationships. Essential loneliness represents an experience of being disconnected and not belonging, usually as a result of early attachment disruptions (Hojat, 1987). The second type of loneliness—transient, reactive loneliness—is “usually triggered by the dynamics of the couple's interactions and as such, can be coped with and ameliorated by changes, and improvements to the very same interactions that may have, initially, caused it” (Rokach & Sha'ked, 2013; p. xiii). This distinction between transient and essential loneliness can be viewed through a classification scheme of duration. Whereas transient loneliness is short-lived, acute, and circumstance-specific—thus a temporary condition, a consequence of life events and transitions—essential loneliness is a trait, a chronic and enduring state (Perlman & Peplau, 1981, 1998). According to Perlman and Peplau (1998) “trait-lonely individuals, compared to state-lonely people, are more likely to have deficient social skills, to attribute their loneliness to undesirable, unchangeable aspects of their personality, and to have difficulty overcoming their social deficits” (p. 574).

## IMPLICATIONS FOR INTERVENTIONS

Loneliness is likely to be accompanied by other emotional constructs such as frustration and anger, anxiety, and depression (Hawkey & Cacioppo, 2003, 2009). The perceived sense of isolation and separation felt and expressed by lonely people creates enduring strain and tension, which in turn results in increased awareness and sensitivity to their social surroundings (Cacioppo & Hawkey, 2009). Lonely individuals are frequently “on guard,” carefully scanning and examining for potential threat-evoking signals in their social surrounding. This hyper-vigilance (enhanced state of sensory sensitivity and watchfulness) goes together with increased vulnerability to a point that “lonely individuals see the social world as a more threatening place, expect more negative social interactions, and remember more negative social information” (Hawkey & Cacioppo, 2010, p. 220). These maladaptive social cognitions (holding negative expectations and interpretations toward others' behavior) are followed by the lonely person reciprocating negatively to

others, creating deeper social distance, which in turn deepens the feeling of loneliness. In other words, it is possible that lonely individuals contribute to their loneliness by perpetuating a self-reinforcing loneliness cycle (Hawkley & Cacioppo, 2010).

Clinical implications of this model require the breaking down of this self-reinforcing loop of loneliness by transforming the lonely person's cognitions to eliminate negative affect reciprocity (Hawkley & Cacioppo, 2010). This modality places the hypervigilance for social threat at the center of therapy due to its powerful impact on cognitive, perceptual and behavioral aspect associated with loneliness. According to Hawkley and Cacioppo (2010) cognitive-behavioral therapeutic interventions that attempt to identify and modify maladaptive social conditions are by far more effective than modalities that attempt to improve social skills and social support.

The literature on strategies to reduce loneliness underscores four major modalities: improving social skills, promoting and enhancing social support, increasing opportunities for social interaction and connectedness, and challenging and transforming maladaptive social cognition held by lonely individuals (see Chapter 14 in this volume). Results from meta-analytic research on loneliness reduction suggest that challenging and correcting maladaptive social cognition, discussed above, offers the best probability for reducing loneliness (Masi, Chen, Hawkley, & Cacioppo, 2011). Masi et al. (2011) concluded that questions remain regarding the outcome effectiveness of loneliness interventions and that more laborious empirical research is needed on this topic.

The book is divided into three sections. The first, **Perspectives on Loneliness**, examines loneliness and its manifestations; the second addresses various strategies aimed at coping with loneliness; and the third presents prevention and clinical intervention modalities to alleviate loneliness or even be proactive and reduce the likelihood of its appearance.

We open the first section with Rokach's comprehensive account of the complexity of the construct of loneliness. In his chapter, **Loneliness, Alienation, Solitude, and Our Lives**, Rokach shows that loneliness has been, is, and will be experienced inevitably and uniquely by each individual, and differently in the various ages and stages of life. Loneliness may sometimes have a profound effect on our cognitions, behaviors, and emotions and may affect our physical and mental well-being. Loneliness along the life span is presented from early childhood to old age, examining those circumstances and experiences at each developmental stage that may develop loneliness. The author argues, based on his and others research that "the relationship between age and loneliness is a curvilinear one, whereby the young and the old are especially prone to loneliness." The author proposes what he observed as three distinguishing characteristics of loneliness: Loneliness is a universal phenomenon, fundamental to human existence; it is a subjective experience influenced by personal and contextual factors; and it is always painful, distressing, and individualistic.

In his chapter **Cognitive and Motivational Roots of Universal Loneliness**, Mijuskovic explores psychological and philosophical aspects of loneliness. Whereas most of the research on loneliness shows that it is caused by situational and mostly transient conditions, the author argues that the human existence is essentially and intrinsically lonely, that loneliness is an indispensable and inescapable feature of the human condition, and that the fear of *loneliness* is primary and embedded within one's self. Drawing from writings of Burlingame, Anna Freud, Ribble, Spitz, Bowlby, Harlow, and Mahler, the author asserts that people's need to affiliate with others and the desire to belong emerge due to the preexistence of loneliness and that "loneliness is first felt and only subsequently recognized as a problem to be overcome, transcended. For only then do intimacy, friendship, and all the other strategies of 'socialization' follow as 'solutions' to the original problem—which is always loneliness." In the final part of his chapter, Mijuskovic proposes various therapeutic interventions to alleviate the experience of loneliness, of which the first and most central is an insight to the realization that life involves an ongoing struggle against loneliness.

Fisher took upon himself the challenge to explore the potentially reciprocal relationship that exists between loneliness and sexual behavior. His essay **Loneliness and Sexuality** reviews empirical research to examine two possible directions: The extent to which loneliness triggers sexual activity in an effort to reduce its negative emotional and cognitive impact and the manner by which sexual activity triggers loneliness. Among the sexual activities discussed are the uses of pornography, masturbation, the use of cybersex sites, accessing commercial sex workers, uncommitted sexual encounters, sexual offending, and unsafe sexual activities. To provide insight and explanatory framework into the relationship of loneliness and sexuality, Fisher relies on two theoretical models: attachment theory and a mood self-regulation.

A self-regulation of mood conceptualization provided Fisher with additional insight into the relationship of loneliness, coping, and sexual behavior. Empirical evidence is presented to support the hypothesis that lonely adults may be driven to engage in sexual activity in a self-regulated effort to relieve the aversive feeling of loneliness.

According to Patron, the contributor of the chapter on **Students' Loneliness During Cross-Cultural Adjustments**, there is insufficient empirical research on the impact of loneliness and the role it plays in the process of cross-cultural adaptation (CCA), especially as it concerns the well-being of foreign and exchange students. In this chapter, Patron addresses the effects of loneliness during the cyclical transitional processes of adjustment and readjustment characterizing this population. Findings from ethnographic research on French undergraduate and graduate students over the last decade is presented and elaborated on in light of other cultures in transition. It is well known that students tend to experience personal and social loneliness (essential and transitory loneliness), yet a third type of loneliness—cultural loneliness—has been identified and is unique, according to Patron, to the

experiences of international students. This type of loneliness is caused by the student being far away from what they are accustomed to both culturally and linguistically.

The author further discusses the causes of cultural-specific loneliness and the predictors of adjustment to the host country made by foreign students with its antecedents to loneliness experienced by this population. In addition, Patron provides some ideas and approaches to decrease the sense of loneliness among foreign and exchange students, such as the use of student support networks.

The section entitled **Coping With Loneliness** opens with **Coping With Loneliness During Childhood and Adolescence**, which reviews research literature relevant to loneliness in this age group. In addition, the authors Enav, Rosenstreich, and Margalit present various conceptual models of coping with loneliness during childhood and adolescence and provide an in-depth comprehension of personal and contextual factors that predict coping with loneliness and innovative interventions for dealing with loneliness. The authors assert that “loneliness of children and adolescents is a complex, multidimensional phenomenon varying in intensity, causes and circumstances,” and successful coping with loneliness is mainly based upon the acquisition of personal resources, i.e., emotional regulation and attention regulation that can be used to identify both positive and negative social interactions.

The authors conclude that utilizing mindfulness in a nonjudgmental atmosphere to reduce rumination and stress may increase the availability of cognitive resources, which in turn may benefit coping with loneliness.

Disabling conditions in children affect their social and emotional well-being and may impact the quality of life of both the child and his or her family. Many children with physical, mental, and intellectual disabilities are predisposed to the social isolation and alienation; consequently, they are more prone to loneliness than their nondisabled peers. The chapter **Coping With Loneliness in Children With Disabilities**, contributed by Sharabi, reviews and integrates conceptual and empirical literature to examine the psychosocial challenges imposed on children with various types of disabilities and how they relate to loneliness and social isolation. In addition, strategies for coping with loneliness with respect to these children's various support mechanisms (i.e., family, educational, and friendship resources) are explored and thoroughly addressed. Sharabi concentrates mainly on forming and enhancing social competence and skills as a personal resource for coping with loneliness.

It was only after Asher, Hymel, and Renshaw (1984) published their seminal work on loneliness during childhood and adolescence (including the development of the Loneliness & Social Dissatisfaction Questionnaire) that research on this topic has progressed rapidly. Since then, there has been a growing empirical interest in the nature, manifestation, causes, and coping mechanisms relating to loneliness in these age groups (Rotenberg, 1999). This growing and impressive research progress is evident in Campbell's



essay on **Children and Adolescents' Coping With Loneliness**. This review seems to be guided by conceptualizing loneliness along two major components: the discrepancy between one's desire for and actual social connections, which is the most used definition of loneliness, and the affective element of negative emotional experiences and distress associated with this construct. The review by Campbell covers topics such as the prevalence of loneliness in childhood and adolescence and its consequences, as well as measurement techniques being used for research and assessment purposes. Special attention is given to reviewing and describing a variety of intervention strategies employed to cope with loneliness or prevent it and factors affecting the outcomes of coping.

Loneliness has been typically viewed and studied as a private emotional construct that mostly affects one's personal, inner life. Nonetheless, loneliness appears to be more than just an intensely painful personal existence. In light of this assertion, Sarah Wright explores in her chapter **Coping with Loneliness at Work** the view that "what might appear to be a quintessential individualistic experience—workplace loneliness—is not only a function of the individual but is also, in part, a property of the organisation" that should not be overlooked as a potential trigger for loneliness. This chapter explores the coexistence between personal and social factors at the work environment as they relate to workplace loneliness. The author argues that it is imperative to carefully examine the organizational environment (i.e., broken social networks, a negative emotional climate, interpersonal conflict) to delineate the effect of contextual variables and their relative impact on the worker's experience of loneliness. Wright considers both the manner by which one appraises and interprets his or her workplace setting and, on the other side of the equation, the ways in which the organizational environment operates on and contributes to the worker. A large section of Wright's chapter is devoted to coping with loneliness in the workplace. The author argues that interventions to decrease loneliness in the workplace need, first and foremost, to target employees who are on the sideline of the social network and provide them with a positive and rewarding organizational climate to increase their sense of belonging. Various intervention strategies to alleviate loneliness in the workplace are further discussed in light of the premise that work-related loneliness is best managed by considering and improving work-related conditions.

Scholars representing various disciplines have studied close relationships for decades. However, theoretical and empirical work on loneliness in romantic, close relationships is relatively recent and rather scarce (Rokach & Sha'ked, 2013). Sha'ked's **Addressing Loneliness in Romantic Relationships** intends to somewhat fill this gap. In this chapter, the author discusses the various forms and appearances of loneliness, how it develops within close relationships, and the effects that loneliness has on the partners involved. An emphasis is given to viewing loneliness in the context of the need to belong, which is manifested by the desire to form and maintain a lasting intimate relationship with a benevolent partner. Evidence is presented to show that a

stable intimate relationship that fulfills the core needs of love and intimacy, felt security, and a sense of belongingness protects partners from loneliness. In contrast, a chronically conflicted and distressed relationship is likely to cause loneliness. When a relationship is characterized by severe deficiencies in the provisions of safe haven and a secure base, it cascades into a process that leads toward emotional loneliness. The chapter presents relevant research to design the portrait of successful, loneliness-protective romantic relationship as opposed to a distressed, loneliness-provoking relationship. The final section of Sha'ked's chapter reviews some interventions and preventions addressing relational loneliness. A central point in therapeutic modality presented by the author is the causal coexistence between relational distress and loneliness. Loneliness caused by relational distress generates greater stress through negative cognitive and behavioral processes, which in turn perpetuates and even exacerbates marital distress, leading to a deeper sense of loneliness, and vice versa. Therefore, the initial task in the therapeutic process for relational loneliness is to identify and thoroughly evaluate this reciprocal causal effect that exists between distressful relationships and loneliness. Once this coexistence between these two constructs is acknowledged and evaluated, partners are to be challenged to work on restoring relational cohesion and attachment bonding.

According to Ben-Zur, the author of **Optimism and Loneliness: Literature Review and Explanatory Models**, "dispositional optimism is considered to be a psychological resource that affects people's appraisals of their capacity to cope with stressful encounters as well as their subsequent coping efforts, thus leading to lower short-term distress and better long-term life satisfaction and health." This chapter describes various models aimed at explaining the relationship between optimism and loneliness and presents a thorough review of relevant empirical literature. The *negative* association that exists between optimism and loneliness has been convincingly documented across age groups, gender, and nationalities; in cross-sectional and prospective studies; and among healthy as well as acute or chronically ill samples. Various models were enlisted to suggest that optimism is a factor contributing to alleviate loneliness. The **dynamic interactive model** identifies optimistic people as having a positive view of their social environment, views social ties as more rewarding and pleasant, and are likely to be more accepted and liked by others, thus less lonely. The **cognitive model of stress and coping** explains that optimistic people appraise stressful situations more as a challenge than a distress, are proactive in seeking social support, are problem-focused in their coping, and utilize better and more effective coping strategies to manage stress, thus coping better with loneliness. Finally, the possibility that optimistic people are more effective in coping with loneliness due to the associations that exist between optimism and other positive and effective human coping resources and traits is discussed and supported by research. Ben-Zur takes the opposite direction to present conceptual models of optimism to show a link between pessimism and loneliness.

Wong's chapter concludes this section on coping with loneliness. The author refers at the start of his essay, entitled **A Meaning-Centered Approach to Overcoming Loneliness During Hospitalization, Old Age, and Dying**, to Yalom, who conceptualized loneliness as a core, existential anxiety along with the fear of death and the sense of meaninglessness. Wong, similar to Yalom, denotes the inevitable awareness of existential alienation when one feels alone, detached, and abandoned, without a close relationship to offer understanding, comfort, and emotional security. These antecedents of loneliness become expressly intense and are likely to occur in old age, during prolonged illness and hospitalization, and when one is dying. Drawing mostly on his personal experiences with life-threatening illness and hospitalization and on published research, Wong addresses life's crossroads and their effect on loneliness and anxiety. In addition, the author, who is a devout follower of humanistic-spiritual psychology, presents his meaning-centered approach to addressing loneliness. Wong is convinced that this existential modality offers a hopeful perspective by concentrating and capitalizing on the human capacity to discover and create a soothing meaning even out of suffering, such as in coping with the pain of loneliness.

We placed Victor's chapter on **Loneliness and Later Life: Concepts, Prevalence, and Consequences** at the outset of the section entitled **Prevention and Clinical Interventions**. The elderly population has been steadily growing due, mostly, to improvements in health care, life style, and education. At the same time, older people, more than any other social group, are especially vulnerable to social isolation and loneliness and to their profound consequences to health and quality of life outcomes. Many experience loneliness as a result of diminished family ties and social connections. According to Victor, the high prevalence of loneliness in the elderly has created a stereotypic notion that it is a "normal" aspect of this population, thus failing to identify the subgroups most at risk to develop loneliness. Victor contemplates how we can examine and identify loneliness in the elderly and describes trajectories and patterns of loneliness focusing upon variations across some European countries. Focusing on Great Britain and using a heterogenic approach, the author indicates that the prevalence of loneliness is three times higher amongst key subgroups (i.e., widowers and people in minority groups) than in the general population.

Finally, Victor discusses interventions aimed at the reduction of loneliness or the prevention of its onset. In her concluding remarks, Victor asserts that "we should focus on those who in spite of bereavement, failing health, reduced social network and reduced income do not become lonely. By focusing upon those who do not experience loneliness we may gain new insights into the factors that make them resilient to these phenomena and be able to generate meaning interventions."

Physical, mental, and intellectual disabling conditions may have a profound effect on a person's quality of life, social connectedness, and overall psychological and emotional well-being. Loneliness is one of these emotional

antecedents of disability (Rokach & Sha'ked, 2013). People with disabilities are at higher risk than those who are nondisabled to be afflicted with social isolation and loneliness. In her chapter on **Loneliness Interventions for Students with Disabilities**, Pavri indicates that students with disabilities are particularly vulnerable to loneliness due mostly to the adverse impact of the disabling conditions on their social and psychological adjustment. The chapter provides a thorough review of the research that demonstrates how children and adolescents with physical, intellectual, and developmental disabilities experience, perceive, and cope with loneliness. In addition, the author discusses intervention strategies documented as being effective in alleviating loneliness of students with disabilities. School-based and family assisted modalities to alleviating loneliness are discussed, including social support, social skills training, and therapeutic intervention approaches. The last section of the chapter presents some future directions and what the author consider to be promising intervention approaches to prevent and decrease loneliness in this special-need population.

The authors of **Strategies to Prevent Loneliness** found limited evidence in support of the effectiveness of intervention services and activities targeting loneliness. They concluded that the alleviation of loneliness is not an easy task to accomplish, often requiring time and multiple interventions. For this complexity in treating loneliness, Gierveld and Fokkman, the authors of this chapter, suggest making a strategic shift from loneliness reduction modalities to loneliness prevention. Their cognitive approach to loneliness intervention incorporates six interrelated stages grouped into three phases: (1) awareness of the risk factors of loneliness and of the importance of a “social convoy” (i.e., engaging in social exchanges that provide support, reassurance, respect, and care) to alleviate it; (2) meeting some preconditions to develop an appropriate “social convoy” (i.e., being willing and knowing how to develop and maintain social connectedness); and (3) actions that one takes to foresee negative life events and passages that might trigger the onset of loneliness. The chapter specifies and elaborates on the various stages and actions one has to accomplish in order to develop a “social convoy” that shields against social losses and loneliness.

Gierveld and Fokkemam’s “social convoy” somewhat resembles Caiooppo, Reis, and Zautra’s (2011) concept of social resilience, which is “the capacity to foster, engage in, and sustain positive relationships and to endure and recover from life stressors and social isolation. Its unique signature is the transformation of adversity into personal, relational, and collective growth through strengthening existing social engagements, and developing new relationships, with creative collective actions” (p. 44).

The chapter **Helping the “Poor Get Richer”—Successful Internet Loneliness Intervention Programs** discusses the relationship between the Internet and loneliness, raising and discussing questions relating to the extent the Internet is effective in helping to reduce people’s loneliness. In the first section, Seepersad traces the changing positions relating to the effects of the Internet

on the loneliness of its users. The initial viewpoint in this evolution argued that excessive use of the Internet was related to higher levels of loneliness. A viewpoint shift was then made toward a more multifaceted understanding of seeing the Internet as a device that was used differently depending on a user's level of loneliness. This and other shifts in the understanding of the links between the Internet and other social media are discussed and supported by relevant research.

The second part in Seepersad's chapter outlines, discusses, and provides examples of major features of loneliness intervention programs. The author, like others in this volume, stresses the importance of addressing maladaptive social cognition of the lonely person and improving his or her social skills in addition to considering and improving social and environmental elements (i.e., increasing access to social contacts and the provision of social support). Finally, in the third section of the chapter, Seepersad discusses current loneliness intervention programs using the Internet as a delivery platform, evaluates the effectiveness of such intervention programs, and suggests additional ways in which the Internet can be utilized to alleviate loneliness.

DiTommaso, Fizell, and Bryn devoted the chapter **Chronic Loneliness Within an Attachment Framework: Processes and Interventions** to examine a process model of loneliness through the prism of the attachment theory. They propose to use the theory as a framework to formulate their ideas and to offer some solutions for treatment and intervention. Based on well-documented research, the authors show that insecurely attached individuals are more likely to have lower levels of trust in their social connections and a greater vulnerability to chronic loneliness than their more securely attached counterparts. In return, chronically lonely individuals are thought to be less socially skilled, use maladaptive approaches of coping with distress, are less flexible in social situations, are deficient in regulating their emotions, engage in inappropriate self-disclosure, are less involved in social planning, and lack optimism regarding social connections. Thus, lonely people are less likely to cognitively and emotionally process social information in an adaptive fashion, all of which makes them more susceptible to maladaptive patterns of relating to others. In developing treatment and intervention modalities, one has to consider these deficiencies found among lonely individuals.

DiTommaso, Fizell, and Bryn examined the effectiveness of the major approaches of loneliness interventions (improving social skills, improving social support, increasing opportunities for social interaction, and addressing maladaptive social cognitions) to conclude that only those targeting maladaptive social cognitions are somewhat effective at reducing loneliness and that more comprehensive treatment models are needed. Therefore, they asserted, an effective intervention to decrease chronic loneliness has to be more comprehensive and must move beyond developing social opportunities and skills in order to tackle loneliness at its core. The authors' intervention model is outlined and comprehensively presented in this chapter.

This volume has taken the talented contributing scholars' time, dedication, and significant amount of effort to bring it to completion. Our first thanks and gratitude go to the international assembly of authors who agreed to partake in this important scholarship endeavor. It has not escaped our awareness that the authors were remarkably cooperative with the editors and the publishers' requirements, and we wholeheartedly thank and highly appreciate each and every one of them. The hopeful success of this edition relies first and foremost on their evocative and significant contributions.

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**Part I**

# **Perspectives on Loneliness**



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# 1 Loneliness, Alienation, Solitude, and Our Lives

*Ami Rokach*

“Our survival depends on the healing power of love, intimacy, and relationships. Physically. Emotionally. Spiritually. As individuals. As communities. As a culture. Perhaps even as a species.”

(Ornish, 1998; p. 1)

We all know loneliness, chronically or temporarily. Its pain, agony, and the related hopelessness and depression has been described since the beginning of time in the Bible, Philosophy, religion, and by poets. Loneliness carries a significant social stigma, and the social perceptions of lonely people are generally unfavourable. Lonely people have, often, very negative self-perceptions, and their inability to establish social ties suggest that they may have personal inadequacies, or socially undesirable attributes. Lonely people are, commonly, perceived as less psychologically adjusted, not achieving to their full potential, and less competent in relating to others. The chapter reviews the effect of the Internet, Facebook, and other contributing factors that the 20th and 21st centuries introduced. The distinguishing characteristics of loneliness such as the affective, cognitive, and behavioral features, and those of solitude are explored and reviewed. The chapter ends with a review of loneliness and its expression throughout our lives, from cradle to grave.

Loneliness has become an almost permanent and all-too-familiar way of life to millions of North Americans; the numerous calls received by hotlines provide some indication to the spread of it. Ours is the age of relationship. We believe in the importance of relationships, thinking that we know how to conquer the barriers against closeness that we erect. Today's intimate and social relations have replaced, as a self-esteem affirmer, work that was fulfilling that role just several decades ago. A paradox is thus created, whereas on one hand we yearn for close intimate relationships, and on the other hand our social conditions are not conducive to the development of human relations. Our lifestyle in the dawn of the 21st century both creates isolation and makes it more difficult to cope with it (Rokach, 2000). While in the past people looked for others to whom they can relate, these days dating online and the explosive growth of Facebook are but two attempts at creating virtual communities that may replace, for many, flesh-and-blood friends.

Loneliness carries a significant social stigma, and the social perceptions of lonely people are generally unfavourable. Schultz (1976) poignantly wrote that “to be alone is to be different. To be different is to be alone, and to be in the interior of this fatal circle is to be lonely. To be lonely is to have failed” (p.15). Lonely people have, often, very negative self-perceptions, and their inability to establish social ties suggest that they may have personal inadequacies or socially undesirable attributes (Lau & Gruen, 1992). Lonely people are commonly perceived as less psychologically adjusted, not achieving to their full potential, and less competent in relating to others (Lau & Gruen, 1992). Loneliness, just like depression, tends to be regarded by the public as unmasculine and consequently more undesirable for men (Borys & Perlman, 1985; Lau, 1989). Most of us, thinking about loneliness, think about social isolation, although loneliness may be more than physical isolation.

In the dawn of the 21st century, Americans are apparently far more isolated than they were previously. Less people report feeling close to their family or spouse or do not feel close to anyone. A growing number of people appear to have no one in whom they can confide, resulting in an increasingly fragmented society where social ties that were such an integral part of daily life in past generations are shrinking or disappearing all together (McPherson, Smith-Lovin, & Brashears, 2006).

Friedman (2007, p. 3) observed:

The social fabric of American life is rapidly changing in reaction to the collision of contemporary social forces, touching most of us in one way or another. Increased mobility and social isolation, the stress of a fast paced and high pressure lifestyle changes in the family unit, the impact of technology and the rise in consumerism are forces that disrupt our ability to create strong and lasting social connections.

In today’s fast-paced, ever-changing world, when virtual reality replaces the real one for the younger generation, people have no time or energy for establishing a connection with anyone beyond the narrow frame of their own hurried lives in a culture that rewards nothing but the individual acquisition of power and money (Carter, 1995). During most of human history, people lived and died in one community (Lewis et al., 2000). In contrast, today’s society, especially in North America, is made up of people on the move: Moving out of cities in order to get some green space and less polluted air; moving into cities to avoid long-distance driving; moving for employment, health, or financial reasons; or moving simply in search of a better place. Nearly 20% of Americans relocate each year, and up to 40% expect to move within the next five years.

During the last two decades, the number of those who had “no one to talk to” has doubled. And despite Facebook, emails, cell phones, blogging, and text messaging, social isolation is at an all-time high (McPherson, Smith-Lovin, and Brashears, 2006). People thus increase their dependence

on technology and are less available to meet each other. Many lonely, alienated people flick on the television set for “company,” surfing from channel to channel. Television watching has become the Ativan of lonely, alienated, and socially disconnected individuals; watching television without intent, not knowing what they want to watch, and not caring much about what is on the screen. It is just comforting to have the TV on, and the background noise to fill the void. Similarly, the Internet has become an integral and important part of our lives. Most North American children have access to the Internet. It was found that in other developed countries, the situation is quite similar (Margalit, 2010). Adolescents, who seem to utilize technology at the highest rate in our society, engage in social networks such as MySpace and Facebook, where they post new and varied information and others respond and react. Most children and youth connect with other children or youth and find new friends using the Internet. It is clear that virtual connections and friendships are growing in popularity and in some instances replacing real ones. In fact Kraut, Patterson, Lundmark, Kiesler, Mukopadhyay, and Scherlis (1998) reported that increased use of the Internet leads to increased incidence of depression and increased loneliness. The Internet has brought with it a proliferation of cybersex and Internet ‘intimate’ relationships. Smith (2011) observed that Americans now spend equal amounts of time on the Internet and watching TV. With the increased Internet use, the decrease in social contact in everyday life, and the ease of communicating in cyberspace, there is a growing phenomenon of cybersex and intimacy.

At the dawn of the 21st century, our Western culture appears to magnify the alienation and separateness that man feels, while at the same time we yearn to belong, be needed, and be loved. So, is loneliness caused by external situations, by our time and lifestyle, or by who we essentially are? I believe that loneliness is interwoven in our existence, just like joy, hunger, and self-actualization. Humans are born alone, often experience the terror of loneliness in death, and often try desperately to avoid loneliness in between. To be human is to be part of, yet distinctively different from, the rest of the universe. As technological advances effect more and more of our daily lives as mankind matures, and as we come to understand more about the magnificent universe that houses our tiny planet, we come to understand the extremely small stature and impact that each of us has upon life. Such a realization seems to me to be instrumental in inducing anxiety and a sharp awareness of our limitations and finality, resulting in loneliness.

In our limitless and awesome universe, under harsh social conditions, a feeling of self-alienation, emptiness, and a sense of meaninglessness are almost inevitable. Although an existential phenomenon, one that everyone who ever walked on this earth has experienced, loneliness is not experienced continuously, nor is man necessarily aware of it in himself at all times. In my view, loneliness is a “potential” aspect of humans, rather than an undifferentiated aspect of their existence. In other words, to be human is *to be able* to experience loneliness. I see loneliness as a recessive, nondominant

trait, which is fully experienced under the “right” conditions. These conditions almost always include dramatic changes in one’s world, such as an unfulfilled need for love, belonging, or intimacy; estrangement from one’s loved ones, country, or children; and a realization of the continuous and never-ending walk along the path that leads to death (Rokach, 2004).

## PSYCHOLOGICAL VIEWS OF LONELINESS

While some writers describe loneliness as a specific and unique pain, an undifferentiated stressor, others view loneliness as a response to various needs, circumstances, and situations. In general, loneliness has been described as a unified experience, in so doing, theorists failed to capture the complexity of this experience. Rank (1929) maintained that birth ended the oneness that the fetus once had with the mother. That separation created a sense of fear, loss, and loneliness, but it also brought forth the capacity for individuals to be their unique selves, to accept their differences, and to know the power of their creative will.

Fromm (1941) saw birth as the beginning of the process of individualization; while the child grows stronger and more independent, he also experiences great fear of his loneliness. To avoid the feeling of being totally alone, which Fromm likened to starvation, children and adults seek relatedness with others through sharing ideas, beliefs, values, and shared meanings.

Sullivan (1953) viewed loneliness as a result of the child’s unsuccessful attempts to engage an adult; attempts that were met with either indifference or punishment. Consequently, the child came to view himself as a failure and as one who was unable to validate meaning and reality with another person. Sullivan, like Weiss (1973), also viewed loneliness as a response to repeated social and emotional crisis. Weiss (1973), who is most widely credited with stimulating empirical research on loneliness, described two kinds of loneliness: emotional and social. *Emotional loneliness* occurs when one lacks an intimate partner and results in feelings of anxiety and isolation, while *social loneliness* results from an inadequate or unsatisfying social support network and enhanced feelings of boredom and aimlessness. In evolutionary terms, loneliness served as a proximity-promoting mechanism that may have improved survival by alerting the animal or person to being away from the group and thus more amenable to be harmed by predators. Cognitive theorists saw loneliness as the result of a perceived difference between actual and desired satisfaction with one’s social relations and thus “the absence, or perceived absence, of satisfying social relationships, accompanied by symptoms of psychological distress that are related to the actual or perceived absence” (Peplau & Perlman, 1982; p. 171–172; Russell, Cutrona, McRae, & Gomez, 2013).

In general, the psychological views share several common tenets about loneliness, though they differ as to whether it is a unidimensional or a multidimensional experience:

- a. Loneliness is an experience of separation
- b. It may arise at birth or in childhood and remain throughout one's life
- c. It is associated with invalidation of meaning
- d. It is difficult to tolerate
- e. It motivates humans to seek meaning and connection
- f. It may have an evolutionary basis
- g. It signals the potential for growth and new possibilities

Based on the various theoretical sources and my own research, I propose three distinguishing characteristics of all loneliness experiences:

1. Loneliness is a universal phenomenon that is fundamental to being human (see also Peplau & Perlman, 1982; Wood, 1986)
2. Although shared by all of us periodically, loneliness is in essence a subjective experience that is influenced by personal and situational variables (see also Rook, 1984a).
3. Loneliness, which a complex and multifaceted experience, is always very painful, severely distressing, and individualistic (see also Moustakas, 1961; Rokach, 2012a; Rokach & Brock, 1997a).

My research on loneliness, carried out over the last three decades (Rokach & Brock 1996; Rokach, 2007; 2012a, 2012b), indicated that loneliness is a multidimensional experience that is composed of five elements. Not all of them may always be present when one experiences loneliness, and each separately may indicate some specific psychological maladjustment. However, when our experience includes two or more of those elements, we invariably experience loneliness.

## **Emotional Distress**

This is the most salient element of loneliness, which describes the internal upset, agony, turmoil, feelings of anguish, and emptiness that one may feel when lonely. When experiencing those emotions and confusion, there is an inner search for answers and insights, desperation to understand one's way through the maze of pain and agony. Many report a feeling of lack of direction, fear, and anxiety. Pain is our key to awareness. It gets our attention, it helps us direct ourselves to the cause of that pain, and thus serves the first step toward healing (Ornish, 2007).

## **Social Inadequacy and Alienation**

This element of loneliness focuses on the *perceived*—and not necessarily actual—social isolation and sense of aloneness that almost invariably results from the social comparison that we are accustomed to doing and the subsequent self-devaluation. Ours is a couple culture, as we observed earlier. Loneliness, invariably, causes us to devalue ourselves. When we experience

loneliness, it is relatively easy for us see it as emanating from others, who we perceive as shunning us; thus we conclude that we must not be acceptable or desirable to those around us, and we consequently may view ourselves as “damaged goods.” Self-generated social detachment, which may follow, is an attempt to minimize further alienation and grief by way of not letting others get close to us. It is akin to burning your arm and as the burn is healing, you will tend to put your other arm in front of your burned one so as to protect it, so other people or objects would not harm or irritate it. It is similar to what loneliness may cause us to do—reject others so that we do not end up getting close to people, trust them, and then be rejected and feel hurt.

### **Interpersonal Isolation**

Interpersonal isolation is probably what most people would refer to in describing loneliness. Here is where the sense of utter aloneness is associated with the—perceived—lack of social support and the painful feelings of rejection that we may feel in light of the realization that we do not connect with and cannot rely on others. The resultant feelings are often those of having been forgotten, unwanted, or ignored. Additionally, there is a yearning for the closeness that characterizes friendships or intimate romantic engagements, which allow one to feel cherished and valued, cared for, and wanted.

### **Self-Alienation**

This element—which commonly is associated with serious mental disorders—captures the human reaction to unbearable pain. Such as unbearable physical pain inevitably causes fainting as a way of providing some relief, when the pain of loneliness is more than the person can bear, the response is self-detachment or alienation; estrangement from one’s self, feeling that one’s mind and body are separate; a true attempt to distance one’s self from the pain of alienation. Denial is a mechanism that relies on depersonalization and as such may work well in the short run. Denial expresses the need one may have to distance one’s self from the profound pain associated with loneliness.

### **Growth and Discovery**

Moustakas (1961) and Sadler and Johnson (1980) described this less-than-well-known element. They suggested, and my research similarly found, that loneliness can be a beneficial force in one’s growth and development. It does so by first directing our attention inward, as all pain does (an experience—the inward reflection—that the extroverted way of life in North America does not commonly encourage), helping us to take personal stock, evaluate our relationships, and reorder our priorities. I liken the effect of loneliness to that of intense fire on gold, which just as the fire purifies gold, the pain can

crystalize and purify our understanding of human living and enable us to avoid the common and mostly superficial elements of interpersonal relations. Out of the pain of loneliness, we may emerge strengthened, aware of new resources within us, more content with our existence, and in general become more intensely involved in life. Consequently, we may find within us creativity, personal strength, and meaning of which we were not aware previously (Rokach & Brock, 1997b).

## CORRELATES OF LONELINESS

Loneliness, being such a painful and profound experience, affects all facets of our lives. Research indicates that it affects us psychologically, emotionally, and health-wise, as well as affecting our relationships in general and intimate ones in particular (Cacioppo et al., 2003; 2006; B. Rokach & A. Rokach, 2013).

Theeke (2009) noted that the *physical* correlates of loneliness include poor health, hypertension, sleep disturbance, and—in older people—dementia. The negative *psychological* correlates include depression, negative self-assessment, diminished intimacy in marriage, and general psychological distress. The lonely may suffer lower economic status, lack of religious affiliation, and even domestic violence (Rokach, 2006). Hawkley & Cacioppo (2003) further noted that loneliness may become self-reinforcing, experienced in such behaviours as having more conflicts, hurt feelings, and a general state of dissatisfaction.

Loneliness is associated with poor dating skills and minimal availability of social support, eating disorders, and some health-related problems such as high blood pressure. Segrin and Passalacqua (2010) further found that loneliness is negatively correlated with general health and positively with stress, depression, and negative health behaviours (Cohen-Mansfield & Parpura-Gill, 2007; Minardi & Blanchard, 2004). There is compelling evidence that social support and connectedness with others have a powerful impact on our health and even on our mortality. Loneliness seemed to be lessened not by the *amount* of interaction with others but with the number of *close* friends and family members.

Who are the lonely? Those who feel disconnected, alienated, and all alone? How do they feel and behave? What are their characteristics? How do we know that we are lonely? Pappano (2001) observed about loneliness in the 21st century that “we are losing touch. And we don’t even realize it” (p. 1). Stivers (2004) echoes this view and suggests that people’s desire to talk to people they hardly know, baring all on TV shows, and seeking crowds in shopping malls just so they are not alone is a clear indication that the fear of being alone is terrifying to those who are lonely. Since loneliness is such a taboo topic, and very few people would openly admit to being lonely, it is interesting to see what research found about them. Every person experiences loneliness



in a unique manner, and the loneliness experiences differ from person to person. However, there are common affective, cognitive, and behavioural features (Heinrich and Gullone, 2006; Rokach & Brock, 1997a).

### **Affective Features**

Heinrich and Gullone (2006) have found, following an extensive literature review of studies that focused on children, adolescence, college students, and adults, that—as Rokach’s model (Rokach & Brock, 1997b) indicates—loneliness invariably involves a host of negative and disturbing feelings. Amongst them are feeling sad, unloved, unwanted, and rejected (Palotzian & Ellison, 1982) and perceiving one’s self as unattractive, hopeless, and vulnerable (Rubenstein & Shaver, 1982). The lonely generally experience anxiety (Hojat, 1983), social anxiety, neuroticism (Neto & Barros, 2000), and feelings of inferiority.

### **Cognitive Features**

Low self-esteem is the most prominent cognitive characteristic of lonely people. It has a causal role in the development and maintenance of loneliness where both reinforce each other (McWhirter, Bessett-Alesch, Hori-bata, & Gat, 2002). Loneliness was also found to be associated with self-consciousness and heightened self-focus (Goswick & Jones, 1981), heightened sensitivity to rejection (Cutrona, 1982), viewing others unfavourably (Ernst & Cacioppo, 1999), and being less supportive of them. Sadly, Heinrich and Gullone (2006) observed that lonely people feel powerless to change their predicament as they attribute their loneliness to personal and unchangeable characteristics (Renshaw & Brown, 2000). On the other hand, lonely people attribute their personal successes to luck or other external factors (Solano, 1987).

### **Behavioural Features**

Lonely individuals are socially inhibited and their behaviour is ineffective (Cacioppo et al., 2000). They are less willing to take social risks (Moore & Schultz, 1983), have social skills deficits (Inderbitzen-Pisaruk et al., 1992), and have difficulty displaying friendly behaviour toward others (Sippola & Bukowski, 1999). The lonely are essentially self-focused, which may undermine developing relationships and further their feelings of loneliness. They adopt a more passive approach to coping with stress in general and loneliness in particular than people in general (Van Buskirk & Duke, 1991) and deal with stress by disengaging (Cacioppo et al., 2000).

Lonely people are often more demanding of those around them (Cacioppo & Patrick, 2008). Being so “hungry” for social contact and acceptance, they end up wanting, expecting, and even demanding of attention,

affiliation, and social intercourse. Lonely people tend to be more critical than others since—as they may be depressed, angered that they feel so alienated, and see others as rejecting them—they thus become critical, not only of themselves, but of others as well. That critical approach stems from their doubt that others may be sending them welcoming messages and that others may even be interested in forging a relationship with them. That deep doubt may keep them isolated as they will end up criticizing and rejecting many of those who may welcome their company; that isolation may offer them some kind of “protection” because if they invite others to get close to them, they may get rejected. The lonely are socially passive. That may be a result of their depression, if they are indeed depressed, and/or a result of their disbelief that they are able to attract others. It is kind of a defeatist attitude that may be expressing the belief that “anyways no one wants me, so why bother?!” (Cacioppo & Patrick, 2008). We have reviewed, to this point, loneliness and isolation, but our discussion will not be complete without describing solitude, which involves isolation but not loneliness.

## SOLITUDE

Imagine being alone. Not in a desert or on an island, but at home for a whole day. Or walking alone in a city or an area with which you are not familiar or staying in a forest by yourself for a day. While some people would find it an unwelcomed experience, there are others who’d welcome it, enjoy it, and grow from it. Most people think of loneliness as aloneness, a geographical distance from other people, being physically and socially distanced from important others. However, being lonely is not necessarily being alone (Hoff & Bucholz, 1996). Being alone is simply the objective reality of being geographically away from others. One can be alone physically or may feel ‘alone’ in a crowd and still not be lonely. Daydreaming, writing, sculpting, or planning one’s future are all examples of aloneness that is unrelated to the presence of others, which is *not* experienced as loneliness. Therefore, the state of being alone is neither positive nor negative. Cacioppo, Hawkley, and Thisted (2010) truly captured the difference between loneliness and solitude when they observed that “the word solitude expresses the glory of *being* alone, whereas the word loneliness expresses the pain of *feeling* alone” (p. 453).

## The Benefits of Solitude

Solitude is beneficial in various ways. It relieves the individual of dependence on others for company, which may increase one’s sense of personal control (Rook & Peplau, 1982). The lonely may learn to better cope with depression by increasing pleasurable solitary activities, thus engaging in solitude (Fuchs & Rehn, 1977). In fact, enhancing solitary skills has been

recommended as part of the therapy offered to the lonely (Young, 1982; Rokach & Brock, 1997a) and may be particularly valuable in cases where social isolation imposed by external constraints cannot be easily modified. Being alone could be very painful if experienced as loneliness and be a time of utter despair; on the other hand, it may serve as an ‘escape’ from the hectic pace of life and be experienced as solitude. Solitude may be particularly useful in times of writing, meditation, and other solitary activities such as reflection or imagining, which are thought to promote individuality, creativity, and self-awareness (André, 1991). The comforting aloneness that solitude offers is our way to separate from daily busyness, workplace demands, and various desires and strivings that consume our energy (Parse, 2007).

Merton (2003) observed that “very often it is the solitary who has the most to say; not that he uses many words, but what he says is new, substantial, unique” (p. 56). Solitude may induce a sense of peace and security. It offers us an opportunity to discover within ourselves greater generosity, tolerance, and understanding (Feldman, 2003). True presence in the moment and mindfulness can also be achieved in silence and solitude when we can focus on being (Parse, 2007). Mahler (2003) observed that “Through the embrace of silence and solitude, we may enjoy the increasingly rare privilege of seeing things as they are, not as we wish them to be . . . and we can enjoy . . . a deeper understanding of the world we live in” (p. 75).

## DO WE EXPERIENCE LONELINESS THROUGHOUT OUR LIFE?

Age, life experience, maturation, and personal awareness no doubt affect our loneliness experiences (see Rook, 1984a). The very old were found to experience loneliness quite frequently (Holmen, Ericsson, & Winblad, 1992). However, Drennan et al. (2008) added that changes in the frequency of experiencing loneliness over time are not linear and do not strictly correlated with age, but are related to life events and transitions, as well as one’s marital and health status. Nexhipi (1983) noted that loneliness occurs in all age groups. And the relationship between age and loneliness is a curvilinear one, whereby the young and the old are especially prone to loneliness. Let’s look down the tunnel of time and examine those happenings and experiences, at each developmental stage, that may give rise to loneliness.

### Childhood

Many of us experienced loneliness in school, even in the lower grades; we can still remember how disappointing the rejection and bitter the taste of alienation. Hearing that their child is lonely or rejected by his or her peers can be devastating to parents. It is suggested that, as a result, neither parents nor researchers may have wanted to believe that loneliness was, indeed, experienced by young children.

Studies have repeatedly found that children as young as five years old do indeed grasp the meaning of loneliness, that childhood loneliness can be measured, and that it relates to peer group behaviour and acceptance; quality and quantity of friendships; and to representations of self and peers (Cassidy & Berlin, 1994). Galanaki (2004) suggested that up to a whopping two-thirds of children experience loneliness in school. Margalit (2010) similarly observed that loneliness is not an uncommon experience for children. Research has demonstrated the correlation between high levels of loneliness in children and physical health problems, depression, peer rejection, victimization, aggression, anxiety, low self-esteem, and low social status (Qualter, Brown, Munn, & Rotenberg, 2010).

## **Adolescence**

Adolescence, ages 13 to 18, has been described as a period of “storm and stress” (Arnett, 1999). It is a tumultuous period of life characterized by conflicts with parents, mood disruptions, or unusually high emotions (Larson & Richards, 1994). During this period, adolescents may engage in substance abuse (Johnston, O’Malley, & Bachman, 1994) and risky behaviours. Consequently, maintained Heinrich and Gullone (2006), loneliness is most prevalent during this unsettling period. Cassidy and Berlin (1994) contend that adolescents view their sexual or intimate partners, rather than their parents, as their principal attachment figures. As such, this period ushers in a vulnerability to experiencing what Weiss (1973) termed “emotional loneliness,” and if the adolescent is missing sociable relations with peers, he or she may experience social loneliness (Margalit, 2010).

Rathus & Etaugh (1995) pointed to the most alarming trend of a dramatic increase in school violence committed by teenagers. The recent traumatic and highly publicized school shootings at Columbine High School in Colorado, USA, Taber Alberta, Canada, and more recently in Newtown, Connecticut, and Aurora, Colorado (Bersoff, 2013), have focused public attention on the youth and their attempts (albeit inappropriate and at times deadly) to deal with life’s stresses and pressures. In the above cases, as no doubt in many others that followed, the youth who opened fire and killed classmates were later described in the media as lonely, alienated by other children, and “not fitting in” (Liao, 2001).

## **Young Adults**

Fresh out of adolescence, young adults aged 19 to 30, are starting their life journey personally and professionally. There is no turbulence, and they experience few—if any—sharp mood swings or frequent conflicts with others (Hatcher, Trussell, Stewart, & Stewart, 1994). Young adults in the Western culture break away from their family and prepare themselves for life vocationally, academically, and socially (Coon, 1992). Their life now is

influenced by decisions they have to make about sexuality, marriage, children, career, friendships, and social and civic interactions. Toward the end of the third decade of their lives, many young adults are said to experience a minor life crisis; they question the essence of life, and the wavering assurance about previous choices are at the heart of that crisis (Coon, 1992).

Dworetzky (1991) observed that during young adulthood, the formulation of close friendships and intimate relationships is vital to a healthy psychosocial development of young adults. Similarly to our findings about the adolescents, young adults also experience loneliness, mainly as emotional distress and social inadequacy and alienation, especially when they compare their achievements to some of their more successful or romantically involved friends.

## Adulthood

Adulthood, 31 to 64 years of age, is seen as one's peak for physical and mental abilities. Adults at this stage are at the height of their vocational experience, personal growth, and career building; they attend to their nuclear families and may experience various trials, tribulations, and triumphs; and additionally they experience birth, growth, and the striving for independence of their offspring. They also must deal with the "daily hassles of life" (Arnett, 1999; Steinberg & Levine, 1997). As people move along adulthood toward middle age, they come to experience declining vigour, strength, and youthfulness, as well as letting go of one's unrealistic dreams and aspirations (Coon, 1992).

Research commonly finds that during the busy midlife years, loneliness is reduced as life is so full of goals, activities, and responsibilities (i.e., parenting, parental care, social life, and work life); when adults are alone, they perceive and welcome it as time for themselves, a welcome solitude (Keene & Quadagno, 2004). However, when adults have smaller social networks, they are likely to report more daily hassles, more negative interactions with their spouses and children, and enhanced loneliness (Antonucci, Hiroko, & Merline, 2001). Loneliness has been shown to partly mediate between interpersonal transactions, personal experiences (such as stress, depression, anxiety, and health in adults (Aanes, Middlemark, & Hetland, 2010). It is thus interesting to explore what the life changes and events that may be happening in adulthood are and consider whether they may be related to loneliness. Some events include widowhood or death of a parent, for example (see Holmes & Rahe, 1967). Other chronic stressors with which adults may need to deal include problems associated with family, which might be problematic and cause stress. Wethington, Kessler, and Pixley (2004) characterized adulthood years as a time of change, due to the multiple roles that people have during that period. Some events that they may undergo include the departure of children, caretaking of parents, illness or death of parents or grandparents, and retirement.

## The Aged

The North American population of older adults is rapidly increasing and is expected to reach 71 million by 2030 (Centers for Disease Control and Prevention [CDC], 2003). Moustakas (1961) noted that old age is “fertile soil for loneliness” (p. 26), and, indeed, as many as 50% of adults aged 80 and older experience loneliness. Loneliness increases with age, especially after the age of 75 (Dykstra, 2009). Some of the changes that the elderly face include declining health (80% of the elderly experience at least one chronic condition and up to 50% experience two or more [Walker et al., 2007]), retirement and lifestyle changes, possible cognitive changes, or death of a spouse, which may all lead to loneliness and social isolation (Rokach et al., 2007). Research reported that up to 40% of the elderly experience loneliness (Cohen-Mansfield & Parpura-Gill, 2007). Examining loneliness by gender of the elderly, 30% of women, compared to 25% of men, reported being lonely at one time (Holmen, Ericsson, Andersson, & Winbald, 1992).

Since, on average, ill-health *increases* with advancing age, many activities decline because of increased frailty; as social roles and relationships decline, it is apparent why the elderly experience loneliness mainly as social isolation and interpersonal disconnect (Arber, Davidson, & Ginn, 2003). Research on centenarians, the very old, found that a key issue they face in their day-to-day lives, is social isolation, which is connected with a loss of social support (Hawkey & Cacioppo, 2003).

\* \* \*

Loneliness has been experienced since man started walking on this earth. It is experienced uniquely by each individual and differently in the various ages and stages of our lives. It sometimes has profound effects on our behaviours, emotions, and cognitions and may affect our physical and mental well-being. This chapter illustrated that being alone does not necessarily equal loneliness and that physical aloneness can actually be a welcomed reprieve from the hectic pace of life and may be utilized in coping with the pain of loneliness and possibly, under some circumstances, even avoiding it.

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## 2 Cognitive and Motivational Roots of Universal Loneliness

*Ben Mijuskovic*

The chapter seeks to fuse (1) a traditional theory of self-consciousness or reflexivity—promoted by Plato, Aristotle, Plotinus, Descartes, Leibniz, Kant, and others—with (2) the much later yet equally important paradigm of intentionality or transcendence—advocated by Brentano, the early Husserl, and Sartre by comprehensively synthesizing both within a cognitive as well as a motivational theory of loneliness, which I support. Against this position, I contrast the view of loneliness as contingent, sporadic, and grounded in the opposing tenets advocated by materialism, empiricism, phenomenism, and behaviorism (Mijuskovic, 1976, 1977, 2012).

Most current researchers studying loneliness contend that it is *caused* by external conditions—environmental, cultural, situational, and even chemical imbalances in the brain—and hence transient and avoidable (McGraw, 2010). By contrast, I argue that it is *constituted* by the intrinsic activities and structures of both self-consciousness and intentionality—and loneliness is, therefore, permanent and unavoidable. In effect, the controversy pits Humanism against Science.

Accordingly, in previous publications, I have argued in support of a universal principle of human loneliness, namely that all human existence, without exception, is intrinsically lonely; that loneliness permeates and colors all aspects of life; and that once the biological needs for air, water, food, and sleep are met, the psychological drive to escape loneliness is the most insistent motivator in all mankind. Consciousness is thus reflexive, i.e., self-conscious, as well as creatively thrust “beyond its self,” “intentional,” meaning-intending in the phenomenological sense. The first activity of the mind progressively strives to unify its own sensations, feelings, thoughts, and meanings as directly “belonging to its self” and *actively* unified by the self. Consciousness is thus conceived as a mental entity, which views the self as independent of objects and other selves. Nevertheless, it also exhibits a power of transcendence, a freedom that explodes *beyond* the relative confines of reflexion and allows the self to escape from the prison of solipsism (Mijuskovic, 1984).

Before continuing, however, I need to make clear a vital distinction concerning loneliness as an ultimate principle. It is one thing to say (1) that

man is a social or political animal, one of many among other animals that are “social,” which even includes certain insects such as bees (as Aristotle (1941) holds), to insist that the group is primary and the individual secondary as sociologists maintain. But it’s quite another matter to insist as I do, (2) that loneliness is originaive, creative, and primary, constituted as it is by the activities and structures of self-consciousness, and therefore universal and inescapable; while, by contrast, social relationships are derivative and secondary. My view is not only that man is the loneliest of all animals precisely because of the depth and intensity of human self-consciousness but that loneliness is first felt and only subsequently recognized as a problem to be overcome, transcended. For only then do intimacy, friendship, and all the other strategies of “socialization” follow as “solutions” to the original problem—which is always loneliness. The desire to be with and among others is only grasped within the context of possible answers to human existence after one has initially felt, acknowledged, and understood the pervasive sense of isolation that haunts the human soul. This means that loneliness is the preexisting concern, the presupposition, to invoke a Kantian concept, and socialization is the sought-after remedy. It also implies that in order to understand human existence, one must first address its emergence, its development within the human psyche, its dynamic and meaning. And that can only come *after* comparing the strengths and weaknesses between the two doctrines of reflexivity *versus* behaviorism that we are presently considering. Confirmation for the primacy of loneliness can be shown by the fact that very young infants can suffer from attachment disorders *before* they are ever aware of the mother as a distinct consciousness or self. Narcissism precedes intimacy. At first, the child is *self-aware before* it is conscious of the *other* self, the mother, as a separate self, as the writings of Burlingame, Anna Freud, Ribble, Spitz, Bowlby, Harlow, and Mahler have shown (Mijuskovic, 1990/1991).

In the following essay, I propose to demonstrate that there exists a universal and necessary (*a priori*) relation between a specific immaterialist or mentalist theory of consciousness, which I wholeheartedly support, and the inevitability of loneliness. The two strongest competing philosophical theories of consciousness are based respectively on materialism, empiricism, phenomenism, behaviorism, and evidence-based practices, on the one hand, *versus* idealism, rationalism, phenomenology, existentialism, and insight on the other. It further follows that the therapeutic interventions designed to address loneliness, as the most significant crisis facing each of us individually—apart from death—will ultimately depend on which of the two conflicting theories of the mind we endorse.

Before continuing, it’s important to provide some working definitions for our discussion. Very roughly, in terms of metaphysics, materialism is the thesis that all existence is reducible to matter *plus* motion (gravity/energy); it assumes that the sun, the moon, and stones would exist apart from the existence of any sentient creatures (Democritus, Hobbes); it is causal and

mechanistic in intent. It's a view especially congenial to science. By contrast, idealism is the thesis that all that exists is ultimately mental, mind-dependent, or spiritual; the *concepts* of matter, space, and time are only meaningful as creations of the human mind (Leibniz, Kant). Dualism is the thesis that there are two irreducible substances: matter and mind, or brains and sensations as opposed to concepts and relations (Plato, Descartes).

In an epistemological context, empiricism is the premise that *all* our ideas are derived from precedent sensations and therefore *passively* generated from without by external causes; alternatively, there is *no* idea in the mind which is not first given in experience. The mind is like a blank tablet upon which experience writes (Aristotle, Locke). Phenomenalism is based on the premise that the external world, other selves, and even the self are constructions of discrete mental sensations, sense data, *qualia* (Hume). Rationalism rests on the premise that there are *some* ideas, more technically termed "pure," nonsensory concepts, that are *actively* generated from within the mind, from its own internal resources, and thus known independently of sensation. These concepts include relations, unifying principles of connection that are universal (true in any conceivable universe) and necessary (the opposite assertion implying a contradiction); in short, they are *a priori* (Descartes, Kant) Or, as Leibniz quips, there is nothing in the mind that isn't first given in experience, except the mind itself. Phenomenology is the premise that all consciousness is intentional; it is consciousness of something *other* than itself; it is meaning-intending; it signifies transcendent *meanings*—qua emotions, objects, laws, and values (Brentano, the early Husserl, and Sartre (in Mijuskovic, 1978). Existentialism is the premise that the human condition should be described in terms of ultimate concerns, such as loneliness, meaninglessness, freedom, and death (Kierkegaard, Nietzsche, Heidegger, Sartre).

The controversy between the priority of the mind over the brain forms one of the most important philosophical issues in the history of Western thought. It consists in "the Battle between the Giants and the Gods" prefigured in Plato's *Sophist* (1966, 245e–246d). It is a conflict between materialism against mentalism [described below], which ultimately underlies their respective disagreement concerning first principles and their ensuing radically opposed systems on how each addresses loneliness. It pits Democritus against Plato; Epicurus against Plotinus; Skeptics and Atheists against Augustine and Aquinas; Russell against Sartre; and so on. Ultimately it reduces to a disagreement between first principles, between materialism and idealism as the only two options (Fichte, 1970).

How does the foregoing relate to our discussion of loneliness? Are its occurrences transient or permanent? And how does it all relate to therapy in connection to loneliness?

Since behaviorism is a form of materialism, it ultimately reduces the "mind" to the brain, and the central nervous system, and basically to physiology. In effect, it eliminates the mind and the mental. It is *passive*

in essence in its very nature. The brain responds to external stimuli; it stresses physical factors and behaviors; it emphasizes *quantitative*, objective, measurable features as opposed to *qualitative*, subjective ones; it favors both physical and psychological determinism over freedom; control and predictability over choice and creativity. Most importantly, materialism, empiricism, and behaviorism all deny any significant reality to the self by grounding “personal identity” and continuity to an individual’s DNA molecular structure. In correspondence with a colleague, this was the only suggestion she was able to offer. Already in the 17th century, anatomists had shown that the cells in the human body undergo a complete transformation within seven years. By contrast, I contend that if the unconscious is a viable option, it may be possible to ground continuous self-identity in that “faculty.”

Therapeutically, the two viewpoints differ in the following regard: materialism and behaviorally-oriented treatments favor formal linguistic “contracts” between therapist and client, which are designed to be specific, measurable, attainable, realistic, and time limited (SMART); they are frequently used, not unexpectedly, because of their ultimate grounding in the brain, in conjunction with psychiatric medications. Thus, behavioral and cognitive therapies are empirical, evidence-based practices that focus on the *present* in promoting psychological relief. Further, behaviorism believes that all disorders are caused by operant conditioning and chemical reactions in the brain. Indeed, current physiological science is promoting a doctrine of “neuroplasticity,” which subscribes to the thesis that *emotions* cause a physical restructuring of the brain as the scientific wave of the future. But if loneliness is reducible to operant conditioning, then conceivably one could self-administer an electric shock each time they felt lonely or thought about being lonely and then it would magically extinguish the experience and no one would ever feel or be lonely ever again (McGraw, 2010). This approach to loneliness is precisely the account I wish to reject.

In opposition, insight-oriented treatments are dependent on reliving the past and searching for the hidden, long-forgotten meanings embedded within the self; by a process of rediscovering irrational and dysfunctional connections, they seek to liberate the self. Insight-oriented therapy posits the mental or nonphysical nature of the mind—self-conscious or reflexive mental *activity* as well as the transcendence, freedom, spontaneity, or creativity of consciousness. Additionally, the version I champion allows for the reality of the unconscious, and, as we shall see, it will turn out that since the filament of the unconscious is continuous throughout life, it therefore constitutes the necessary and sufficient condition to serve as a criterion for ongoing “personal identity” (Mijuskovic, 2008–2009, 2010).

Basically, the issue at the center of loneliness is the argument between materialism and idealism, between behaviorism and self-consciousness. It starts in Plato’s dialogue where he presents a proof for the immortality of the rational soul and asserts that the soul both (a) exists as an immaterial

entity, unextended, “simple”; and (b) it is active (Plato, 1966, 78b). These two assumptions, (a) and (b), thus serve to conceptually support seven distinct conclusions: (1) immortality; (2) the unity of consciousness; (3) personal identity; (4) ontological and epistemological idealism; (5) immanent time-consciousness; (6) the freedom of consciousness; and (7) the immaterial nature of meanings and relations (Mijuskovic, 1974, 1984). All these, in one way or another, will come to bear on the internality and insularity of the human mind. Whether one is convinced of a single use or of several applications of the simplicity argument, it follows that even if one only agrees with one, it opens the possibility of viewing loneliness through mentalist lenses.

**Cognitive aspects of loneliness:** The difference between materialism and idealism is dramatically shown in early Greek philosophy and its opposed perspectives on human cognition. Thus Democritus, the pre-Socratic thinker, in accounting for sensation, postulates the existence of atoms as material, solid, extended but indivisible particles moving throughout empty space, which strike human sense organs thus *causing* physical sensations. A basic difficulty with the term *sensation* is that it is problematic; intrinsically atoms are *not* themselves sensations. Rather, sensations are indirectly caused by the reaction of the colliding particles with the body’s sensory organs and are therefore passive—reactive. Indeed, a key difficulty with the term “sensation” arises from the issue whether sensations are physical, mental, or both?

In 1562, during the late Renaissance, the works of Sextus Empiricus were rediscovered containing a wealth of ancient Greek and Roman arguments supporting Pyrrhonian skepticism, predicated on the immaterial nature of the human mind and the reduction of the sensory world to mere mental appearances. These soon found welcome expression in Michel de Montaigne’s *Apology for Raymond Sebond* when he similarly reduces the external world and other selves to mental appearances within the isolated lonely ego.

In syllogistic terms, the demonstration runs as follows:

**Major Premise:** The mind and its attendant thoughts are immaterial, unextended, simple;

**Minor Premise:** The mind is the medium, the instrument, the filter of all that appears before it;

**Conclusion:** Therefore, it follows that whatever is immediately present before the mind must be immaterial despite the (misleading) appearance of extension, of spatial dimensions.

Once more, the oil that unceasingly fuels and enflames the controversy remains centered on the question whether consciousness is (completely) reducible to materialistic, quantitative, and mechanistic explanations; or whether there is something *qualitatively* unique about mental phenomena that is “left over and beyond the physical” and impregnates the mind with the ability of thought? After all, a researcher using an encephalograph can determine *that* a person is thinking but not *what* they are thinking.

Accordingly, the fourth invocation of the simplicity proof concludes in an epistemological skepticism that isolates the self from any *direct* knowledge or contact with a sphere of independent objects or a separate realm of independent selves.

Descartes is credited with ushering in the epistemological age in Western philosophy with his revolutionary egocentric turn. The metaphysical issues are no longer the existence of God, the immortality of the soul, or the freedom of the will but rather what can we know, what are the criteria of knowledge and its limits? In terms of formulating a doctrine of loneliness, the critical question becomes how far does our knowledge of other selves extend?

Let us try to envision how all this may have come about by turning to Meditation II and the Cartesian *cogito*: "I think = I am." In what follows, the critical distinction lies between conceptual intuition, which is unfailingly certain because it is both clear (immediate) and distinct (definable) versus inference, which is invariably doubtful because it is mediate, indirect; it "moves" from a premise to a conclusion. For Descartes, truth must be absolute and self-evident; although sensations are immediate or clear, e.g., a pain, as appearances they are not distinct or definable but rather confused and hence cannot provide certainty. The "I think" represents an absolutely solitary substance (apart from the existence of God); it is actively self-conscious and thus able to reflexively think about its self, so to speak; its knowledge is *intuitive*, immediate, direct. The self as a subject has itself as the concept of an "object" present to its self. The metaphor is of a circle, of an *active* circularity.

But there is something vitally important going on as well in Meditation II when Descartes offers his celebrated piece of wax experiment. The wax represents the problem of the existence of the external world. We recall he places a piece of wax in a heated oven and all its properties, qualities, or predicates change. How do I *know* the wax exists apart from my self? How do I know it's the *same* piece of wax? Nevertheless, he infers it mediately (meaning that something comes between two entities, like a mediation between divorcing couples), indirectly, and dubitably; *he judges* it to be the *same* piece of wax. He doesn't *know* it; rather, he actively *asserts* that it exists beyond, independently of himself, but he cannot be certain. Next, he sees hats and coats traversing by his window. The peripatetic figures symbolize the problem of other selves as well as other minds. And, once again, he *infers*—as opposed to *intuits*—that the appearances are not robots or automatons but rather men animated by minds like his own (Mijuskovic, 1971a, 1996). Once more he can't *know* they are men who think as he does. This time the metaphor is of an arrow directed outwardly, of an *active* linearity. It follows that the same mind exhibits two powers or functions: to "look within" as well as to "look without." When I am deliberating a decision, I am actively searching within. When I am absorbed, as for instance in watching a dramatic sporting event, in a significant sense, "I" am not even there. In certain ways, this model anticipates the later phenomenological



principle of intentionality, that consciousness may be consciousness of something other than the self—of a “transcendent” object, a meaning, a value *beyond and transcendent to* myself. It is aware—but not immanently aware—of something “beyond” its self. This ability will later provide us with the power and the means to escape our solipsistic loneliness.

If we compare Descartes’s model with that of the behaviorists, the major difference is that whereas in Descartes’s *Mediations*, and later in Husserl’s *Cartesian Meditations*, the “intentional” arrow *actively* points from the inside outwardly, whereas in behaviorism, the arrow instead points in the reverse direction and the brain passively receives the incoming material from the outside, absorbing it inwardly, and the brain’s response is *passive*, reactive. Thus, Meditation II describes the mind’s dual activities. It follows that each of us has a “privileged access” to our own minds—only I can *know* I’m in pain; you can only *infer* it—but that our “accessibility” to the external world and other minds, although filtered through sensory distortions, nevertheless affords us the means of trying to reach the other self by positing him intentionally. The mind, therefore, displays both a potential to withdraw and recede “within,” reflexively, as well as to radiate and expand “without,” intentionally; to display both an inner-directed and an outer-directed consciousness. But when the mind retreats within and remains locked inside, it becomes self-aware of its isolation. If it stays “inside” and yet desires to be outside, “out and about amongst other selves,” but unable to so connect, then it has fulfilled the conditions required for loneliness. Indeed, mania consists in an extreme intentional effort to escape the confines of the reflexive self.

Leibniz calls himself “the first idealist.” Arguing against Locke’s views, he believes there are at least three different but continuous levels of consciousness: the unconscious; the conscious; and the self-conscious. In arguing against Locke, while drawing on the simplicity argument, Leibniz holds that the immateriality principle confirms the immortality of the soul; the unity of self-consciousness; personal identity; and ontological and epistemological idealism that we have already introduced. His description of mental *acts* clearly regards them as temporally-structured, since all acts exhibit a beginning, middle, and end (Leibniz, 1898). But more importantly, Leibniz posits a continuous *personal* unconscious and maintains against Locke (and later Hume) that the soul *always* thinks. If so, then it follows that *both* the identity *and* the continuity of the self are secured by the unconscious (Mijuskovic, 2008–2009). Nevertheless, the difficulty with Leibniz is that the monads are absolutely self-contained, “windowless,” and their *apparent* interaction depends on the goodness of God through His continual intervention in a “pre-established harmony.” That’s a major difficulty. Loneliness *means* a desire to be with another distinct being that is nevertheless intimately related to one’s self (although often the desire is fulfilled only in fantasy).

As Hume states, in denying both the existence of a substantial self and the actuality of self-consciousness:

I may venture to affirm of the rest of mankind, that they are nothing but a bundle or collection of different [disunified] perceptions, which *succeed* each other with an inconceivable rapidity, and are in perpetual flux and movement. Our eyes cannot turn in our sockets without varying our perceptions. Our thought is still more variable than our sight; and all our other senses and faculties contribute to this change; nor is there any single power of the soul, which remains unalterably the same, perhaps for one moment. The mind is a kind of a theatre, where several perceptions *successively* make their appearance; pass, re-pass, glide away. . . . There is properly no simplicity in it at one time, nor identity in different; whatever natural propension we may have to imagine that simplicity and identity.

(Hume, 1955)

Similarly, Auguste Comte, the father of sociology, rejects the possibility of any psychological, internal knowledge of the self on the grounds that the instrument of observation and the object of observation cannot be the same. Differently put, if we compare the observer first to a camera and then to a mirror, we can conclude that a camera cannot take a picture of itself and a mirror cannot see itself. But, again, without both a meaningful concept of the self and reflexivity, loneliness seems a contradiction in terms. In any case, the important point is that the notion of an unattached loneliness “out there” without a determinate mind to anchor it is paradoxical.

According to Kemp Smith, there are only three plausible candidates for a secure and self-evident starting point: existence of the self; existence of the external world; and awareness of time. The first two are vulnerable and fall under the weight of Hume’s impressive and thoughtful skeptical attacks. Therefore, by a process of simple elimination, we are left with the third, consciousness of time, awareness of change (Kemp Smith, 1962).

Whatever the origin of our representations, whether they are due to the influence of outer [material] things, or are produced through inner [mental] causes, whether they arise *a priori* or being appearances only have an empirical origin, they must all, as modifications of the mind, belong to inner sense. All our knowledge is thus subject to time, the formal condition of inner sense. In it they must all be ordered, connected and brought into relation. This is a general observation which, throughout what follows, must be borne in mind as quite fundamental.

(Kant, 1958)

In effect, Kant demonstrates the certainty of the self through a “back door approach.” Time-consciousness requires the unification of the intrinsic, relationally-connected temporal moments of past-present-future as grounded in the single unity of the self (Mijuskovic, 1973). By admitting

succession or temporal awareness, Hume has acknowledged the reality of the self.

In the second edition (1787, B 131), Kant changes the premise and now contends that it is the unity of consciousness that is the ultimate foundation of all our thinking and that the mind depends on its essential ability to actively synthesize its thoughts in the *same* consciousness and *know* that those thoughts *belong* to the *same* self. For “who” is it that is watching Hume’s theater; who is the audience? Obviously, there must be a *real* self that synthesizes, unifies, relates, collects, and binds Hume’s perceptions (Kant’s representations) in the *same* consciousness.

Further, how is it—short of insanity—that *I know* that certain sensations and thoughts are mine and not yours unless there is a *dynamic* unity to my self-consciousness? How is it that I don’t mistake *your* thoughts and sensations for *mine*? It follows that there is a self and it is aware of its own activity. Once more, however, the entire controversy revolves around the question, can senseless matter think; can mere bodies alone cogitate?

As Kant inquired, “How is consciousness itself possible; what are the conditions that make human thinking actual?” (1958, xvii), just so we need to ask, “How is loneliness possible and indeed universal, necessary, and actual?” A helpful approach is to ask, how does the self “enter” the world? To repeat, loneliness is only meaningful if there is an actual self and that self is actively self-conscious. We previously suggested that primarily there are two legitimate methods of establishing the relationship of the self to the world as well as to other selves: (1) cognitively and philosophically; and the latter we have already treated at length. Now we are also prepared to move forward with (2), the self’s psychological and developmental entrance into the world, while focusing this time on motivational factors. Both methods, however, incorporate the legitimacy of the self and both are able to account for self-consciousness.

The motivational aspects of loneliness: What now follows is the psychological birth of loneliness. When the infant begins its first period of post-partum existence, it experiences what Freud calls, in *Civilization and Its Discontents* (Freud, 1961), an “oceanic feeling,” an immediate, seamless identification with all that exists; it is a state of pure chaos, of indeterminate, shifting sensations and feelings during which “it” is unable to distinguish its self from a surrounding world of independent, external objects. At this stage or moment of nonself-awareness, the infant’s mind spontaneously, purposelessly, and aimlessly wanders to and fro toward whatever happens to engulf its attention. Dreams and waking states are indistinguishable. These are the initial moments of primordial unconsciousness. Similarly, William James, in the *Principles of Psychology* (1890), describes how “The baby, assailed by eyes, ears, nose, and entrails at once feels it all as one great blooming, buzzing confusion” of colors and sounds. *This spontaneous, disorganized awareness of feelings and thoughts, this arbitrary “freedom” of attention will later in life be mimicked by all kinds of soothing fantasies, unbounded*

*daydreams, free-floating reveries, as well as nightmarish anxieties, frightening visions, and a jumble of the pleasant and the unpleasant, all motivated by unconscious, self-contained desires and fears. This dynamic is never left behind. It forever lurks unattended in the depths of the unconscious.* At the next developmental level of consciousness, the child is able to distinguish its self from an independent realm of *objects*. It self-generates relations, mediate forms of thought between self and not-self. This represents the first moment of self-consciousness; it cognizes and eventually re-cognizes and affirms its separate *personal* existence as distinct from a *general* sphere of inanimate objects (Mijuskovic, 1979–1980). At a still later juncture, the child begins to realize that there is a certain independent but very active “object” (the mother) in its unique field of concern and demands for care that exhibits a powerful and highly significant relation of *self*<>*other self*. Additionally, this other self exhibits a dominating power over the physical nourishment the child requires as well as the emotional nurturance it demands. The child also realizes and recognizes that this forceful other *person* can both bestow as well as withhold the sustenance for which it yearns and the attention it craves. Consequently, a conflict of opposing desires is engendered; the child demands attention; the mother insists on compliance. This is the stage of overweening narcissism, of unlimited entitlement fantasies, which maternal solicitation, on the one hand, and impersonal socialization, on the other hand, will have to curb and control as the child’s ego develops.

With the lapse now of some three and a half decades of peering and squinting into the recesses of the human mind, I currently believe loneliness is much more complex. The earliest article that I am aware devoted singly to loneliness as a topic in its own right is by a psychoanalyst, who pleads for an intrinsic connection between the concepts of narcissism<>loneliness<>and hostility. He further argues that in extreme or pathological cases, the triad often leads either to suicide or murder, the former because the person blames himself or herself for not being desirable to others; in the second instance, the individual blames others for not desiring him or her (Zilboorg, 1938). The second essay addressed solely to loneliness is by another psychoanalyst, who describes her initial frustration in trying to communicate with a psychotic patient until she finally asks, “That lonely?” and thus suddenly establishes the basis for a dialogue. In the course of her groundbreaking article, she also goes on to suggest that loneliness and anxiety are inseparable; she speculates that loneliness and anxiety are *identical* concepts (Fromm-Reichmann, 1959). If one puts together both of these speculative suggestions, one begins to realize that loneliness, as a dynamic concept, is actually an “umbrella” notion whose extended spokes are generated from a central nucleus of narcissism but that radiate outwardly toward feelings and meanings of hostility, incommunicability, anxiety, shame, guilt, etc. (Mijuskovic, 1986). Indeed, I would postulate that in *all* negative emotions, there are underlying unconscious coloring shades of loneliness.

**Therapeutic interventions:** We are now in a position to propose certain therapeutic strategies to aid us in lessening our experience of loneliness. They fall roughly into three categories: (a) the use of insight, the ability to realize both our universal as well as our personal limitations; to learn from our past mistakes in making intelligent decisions to reduce our sense of loneliness; (b) enlisting our previously cited power of intentionality in the active formation of transcendent goals and thereby forging commitments to purposive projects; and (c) enhancing empathic and trusting relationships with other selves and forming intimate and supportive friendships.

**Insight:** According to Yalom, the four “ultimate concerns” of the human condition are (a) loneliness; (b) meaninglessness, since each of us is alone responsible for creating meaning in our lives; (c) the anxiety of radical freedom, in being solely responsible for choosing our values totally independent of a theistic God, a general concept of a deserving humanity, or the dictates of our particular society (hence existential *angst* as opposed to Freudian anxiety based on internal conflicts); and (d) the solitary quality of death (Yalom, 1980).

In existential writings, loneliness is as foreordained as death. Just as each of us dies alone (Tolstoy, “The Death of Ivan Ilyich”), each of us lives alone in the realm of our own minds, nestled within the revolving spheres of consoling fantasies but also the terrors of crippling anxieties so dominant in psychosis. Thus, the first and most important insight is to realize that life consists of a never-ending struggle against loneliness, which only releases its grip over us in death.

**Intentionality, transcendence, freedom, commitment:** A guiding principle in all metaphysical idealism derives from the mind’s spontaneous activity, its inherent power to transcend, to go beyond the confines of its monadic existence. The difference between freedom in idealism and existential freedom is that the former is rationally structured and recognized when successfully penetrated, whereas the latter is radically unstructured, as expressed in Sartre’s “Existentialism Is a Humanism.” However, the escape from the one-sided narcissism of self-consciousness depends on successfully breaking “outside, “beyond,” “transcending” the confines of the self and yet returning with the other within our self. The mind has the freedom to create values solely for its self, the power to commit to projects beyond its self and external to its self, to escape boredom and loneliness by an *engagement*, a commitment to a vision. Often a successful strategy by those who are able to reduce, or even avoid, their experiences of loneliness is achieved by getting “outside” or beyond themselves and by focusing on idealized external goals. Loneliness is intrinsically narcissistic and reclusive (as is depression) and thus dictates a strategy of avoiding isolation. A frequent remedy against the ravages of loneliness is physical exercise; that is why we so often observe joggers with their painful knees bandaged running in the wind and rain; bicyclists in their outlandish harlequin costumes pedaling madly through dangerous traffic conditions; or sports fans cheering hysterically for athletes

who are perfect strangers to them. The *best* strategy, however, is to help and care for another human being or a fellow creature. That's why we often see grown people following dutifully after their canine pets with plastic bags.

Trust, empathy, and friendship: Essentially, loneliness is narcissistic. That's not a moral judgment. It simply means that when, under severe stress and anxiety, each of us strongly tends to withdraw within our selves, to isolate, to self-protectively retreat back toward the womb, to the protective ambience of Freud's "oceanic feeling"; when we try, we invariably discover that "at the bottom" of that descent, there is only "emptiness" and a sense of ultimate "meaninglessness" in terms of our individual human existence; one simply can't go home again (Mijuskovic, 1979–1980). But we need the other self. We cannot survive psychologically without the other being. This is where trust and empathy come in. Trust can obviously only occur in the context of a relationship between two (possibly more) human beings; it consists of reaching out to another self-conscious creature, whether divine, human, or animal. It is grounded in the conviction that the other self will always respond to you as possessing intrinsic worth and value and never as a means to their own selfish or utilitarian ends. That is why lying and adultery are regarded as unforgivable sins.

But the best source of escape from loneliness is grounded in empathy (*ein-fühlung*), which literally means "feeling into." Originally, the term was used by Theodor Lipps as an aesthetic concept (Rader, 1960). One projects—pro-jects—goes beyond, transcends one's feelings by inserting them into an aesthetic object, an actor, or a book. In the context of aesthetics, value is not an objective fact but rather the result of a free creation of the imagination, of fantasy, and thus belongs to the realm of intentions. It is inseparable from expression, ex-expression, since its spiritual source and content is derived from the sphere of the subjective mind and posited "outside" the self.

If we transfer Lipps' paradigm to the human world of intimacy and empathy, instead of aesthetics, and view the projection as a *caring* one rather than a contemplative one, we begin to realize that the *cure* for loneliness consists of something quite common and natural to each of us, namely in inserting our self, our feelings and values into the sphere of the other. The ethical "object" qua subject springs into existence, the transcendent becomes immanent, as Husserl might say, resulting in the synthetic fusion of two poles—*ego* and *noema* coupled through *noetic* acts of consciousness in which there is no longer a difference between two selves but instead a supportive, fused *immediate relation* results. Empathy *means* the disappearance of an unreconciled twofold consciousness of self and a separate, distinct other being. It dissolves any conflicts or misunderstandings and eliminates all competing desires so that only the one mutual, shared desire remains.

Nevertheless, I meaningfully intend to posit the other self as separate from me and yet as intrinsically related to me; the other is constituted within me as an other than my self. The other *belongs* to me, is *constituted* within my world as an intentionally meant existent. The relation is *immediately*

constituted as an empathic one, such as a caring mother empathizing with her crying child without a feeling of separation; or a loving couple grieving for their dead infant without any sense of distinction from each other. Each of us has the capacity to project our feelings, thoughts, and values into the other and return with them to and within our own self; each of us has the saving spiritual grace of empathy.

In the *Nicomachean Ethics*, Aristotle states that the essence of friendship is living together, sharing things in common. According to Diogenes Laertius, Aristotle also describes friendship as consisting of “two bodies dwelling within one soul.” But perhaps the best expression of this empathic intimacy of friendship is carried forward by Montaigne in the following quotation.

In the friendship I speak of, our souls mingle and blend with each other so completely that they efface the seam that joined them, but cannot find it again. If you press me to tell you why I loved him, I find that this cannot be expressed except by answering: Because it was he, because it was I.

(Montaigne, 1968)

Loneliness, like death, is an essential and inescapable feature of the human condition. Just as life is the opposite of death, so intimacy and friendship are the opposites of loneliness. Similarly, as each of us, alone, is forced to struggle against death, taking precautions as best we can, just so each of us is condemned to deal with loneliness by summoning whatever resources chance and talent have provided to us. It is sometimes said that we are fashioned in God’s image. I take that to mean that, like the deity, we are equally doomed to loneliness. And like God, each of us does the best we can no matter what disappointments may greet our expectations and efforts both from others as well as from ourselves. Like Sisyphus, we are confined to repeat our lonely travail as long as we live—some more or less successfully than others.

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# 3 Loneliness and Sexuality

*William Fisher*

This chapter begins with a conceptual introduction to the constructs of “loneliness” and “sexuality” and considers their potentially bidirectional relationship. Discussion of the conceptual and empirical links between loneliness and sexuality follows from the perspectives of attachment theory and mood self-regulation theory. Do expectations about close relationships influence the experience of loneliness and the expression one’s sexuality? Does loneliness trigger sexual activity in efforts to self-manage this negative affective and cognitive state? Does sexual activity result in reduced or increased felt loneliness and under what conditions may each be true? While the literature in this area is far from mature, I will review existing empirical research on these topics, including loneliness as a trigger for hookup sex, pornography use, masturbation, and internet sex site use—all in less or more successful attempts to cope with loneliness as evaluated on the basis of the outcomes of these activities. The chapter closes with a synthesis of existing literature and suggestions for future research.

## LONELINESS AND SEXUALITY

We have an answer to the oft-asked question, “Do the women (and men) get better-looking toward closing time?” The answer is yes.

(Gladue and Delaney, 1990; p. 388)

While there was a significant difference in intercourse frequency among married and unmarried subjects, there were no significant differences in frequency of masturbation between married and unmarried subjects. If masturbation is considered a substitute for intercourse, one would expect that the frequency of masturbation would be greater among unmarried subjects than among subjects with daily sexual access to a partner. This hypothesis was not borne out.

(Hessellund, 1976; p. 134)

As these introductory passages illustrate, the relationship of loneliness and sexuality is a complex one that is played out often in everyday life. Singles bar patrons who are concerned about ending the evening alone may cope with this concern by rating opposite-sex others as more and more attractive as the night continues. College students who are lonely and depressed and who have hookup sex report reduced loneliness and depression, but college students who are not lonely or depressed and who engage in hookup sex become lonelier and more depressed over time. While common wisdom conceives of masturbation as way of coping with the lack of a sexual partner (and a poor substitute at that), research indicates that married couples with access to a sexual partner may masturbate as frequently as unmarried persons who lack such access.

This chapter begins with an introduction to the constructs of loneliness and sexuality, a consideration of their potentially bidirectional relationship, and a review of attachment theory and mood self-regulation approaches to understanding the relationship of loneliness and sexuality. We consider whether attachment-anxious individuals may use sexual behavior to secure their relationships and stave off feared loneliness and whether attachment-avoidant individuals may specifically avoid intimate sexual encounters and remain alone, but not lonely. We discuss whether loneliness may trigger sexual activity in efforts to self-manage the negative emotions and cognitions experienced by lonely individuals and whether sexual activity may trigger reduced or increased loneliness and the conditions under which may each be true. While the literature in this area is far from mature, we will review existing empirical research on these and related topics, including loneliness as a trigger for masturbation, for pornography use, and for sexual offending, in attempts to cope with feelings of loneliness by way of participation in diverse sexual activities. The chapter will close with a synthesis of existing literature and suggestions for future research.

## **The Concept of Loneliness**

Social relationships are at the core of human life. Not surprisingly, problematic aspects of relationships have been a major focus of psychological research. Psychologists have undertaken careful analyses of aggression, competition, crowding, and other negative factors in social relations. Some problems of social relations have, however, been emphasized to the neglect of others. Researchers have investigated instances where there are “too many” people, and individuals feel subjectively “crowded”. . . . However, little attention has been given to the other end of the continuum where social relationships are “too few,” and people feel subjectively “lonely.”

(Russell, Peplau, and Cutrona, 1980; p. 472)

Loneliness has been defined as “the evaluation of a discrepancy between the desired and the achieved network of relationships as a negative experience”

(Gierveld, Tilburg, & Dykstra, 2006; p. 485), or more simply, “where social relationships are ‘too few’” compared to an individual’s expectations for social connection, and the experience is interpreted as a negative one (Russell, Peplau, & Cutrona, 1980). From the perspective of human evolution, it has been argued that attachment needs are strong because it is essential for infants, who have a prolonged period of physical dependency, to have strong and stable relationships with caregivers, and these strong attachment needs persist throughout the lifespan (Bowlby, 1969/1982). Elaborating such an evolutionary perspective, Cacioppo and colleagues (Cacioppo et al., 2006, p. 1056) have asserted that

In conditions of hardship, hunter-gatherers who had a genetic disposition to experience social pain from social separation (i.e., loneliness) may have been more likely to return to share their food, shelter, or defense with their family and allies to diminish the pain of loneliness. Individuals with no such feelings of loneliness when separated from others may have roamed the earth better nourished than those who felt distressed by social separation, but the abandoned offspring—and the genetic predisposition of the parents—would have been less likely to survive” (p. 1056).

Peplau and Perlman (1982) have proposed that perhaps 20% of the population may experience feelings of loneliness at any given time.

The compelling human need to be attached to others—and the human experience of distressing loneliness when social relations fall short of hopes and expectations—may occur as a stable trait that characterizes the individual over time or as an episodic state that the individual experiences at a particular time and in a particular situation (Russell, 1996; Russell, Peplau, & Ferguson, 1978).

Loneliness, then, has been conceptualized as the perception of a discrepancy between desired and actual social connectedness that is experienced negatively and that may represent a stable personality trait or a transitory situational state. Evolutionary perspectives for the selection of sensitivity to loneliness have been advanced, and valid measures of loneliness have been developed, primarily with respect to trait loneliness, and related as expected to a number of relevant psychological constructs.

## **The Construct of Sexuality**

As psychologists, we are concerned with understanding the causes of an individual’s sexual behavior: What are the relevant external stimuli and internal mediating processes that determine an individual’s sexual output?

(Fisher, 1986; p. 131)

Sexuality is notoriously difficult to define: it has been regarded as an inherent quality of an individual (“Chris is erotophobic”; Fisher, Byrne,

Kelley, & White, 1988); as a system for passing one's genes on to the next generation by way of sexual intercourse (Mikulincer, 2006); as an essential part of consummate love (Hyde, Delamater, & Byers, 2012; Sternberg, 1986); and as one of three innate systems that serve as foundations for attachment, caregiving, and sexual behaviors (Bowlby, 1969/1982; Mikulincer, 2006). The heterogeneity of views about what constitutes sexuality is underscored by findings that Americans cannot even agree on what "having sex" actually means (Sanders & Renisch, 1999; Sanders et al., 2010). In view of this complexity, for the purposes of our discussion of the relationship of loneliness and sexuality, we will limit ourselves to a consideration of sexuality that focuses on overtly sexual acts including autosexual (e.g., masturbation) and partnered sexual behavior (e.g., sexual intercourse), self-regulated exposure to pornography, and related sexual activities that involve the experience of sexual arousal (Byrne, 1977).

## **Theoretical Perspectives on Loneliness and Sexuality**

Several theoretical approaches to understanding the relationship of loneliness and sexuality appear to have explanatory potential. We discuss two such theoretical approaches—attachment theory and a mood self-regulation model as the link between loneliness and sexuality—in the sections that follow.

### **Attachment Theory**

Attachment behavior characterizes human beings from the cradle to the grave.

Bowlby (1979; p. 129)

Based on the work of John Bowlby (Bowlby, 1969/1982) and Mary Ainsworth (Ainsworth, 1964) concerning infant-caregiver attachment, Hazan and Shaver (1987) have articulated a theory of attachment orientation that has implications for the relationship of loneliness and sexual behavior. According to Hazan and Shaver (1987) and theorists and researchers in the attachment orientation tradition (Birnbaum, Reis, Mikulincer, Gilath, & Orpaz, 2006; Fraley & Shaver, 2000; Mikulincer, 2006; Mikulincer & Shaver, 2003; Schachner & Shaver, 2004), individuals develop a set of expectations concerning relationships that is based upon their interactions with mothers and close caregivers during infancy. A majority of individuals have relatively dependable relationships with supportive and available mothers and caregivers during infancy, and these individuals develop a secure working model of adult attachment that involves the expectation that relationships will be characterized by trust, security, and dependable support. Some individuals, however, have undependable relationships with inconsistently available and

intermittently or ineffectively supportive mothers and caregivers, and these individuals develop an anxious and ambivalent model of adult attachment characterized by fear of abandonment, sensitivity to rejection, and repeated demands for confirmation of affection. Still other individuals will respond to inconsistently supportive parenting with an avoidant adult model of attachment based upon the expectation that relationships will be unfulfilling, frustrating, and upsetting and the consequent avoidance of intimacy. Hazan and Shaver (1987; p. 515; see also Fraley & Shaver, 2000) describe the characteristics of individuals with secure, anxious, and avoidant attachment orientation as follows:

### **Secure Attachment**

"I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't often worry about being abandoned or about someone getting too close to me."

### **Anxious/Ambivalent Attachment**

"I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to merge completely with another person and this desire sometimes scares people away."

### **Avoidant Attachment**

"I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love partners want me to be more intimate than I feel comfortable being."

There are direct implications of adult attachment orientation for the experience of loneliness and the expression of sexuality (Cooper et al., 2006; Mikulincer, 2006; Schachner & Shaver, 2004; Tracy, Shaver, Albino, & Cooper, 2012). Following the logic of attachment theory, securely attached individuals should experience their romantic relationships as characterized by trust, friendship, and positive emotions. By extension, securely attached adults should seek out and enjoy relationships; they will be relatively unlikely to be lonely or to cope with loneliness by engaging in sexual activity, and their sexual behavior should take place within intimate close relationships. Anxiously/ambivalently attached adults should experience their romantic relationships as obsessive struggles to gain proof of affection from their lover and should be so continuously demanding of proof of affection as to cause conflict within their relationships. Anxiously/ambivalently attached individuals should consequently sabotage their relationships and experience loneliness relatively frequently, and their sexuality should

be employed as a coping mechanism in attempts to secure and cement relationships about which they are uncertain. Avoidantly attached individuals will experience romantic relationships as marked by a struggle with fear of closeness. Consequently, avoidantly attached individuals will frequently be alone, but they should not experience “loneliness” as a negative state, and their sexuality should be expressed in relatively shallow, nonintimate relationships.

Research has confirmed that adult attachment orientation is linked with experiences that are closely related to loneliness and sexuality. Hazan and Shaver (1987) report that securely attached adults rated their most important love experience as especially happy, friendly, and trusting. Anxiously/ambivalently attached adults experienced their most important love relationship as involving obsession and need for reciprocation, and avoidantly attached adults characterized their most important love relationship as involving a fear of intimacy. Securely attached adults’ relationships lasted longer (10.02 years) than those of anxiously/ambivalently attached adults or avoidantly attached adults; 6% of secure, 10% of anxious/ambivalent, and 12% of avoidant adults had been divorced. Forty-three percent of securely attached adults, 56% of anxiously/ambivalently attached adults, and 66% of avoidantly attached adults endorsed the view that “It is rare to find someone you can really fall in love with.” Of specific relevance, we note that securely attached individuals were less likely to score as state lonely (“I am in a state of loneliness at present”) or trait lonely (“I feel lonely all the time”), followed by anxiously/ambivalently and avoidantly attached adults. Interestingly, Hazan and Shaver’s (1987) evidence suggests that avoidantly attached adults—while not closely socially connected to others—did not experience this as a particularly negatively tinged “loneliness.” Some 80% of avoidant individuals reported that “I can get along quite well by myself” (Hazan & Shaver, 1987).

In addition to theory and research linking attachment orientation with the tendency to experience multiple indicators of loneliness (including relationship duration, divorce, beliefs about the existence of true love, and state and trait loneliness *per se*), attachment theory makes specific predictions about attachment orientation and patterns of sexual expression. According to Feeney and Noller (2004; see also Cooper et al., 2006) securely attached adults should be comfortable with their sexuality, open to sexual exploration, and enjoy a variety of sexual activities; they will be likely to have sex with intimate relationship partners as opposed to more casual sexual partners or one-night stands and to have sex that is mutually initiated. Anxiously/ambivalently attached adults should have sex in coping attempts to reduce their relationship insecurity and cement relationship closeness; they should fear that sexual discussion and negotiation will alienate their partners; and they should have sexual fantasies that involve submission to partners’ wishes. Avoidantly attached adults should cope with dislike of closeness by distancing themselves from sexual activities, by having sex at a later age, and by engaging in fewer sexual behaviors. When avoidant

individuals do engage in sexual relations, they will tend to do so in contexts where intimacy is unlikely, and the sexual fantasies of avoidant individuals will typically lack loving or romantic themes.

Research by Birnbaum and colleagues (Birnbaum et al., 2006), Cooper and colleagues (Cooper et al., 2006), Tracy and colleagues (2012), and Schachner and Shaver (2004), among others, has confirmed a number of these propositions. Birnbaum et al.'s. (2006) research involved 500 adult participants who completed measures of attachment orientation and relationship-centered, pleasure-centered, and worry-centered experiences during sexual intercourse. Securely attached participants reported more feelings of being in love, more focus on partner's needs, and more positive thoughts and feelings when having sexual intercourse than those of other attachment orientations. Anxiously/ambivalently attached participants reported fewer feelings of being loved, more desire for partner involvement, and more aversive thoughts and feelings when having sexual intercourse. And, as expected, avoidantly attached adults reported less feeling of being loved, less love for their partner, less focus on partner, more focus on their own needs, and less pleasure when having sexual intercourse. Tracy and colleagues (2012) conducted face-to-face interviews with a large and diverse sample of U.S. urban adolescents with respect to attachment orientation and sexual experiences. Results indicated that anxious adolescents had frequently been "in love," that first sexual intercourse took place because of fear of losing one's partner (especially for girls), and that avoidant adolescents had first intercourse for nonintimate reasons (e.g., in order to lose their virginity). Related research by Schachner and Shaver (2004) indicates that anxiously attached college students reported having sex to reduce insecurity and create intense closeness with their partner, while avoidantly attached students reported having sex for nonintimate reasons, such as to impress their peer group. Further, prospective research by Cooper and colleagues (Cooper et al., 2006) involved face-to-face interviews and questionnaire assessments of 244 ethnically diverse adolescents interviewed twice over a 5½ year period. Findings suggest that attachment orientation effects seem to work through attachment-related motives for having sex, which in turn influence the individual's sexual behavior.

In summary, then, attachment theory provides an explanatory framework that ties together the caregiver-infant bond and the attachment expectations and inclinations to which it contributes across the lifespan. Securely attached individuals appear to be less likely to experience loneliness and more likely to express their sexuality within intimate or close relationships. Anxiously/avoidantly attached adults appear to be demanding individuals who sabotage their relationships, experience multiple outcroppings of loneliness, and employ their sexuality in the context of coping with the need for relationship affirmation and the search for love. Avoidantly attached individuals appear to have relatively few social connections, but they are not characteristically bothered by feelings of "loneliness"; they cope with

their fear of close relationships by having nonintimate sexual relations more focused on themselves than their partners.

## **Self-Regulation of Mood**

Sexual intercourse has affect-improving effects.

Shrier, Shih, and Beardslee (2005; p. 574)

Affect is an important guide for behavior in that it influences the selection among the behavioral opportunities.

Moore and Isen (1990; p. 11)

A self-regulation of mood conceptualization (Crepaz & Marks, 2001; Moore and Isen, 1990; Shrier, Shih, & Beardslee, 2005), while less formally articulated and less intensively researched than attachment theory, may provide additional insight into the relationship of loneliness, coping, and sexuality. It has been observed that negative affect may be associated with an increase in sexual behavior, including sexual behavior that poses risk of sexually transmitted infection, in apparent self-regulated efforts to improve one's mood. More broadly, Crepaz and Marks (2001) have explained that negative affective states, possibly including loneliness, may disrupt ordinary self-regulatory processes and disinhibit behaviors in which the individual might not otherwise engage. This effect may be exaggerated because negative affective states such as loneliness are aversive and individuals may be highly motivated to engage in behaviors that will reduce their aversive state. Moreover, individuals who seek to exit an aversive state such as loneliness may engage in motivated cognitive processes that incline them to perceive sexual activity as an acceptable and effective means of self-management of negative affect (Crepaz & Marks, 2001; Kunda, 1990). Such a self-regulation of mood conceptualization is compatible with the main propositions of attachment theory with respect to anxious attachment, loneliness, and the instrumental use of sexual behavior to cement relationships and cope with relationship insecurity. It is also compatible with the tenets of attachment theory regarding avoidant attachment orientation and the maintenance of intimacy distance to cope with expected relationship frustration.

Direct research tests support the supposition that lonely individuals may be motivated to engage in sexual behavior in a self-regulated effort to alleviate the aversive experience of loneliness. For example, Meston and Buss (2007) elicited spontaneous reasons for having sex from a large sample of male and female participants, and on the basis of these responses constructed a questionnaire measure of 237 reasons for engaging in sexual activity. When administered to a sample of 1,253 respondents, "I desired



emotional closeness,” a motive related to achieving social connection and avoiding the experience of loneliness, ranked, for women, 12th out of 237 reasons for having sex, and, for men, 14th/237 reasons for having sex. Regan and Dryer (1999) have also provided evidence that at least a small proportion of college students acknowledged that they had engaged in casual sex because they were lonely. Further, Levinson, Jaccard, and Beamer (1995) have reported that for female college students, endorsement of the view that having sex reduced loneliness was correlated with women’s number of past sexual partners.

In a meta-analysis of the relationship of negative affect (though not specifically loneliness) with engaging sexual behavior that poses risk of HIV infection, Crepaz and Marks (2001) found that “Contrary to popular belief, the findings as a whole provide little evidence that negative affect is associated with increased sexual risk behavior” (p. 291). In contrast to Crepaz and Marks’s (2001) null finding for a relation of negative affect and risky sex, Hubach, DiStefano, and Wood’s (2012) qualitative research reported a strong relationship between the experience of loneliness and the occurrence of risky sexual behavior in young men who have sex with men (YMSM). According to Hubach et al. (2012, 271):

A cyclical pattern emerged that included negative symptoms, ‘self-treatment’ of loneliness through drug use and sex, temporary relief, remorse related to engaging in HIV risk behaviors, negative self-image, and ultimately the re-emergence of initial loneliness symptoms. Results suggest that loneliness in YMSM plays a greater role in HIV-related behavior than previously understood.

In addition to conceptualizing evidence that sexual activity may be employed to cope with and alleviate negative mood states, including loneliness, the mood self-regulation approach may also be used to aid understanding of the burgeoning body of literature concerning the causes, and consequences, of sexual hookups and the psychological mechanisms that may be involved in this phenomenon.

## **Loneliness and Sexual Hookups**

“Hookups” have been defined as uncommitted sexual encounters that may include a range of sexual behaviors and that often occur “without any promise of, or desire for, a more traditional romantic relationship” (Garcia, Reiber, Massey, & Merriwether, 2012, p. 161; see also Williams, 2010). Hookups are distinguished from “friends with benefits” relationships in that “friends with benefits” by definition involve the expansion of an initial friendship relationship to include sexual activity and are, interestingly, often characterized by the fear that a romantic relationship will develop. According to a review of a considerable amount of relevant literature, Garcia et al.

(2012) have concluded that some 60%-80% of North American college students—both men and women—have experienced some type of sexual hookup. Despite the apparently recent emergence and current high prevalence of hookup sex, and of considerable relevance to discussion of loneliness and sexuality, it is noteworthy that a majority of college-age men and women would prefer a traditional, committed relationship to uncommitted hookup sex (Garcia, Reiber, Merriwether, Heywood, & Fisher, 2010). It is noteworthy as well that a near majority of men and a majority of women hope that hookup sex will develop into a traditional close relationship, and some 42% of men and 51% of women had actually discussed the idea of a relationship with their hookup partner (Owen & Fincham, 2011). Although there is variability in post-hookup reactions, men and women both report more positive affective than negative affective responses after hooking up (Garcia et al., 2012; Owen & Fincham, 2011). Garcia and Reiber (2008, cited in Garcia et al., 2012) report that among a sample of young adults with hookup experience, 82% of men and 57% of women felt, the morning after, generally glad that they had hooked up, and Fisher, Worth, Garcia, & Meredith (2012) report that the better the reported quality of hookups sex, the less regret was subsequently experienced. (Apparently, really good sex is an especially effective form of mood self-regulation!)

With specific reference to loneliness and reactions to hooking up, Owen and Fincham (2011) report a number of interesting findings. Among other results, these investigators offered the view that “Since women, on average, desire more relational connection, condom use may indicate a lack of intimacy.” (Owen & Fincham, 2011; p. 322), and findings indeed show that women whose hookups involved condom use reported more negative and fewer positive emotional reactions to the experience. Owen and Fincham (2012) also report that, although loneliness showed a univariate relationship with negative emotional reactions to hooking up, once positive emotional reactions were included in a regression analysis, loneliness was no longer related to negative emotional responses to hooking up. In a particularly relevant study, Owen, Fincham, and Moore (2011) assessed loneliness and depression and reports of hookup sex at the beginning and at the end of a college semester. In relation to loneliness and the use of sexual behavior as mechanism to cope with this aversive state, Owen et al. (2011, p. 332) suggest that:

hooking up may serve as a means for a distressed individual to feel better about him or herself or to achieve an intimate, albeit brief, connection with another person. . . . Young adults’ feelings of loneliness may increase their desire to be connected to others and potentially hook up as it may be a way to combat loneliness. . . . Additionally, loneliness may be a consequence of hooking up. Given the transient nature of hookups, young adults may feel more disconnected with their hook up partner and potentially their peers afterwards.

Confirming this logic rather precisely, and in accord with the mood self-regulation conceptualization, findings indicated that college students who reported more loneliness and depression at the beginning of the semester and who subsequently engaged in penetrative sex hookups reported less loneliness and less depression at the end of the semester. Also confirming the investigators' logic, college students who were less lonely and less depressed at the beginning of the semester and who subsequently had penetrative hookup sex reported more loneliness and more depression at semester's end. Apparently, hookup sex represented a psychological gain when viewed from a state of loneliness and depression and a psychological loss when view from a nonlonely and nondepressed state (see Aronson and Linder, 1965 for a discussion of the psychological reactions to perceived gain and perceived loss). Very recent research of direct relevance to loneliness and women's reactions to sexual hookups is reported by Owen, Quirk, and Fincham (2014), who reported that, while negative reactions to hooking up were not common among women, both loneliness and anxious attachment style were independent overall predictors of negative reactions in a multivariate analysis.

### **Loneliness and Masturbation**

Self-regulation of mood via the coping mechanism of masturbation has been studied by a number of researchers. Bancroft et al. (2003) found that 24% of men interviewed reported using masturbation "as a mood regulator" when depressed and 52% of men reported using masturbation to cope with stress. The possible negative impact of masturbation on feelings of loneliness surfaced in this qualitative research (Bancroft et al., 2003; p. 227):

Usually if I'm just feeling shitty, the thought of that (masturbation) would almost make me feel shittier, you know. It's like I'm here by myself alone, yeah, it would almost feel like I was digging myself deeper.

(Subject J)

Actually, I think masturbation actually makes you more depressed. For me actually makes me more depressed because it just reminds me that I don't have anyone.

(Subject K)

The positive effect of masturbation as a means of coping with stress was also illustrated:

I masturbate more because I think masturbation for me calms me down and relaxes me . . . to get me out of this stressful mode.

(Subject L)

Arafat and Cotton (1974) directly assessed the relationship of loneliness and masturbation in a large sample of university students and reported that some 12% of men and 16% of women identified loneliness as the “cause” of their masturbation (see also Hogarth and Ingham, 2009 concerning a perceived connection between loneliness, masturbation, and desperation in young females). In contrast, as mentioned at the beginning of this chapter, Hesselund (1976) found that masturbation rates were similar in a married compared to an unmarried sample, indicating either that loneliness can exist within marriage (and be coped with via masturbation) and/or that there are motives for masturbation which are also independent of loneliness (e.g., as an efficient means of autonomous expression of sexuality and achievement of orgasm).

### **Loneliness and Pornography**

The study of the putative impact of pornography on behavior has generally involved a relentless and single-minded pursuit of evidence that pornography causes harms to individuals and to society, but the actual finding in this respect have been relentlessly inconsistent (see, for example, Fisher & Barak, 1991, 2001; Fisher & Grenier, 1994; Malmuth, Addison, & Koss, 2000; Ferguson & Hartley, 2009). In similar fashion, a causal connection between loneliness and amount of Internet use has been relentlessly assumed, and cross-sectional findings for a relation of the two have been interpreted to suggest that loneliness is both a cause of problematic Internet use and an effect of such use in a “malicious cycle” (Kim, LaRose, & Peng, 2009), although the limitations of the cross-sectional study clearly prevent a causal conclusion. Research directly addressing the relationship between loneliness and Internet pornography use (Yoder, Virden, & Amin, 2005) found a relatively strong association of daily and weekly Internet pornography use, as well as daily and weekly Internet use in general, and the UCLA loneliness measure. How one interprets such an association, however, is not clear. It is indeed possible that lonely individuals cope with social and emotional isolation by using Internet pornography as a virtual substitute for actual social and emotional connections, which exacerbates their felt loneliness and leads to further dependence on pornography. It is also possible that lonely individuals will bridge periods of loneliness adaptively by seeking sexual stimulation on the Internet, they may learn useful information about sexuality from the Internet, and they may use Internet social media to form social and sexual connections that would otherwise be unavailable to them. While it seems entirely plausible that both patterns may be at play for different individuals or at different times, Fisher, Kohut, and Campbell (2014) report findings elicited from a sample of 420 Internet pornography users indicating that Internet pornography may be adaptively used to cope with situations of partner absence (e.g., long-distance relationships) and to cope with couple discrepancies in sexual interest and may be intentionally

used to learn ways of introducing sexual variety to enrich a close partner relationship. There may be no simple and sovereign relationship between loneliness and pornography use; lonely individuals may use pornography to cope with their social and emotional isolation with adaptive or with problematic outcomes, and research to clarify the conditions under which such outcomes may occur is needed.

### **Loneliness and Sexual Offending**

Marshall (2010) has elaborated a theory that connects attachment difficulties, loneliness, and sexual offending and presented initial data that are supportive of this conceptualization. Specifically, Marshall (2010) asserts that a poor attachment bond between parents and a child creates vulnerability to sexual offending because such poor attachment leads to low self-confidence, lack of social skills, lack of empathy for others and, importantly, loneliness. Loneliness, in Marshall's (2010) view, is associated with aggression and narcissistic tendencies. Such inclinations, Marshall argues, contribute to receptivity to social messages and other influences on perceiving others as objects that can meet one's needs. "Sexual offending is one obvious, but not the only, consequence of such a history" (Marshall, 2010). Evidence from two studies reviewed support the view that child molesters and rapists report high levels of loneliness in comparison to non-sex offenders (Marshall, 2010). Research by Cortoni and Marshall (2001) specifically tested links between loneliness and use of consenting and nonconsenting sex as a means to cope with stressful situations. Rapists and child molesters scored as significantly more lonely compared to violent and nonviolent offenders, and, importantly, there was a significant positive relationship between loneliness and self-reported use of consenting and nonconsenting sex to cope with stressful situations.

### **CONCLUSIONS AND DIRECTIONS FOR FUTURE RESEARCH**

The current chapter has reviewed the constructs of loneliness and sexuality and considered the relationship between the two. It is apparent that attachment orientation—in particular anxious/ambivalent and avoidant attachment styles—may be related to both loneliness and sexual behavior. Anxious/ambivalent individuals appear to cope with their concerns about relationship closeness by employing sexual behavior to secure their relationships, while avoidant individuals engage in a specific pattern of intimacy-avoiding sexual behaviors to cope with their fear of closeness. Mood self-regulation theory is attentive to the possibility—entirely compatible with the attachment theory approach—that individuals will use sexual behavior to cope with negative moods including loneliness. Evidence suggests that hooking up, masturbation, pornography use, and even sex crime may be motivated by

the desire to exit aversive states of loneliness. While some evidence suggests that sexual behavior such as hookups may ameliorate feelings of loneliness in the short term, the entire question of loneliness, the use of sexual behavior to cope with loneliness, and longer term adaptive and maladaptive outcomes of this coping strategy remains quite open and in need of additional theoretical and empirical development. Similarly, the counseling and therapeutic approaches to the adaptive or maladaptive use of sexual behavior to self-manage feelings of loneliness may range from cognitive-behavioral therapy to psychodynamic insight approaches to attachment orientation related approaches, each of which must be explored in conjunction with the findings of research concerning loneliness and sexual behavior and the outcomes of their interplay.

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## 4 Students' Loneliness During Cross-Cultural Adjustments

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A paucity of research has focused on the significant impact of loneliness and the role it plays in the process of Cross-Cultural Adaptation (CCA) and particularly on the well-being of international students. Even fewer qualitative research inquiries have addressed the pervasiveness of loneliness and the academic sojourner from a sociopsychological, ethnographic point of view. In this chapter, I address the gaps in research on international students, focusing on the causes and effects of loneliness during the process of adjustment. Evidence predicated on findings from ethnographic research on French students over the last decade is based on three main network models of friendship described in literature. This is presented and elaborated by extant literature investigating other cultures in transition. The coping strategies employed by the French mirror those elaborated in research; however, cultural differences and similarities are clearly significant in determining the outcome of situations of loneliness. The changing social structure of Western societies, rapidly becoming multicultural in spite of an aversion to this trend by some countries, has changed the perception and welcome of international students in foreign contexts. The implications of this are substantial.

### INTRODUCTION: THE NEW ACADEMIC ENVIRONMENT

Over the last couple of decades, the academic milieu in industrialized nations has undergone dramatic changes that come with complex challenges. The internationalization of students has contributed to the way in which tertiary institutions view, structure, and deliver educational programs that must be benchmarked, transferable, and submitted to quality audits in order to satisfy the demands of the changing global order. Academic mobility evidently comes with its trials and tribulations as cultural integration is not guaranteed in spite of the efforts of the newcomers to integrate. Failure to acculturate in the host society often provokes psychological and psychosocial distress triggered by the most difficult stages of culture shock (Berry, 2006). Homesickness, loneliness, depression, anxiety, and stress are but a few of

the symptoms that are known to affect the adjustment of international students. Prevailing acculturation attitudes in certain societies can sometimes frustrate the efforts of international students to integrate as they search for a neutral interactive space in which to function effectively. Berry et al.'s (1989) seminal, two-dimensional model of acculturation is useful here to explain the framework of acculturation attitudes. He presented two critical issues that described the type of acculturation: (1) the extent to which individuals value the identification and the maintenance of the cultural characteristics of their own ethnic groups, and (2) the significance that groups attribute to maintaining positive relationships with the host society as well as other ethnic groups within that society. Predicated on this model, Berry suggested four acculturation modes in which group members can participate in a culturally diverse society: assimilation, integration, separation, or marginalization (Berry, 1991, 1997). These modes generally dictate whether their immigrant counterparts, just as much as foreign students, will succeed in breaking down the preexisting cultural barriers and stereotypes that are predominant in that society.

The acculturation attitude of the host society, and by association the domestic contingent of students, is instrumental in determining the outcome of adjustment of international students (Berry, 2006). Acculturative stress is generated from a negative experience and thus strongly correlated with mental health symptoms. Homesickness and loneliness, a product of acculturative stress, accounts for a great deal of suffering among international students. Successful integration is largely contingent on cultural differences or similarity of student groups as they interact with each other. As international students arrive in a foreign context, they are expected to adapt to an unaccustomed sociocultural milieu for the duration of their stay. They must learn new cultural repertoires and competencies. The adjustment to this unfamiliar culture requires changes in cognition, attitudes, and behaviour; if they choose to ignore this, they will experience varying degrees of culture shock and acculturative stress (Ramachandran, 2011; Smith & Khawaja, 2011; Taft, 1988).

Pyvis and Chapman (2005) argue that foreign students come with their own cultural baggage and they often find themselves disoriented when they enter the foreign learning environment with differing cultural values. Although relocation or significant separations may be more pertinent to the immigrant situation, international students who remain abroad for significant periods of time are equally affected by this as they, too, can experience homelessness, loneliness, and alienation from their traditional way of life. The need and indeed the expectation from home that the international student will do well exerts enormous pressure and stress on this group. Psychological distress in academia is predicted by loneliness among other constructs such as age, race, gender, social skills, life satisfaction, poor self-concept, academic stress, linguistic proficiency, etc. (Duran & Tezer, 2009; Ozben, 2013; Pavot, 2008). Rokach (2000) argues that loneliness is a pervasive

and subjective experience that is influenced by one's personality amongst other situational variables. The increasing incidence of loneliness arising from research on sufferers in Western societies reveals this problem is occurring in high proportions of the population. Rokach (2011) explains that for young adults in particular, loneliness carries a social stigma as the affliction is usually defined by negative self-perception and personal inadequacies or socially undesirable attributes. As international students acculturate in the tertiary environment, these feelings are exacerbated if their efforts to integrate are too challenging.

Whilst students in academia worldwide tend to experience both personal loneliness and social loneliness because of a loss of contact with family and their established social networks (De Jong-Gierveld, 1989; Weiss, 1973), a third type of loneliness has been identified as characteristic of the experiences of international students: cultural loneliness (Sawir, Marginson, Deumert, Nyland, & Ramia, 2007). This form of loneliness is triggered by the absence of the accustomed cultural and/or linguistic background from their home society. Sawir et al. (2007) suggest that this occurs in spite of existing personal and social networks on the new campus. It is normal for students experiencing this cultural loneliness to gravitate toward their fellow national network of friendship but this does not represent a universal panacea, although successful psychological adaptation is often contingent on this factor. Chapdelaine and Alexitch (2004) showed that a more intense experience of culture shock or social difficulty in international students was consistent with those who had greater cultural differences with the hosts. A problem exists, however, in determining the degree of academic as well as psychological stress reported in studies on some international students as the issue of shame and loss of face (Ting-Toomey, 2004) may prevent them from admitting this. Asian and Middle-Eastern students, for example, prefer to suffer in silence, their reticence to see counsellors exacerbating their physical and psychological well-being and educational performance, in order to avoid embarrassment in front of their peers and their families (Misra & Castillo, 2004; Ting & Patron, 2013). Asian cultures pride themselves on their emotional control and rarely share their feelings with those outside of their groups, believing that they can cope with distress on their own. They consequently have a tendency to somatize their problems in preference of seeking psychological help (Mori, 2000). They can also manifest in psychological problems, such as clinical depression, in the most severe cases or else be displayed as symptoms such as isolation, helplessness, hopelessness, sadness, feelings of inferiority, loss, anger, and disappointment (Mori, 2000).

As the self-perception and well-being of adolescents and young adults are contingent on the way others view them, interactions with their peers are highly influential. Failure to secure a meaningful relationship often impairs their self-image; as they withdraw, social and emotional maladjustment occurs (Kim, Rapee, Oh, & Moon, 2008). The transition from home life and secondary education to tertiary student life can be a traumatic

experience for many university students who are emerging as young adults, the challenges they face often resulting in the experience of loneliness (Ames et al., 2011; Neto & Barros, 2000; Ozben, 2013), among other disturbing psychological reactions. Young adults experience a deep sense of loss when they are separated from their families and friends during intercultural exchanges. Yeh and Inose (2003) suggest international students present more psychological problems than Americans as a result of this kind of separation. All of the pressures that are involved with relocation, including finding accommodation, academic stressors that are a natural part of these transitions, loss of familiar cues and support systems (Bugay, 2007), as well as fickle emotions such as capriciousness and mood swings that are a part of growing up, can contribute to loneliness. Placed in perspective, one can understand that these issues are exacerbated for international students as they reach foreign shores for their academic studies. As they negotiate their place within the structure of the tertiary environment, their efforts to integrate are sometimes thwarted for a variety of reasons, such as an inability to make friends, feelings of rejection, or various types of discrimination, which can all contribute to loneliness.

### **Predictors of Adjustment to the Host Country**

With the increased focus on internationalization of students in the 21st century, global academic mobility has generated a great deal of interest for many countries as this education sector represents a significant export commodity. In 2009, more than 3.69 million students worldwide in the sector of tertiary education alone selected principally developed countries such as the USA, Canada, the UK, and Australia for their international educational experience (OECD, 2010). However, tertiary institutions worldwide are largely naïve as to the impact of cultural differences on their core curriculum, pedagogy, and learning (Godwin, 2009). Whilst some academics and administrators do acknowledge this impact, they have not satisfactorily implemented measures to deal with this issue university-wide. The effects of this problem are reputed to affect negatively the acculturation process of international students in a foreign milieu.

In light of the implications of increased academic mobility, there currently exists a substantial body of literature that has focused on the effects of culture shock on international students. Empirical research has confirmed the correlation between cultural dissimilarity and distress in that the more similar the culture and conditions of the foreign milieu to the home culture, the less acculturative stress is experienced (Ward & Kennedy, 1996). Cultural differences are a key predictor of loneliness during cross-cultural exchanges on a psychosocial level because, if clashes remain unresolved, either the foreigners will resort to the co-national network of friendship or remain isolated (Ward, Bochner, & Furnham, 2001). It is hard to dispute findings that have confirmed that stress and loneliness, as well as academic stress, can be dramatically

reduced if the international student is reasonably proficient in the language of the host culture (Ames et al., 2011; Neto & Barros, 2000). Competency in the skills required in second language acquisition provides a clear advantage when seeking social support with host nationals, amongst other friendship networks. It stands to reason that an international student who is conversant in the dominant language will have better chances of integrating into the host milieu than one who is suffering from linguistic shock (Duran & Tezer, 2009; Min-Sun & Ebesu Hubbard, 2007). When international students reach foreign shores, it is expected that they will experience some form of culture shock, but cultural similarities or differences, as well as linguistic shock, have a great deal to do with the degree and intensity of the psychological reactions they experience. Friendship patterns undeniably influence the outcome of the foreign experience. The exchange experience challenges the cultural beliefs, attitudes, and understandings that define the individuals at the time of their arrival in a new culture. Cultural dissonance, defined as diverse clashes that occur as a result of a lack of understanding and inadequate patience and latitude for those whose native tongue is not the dominant language, is bound to occur in the foreign context as cultural collision or disharmony cannot always be avoided, in spite of the efforts of some institutions to address cultural differences as a matter of urgency (Ting & Patron, 2013).

Smith and Khawaja's (2011) comprehensive review of the acculturating experiences of international students has highlighted a gap in research on the impact of acculturative stress on the psychological and sociocultural adjustment of this group. They claim that acculturation models introduced over the last two decades fail to adequately portray the potential psychological distress experienced by international students during the adjustment process (Berry, 2006; Safdar, Lay, & Struthers, 2003; Ward et al., 2001). A range of psychological and educational stressors are known to impact international students, and an understanding of the process of cultural acculturation is useful in addressing these stressors. Culture shock, intrinsic to the discussions on loneliness, can be experienced just as severely by international students as migrants, but length of time in a new culture is one factor that defines their experiences, amongst other situational and personal variables. Extensive research has been carried out on international student adjustment in foreign milieus, and it is widely recognized that this group confronts language difficulties, financial problems, adjusting to new educational systems, homesickness, loneliness, adjusting to social customs and norms, and, for some students, racial discrimination (Pritchard & Skinner, 2002; Ramachandran, 2011). Research shows that the sociopsychological adaptation of overseas students varies according to their cultural backgrounds. There is consensus from CCA research that loneliness is more salient among international students than among other groups (c.f. Berry & Kim, 1988; Gwyther, 2008; Kim, 2001; Ward et al., 2001).

Findings on CCA and the research that I conducted on French academic students over the last decade are congruent, indicating that the Asian

contingent of international students tend to suffer more from personal and social loneliness, are less confident socially, and are often dissatisfied with their academic studies compared to their Western counterparts. They are generally more distant and detached and less likely to form interpersonal relationships than European or Anglo-Saxon students (Leung, 2001; Patron, 2007). One of the most important factors contributing to the difficulties in establishing genuine interpersonal relationships with local students on international campuses is the inability to relate on the same levels, reinforcing the impact of cultural differences. This notion is mirrored in findings of studies on foreign students at North American institutions where disillusionment results because invitations by host-nationals are not honoured (Liberman, 1994). In my inquiry (Patron, 2007), misinterpretation of friendly superficial conversations with Australians who allegedly made invitations such as *'You must come over one night for dinner!'* or *'We should get together sometime'* attracted vigorous criticism of shallow friendships because they did not eventuate. The French finally realized, however, that this situation was mirrored on their home campuses. It appears everyone is simply too busy or not interested in investing in friendship formations with short-term international students.

There are, evidently, other predictors that affect the adjustment of international students, friendship formations, and patterns of social interactions being critical to this process. Social difficulty encountered in cross-cultural interactions; the type of welcome reserved for newcomers on the international campuses; academic practices; and, evidently, prevailing attitudes of the host society toward acculturation modes espoused by the host society (Berry, 1997) all affect the adjustment process and either augment or decrease the degree of loneliness of the individual. If the predominant attitude is one of assimilation as opposed to integration, tensions are bound to hinder the process of social and friendship network formations. If the newcomer is discouraged from maintaining some degree of cultural integrity whilst abroad, there will be little opportunity for social interactions to occur; loneliness and stress will undoubtedly prevail. Research clearly confirms that interaction with host members of society plays a significant role in the adaptation process, contributing to a reduction in feelings of loneliness. Furnham and Bochner's (1982) "Social Skills and Culture Learning Model of Culture Shock" suggests that international students experience difficulties in adaptation in the foreign milieu because they lack awareness of the implicit rules that govern interaction in the host country. They do not possess the culture-specific social skills that promote interaction with hosts, unlike their situation at home.

### **Causes of Loneliness of International Students**

The combination of stressors such as homesickness and perceived ethnic and racial discrimination is recognized as critical in predicting loneliness

in international students, particularly those who are not white Caucasian (Poyrazli & Lopez, 2007). There is a marked distinction between the adjustment processes of domestic and European students on foreign campuses as opposed to their Asian, African, Indian, Latin American, and Middle Eastern counterparts. Ethnic and racial discrimination constitutes a critical problem in many Western societies that play host to international students; when this is combined with homesickness, feelings of loneliness, alienation, depression, and anxiety are heightened, particularly among the nonwhite cohorts of students (Biasco, Goodwin, & Vitale, 2001; Das & Jensen, 2008; Poyrazli & Lopez, 2007). This is not to say that domestic students are immune to prejudices. Au contraire, this is another area of research that is in need of investigating. Consistent with wider literature, linguistic and cultural barriers have been found to limit social interaction and social support between groups on foreign campuses. If language barriers are not dismantled quickly, there is a strong likelihood that the international student will feel more homesick and lonely; interaction with host individuals as well as other groups in the new milieu is critical in establishing friendship formations that naturally diminish these emotional states.

Academic practices are daunting when the educational requirements of host and visitor institutions do not match (Godwin, 2009). Class participation is particularly challenging when assessment depends on it. The academic cultures of the French for instance, as well as the Asian students, differ dramatically from the Australians; the pressure this places on students is phenomenal if they are already suffering from linguistic shock (Patron, 2007). By the time students mentally process and translate the information from lecturers or classmates into their own language, it is generally too late to participate, should they have had the courage to even try. This situation is exacerbated when academic students are immersed in tutorials, especially when teamwork is an important feature of their course requirements. Their results depend on their performance, and when this is unsatisfactory, their whole exchange experience is challenged and their psychological adjustment process is compromised. Isolation and loneliness result in many cases when foreigners feel excluded and embarrassed if they cannot contribute equally in a given task (Patron, 2007).

### **The Binge-Drinking Culture in Anglo-Saxon Countries**

Today, a prominent feature of the new academic environment in Anglo-Saxon societies is the binge-drinking culture. As international students globally head for first-world nations for their studies, this is where cultural differences significantly hinder their adjustment in the new milieu, particularly for cultures that are abstemious, such as the Muslim nations. In the United States, the legal drinking age is 21 but binge-drinking is no less prevalent among young North Americans, especially when they visit foreign campuses. For groups visiting the UK and Australia for instance, where



social enhancement motives are evident, the desire for peer acceptance and avoidance of social rejection is seriously jeopardized if they fail to adhere to the social mores and questionable behaviour of some members of those campuses (Kuntsche, Knibbe, Gmel, & Engels, 2005; Patron, 2007; Wicki, Kuntsche, & Gmel, 2010). Social activities, whilst popular, can ultimately serve to be culturally divisive, rather than inclusive, thus hindering the cultural integration process, particularly for lonely individuals. The ultimate decision to join rests with the student who is under pressure to conform, but there are limits to the changes to their personalities that some are willing to make. The challenge educational institutions face is to find a way of initiating specific events and activities that serve to promote more effective intercultural engagement (Ting & Patron, 2013). Ultimately, if a clash of cultures is responsible for exacerbated cases of loneliness, it is often as a result of the nature of their distinctions, characteristically defined as collectivist or individualistic (Hofstede, 1998). Most international students studying in Anglo-Saxon countries tend to come from collectivist cultures, and the one glaring example of a lack of conformity to fit in with local cultures is the binge-drinking habit, often exaggerated on tertiary campuses. The culture of pub crawls, among other student activities organized around drinking habits, only serve to alienate foreign students such as Muslims, Asians, and Africans, although this is not exclusive of Europeans also, when the rules of acceptance are reliant on drinking with the locals (Ting & Patron, 2013). There are some principals that can never be discarded, and this was one blatant example that generated vitriolic criticism from the participants of my French inquiries. Irrespective of the fact that the French are not abstemious, the majority of them would not participate in this form of local culture. They could not countenance the fact that Australian girls in particular ended their evening in the gutter in the nightclub precinct. This is one case where cultural loneliness can be heightened (Patron, 2007).

### **Mitigating and Coping With the Loneliness of International Students**

Several coping strategies have been put forward by social scientists to address the causes of loneliness and to moderate the consequences of this experience (Rokach, 1990; Rokach & Brock, 1998). The effectiveness of the strategies and remedies is, however, contingent on sociocultural factors and individual personality traits and more importantly on the willingness of the sufferer to first seek assistance, medical and social, in the first place. Minimizing the pain and the traumas that result from a severe state of loneliness cannot assume a 'one size fits all' approach as the success of measures advanced in therapy and findings disseminated in psychology journals are not guaranteed. The coping strategies are as diverse as the predictor variables that govern the phenomenon of loneliness in the first place—psychological, psychosocial, personal, and situational constructs that affect individuals from

different cultures in diverse ways. Rokach (1990) explains that an individual may emerge from the state of loneliness with a better understanding of him or herself and have a troubled soul healed. Reflection and acceptance, "being by one's self to become acquainted with one's fears, wishes, and needs" ultimately defines the new condition, unpleasant as that may be (Rokach, Orzeck, & Neto, 2004). The coping strategies employed by the Francophone participants of the aforementioned inquiry certainly mirror those elaborated in research in this area; however, cultural differences and similarities are clearly significant in determining the outcome of situations of loneliness (Patron, 2007).

Positive relations or social involvement with others, an important dimension of psychological well-being, is understood to be an accurate predictor of loneliness in overseas students just as much as in university students (Furniss, 2006). Social networks are of paramount importance during the adaptive process; if this proves to be a challenge, in conjunction with deficiency in communication skills and differing value and belief systems, loneliness can be construed as a critical symptom of culture shock (Chataway & Berry, 1989). This is the reason most international students gravitate toward the fellow national network of friendship according to Ward et al. (2001), as this group represents the most effective way of reducing the debilitating effects of this mental state, particularly during the initial stages of culture shock. On the other hand, this coping strategy often comes at the cost of linguistic and intercultural learning, considered to be instrumental objectives of the exchange process (Burns & De Silva, 2007; Patron, 2007).

### **International Students' Experiences in Australia**

The process of cross-cultural friendship formations is complex to say the least, due to the diversity and considerable number of cultural variables inherently involved. Most of the research conducted on CCA focuses on the North American contexts. Analysis of the combined longitudinal and cross-sectional data on Francophone international students (Patron, 2007) reveals the importance of friendship networks during the academic experience in Australia and potential changes to the dynamics of their original friendships upon re-entry in France and Switzerland. The problems encountered are highlighted in an effort to situate this concrete group of foreign students into the seminal functional model of friendships patterns proposed by Bochner et al. (1977) and acculturative models of Ward et al. (2001) and Berry (1997). Bochner et al. expound the theory that the pattern of friendships among foreign students is a core phenomenon because it is responsible for all international students' relations and attitudes. As we have seen earlier, if social support is effective, there is logically a reduction in homesickness and loneliness and the student is better able to focus on academic requirements. Empirical research on friendship paradigms of international students has revealed three distinct social networks, each influential in providing the

support needed for a successful adjustment process (Bochner et al., 1977). The most salient, according to Bochner, McLeod and Lin (1977), is (a) a network of fellow compatriots, whose function is to assert and convey the culture of origin; (b) a network of host nationals, whose purpose is instrumental in facilitating academic and professional aspirations; comprised, for example, of academics, counsellors, university bureaucrats, and other students and has a tendency to be formal; and (c) a multinational network, whose main function is recreational. This group offers mutual support between the different cultures (Bochner et al., 1977).

There is consensus on the fact that the least salient group is the network of host nationals. There appears to be a dearth of intimate personal contact between foreign students and host nationals. This claim is substantiated by the findings of my inquiry as well as multiple studies carried out in Britain, the United States, Australia, Israel, and Europe (i.e., Furnham & Alibhai, 1985; Kashima & Loh, 2006; Smith & Khawaja, 2011; Ward et al., 2001). It is generally assumed in wider literature that international students' friends will be fellow nationals, most notably of the same sex. This is not unexpected under the circumstances of cross-cultural education where international students are generally concentrated into mutually exclusive groups. Further, it stands to reason that the Anglo-Saxon tertiary campuses that attract large contingents of international students will feature especially as promoting this kind of situation. In the case of Australia, the multicultural educational context is also a reflection of that society at large.

With respect to the three social networks proposed by Bochner et al. (1977; p. 277) the findings of my study (Patron, 2007) are at variance with the predictive functional model of the academic exchange because the Francophone students were adamant that their choice of Australia as a venue was tantamount to a form of evasion from France and French people. Many broke from the mould and made a concerted effort to maintain distance from their fellow nationals. The main recourse for friendships for Francophones was the multinational network. In order to assuage their feelings of homesickness and loneliness, the Francophones turned mostly to this support network as they were technically in a similar situation and they were more accessible and approachable than the Australian hosts. The successful adaptation of the Francophones was, however, not devoid of feelings of dejection and loneliness in the beginning. Some of the participants of my inquiry took umbrage at the treatment they received from locals shortly after arrival in Australia. Their defence was to use retaliatory remarks to mitigate the pain.

## **Concluding Remarks**

It is not difficult to see why loneliness increases during intercultural exchanges as world views are in constant flux. It is incumbent on tertiary institutions to make a greater effort to see beyond stereotypical barriers to friendship

formations if loneliness is to be reduced during intercultural transitions. Ideally, friendships from all three networks—the host national, the fellow national, and the international group—can lead to a positive outcome where intercultural, well-rounded, contented individuals are able to enjoy the experience in the foreign culture without compromising their own cultural values, behaviours, or identities (See Bhabha, 1990; Liddicoat, Crozet, & Lo Bianco, 1999). Evidence from my research confirms that communication is the key; if this can be achieved comfortably, genuine friendships occur and loneliness is diminished. After all, if academic sojourners had intended to remain within their cultural enclaves whilst abroad, they would have stayed home. Achieving this outcome is, however, subject to a host of factors including personality and situational variables, cultural similarity, and motivation. With ever-increasing numbers of international tertiary students engaging in intercultural exchange programs in cultures dramatically opposed to their own, host universities globally need to examine their role as facilitators of a successful acculturation process for their charges. No institution can fail to acknowledge the significance of such a lucrative commodity as they plan for the future of their establishment. Many international students prefer to remain in their ethnic enclaves for the duration of their studies, such as, for instance, analogous groups of Europeans, Asians, Americans, African, Latinos, and Australian students, in order to assuage their feelings of loneliness. Whilst this practice may not produce the desired outcomes, it does represent an effective strategy to minimize loneliness during intercultural adjustments.

Friendship networks (Bochner et al., 1977; Ward et al., 2001) are a fundamental feature of intercultural exchanges as the network paradigm selected by the international student or that imposed on the foreigner by the host institution will ultimately determine the nature of the acculturation experience. The degree of social support obtained through either one or all network types of friendship contributes to a reduction of homesickness, loneliness, distress, academic stress, and other negative constructs correlated with culture shock on foreign campuses.

Loneliness is not exclusive as it goes beyond cultures; with increased border crossings facilitated by globalization, especially given the surge in academic mobility, this negative emotion is predicted to escalate as international students from cultures that are directly opposed to their own attempt to negotiate their perfect fit in the host society. Whilst most of the research on loneliness has been conducted in North America, it is undeniable that the negative implications of loneliness are felt irrespective of the culture in which it occurs. The severe effects of loneliness have been linked to depression, alcoholism, hostility, poor self-concept, and psychosomatic illness amongst previously mentioned correlates (Tavan, 2005). Has loneliness morphed into a new form of malaise on today's tertiary campuses where opportunities abound just as immediate threats influence the way in which we view, judge, and interact with different cultures? Interdependence and interconnection are important features that should technically focus

on the rapprochement of cultures and individuals. On the other hand, has the fear of terrorism helped to stimulate intolerance and a less empathetic attitude globally? Clearly, the new academic environment poses many trials for domestic and international students alike as they come into contact with each other. How we, as administrators and pedagogues, deal with emerging problems that manifest from the rapid evolution of societal norms and behaviours remains to be seen. Discrimination is global and unlikely to ever be eradicated. How individuals cope with inevitable racial discrimination will determine their psychological health and predict their adjustment process in a foreign milieu during cross-cultural exchanges.

Support networks are the key to diminishing loneliness amongst international students. However, with the current fear gripping Western societies as a result of increased terrorism and intimidation by extremist cultural and religious groups worldwide, traditional perceptions of certain nations are changing and, unfortunately, a less tolerant stance is being adopted by many members of many Western societies. This nationalistic trend in many first-world countries has naturally affected the views espoused by the general public and domestic students alike who are increasingly expected to share their classrooms with international students. Today, as tertiary institutions globally recognize the importance of the commodity that the contingent of international students represents on their campuses, their lecture theatres and tutorial rooms resemble more like the United Nations. However, if a spirit of friendship, tolerance, and respect is to be established, it is essential for cultural barriers to be dismantled. In order to do this, university policy makers worldwide need to preserve in the university culture regular opportunities for safe, egalitarian, frank, and open conversations on issues that are of profound significance. If this is effectively managed, powerful intercultural alumni networks of friendship, collegiality, and professional integrity can be secured (Ting & Patron, 2013). Ultimately, loneliness can be effectively reduced during intercultural transitions.

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**Part II**

# **Coping With Loneliness**

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# 5 Coping With Loneliness During Childhood and Adolescence

*Michal Einav, Eyal Rosenstreich,  
Uzi Levi, and Malka Margalit*

I could not awaken my heart to joy at the same tone; and all I loved,  
I loved alone.

*(Alone / E.A. Poe)*

## INTRODUCTION

Loneliness is a distressful, universal experience (Besevegis & Galanaki, 2010). Asher's pioneer research focused attention on children's personal experiences of loneliness following situations of social exclusion and alienation. He explored children's hurtful experiences in different age groups from preschool through elementary school (Asher & Paquette, 2003). These studies specified the various expressions of loneliness as painful internal reactions to interpersonal challenges that can be understood within the context of peer relationships. Gradually, the understanding of childhood loneliness expanded from a focus on the outcomes of friendships and sociometric measures to an examination of personal and interpersonal frustrations. Currently, international research on children's loneliness demonstrates its significance for predicting their current and future well-being (i.e., Bonetti, Campbell, & Gilmore, 2010; Jovanovic, 2013; Leipins & Cline, 2011; Sharabi, Levi, & Margalit, 2012; Spilt, van Lier, Leflot, Onghena, & Colpin, 2014). Considering the growing attention being paid to childhood loneliness, expressed in comprehensive and longitudinal studies and in line with the salutogenic approach (Antonovsky, 1996) that focuses attention on the promotion of health and activation of personal resources, as well as on positive psychology trends, the current chapter seeks to identify the different modes of coping with loneliness. It explores these coping strategies in different contexts, such as the family and school, and considers intervention trends aimed at empowering one's personal resources and activating resilient approaches to coping with loneliness. First, we review the research on loneliness in children and adolescents. Then, we present the various conceptual models of coping during childhood and adolescence. In order to provide in-depth understanding to the factors that predict coping with loneliness, we

shall report research on personal (such as shy children) and contextual (such as family and school environments) conditions. Finally, we discuss innovative interventions for dealing with loneliness, such as mindfulness training.

## WHAT IS LONELINESS?

Developmental and clinical psychologists tend to focus on the emotional experience of loneliness, traditionally identifying the feelings associated with loneliness and exploring its origins and risk factors. Several definitions of loneliness have been proposed, reflecting different theoretical constructs, each with accompanying models and mechanisms. According to Asher and Paquette (2003), loneliness is a “cognitive awareness of a person’s inadequacy in social and personal relations, resulting in feelings such as unhappiness, emptiness and longing” (p. 75). Masi, Chen, Hawkley, and Cacioppo (2011) considered loneliness a reaction to a deficiency in the social relationships that a person needs or an absence of closeness, sincerity, and emotionality in existing social relationships. Similarly, Margalit (2012) stated that loneliness reflects difficulties in developing close and meaningful relationships. In conclusion, it is commonly accepted that loneliness is an unpleasant feeling stemming from the discrepancy between one’s current social relationships and the expected ones (Perlman & Peplau, 1982).

Such a definition highlights the affective characteristic of loneliness as an emotionally unpleasant experience, but it also encompasses a cognitive element, focusing attention on the appraisal of discrepancies. In line with this view, Rokach (1998) has suggested six stages in the experience of loneliness: (1) pain and awareness (of a problem); (2) denial; (3) alarm and realization; (4) searching for causes and self-doubt; (5) acceptance; and (6) coping. It is important to note that social contact is not always what distinguishes between lonely and nonlonely people. Previous research has not found any substantial differences between these two groups in their pursuits, the amount of time spent in social interactions, or the time the two groups spent alone (Heinrich & Gullone, 2006;). Thus, while loneliness is influenced by the quantitative characteristics of social relationships such as the frequency of social contact or number of friends, it is also influenced by the qualitative and subjective appraisals of these relationships, such as satisfaction with the relationship, level of closeness, and intimacy or perceived social acceptance (Asher & Paquette, 2003). For example, in studies with college students, Wei, Russel, and Zakalik (2005) have found that subjective satisfaction ratings of social relationships and contacts are better predictors of loneliness than frequency of contact.

## CHILDREN AND ADOLESCENTS: DEVELOPMENTAL ASPECTS

Previously perceived as a situation pertinent to adults, loneliness is currently recognized as one of the major problems facing children and adolescents

(Demir & Tarhan, 2001; Qualter, Brown, Munn, & Rotenberg, 2010). Many studies support this view. Berguno, Leoux, McAinsh, and Shaikh (2004) stated that 80% of primary school students in the 8–10 age group experience loneliness at school, and Antognoli-Toland (2001) reported that 20%-50% of adolescents and young adults suffer from loneliness distress.

Various aspects of loneliness have been investigated within different age groups, starting from infancy, using diverse methods of investigation. Even young children can experience loneliness and are able to communicate these feelings via direct or more circuitous behaviors (e.g., see Asher & Paquette, 2003 for a review). Although once believed that loneliness could not be experienced until adolescence, a time when the interpersonal need for intimacy is most prevalent, the growing number of young children reporting social isolation, manifested in various realms of their lives, validates its importance to their emotional and social development (Margalit, 2012).

Parkhurst and Hopmeyer (1999) proposed that as children develop, the cognitions associated with loneliness come to have less to do with physical proximity and contact and more to do with social and psychological isolation. Therefore, the affiliation needs of children undergo developmental changes, which together with increased emotional awareness provide more avenues for both experiencing and communicating loneliness as the children grow older. In line with this premise, adolescence is still considered a period of high risk for loneliness. While some loneliness during this period is expected, persistent and painful feelings of loneliness are not normative (Bauminger, Finzi-Dottan, Chason, & Har-Even, 2008). The transition to adolescence entails a phase in which the social expectations, roles, relationships, and personal identities of adolescents undergo significant changes. These changes include specific ideations about their social relationships, the search for loyalty, support, and intimacy, as well as the desire to exchange beliefs, values, and ideologies with friends (Brown, 2004). Loneliness may develop if adolescents have not yet acquired the necessary age-appropriate social skills to cope with their changing social environment or if they have unrealistic expectations concerning their social relationships (Kwon, Lease, & Hoffman, 2012). Moreover, given that the establishment of intimate relationships becomes increasingly important during adolescence, teenagers spend less time with family and more with peers (Collins & Steinberg, 2006), seeking to gain independence from their parents and establish their individuality by replacing their parents' role as their primary attachment figures with friends (Goossens et al., 2009). However, together with this drive towards autonomy, individuality, and identity formation emerges the risk of increased feelings of separateness accompanied by a powerful need for affiliation and vulnerability to emotional and social alienation (Brewer, 1991).

Taking a contextual perspective, several studies revealed that the loneliness experienced by children and adolescents alike is associated with several demographic characteristics. For example, the risk of loneliness increases with ethnic minority status, probably due to the effects of discrimination, lower socioeconomic status, and poorer education options (Schinka, Van

Dulmen, Bossarte, & Swahn, 2012). Loneliness has been also related to poorer family climate, single parenthood, and abusive families (McPherson, Lewis, Lynn, Haskett, & Behrend, 2009). Koenig and Abrams's (1999) review of possible gender differences with regard to loneliness concluded that such differences are not apparent in childhood but may emerge during adolescence. Statistically significant differences in the loneliness scores of males and females were found in 50% of adolescent samples, consistently indicating that adolescent males are lonelier than adolescent females (Medved & Kerestes, 2011).

Therefore, the loneliness of children and adolescents is a complex, multidimensional phenomenon varying in intensity, causes and circumstances (Schinka, Van Dulmen, Mata, Bossarte, & Swahn, 2013). Importantly, loneliness manifests itself differently in different contexts in which a child's needs are unmet (Chipuer, 2001). Updegraff, Madden-Derdich, Estrada, Sales, and Leonard (2002) note that adolescents may be satisfied with their relationships with peers but lonely in their relationships with their parents or vice versa. It may be concluded that simply substituting one type of relationship for another cannot alleviate loneliness because the particular type of loneliness will be resolved only when the specific unmet needs are satisfied.

## CONTEXTUAL CONDITIONS

As noted previously, loneliness may manifest itself differently in different environments. For children and adolescents, one of the main environments is peer relationships at school. Such relationships may be with peers of the same or opposite sex and involve issues such as popularity, bullying, rejection, and meeting social norms (Parker, Low, Walker, & Gamm, 2005; Qualter & Munn, 2002). Current research indicates that peer victimization is strongly associated with loneliness, noting that students in school may tease, bully, and victimize other students for a variety of reasons, leading to diminished self-worth, social exclusion, and intensified feelings of loneliness (Storch & Masis-Warner, 2004; Woodhouse, Dykas, & Cassidy, 2012). Popular social norms also contribute to loneliness as students struggle to acquire certain "desired" body image qualities and athletic skills in order to be more popular, successful, and overall liked by their peers. Children lacking these qualities and skills may experience feelings of jealousy toward the more popular classmates and try to achieve sometimes unrealistic goals, thereby increasing their risk of intense, painful loneliness. For instance, Parker, Low, Walker, and Gamm's (2005) study on friendship jealousy in young adolescents indicated that jealousy of peers contributed to loneliness because of the strong inverse association between social acceptance and victimization that leads to jealousy and loneliness.

Other school-related factors include external circumstances such as frequent changes in a student's social surroundings, which intensify feelings of

isolation and seclusion when making the transition from one school environment to another. Such constant changes lead to an emotional and behavioral disconnection from both peers and teachers and require the development of coping strategies (McWhirter, Besett-Alesch, Horibata, & Gat, 2002). Subsequently, research has indicated a wide range of unfavorable outcomes that result from school-related loneliness, posing an increased risk to the child's well-being and mental health. These outcomes range from poor academic performance, school absences, or dropping out to somatic complaints, acting out, behavioral problems, delinquency, and social anxiety and to depression and even suicide attempts (Heinrich & Gullone, 2006).

Although peer networks may have a strong and significant environmental influence, it is plausible to argue that family climate and parental functioning are important mediators in the formation of children's loneliness. Within the family context, several mechanisms contribute to children's loneliness and coping styles. These mechanisms may be transmitted or shaped by the parent-child relationship and reinforced by peer relationships. Parental models of interpersonal relations and their coaching of social skills and behaviors, as well as encouraging or inhibiting their child's social interactions, may provide a secure (or insecure) base for learning to appreciate and interpret social interactions (Einav, 2014). This emotional base will later determine whether the child has the necessary skills to relate to his or her peer group effectively (Sroufe & Sampson, 2000). These intergenerational cycles of loneliness emphasize how parents' own social skills may reinforce their children's social and solitary experiences. Observed parental social interactions as well as direct socialization activities may support or impede the child's social skills, cognitions, and coping strategies. Research supporting this view has demonstrated that children who are raised in relatively socially isolated families face significantly increased risk of becoming chronically lonely (Solomon, 2000). In addition, the relationship between parental loneliness and their children's loneliness were mediated by the self-efficacy of the parents in their parental role and by the child's social competence (Junttila, Vauras, & Laakkonen, 2007). Thus, socially detached families may face difficulties in their efforts to enhance their children's social growth by promoting and guiding acceptable social and solitary behaviors or by modeling patterns of satisfactory social interactions.

Other family-related risk factors were comprehensively reviewed by Margalit (2012). Parents' personal resources and difficulties influence their parenting qualities and styles, molding the family climate and affecting the child's social development. Research has systematically documented the family factors related to childhood and adolescent loneliness and coping strategies. For instance, insecurity and symptoms of depression in mothers posed a cumulative risk to the child's social development (Raikes & Thompson, 2008). Complementary research has focused attention on mothers' sense of coherence as an expression of the personal resources and strength that promotes health and effective coping with challenges. This research



indicated an intergenerational relationship in which mothers who were less anxious and reported higher levels of a sense of coherence have children who were less lonely (Al-Yagon, 2008). This finding emphasizes the sense of coherence as an important protective factor, one that is related to effective parenting skills. Additional familial factors focused attention on the family structure and communication styles (Uruk & Demir, 2003). Lower levels of family cohesion predicted children's loneliness, while a high level of cohesion and strong emotional bonding among the family members were considered protective factors.

The virtual world is another environment in which loneliness in children is evident. With the rapid spread of Internet use among children and adolescents, many adults have expressed their concerns about the possible effects of social networking on children and adolescents' psychological well-being, with a primary focus on loneliness. Today, youngsters' social lives take place online as well as offline and have a major impact on adolescents' social behavior, social identity, and interpersonal relationships. A rich body of research has examined the relationship between Internet usage and the social well-being of young people, reporting mixed results (Laghi et al., 2013). One theoretical argument is that Internet use may lead to social withdrawal and separateness, undermining individuals' psychological well-being (Caplan, 2003; Gross, 2004), limiting face-to-face contacts and direct interactions, and thus minimizing the ability to develop a real sense of friendship and closeness. A contrasting theoretical argument maintains that Internet use may be regarded as an effective coping strategy that supports and expands opportunities for contacts with peers, thus enhancing feelings of connectedness and affiliation (Amichai-Hamburger & Hayat, 2011). These inconsistent approaches reflect the diversity of available applications and uses. Further research is needed to determine whether online interactions may compensate for offline inhibitions.

## THE RAMIFICATIONS OF LONELINESS

Failure to resolve loneliness before moving out of adolescence and into adulthood may pose significant concerns for one's future social relationships and mental health (Lasgaard, Goossens, Bramsen, Trillingsgaard, & Elk-lit, 2011). Numerous researchers reported associations between loneliness and a number of psychosocial difficulties (e.g., low self-esteem, low social competence, a poorer quality of social interactions) (Coplan, Closson, & Arbeau, 2007), as well as mental health problems (e.g., anxiety, depression, suicidal behaviors) (Jones, Schinka, van Dulmen, Bossarte, & Swahn, 2011) and physical health issues (e.g., poorer immune and cardiovascular functioning, sleep deficiencies) (Cacioppo et al., 2012). Chronic loneliness has the potential to interfere substantially with psychosocial functioning, mental health, and physical health and should therefore be the subject of

coping examinations and intervention efforts. In the next sections, general conceptual models of coping will be introduced, followed by their interventional applications.

## CONCEPTUAL MODELS OF COPING DURING CHILDHOOD AND ADOLESCENCE

Lazarus (2006) defined coping as the individual's efforts to manage adaptational demands, arguing that we must also consider the emotions they generate. In his studies, he demonstrated that coping cannot be understood when it is isolated from the situational and life contexts of the participants and their personal appraisals of what could be realistically done to cope with stressful demands. Their consideration of whether the source of stress could be changed was significant in the determination of their coping approaches. Initially, studies of adults and children's coping distinguished between two major approaches: *problem-focused coping*—the purposeful responses that are directed toward resolving the stressful relationship between the self and the environment (i.e., planning a solution; confronting the problem), and *emotion-focused coping*—responses directed toward palliating the negative emotions that arise as a result of stress (i.e., distancing, positive reappraisal) (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Lazarus, 2000, 2006; Lazarus & Folkman, 1984). However, Lazarus (2006) argued that we should not distinguish between these two approaches but instead recognize their interconnections because in most stressful situations, they actually complement each other. Recent studies (Moskowitz, Shmueli-Blumberg, Acree, & Folkman, 2012) have further examined the multiple roles of positive and negative emotions and their relationships with different types of coping processes.

A comprehensive conceptualization of the research on coping proposed considering the dispositional and contextual perspectives of coping. This approach highlighted the joint impact of personal and social resources in predicting functioning and adjustment outcomes (Moos & Holahan, 2003). Coping has been considered a mediating factor that helps maintain one's psychological adjustment during stressful periods. The differentiation between coping dispositions (as a trait) and coping responses in critical situations underscores that individuals are active agents who can shape the outcomes of stressful life circumstances in their lives, as well as be shaped by them. Recently, Folkman (2010) proposed a third type of coping—*meaning-focused coping*—that transforms appraisals of threats into appraisals of challenge, reflecting one's personal values, beliefs, and life experiences in demanding circumstances.

Early studies of children's coping adapted the various models of adult coping as their theoretical foundation. Compas et al. (2001) proposed considering the important role of the developmental process in the understanding

of children's coping. In line with this premise, Compas suggested differentiating between three types of children's coping: efforts to directly act on or change the source of stress or one's emotions (*primary control coping*), efforts to adapt to the stressor (*secondary control coping*), and attempts to avoid or deny the source of stress (*disengagement coping*). He also called attention to negative cognitive styles and examined how children think about the causes, consequences, and implications for themselves after experiencing a negative event. The tendency to interpret the causes of adverse events as stable (i.e., "Things will always be this way"), global (i.e., "This negative event affects many areas of my life"), and internal (i.e., "This happened because I am . . .") defines the negative attributional style. It includes two additional elements: expectations of other negative consequences and negative implications for one's self as a result of adverse events.

In recent studies (Compas et al., 2011; Dunbar et al., 2013), the negative cognitive style has been associated with three types of coping (*primary control, secondary control, and disengagement*). Thus, the coping and the negative cognitive style were considered mediators between the stressful experience and the children's negative emotions. Research has also demonstrated that effective coping skills can be taught as part of preventative and interventional planning.

Skinner and Zimmer-Gembeck (2007) proposed an alternative developmental model of coping with stressful situations during childhood and adolescence. Instead of focusing on disasters and severe stress, they proposed examining the impact of the typical stressful situations that children experience. They presented a conceptual map focused on coping with typical developmental challenges. In their approach, coping has been defined within dual-process models as "regulation under stress," focusing attention first on the identification of the sources of ordinary stress during childhood and second on the development of self-regulation strategies, directing attention to the interactions between the individuals' characteristics and environmental demands.

This approach clarified that the same stressors can evoke various emotions and coping responses from different children and adolescents. Skinner and Zimmer-Gembeck (2007) proposed the classification of *families of coping* consisting of the following reactions: problem solving, support-seeking, escape, distraction, cognitive restructuring, rumination, experiencing helplessness, social withdrawal, emotional regulation, information-seeking, negotiation, opposition, and delegation. Each one of these coping families includes different coping strategies that may serve the same set of functions and are determined by personality characteristics, age, and contextual differences. For example, in order to distract themselves from a stressful situation (the contextual condition), young children (developmental stage) may use age-appropriate behavioral strategies such as engaging in enjoyable play. At the same time, older children may use cognitive strategies such as thinking about something pleasant.

In a review of coping research across childhood and adolescence (Zimmer-Gembeck & Skinner, 2011), developmental patterns were scrutinized using the different coping behaviors (e.g., problem solving, distraction, support-seeking, escape). The analysis revealed two seemingly opposite trends related to age. First, there has been an *increased repertoire of personal resources and coping abilities*, expressed in support-seeking (from reliance on adults to more self-reliance), problem solving (from instrumental action to problem solving), and distraction (adding cognitive approaches to behavioral strategies). Second, there has also been an increased ability *to select only those strategies* that were most effective in dealing with specific stressors, thereby utilizing a smaller effective repertoire of coping strategies.

The goals of this chapter were to review and integrate the conceptual and empirical research about how children and adolescents cope with a specific distressful experience—loneliness—in hopes of extending our understanding of resilience, adjustment, and well-being in the face of this stressor. Using the results of the extensive research on the loneliness of shy children (Coplan, et al., 2013; Kingsbury, Coplan, & Rose-Krasnor, 2013), we can illustrate the interactions between personal dispositions and experiences of loneliness during childhood, focusing attention on the contextual conditions and the children's coping resources.

## THE LONELINESS OF SHY CHILDREN

Shyness is a moderately stable trait that is also susceptible to environmental factors, including parenting quality and peer relationships. Shyness refers to anxiety in the face of new social encounters and is characterized by an approach-avoidance conflict (Findlay et al., 2009). Self-reported shyness correlated positively with negative affect, loneliness, and social anxiety and was negatively associated with general self-concept, peer self-concept, positive affect, and general well-being (Booth-LaForce & Oxford, 2008). Thus, shy children report experiencing more loneliness, negative affect, anxiety and less positive affect, as well as lower general self-worth, peer self-concept, and general well-being (Burgess, Wojslawowicz, Rubin, Rose-Krasnor, & Booth-LaForce, 2006). Shyness was also related to internalizing coping approaches rather than problem-solving coping strategies (Kingsbury et al., 2013).

Similarly, shy children who experience a high degree of social anxiety become overly aroused in stressful situations, experience difficulty in dealing with the stressor, and thus select internalizing coping strategies such as “go off by myself” or “just feel sorry for myself.” Internalizing coping strategy was a significant mediator of the relationship between shyness and negative affect, loneliness, and social anxiety. Children who are socially wary or anxious may be more apt to use such “maladaptive” coping strategies, which lead to increased levels of loneliness and further anxiety. By selecting internalizing strategies, shy children may delay the stressor or may feel

worse for not addressing the stressor directly (Kingsbury et al., 2013). In addition, if the children regularly choose strategies that remove them from the situation, they may experience loneliness or isolation from their peers. Therefore, by avoiding stressful contacts, shy children may be successful in avoiding stressful situations in the short term but may not learn how to manage their anxiety in the future, thus exacerbating their social difficulties (Findlay et al., 2009). However, in a follow-up study of risk and protective factors in the inner city, minority youth who displayed shy or anxious behavior during grades 6–7 reported low rates of depression and have few juvenile court appearances (Smokowski, Mann, Reynolds, & Fraser, 2004).

Lazarus (2006) proposes internalizing coping as a mediator between shyness and social distress. The results of his study demonstrated that shy children tend to (overly) rely on internalizing coping as means of dealing with social difficulties. Nevertheless, for those shy children who are also able to utilize problem-solving coping techniques, the use of internalizing coping does not necessarily lead to an increased risk of loneliness.

So far, we have reviewed the cognitive and affective disadvantages of loneliness and the mechanisms of coping with this stressor. In the next section, we suggest that a self-help intervention—mindfulness meditation—may prove to be an effective practice for helping children and adolescents deal with loneliness.

## LONELINESS, MINDFULNESS, AND COGNITION

In a recent study, Masi et al. (2011) reviewed various interventions for reducing loneliness. Specifically, they identify four types of interventions: (1) improving social skills, (2) enhancing social support, (3) increasing opportunities for social contact, and (4) addressing maladaptive social cognition. Along with an important methodological concern (not relevant for this chapter), they concluded that interventions in which maladaptive social cognitions are addressed are the most effective. In this section, we propose that mindfulness meditation may serve as such an intervention and may reduce the subjective feeling of loneliness by reducing maladaptive cognitive functions.

Originating in Buddhism, mindfulness meditation is a practice designed to relieve the physical and psychological suffering inherent in mere existence. Mindfulness is a nonjudgmental perception of the world (Phelan, 2012), cultivated by promoting a moment-by-moment awareness of our feelings, sensations, and state of mind (Kabat-Zinn, 2003). The secular Western practice of mindfulness is based on exercises promoting the cultivation of awareness of the sensations evoked by both internal and external stimuli (e.g., paying attention to the way we breathe and to the sounds that surround us). The normative practice plan—the Mindfulness Based Stress Reduction (MBSR; Kabat-Zinn, 2003)—consists of eight weekly sessions

in which the principles of mindfulness living are acquired and practiced. Nevertheless, there is an increasing body of studies showing significantly shorter mindfulness interventions to be as effective (e.g., Hafenbrack, Kinias, & Barsade, 2014). Mindfulness practice is easy to learn and maintain and can be used even with young children (see Greenberg & Harris, 2012 for a review).

To date, there is growing academic interest in the effects of mindfulness practice on emotional and cognitive well-being (Rosenstreich, 2014). For example, mindfulness has been shown to reduce social anxiety (Goldin & Gross, 2010) and increase positive affect (Brown & Ryan, 2003). However, the connection between mindfulness and loneliness has hardly been investigated. In fact, to the best of our knowledge, to date only one study has examined the effects of mindfulness meditation on loneliness (Creswell et al., 2012). This study compares the rates of loneliness among older adults who engaged in MBSR treatment and a control group that did not. Participants in the eight-week MBSR group reported lower levels of loneliness than the control group. Although these findings provided a promising starting point for the investigation of mindfulness and loneliness, most of the connections between these two constructs are yet to be revealed. In the next sections, we attempt to provide the theoretical foundations needed to shed more light on this connection.

## MECHANISMS OF MINDFULNESS

Baer, Smith, Hopkins, Krietemeyer, and Toney (2006) suggested that five factors underlie mindfulness behavior. The first is the ability to observe or be attentive to internal and external stimuli, such as thoughts, feelings, emotions, and sensations. Second is the ability to describe what one is observing, to label one's observations without judgment. The third behavior is awareness of the processes that underlie behavior, being aware of one's own actions as opposed to acting automatically. The fourth behavior is being nonjudgmental of one's own sensations, thoughts, and emotions. Finally, the fifth behavior is nonreactivity, that is, refraining from reacting to internal and external stimuli.

Based on Baer et al.'s (2006) classification, Hölzel et al. (2011) suggested four mechanisms through which mindfulness may affect cognition and emotion. First is attention regulation, a mechanism that promotes a better allocation of attentional resources (Jensen, Vangkilde, Frokjaer, & Hasselbalch, 2012; Jha, Krompinger, & Baime, 2007). The second mechanism is body awareness, which refers to heightened sensory experience and awareness of internal sensations (Baer et al., 2006). The third mechanism is emotion regulation, which facilitates the reconstruction of the emotional experience in a nonjudgmental manner and the withholding of an emotional response (e.g., Jha, Stanley, Kiyonaga, Wong, & Gelfand, 2010). Such regulatory processes

may be conceptualized as executive functions (Hofmann, Schmeichel, & Baddeley, 2012). Finally, the fourth mechanism is a change in the perspective of the self, which entails the decentering of the self from the ongoing experience (Josefsson, Lindwall, & Broberg, 2012).

## MINDFULNESS AND LONELINESS: POSSIBLE PATHWAYS

Given this classification, there are three pathways through which mindfulness may reduce the subjective feeling of loneliness.

*Monitoring, attention regulation and memory.* The first pathway is the monitoring and regulation of attention and memory. As noted earlier, subjective feelings of loneliness were closely connected to cognitive performance (Hawkey & Cacioppo, 2010; Ybarra et al., 2008). Specifically, participants who experienced social isolation identified smiling faces faster and needed a longer time to disengage their attention from these faces (DeWall, Maner, & Rouby, 2009). Similarly, loneliness was associated with a heightened attunement of the memory systems toward positive and negative social information (Gardner, Pickett, Jefferis, & Knowles, 2005) and an overall tendency to interpret the world through preexisting cognitive schemata (Hawkey & Cacioppo, 2010).

The practice of mindfulness as a coping approach may have a beneficial effect on loneliness through increased memory and attention regulation. Specifically, mindfulness has been shown to increase attention regulation (Galla, Hale, Shrestha, Loo, & Smalley, 2012), which has been manifested in an improved ability to ignore distracting stimuli and to distribute attentional resources among different tasks. In addition, mindfulness improved memory performance (Lykins, Baer, & Gottlob, 2012; Rosenstreich, in press), and it was associated with fewer recalled negative words (compared to a control group; Alberts & Thewissen, 2011). Finally, mindfulness reduced the cognitive fallacies that resulted from heuristic processes (Hafenbrack et al., 2014; Rosenstreich, in review). Specifically, Hafenbrack et al. (2014) showed that emotionally driven monetary decision making can be regulated using a short mindfulness practice.

To conclude, the first pathway may reduce loneliness by increasing one's coping ability to ignore distractions. By increasing the monitoring and regulation of memory and attention, mindfulness may (a) disengage one's thoughts from previous unsuccessful social interactions (i.e., fewer ruminations), (b) reduce the amount of negative social information recollected, and (c) promote a less biased interpretation of a concurrent social interaction.

*Interoceptive awareness.* The second pathway through which mindfulness may be used as an effective coping strategy for mitigating the feeling of loneliness is interoceptive awareness, which refers to an increased awareness of internal signals. These internal signals may generally be physical (e.g., hunger, muscle tonus), but not exclusively so. Loneliness is intimately

related to increased rates of stress, anxiety, cortisol levels, and blood pressure (Hawkley & Cacioppo, 2010). In contrast, it has been well established that mindfulness practice reduces these measures (e.g., Tang et al., 2007). Furthermore, recent studies show that mindfulness alters the brain regions associated with self-awareness (Farb, Segal, & Anderson, 2013). Taken together, mindfulness practice may reduce loneliness—or at least its physiological and emotional expressions—through an increased awareness of the internal signals of stress and the ability to regulate these signals.

*The alteration of self-perception.* Finally, the third pathway through which mindfulness may help children cope with loneliness is the alteration of self-perception. Socially isolated people in general and children and adolescents in particular are typically characterized by low self-esteem (Hall-Lande, Eisenberg, Christenson, & Neumark-Sztainer, 2007) and have a distorted self-perception as incompetent, undesired, and have low self-worth (Qualter & Munn, 2002). This distorted perception often results in a confirmatory bias, which in turn provides support for one's feeling of low self-worth (Hawkley & Cacioppo, 2010). Therefore, altering the perception of one's self is essential in order to reduce loneliness.

Mindfulness practice promotes the cultivation of acceptance and self-compassion (Carlson, 2013; Vago, 2013). For example, in a recent study, participants in a mindfulness course showed heightened rates of self-compassion after the course compared to before the course (Birnie, Speca, & Carlson, 2010) and adopted a more positive body image (Alberts & Thewissen, 2012). Thus, mindfulness may reduce feelings of loneliness by promoting a more positive perception of one's self, which is a key condition for successful and healthy social interactions.

## CONCLUSIONS

In this chapter, we reviewed the concept of loneliness and the cognitive and emotional mechanisms involved in coping successfully with the effects of loneliness. Such feelings and the need to cope with them begin at an early age. As the child grows into adolescence, the peer group plays an increasing role in the formation of the autonomous self. Through the developmental stages, the unfulfilled need for interpersonal closeness and the increased risk of unfulfilled wishes for affiliation and social confirmation may lead to increased vulnerability to emotional and social loneliness.

Coping with loneliness successfully is mainly based upon the acquisition of personal resources. Emotion regulation as a coping strategy involves the monitoring and reduction of rumination, stress, and distress evoked by one's actual or perceived social states. Attention regulation can also be used to identify both positive and negative social interactions. Finally, stable self-perception mechanisms also help people cope with loneliness and become more resilient in facing the stressor and cultivate resiliency trends.



Interventions designed to promote adaptive cognitive functions and emotional regulation skills can be implemented to teach effective coping skills. Based on the research, we propose the experimentation of mindfulness meditation as an innovative intervention approach. In particular, because mindfulness meditation practice cultivates the awareness to the ongoing experience in a nonjudgmental perspective, the current social state and its emotional impacts could be engaged in a constructive fashion. By reducing rumination and stress, mindfulness practice may increase the availability of cognitive resources and promote self-acceptance, which in turn may benefit coping with loneliness. Future studies will explore and evaluate additional innovative approaches to empowering children and adolescents in their resilient efforts to cope with loneliness.

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## 6 Coping With Loneliness in Children With Disabilities

*Adi Sharabi*

This chapter aims to focus attention on the coping strategies for loneliness among children with disabilities. From an early developmental stage, children with various disabilities report higher levels of loneliness and greater social distress than their peers without disabilities (Margalit, 2012). This loneliness is related not only to deficits in social competence, but also to learning problems, low self-perceptions, and depression (Chen, Zang, Chen, & Li, 2012). Feelings of loneliness are reported by children with different categories of disabilities, such as a specific learning disorder, intellectual disabilities, and hearing loss, in a variety of contexts, including family, school, and online environments (Most, Ingber, & Heled-Ariam, 2011; Papoutsakia, Genab, & Kalyva, 2013; Sharabi, 2013).

The current chapter reviews the research on various aspects of coping with loneliness in this population, including children's characteristics, family resources, support systems, and social environments. Further, the relationship between these elements and children's coping skills is explored.

### CHILDREN'S CHARACTERISTICS AND COPING WITH LONELINESS

The social and emotional difficulties associated with a disability affect the quality of life of both the child and the family (Wehmeier, Schacht, & Berkeley, 2010; Zwicker, Harris, & Klassen, 2012). The nature of the disability impacts upon both social interactions and children's ability to cope with loneliness. These experiences are also affected by children's individual characteristics, personality dispositions, and the unique qualities of the disability. Primary factors related to the nature of the disability may predispose children to the social isolation, while secondary, personality-related factors may maintain or reinforce it. Several disabilities such as autism spectrum disorder (ASD) (APA, 2013) or nonverbal learning disabilities (Rourke, 2005) include social difficulties as their defining criteria. In addition, social difficulties and loneliness have been regarded as a secondary outcome of various disabilities such as developmental coordination disorder (DCD)

(Zwicker et al., 2012) or sensory impairments such as hearing loss (Brown, Bortoli, Remine, & Othman, 2008).

Children's personal challenges, such as difficulties in information processing, regulation of emotions and behaviors, and impulsivity, frequently heighten their social alienation. Children with developmental disabilities are often aware of their day-to-day struggles and report lower self-concept and decreased beliefs in their abilities to fulfill age-appropriate tasks. Studies report that children with high-incidence disabilities (i.e., specific learning disorder, mild intellectual disabilities, and emotional disorders) report lower self-perceptions, which, in addition to their developmental challenges, make it more difficult to cope with loneliness (Margalit, 2012). It is not clear if the children's experience with developmental difficulties contributes to their lower self-concept and social alienation or whether their belonging to a group of children with special needs contributes to their social relations with peers.

In order to learn about the strategies for coping with loneliness used by children with disabilities, most studies have focused on those children who reported high levels of loneliness. At the same time, however, some studies have focused on the characteristics of resilient children with disabilities who did not experience more loneliness than their peers (Sharabi & Margalit, 2009). The next section presents strategies that children with disabilities tend to choose for coping with loneliness.

## STRATEGIES FOR COPING WITH LONELINESS

Coping with loneliness is a complex and multidimensional process involving environmental conditions, personality dispositions, and the child's available resources (Margalit, 2012). Studies have emphasized the influence of disabilities on strategies for coping with loneliness. Children with disabilities tend to be at risk for peer rejection and social isolation. They therefore spend more time alone, which often becomes their preferred style for coping with loneliness. However, children with disabilities are unlikely to develop the ability to enjoy their solitude and may translate it into loneliness or boredom (Margalit & Raskind, 2013). Along with spending time alone, research has shown a range of coping mechanisms used by children with disabilities. For example, children with specific learning disorder (SLD) used four categories of strategies: engaging in solitary activities (i.e., thinking about and finding something to do); engaging in passive solitary activities (i.e., doing nothing to change the situation); seeking out others; and engaging in miscellaneous behavior (e.g., cheering themselves up). In this study, the two dominant coping styles were engaging in solitary activities and seeking out others (Parvi & Monda-Amaya, 2000). Another study among children with mild intellectual disabilities found that their coping strategies fell into three categories: active, passive, and destructive (Papoutsakia, Genab & Klyva,



2013). The researchers reported that to cope with their feelings of loneliness and rejection, these children withdrew from social interactions, engaged in solitary activities, and actively looked for friends. Very few chose physical or verbal aggression as a means of dealing with their frustrations (Papoutsakia et al., 2013). The next section presents social competence as a personal resource for coping with loneliness, focusing on developing social skills.

## DEVELOPING SOCIAL SKILLS AND LONELINESS

Social skills are learned behaviors that allow children to interact effectively with their peers. Research has demonstrated the importance of sufficient interactions with peers during the formative stages of one's life for the successful development of appropriate social skills. Children who have difficulty developing age-appropriate social relationships tend to be rejected by their peers (Margalit & Raskind, 2013). Children with disabilities often have difficulty developing age-appropriate social relationships and, consequently, relevant social skills. For example, children with hearing loss were shown to have poorer social interactions than their peers with normal hearing from an early developmental stage in kindergarten (Brown et al., 2008).

Studies have also established the relationship between the atypical development of social skills and frustration following peer experiences. For example, children with SLD and children with intellectual developmental disabilities (IDD) reported fewer positive peer experiences and more negative experiences than children without disabilities. These unsatisfactory negative experiences were in turn associated with higher levels of loneliness (Hindes, 2006). Gender differences were also evident in the social information-processing skills of kindergarteners with and without risk for SLD. Girls at risk for developing SLD were rated significantly lower on social skills by their kindergarten teachers than girls not at risk of developing SLD. Such differences were not evident in boys (Tur-Kaspa, 2004).

Children's personal characteristics, evident even early in life, have also been found to predict later loneliness and future adjustment. A longitudinal study following Chinese children from toddlerhood (24 months) to nine years of age emphasized the importance of the early assessment of personal characteristics that might promote or delay the children's future emotional, social, and academic adjustment. In this study, the toddlers' control ability was measured using two delay tasks, and a follow up was conducted nine years later assessing their psychological and academic adjustment. Those toddlers who exhibited early control were less likely to report loneliness and depression as well as other learning and emotional problems at the age of nine (Chen et al., 2012). Similarly, American children with developmental disabilities at age three who exhibited fewer externalizing behavior problems and were from families with a more positive climate reported less loneliness at age 10 (Howell, Hauser-Cram, & Kersh, 2007). Thus, early

preventive intervention should be encouraged not only as a means of dealing with the child's disability but also to promote the behavioral, cognitive, and social skills needed for future adjustment.

The next sections will present the role of the environment and other support systems in coping with loneliness in children with disabilities. The family system is detailed first, as it is significant in helping the child, as well as the entire family, cope with distress and loneliness.

## **THE ROLE OF THE FAMILY SYSTEM IN COPING WITH LONELINESS**

The family plays a critical role as a resource for children coping with loneliness. Recent studies have examined the significant and uniquely complex role of the family in the lives of children with disabilities (Al-Yagon, 2013; Siman Tov & Kaniel, 2011). These studies emphasize the increasing difficulties that parents of children with disabilities often face in supporting their children and acting as role models for interpersonal relationships as they themselves struggle with loneliness and social isolation. Children's coping activities are influenced by their parents' approaches and reactions to general and social distress (Margalit, 2012). The support that parents offer their children with disabilities is influenced by their own emotional and social state and the varying levels of support that they themselves receive. For example, mothers' degree of involvement in early intervention efforts with their 1- to 7-year-old children with hearing loss was related to the mothers' own emotional state and social support (Ingber, Al-Yagon, & Dromi, 2010). Similarly, a study comparing three subgroups of parents—those with a child with Asperger syndrome, parents of a child with SLD, and parents with a child with typical development—found different results for the support they received. Parents of a child with Asperger syndrome reported the lowest level of support from friends compared to parents of a child with SLD and parents of a child without disabilities. Moreover, both parents of a child with Asperger syndrome and with SLD reported less family support than parents of a child without disabilities (Heiman & Berger, 2008).

Family processes at an early age are also related to a future sense of social belonging and loneliness among children with disabilities. The quality of the family climate in kindergarten predicted the development of feelings of loneliness among children with disabilities in middle childhood, regardless of the children's level of externalizing problem behaviors (Howell et al., 2007). Mothers and fathers play different roles in their children's well-being. A recent study revealed that children with SLD reported feeling more secure with their mothers than with their fathers. This study highlighted the contribution of the fathers' attachment to their children's coping resources, such as their sense of coherence and hope and their willingness to make an effort. However, the mothers' attachment contributed to a broader range

of internalizing adjustment measures, including self-reported loneliness and parent-rated internalizing problems (Al-Yagon, 2013).

In addition to parents who play a critical role as the head of the family, the family unit typically includes siblings who have an important position and significant effect on the social and emotional adjustment of their brother or sister with disabilities. As several studies have demonstrated, siblings can provide an environment in which children with disabilities can extend, practice, and improve their social skills (Hindes, 2006). Children with disabilities such as MID regarded their siblings as their primary friends (Papoutsakia et al., 2013). Another study examined the effect of the social competency training received from siblings on the experiences of children with intellectual developmental disorder (IDD) and SLD with their peers, as well as the impact of the quality of the relationship with their siblings on their loneliness, internalizing problems, and delinquent behavior. Children with SLD whose brothers or sisters involved them in relatively high levels of social interactions were more accepted and supported by their peers. However, children with IDD were less accepted and supported by their peers regardless of the degree to which their siblings involved them in social interactions or directed them regarding socially appropriate behavior. Moreover, there was an indirect effect of social involvement mediated by the effect of SLD on negative peer experiences. Nevertheless, emotional support from siblings moderated the impact of these negative peer experiences of children with disabilities as well as their internalizing problems and delinquent behavior (Hindes, 2006).

Given the importance of both parents and siblings in helping children with disabilities cope with loneliness and social difficulties, early intervention services should focus on the family unit's ability to help their children regulate their behavior (Howell et al., 2007). Along with family support, the support of the school system is needed to enhance children's social ties and cope with loneliness in the academic environment.

## **THE ROLE OF THE EDUCATIONAL ENVIRONMENT IN COPING WITH LONELINESS**

Coping with loneliness in the school environment encompasses children's social status and friendships, as well as other factors that may affect their loneliness in school, including their relationship with their teachers, their level of participation in class activities, and their success in school (Margalit & Raskin, 2013). Studies have emphasized the role of teachers in helping children cope with their feelings, providing them with a 'secure base' that offers both material and emotional support in alleviating their emotional loneliness (Galanaki, 2004).

Learning difficulties in school have been found to predict feelings of loneliness and personal perceptions of lack of social popularity. Morgan,

Farkas, and Wu (2012) found that poor readers in third grade were nearly twice as likely to consider themselves lonely and unpopular in fifth grade and suffer from other emotional difficulties such as sadness and anger. These researchers similarly found that a lack of ability in mathematics increased the risk of feeling sad or lonely.

In addition to academic instruction, schools also provide opportunities for social engagement and social learning. In such an environment, students with and without disabilities learn how to interact with children and adults (Antia, Kreimeyer, & Reed, 2010). However, in some subgroups of students with disabilities (i.e., MID), only a small percentage reported having friends from school. Most of these children had friends mainly from their neighborhood and were friends with their siblings (Papoutsakia et al., 2013). Similarly, students with hearing loss reported interacting less frequently and with fewer peers in school (Antia et al., 2010).

Studies have also examined the effect of various educational settings such as group inclusion or individual inclusion on children's loneliness (Most et al., 2011). According to Article 24 of the Convention on the Rights of Persons with Disabilities of 2006, inclusive education aims to provide effective individualized support in environments "that maximize academic and social development, consistent with the goal of full inclusion" (United Nations, 2006). While full inclusion may be the preferred option for students with disabilities, studies have examined its educational, social, and emotional impact. Inclusion at an early age such as kindergarten may take two forms. Group inclusion refers to a small group with disabilities that is integrated into a standard classroom, while individual inclusion occurs when each child with a disability is individually integrated into a standard classroom. In elementary and secondary schools, group intervention takes the form of special classes within regular schools.

Research findings revealed that kindergarten children with hearing loss demonstrated greater social competence in interacting with children with normal hearing when integrated individually than did children who were included in a group. Furthermore, better social competence was correlated with less loneliness in both groups (Most et al., 2011). Secondary school children with hearing loss who were part of group inclusion scored lower on speech intelligibility tests than did children who were included individually. There were no differences between the two groups in perceived sense of loneliness (Most, 2007). However, the relationship between intelligible speech and loneliness was demonstrated in both studies only for the children who were involved in individual inclusion. Thus, intelligible speech is necessary for basic communication and is also a factor that affects the child's social interactions and emotional feelings, including loneliness (Most, 2007; Most et al., 2011). Similarly, a recent study examining the social and emotional experience of adolescents with ASD who were fully included in middle and high schools showed that the students with ASD reported higher than average levels of loneliness and were isolated during most unstructured

times. Schools need to create support systems that will help children and adolescents with ASD connect with their peers without disabilities during unstructured times (Saara, 2013).

Beyond peer relationships and level of inclusion in academic settings, studies have also highlighted the teacher as a secure base for children with and without special educational needs and the teachers' role in the children's well-being. Al-Yagon and Margalit (2006) documented the relationship between perceptions of children with and without reading problems with their teacher as a secure base and their feelings of loneliness and sense of coherence. They note that while children with reading difficulties see their teachers as available to help them, they also perceived their teachers as more rejecting compared to how the teachers related to their peers without reading problems. In addition, the children with reading difficulties tended to have greater feelings of loneliness and fewer coping resources, which was evident in their low sense of coherence. On the other hand, it was noted that the dependence of children with special needs on their teachers may increase the gap between them and their classmates (Kotser, Minnaert, Nakken, Pijl, & van Houten, 2011). Thus, the teacher faces a serious responsibility and challenge in integrating a child with disabilities into regular classes. For the child's social integration to be successful, the teacher needs to enable and guide the student with the disability and the rest of the class. At the same time, in order to lead to the children's social independence, it is important to create a balance between the help children receive from their teachers and their dependence on their teachers. The role of friendships on coping with loneliness in children with disabilities will be presented next.

## THE ROLE OF FRIENDSHIPS IN COPING WITH LONELINESS

Friendships are an important resource in coping with loneliness (Margalit, 1994). Early studies demonstrated the significant role of friendships as a predictor of loneliness in childhood, with the quality of the friendships and group acceptance each making a separate contribution to the prediction of loneliness (Asher, Parkhurst, Hymel, & Williams, 1990; Parker & Asher, 1993). Despite the importance of friendships in fending off the feeling of loneliness, children with disabilities reported having social difficulties and struggling with social isolation and peer rejection (Margalit, 1994). Bossaert, Colpin, Pijl, and Petry (2012) examined whether the prevalence of loneliness at the start of mainstream secondary school differs among typically developing students, students with ASD, and students with motor and/or sensory disabilities and whether the quantity and quality of friendships affect their feeling of loneliness. Their results showed that students with ASD felt lonely more often than typically developing students and students with motor and/or sensory disabilities in mainstream seventh grade classes. However, they emphasized that despite these results, the majority of students with ASD did

not feel lonely at school. Nevertheless, the proportion of students with ASD who felt lonely was twice as large as that of typically developing students. Whereas the smaller number of friends that students with disabilities had did not affect their feelings of loneliness, the quality of these friendships did have a small effect. Moreover, for children with disabilities, opportunities for friendships can be limited. Lonely children with MID tended to attribute their isolation to interpersonal deficits, lack of contact with peers, and physical appearance (Papoutsakia et al., 2013). These results underscore the critical role of the family and the community in providing social opportunities for children with disabilities. With the advent of the technological revolution, some studies have investigated whether the Internet offers children with disabilities a sufficient alternative to forming friendships in order to cope with their feelings of loneliness.

### **ONLINE COMMUNICATION AS A RESOURCE FOR COPING WITH LONELINESS**

The Internet has changed the traditional face-to-face mode of developing social ties and has expanded the opportunities for friendships. Moreover, adolescents report that online social networking sites helped them manage their friendships (Lenhart & Madden, 2007). Children and adolescents with disabilities can share and articulate their needs, successes, and frustrations with friends and express their social and academic challenges. For some children, communicating online may reduce barriers and the embarrassment that arises from meeting face-to-face. The elements of face-to-face conversation involving body language and intonation are translated into email messages or online chats.

Recent studies have focused on the Internet as a social environment for children and adolescents with SLD and investigated its contribution to mitigating their feelings of loneliness. The contribution of two types of Internet relationships—communications with friends from everyday life and virtual friendship with strangers—to assuaging the feelings of loneliness among students with and without SLD in elementary and high school was examined (Sharabi, 2013; Sharabi & Margalit, 2011). No differences were documented between high school students with and without SLD in their online communication with acquaintances versus friends. Communication with actual friends via the Internet predicted low levels of loneliness among adolescents, whereas online communication with virtual friends, whom students met only online, predicted high levels of loneliness (Sharabi & Margalit, 2011). Surprisingly, the elementary school students with SLD reported using the Internet for communicating with virtual friends more than their peers without SLD, making a unique contribution to the virtual friendships that emerged only in this group of students with SLD. While online social connections predicted lower levels of loneliness in both groups, virtual

friendships predicted higher levels of loneliness only in the group of students with SLD (Sharabi, 2013). Unlike face-to-face friendships (Parker & Asher, 1993), virtual friendships were apparently unsatisfying, emphasizing these youngsters' social distress in terms of high levels of loneliness. Educators should target improving the social experiences of younger children and supporting their social needs by facilitating their effective involvement in satisfactory online activities for social networking. In addition, awareness about the risks of communicating online with strangers should be explained and emphasized.

## INTERVENTIONS AND THERAPY

Coping with loneliness in children with disabilities is particularly challenging because these youngsters generally have few personal resources. For example, children with SLD reported lower levels of hope, effort, and sense of coherence than their typically developing peers. Parents of these children also noted that they displayed higher levels of internalizing problems such as depression, anxiety, and social withdrawal (Al-Yagon, 2013). In order to achieve successful social adjustment in spite of these difficulties, the significance of adopting empowering and resilient models by educators and designers of interventions programs has been emphasized by researchers. The role of families, schools, and communities in helping these children enhance their inner personal strengths and providing them with external protective support was the target of numerous interventions programs (Margalit, 2004).

As detailed below, interventions programs were designed in order to meet these needs and help children cope with loneliness and social distress. These programs needed to be creative in their approach and take into consideration the challenges the disability presents. Intervention programs included early prevention interventions dealing with the challenges of the disability itself, as well as follow-up interventions in other developmental stages focusing on the social competence needed for improving interpersonal skills (Gresham, Bao Van, & Cook, 2006). Schorr (2006) underscored the importance of early intervention for children with hearing loss, demonstrating an association between feelings of loneliness and the age at which children with hearing loss received intervention through cochlear implants. Moreover, early cochlear implantations were associated with the lowest levels of loneliness during middle and late childhood, during which time no differences in the feelings of loneliness between children with cochlear implants and those with normal hearing were documented. Similarly, Most et al. (2011) highlighted the importance of intelligible speech at a very young age not only for basic communication but also as a factor that might influence the child's feelings of loneliness and social acceptance. Thus, early preventive intervention should be encouraged both as a means of dealing with the

child's disability and to promote the behavioral, cognitive, and social skills needed for future adjustment.

Social intervention programs were also designed for older children and adolescents with disabilities. For example, elementary school children with SLD had major difficulty processing social information and understanding complex, higher-order emotions (Bauminger, Edelsztein, & Morash, 2005). Given the heterogeneity of the subtypes in the SLD population, Bauminger and colleagues emphasized the importance of a comprehensive intervention model with a dual focus on the processing of social information along with emotional understanding. Additionally, creative approaches to coping with loneliness have been used to address the unique needs and characteristics of the disability. One example is the use of a comic strip conversation to increase social satisfaction, improve social skills, and reduce the feeling of loneliness among students with ASD (Pierson & Glaeser, 2007).

Improving interpersonal skills, including interpersonal communication, decision making/problem solving, and self-advocacy and self-promoting skills, has been a major goal of interventions. One program focused on developing skills that strengthen resilience and increase positive development is the manual-based psychological intervention program for adolescents with SLD-ICS (I Can Succeed). This program was conducted in Israel to promote adaptive academic and emotional functioning and included a series of sessions over a three-month period and follow-up sessions over 18 months. Some of these sessions focused on interpersonal skills, learning about the type of interpersonal difficulties the adolescent experienced and choosing one interpersonal skill on which to work with him or her. After the intervention, these adolescents exhibited fewer internalizing and externalizing problems, increased investment and effort, and more hope compared to the baseline. However, the level of improvement in peer-dyadic loneliness only barely reached significance (Kopelman-Rubin et al., 2012).

A recent study explored the effectiveness of cognitive behavioral therapy (CBT) combined with computer-mediated social intervention in helping children with high-functioning ASD improve their social understanding and social engagement with peers (Bauminger-Zviely, Eden, Zancanaro, Weiss, & Gal, 2013). The intervention taught actual social engagement behaviors including the concepts of social collaboration and social conversation with peers in school. The study's results demonstrated the effectiveness of the intervention. After the intervention, the children provided more active solutions to social problems and showed a better understanding of collaboration and social conversation (Bauminger-Zviely et al., 2013).

Children with disabilities and their families need guidance and instruction to help them cope with social distress and loneliness. The above-mentioned intervention programs were devised to achieve these goals by focusing on training in the social skills needed to deal with peers and teachers in school. Future interventions should also focus on helping children with disabilities develop the ability to enjoy solitude time and helping them find ways to



contend with activities that have a social component as well as those that do not.

## CONCLUSIONS

The current chapter reviewed and integrated the conceptual and empirical research examining the loneliness of children with various disabilities. In addition, the strategies for coping with loneliness with respect to their varying support resources were explored. Children with disabilities are at a greater risk of experiencing loneliness than their peers without disabilities, and they often tend to embrace coping strategies that are the result of peer rejection and isolation. The literature indicates the need for a multidimensional approach that encompasses the children's characteristics, support from family, friends, the school, and their teachers, as well as technological and creative interventions to meet their needs in coping with social problems and loneliness.

The unique characteristics of various disabilities that promote or hinder the adjustment of children trying to deal with loneliness and social rejection was emphasized. The major role that the family plays in helping their child with disabilities cope with loneliness, underscoring the significance of parents and siblings in this task, was noted. Additionally, various elements of the school context, particularly teachers, hold a major responsibility in helping students with special educational needs cope with loneliness. Finally, intervention programs for promoting social skills and reducing loneliness should be a significant part of the support the child with disabilities receives, especially those including models of empowerment and technology as a resource for coping with loneliness.

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## 7 Children and Adolescents' Coping With Loneliness

*Marilyn A. Campbell*

### DEFINITION OF LONELINESS

Loneliness is a distressing, subjective experience. It is a universal phenomenon and extremely complex. It is not just the absence of social relationships, or the absence of people, but the absence of a perceived fulfilling social relationship (Peplau & Perlman, 1982). Most people experience loneliness at some time in their lives, but others experience loneliness that can be severe and chronic. Loneliness differs from being alone, as solitude can be an enjoyable experience, but is rather a feeling of being disconnected from a desired group or intimate relationship. It has been described as a failure to connect, which carries a social stigma (Rokach, 2012).

Loneliness in children (5–12 years old) and adolescents (13–18 years old) has been researched for the last 30 years with the first studies being based on findings from loneliness studies with adults. Originally, loneliness in young people was conceptualized by a lack of peer relationships (Asher, Hymel, & Renshaw, 1984). However, recent research has shown that having many friends may not mean that children do not feel lonely; conversely, young people with few friends may not report being lonely at all. Thus, as with adults, there is a distinction between being alone and being lonely. Aloneness has been defined as the state of having no people around, not necessarily just physically but no one with whom to communicate. Solitude is a state of “voluntary aloneness” (Galanaki & Vassilopoulou, 2007; p. 456). Thus aloneness may give rise to painful feelings of loneliness or pleasant feelings of active, creative use of time.

Another distinction in the literature is between experiencing social and emotional loneliness (Weiss, 1973). Social loneliness is said to occur when the individual lacks relationships with groups of friends and feels aimless and bored. Emotional loneliness, on the other hand, is when there is no close and intimate attachment to another person, producing feelings of emptiness and anxiety (Russell, Cutrona, Rose, & Yurko, 1984). Thus, loneliness has been found to be a multidimensional construct with emotional, cognitive, motivational, and behavioural dimensions (Galanaki & Vassilopoulou, 2007).

## **PREVALENCE OF LONELINESS IN YOUNG PEOPLE**

The prevalence of loneliness is difficult to estimate as most people feel lonely at some time in their lives. This is also true for children and adolescents and is usually due to situational factors such as changing schools, parental separation, or conflict with peers, which is resolved over time. However, for some young people, loneliness is not only long lasting but also severe. The prevalence rate of chronic loneliness in children and adolescents has been estimated to be about 10% to 20% and affects more adolescents than children (Perlman & Landolt, 1999). A recent longitudinal study measured levels of loneliness at 3 time points: when 1,364 children were 9, 11, and 15 years old. It was found that 4.1% of the young people experienced high levels of loneliness over the 6 years with a further 4.5% reporting an increasing sense of loneliness as they aged (Schinka, van Dulmen, Mata, Bossarte, & Swahn, 2013). In adolescents, 66% to 79% of young people reported some feelings of loneliness with 15% to 30% reporting that these feelings were persistent and painful (Heinrich & Gullone, 2006).

It is surprising that, in this developmental period, gender differences in the prevalence of high levels of loneliness have not been found in childhood, although there is some evidence that males report slightly more chronic loneliness than females during adolescence (Koenig & Abrams, 1999).

## **CONSEQUENCES OF LONELINESS**

Not only is loneliness an unpleasant, aversive feeling state for the young person, it is also associated with numerous difficulties such as anxiety (Beidel, Turner, & Young, 2007); depression (Mahon, Yarcheski, & Yarcheski, 2001; Qualter, Brown, Munn, & Rotenberg, 2010); suicidal ideation and behaviour (Rudatsikira, Muula, Siziya, & Twa-Twa, 2007); psychosocial difficulties (Bokhorst, Goossens, & de Ruyter, 2001; Prinstein, Boergers & Vernberg, 2001), and school refusal (Heyne, King, & Tonge, 2004). It can also contribute to physical impaired health due to the disruption of eating and sleeping patterns, headache, and nausea (Cacioppo et al., 2000; Pehlau & Perlman, 1982). As most young people will find themselves experiencing some feelings of loneliness at some time, coping productively with these feelings is important.

## **DEFINITION OF COPING**

Because of the unpleasant feelings associated with loneliness and the distress it causes, individuals want to alleviate these feelings and cope with the situation by accepting or changing it. Coping relates to how one deals with stress, with stress referring to events or situations that impact physical

or psychological functioning in a disruptive manner (Lazarus & Folkman, 1984). Coping represents both the behavioural and cognitive efforts used to manage this stress (Frydenberg, 1997). One of the confusions in the research on coping and coping with loneliness is that some researchers conceptualize coping as a protective factor to prevent loneliness and measure coping skills to see if they are predictive, while other researchers look at coping as the ways a person manages the distressing situation to act as a buffer to the negative outcomes that can follow. However, the relationship between coping skills and loneliness are most likely to be bidirectional, that is, how young people view loneliness could be protective in determining how they cope, which will determine how they feel and which, in turn, could be predictive of longer term consequences either by resolving the problem or exacerbating it. Thus loneliness could be a temporal antecedent or consequence of different coping strategies. This is consistent with transactional models of development and the bidirectionality of causality in the person-environment transactions.

Lazarus and Folkman's (1984) seminal works of the 1980's postulated a Transactional model of coping in which the process of coping actually mediates the effects of stress on a person's well-being. However, it is an individual's appraisal of the event or situation as harmful, threatening, or challenging that is important and not necessarily the event or situation itself. Thus the interpretation of the event or situation provides the meaning that the individual assesses for its impact on their well-being. Individuals, therefore, differ in their appraisals of similar events and circumstances.

A central feature of this model proposes that primary and secondary appraisals are powerful factors that influence the quality of a person's response or coping to a stressful situation or event. The primary appraisal is the first stage where the individual assesses the situation to determine its meaning and is influenced by the degree to which it is perceived to be a threat (i.e., with an expected negative outcome), harmful (i.e., that previous experience has resulted in a negative outcome), or a challenge (i.e., with an expected positive outcome). Primary appraisal can therefore influence an individual's intensity of emotion to the event or situation, with more intensity being experienced the more impactful it is perceived to be on a person's well-being.

A secondary appraisal then occurs where the individual assesses their coping resources, which are needed to minimize, tolerate, or eliminate the stressor (Lazarus & Folkman, 1984). This involves the person making decisions about the power they have to alter the situation and evokes specific coping reactions. It is these appraisals of the stressor and the resources perceived to be available to the person that determine which strategies are used, rather than the role of personality, although this does not mean there are not individual differences. Thus coping is seen to be a transactional and multifaceted process that is sensitive to both the environmental demands and the individual's resources. What coping strategies are used is hypothesized to be influenced by the context of the stressor and the individual's beliefs

about the strategy's effectiveness. Coping is therefore seen as a dynamic process that can lead to either problem-focused or emotion-focused coping (Lazarus & Folkman, 1984; Folkman & Lazarus, 1988).

Problem-focused coping is a purposeful response that aims to resolve the stressful situations and associated unpleasant feelings. It is often used when the person feels a sense of control and a belief they have the resources to change the situation (Lazarus & Folkman, 1987). The individual wants to solve the problem and prevent it happening again in the future. Strategies included in this type of coping are making a plan of action or telling someone (Lazarus, 1991). Emotion-focused coping aims to regulate or reduce the distressing emotions that were triggered by the stressor. This type of coping is likely to be used when individuals feel they have little control over a situation and consider themselves powerless to change it. The strategies in this coping category include distraction techniques or crying. However, although these two typologies are hypothesized to be distinct, it sometimes can be difficult to determine whether a strategy is problem or emotion focused for the strategy could be considered both (Parris, Varjas, Meyers, & Cutts, 2012).

Lazarus and Folkman (1984) maintained that no coping strategy is inherently good or bad but must be judged in context. However, they also hypothesized that problem-focused strategies are inherently more productive as more analytical and strategic planning skills are brought to bear, while emotion-focused coping strategies generally only seek to de-escalate the emotional consequences of the stressor rather than solve the problem that caused the stress.

Building on Folkman and Lazarus's work, Frydenberg in the 1990s hypothesized that coping behaviours could be classified into three coping styles: productive coping, nonproductive coping, and reference to others coping. Productive and reference to others coping are viewed as functional, while nonproductive coping is viewed as dysfunctional (Frydenberg & Lewis, 1999). Functional coping aims to solve the problem while remaining optimistic, relaxed, and socially connected. Strategies used in this form of coping include focusing on solving the problem, remaining positive, investing in close friends, and seeking relaxing diversions. Referring to others includes strategies of turning to others for help, seeking professional help, seeking social support, and seeking spiritual support. Dysfunctional coping is negative and aims to avoid the problem. Strategies in this style are ignoring the problem, keeping to oneself, wishful thinking, self-blame, and misuse of substances. Thus coping can be described as the efforts an individual uses to manage, or fail to manage, the stress in the person-environment relationship (Skinner & Wellborn, 1997). Coping is influenced by an individual's access to resources, their styles of coping, and strategies used (Frydenberg, 2008). These resources are both internal and external.

The Conservation of Resources Model (COR; Hobfoll, 2011) maintains that individuals acquire, maintain, and build on a collection of internal and external personal resources to attain pleasure and success. Stress occurs



when resources are lost or fail to be gained, when the environment makes goal attainment challenging. Thus, unlike the transactional coping model, COR postulates that internal and environmental processes account equally for positive and negative outcomes via person-environment interactions that exist within a cultural context (Hobfoll, 2011). Coping is therefore determined by a person's internal resources, such as self-esteem and intelligence, interacting with external resources, such as social support and environmental changes (Kaneststuna & Smith, 2002). Coping strategies can be successful to manage the stress or be dysfunctional and exacerbate the stress.

The problem is that there are now over 400 labels for different coping strategies (Skinner, Edge, Altman, & Sherwood, 2003). However, many researchers are factor analysing these strategies, as a categorization system is fundamental to progressing our knowledge about the field. As mentioned previously Lazarus and Folkman grouped coping strategies into problem or emotion focused, Frydenberg into productive and nonproductive. Hammer and Marting (1988) specify five domains for coping with stress: social, emotional, cognitive, physical, and spiritual/philosophical coping. Kochenderfer-Ladd and Skinner (2002) operationalized coping into approach and avoidance strategies. The two approach strategies were problem solving and seeking social support, while the three avoidance strategies were distancing, internalizing, and externalizing. However, in 2007 Skinner and Zimmer-Gembeck proposed another different categorization of general coping. It is claimed to be a hierarchical model, where specific coping responses are classified into 12 higher-order strategies that serve the same function. For example, the coping strategy of escape includes the responses of behavioural avoidance, mental withdrawal, denial, and wishful thinking. All these categorizations try to make sense of and simplify the lists of strategies that young people report they use for coping with distressing situations. However, while categorizations are important for simplification and understanding, the proliferation of categories is not helpful for advancing the prevention and intervention of loneliness in young people.

## **MEASUREMENT ISSUES IN RESEARCH OF LONELINESS AND COPING IN YOUNG PEOPLE**

To be able to intervene and assist young people to cope with loneliness, we first need to be able to recognize and measure loneliness. Similarly, in interpreting the research on how young people cope with loneliness and the most effective strategies, coping also needs to be measured.

### **Loneliness**

Children's loneliness was mainly reported on by peers, teachers, and researchers in early studies (Crick & Ladd, 1993), although this is not

always the best way, as loneliness is a subjective feeling. It has been shown that teachers often lack the ability to identify lonely children as they understandably can only observe the isolation of children and not their feelings (Byrnes & Yamamoto, 1983; Galanaki & Kalantzi-Azizi, 1999). However, very young children (5–7 years old), while being able to define loneliness as being alone and being sad (Cassidy & Asher, 1992), usually associate being alone with being lonely (Galanaki, 2004). The concept of solitude as a beneficial time of being alone was not understood by any 7 year old in the study and by only two-thirds of 12 year olds. However, another study contended that over 80% of 9 to 11 year olds did understand the distinction between loneliness and aloneness (Chipuer, 2001). By adolescence, young people are consistently able to differentiate between aloneness, loneliness, and solitude (Larsen, 1999). These measurement difficulties have obvious issues on estimating both the prevalence of loneliness in young children and also the effect of any intervention for treating loneliness in this population.

Although Goossens and Beyers (2002) found that there were six measures of childhood loneliness self-report scales that were all moderately reliable, many early scales of loneliness, such as *The Children's Loneliness and Social Dissatisfaction Scale* (Asher et al., 1984), have recently been criticized for being unidimensional. This is because loneliness is now proposed to be a multidimensional phenomenon composed of emotional loneliness, where there is no intimate attachment to another person, or social loneliness, where there is no belongingness to a group, as previously mentioned (Weiss, 1973). Asher's scale measures only peer relations in a school setting; however, this scale and its derivatives are the most widely used in research studies (Newsom et al., 2013). The *Relational Provisions Loneliness Questionnaire* (Hayden, 1989) does assess both emotional and social loneliness in the family and peer groups, while the *Peer Network and Dyadic Loneliness Scale* (Hoza, Bukowski, & Beery, 2000) measures these two domains of loneliness in the peer group only. The Perth A-Loneness Scale (PALs), measuring loneliness in adolescents, has recently been developed and yielded a four-factor structure of friendship, isolation, negative attitude to solitude, and positive attitude to solitude. It is claimed the scale identifies adolescents who are at risk of loneliness and its adverse consequences (Houghton et al., 2013).

Another measurement issue is defining and measuring the difference between situational and chronic loneliness or, in other words, between state or trait loneliness (Terrell-Deutsch, 1999). State or situational loneliness is defined as arising from factors such as moving to a new community, parental divorce, or fighting with peers; trait or chronic loneliness seems to be more of an enduring behaviour pattern that lasts for significant periods of time. In early and middle childhood as well as adolescence, there is a moderate stability of reported loneliness from a few weeks to over two years (Koenig & Abrams, 1999).

## Coping

There are general self-reporting scales of coping that measure children and adolescents' coping in general, such as the *Adolescent Coping Scale* (Frydenberg & Lewis, 1999), which identifies 18 different coping strategies. Additionally, there specific scales for measuring coping with loneliness, such as Rokach's 86-item loneliness questionnaire (Rokach, 1990). However, to date there is no measure for the assessment of children's coping strategies for loneliness. For children, most researchers use interviews with the children or with a caregiver.

Measurement of both loneliness and coping constructs are important for identification of lonely young people, evaluation of their cognitive appraisals of loneliness, evaluation of coping strategies for loneliness, and evaluation of interventions.

## YOUNG PEOPLE'S STRATEGIES OF COPING WITH LONELINESS

How children cope with loneliness is less researched than how adolescents and young adults cope. Studies have tended to list strategies children and adolescents report using to cope with loneliness, such as adolescents who cope with loneliness by engaging in some form of activity to relieve the boredom of being lonely (Moore & Schultz, 1983). However, these activities are mostly passive or solitary, such as watching television, which might relieve feelings of boredom but could be ineffective in reducing loneliness. Van Buskirk and Duke (1990) found that this was indeed the case; if adolescents used a sad-passive style of coping, they tended to remain lonely. An interesting finding was that some young people who were previously lonely reported they also used sad-passive behaviour, such as just sitting and thinking about being lonely, but then used active coping strategies, such as talking to someone to reengage in social contact. These researchers hypothesized it was the long length of time entrenched in sad-passive strategies that was maladaptive. As Rokach maintained, "rebuilding one's social network and establishing close relationships are among the most effective ways of coping with loneliness" (Rokach & Orzeck, 2002; p. 342). This would seem to mean that active coping strategies could improve the distressing situation and should therefore be incorporated into interventions for loneliness.

In a recent study, Besevegis and Galanaki (2010) asked children from 7 to 12 years old what they did to stop feeling lonely. They found a surprising number of strategies that children self-reported they used, with seeking help from others the most frequent tactic used in the past.

The research on coping with loneliness in young people has so far produced studies that have given us lists of strategies that children and adolescents use. The main difficulties in this body of research are two-fold: first, there are many different self-reporting instruments that have measured coping with loneliness, which has led to many different lists of strategies. Second, most studies have lacked a strong theoretical basis to test specific

hypotheses. These difficulties have led to confusion about strategies, which have hampered the research on the effectiveness of interventions for young people with severe and chronic loneliness.

## **FACTORS THAT CAN INFLUENCE YOUNG PEOPLES' COPING WITH LONELINESS**

As developmental theory would suggest, age and gender could be important determinants of coping strategies in young people.

### **Age**

There is a substantial body of literature on developmental age and coping in general. It is known that the nature and kind of problem shape how children and adolescents cope (Stern & Zevon, 1990). Zimmer-Gembeck and Skinner (2011) have postulated that children and young people undergo significant qualitative and quantitative shifts in coping processes with age. They reason that developmental capacities increase with age and that although young people use their 12 families of coping as mentioned before, the actual strategies change with age, although they stay in the same family as the strategy serves the same adaptive functioning. For example, changes in age for the coping strategy of distraction could be by being distracted by a caregiver in infancy, doing something else as a toddler, thinking about something else as a child, planning distracting activities as a preteen, and mediation as an adolescent.

In a developmental study of children's coping with loneliness, it was found that there was an increasing trend of cognitive problem solving and emotion regulation with age to cope with loneliness, but it did not reach statistical significance (Besevegis & Galanaki, 2010). There were increases in using behavioural distraction, cognitive restructuring, behaviour regulation, and helplessness with age. Older children showed a greater capacity for regulating their behaviour and emotions. It was surprising, though, that helplessness, inaction, and passivity also increased with age.

It is known that attitudes to solitude change with age, with adolescents increasingly regarding solitude as a more positive light and begin to enjoy spending some time on their own (Houghton et al., 2013). Thus, the appraisal stage of being alone or feeling lonely changes with age. However, adolescence is also the time when more young people report they are lonely (Perlman & Landolt, 1999). Perhaps this seeming contradiction can be explained by realizing that in adolescence, one of the key tasks is intimacy development away from the family.

### **Gender Differences in Coping With Loneliness**

In most countries, males and females are socialized differently, so differences in coping strategies for loneliness would be expected. In a recent study

with 180 children from 7 to 12 years old in Greece, significant differences in boys' and girls' coping with loneliness strategies were found (Besevegis & Galanaki, 2010); girls reported using more coping strategies than boys and using cognitive restructuring to cope more often than boys. However, no significant gender differences in coping were found in Canadian youths from 15 to 19 years old (Rokach & Neto, 2000).

## **Culture**

It has been shown that culture plays a significant role in how young people cope with loneliness. Some cultures emphasize individual achievement, such as the United States and Canada, while others are more community oriented. It seems that these characteristics influence the degree to which adolescents use certain strategies for coping with loneliness (Rokach & Neto, 2000; Rokach & Orzeck, 2002).

Loneliness, as mentioned previously, is a universal phenomenon for young people, but there is research to show there are cultural differences in how children and adolescents cope with loneliness. This is not surprising as coping is conceptualized as a person-environment interaction relationship. Not only has it been shown that there is a variation in both the absolute and relative level of different strategies of coping in young people in different countries (Frydenberg et al., 2003), but there are also cultural difference when adolescents with different ethnic backgrounds live in the same country (Frydenberg & Lewis, 1993). In coping with loneliness in particular, it would seem that, as culture is about the ways society organizes its social relations, how young people cope with loneliness would also be influenced by culture. This has been shown by Rokach and Orzeck (2002); Canadian adolescents used strategies of distancing and denial and religion and faith to cope with loneliness more than Czech adolescents. Additionally, Czech adolescents used more increased activity to cope than Canadian youth. Having found these differences, however, there were many other strategies that did not display any differences between the two cultural groups. Taken overall, this is not convincing evidence that these are strong factors that influence coping.

## **Specific Situations**

Situational factors also determine, in part, how young people cope with loneliness. Factors such as homelessness and living in a rural location lead to some different strategies to cope with loneliness. Coping strategies do not seem to be dependent on the causes of the loneliness but rather on the situation interacting with individual differences. That is, there are very few studies that show that if the cause of loneliness is, for example, living in rural environment, then these young people use a strategy specific for that situation.

### Living in a Rural Environment

While it is known that young people living in rural areas experience significantly more loneliness than their urban counterparts (Chipuer & Pretty, 2000), there seems to be only one study that has examined rural youths' coping strategies. A sample of 387 rural youth from 8 to 20 years old in the United States completed the Coping Strategies Inventory, which indicated that most used strategies for coping with loneliness that were keeping busy, listening to music, and watching TV (Woodard & Frank, 1988). However, as there was no comparison urban group, it is difficult to say if these strategies were different for rural youth from young people in other locations. In an Australian study of rural and urban youth, it was found that adolescents in remote and rural schools had higher self-reported levels of negative attitudes to solitude compared to their peers in metropolitan schools (Houghton et al., 2013). That is, they reported negative aspects to being alone such as boredom, unhappiness, time dragging, and wishing they had a friend.

### Marital Discord

We do know that interparental chronic conflict and low levels of family cohesion are predictive of children's loneliness (Johnson, Lavoie, & Mahoney, 2001; Sharabi, Levi, & Margalit, 2012), but there seem to have been no studies to date of how they cope with this loneliness.

### Homelessness

The situation of the homeless, however, has been shown to elicit some different ways of youth coping with loneliness compared to their peers who are not homeless (Rokach, 2005a). Both groups used reflection, acceptance strategies, and, surprisingly, social support networking that included strategies to reestablish their social network. The homeless young people also reported using self-development and understanding more than their non-homeless peers, as well as using more distancing and denial strategies. These are surprising results that might not reflect differences in youth coping as the sample included people aged 15 to 30 years, with a mean age of 21 years. As there was no breakdown on how many 15 to 18 year olds there were, this could be more of an emerging youth sample than adolescents.

### Involvement With Drugs/High Risk Takers

Although drug users have been found to use different strategies for coping with loneliness than nondrug users (Rokach, 2005b), the sample was adults and not young people. Adolescents who are high risk experience several severe social and environmental challenges and are already engaged in activities such as drug use and truancy (McWhirter, Besett-Alesch, Horibata, & Gat, 2002). McWhirter found that these high-risk adolescents, who either have poorer social networks or do not connect with their friends, experience great loneliness. Emotional coping with loneliness was found to contribute to intimate loneliness but not to social loneliness.

The causes of loneliness do not seem to be related to the coping strategies used; rather, it seems that the individual interacts with the environment to determine the strategies employed.

### **Individual Differences**

Although there are situations and circumstances that are associated with children and adolescents experiencing chronic loneliness, there are also vulnerable groups who experience more loneliness than their peers. One such group is young people with disabilities (Pavri & Luftig, 2000). These groups of young people also seem to report some differences from their peers in coping with loneliness.

#### **Young People Who Are Learning Disabled**

Children and adolescents with a learning disability experience increased levels of loneliness compared to their peers without a learning disability (Bauminger & Kimhi-Kind, 2008; Margalit & Raskind, 2013; Yu, Zhang, & Yan, 2005). Children with mild intellectual impairment were able to suggest appropriate strategies of finding a friend or seeking adult help when they were lonely (Williams & Asher, 1992). However, some children with learning disabilities used passive strategies to cope with loneliness, such as self-pity and not interacting with peers, while others took action strategies (Margalit & Levin-Alyagon, 1994). No control group of typically developing peers was included to ascertain if children with learning disabilities used different coping strategies. This was the case again when Pavri and Monda-Amaya (2000) interviewed 20 fourth- and fifth-grade students with learning disabilities about coping with loneliness at school. Their responses fell into four categories: do something by myself, find somebody to play with, passive solitary activity, and cheer myself up.

#### **Young People Who Are Gifted**

Within the gifted adolescent population, it has been shown that young people use distinct coping strategies dependent on their cognitive styles (Woodward & Kalyan-Masih, 1990). Gifted adolescents who felt loneliness in a crowd engaged in individual activities and cognitive reframing to cope with their loneliness. Other gifted young people who felt lonely when by themselves used religious coping, physical activities, and asking for professional help. Unfortunately, there was no control group with whom to compare these strategies of gifted adolescents to their typically developing peers.

#### **Socially Anxious Young People**

Loneliness has also been found to be a correlate of social anxiety (Inderbitzen-Pisaruk, Clark, & Solano, 1992), with children as young as 7 and 8 years old who are socially anxious reporting more loneliness than their nonanxious peers (Weeks, Coplan, & Kingsbury, 2009). It has been

postulated that it is the negative beliefs of these young people that leads to both their social anxiety and their aloneness (Cartwright-Hatton, Tscernitz, & Gomersall, 2005). That is, these young people expect to be disliked or rejected in new social situations with unfamiliar peers (Rapee & Heimberg, 1997). Additionally, they self-reported they had poorer social skills than their nonanxious peers when the observers did not find this to be the case (Cartwright-Hatton et al., 2005; Segrin & Kinney, 1995). As socially anxious children are future focused on threats, it has been found that many of their coping responses are proactive and problem focused (Daleiden & Vasey, 1997). Anxious participants have been found to cope by seeking more social support than nonanxious peers (Deisinger, Cassisi, & Whitaker, 1996). Socially withdrawn preschoolers are adult-dependent in solving peer conflict (Rubin, Daniels, Beirness, & Bream, 1984). However, as Wright, Banerjee, Hoek, Rieffle, and Novin (2010) postulate, the increased use of social support coping in socially anxious children probably points more to a dependence on others (especially adults) for solving problems rather than reengaging their social support network. Wright and colleagues also found that middle school socially anxious children increased their internalizing coping over time. That is, they used more strategies that focus emotional coping inward, such as worrying and blaming oneself. Additionally, it was found that social anxiety predicted coping by increased distraction, especially when peer rejection was low.

There are very few studies on shy children coping with loneliness, especially in comparison to their typically developing peers. While Prakash and Coplan (2003) found that the coping styles of shy adolescent figure skaters acted as a moderator, this was related to self-esteem and not loneliness. Only one study examining anxious children's coping with loneliness was found. Findlay, Coplan, and Bowker (2009) found that internalizing coping strategies of shy children—worrying and blaming oneself—produced more loneliness.

After reviewing the available studies that examined differences of strategies for coping with loneliness, there does not seem to be a compelling argument for large differences based on age, gender, culture, or circumstance. The evidence seems more to point to the similarities young people use to cope. Over a period of time, people develop patterns of coping with stress, which is referred to as coping styles (Frydenberg, 2008); these styles probably account for individual differences more than the abovementioned factors.

## **YOUNG PEOPLE'S USE OF THE INTERNET IN COPING WITH LONELINESS**

While some studies suggest that lonely young people use the Internet as an avoidance strategy (Seepersad, 2004), others have found that lonely children and adolescents communicate more online with strangers than



socially anxious and typically developing young people (Bonetti, Campbell, & Gilmore, 2010; Sharabi, 2013). Young people's use of the Internet to cope with loneliness has not received much attention since Kraut et al.'s initial study in 1998. Since that time, there have been two competing hypotheses: the social compensation hypotheses, whereby lonely children and adolescents turn to the Internet to be able to decrease their loneliness as the altered features of online communication seem to be particularly appealing as opposed to the nuances of face-to-face communication (Morahan-Martin & Schumacher, 2003); and the other hypothesis that online communication takes time away from social activities and therefore leads to more loneliness (Gross, 2004). Coping by lonely young people by using the Internet could have positive benefits as a beneficial coping strategy or negative consequences if the Internet is used to avoid social interactions, which sets up the cyclical pattern of a downward spiral to continued loneliness (Rubenstein & Shaver, 1982).

Seepersad (2004) found that Internet-use coping strategies for loneliness by young people were highly related to the coping strategies that they used for loneliness offline. That is, those young people who avoided dealing with their loneliness in the physical world tended to do the same online, using the Internet to distract themselves by playing games, while those who used approach-based coping strategies regarded the Internet as important for communication with others. However, Bonetti et al. (2010) found that children and adolescents who self-reported being lonely communicated online significantly more frequently about personal and intimate topics than those who did not self-report as being lonely. It was found that these young people, ages 10 to 16, were motivated to use online communication to compensate for their weaker social skills to meet new people. It could be that the relative anonymity that the Internet provides assists them to disclose more frequently and effectively online (McKenna, Green, & Gleason, 2002) or that fewer social status and audiovisual cues allow them to communicate as well as their less lonely, more socially skilled peers. Moreover, there is usually more time to consider responses online, as well as physical attractiveness being unimportant on the Internet. Bonetti et al.'s results were confirming for the social compensation hypothesis, as lonely youth reported using the Internet not only to communicate with known people but also to make new friends. It is not known, however, if this coping strategy leads to less loneliness in either the online or the offline world. Additionally, Lui, Shen, Xu, and Gao (2013) found that even lonely children aged 8 to 12 who used the Internet to seek information reported that they felt less lonely after 6 months. However, this effect was only found if the lonely children also had low self-esteem.

These few studies seem to confirm that using the Internet for communication or for information could reduce loneliness in young people, although much more research is needed to consider other mediating and moderating variables.

## **ADULT INTERVENTIONS FOR ASSISTING YOUNG PEOPLE IN COPING WITH LONELINESS**

Children who are experiencing severe loneliness do not usually ask for help. As mentioned previously, it is difficult for adults and other children to ascertain a child's feeling of loneliness as it is subjective, and others can only determine aloneness or isolation, which could be loneliness or preferred solitude. An added difficulty in identifying these children is the inability of very young children to know the difference between loneliness and aloneness themselves. However, other techniques can be used such as observing the child and interviewing peers, parents, teachers, and the child him/herself (Pavri, 2001).

Unfortunately, there are very few programs that have an evidence base for teaching children and adolescents how to cope with loneliness. This is important as research says that people who use active coping, positive cognitions, and problem solving have better mental health (Sandler et al., 1997) than those who use avoidance strategies. An intervention to assist adolescents with a physical disability, including coping with loneliness, was offered to 22 young people for six months as an online support program with five physically disable mentors (Stewart, Barnfather, Magill-Evans, Ray, & Letourneau, 2011). The adolescents reported in semi-structured qualitative interviews that they had more contact with teens with disabilities, decreased loneliness, and increased social acceptance and confidence after the program. Unfortunately, there was no control group or any quantitative measures used in the study.

## **FUTURE INTERVENTIONS**

Interventions for the prevention and management of loneliness are extremely complex and difficult. Perhaps one of the reasons why intervention strategies for lonely children and young people are so scarce is that we do not yet understand what mechanisms are involved in maintaining loneliness for this population (Qualter et al., 2013). Additionally, it is not just what coping styles to advise lonely people to use but also when, why, and how to use them (Wright et al., 2010).

Lonely young people often have social skill deficits, so it would seem reasonable to intervene at this level. However, studies that have tried to improve children's social skills have had only short-term gains (Fox & Boulton, 2005), which have not been maintained or generalized. Perhaps instead of starting with the behavioural aspects of social skills, it would be more useful to first assist young people in examining their social attributions. It is important to use a theoretical base to construct the interventions. This could mean intervention at the three different stages of Folkman and Lazarus' model: appraisal of the situation, managing the emotions such as appraisal raises, and changing the situation.

Loneliness is about perception. If the primary appraisal of the situation is fundamental to aloneness being seen as a negative threat, then interventions that address this cognition could be the focus of an intervention if this is required by measuring a young person's attitude to solitude with, for example, the PALs (Houghton et al., 2013). Cognitive restructuring could then be undertaken for the young person to assist them to see that being alone sometimes has benefits of creativity and reflection, and aloneness provides an opportunity to do something they would like to do by themselves. The perception of threat sometimes is unwarranted; dysfunctional cognitions of young people experiencing chronic loneliness may impede their development of satisfying social relationships. Low trust beliefs in others have been shown to be a probable cause of loneliness in young people (Rotenberg et al., 2010). These young people do not therefore engage socially and, together with a cognitive schema of seeing the social world as threatening, they form low trust beliefs, which leads to loneliness. It has also been found that very lonely children aged 8 to 12 were hypersensitive to social threats (Qualter et al., 2013). Therefore, teaching young people to interpret others' intentions accurately, to identify their own negative automatic thoughts, and to understand themselves and others during social interactions could be a beneficial starting point.

The secondary appraisal stage of the Lazarus and Folkman's model looks at the construct of coping, that is, how young people respond once they have made the appraisal that this situation is threatening and they begin to feel lonely. This stage is about managing emotions that the appraisal of the stressor evokes. This notion of coping is closely linked with self-regulation (Skinner & Zimmer-Gembeck, 2007), which is vitally important in a child's development. Teaching young people to manage the affective arousal, that is, the negative feelings associated with loneliness, could be the first stage—if the person's attributions of loneliness are found to be realistic—or the second stage after cognitive restructuring.

The third stage of changing or accepting the situation is where most programs begin. We know that social support is beneficial and, regardless of age or gender, helps with coping with loneliness (Rokach, 2001). A variety of relationships to fulfil different needs is necessary. In conclusion, perhaps we are concentrating too much on the actual coping strategies and teaching lonely children to be problem solvers and take active action. However, perhaps more emphasis should be placed on the appraisal first stage of the coping process instead of just the strategies.

There is some support for this approach in the literature, as Masi, Hsi-Yuan, Hawkey, and Cacioppo (2011) found that interventions that addressed maladaptive social cognitions for lonely people were more successful than interventions that targeted social skills, social support, or increased opportunity for social interaction. However, only five of the 47 studies included in their meta-analysis included children and/or adolescents. For preventative activities with all children, parents should encourage them

to use time constructively when they are alone since children usually associate being alone with being lonely. Perhaps instead of organizing young people's time with a multitude of extracurricular activities, children should be provided with time to be alone to be creative, to do something that interests them, to be able to use solitude constructively and pleasantly.

Teachers also have a part to play. As loneliness is a subjective experience, it is difficult for teachers and school staff to recognize it in young people, similar to other internalizing disorders. However, with at least 10% of students experiencing chronic and intense feeling of loneliness, putting them at risk for mental health disorders as well as continuing loneliness, it is incumbent on teacher training institutions to inform teachers of the condition, to instruct them to recognize its seriousness, and to implement strategies in schools for encouraging, positive peer relationships for all students.

## FUTURE RESEARCH

There is a dearth of recent studies of loneliness in children and adolescents. We need this information to ascertain if loneliness is increasing or decreasing with this population. The scarcity of evidence-based programs for young people to learn how to cope with loneliness is disappointing. Well-designed studies with randomized control designs are needed if we are to teach young people to cope with loneliness.

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## 8 Coping With Loneliness at Work

*Sarah L. Wright*

The purpose of this chapter is to explore loneliness as a property of the organisation. Studies on the nature and dynamics of workplace loneliness are discussed and interventions to address workplace loneliness are offered. Loneliness is a subjective experience and results from the psychological discomfort associated with perceived inadequacy of interpersonal relationships at work. While workplace loneliness is an individual variable, it is also a property of the organisational context. This chapter proposes that the organisational climate can operate on the individual causing, exacerbating or perpetuating loneliness. As such, when an employee engages in behaviours and emotions related to their loneliness, these signals can spread via a contagion process to those proximal to the lonely individual. These people, it is proposed, are then more likely to mirror emotions and behaviours, engendering loneliness. To manage the experience of loneliness in the workplace we must address the ways in which individuals operate in their environment, but also the ways in which the social environment operates on the individuals. This chapter suggests that attending to the work environment, rather than only remedying personal factors, may help reduce workplace loneliness and its consequences.

Most contemporary work environments require people to pull together toward a common goal. From workers on assembly lines to directors negotiating mergers, performance is enhanced when everyone works together as a coordinated, connected collective. Conversely, when individuals in a group or organization feel isolated, the cohesiveness and coordination of the group can suffer. The contention of this chapter is that because people are socially and emotionally interconnected in the workplace, their well-being and performance is also interconnected.

This chapter will explore the notion that what might appear to be a quintessential individualistic experience—workplace loneliness—is not only a function of the individual but is also, in part, a property of the organization. The existing research on loneliness tends to focus almost exclusively on personal characteristics as the primary determinant of the experience and tends to overlook the workplace as a potential trigger. As such, personality and social behaviour are often overestimated as reasons for loneliness, and

only modest emphasis is given to environmental factors, such as the organizational climate. This chapter queries such conclusions and argues that it is also important to look carefully at the organizational environment to determine how contextual factors can affect an individual's experience of loneliness. In doing so, consideration is therefore given both to the ways in which the individual appraises and interprets their social environment, and also the ways in which the organizational environment operates on the individual.

## **SOCIAL INTERACTION IN THE WORKPLACE**

Research has emphasized the benefits of positive interpersonal relationships at work (Ragins & Dutton, 2007). For example, positive interpersonal relations at work serve a critical role in the development of trust in an organization (Pratt & Dirks, 2007) and cultivate a sense of community (Peplau, 1985). As such, work consists of more than simply technological and intellectual processes. For many, the act of 'working' is considered a social institution that requires the continual fostering of human cooperation (Berman, West, & Richter, 2002). Work settings can provide an environment in which an individual's social and emotional needs are fulfilled. For instance, an employee may seek another coworker's opinion on a complex matter or work together on a project, allowing both individuals to maintain their self-esteem and reassurance of worth. Further, a coworker may invite a colleague to lunch or acknowledge another's achievements, which again fulfils the individual's needs for attachment, approval, and social integration and provides a sense of belonging. However, with the increased use of virtual work and flexible employment arrangements, employees face fewer opportunities for social interactions (Ten Brummelhuis, Haar, & van der Lippe, 2010). In many respects the availability, longevity, and quality of social relationships in the workplace is diminishing, leading to a potential demise of satisfaction with relationships at work. The attention is often focused on productivity, competition, prompt decisions, deadlines, reports, and so on and less focused on the human element of organization and productivity (Riesman, 1961). This attitude toward management and organizations harks back to scientific management principles. However, we now know the need for interpersonal affiliation is an essential element for physical and psychological well-being across the lifespan, including life at work (Cacioppo, 2008; Cacioppo, Hawkley, & Bernston, 2003). Without positive interpersonal relationships, some individuals can experience loneliness at work (Wright, 2005).

## **DEFINING LONELINESS AT WORK**

The words 'lonely' and 'loneliness' have been given both objective and subjective meanings in their common everyday usage. When people think about

loneliness at work, they are often referring to or associating it with other terms such as aloneness, isolation, alienation, solitude, lack of social support, and depression. Although loneliness shares characteristics with other emotional states and the terminology is often used interchangeably, loneliness is a unique construct. Loneliness is caused not by being alone but by being without some definite needed relationship/s. In other words, loneliness involves feelings of isolation, disconnectedness, and of not belonging. This experience tends to distort social cognition and influences an individual's interpersonal behaviour, resulting in increased hostility, negativity, depressed mood, increased anxiety, lack of perceived control, and decreased cooperativeness (Cacioppo, 2008). Loneliness is therefore considered a subjective construct: a self-perceived interpersonal deficiency revealing how an individual experiences the discrepancy between their personal relationships and their social environment (Peplau & Perlman, 1982; Rokach, 1987). Ultimately, loneliness reflects a breakdown in social interaction and poor quality interpersonal relationships.

Recognizing, therefore, that loneliness is not synonymous with quantifiable social contact, loneliness at work can be defined as the *distress caused by the perceived inadequacy of interpersonal relationships in a work environment*. This deficiency between the individual's actual and desired interpersonal relationships at work, and the inability to rectify such discrepancy, may engender feelings of loneliness.

## EMPIRICAL STUDIES ON WORKPLACE LONELINESS

Few studies have investigated the interaction between the situational and personal factors that promote loneliness, and even fewer studies have focused on loneliness in the workplace. This is surprising given that the origins of work-related loneliness are not exclusively part of the individual's characteristics (Wright, 2005). Only a handful of published empirical studies have specifically examined the nature of loneliness in the workplace, and it is to this research that this chapter now turns.

Wright (2012) studied the common notion that "it's lonely at the top" and found this adage to be wanting. The study examined whether it is lonelier at the top of the organization than the bottom. Those in management positions were compared to those in nonmanagement positions across three studies in separate organizations. Three studies were designed to include samples from several organizations across public and private sectors and included multiple measures of loneliness. The results suggest that across all the organizations studied and across all measures, managers were no more or less lonely than their nonmanager counterparts, either in work or more generally. The results from this study do not suggest that managers are not lonely per se, merely that there are no significant differences between managers' and nonmanagers' loneliness scores. If an effective leader or manager does experience loneliness, the reasons for it are likely

to be a complex hybrid of personal, social, and contextual factors rather than seniority alone. Earlier research by Bell, Roloff, Van Camp, and Karol's (1990) research sought to address the hypothesis that people who are successful in their jobs are more likely to consider themselves lonely than people who are less successful. Interestingly, the correlation between organizational level and loneliness was small but negative, indicating that loneliness is associated with those at the bottom of the hierarchy. This correlation remained even after commitment, hours worked per week, job satisfaction, age, education, and family income were addressed. Additional research by Reinking and Bell (1991) examined how one's career situation interacts with his or her communication competence to influence a person's level of loneliness. The researchers proposed the hypothesis that individuals who occupy low positions in organizational hierarchies would be more prone to loneliness. They also sought to address whether the negative correlation between organizational level and loneliness was a result of communication competence at more senior levels. Similar to previous findings (Bell et al., 1990; Page & Cole, 1991), Reinking and Bell (1991) found that loneliness was associated with those respondents in lower-level positions, even when communication competence was included. In explanation for this finding, the authors argue that success in the workplace may be more important for many people than closeness to others. Moreover, an individual may not see a deficit in personal relationships when achievement at work fulfils primary goals. Wright's (2012) research supports these findings, in that being at the top of the organization's hierarchy is not a predictor of loneliness.

Lam & Lau (2012) used the social exchange model to study loneliness amongst school teachers. The authors found that in comparison with non-lonely teachers, lonely teachers experienced lower quality leader-member and organization-member exchanges at work and in turn were rated as poorer performers than their nonlonely counterparts. Their research supports the theory that loneliness has an adverse impact on human performance in terms of decreased executive functioning and performance on complex cognitive tasks (Cacioppo, 2008; Baumeister, Twenge, & Nuss, 2002). Other research has shown that groups tend to reject lonely individuals (Ladd, 1999). It is therefore not surprising that those individuals who experience loneliness also experience reduced performance levels, partly as a result of their distorted social cognition and reduced cognitive functioning. Several other studies have also looked at the occupational role of school teachers and principals, who often express a sense of loneliness, isolation, and alienation. Such working conditions are thought to contribute to a diminished sense of meaningfulness, power, and job satisfaction (Dussault & Thibodeau, 1997). Researchers working in the area of school principal well-being argue that the conditions of the working environment reduce the possibility for interaction with colleagues and peers and diminish the development of their informal networks (Dussault & Barnett, 1996). Barnett (1990) found that professional isolation could have a negative effect

on principals who have to cope with it and concluded that isolation could diminish the professional development of school administrators. Research by Allison (1997) indicates that the majority of school principals studied reported feeling alone in their position and feeling dissatisfied with their jobs as a result of the loneliness of command. In a study linking professional isolation with occupational stress, Dussault et al. (1999) found a strong and positive correlation between the two variables. Research by Cubitt and Burt (2002) suggests that loneliness is a significant predictor of educator burnout. Qualitative research by Howard (2002) on the isolation of school principals found that the principalship was an isolating role. One of the respondents indicated "It's very lonely . . . there's nobody there with you to make the decision. There's nobody there to help you. You make the decision. You're held accountable . . . you are ostracized because of your position" (p. 93).

Wright (2005) investigated the relationship between organizational climate, social support, and loneliness in the workplace. The study indicated that a negative emotional climate and lack of coworker support adversely affects the experience of loneliness in employees. This study lends support to the notion that workplace relationships are influenced by organizational dynamics and environmental conditions and reflects previous research that links better social support with less loneliness (e.g., Rook, 1984). Studies such as these provide further emphasis to the notion that loneliness is not an entirely individualistic experience, but rather has determinants that are often beyond the control of the individual.

What we can reap from previous research is the importance of assessing both the characteristics of the organization *and* the individual to fully appreciate the dynamics of loneliness in the workplace.

## LONELINESS AND THE WORK ENVIRONMENT

Loneliness is the outcome of inadequate interpersonal relationships. As a general rule, fostering healthy social relationships is important for the effective functioning of an organization and is considered a necessary prerequisite for organizational health (Moore, 1996; Pfeifer & Veiga, 1999; Ragins & Dutton 2007). Employees expect to seek affiliation and identification with organizations (Meyer, 2009). However, in some work environments, the emphasis is often on individual achievement and competitiveness, volatility, and inauthentic social relationships. Such alienating values can create interpersonal conflict and hinder the development of high-quality connections. Because employees make judgments regarding how much involvement they desire in the organization, the organization's culture would therefore be a powerful determinant of the degree of involvement. Wright's (2005) research indicates that the climate of the organization, being one indicator of interpersonal involvement in the workplace, does contribute to feelings of loneliness. However, the nature of this relationship is unclear. It may be that

a climate of distrust and fear erodes human relations through competitive behaviour or lack of social support. The context in which the negative climate is experienced is extremely important to understand. To learn how to cope with loneliness in the workplace, we therefore must first pay attention to the environment in which loneliness can occur. We must not only consider the ways in which the individual operates in their social environment but also the ways in which the social environment operates on the individual, either exacerbating or perpetuating loneliness.

Cacioppo, Fowler, and Christakis's research (2009) shows that loneliness shares social networks, indicating that loneliness is both a cause and consequence of becoming socially disconnected. Their data suggests that loneliness has a contagion effect and can occur through the more negative social cognition and interpersonal interactions it engenders. Research shows that emotional contagion most often occurs at a significantly less conscious level, based on automatic processes and physiological responses (Hatfield, Cacioppo, & Rapson, 1994). The contagion metaphor has been applied to understand employee turnover (Felps et al., 2009), the spread of burnout amongst various occupations (Bakker, Le Blanc, & Schaufeli, 2005), long work hours (Brett & Stroh, 2003), and emotions (Barsade, 2002). The contagion of loneliness in organizational social networks is a process in which a person influences the loneliness of another person through the conscious or unconscious induction of emotion and behaviour. For instance, if an employee experiences loneliness at work, certain emotions and behaviours can ripple out and, in the process, may influence other employees' emotions, individual cognitions, attitudes, and behaviours. Thus, loneliness contagion, through its direct and indirect influence on employees' emotions, judgments, and behaviours, may lead to subtle but important ripple effects in groups and organizations.

The theoretical claim of this chapter is that when an employee engages in behaviours and emotions related to their loneliness, these signals can spill over onto others in such a way that the affected others are more likely to mirror these emotions and behaviours, engendering loneliness. Therefore, loneliness is a property of the organizational context. Social network research from Cacioppo, Fowler, and Christakis (2009) demonstrates that how one person lives has a measurable influence on those around them. This research suggests that lonely people have a tendency to cluster together in social networks. The association between the loneliness of individuals, how they are connected to each other, and the clustering within the organizational network could be attributed to three processes:

1. Contagion, whereby loneliness in one employee contributes to or causes the loneliness in others;
2. Homophily, whereby lonely individuals choose to associate with like-minded others; or

3. Confounding, whereby connected individuals jointly experience, and have similar interpretations of, contemporaneous events/exposures that cause loneliness to develop at the same time.

Previous research by Cacioppo, Fowler, and Christakis (2009) would suggest that loneliness appears in social networks through the operation of contagion, which could, in part, be influenced by contemporaneous workplace environments, such as negative social interactions or a poor organizational climate (Wright, 2005). We know from previous research that both positive and negative emotions can spread over short periods of time from person to person in a process known as emotional contagion (Hatfield, Cacioppo, & Rapson, 1994). Both psychological and organizational research has shown that people respond differentially to positive and negative stimuli, and negative events tend to elicit stronger and quicker emotional, behavioural, and cognitive responses than neutral or positive events (Haller & Hadler, 2006). People also tend to pay more attention to and place more weight on negative information, as shown in impression formation studies (Kanouse & Reid Hanson, 1972). Unpleasant emotions (such as those associated with loneliness) therefore lead to greater emotional contagion than pleasant emotions. Contagion enters into interpersonal encounters in a variety of ways. Emotions can be socially perceptible through voice, facial expressions, gestures, or postures and transmittable despite one's intentions (Cacioppo, 2008). Emotional contagion, therefore, is promoted by face-to-face communications and disclosures. Because most workplaces require interpersonal communications to function, it follows that loneliness would spread via a contagion process rather than simply arising from lonely individuals finding themselves isolated from others and choosing to seek out other lonely individuals (i.e., homophily).

For lonely employees to be somewhere on the periphery of social networks is somewhat tautological, but that lonely employees cluster together at the periphery through a process of loneliness contagion seems counter-intuitive. How can lonely employees get their loneliness through social networks? Theoretically, this phenomenon may be explained through people's movements in social networks over a period of time. People who feel lonely tend to experience negative affect and display antisocial behaviour toward those with whom they do have contact (Cacioppo, 2008). Over time, this negative social interaction can reinforce one's perception of social isolation, affecting the accuracy of their social perception (e.g., attention biases), and heightens the awareness of social threat. This can manifest behaviourally in the social environment, putting other employees in a negative mood, and can make them more likely to interact with others in a negative fashion, creating emotional and behavioural synchrony. The pattern may then emerge whereby negative interaction and affect reinforces perceived social isolation in the workplace. It therefore seems evident that loneliness is in part a property of



the organization; those proximal to a lonely individual will be exposed to loneliness via a contagion process.

## COPING WITH LONELINESS

This chapter has argued that loneliness needs to be understood as an individual variable as well as being a property of the organization. Interventions to reduce loneliness in organizations may therefore be managed by targeting employees who are at the periphery of a social network. Repairing these social networks should provide meaningful gains to both the individual and the organization. Given the problems poor quality social relationships at work can create, which may be symptomatic of a poor organizational climate, there are several interventions that could be implemented at both the individual and the organizational level.

Like occupational stress, loneliness interventions can be directly related to the core manifestation of the problem by providing individual assistance or can be approached indirectly, such as attending to the nature of the organization's social network or the negative climate of the organization. It has been argued that work-related stress is most effectively managed by work-related sources of support because the stress treatment occurs in the context of the stressful situation (Beehr, 1985). Therefore, attending to the work environment, rather than remedying personal factors, may help to reduce feelings of loneliness at work. As such, organizational interventions may help to create a healthy work climate by attending to organizational values which instil positive social relations and emphasize a sense of belonging. In this respect, establishing appropriate social norms can help orient organizational members toward the kinds of behaviours that will lead to a climate of trust, belonging, and shared values. These behaviours could include, for example, encouraging employees to seek each other out for support, encouraging peer support collaborations, or providing social spaces for work breaks. Such norms are contingent upon an overall structure and environment whereby organizational members are permitted to develop various social opportunities.

Organizations concerned with a consistently poor climate affecting individual welfare might consider creating (or improving) communication channels through which employees can confidentially voice their concerns without fear of retribution or ridicule. In terms of reducing fear and conflict in the work environment, rather than bury the predicament, Ryan and Oestreich (1991) propose interventions such as openly identifying acceptable and unacceptable work behaviours and actively coaching those who require behavioural change. Furthermore, managers can be encouraged to promote a climate of trust, openness, and friendship among staff and to model interactions the organization seeks to promote (Rousseau, 1995). In reality, however, employers cannot force employees not to be lonely. Remedial

action at repairing social networks may fall short if the loneliness experienced by the employee is more invasive. Because loneliness is an inherently personal experience (exacerbated by the social environment), interventions may therefore be required at an individual level.

Interventions to alleviate loneliness should work by closing the gap between actual and desired interpersonal relationships. In this respect, the individual has to experience meaningful human contact and feel a desired sense of belonging to ease the burden of loneliness. In very broad terms, loneliness interventions accomplish this by concentrating on evaluating the preferred level of interpersonal interaction for the individual (Peplau & Goldston, 1984). Therefore, the most appropriate intervention to alleviate an individual's loneliness is dependent upon the cause of the loneliness. For example, if a person is lonely at work because of a general negative outlook on life, cognitive therapy may be useful to mitigate feelings of loneliness (DeRubeis, Tang, & Beck, 2001). On the other hand, if a person is feeling lonely because of limited social opportunities within their organization, or they dislike working alone, perhaps the best remedy would be to explore working as part of a team or joining a social group to slowly gain a sense of belonging. However, such recommendations are potentially ill-fated if the underlying cause of the distress is not addressed. Overall, loneliness interventions have met with mixed or limited success (Ernst & Cacioppo, 1998). For instance, merely focusing on building social bonding and networks does not seem to facilitate an associated decrease in loneliness, in the short term at least. Because the development of meaningful interpersonal relationships tends to take time, interventions to remedy a deficient social network may not have an immediate effect on loneliness. With regards to workplace loneliness, individual treatments that help individuals understand their feelings of loneliness and encourage individuals to appreciate that both person and situation factors can contribute to loneliness may be useful.

Other individual intervention strategies relating to the workplace could include the provision of peer support through coaching or mentoring programs (Cooper & Quick, 2003). As part of their role, managers could help establish sufficient peer and team support to meet employees' socioemotional needs of social connections (Rhoades & Eisenberger, 2002). Such sources of social support may provide a work-based outlet for employees to speak freely about personal or work-related issues and to help correct the perceived deficiency between actual and desired relationships at work. The underlying purpose behind these programs should be to increase relationship-oriented behaviours so the beneficial consequences of social support can be achieved.

This chapter has highlighted the various ways the social environment can operate on the individual, either causing or perpetuating loneliness. This chapter has argued that job and organizational characteristics, such as broken social networks, a negative emotional climate, and interpersonal conflict, can contribute to loneliness. It is therefore important to look at

the interaction of these variables along with the individual's personal characteristics to determine feelings of loneliness and how best to manage the experience.

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## 9 Addressing Loneliness in Romantic Relationships

*Ami Sha'ked*

Establishing and maintaining intimate relationships is a core human motivation, within which marriage is considered the most intimate adult bonding (Laurenceau, Feldman, Barrett, and Rovine, 2005). Long-term, committed intimate relationship is essential to partners' physical and emotional well-being by fulfilling core psychological needs (i.e., love and intimacy, the need to be protected, cared for, and valued). A positive, high-quality relationship, such as marriage, is a major psychological structure that offers partners a high degree of safety, cohesion, and a deep sense of belongingness (Hawkley et al., 2008; de Jong Gierveld, 1998). This health enhancing property of intimate relationships is effective only when the relationship is a source of affection, love, and support (Strong, DeValut, and Cohen, 2011). In addition to these health-related benefits, it has been shown that successful intimate relationships protect people from the agony of loneliness. In contrast, a conflicted and distressed relationship is likely to cause loneliness. Our aim in this chapter is to discuss the various forms of loneliness, how it develops within intimate relationships, and the effects that loneliness has on the partners involved. The final section of the chapter reviews some interventions and preventions in dealing with marital loneliness.

### THE NEED TO BELONG AND LONELINESS

Upon entering into a martial union, it being one of the most important transition across lifespan development (Carter and McGoldrick, 1999), most people show a deep desire for forming an ideal, lifelong marriage in which one can feel emotionally safe and protected against loneliness (Gordon, 1993). Indeed, a well-functioning, high-quality intimate relationship, such as marriage, is a major psychological structure that offers the partners a high degree of safety; cohesion,; and a deep sense of self-value, love, and belongingness (Hawkley et al., 2008; de Jong Gierveld, 1998). The need of love and belonging was placed in Abraham Maslow's hierarchy of needs close to the biological and safety needs to stress its importance for human development and well-being (Maslow, 1968). Belongingness is an innate

human motivation manifested by the longing to form, develop, and enhance a mutual, reciprocal pair-bond with a significant other (i.e., marital spouse). Not being able to fulfil the need to belong due to marital distress might cause negative consequences to a person's psychological welfare (Baumeister & Leary, 1995), one of which is the painful feeling of exclusion and loneliness (Hendrick, 2004). The association between these two constructs, the need to belong and loneliness, is so significant that "If people did not have a fundamental need to belong, loneliness, as we know it, would not exist" (Hendrick, 2004; p. 9).

According to Baumeister and Leary (1995), belongingness, as a core human motivation, consists of two basic components: (1) the desire to form a lasting, quality intimate relationship that includes frequent emotional interactions with a partner who is empathically responsive, supportive, and rewarding, and (2) that this affectionate and benevolent relationship will be stable and enduring over time. Given the central role of the belongingness motive as part of the evolutionary makeup of human survival, people are motivated to develop gratifying pair-bonds to shield against exclusion, loneliness, and alienation (Baumeister & Leary, 1995). As noted, to protect against the devastating feeling of emotional loneliness, one needs a close, affectionate partner with whom one can engage in an enduring, gratifying, and satisfying relationship (Flora & Segrin, 2000; Bogarts, Vanheule, & Desmet, 2006; Hawkley & Cacioppo, 2009). In its most basic, broadest form, such a relationship involves mutual and reciprocal physical and emotional connectedness between two intimate partners who feel strongly attached to each other. This physical-emotional proximity found in intimate relationships is an essential condition necessary to the mutual fulfilment of partners' need to belong and be loved, thus serving as an antidote to loneliness.

Whereas belongingness is fulfilled through a supportive and enhancing pair-bonding, the absence or loss of a deep sense of belongingness is equally potent, resulting in distress and emotional loneliness (Hendrick, 2004). One of the main reasons for marital partners to feel lonely is a result of their need for belongingness not being sufficiently met within their intimate relationship (Baumeister & Leary, 1995; Hendrick, 2004). Having a large social network with many social connections, without the essential feeling of belonging and being attached to one's partner, does not buffer against the anguish accompanied by loneliness. Paradoxically, those who feel lonely spend little time, if any, with their partners who are, ordinarily, most likely to fulfil the psychological need to belong. This is mostly due to the deteriorating relationship and the resulting emotional distance that exist between them, which in turn results in loneliness (Hendrick, 2004).

## EMOTIONAL DISTANCE AND LONELINESS

As noted, to protect against the devastating feeling of emotional loneliness, one needs a close, affectionate partner with whom one can engage in an

enduring gratifying and satisfying relationship (Flora & Sagrin, 2000; Bogarts, Vanheule, & Desmet, 2006; Hawkley & Cacioppo, 2009). In contrast, growing emotional distance between partners is a landmark in the relational trajectory that can cascade the relationship into a state of isolation, disengagement, and loneliness.

Gottman's (1999) Distance and Isolation Cascade model portrays the deteriorating course of marital distress that eventually leads to disengagement, isolation, and loneliness. In this model, belongingness and loneliness are on two opposing ends of a continuum of relationship quality. The first identifiable landmark of a relationship distance and isolation cascade is when partners feel emotionally flooded resulting from enduring negativity (i.e., criticism, negative affect reciprocity). Emotional flooding is manifested by relational exchanges, such as when discussions often turn to heated, hard-to-calm-down arguments; when partners keep emotional distance, especially after arguments; when partners are overwhelmed by the constant atmosphere of fighting and tension; or when it is difficult to think clearly and rationally as a result of the hostility expressed during arguments (Gottman, 1999).

One of the consequences of this emotional flooding is partners' conviction that the marital distress is so severe that any attempt to discuss problems will be pointless and futile. This state of affairs is a major step in causing partners to turn away from each other and eventually to have parallel lives emotionally. In this advanced stage of relational deterioration, there is a complete absence of expressions of love and affection and the partners are in a state of emotional isolation, disengagement, and loneliness, with partners being married but emotionally uninvolved with and unavailable to each other.

This "empty shell" marriage we portrayed above, characterized by partners' disengagement and indifference, is a common antecedent of loneliness (Perlman and Peplau, 1998). Distinctive features of empty-shell marriages are found in the hostile/detached marriage type of Gottman's (1999) typology. Based on patterns of spouses' interaction, the hostile/detached type is characterized by emotional distance that exists between partners, reaching a point of complete lack of involvement, disengagement, and loneliness.

How is loneliness reflected in marital relationships? Some insightful observation of loneliness in intimate relationship can be gained by reviewing a 20-item tool developed by Gottman to assess the degree of emotional disengagement and loneliness in his clinical practice with couples (Gottman, 1999). Some of the identifying items of loneliness in this assessment tool are: when one very often feels disappointed by his or her spouse; expecting less and less from the relationship; feeling lonely from time to time; when one's feelings don't get sensitive response or attention; when one restricts himself or herself from expressing inner feelings and thoughts; when intimacy and closeness are scarce; feeling emptiness; let down by constant disappointment; feeling gradually separated; emotionally disconnected; and, above all, feeling emotionally lonely.



**ESSENTIAL AND TRANSIENT LONELINESS**

Two forms of loneliness may be expressed in intimate relationships. The first one is essential loneliness, which is intertwined with one's personality and is an integral component of it. By drawing on our experience with couples, we have shown how such loneliness may affect their intimate connection. The second form of loneliness is the transient, reactive type, which is usually triggered by the dynamics of the couple's interactions and, as such, can be coped with and ameliorated by changes and improvements to the very same interactions that may have initially caused it.

Rokach (1988) pointed out that loneliness is a basic human experience, which all humans can *potentially* experience. He likened it to a recessive gene, meaning that loneliness is experienced under the "right" circumstances. There are two types of such "right" circumstances that may give rise to loneliness:

1. *Transient Loneliness*—experienced throughout our life's journey with its trials and tribulations and in situations where we find ourselves isolated and disconnected due to situational variables.
2. *Essential Loneliness*—refers to a continuous feeling of being cut-off or disconnected, is an essential part of the person, and is experienced in almost all situations, including those that would *not* give rise to such feelings in most people. Hojat (1987) referred to it as loneliness of early detachment experiences.

Rokach (1998, 2004) explored the antecedents of loneliness. While transient loneliness, which will be covered later in the chapter, is clearly related to such factors as unfulfilling intimate relationships, relocations, and separations from significant others, or living on the fringe of society, essential loneliness is related to one's early years and is caused by personality and developmental factors that the individual experienced during childhood. Here we can find such causes as low self-esteem, strong and lasting feelings of inadequacy, and repeated failure in getting close to others, such as parents, friends, or peers. Those familiar with the pain of essential loneliness have commonly grown up in families that may not have wanted them or simply neglected their upbringing. They may have had parents that resented them, that were unavailable physically or emotionally, or that were cold and depressed, sometimes as a result of being in an unhappy marriage. In short, these were kids that were unwanted, unloved, resented, and punished harshly and frequently. Essential loneliness may be the result of growing up in such homes. These individuals internalize the realization that they are unwanted and unlovable. As Bowlby (1973) and other developmental theorists since Freud noted, our souls are like wet cement, and those early and often traumatic experiences leave us with the message that we do not belong.

de Jong Gierveld 's (1998) conceptualization of loneliness as a social-emotional phenomenon views loneliness through the lens of attachment bonding that shields against loneliness by providing a deep sense of relational cohesion, felt security, and love and belongingness. An emotional deprivation associated with the absence of an intimate attachment bond results in feelings of emptiness, abandonment, and rejection (de Jong Gierveld, 1998). Recounted negatively, being in an intimate relationship that deprives a partner of these basic provisions (support, intimacy, and emotional security) is likely to result in loneliness (Olson & Wang, 2001; Tornstam, 1992). Although marriage has been documented as a protective agent against emotional loneliness (Dykstra & Fokkema, 2007), it is only if the relationship is rewarding and offers both partners attachment provisions of security, mutual support, and caring for each other's welfare. In the absence of these provisions, emotional loneliness is likely to develop (Ernst & Cacioppo, 1998; Hawkley et al., 2008; Olson & Wong, 2001). Stressing the importance of attachment bonding as a protective measure against loneliness, Cacioppo and Hawkley (2009) indicated that Bowlby, in his monumental work on attachment, "Heralds the beginning of theoretical conceptualization of loneliness" (p. 227), strongly suggesting that essential loneliness is associated with the lack of a reliable, trustworthy attachment figure.

Two social provisions in intimate relationships are possible antecedents to emotional loneliness. First, fulfilling one's attachment needs through the provision of a secure base, depicted by a partner's support that enables personal exploration and growth (Feeney 2004), and a safe haven that provides reassurance and support at times of need or when one is in distress, desiring proximity to an attachment figure, i.e., one's romantic, marital partner (Hazan, Gur-Yaish, & Campa, 2004). Second, providing one's partner with nurturance in the form of affectionate love and care as well as a sense of belonging and support (Russel, Cutrona, Rose, & Yurko, 1984) These provisions are most likely to be offered by spouses in a high-quality and satisfying marriage who enhance and maintain their marriage by viewing it as a communal relationship in which both partners share a strong commitment and concern for each other's welfare and both are strongly motivated to benefit one another when in need (Mills & Clark, 2001).

Closely related to those assertions are results of a study that examined distal and proximal factors relating to loneliness in relationships in a sample of 229 married or cohabiting participants (Hawkley et al., 2008). Based on their findings, the authors concluded that being married is positively linked to loneliness only when a partner is perceived and serves as a supportive confidant. If the partner is not a confidant, being married is not more protective against emotional loneliness than not being married at all. These conclusions correspond to findings reported by Olson and Wong (2001), who examined loneliness in relation to marital cohesion, satisfaction, and dyadic agreement on values. Results of this study underline the importance of emotional intimacy, communication, and marital cohesion in protecting

against marital loneliness. In another research study, Barbur (1993) studied loneliness among 467 marital couples and found that 20% of the wives and 24% of the husbands rated considerably high on loneliness. Loneliness correlated negatively with various indices of marital quality such as the level of perceived emotional closeness and intimacy, overall marital functioning, and level of dyadic satisfaction. As expected, loneliness intensity was higher among those that reported lower levels of emotional intimacy and relationship satisfaction.

## **THE BIDIRECTIONAL MECHANISM OF MARITAL DISTRESS AND LONELINESS**

A phenomenological examination of the construct of loneliness (Mikulincer and Segal, 1990) identified four types of loneliness, of which only one, "depressive loneliness," seems relevant to our discussion. The most distinctive nature of "depressive loneliness" is a person's perceived experience of the absence of close, intimate bonding and one's sense, within an intimate relationship, of being unloved, misunderstood, rejected, and, in addition, being a target of criticism and hostility. In a prolonged state of depressive loneliness, one's motivation for intimate connectedness and proximity seeking might be impaired, producing an increased feeling of rejection and seclusion. In turn, this regressive cascade exacerbates the attachment deficit and the level of loneliness, thus creating a cognitive-behavioural pattern called "self-exacerbating cycle of loneliness" (Mikulincer & Segal, 1999; p. 227).

Similar circular and perpetuating mechanism was described by Weiss (2006), who found that what he termed emotional loneliness is accompanied by distress and restlessness coupled with despair and inability to give attention to anything other than the anguish it causes. It is likely that these emotional compulsions (despair, dispirited self-doubts, and distress) displayed by emotionally lonely people may deplete their energies, thus diminishing their abilities to search for and develop new romantic relationships. This in turn might exacerbate their distress and perpetuate their emotional loneliness, increasing their isolation and feelings of being undesirable and rejected (Flora & Sergin, 2000; Tornstam, 1992).

This bidirectional, circular, and perpetuating cycle that exists between emotional loneliness and the emotional compulsions it causes seems similar to the erosive effect found in major depression. In recognition of the persistent and reoccurring nature of depression resulting from its erosive element, Joiner (2000) explains "that a depressive episode erodes personal and psychological resources, such that episodes may be lengthened and, upon recovery, the formerly depressed individual is left with fewer buffers to protect against future depression" (Joiner, 2000; p. 203). Similarly, it is reasonable to propose that prolonged emotional loneliness caused by enduring conflicted and a distressed marriage erodes a person's cognitive

and emotional resources and staying power to effectively deal with the marital problems (i.e., partner's withdrawal, lack of support, and decreased intimacy), the prime cause of emotional loneliness. Upon recovering from even a transient episode of loneliness (in many cases in addition to some degree of depression and anxiety), a person's emotional strength and endurance are weakened, which in turn may de-energize and diminish the abilities to successfully cope with the anguish of loneliness, thus perpetuating the marital discord.

Loneliness caused by and intertwined with conflicted and deeply distressed marriages is grievously painful because it is completely disharmonious with the perfect joy and happiness expected from a rewarding and loving marital relationship. Apparently, there are many couples who are locked into distressed and loneliness-evoking marriages and are unable to break away due to barriers that prevent divorce. This situation is likely to compound and perpetuate emotional loneliness (Flora & Segrin, 2000). Barriers to marital dissolution and divorce are various restraining moral and religious factors, loss of irretrievable investment, children's welfare, and the like that keep spouses from leaving even a painfully distressed marriage (Levinger, 1999). As noted, individuals who have constraints on leaving a disaccorded, harmful marriage are at high risk to develop intense emotional loneliness evoked by a prolonged absence of pair-bonding. This is especially true for women (Olson & Wang, 2001; Tornstam, 1992).

## SUCCESSFUL VS. UNSUCCESSFUL MARRIAGES

The question of why some marriages are happy and successful while others are unsuccessful and miserable has received considerable theoretical and empirical attention (Gottman and Notarius, 2002; Fincham, Stanley, and Beach, 2007). The following is a review of some of the "ingredients" that make or break a marital union.

*Getting together for the right reasons:* it should be obvious that couples do not always fit with each other's wishes completely. People, being imperfect by definition, have quirks and shortcomings. Knowing ourselves, being aware of what we need and want, and having the wisdom to fit it all together—we have a better chance of creating, in concert with our partner, a harmonious relationship. However, as it happens, when marriage is used as a solution to loneliness, the couple's loneliness is then the bond that keeps them together in an attempt to fend off loneliness (Gordon, 1976). A marriage that is based on fear of loneliness, and implants it at its core, may unite two lonely people who will remain lonely (see also Flora & Segrin, 2000; Tornstam, 1992). Marriage, maintained Moustakas (1972), that was created on a foundation of fear of loneliness usually ends in loneliness (which is experienced, for instance, in separation), and usually there is a lot of loneliness in between. A marriage that is based on such fear, where this

fear is the glue that bonds the couple, is bound to crumble. Marriage, or any intimate connection for that matter, must be established not as a guard against loneliness but as an indication of the couple's love and wish to be together. The difference may be subtle but important nevertheless.

*Interdependence*: that optimal relational stage between a high level of dependence and a high level of independence. High independence may beg the question—why are these two people together?! If they are so fully independent of each other, they may be better off on their own. Interdependence is the combination of those two, dependence and independence. While the union is cemented by love, common marital goals, and deep caring, partners who are in an interdependent relationship realize and respect the understanding they are essentially two *separate* human beings—and not a reflection of each other. They rejoice at their partner's qualities and may gently help him change behaviours or goals that are disturbing or harmful to the relationship. But their respect for their partner's individuality is the cornerstone of their union. Based on principles of the independence theory, Rusbult, Bissonnett, Arriaga, and Cox (1998) suggested the use of accommodation in marital transaction in order to strengthen the foundations of marriage.

It is the partner who has a low self-esteem, who does not think that he can “survive” without the other's continual fulfilment of his needs, that becomes dependent on his or her partner. A high degree of dependency by one partner on the other, or by both on each other, is pathological and destructive. Obviously, if two people decide to experience life together, they will naturally depend on one another for love, caring, support, and partial fulfilment of their needs. But when the situation is such that all our worth and aspirations centre on our partner, he then becomes essential for our emotional survival—and as such we cannot afford to lose him or his love. We become demanding, we expect love and approval, and we cling to that person with all our might. Being in a relationship because we *need* to, rather than due to our wish to be there, is deadly. It kills affection and creates a gap between the partners—they either cling to one another without ever feeling secure in the other's love, or one clings while the other tries to flee and both are unhappy. In either case, they feel miserable, lonely, and anxious (Schultz, 1976).

*Intimate sharing and involvement*: the hallmark of intimate romantic relationships is the sharing of intimacy. Self-revealing one's feelings and wishes to a supportive partner, who is nonjudgemental, is listening with a caring attitude and, above all, with acceptance of the loved one (See also Prager & Roberts, 2004; Reis et al., 2010). Not necessarily agreeing with all that her partner says but, throughout, displaying a solid acceptance of the partner, offering unconditional love. Rokach (1998, p. 10) observed what happens when such intimate sharing cannot take place.

As anyone who has ever been involved in a relationship surely knows—relationships are never perfect. They evolve, people change and daily life's little problems all contribute to frustrations, anger and disappointments. Dealing with them, they become part of our history and may

teach us how to avoid the anger/frustration arousing situations in the future. But if we accumulated grudges and bitterness, if we allow the anger to become part of our makeup, it eventually comes between our partner and us. A gap filled with resentment, dissatisfaction and discomfort is created, inviting emptiness and loneliness to replace it.

*Resolving relational conflicts:* disagreements, arguments, and even fights (not physical, of course) do happen in marital life. These are normal, expected, and are sometimes helpful, as they allow the couple to share those things that bother, irritate, or concern them. When the fight does not include physical insults and does not involve harsh language, it may allow one partner to vent, exclaim, and even scream out his or her frustrations, while his partner, rather than take offense, assists the hurt or angry person resolve the situation. An appropriate conflict resolution in a romantic relationship cannot only allow venting. If the couple allows each other the time and space to express feelings, it can actually bring them closer to each other. Personal skills and effective interpersonal patterns of interaction during conflict are essential to marital success, especially during the initial stage of marriage formation (Nichols, 1988). When appropriate conflict resolution cannot take place, whether because the couple does not have the proper skills or are not interested in listening and understanding each other, they continue their drifting, being alienated from one another, and experiencing loneliness.

The perceived emotional isolation and separation expressed by lonely individuals gives rise to constant tension and increased awareness and sensitivity to their relational surroundings. They are constantly “on guard,” carefully scanning for potential sources of added threatening signs. This hyper-vigilance (enhanced state of sensory sensitivity and alertness) is accompanied by increased vulnerability to a point that “lonely individuals see the social world as a more threatening place, expect more negative social interactions, and remember more negative social information” (Hawley & Cacioppo, 2010; p. 220). These maladaptive social cognitions (expecting negativity) are self-reinforcing, acting as a self-fulfilling prophecy by evoking confirming attitudes and interactive behaviours from others, i.e., marital spouse (Snyder, 1992; Snyder & Stukas, 1999). It is quite possible that when a marital spouse feels emotionally lonely, as a consequence of relational distress and disengagement, that he or she (most likely it is the wife) construes the interaction as threatening. This is coupled with holding negative expectations and interpretations of a partner’s behaviour. This social cognition is followed by the lonely spouse reciprocating negatively to the other, thus adding to the marital distress and negativity, which in turn deepens the feeling of loneliness.

McCarthy, Ginsberg, and Cintron (2008) observed that benign neglect is the couple’s most “dangerous” enemy. *Preemptive relational enhancing interactions* are those couple interactions that help improve the relationship by preventing or minimizing potential disagreements, indifference, or difficulties that the couple could be facing. This interactional strategy is a refinement of the interaction in which a couple may engage in order to reduce potential

friction, while anticipating the other person's needs, desires, and wishes (see also Amato, Booth, Johnson, & Roger, 2007; Markman et al., 1993).

*Mutual positive involvement* makes couples feel connected and helps them grow, develop, and cement their union. Psychologists and other mental health professionals have been trained to do it in therapy. Mutual positive involvement allows a safe environment where one feels cared for, listened to, and even rejuvenated (see also Gable and Reis, 2006). Roberts and Greenberg (2002) further stated that "the regular enactment of behavioural exchange that lead to experiences of relational intimacy will serve to maintain the climate of security, trust, and acceptance that characterizes well-functioning relationships" (p. 120–121).

*Avoiding bidirectional growth*—while offering couple therapy, people may frustratingly say to their therapist, "Look at us. We were so close and alike when we started our relationships years ago, and now we hardly know each other." People are commonly mystified by their inability to connect with their long-term partner because, initially, that very connection is what brought them together. It has been my observation that bidirectional growth explains that relational change. One of the best ways to prevent distancing and loneliness in romantic relationships is to grow together. Enhancing one's partner's personal growth is a sign of a respectful and nourishing relationship. However, when only one partner develops and grows, he or she then experiences the world differently, may utilize different thinking about his or her experiences, and may change to such a degree that the two may no longer "speak the same language" or want the same kind of relationship. Their needs, desires, and social connections change as they themselves grow and change. When the two partners grow and change at a similar pace and in a similar trajectory (i.e., he attends cooking classes and she a book club), then the relational equilibrium is maintained. However, if only one member of the couple undergoes personal development and growth, it may alienate them from one another since they will have less common topics to discuss, their interests may change, and so will their outlook on themselves and on life.

## RELATIONAL LONELINESS AND OTHER PSYCHOLOGICAL CONSTRUCTS

In addition to the strenuous impact of loneliness associated with marital distress, there is a considerable degree of coexistence between loneliness and other constructs, such as depression tension, anger, and frustration (Mikulincer & Segal, 1990; Flora & Segrin, 2000; Hawkley & Cacioppo, 2009). These accompaniment features of loneliness result from the antecedent negative characteristics of loneliness: decrease in marital quality and satisfaction, emotional disengagement, partner's neglect, withdrawal and inattentiveness, indifference, and emotional emptiness. Remained untreated through marital counselling, this set of relational circumstances might be self-perpetuating.

Hawkley and Cacioppo's (2010) loneliness model draws a portrait of a relational interactive process they called the Self-Reinforcing Loneliness Loop-SRLL (Hawkley & Cacioppo, 2010; p.220). The perceived emotional isolation expressed by lonely individuals gives rise to constant tension and increased awareness and sensitivity to their relational surroundings. As described earlier, emotionally lonely partners view and perceive their relationships as a threatening social environment due to their enhanced sensory sensitivity. These maladaptive cognitions (being pessimistic and expecting negativity) are self-reinforcing, acting as a self-fulfilling prophecy by evoking confirming attitudes and interactive behaviours from others, i.e., marital spouse (Snyder, 1992; Snyder & Stukas, 1999). It is quite possible that when an individual feels emotionally lonely as result of severe relational distress and disengagement, she construes the interaction as threatening. Coupled by holding negative expectations and attributions of a partner's behaviour, this maladaptive cognition is followed by the lonely spouse reciprocating negatively to the other. This reciprocity adds to the marital negativity, which in turn deepens the feeling of emotional loneliness. Thus we suggest that it is quite possible that the lonely partner unwillingly contribute to her own loneliness existence by perpetuating the Self-Reinforcing Loneliness Loop (Hawkley & Cacioppo, 2010). Clinical implications of this model consist of a two-phase intervention: (1) break the self-reinforcing loop of loneliness by transforming the lonely partner's cognitions to eliminate negative affect reciprocity, and (2) work with the couple on improving their relationship by reducing distressing interactions while developing and enhancing foundations for a high-quality, more satisfying marriage.

## THERAPEUTIC IMPLICATIONS

Marriage therapists ought to include relational factors in their assessment and understanding of marital loneliness so as to ameliorate dysfunctional, maladaptive cognitions and interactive behaviours in order to alleviate loneliness. At the same time, it is necessary to take a prophylactic approach to eliminate the potential of future loneliness episodes. This therapeutic process is rather complicated and requires marital partners to fully commit to it. Several circumstantial and developmental factors contribute to the complexity and possible obstacles to therapeutic success:

1. The intricacy of dealing with the enduring chronicity of marital distress and dysfunctional interactive behaviours that preceded the loneliness and the anguish and pain it causes.
2. Overcoming the self-reinforcing loneliness loop, described above, that perpetuates the dysfunctional interactive behaviours that in turn intensify distress. Spouses exhibiting loneliness symptoms ought to be highly motivated to go through cognitive transformation and



- behavioural changes to break away from the loneliness loop. This is not an easy task, considering the devastating impact of loneliness.
3. It is likely that couples who reach this deteriorating level in their marriage hold a rather low level of personal commitment to the marriage. Considerably low levels of marital commitment is a challenging imposition to therapy.
  4. Overcoming the scarring effect of the long-lasting marital distress that erodes relational resources to work on improving the relationship and cope with future stresses and conflicts. Following prolonged marital distress, partners are left with fewer and weaker buffers to deal with problems and to protect against inevitable future conflicts.
  5. Prolonged distress tends to erode cognitive (attributions) and emotional stamina, let alone the expected erosion of optimism and hope. This erosive mechanism, among other relational facets, is to be thoroughly considered by therapists.
  6. Many marriage therapists acknowledge that disengaged couples who are seriously affected by the unpleasant loneliness loop do not respond positively to marital therapy. It is mostly because these couples pursue therapy when their marriage has seriously deteriorated to an advanced stage of disengagement (Gottman & Gottman, 1999).

It is for these reasons that marriage therapy with disengaged, lonely couples is complicated, presenting a unique challenge to therapists and couples. At the same time, we should also note that marriage disengagement, characterized by emotional distance, indifference, and loneliness, is a common reason for couples to seek therapy (Barry, Lawrence, & Langer, 2008) and the most cited problem that inflicts severe marital distress and dissolution (Amato & Priving, 2003).

In summary, a marital union has a cohesive and protective function that affects partners' emotional well-being. Although marriage is likely to protect against the painful emotional injuries of loneliness, we should not be deceived and misled to believe that marriage is a stable and ever-existing guarantee to prevent emotional loneliness. Generally, those who are utterly unhappy with their marriage, and who do not perceive their spouses as a close friend and confidant, are highly vulnerable to emotional loneliness. The absence or loss of a trustworthy attachment figure (spouse) that results in severe deficiencies in the provisions of a safe haven and a secure base is a known cascade in a process that leads toward marital loneliness. In contrast, the formation, enhancement, and maintenance of supportive, safety-providing pair-bonding protect against the deleterious effects of loneliness. Once loneliness is experienced in marriage, it is usually accompanied by anxiety, restlessness, low emotional energies, depressive mood, pessimism, and hopelessness.

Although marital loneliness may be perceived as an aversive and distressing condition, nonetheless it can be adaptable in that it may motivate couples to modify and repair their relationships (Masi, Chen, Hawkey,

& Cacioppo, 2011). It is only through the restoration of attachment bonding that couples can alleviate emotional loneliness.

## **STRESS GENERATIVE IMPACT OF LONELINESS**

In the absence of a marital distress model of emotional loneliness, we suggest adopting the “stress generation model” that delineates the reciprocal pattern that exists between marital problems and major depression (Devila, Bradbury, Cohan, & Tochluk, 1997; Beach, Dreifuss, Franklin, Kamen, & Gabriel, 2008). The construct of stress generation is “the process by which depressed people contribute to the occurrence of stress in their lives and thereby contribute to their experience of depression” (Davila et al., 1997; p. 849). In other words, depressed people indirectly and unintentionally exacerbate their own stress through the process of negative cognitions and behaviours that they display (greater negativity, avoidance, withdrawal), which in turn result in increasing the severity of their depression.

Beach et al. (2008) expanded this conceptual framework, suggesting a reciprocal causal coexistence between marital distress and depression. Depression caused by enduring marital distress generates an added stress through negative relational interactions, which in turn aggravates marital distress, leading to more severe depression.

Since loneliness is linked to depression (DiTommaso, Brenner-McNulty, Ross, & Burgess, 2003; Erozkhan, 2011) we suggest a similar bidirectional coexistence between enduring conflicted and distressed marriage and loneliness. Just like depression, loneliness developed in and caused as a result of long-lasting marital discord generates greater stress through negative cognitive and behavioural processes, which in turn perpetuate and even exacerbate marital distress, leading to a deeper sense of loneliness, and vice versa.

The initial task in the therapeutic process for marital loneliness is to identify and thoroughly evaluate this reciprocal causal effect that exists between distressful marriage and loneliness. Once this bidirectional coexistence between these two constructs is acknowledged and evaluated partners are to be challenged to work on restoring marital cohesion and attachment bonding. Mutual acceptance, tolerance, and compromise are to be developed to eliminate the impact of the vicious cycle caused by the bidirectional causal links between their distressed marriage and loneliness.

## **HOW CAN MARITAL THERAPISTS ADDRESS COUPLES' LONELINESS?**

There is no couple-based therapy approach designed specifically for the treatment of loneliness in marriage. It is reasonable to argue that regardless

of the theoretical approach, any therapeutic intervention that aims at the improvement of relational quality and promotion of intimacy may potentially alleviate loneliness (Flora & Segrin, 2000). More specifically, interventions that encourage and strengthen intimacy, emotional security, and mutual support are likely to reduce the anguished sense of loneliness. Enhancing marital cohesion is a vitally important therapeutic objective in this direction that can be achieved by challenging partners to spend greater amounts of quality time together, engaging in shared enjoyable activities and joint projects.

Increasing opportunities of spouses for enhanced self-disclosing interactions is another therapeutic intervention likely to have a positive effect on therapy outcomes, including loneliness reduction.

Self-disclosure is a particularly valued factor associated with intimacy and emotional engagement in romantic and marital relationships. As noted earlier, emotional engagement and closeness is an effective antidote to emotional loneliness. Since one of the deficiencies experienced in marital loneliness is the absence of disclosing and sharing personal feelings and thoughts with a supportive partner (Solano, Batten, & Parish, 1982), it is therapeutically necessary to challenge couples to engage in self-revealing communication. However, promoting self-disclosing interactions in lonely marital spouses is quite challenging due to lonely individuals' tendency to withdraw and avoid interaction with their partner, let alone revealing inner feelings and thoughts.

As noted, marital cohesion and intimacy interact with loneliness in a bidirectional, cause and effect directions. To reiterate, a significant decrease in marital cohesion and intimacy gradually cascades to emotional distance, disengagement, and eventual loneliness. In return, loneliness exacerbates marital distress by further reduction in cohesion and intimacy. Therefore, some therapeutic effort has to be directed at interrupting this stress-generating vicious cycle. Therapists need to encourage couples to interrupt this cycle by reinvesting in cohesion and intimacy-promoting interactions and activities. Promoting marital cohesion and emotional connectedness is likely to restore the attachment safety, a vital component that protects against further emotional loneliness. We should bear in mind that the loss of attachment bonding is the most salient factor that creates emotional loneliness in the first place; restoring this loss is likely to reduce loneliness.

Given the manifestation of loneliness as an aversive and distressing state, it is possible to detect in lonely spouses some deficiencies in relational skills, such as communication and conflict resolution skills. A noticeable presentation of marital loneliness found in my practice during the initial phase of treatment is that partners are emotionally remote and disengaged. This relational negativity is counterproductive to effective communication and problem-solving processes. At this stage, partners' interaction strategies are characterized by high levels of negative affect, i.e., tension, overt hostility, avoidance, and withdrawal. These enduring patterns are to be "pictorially"

drawn by the therapist to evoke a motivation on the couple's part to acquire effective communication skills, a necessary step to be followed by enlisting the couple to actively participate in the process of restoring their pair-bonding.

Marriage counselling and other therapeutic interventions seem to be effective in reducing marital distress and improving relational quality and satisfaction (Jacobson, 1991; Ward & McCollum, 2005). However, when couples turn to therapy and are excessively distressed and emotionally disengaged, it might be—in many cases—too late to repair their troubled marriage (Markman et al., 1993). Moreover, couples who are severely distressed and who are on the verge of dissolution and divorce do not necessarily consider the option of therapy, and in most cases they are lacking commitment to one another, to the marriage, and, thus, to the therapeutic process.

Markman et al. (1993) suggested that rather than wait until the marriage shows signs of deterioration, it is considerably better to provide preventive intervention while the couple is happy or, alternatively, when the distress is in its initial stage. Also, the advanced stage of empirical knowledge and clinical experience make it possible to identify components of marital interactions that affect marital success and stability. Consequently, it is relatively easy to target couples who are at-risk to develop marital distress for preventive programs (Rodrigues, Hall, & Fincham, 2006). It goes without saying that by employing preventive measures, practitioners can utilize ways to protect couples from marital deterioration by enhancing the couples' relationships. Marital preventive programs focus on identifying protective and risk factors and then provide preventive interventions to enhance the relationship and to immunize the relationship from threatening risks of deterioration (Rishel, 2007). This philosophy is a fundamental guiding framework of the various premarital educational and preparation programs (Carrol & Doherty, 2003).

## HELPFUL INTERVENTIONS

Empathic responsiveness to partners' revealing personal thoughts and emotions is important to the development, enhancement, and maintenance of close, intimate relationships (Roberts & Greenberg, 2002). Self-disclosure is also an important interactive component of a stable, successful communal relationship (Mills & Clark, 2001). Expanding the concept of relational empathy, Simpson, Ickes, and Orina (2001) presented their Empathic Accuracy Model that essentially relates the degree to which a person in close relationships is able to accurately infer his or her partner's thoughts and feelings. A high level of empathic accuracy is important to the promotion of intimacy and can be attained mainly through effective communication, attentive listening, and responsiveness. The following necessary elements are essential in this interactive process: (a) "The partners' respective levels

of readability (the degree to which each partner displays cues that reflect his or her true internal states), and (b) the partners' respective level of empathic ability, i.e., the degree to which each partner can accurately decipher the other's valid behavioural cues" (Simpson, Ickes, & Orina, 2001; p. 30). Both self-disclosure and empathic accuracy are relational, interactive behaviours that are an integral aspect of cognitive behaviour activities that are important to the development and enhancement of relational intimacy (Simpson, Ickes, & Orina, 2001).

*Conflict resolution:* couples learn how to effectively resolve inevitable disagreements and conflicts. The PREPARE/ENRICH format consists of 10 steps that include setting proper time for conflict discussion; a clear definition of the conflictual issue to be discussed; examining personal responsibility for the problem that was raised (i.e., in what way partners contribute, personally, to the problem); raise attempts that were made, in the past, to resolve the conflict; brainstorm possible resolutions to the conflict being addressed; evaluate solutions that were identified and raised to ascertain the level of their feasibility and appropriateness; partners choose a solution with which they both feel comfortable; they discuss how each of them will contribute to the success of the resolution agreed upon; partners schedule a follow-up meeting to discuss and evaluate the implementation of the resolution; and finally, partners offer positive feedback and rewards for each other's contributions (Olson & Olson, 1999).

To develop successful marital relationships, partners must:

1. Assume and accept individual responsibility for their respective interactive behaviour
2. Identify personal goals they wish to accomplish and make an attempt to align them with the goals that are important to the marriage
3. Interact with each other in an encouraging manner
4. Choose to communicate feelings and thoughts in an open, honest, and authentic manner
5. Be an attentive, active listener to one's partner expressing inner feelings and thoughts
6. Offer empathic listening to one's partner
7. Make an effort to closely understand one's partner and the factors that positively affect the marriage so as to act upon them
8. Admire, value each other, and demonstrate acceptance to each other to enhance mutual self-esteem
9. Make choices in a communal manner that are pro-relational as opposed to self-centred. The marital benefits come first.
10. Examine the couple's strengths and weaknesses as a unit, encouraging strength-related behaviours and highlighting the price they pay for allowing the unsatisfactory behaviours to continue.
11. Learning the difference between wants and needs. Becoming aware of cognitive approaches to change 'wants' and accept if they cannot be fulfilled.

12. Being taught about power issues in marriages, including needs for control, direct and indirect control, decision making and power, competitiveness, and power imbalance.

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# 10 Optimism and Loneliness

## Literature Review and Explanatory Models

*Hasida Ben-Zur*

### OPTIMISM

Dispositional optimism is defined as the generalized expectancy that good outcomes will occur when confronting major problems (Scheier & Carver, 1985). Thus, optimists believe and expect good things to occur, while pessimists anticipate bad events in their future. These tendencies are considered to be stable personality characteristics. In most studies, optimism has been treated as a bipolar continuum, with optimism and pessimism being the two opposite poles of a single dimension. However, a two-factor model, or a separate dimensional view, was also suggested (Jovanovic & Gavrilov-Jerkovic, 2013), conceiving optimism and pessimism as two different expectations that are not perfectly negatively correlated and suggesting that individuals can be both pessimistic and optimistic, depending on which life domain is assessed (see Burke, Joyner, Czech, & Wilson, 2000).

Optimism gained a prominent role in the context of the behavioral self-regulation theory. This theory conceives of goal-directed behavior as guided by closed-loop feedback systems and suggests that, in everyday life, people engage in efforts to attain their life goals. Sometimes, situational impediments or personal inability disrupt this process. In such cases, an assessment process is initiated in which optimism is the strong determinant of continued efforts to deal with problems, in contrast to turning away and giving up (Carver & Scheier, 2000; Scheier & Carver, 1985). Thus, optimism is the crucial factor that determines people's success in achieving life goals.

Optimism, together with a number of other characteristics or traits such as self-esteem, mastery, self-efficacy, etc., have also been accorded a central role in all contemporary models of stress (e.g., Hobfoll, 2001; Lazarus, 1999; Lazarus & Folkman, 1984). Thus, dispositional optimism is considered to be a psychological resource that affects people's appraisals of their capacity to cope with stressful encounters as well as their subsequent coping efforts, thus leading to lower short-term distress and better long-term life satisfaction and health. A different view of the stress process and the role of resources, such as optimism in this process, are presented in the

Conservation of Resources (COR) theory (Hobfoll, 2001). This theory suggests that psychological stress is a dynamic process in which a person's resources are threatened with loss, are actually lost, or are not regained in comparison with resource investment. Resources refer to those things that people value, including personal characteristics, objects, conditions, and energy. A sense of optimism—a personal characteristic—is viewed as one of the resources that people value. Such resources can be depleted or lost as a result of major life events or community disasters, leading to stress and to subsequent harmful consequences for mental health.

In general, dispositional optimism is claimed to affect psychological and physical well-being (Scheier & Carver, 1993), and a variety of studies have been conducted to confirm its benevolent outcomes. Dispositional optimism was observed to enhance adaptation following stressful medical encounters (e.g., Ben-Zur, Rapaport, Amar, & Uretzki, 2000; Bjorck, Hopp, & Jones, 1999; Epping-Jordan et al., 1999) and to contribute to successfully coping with blindness (Ben-Zur & Debi, 2005) and long-term survival of open-heart surgery patients (Ben-Zur, Rappaport, & Uretzky, 2004). A composite score of resources, which included optimism as one of the ingredients, was found to be related to pre-abortion stress appraisals and predicted positive well-being following the abortion (Major et al., 1998), as well as positive adjustment to heart disease (Helgeson, 1999).

A comprehensive meta-analysis, including 50 studies of the optimism-coping association, was carried out to test whether optimism is related to better adjustment following diverse stressors because of its associations with coping strategies (Nes & Segerstrom, 2006). Indeed, within the context of academic, trauma-related, and health-related stressors, optimism was found to be related positively to approach coping strategies and negatively to avoidance coping strategies.

Optimism is also interpreted as beneficial for well-being in general. Adolescents who reported good relationships with parents also reported higher levels of optimism, which was positively related to well-being (Ben-Zur 2003). In contrast, pessimism among adolescents was found to be related to suicidal ideation (Roberts, Roberts, & Chen, 1998). Recently, high optimism was found to be related to high levels of psychological and social flourishing as well as positive experiences (Diener et al., 2010). Also, although optimism was found to be lower among Arab students than their Jewish counterparts in Israel, it was positively related to life satisfaction in both cultural groups (Zeidner & Ben-Zur, 2013). Among sedentary older adults, optimism was found to be negatively related to depression, while pessimism showed the opposite trend (Marquez et al., 2006); among Greek centenarians (Tigani, Artemiadis, Alexopoulos, Chrousos, & Darviri, 2012), higher optimism was related to better self-rated health.

Optimism is positively correlated with closely related concepts such as hope (e.g., Jovanovic & Gavrilov-Jerkovic, 2013), while it shows negative correlations with opposite attributes such as hopelessness (Scheier & Carver,

1985). However, it is also found to be positively related to a number of traits considered to be psychological resources, such as mastery, self-esteem, and self-efficacy (see meta-analysis by Alarcon, Bowling, & Khazon, 2013; see also Ben-Zur, 2008; Helgeson, 1999; Lyubomirsky, Tkach, & Dimatteo, 2006; Major et al., 1998; Scheier, Carver, & Bridges, 1994), as well as perceived social support (Zeidner & Ben-Zur, 2013). Personality characteristics are affected and shaped by environmental factors, including family and community, but it has been also claimed that optimism and other characteristics such as self-esteem, mastery, and life satisfaction are found to be shared by overlapping genes that might represent the heritable part of people's positive attitudes in general (Sprangers et al., 2010).

## LONELINESS

Individuals without esteemed or significant social relations may experience loneliness (Masi, Chen, Hawkey, & Cacioppo, 2011), which is generally viewed as a discrepancy between desired and actual social relations. Hawkey and Cacioppo (2010) defined loneliness as a "distressing feeling that accompanies the perception that one's social needs are not being met by the quantity or especially the quality of one's social relationships" (p. 218). Loneliness does not necessarily mean isolation or an absence of social ties but is reflected in a *perception* of a lack of such social ties and relationships. It is concerned with the quality rather than quantity of such relations. Some researchers conceive of loneliness as involving psychological as well as social aspects (Holmen, Ericsson, & Winblad, 2000). In an early work, Weiss (1973) posited two categories of loneliness: emotional loneliness, which is reflected in the loss or absence of a relationship with a significant loved person or a lack of intimate attachment (see Ernst & Cacioppo, 1999); and social loneliness, which refers to the absence of meaningful friendships, or results from lack of belonging to a desired group. The causes of loneliness have been related to a lack of social ties due to a variety of situational factors, such as marital loss and chronic illness, but it has also been claimed that loneliness is highly heritable (Cacioppo et al., 2006; Sprangers et al., 2010).

Loneliness affects both emotional and cognitive processes as it is related to personality disorders and psychoses, suicide, depressive symptoms, and cognitive decline and is a risk factor for morbidity and mortality (Hawkey & Cacioppo, 2010). It is found to be connected to mild physical health problems such as elevated blood pressure and reduced immunity (Masi et al., 2011), as well as predicting all-cause mortality, coronary heart disease, and cardiovascular mortality (Hawkey & Cacioppo, 2010). Loneliness has been positively related to suicidal ideation among adolescents (Roberts et al., 1998) and to suicide attempts among a sample of over eight thousand high school students from Taiwan, the Philippines, and Thailand (Page

et al., 2013). High levels of loneliness were also related to depression among sedentary adults (Marquez et al., 2006) and to poorer self-rated health in centenarians (Tigani et al., 2012).

In the context of COR theory (Hobfoll, 2001), being with a partner or having companionship (a condition) is viewed as a resource that people value. Such a resource can be depleted or lost as a result of major life events. Thus, loneliness increases with marital disruption due to death, divorce, or separation, which increases the loss of support in older age especially (Glaser, Tomassini, Racioppi, & Stuchbury, 2006), inasmuch as spouses are the primary source for providing emotional and instrumental support and fulfill most needs for intimacy and attachment (Wang & Amato, 2000; Pinquart, 2003). Indeed, in a recent study widows/ers reported higher levels of loneliness as compared with married participants (Ben-Zur, 2012), which, in turn, were related to higher negative affect and lower levels of life satisfaction. Hence, a prominent group of lonely people are those who went through a change in their attachment status, such as widows/ers or divorcees. Other groups consist of alienated populations such as physically ill or disabled persons, immigrants, and war veterans (Ernst & Cacioppo, 1999).

Research has shown that loneliness is related to such characteristics as low self-esteem, shyness, feelings of alienation, and external locus of control and is connected with negative feelings such as boredom and unhappiness (Russell et al., 1980), as well as low levels of psychological and social flourishing and negative experiences (Diener et al., 2010).

## OPTIMISM AND LONELINESS: THE NEGATIVE ASSOCIATION

Most of the studies discussed below made use of the Life Orientation Test (LOT; Scheier & Carver, 1985) as a measure of dispositional optimism. This scale originally contained eight items (plus four filler items) referring to positive expectations about the future; for example, "In uncertain times, I usually expect the best." The scale was revised due to problematic items that did not accurately express expectations about the future (Scheier et al., 1994), resulting in the 6-item LOT-R version. Several other inventories, such as Barros's (see Neto & Barros, 2000) 4-item optimism scale, were also used. Additionally, a scale assessing optimism and pessimism separately was constructed by Dember and associates (Dember, Martin, Hummer, Howe, & Melton, 1989).

A version of the UCLA Loneliness Scale (e.g., Russell, Peplau, & Cutrona, 1980) is customarily used in measuring loneliness. The original scale included 20 items, all worded in the context of social dissatisfaction (i.e., "There is no one I can turn to"). The revised 20-item scale included 10 positive and 10 negative items, and a simplified version of the previous scales was also used (i.e., version 3 of the UCLA Loneliness Scale; Russell,

1996). Some studies used shorter scales, such as the 6-item scale developed by De Jong Gierveld and Van Tilburg (2006) and the scale introduced by Tigani et al. (2012), which used one question: "Do you feel lonely or abandoned?" with "yes" or "no" as optional answers.

### Optimism (or High Pessimism) as a Correlate of Loneliness

A large number of studies were conducted on optimism and loneliness among healthy adolescents and young students. As early as 1992, Davis and colleagues found in a sample of 260 undergraduates that loneliness was negatively related to optimism and positively related to pessimism. Geers, Reilley and Dember (1998) investigated the social relationships of optimists and pessimists, assessing 198 undergraduates (117 females, mean age 20), and showed that optimism was negatively correlated with loneliness ( $r = -.37, p < .01$ ), while pessimism showed a positive association with loneliness ( $r = .38, p < .01$ ).

Neto and Barros (2000), examining loneliness and optimism (as well as neuroticism, life satisfaction, and social anxiety) among adolescent male and female samples from Cape Verde and Portugal (285 and 202, respectively; mean age 17.5 and 17.8, respectively), found that optimism was negatively related to loneliness in both samples ( $r_s = -.27$  and  $-.36$ , respectively,  $p < .001$ ). Similar data were observed in a second study of 134 and 112 female college students (mean age 22.4 and 22.1, respectively;  $r_s = -.23$  and  $-.38$ , respectively,  $p < .001$ ) in the same countries. In one of the samples, neuroticism, satisfaction with life, and social anxiety were also tested, but optimism was still found to be a unique correlate of loneliness. In a similar study by the same researchers (Neto & Barros, 2003) of 129 male and female college students from Angola (mean age 21.9) and 122 students from Portugal (mean age 19.0), the correlations of optimism with loneliness were  $-.25$  and  $-.44$ , respectively. The same measures were applied to nuns from Portugal and Angola (mean ages 31.5 and 28.7, respectively), yielding only one negative correlation between optimism and loneliness ( $r = -.45, p < .01$ ) in the Portuguese nuns sample. In this study, optimism did not uniquely contribute to loneliness. One explanation by the authors for the optimism-loneliness associations is that people with low optimism levels may be less successful in initiating meaningful relationships with friends or family members, and this is reflected in the experience of loneliness.

Other studies have focused on optimism and loneliness in people with health problems. In an early study (Foxall, Barron, Dollen, Jones, & Shull, 1992) conducted with 93 low-vision adults (mostly women [72], age range 22–94), optimism had a unique negative relationship with loneliness and was its best predictor (followed by social anxiety and satisfaction with social support) in a hierarchical regression analysis (beta =  $-.77, p < .05$ , accounting for 18% variance). In a study of the effect of online support

groups for people with HIV/AIDS ( $n = 340$ )—most of them middle-aged men with higher education (Mo & Coulson, 2013)—optimism was found to be positively related to the empowering effects of support groups and negatively related to loneliness and depression ( $r_s = -.56$  and  $-.66$ , respectively,  $p < .001$ ), which were positively correlated ( $r = .62$ ,  $p < .001$ ).

### Optimism as a Predictor of Loneliness

In a prospective study that assessed the effects of personality and social support on loneliness among students at two time points (T1 and T2) six weeks apart, Jackson, Soderlind, and Weiss (2000) showed that optimism was positively related to social support and negatively related to shyness and uniquely predicted loneliness at T2 when T1 loneliness was controlled. The authors' interpretation of these findings was that pessimistic people do not expect events to have positive outcomes and therefore will be less willing to take action that can change bad circumstances, such as loneliness in this study. Another prospective study (Rius-Ottenheim et al., 2012) assessed the associations of a baseline measure of optimism with loneliness measured at four time points over 10 years among 416 older men (ages 70–89). Optimism was found to be associated with lower feelings of loneliness, with loneliness feelings being intensified over time independent of depression and changes in the person's social network.

In the context of confronting health threats, a valuable study (Schroder & Schwarzer, 2001) assessed 50 patients (80% men, mean age 58.57) scheduled for heart surgery, and their partners, one to three days before surgery (T1) and six months later (T2). The patients and partners were assessed in the areas of personal resources including optimism, as well as measures of coping styles, social support, and quality of life, including loneliness, measured at T1 and T2. Patients' optimism was negatively correlated with their loneliness at both T1 and T2 ( $r = -.45$  and  $-.48$ , respectively,  $p < .001$ ), and optimism at T1 was negatively related to loneliness at T2 ( $r = -.45$ ,  $p < .001$ ). Regrettably, the authors did not report the association between partners' optimism (or other resources) and patients' loneliness, but they did report that an overall measure of partners' resources at T1, including optimism, predicted patients' loneliness at T2 ( $r = -.44$ ,  $p < .001$ ) as well as change over time in patients' loneliness. Overall, the study's findings suggested that patients' resources contributed more to their self-satisfaction and depression in contrast to partners' resources, which mainly contributed to social resources indicators (support and loneliness).

Social strategies relevant to optimistic tendency and loneliness were also investigated among students in a prospective two-part study (Nurmi, Toivonen, Salmela-aro, & Eronen, 1997): Study 1 ( $n = 272$  undergraduates, 70 men, ages 18–32) and Study 2 (60 students, 25 men, ages 16–33). A pessimistic avoidance strategy predicted loneliness one year later in Study 1, and an optimistic planning strategy was negatively related to

loneliness among the men only. These results were replicated in Study 2. The interpretation of these data is that a pessimistic avoidance strategy may make it harder to initiate social relationships and thus leads to feelings of loneliness.

In sum, although the studies described above treated high optimism as an antecedent of low levels of loneliness, most were cross-sectional correlational studies, with a few studies using a prospective design. To my knowledge, no study has manipulated optimism with the aim of assessing its effects on loneliness. Therefore, the correlations between optimism and loneliness can be interpreted as high optimism leading to low loneliness, but due to the correlational nature of the studies, conceivably, high loneliness can also lead to low levels of optimism.

#### **Loneliness Treated as a Cause or Predictor of (Lower) Optimism**

Cacciopo et al. (2006) argued that loneliness can be conceived as a social pain that leads to negative feelings and negative self-assessments. Loneliness was tested at T1 using a sample of 135 students (50% female; mean age = 19.23, Study 3), followed two weeks to two months later (T2) by testing a large number of other variables including optimism. Higher levels of loneliness predicted low levels of optimism ( $b = -0.40$ ,  $SE = .08$ ). In Study 4, loneliness was manipulated in a within-subject design with a final sample of 20 students who were hypnotized once for high loneliness and once for low loneliness feelings. Optimism scored lower in the high loneliness experimental condition and higher in the low loneliness condition.

#### **Summary of Findings on the Optimism-Loneliness Association**

The negative association of optimism with loneliness is well established, and the size of the effect can be quite high, with correlations between  $-.23$  and  $-.56$ . It is found across age groups, gender, and nationalities; in cross-sectional and prospective studies; and among healthy populations as well as those suffering from acute or chronic illness. It usually remains significant in multivariate analyses when other variables are controlled. How can we explain the optimism-loneliness association? The next section deals with this question.

### **EXPLAINING THE OPTIMISM-LONELINESS ASSOCIATION AND FUTURE RESEARCH**

The explanation of the optimism-loneliness association depends on how the association is viewed in terms of cause and effect relationships. Several models are described (see Figure 12.1): First, the discussion centers on optimism



(or pessimism) as a factor or cause of loneliness and then several other possibilities, based on the opposite causal chain or on third factors accounting for false correlations, are also presented.

#### Type I Models: High Optimism (or Low Pessimism) as a Factor Leading to Low Loneliness Levels

The first explanation is based on a dynamic interactive model that assumes that high optimism prevents loneliness through its effects on the social environment. The notion that people with certain characteristics or behaviors are treated differentially by the social environment has been implicated in models of stress and disease; for example, Smith and Anderson's (1986) bio-psychosocial interactional model applied to the Type A Behavior Pattern, which is considered a risk factor for heart disease. This model suggests that due to selective perceptions and behaviors, Type A persons cause their environment to be more challenging and demanding. Another example, in the context of service providing, is suggested by Ben-Zur and Yagil (2005), who found that the empowerment of service providers can eliminate or reduce customer aggression. Along similar lines, Carver et al. (1994) and Geers et al. (1998) suggest that pessimists alienate themselves from others and eventually are rejected by others. Hence, one possible explanation for the optimism-loneliness association is that pessimistic people view their future in dark hues and have negative expectations, and the verbal and behavioral expression of these perceptions cause others to avoid or reject them. In contrast, optimistic people have an optimistic view of the environment, see social ties as more positive, and are generally more accepted and liked by other people. Thus, optimistic people have a greater likelihood to be nurtured by the social environment, and their chances of having close friends and close social ties, therefore, are greater.

The second explanation is based on the cognitive model of stress and coping. Optimistic people tend to appraise stressful situations as a challenge and as less stressful and use better and more efficient coping strategies (see Lazarus & Folkman, 1984). They cope more adaptively than pessimists and are more likely to be proactive and problem focused in their coping strategies (Scheier & Carver, 1993). Efficient coping can lead to better short- and long-term adaptation in terms of affective reactions and well-being. Optimism has been shown to be related to lower stress appraisals and higher coping capability appraisals (Major et al., 1998). In other studies (e.g., Carver, Scheier, & Weintraub, 1989), high optimism was positively related to coping strategies, such as active coping, planning, positive interpretation, and growth, and seeking social support and negatively to denial, behavioral disengagement, and focusing on feelings. Thus, optimists will more often utilize those coping strategies that represent problem-focused coping rather than avoidance strategies (see Ben-Zur &

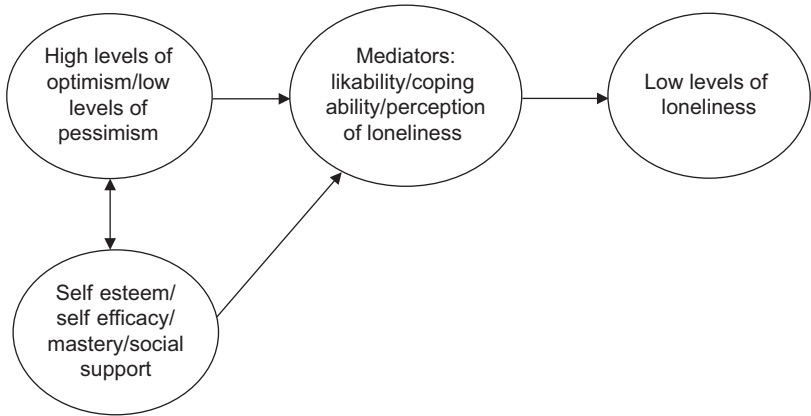
Debi, 2005). Hence it is assumed that they will also cope better with negative feelings and situations, including loneliness, and manage to reduce either loneliness or its causes.

There are other possible explanations, such as the suggestion that optimism leads to a biased perception of loneliness, with optimistic people seeing the same situation in a more positive way (Carver, Scheier, and Segerstrom (2010). Thus, optimistic people may also perceive social relations differently from pessimists, being more satisfied with their relationships than pessimists and perceiving them as more positive and more supportive. Therefore, they may feel less lonely than other people in similar circumstances.

Another type of model is based on the possibility that optimism is effective in lowering loneliness or other negative affective states due to its associations with other positive and effective resources and traits. This model is supported by the fact that optimism is highly positively correlated with other characteristics, including self-esteem, self-efficacy, mastery, and social support (see meta-analysis by Alarcon, Bowling, & Khazon, 2013; Ben-Zur, 2008; Helgeson, 1999; Lyubomirsky, Tkach, & Dimatteo, 2006; Major et al., 1998; Scheier, Carver, & Bridges, 1994; Zeidner & Ben-Zur, 2013). Conceivably, such a broad network of associations makes it more difficult to identify the unique association of optimism with lower loneliness, as the high-optimism-low-loneliness association might be viewed as a false correlation explained by other trait associations with loneliness. However, such a state may also signify that optimistic people are endowed with a dense cluster of resources that can aid them in coping with stress and loneliness. Indeed, empirical research supports such a claim, showing that other personal resources such as coping self-efficacy (Jacobs & Kane, 2012), self-esteem (Lyubomirsky et al., 2006), general self-efficacy (Schroder & Schwarzer, 2001), and social resources such as social support at work (Russell, 1996) are related negatively to loneliness.

The models described suggest that optimism is a factor contributing to low levels of loneliness. Such an effect could be achieved by “passive processes,” such as the mere presence of optimistic attitudes that cause a person to be more likable and desired by others, thereby preventing loneliness or its causes. Optimism could also work through “active processes,” for example, optimism (and other related traits) leading to the use of effective coping strategies that help in managing and eliminating the stressful situation of loneliness. It should be noted, however, that although a few studies reporting the negative association between loneliness and optimism were prospective, showing that optimism can be a predictor of loneliness, most were correlational, and none manipulated optimism in an experimental design with a control group. Therefore, the possibility of the opposite direction, namely that loneliness leads to low optimism or high pessimism, should also be considered.

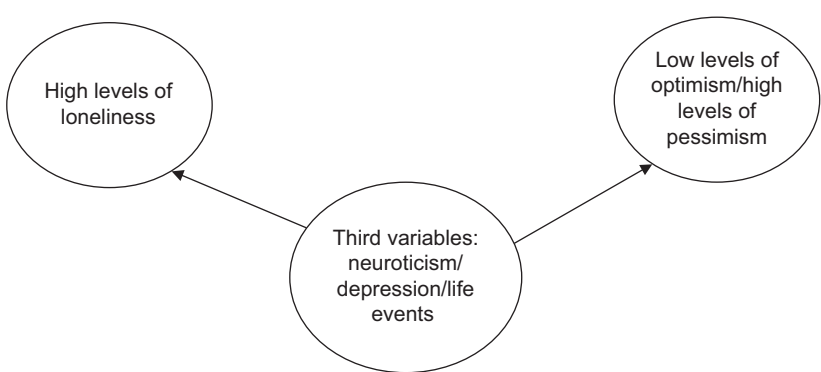
Type I Models. High optimism leads to low loneliness levels



Type II Models. High loneliness leads to low optimism levels



Type III Models. High loneliness and low optimism levels are related by third variables



*Figure 10.1* Main Types of Models Representing the Optimism-Loneliness Association

***Type II Models: Low Optimism (or High Pessimism) as Caused by High Loneliness***

Cacciopo et al. (2006), in their evolutionary model of loneliness, posited that loneliness operates through social pain and social reward that motivate

a person to connect with others. They also argued that the genetic elements in the tendency to have feelings of loneliness are evidenced by several studies of twins suggesting an estimate of genetic contribution of about 50%.

Viewing the loneliness-pessimism association from such an evolutionary perspective, the conclusion is that loneliness leads not only to dysphoric states and depressive symptoms and feelings but also to a sense of threat and fear based on the vulnerability of being alone and having to cope alone. This leads to the need to defend oneself from dangers in the social environment, thereby becoming suspicious and mistrustful of other people (Hawkey & Cacioppo, 2010). Thus, lonely people will develop defensive strategies, such as pessimism, to protect themselves against such threats and to prevent future social insults and failures. In sum, according to this explanation, loneliness is the main cause leading to a variety of negative states and feelings, including high pessimism or low optimism as a self-defensive mechanism that guards a person from perceived threats in his/her social milieu.

There are other possible explanations for loneliness leading to a pessimistic view of life. For example, lonely people feel an absence of close relationships and thus may perceive that they lack close persons with whom they can share problems, get advice and help in times of stress, and receive empathy and love in times of success. Such feelings may lead to a pessimistic, negative outlook of the future in terms of both future relationships and future endeavors. Indirectly supporting this type of model, despite the claim that optimism is a positive resource for social networks and close relationships (Carver et al., 2010), Segerstrom (2007) showed in a study of law students examined over 10 years that increased social network size predicted increased optimism, but not vice versa. Several possible explanations can be offered for such findings, including the claim that optimists had large networks from the start, but they also suggest that feelings of loneliness can lower an optimistic outlook and positive future expectations.

Alternatively, loneliness may lead to low optimism through the mediation of negative feelings such as depression, negative affect, and general dysphoria, which result from perceived lack of meaningful relationships and social support and lead to lower levels of optimism. Indeed, both loneliness and optimism were shown to be related positively and negatively, respectively, to depression (e.g., Marquez et al., 2006; Russell, 1996; Schroder & Schwarzer, 2001; Symister & Friend, 2003) and to negative feelings or affect (e.g., Diener et al., 2010; Jovanovic & Gavrilov-Jerkovic, 2013; Symister & Friend, 2003).

These last three models suggest that feelings of loneliness can lead to low optimism (or pessimism), although such a claim might be criticized on the basis of the assumption that optimism is a stable personality trait. However, Carver et al. (2010) suggested that there are also momentary as well as longtime variations in optimism (e.g., Segerstrom, 2007). Additionally, COR theory (Hobfoll, 2001) claims that major life events such as disasters or personal events such as losing loved ones, especially spouses, can cause a

loss of resources, including optimism. Hence, optimism is changeable, and therefore the “loneliness leading to pessimism” cause-and-effect chain is also a possibility.

### Type III Models: Both Optimism and Loneliness are the Result of Third Factors

Both low optimism and high loneliness are found to be related to certain personality variables such as neuroticism. Additionally, a variety of stressful situations, such as major disasters and losses, or major changes in one’s personal life, such as divorce or loss of a job, are accompanied by traumatic symptoms, anxiety, and depression. Such emotional states may lead to intense feelings of loneliness as well as pessimistic views about the future.

### Summary

A recently conducted meta-analysis (Masi et al., 2011) reported several intervention strategies aimed at altering feelings of loneliness, all centered around improving, enhancing, and correcting aspects related to social relations, namely social skills, social support, social interactions, and social cognitions. The most successful intervention, tested in randomized controlled studies, addressed maladaptive social cognitions. Based on these reviewed studies, one recommendation for the treatment of loneliness is to apply interventions that will include, as one of their components, the use of cognitive restructuring to change negative expectations about the future generally and about establishing social ties in particular (see Jackson et al., 2000; p. 468). Indeed, recent studies show that optimism can be manipulated to produce positive outcomes. For example, Peters, Flink, Boersma, and Linton (2010) manipulated optimism by positing two experimental conditions: a positive-future thinking condition in which students were asked to think and write about their best possible selves, and a control condition in which other students were asked to think and write about a typical day in their lives. The positive-future manipulation led to an increase in positive affect and positive future expectancies when compared with the control condition. This type of manipulation can be used in an intervention study consisting of several meetings and conducted along several weeks, and its effects can be assessed on loneliness feelings using a before-after design and a control group. Another study (Shapira & Mongrain, 2010) used optimism (and self-compassion and a control condition) as a daily online exercise for a period of one week with paid respondents who were asked to write a letter to themselves imagining a positive future. The effect of this manipulation was evident for depressive symptoms tested after one week, one month, and three months following the manipulation, while the effect for happiness continued up to six months. Thus, a short-term exercise led to long-term increased well-being. Such an effect can be tried with feelings of loneliness as outcomes.

Loneliness has become a way of life to millions of people. According to the seminal paper by Rokach (2004), this feeling, together with its derivatives (e.g., depressive symptoms, anxiety, despair) may threaten people's existing relationships and prevent future relationships from emerging; disturb and distract people from reaching goals and being active and creative; cause them to become hardened and cynical; and damage their physical and mental health. Clearly, these possible outcomes are disturbing and call for measures to cope with loneliness. The present chapter reviewed empirical studies that showed consistently negative associations between loneliness and optimism. These data suggest that interventions aimed at alleviating optimism may be one pathway toward the important goal of helping people manage feelings of loneliness.

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# 11 A Meaning-Centered Approach to Overcoming Loneliness During Hospitalization, Old Age, and Dying

*Paul T.P. Wong*

Loneliness is an inevitable part of the human condition. Prolonged life expectancy and urban living have compounded the problem of loneliness. We are probably the most connected generation and the most disconnected one, at the same time. In this chapter, I will first discuss the phenomenon of loneliness and its contributing causes. I begin with my personal experience and then extend the discussion to aging, urban living, and existential loneliness. Throughout this chapter, I will show how a meaning-centered approach can help alleviate the problem of loneliness in various life situations.

## WHAT I LEARNED ABOUT LONELINESS FROM MY HOSPITAL EXPERIENCE

I would not have understood the depths and pain of loneliness without my recent experience of surgery and hospitalization. Nor would I have discovered firsthand the important role of meaning in overcoming loneliness and boredom.

A few months ago, when I fainted in my bathroom as a result of massive internal bleeding, I was rushed to the emergency room (ER) at night. I was still aware of the experience of being carried on a stretcher, naked and wet, to an ambulance. It might have been a matter of a few minutes, but, shaking in sub-zero weather, it felt like an eternity. Alone in the ambulance on my way to the hospital, my overwhelming feeling was one of disconnection and loneliness.

I am no stranger to the ER and have had some bad experiences with the ER, which I have described elsewhere (Wong, 2008a). But this time, I did not have to wait in the hallway for a long time, probably because I was in a life-threatening situation.

The doctor who treated me said that I had lost 50% of my hemoglobin and my blood pressure was dangerously low. The ER medical staff tried to stop my bleeding and gave me a blood transfusion and an IV. Nurses monitored my vital signs frequently. It was a sleepless night, full of drama and anxious moments. I was grateful that my wife was with me during the entire night in the ER.

In the morning, I was transferred to a regular ward with many patients. The day was quite uneventful, except for the disturbing noises of human suffering. An old man opposite to me was groaning and moaning loudly most of time, day and night, except for the brief time when he fell asleep. Obviously, he was in considerable discomfort, if not in pain. The entire day, not a single person visited him except for a couple of phone conversations.

Another elderly man next to me was crying out repeatedly, "Nurse, Tylenol, nurse, Tylenol." But his cry for help was ignored, either because nurses could not give him more Tylenol than prescribed by the physician or because they simply dismissed it as the old man's way of getting attention. I could not even imagine what it would be like to spend a long period of time at the hospital, alone and in pain.

### THE LONELINESS OF BEING ABANDONED AND NOT UNDERSTOOD

The hospital doctor in charge of my case dropped by in the evening to check my condition and told me that a nurse would do a simple procedure on me before the surgery in the morning. That simple procedure turned out to be anything but simple. It took three nurses, one senior clinical nurse, and one specialist, stretched over several hours, and involved inflicting massive pain on me, and still the procedure could not be completed because of scar tissue from my prior surgeries. I felt like a helpless lamb in a slaughter house, anticipating the worst to come. It was another sleepless night of trauma and pain. I screamed so much that I lost my voice.

The next morning I was wheeled into the surgery room early in the morning. I was already in a state of physical exhaustion due to massive loss of blood, two sleepless nights, and lack of food. For the first time in my life, I was suddenly seized by a panic attack, shaking in fear of more pain. I protested that I was not ready for surgery because it would adversely affect my recovery; I needed some time to calm down. I surprised myself that I still had the presence of mind to say all that on the way to surgery. But no one would listen—they silenced me by putting me to sleep.

When I came out of my general anesthesia an hour later, I could see my wife greeting me in the waiting recovery room and a nurse working at her desk near me. Later, I could hear my wife talking to a doctor nearby and I could also hear nurses talking and walking about in the room, but I could not move, nor could I utter a sound. Every time, I struggled to move my head or body, I could hear the nurse sitting next to me said, "Don't move!" I wanted to say something, but my voice would not come out and no one paid any attention.

I never realized that the feeling of being totally abandoned and ignored by the whole world could be so devastatingly painful. At that time, I felt that being trapped in a paralyzed body with a clear mind must be the second

worst kind of human existence—second only to physical torture. I had no power to get any attention, nor had I the power to end my life. I was stuck in a no-man's land of overwhelming loneliness and helplessness.

Finally, I emerged from that nightmarish existence when the medical staff and my wife came to talk to me. But to add insult to injury, the medical staff suspected that I was a mental case because of my agitated behavior prior to and after surgery.

The painful experience of my inability to get anyone to listen to my case made me realize that the urgent need of patient care is not to “do things to them” but to do things alongside them with understanding and empathy. Not being heard and understood could be a major source of loneliness and frustration.

My trauma hypothesis for my agitation was supported four months later, when I was readmitted to the hospital for the same surgery because of blockage from the scar tissues from the last surgery. This time, I was spared from the traumatic and unnecessary procedure prior to surgery, and I recovered well after waking up from general anesthesia. I was pleased that I was spared an additional mental disorder label in my medical record and the endless mental status tests from nurses. I was even more pleased in a follow-up visit with my surgeon that the traumatic procedure prior to my surgery was a mistake and could have been avoided.

## **COPING WITH LONELINESS AT THE HOSPITAL**

I had plenty of time to process my experience of loneliness. Each night at the hospital was very long. It began at 8 pm—the end of visiting hours—and lasted until I finally fell asleep at 2 or 3 am. How did I spend the sleepless nights alone in a hospital room, where all I could see was four walls and a white ceiling? Loneliness at night is probably the most common challenge for long-term patients.

When no one was around, I communed with God. The first night I meditated and prayed on the theme of my faith in Jesus Christ—no one can separate me from his love. The second night my spiritual theme was the grace of God—it is sufficient for all my needs. I spent a few hours on each theme. I also practiced mindful meditation, focusing on my breathing or some calming image. If I was not engaged in these spiritual activities, I would go crazy with loneliness and boredom.

Loss of instruments of autonomy can deal a heavy blow to our identity and sense of significance. My physical immobility further aggravated a sense of loneliness, helplessness, and boredom. For several days, I was not even able to turn in bed or sit up without help. That meant that I could not engage in any meaningful activity, except for some conversation during a family visit. How does one spend one's long days while confined to a hospital bed?

Although I was physically restricted, I was still free mentally and spiritually. I could still do some reading and a lot of thinking, reflection, and meditation. It was my rich mental and spiritual life that filled the void and made it easier to spend the time when no one was around. I could process my experiences and discover the deep meaning and rich texture of my daily routines. I could also transcend space and physical limitations to live in a meaningful world, full of ideas and future plans.

Another thing I learned at the hospital was that loneliness has many dimensions. Social isolation is simply one dimension. Being in a hospital is like being transplanted to a new place away from your family, friends, and routine activities. It is like being displaced to a foreign land. It would take time and patience to build relationships, but at the hospital, with different nurses on shift every day, it was impossible to get to know them. The best thing one can do is connect with family and friends. I was also able to communicate with hundreds of Facebook friends worldwide.

## HOW TO HELP THE DYING

Death and dying is another dimension of loneliness at the hospital—it is where most people spent their last days. When my pastor friend came to visit me, his opening statement was: “As a pastor, it is my duty to ask you this question: are you prepared to die?”

I was surprised by his direct and blunt question because, as a pastor myself, I would not have asked anyone this way. My answer to him was: “Yes, I am always prepared to die. In fact, when I was going through severe pain, I would choose death over torture. But right now, I am not ready to die, because I still have so much unfinished business.” He just looked at me with a smile. I don’t know if he understood my mental and emotional state.

Yalom (1980) lists loneliness as one of the four existential anxieties along with death, fear, and meaninglessness. He refers to the inevitable sense of existential alienation when one feels all alone in the universe with no one truly understanding one’s unique predicament or needs. Such existential anxiety becomes especially real and vivid when one gets ready to say the final goodbye and goes through the final stage of life. In those moments, one feels separated by a widening gulf or chasm that separates one from the world of the living.

About seven years ago, when I was diagnosed with the most aggressive type of prostate cancer and went through a radical prostatectomy and CT scan, I experienced a profound sense of existential loneliness for the first time. All of a sudden, I felt that I no longer belonged to the land of the living but to a temporary twilight zone, waiting to be transferred to another world.

I remembered attending the lavish wedding of my niece just two days after my cancer diagnosis. I found myself alone in my musings about what it meant to die when I still had a lot of life left in me. The music, dancing, and all the laughter at the wedding seemed to be far, far away, coming from

a different world. I felt all alone with my thoughts on death. I was not afraid of death, but I was not ready to say “good-bye” to my wife and children and leave behind so much unfinished work.

Now, once again, I found myself in the hospital facing another life-threatening condition. I was wondering how many pastors, doctors, or nurses had the training to minister to individuals who are alone during the last leg of their life’s journey. Fear of death was only part of a larger, complex emotion that included loneliness, fear of the unknown, loss of meaning, lack of readiness for saying the final good-bye, and concerns about the people they leave behind.

## IS THERE MEANING IN SUFFERING?

In addition to loneliness and death, meaninglessness is another existential anxiety recognized by Yalom (1980). When life seems absurd, unpredictable, painful, and contrary to our core beliefs, we recoil and struggle to make sense out of it. Somehow, if we can find a good reason for our suffering, we would find it more bearable. Frankl (1985) often quoted Nietzsche’s saying that “He who has a ‘why’ to live for can bear almost any ‘how.’”

I spent considerable time trying to make sense of my own suffering at the hospital. My wife said: “Something good has to come from this suffering.” At that time, I did not know what good would be the result, but the idea that I could share my experience, so that others do not have to go through the same unnecessary suffering, gave me considerable comfort. In other words, my suffering is worth it if it can spare other people from the same suffering. This is what Frankl meant by turning suffering into achievement.

It is not what happens to you, but how you interpret it that determines your well-being. This is a fundamental tenet of logotherapy or meaning-therapy (Wong, 2010a, 2012). In every situation, it is always possible to discover the positive meaning for one’s misfortune and transform adversity to triumph. I was finally able to overcome my traumatic experience through meaning transformation.

In sum, I have discovered that loneliness is just an umbrella term that captures the essence of different kinds of lonely experiences. We experience loneliness in a wide variety of life situations: a strange place, social isolation, pain, helplessness, boredom, the valley of death, and the aggravation of not being heard and understood. Throughout these experiences, the presence of family and friends and my capacity for spirituality and meaning-making have been my main sources of support.

## SOCIAL ISOLATION AND THE AGING POPULATION

My experience in the hospital can easily be multiplied thousands of times, as more and more older people require hospitalization and long-term care as

a result of serious physical illness, terminal diseases, and cognitive decline. This poses a serious challenge not only in terms of medical care but also in terms of providing the necessary social, psychological, and spiritual care. Loneliness and meaninglessness are among the recurrent issues in caring for the aging population in both institutional and community settings. How do we meet these psychological and spiritual needs?

There is a growing body of literature that lonely older people not only feel less happy but also are more vulnerable to all kinds of illnesses (Sample, 2014). For example, according to Cacioppo and colleagues (2002), loneliness is associated with age-related increases in blood pressure and poorer sleep quality.

It is inevitable that social isolation comes with advancing age because of decreased social interactions and increased immobility. Adult children tend to be too busy with their own lives to spend time with their aging parents. Loss of a lifetime partner could be devastating because it creates a huge void that is very difficult to fill. Thus, the elderly are most vulnerable to social isolation and loneliness.

## MEANINGFUL LIVING IN OLD AGE

According to Stanford University's Center on Longevity, by 2029, when the last baby boomer reaches 65, one in five Americans will be 65 or older (Meyers, 2014). Meyers points out the need for counseling as people go through major life changes as they age. Given the rising life expectancies, retirement could be very long. The question, "What do I do with the rest of my life?" could become a real concern for those between the ages of 60 and 70.

My own research on reminiscence and life review (Wong & Watt, 1991; Wong, 1995) shows that it is not the sharing of their stories but what kind of stories they tell that helps the older people adapt to old age. More specifically, integrative and instrumental types of reminiscence were associated with successful aging, while an obsessive type of reminiscence was associated with unsuccessful meaning. Integrative narratives attempt to make sense of past events and relationships; instrumental narratives focus on past experiences of overcoming difficulties and demonstrating competence and mastery. In contrast, in obsessive reminiscence the older adult ruminates on past misfortunes and unhappy events.

From the perspective of meaning-therapy (Wong, 2010a, 2012), the elderly's vast store of memories and their innate capacity for storytelling provide a fruitful avenue of intervention. It would be beneficial to encourage the elderly to focus on those aspects of the past that enhance self-esteem and meaning, whether they are alone or sharing their stories with another person.

In addition to focusing on the adaptive aspects of reminiscence, the very act of writing or telling a coherent life story can be very helpful. It helps to

make sense of one's life as a whole by connecting the fragmented pieces of the past and discovering a common thread of continuity. This exercise also helps in creating a sense of identity and integrity. It is a task that can add meaning to one's existence and fill many otherwise unoccupied hours.

The best preparation for retirement and old age is to cultivate relationships with family and friends, learn to enjoy moments of solitude, and, more importantly, find new ways to live an active and fulfilling life. These would involve tapping into the eight sources of meaningful living (Wong, 1998a): positive emotions, a sense of achievement, having intimate relationships, belonging to a group, accepting one's limitations and mortality, helping others, engaging in religion or spirituality, and experiencing fair treatment. Activities in all these areas are related to higher meaningfulness and well-being and lower depression; by logical deduction, meaningful activities should also reduce feelings of loneliness, although no empirical study has been conducted.

It is thus suggested that those who practice the principles of meaningful living and discover their own meaning in life will enjoy better health and subjective well-being during their postretirement years (Reker & Wong 2012; Wong, 1998b). However, society can also help by creating community projects or events in which seniors can participate; government and nonprofit organizations can also provide social services such as home visits, hospital visits, and phone calls for the elderly who are living alone.

## THE LONELY BATTLE IN FACING DEATH

The last stage of life is the most challenging. Nothing in life has adequately prepared us for death. In our youth-obsessed culture, death remains a taboo subject and is associated with terror. Unfortunately, no matter how hard we try to deny or suppress death anxiety, sooner or later, we will hear a physician pronouncing our death sentence: "I am sorry that your condition is terminal. There is nothing more we can do medically. You will have only about three months to live."

How to absorb this bad news is a very personal and lonely task. Even though we all anticipate the bad news toward the end of our journey, it is still difficult to accept. Part of meaning-therapy involves clarifying clients' death attitudes and working toward some form of death acceptance (Wong, 2008a, 2010b; Wong & Tomer, 2011a, 2011b).

Life following such a death sentence can be as lonely as inmates on death row. So many turbulent thoughts and emotions can swirl around one's mind: despair, fear, anxiety, regret, loss of hope and meaning, and grasping for straws to make life more bearable. Such is the time that meaning-therapy can be helpful, as Frankl (1985) has demonstrated in Nazi's death camps. There is also plenty of empirical evidence on the importance of addressing existential and spiritual issues in death and dying (Tomer, Grafton, & Wong, 2008b).



Frankl's basic tenets of logotherapy, which may be utilized in this situation, include: freedom of choice, will to meaning, and meaning of life; his three pathways to experience meaning are: creative, experiential, and attitudinal. In addition, we also teach the eight habits of meaningful living based on my research on implicit theories of meaning and the Personal Meaning Profile (Wong, 1998a):

1. Know and accept yourself, including your past, your dark side, and your mortality.
2. Achieve something with your life by working toward worthy goals, such as developing your potential and pursuing your calling.
3. Cultivate close relationships with loved ones and best friends.
4. Play a meaningful role in a group or in your community.
5. Engage in spiritual or religious practices, such as prayer and meditation.
6. Practice kindness and compassion daily.
7. Maintain a positive, optimistic attitude and positive feelings of joy and contentment.
8. Treat others with fairness and work toward a just society.

Astute readers will notice a built-in balance between achievement and acceptance, between self-interest and caring for others, etc. They may also notice the scope and depth of pursuing a meaningful life as compare to the self-centered pursuit of personal happiness.

There is now an increasing realization that shallow happiness and financial success cannot fill our inner emptiness or void if we ignore our deeper needs for meaning and spirituality (Haybron, 2014; Smith, 2013).

## **EXISTENTIAL LONELINESS AS AN INESCAPABLE ASPECT OF THE HUMAN CONDITION**

It would be amiss to equate loneliness with social isolation because some people live alone without feeling lonely, while others may feel lonely while surrounded by people. Personality and circumstantial differences play a role in how we react to the lack of social connection. Singles who choose singlehood as a preferred lifestyle would feel less lonely than those who desperately want to get married but cannot find a suitable life partner. Introverts would adjust to aloneness better than extraverts because they are less dependent on other people to provide the stimulation they need. Those who are attuned to the spiritual realm through habits of prayer and meditation would better adapt to aloneness than those who do not have such spiritual habits.

In spite of all the above differences, existential loneliness remains at the heart of human existence. This form of loneliness is unavoidable because of our singularity, our unique experiences, and our aloneness in facing

suffering and death. The realization that no one fully understands me, even in a marriage relationship, can create a sense of loneliness. From this existential perspective, loneliness is not just a matter of lack of friends and social connections; it is an inevitable aspect of the human condition—it touches all of us. Here is an apt quote from *God's Lonely Man* written by Thomas Wolf (as cited by Carter, 2003, “The Existential Perspective on Loneliness”):

The whole conviction of my life now rests upon the belief that loneliness, far from being a rare and curious phenomenon, peculiar to myself and to a few other solitary men, is the central and inevitable fact of human existence. When we examine the moments, acts, and statements of all kinds of people—not only the grief and ecstasy of the greatest poets, but also the huge unhappiness of the average soul . . . we find, I think, that they are all suffering from the same thing. The final cause of their complaint is loneliness.

The kind of loneliness described by Wolf is responsible for our unhappiness but, happily, also responsible for our soul-searching and discovery of our unique path of living a meaningful and fulfilling life. We can become fully human through reflecting on our loneliness in life and in death. Tim Ruggiero (2001, “An Existential View of Loneliness”) sums up my view on existential loneliness eloquently:

There are those individuals, however, who peer into the abyss and do not cower. We think of Gautama who gave up an opulent life and family in his late twenties to travel the world alone in search of meaning. Or Thoreau who retreated to the woods for a few years so that he might gain a decent perspective upon the world. Or to any number of fictional characters: for instance, Lester Burnham in the movie *American Beauty*, who comes to grips with the fact that he has spent his adult life in an emotional and moral coma, and who chases what bits of meaning and beauty are still available to him in acts of rebelliousness. Or, still yet, to Christopher Reeve, who knew that the odds of returning to a normal and happy life were slim to nil, but who resolved to turn an awful tragedy into a quest to ferret out scientific solutions to such debilitating diseases as Alzheimer's and Parkinson's. So loneliness, on this reading, isn't something to be shunned or afraid of: it is, rather, a possible catalyst for a more purposeful and engaging life, and an avenue for heightened self-awareness.

## CONCLUSIONS

A common sense solution to social disconnection is social engagement (Olds, Schwartz, & Webster, 1996). But our deeper emotional and existential needs cannot be met simply by social activities and being connected

through electronic means. Furthermore, our busyness and self-centered pursuits may make meaningful relationship less likely (Wong & Wong, 2013).

I propose that a more comprehensive way to overcome loneliness is to develop habits of meaningful living, which seek to strike a healthy balance between “I” and “We” and self-interest and the common good. Such a lifestyle is the antidote to loneliness.

Meaning-therapy (Wong, 2010a, 2012) is a more professional way to help people with problems of loneliness. The motto of Meaning-therapy is: “Meaning is all we have and relationship is all we need.” (Wong, 2010a; p. 86). This motto captures both the objectives and methods of Meaning-therapy.

This therapy capitalizes on people’s innate capacity for meaning-seeking and meaning-making, especially in storytelling and transforming negatives into positives. It also emphasizes that effective Meaning-therapy depends on forming a genuine and trusting relationship between therapist and client as a model for building a broader relationship network.

The meaning-centered approach consists of both public education on meaningful living and the professional practice of Meaning-therapy. Throughout this chapter, I have argued and presented evidence that this is a promising approach in addressing the looming crisis of loneliness that results from the aging baby boomers, the loss of a sense of community in urbanization, and the increasingly dominant role of technology in our culture.

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## **Part III**

# **Prevention and Clinical Interventions**

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# 12 Loneliness and Later Life

## Concepts, Prevalence, and Consequences

*Christina R. Victor*

Loneliness is commonly seen as being a ‘normal’ aspect of ageing and later life and something that is to be expected with ‘old age.’ The pervasive nature of this stereotype means that researchers have often failed to examine loneliness across the life course; to identify the groups most at risk of loneliness in later life; and to identify the pathways into and out of loneliness or examine temporal variations in loneliness. We have thus sought to ‘homogenize’ the experience of loneliness in later life rather than considering the potential heterogeneity of the experience and have rarely sought to situate the experience of loneliness in later life within the life course of older people. In this chapter, we consider how we can identify loneliness in later life by examining the utility of established methods of measuring loneliness. We then consider the pattern of loneliness across countries, focussing upon variations within Europe, and across the life course and demonstrate that loneliness is highest amongst adolescents and older people. Focussing upon Great Britain as an exemplar of the experience of loneliness, we then discuss the heterogeneity of the experience of loneliness. We demonstrate that, whilst loneliness is reported by about 10% of those aged 65+, the prevalence is very much higher amongst specific groups such as the widowed, where this a well recognized problem, and minority groups, where levels of loneliness are three times that of the general population. The dynamic nature of loneliness has been primarily overlooked by the numerous cross-sectional studies which dominate the evidence base and which have sought to establish the prevalence of, and risk factors for, loneliness. A limited number of longitudinal studies (3–25 years) have characterized three loneliness trajectories: (1) regenerative—those whose loneliness levels decrease over time; (2) degenerative—those for whom loneliness increases over time; and (3) enduring loneliness—those for whom loneliness in later life is a continuation of a ‘lifelong’ experience. In addition to these three categories, we can also identify a fourth group with a fluctuating pattern of loneliness in longitudinal studies where there are multiple (3+) follow-up points. Whilst we have some evidence regarding the experience of loneliness over lengthy follow-up periods, less is understood about the short-term temporal variations in loneliness or how loneliness may change across the course of a year. We argue that to properly understand loneliness in old age, and to develop



the foundations for appropriate interventions, we need to better understand the trajectories into and out of loneliness in later life and locate this within a broader life course perspective. We argue that treating loneliness in later life as a homogeneous experience, presuming that the nature and antecedents are the same for all older people, has contributed to the failure to develop effective interventions to prevent and/or mitigate loneliness in later life.

## WHAT IS LONELINESS?

Loneliness is a word commonly used in daily discourse, and ‘being lonely’ is an characteristic attributed to individuals—“She was a lonely child with few friends”; stages of life—“She had a lonely childhood”; places—“It is a lonely stretch of road”; or times—“He spent many lonely nights.” Loneliness as a part of the human condition has a long historical precedent and infuses popular culture. Theoretical or conceptual understandings of loneliness as a social science concept are both complex and contested. We can trace the origins of loneliness as a distinct social science concept, as opposed to a lay concept or descriptive term, back to Durkheim’s ideas of anomie and, less directly, to Marx’s concept of alienation. Clinical work undertaken by therapists, especially those working within the Freudian psychodynamic traditions, have also contributed to the development of academic ideas of loneliness. Although operating from very different theoretical positions and with very different goals, these differing perspectives emphasize the idea of the human as a ‘social animal’ and the importance of social relationships for well-being. Consequently, there are a number of different theoretical understandings of loneliness which are reflected in approaches to measuring and understanding the phenomenon. Other chapters of this volume have examined the theoretical foundations for the study of loneliness, and the key approaches were summarized by Peplau and Perlman (1982) as: (a) cognitive theories of loneliness emphasize the experiences of individuals and their need for social engagement, with loneliness being the experience that results from the gap between expectations and actual levels of engagement; (b) attachment theory, whereby loneliness is seen as a consequence of the loss of a key and irreplaceable attachment figure such as results from bereavement and the loss of a life partner; (c) interactionist approaches, which emphasize the different ‘types’ of loneliness notably differentiating emotional and social loneliness; and (d) existentialist approaches, which differentiate the loneliness that is an essential part of the ‘human condition’ from the anxiety of loneliness.

From this range of definitions, Sonderby (2013) has identified two key approaches toward the empirical study of loneliness. The social needs approach, which focuses upon the emotional experience of social relationships and loneliness and is rooted in the psychodynamic tradition, and ‘cognitive theories,’ which emphasize the perception and evaluation of social

relationships. Indeed, Weiss (1973) acknowledged these two different approaches when he drew a conceptual distinction between emotional isolation, an affective state, resultant from the loss of an attachment figure (characteristically bereavement in later life) and social isolation, the loss of (or reduction in) an accessible social network and/or recognized social role(s) and speculates that the nature of these experiences may vary across the life course. However, across these different perspectives there is a broad consensus as to the key elements of loneliness as follows: (a) loneliness results from the limitations of an individual's social relations in terms of quantity, quality, or mode of the interaction (online, telephone, or in person); (b) that it is 'unwanted' by the individual; (c) that it is an experience that is subjective in nature; (d) that it is a negative experience; and (e) that it is an experience that has negative consequences in terms of a range of outcomes including quality of life, health, and service use.

These key criteria establish the conceptual boundaries of loneliness and serve to differentiate this phenomenon from related but distinct concepts, most notably social isolation, living alone, and being alone. As we see with the Weiss conceptualization, terms such as isolation and loneliness are often used interchangeably, especially in policy and practice terms. However, it is important to differentiate these different concepts and, again, the failure to do so in policy and practice may be seen as contributing to the failure to develop effective interventions in the domains of loneliness and isolation. Social isolation has been defined as the "state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling and quality relationships" (Nicholson, 2009; p. 1346). The essential items that differentiate isolation from loneliness are the lack of engagement with the wider social world and a minimal number of social contacts. Living alone is, within a British context, often used as a proxy measure for loneliness and isolation. At the 2011 census, approximately one-third of those aged 65 and over in Britain were classified as living alone (20% in the United States). This category simply summarizes the living arrangements of older people and, whilst living alone is associated with both isolation and loneliness, the relationship is not such that the terms may be used interchangeably. Sheldon (1948), in his social survey of older people, noted that the label living alone did not provide any indication of the complex web of social and family relationships that many of these individuals demonstrated. Indeed a participant in the study by Victor et al. (2009) neatly set out the positive aspects of living alone in later life. Describing why she lived alone, the participant commented:

Purely out of choice. I wouldn't want anybody to live with me. I'm . . . I suppose living on my own since 1972 I've got very selfish, because I do what I want to do, when I want to do it. And I buy what I want when I want to buy it, and I don't have to ask anybody. If I want a new carpet

I go any buy it. When I was younger I would have said yes I would have liked to have met someone else but it wasn't to be. And I'm not discontent with the life I lead now.

At the same time as acknowledging that many of those living alone are neither lonely nor isolated, we must also recognize that living in larger households consisting of one (mostly with a spouse), two (living with spouse and/or adult children), or three generations (spouse and/or adult children and grandchildren) does not necessarily protect against loneliness. We must not overinterpret these descriptions of older peoples' living arrangements but treat them for the descriptive categories that they are.

Being alone, aloneness, and time spent alone are another set of concepts that are also used as equivalent to loneliness (and isolation) but which are distinct from these two concepts. Time spent alone is sometimes used as a synonym for loneliness but less so than some of the other factors, such as isolation or living alone. Again, whilst there is a relationship, the two concepts are not interchangeable. As one of Victor and colleagues' (2009) participants observed, "it's possible to be lonely in a group, so I think loneliness and being alone are different things." One of the widows in the study reported by Bennett and Victor (2012) differentiated between choosing to be alone and the loneliness that is imposed by the loss of a spouse: "Loneliness it is forced upon you—I am lonely. I am also alone but that's totally different." Authors from an existentialist perspective such as Moustakas, (1961) and Tillich (1963) argue that loneliness is an essential part of the human condition. Mijuskovic (2012) argues that it is the existence of loneliness that motivates us to engage with our social world through relationships with others and other forms of social engagement. As such, it offers an avenue and opportunity for personal development, and thus loneliness is not inevitably a negative experience. Dahlberg (2007) argues that such positive elements of loneliness arise when it is voluntary state willingly experienced or sought out by individuals. As one of her participants states, "When I'm lonely I feel clearer that I am part of life." Perhaps this form of positive loneliness or being alone is more appropriately classified as solitude as Tillich (1963: 42) states, "Language . . . has created the word 'loneliness' to express the pain of being alone. And it has created the word 'solitude' to express the glory of being alone." Whilst there is clearly some overlap between the concepts of living alone, isolation, being alone, and time spent alone, they are not interchangeable. While researchers, policymakers, and practitioners often use terms such as loneliness, living alone, and isolation as synonymous, these are not; the focus in this chapter is on loneliness.

## MEASURING LONELINESS IN LATER LIFE

Within Great Britain, the first empirical study examining the prevalence of loneliness in later life was the survey conducted in Wolverhampton (an

industrial town in the Midlands) by Sheldon in 1948. This formed part of the report by Rowntree, commissioned in 1944, into the social and medical aspects of ageing. This has been followed by a significant body of further work in the succeeding 60 years by Townsend (1957), Tunstall (1966), Wenger et al. (1996), Victor, et al. (2005b), and Dahlberg and McKee (2014), which focussed upon determining the extent of loneliness among older people in the community and the groups most 'at risk' of experiencing loneliness. Thus the majority of these studies, although they vary in detail, are: (a) cross-sectional in design; (b) share a desire to understand a specific social problem associated with old age, in this case loneliness; (c) implicitly examining the potential of developing a screening tool to identify 'lonely' people by the calculation of risk scores and/or the identification of risk groups; and (d) inform the development of interventions to remediate, prevent, or 'cure' loneliness. These types of research are underpinned, explicitly or implicitly, by the 'old age as a social problem' perspective and are imbued with a humanitarian component where the focus is upon this is a 'problem' about which we must do something. Consequently, our evidence base is generated from a set of questions that focus very much upon the stereotype of loneliness as a problem that is characteristic of, if not exclusive to, later life.

However, this conceptualization that loneliness is a 'problem of old age' is not exclusive to Britain but is characteristic of the developed world and, increasing, the developing world. Indeed, one of the most common stereotypes of old age and later life is of the lonely old person. Dykstra (2009) observes the mismatch between expectations and realities of old age with regard to loneliness. When asked if loneliness was a serious problem for those aged 65+, almost two-thirds (61%) of those aged 18 to 34 agreed, compared with 47% of those aged 35 to 64 years old and 33% of those aged 65+. In the same survey, 13% of those aged 65+ reported that loneliness was a serious problem for them personally. There is an interesting gap in our research evidence to understand why young and mid-life adults see old age as being so intertwined with loneliness and what the derivation of this stereotype is.

Given the issues of defining loneliness and differentiating it from related but distinct concepts, it is hardly surprising that determining the most appropriate way to measure the extent of loneliness among older people, or indeed other groups, is problematic. As Rowntree (1947; 520) wrote, "Loneliness is a complaint that is difficult to assess quantitatively." We see variability in approaches toward the measurement of loneliness in terms of the broad theoretical orientation of the scales (i.e., the social needs perspective and the cognitive approach) and the types of questions employed. We can distinguish three key approaches toward the empirical measure of loneliness where the focus is upon identifying the prevalence of loneliness and identifying those most 'at risk' of experiencing loneliness in later life. Two very commonly used methods of measuring loneliness are the direct self-rating scales, which are widely used in Britain and Europe, and the

uni-dimensional scale, such as the UCLA scale. The self-rating scales generate a classification of respondents as lonely, sometimes lonely, and never lonely whilst the rating scales can generate both mean scores for the population under consideration and a classification of participants. The self-rating scale varies in both the reference period for which the respondent is asked to evaluate their level of loneliness and the response categories. Evaluations of levels of loneliness may vary from a week, a month, a year, or a less temporally located evaluation, such as generally how would rate your levels of loneliness. Response categories may vary from three categories (always, sometimes, and never) to more finely grained responses (e.g., always, often, sometimes, never lonely). These differentiations in temporal reference points and response categories can lead to variations in prevalence rates between studies and over time. The widely used UCLA scale (which is available in 20-item and 4-item versions) is an example of scale which uses a number of questions to which participants respond on a scale from never to classify their level of loneliness. However, although there are a number of questions on the scale, loneliness is still conceptualized as a uni-dimensional concept. The inclusion of the short version of the UCLA scale within the Health and Retirement Survey in the United States and its related surveys, such as the English Longitudinal Study of Ageing (ELSA), means that data for this scale is now available for a growing range of countries.

What unites these two approaches to the measurement of loneliness is that they are focused upon the degree of loneliness experienced by an individual as demonstrated by either their self-evaluation or their score from their responses to the scale items. As such, both measures are broadly situated within the cognitive approach toward loneliness; the emphasis is upon the perception of loneliness rather than how loneliness is experienced or the type of loneliness experienced. Where the two approaches differ is that the UCLA scale does not ask direct questions about loneliness whilst the self-rating scales clearly do; there are debates about respondents about being asked directly about loneliness. More specifically, it is argued that, as loneliness may be seen as a concept associated with stigma thereby devaluing the worth of the individual and compromising their integrity, participants in surveys may not accurately respond to direct answers about their feelings of loneliness, generating only a publicly acceptable response given the stigmatizing nature of loneliness (see Victor et al., 2005a). Given that loneliness is a subjective evaluation of individuals' feelings about their levels of social engagement, the notion of 'accuracy' of response here is somewhat misplaced. We know from survey data collected from a range of modes (direct interview, self-completion, and telephone) that older people respond to questions about loneliness, with few declining to answer the questions. The consensus of evidence to date is that self-rating scales and uni-dimensional scales are robust for those who are lonely and not lonely with variability between these approaches evident in the 'intermediate' levels of loneliness and category boundaries.

A third approach toward the measurement of loneliness is linked to the social needs approach to loneliness, which is concerned with the type of loneliness an individual may experience and how it is experienced. The scale developed by De Jong-Gierveld (1987; 1998) and De Jong Gierveld and van Tilberg (2006) differentiates between emotional and social loneliness, is available in a number of different item lengths (6 items and the original 11-item version), and is now used across a wide range of different countries (De Jong Gierveld & van Tilberg, 2010). The multidimensional scales offer the opportunity to provide separate scores for emotional and social loneliness, in the case of the De Jong scale, as well as an overall score and cut-off points that may be used to classify participants' status across the specified domains and overall. However, this scale, like all others, is founded on the premise that loneliness is a negative experience that is rooted in the individual's negative and subjective evaluation of their social relationships. Given this shared basis, it is, therefore, perhaps not surprising that studies comparing the efficacy of the different measures in determining the prevalence of loneliness in later life among similar populations give broadly similar results in terms of the percentages defined as lonely and not lonely with the variability demonstrated in the intermediate categories (Victor et al., 2005a; Shiovitz-Ezra & Ayalon, 2012).

## HOW COMMON IS LONELINESS IN LATER LIFE?

As noted earlier, the prevalent stereotype of loneliness in later life is that it is a problem for older people but not other age groups, that it is an almost universal experience, that it is a 'normal' part of ageing, and that it is a 'problem' that has increased over time. We consider each of these stereotypes in turn.

Perlman (1990) reported that, in a 1981 survey of adults in America aged 18–64, 65% thought that loneliness was a very serious problem for people over 65. In 2006, 61% of those aged 18–34 and 47% of those aged 35–64 perceived that loneliness was a very serious problem for this age group (Abramson and Silverstein, 2006). Of course we do not know what percentage of respondents would have agreed that loneliness was a serious problem for other age groups or population subgroups such as men or members of minority communities. However, the enduring nature of this stereotype over time is remarkable given the strength of the empirical evidence concerning the relationship between age and loneliness in North America and Western Europe. Given this preconception, we would expect to see a linear relationship between increasing age and reported levels of loneliness. Perlman (1990) undertook a meta-analysis of age trends in loneliness using 14 studies conducted between 1969 and 1989. This exercise involved a number of methodological challenges, including variations in measures of loneliness used; the cross-sectional design of studies,

thereby precluding the elimination of variations by age being the result of cohort effects; small cell sizes in some age groupings; differential response rates by age groups; and the potential effect of age on participants' willingness to report loneliness. He concluded that loneliness was highest in the youngest age groups (18–24) and then decreased with age, with limited evidence to support an increase in levels of loneliness for those in 70–80+ age groups.

More recent studies (Dykstra, 2009; Victor & Yang, 2012; Stanley et al., 2010) have provided support for the thesis that in developed countries of Europe, Australia, and New Zealand, the distribution of loneliness by age group is not a linear age-related trend but demonstrates a broadly nonlinear U-shaped distribution, being highest for young and older adults. Yang and Victor (2011) considered the relationship between age and loneliness across 25 different European countries using the European Social Survey, which is specifically designed to facilitate cross-national comparisons, for adults aged 18+ using a self-report measure. They concluded that the relationship between age and loneliness was more complex and varied between countries. They identified three sets of countries: those that demonstrated an age-related increase in loneliness; those that demonstrated a nonlinear relationship between age and loneliness; and those where loneliness was comparable across most age groups but which demonstrated an increase in later life (but the threshold age for the increase varied markedly across countries). Whilst there is, therefore, some evidence to support the stereotype that loneliness is a problem of later life, this is limited to a specific group of countries and is not a consistent pattern.

What is the prevalence of loneliness in later life? A review by Pinquart and Sorenson (2001) concluded that only a minority of older people aged 65+, 5% to 15%, experienced severe loneliness. Our empirical evidence base has expanded considerably since this initial meta-analysis. We have many more studies exploring the prevalence of loneliness across a much broader range of countries, including Britain (Victor & Yang, 2012; Dahlberg & McKee, 2014); Ireland (Drennan et al., 2008); Europe (Sundstrom et al., 2009), the United States (Theeke et al., 2009), Australia (Steed et al., 2007); China (Chen et al., 2014; Luo & Waite, 2014), and the countries of the former Soviet Union and associated satellite states (Stickley et al., 2013). These data indicate that, although the prevalence of loneliness varies between countries, it remains an experience confined to a minority of older people.

Which groups of older people are most at risk of experiencing loneliness? A wide range of sociodemographic, health, social network/support, and resource factors have been associated with loneliness in later life. We have noted the relationship between age and loneliness and how this is mediated by the national context. Pinquart and Sorenson (2001), in their meta-analysis, confirm the presence of gender differences in loneliness, with women reporting higher levels of loneliness than men. In part, this reflects the effect of widowhood (Bennett and Victor, 2012), but they note that

older married women report higher levels of loneliness than married men and so speculate that this difference may reflect differences in responses to questions about loneliness. Quality rather than quantity of social relationships; sensory deficits; limited mobility and competence in daily activities, expectations of health in old age; living in an institution/care home, and lower socioeconomic status were all associated with increased risk of loneliness. These factors—in various guises—along with living alone are consistently associated with loneliness in later life (Nicolaisen & Thorsen, 2014). However, there is the very important caveat that these associations are predominantly generated from cross-sectional studies and may be culturally specific; not all studies are able to undertake the sophisticated statistical analysis need to remove the influence of confounding factors—for example, the influence of widowhood and/or household size on the observed relationship between gender and loneliness.

In addition to these established risk factors, there are a range of newly emerging potential risk factors. In both Britain (Victor et al., 2012b) and Germany (Fokkema and Naderi, 2013), older people from minority communities have been identified as having very high levels of loneliness. For example, Fokkema and Naderi (2013) report that Turkish older adults (age 50–79) living in Germany have a higher prevalence of loneliness as compared with their native-born contemporaries (54% versus 43% scored 2+ on the 6-item De Jong Gierveld scale). For England and Wales, Victor, Martin and Burholt (2012) report that levels of loneliness for those aged 65+ from Bangladeshi, Pakistani, African Caribbean, Chinese, and Black African ethnicities reported elevated rates of loneliness compared with the general population, whilst those of Indian have lower rates. Fokkema and Naderi (2013) argue that these elevated levels of loneliness reflect the higher morbidity and lower economic position of Turkish elders and that the greater social integration of Turkish elders did not mitigate these health and material disadvantages. At the individual level, it is also important to recognize the importance of psychological factors in generating vulnerability (or as a protection) against loneliness. There is also some evidence that early life events and experiences may be implicated in generating vulnerability to loneliness. Nicolaisen and Thorsen (2014) report that, for older men (aged 60–80), self-reported conflict between parents and prolonged bullying were associated with loneliness, as were economic problems in childhood for women. These are intriguing findings which open up a rather neglected dimension of loneliness research from a gerontological perspective and that is located in the experience of loneliness in later life within the context of early childhood experiences. More specifically, the identification of new vulnerability factors—be they new groups who are vulnerable to loneliness or the identification of vulnerability factors linked back to childhood experiences—serves to remind us of the dynamic nature of the varying cohorts of older people and how these are then manifest in experiences such as loneliness in later life.



*Table 12.1* Prevalence of loneliness for a range of European countries 1993–2012

Country	% aged 60+*	% loneliness aged 65+**		
	1993	2006	2010	2012
Belgium	11	7	5	8
Switzerland		3	4	3
Germany	8	6	5	5
Denmark	5	3	2	5
Estonia		8	10	9
Spain	14	8	7	9
Finland		4	3	4
France	11	12	12	
United Kingdom	11	8	7	7
Greece	36		12	
Ireland	13	6	8	6
Netherlands	9	6	4	6
Norway		3	2	2
Poland		12	10	10
Portugal	23	13	11	10
Russian Federation		20	14	17
Sweden		5	6	5
Ukraine		23	26	

\*Source: Walker (1993)

\*\*Source: ESS Author's analysis

How does loneliness vary between different countries? Table 12.1 summarizes the prevalence of loneliness across a range of European countries over several different time points. It includes two sets of countries: those that participated in a survey of loneliness undertaken in 1993 for 10 European countries and those countries that participated in the 2006 and 2012 rounds of the European Social survey. There are no ‘gold standard’ prevalence levels to determine high-, intermediate-, and low-prevalence level countries (or social categories, such as men or women). Dykstra (2009) identifies five different categories of loneliness prevalence for her categorization of countries: under 5%; 5%–9%; 10%–14%; 15%–19%, and 19% + for those aged 60+. Using the range of prevalence estimates reported by Pinquart and Sorenson (2001), we use a four-fold typology as follows: under 5%; 5%–9%; 10%–14%, and 15% and over. Focusing upon the data for 1993, we see the well-established ‘north-south’ divide in loneliness prevalence with rates of loneliness being highest in southern European countries such as Spain (14%), Greece (36%), and Portugal (23%) and lowest

in northern Europe. This runs counter-intuitive to the theorized levels of individualistic orientation of countries in Europe, with the highest levels of solo living recorded in northern Europe. However, this, perhaps, serves to further support the importance of expectations of both the quantity of and quality of relationships in underpinning the experience of loneliness and that these expectations are culturally situated.

Considering the situation for 2012, the north-south divide is very much less evident, with the highest levels of loneliness demonstrated by Russia at 17%. Indeed, there is now a consistent body of evidence confirming that the countries of the former Soviet Union and Eastern Europe have very high (20%+) reported rates of loneliness (De Jong Gierveld & van Tilberg, 2010; Yang & Victor, 2011; Stickley et al., 2013). To some degree, the established north-south divide has been replaced by an east-west differentiation in loneliness rates across Europe.

How do levels of loneliness in Europe compare with those reported for older people in Australasia and North America? For both New Zealand and Australia, levels of loneliness for those aged 65+ are approximately 10%, which is comparable with mid-range European countries. However, both Canada and the United States are categorized as high-prevalence countries with rates of 20%. We have a range of highly variable estimates describing the prevalence of loneliness as between 3% and 28% in China (Chen et al., 2014; Luo & Waite, 2014). Whilst we cannot draw any firm conclusions from these later estimates as to the extent of loneliness among older people in these countries, these serve to demonstrate the global nature of the perceived association between loneliness and later life.

What factors explain these variations in loneliness levels between different countries? Dykstra (2009), Fokkema et al. (2012), and De Jong Gierveld and Tesch-Römmers (2012) have offered potential explanations for these observed differences: variations in the composition of the population, especially in established 'risk factors' for loneliness such as demography, material resources, health status, and social networks; and culturally based variations that influence norms about levels and quality of social relationships. Of course, these two sets of explanatory factors are not mutually exclusive and, indeed, there is the potential for interactions between these explanatory frameworks. Cultural factors have a role in explaining intercountry levels of loneliness. The concept of loneliness is culturally situated, reflecting the link between national level value systems and individual expectations of social interactions, which, if not met, result in loneliness (Johnson & Mullins, 1987). These authors propose the concept of the loneliness threshold, reflecting the minimum (or threshold) level of social contact required for an individual to 'avoid' loneliness. It is not clear if the threshold varies within national populations or over time. There are few empirical examples of the rigorous testing of this 'threshold' hypothesis or cultural factors in explaining country-level variations. However, it is clear that such factors are directly (or indirectly) linked with these variations. Focussing upon

variations in loneliness across Europe using the SHARE survey, Fokkema et al. (2012) investigated the importance of population-level characteristics in explaining the observed country-level variations. High rates of loneliness in Spain, Greece, Poland, and the Czech Republic were linked with health and material resource factors. However, these authors could not account for the high rates of loneliness in France and Italy. For France, they suggest that the results may have been influenced by the question wording, but for Italy they speculate that cultural factors may be important. This illustrates the complexity of explaining the variations in loneliness between countries within a single continent and hints at the further complexity when attempting to explain differences between a much more diverse range of countries.

How have levels of loneliness among older people changed over time? Another common presumption is that levels of loneliness among older people in the second decade of the 21st century are higher than at previous times in our past. Again, this is a stereotype that seems to have general currency regardless of the national context. Focusing first upon Britain, Victor et al. (2002) demonstrate that levels of loneliness had remained stable at approximately 10% of those aged 65+ from 1948 to 2003, and more recent data do not contradict this conclusion. If we consider Table 12.1, we can see that over the six-year period from 2006 to 2012, most countries included in the ESS at both time points were approximately stable, as is the case for those countries with data for 1993. The exceptions to this broad generalization are Greece, Ireland, and Portugal—all very high-prevalence countries in 1993—which demonstrate significant decreases in the prevalence of loneliness over the period of 1993 to 2012. There are no examples of countries demonstrating significant increases in the prevalence of loneliness. For the very high-prevalence former Soviet Union and Eastern Block countries, we have insufficient data to confirm the presence/absence of trends in loneliness prevalence.

Our analysis thus far has largely been based upon cross-sectional data that simply provides for us an estimate of the number and characteristics of individuals classified as lonely at a particular time point. However, in order to consider the complexity of the experience of loneliness, we need to consider how this may (or may not) change over time and over the life course. We can distinguish two elements in the study of loneliness from a temporal perspective: (a) changes over the life course and/or with ageing; and (b) shorter term variations in loneliness across different times of day, days of the week, or seasons. Whilst loneliness is often included as a factor in longitudinal studies of ageing, there are a limited number of studies where it is used as the primary outcome variable; these have been conducted in the Netherlands (Dykstra et al., 2005), Finland (Jylhä, 2004; Aartsen & Jylhä, 2011), Singapore (Lim & Kua, 2011), Israel (Iecovich et al., 2011; Cohen-Mansfield et al., 2009), Hong Kong (Zhang et al., 2011), North America (Luo et al., 2012), Wales (Wenger & Burholt, 2004), and Great Britain (Victor & Bowling, 2012). We can identify a four-fold

typology of loneliness over time: (a) those who are never lonely; (b) those who are always lonely; (c) those for whom loneliness increases over time; and (d) those where loneliness decreases. Where a study has multiple (i.e., 3+) follow-up points, we can identify a group whose experience of loneliness fluctuates over time. The variability across studies in how loneliness is measured (rating scale versus numerical scales) and the duration of the follow-up period, combined with the usual methodological issues of longitudinal studies (e.g., selective attrition rates), make interpreting the empirical evidence challenging. Based upon the summary of studies reported by Victor and Bowling (2012) over a 10-year follow-up period, approximately 60% of older people do not report loneliness at any time point; 7%–10% are always lonely; the remaining one-third consists of those with fluctuating levels of loneliness and those with increasing/decreasing patterns. This serves to illustrate the dynamic nature of the experience of loneliness that underpins the apparently stable prevalence rates for loneliness, which are the bedrock of our knowledge about this topic.

Longitudinal studies broadly confirm the cross-sectional study evidence by confirming that, for the majority of older people, old age is not inevitably a time of loneliness. However, these studies provide important evidence about the nature of the population classified as ‘lonely’ in a prevalence study. At any specific time point, the population categorized as lonely will consist of four distinct groups: those who are always lonely; the ‘fluctuating’ group; those who are experiencing increasing loneliness; and those who are experience decreasing loneliness. We know little about the characteristics of these different groups or the factors that protect older people from becoming lonely and facilitate the transition out of loneliness. Victor and Bowling (2012) report that those with improved rates of loneliness illustrate a profile of positive improvements across a range of parameters, including social activity, quality of life rating, and slower rates of deterioration in terms of health rating and chronic illness. We have some evidence about the factors that promote the onset of loneliness. Nicolaisen and Thorsen (2014), in their five-year follow-up study in Norway, confirm the key factor for the onset of loneliness was widowhood; this affected men more than women, but deteriorating health was not implicated in loneliness onset. Victor and Bowling (2012) also report the link between loneliness onset/increase with widowhood alongside decreases in social relationships (including availability of a confident), deteriorating health, and quality of life. There is clearly much more work to be undertaken in developing our understanding of how loneliness is experienced over time by older people. The experience is clearly far more complex than the simple prevalence rates indicate.

Loneliness is also subject to more ‘short term’ variations. These, again, have comparatively little research but have important implications for the development and provision of services. Bennett and Victor (2012), although focussing upon widows, demonstrate how loneliness is experienced more intensely at night as well as on different days of the week. For widows, but

not widowers, weekends were especially problematic. These findings are consistent with quantitative data indicating that two-thirds of those who are lonely experienced loneliness at specific time points—predominantly evenings and weekends (Victor et al., 2005a; 2009). However, in different cultural contexts and geographical locations, the patterns of how loneliness may be experienced diurnally, on different days of the week, or during different seasons may vary and is a topic that merits further investigation.

## THE CONSEQUENCES OF LONELINESS

It is quite clear that loneliness can severely compromise the quality of life of older people (Bowling, 2005). However, there are also important and long-standing claims that loneliness has more profound consequences in terms of health outcome, health behaviours, and health service use. In 1988, House et al. (1988; X) wrote “Social relationships, or the relative lack thereof, constitute a major risk factor for health—rivaling the effect of well established health risk factors such as cigarette smoking, blood pressure, blood lipids, obesity and physical activity.” More recently the head of Public Health England, Duncan Selbie, stated “Being isolated shortens life and increases disability. It is equivalent to 15 cigarettes a day.” However, as the two statements indicate, the extensive body of research reporting the significant negative consequences of loneliness for older people is problematic because of the terminological inexactitude noted earlier in our discussion of the importance of differentiating between loneliness and isolation. The review by Nicholson (2012) focuses exclusively upon the health effects of isolation for older adults. Loneliness is associated with a range of negative physical health outcomes (Shankar et al., 2011); dementia (Wilson et al., 2007; Shankar et al., 2013); increased mortality (Luo & Waite, 2014; Steptoe et al., 2013; Luo et al., 2012; Holt-Lunstad et al., 2010, 2012; Shivovitz-Ezra & Aylon, 2010; Patterson & Veenstra, 2010); elevated physiological parameters such as blood pressure (Hawkey et al., 2010); and a range of negative health behaviours including smoking, excess alcohol consumption, and lack of exercise (Stickley et al., 2013). The mortality differential between lonely and nonlonely adults is reported as around 50% and is variously reported as equivalent to the differential between smokers and nonsmokers and a greater health risk than obesity. Those who are lonely consult their GP 3 times more than the nonlonely (10 consultations per annum compared with 3) and have emergency hospital admission rates 30% higher than their nonlonely peers (Ellaway et al., 1999; Molloy et al., 2010). A full critique of these literatures is beyond the scope of this chapter. However, it is important to note that many, but not all, of the evidence is generated from cross-sectional studies; that establishing causation is problematic; and, very importantly, this body of literature includes both studies of isolation and loneliness. For example, the review of 148 papers

from Holt-Lunstad and colleagues is focused upon social relationships and mortality, not loneliness per se. Indeed this review includes only nine studies focused explicitly upon loneliness. Individual studies looking at mortality often are based upon small sample sizes. In the study by Steptoe et al. (2013) of 918 deaths over an eight year follow period the overall death rate was 13% for the nonlonely and 19% for the lonely. Indeed, the work by Steptoe indicates that it is isolation rather than loneliness that is linked with excess mortality. Looking at health behaviours, the study by Stickley and colleagues (2013) examined the relationship between loneliness and a range of indicators of excess drinking and failed to find a consistent association between loneliness and alcohol consumption in eight countries of the former Soviet Union. We need to evaluate the literature linking loneliness with a range of negative health outcomes cautiously and, where relationships are found, to explore both mechanism of causation and consider if these consequences are experienced by all lonely people or specific subgroups.

## INTERVENTIONS FOR LONELINESS

Given the potential for negative consequences of loneliness, a range of interventions have been developed. Since 1984, seven reviews examining the effectiveness of interventions for loneliness and isolation have been published. The reviews of Cattán (2005), Findley (2003), and Dickens (2011) focus exclusively upon older adults, whilst those by Rook (1984), McWhirter (1984), and Masi et al. (2010) include children and adults. Since 1975, there have been 27 studies relating explicitly to loneliness interventions for older people (aged 50+) published; there are another 20 focusing upon isolation. These studies varied in terms of key parameters including: (a) sample size, duration of follow up, and outcome measures employed with the various forms of the UCLA scale used in 19 studies; (b) the nature of the population studied (i.e., specific groups of older people such as widows, targeting those identified as lonely and/or isolated, carers, or general community-based samples); (c) the type of intervention (group- versus individual-based interventions, numbers and length of sessions, duration of the intervention, and the theoretical foundation of the intervention) and (d) the evaluative framework (RCTs; quasi-experimental studies; single group before and after evaluations). These interventions have a range of objectives including: (a) the alleviation of existing loneliness/isolation; (b) the prevention of loneliness/isolation, and (c) the prevention of the negative consequences of loneliness/isolation. All of the studies identified focussed upon the reduction of loneliness or prevention of the onset of loneliness, although the distinction between these was not always clear, especially in the multifactorial interventions or those focussed with specific groups, such as carers, or experiencing specific long-term conditions or illnesses. The quality of many studies is weak and effect sizes small, and it is unclear if any positive

benefits observed are maintained in the long term. Where positive benefits have been observed, these are usually evident in group-based interventions and where the 'target' group is clearly specified (e.g., the recently widowed). However, it is not possible to determine from these studies of what the most effective intervention package should consist, how long sessions should last, at what frequency they should be delivered, and what the maximum duration of the intervention should be.

## CONCLUSIONS

The association of loneliness with later life remains one of the most pervasive and enduring stereotypes of old age and later life. However, as we have seen, there is a consistent body of evidence dating back at least six decades that comprehensively demonstrates that the experience of loneliness in later life is confined to a minority of the population. We may, therefore, speculate as to why this stereotype about old age continues to endure and, indeed, demonstrate an almost global reach being evident in a wide range of different countries. There are a number of different ways of looking at loneliness in later life: generation contrasted; peer group; age related; and with preceding cohorts. Generation-contrasted studies focus upon comparing the experience of loneliness by older people with those of younger generations. The evidence suggests that in many developed countries, the distribution of loneliness by age is nonlinear, showing peaks for both older and younger adults. Peer group studies focus upon identifying those most likely to experience loneliness in later life. Whilst we have some evidence that identify key 'risk groups' such as the bereaved, other presumed relationships with gender and household size are less robust when the effect of widowhood is taken into account. Health status, expectations of health in old age, and material circumstances are also important correlates of loneliness, as are material circumstances and, potentially, events earlier in the life course. That these factors are culturally situated is demonstrated by the variation in loneliness rates demonstrated by different countries. Age-related studies of loneliness in later life are concerned with how individuals rate their loneliness now, as opposed to previous ages/stages in their life, and is an area of research where we have little evidence. Preceding cohort studies compare the experience of loneliness in later life with contemporary cohorts of elders in earlier generations. Although the evidence is limited, there is nothing to support the often-held belief that older people in contemporary society are more likely to be lonely than previous generations. Longitudinal studies offer new insights into the complexity of the experience of loneliness by differentiating between the different categories of loneliness. At any point in time, the group identified as lonely is comprised of the always lonely; those for whom loneliness is increasing or decreasing; and a group who fluctuate

into and out of loneliness. However, in identifying risk factors, looking for links between negative (or positive) outcomes from loneliness, or developing interventions, we rarely recognize this complexity. There is much work still to be undertaken in this field, in particular undertaking more qualitative work looking at the experience of loneliness, how older people talk about this, and what they think the causes, consequences, and solutions are. In addition, for those interested in understanding loneliness, perhaps we have been asking the wrong question. Instead of focusing on why a minority of older people experience loneliness, we should focus on those who—in spite of bereavement, failing health, reduced social networks, and reduced income—do not become lonely. By focusing upon those who do not experience loneliness, we may gain new insights into the factors that make them resilient to this phenomenon and be able to generate meaning interventions.

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# 13 Loneliness Interventions for Students With Disabilities

*Shireen Pavri*

## **LONELINESS INTERVENTIONS FOR STUDENTS WITH DISABILITIES**

There is widespread acknowledgment today regarding both the incidence and detrimental results of loneliness in children and adolescents with disabilities (Al-Yagon & Mikulincer, 2004; Lackaye & Margalit, 2006). Yet there remain many unanswered questions that would assist school professionals in developing appropriate interventions to alleviate chronic loneliness in this population of students. In this chapter, the author discusses how children and adolescents with disabilities understand and cope with loneliness and reviews interventions for loneliness that have been applied for school-aged students with disabilities. The chapter ends with a discussion of promising approaches and future directions in school-based interventions for students with disabilities.

Being a subjective perception not necessarily rooted in observable reality, it is difficult to identify the specific prevalence or causes of loneliness. Margalit and Al-Yagon (2002) identify four factors that predict loneliness in students with disabilities: (a) not having acquired the requisite social knowledge and skills to interact with others, which results in social ostracism and isolation; (b) difficulty transferring one's social knowledge into appropriate behavior; (c) earning the reputation of being lonely and rejected due to one's behavior patterns and communication style, which can become self-perpetuating; and (d) difficulty with independent problem solving in social situations.

## **HOW DO STUDENTS WITH DISABILITIES UNDERSTAND AND COPE WITH LONELINESS**

Children and adolescents with disabilities are often more susceptible to loneliness than their typically developing peers due to observed difficulties with social competence, which consequently lowers acceptance by the

peer group (Bauminger & Kasari, 2000; Kavale & Mostert, 2005; Howell, Hauser-Cram, & Kersh, 2007). The same processing and cognitive difficulties that impact academic performance often also impact their socio-emotional and behavioral functioning (Al-Yagon & Milkulincer, 2004). Students with intellectual disabilities in mainstream classes reported higher loneliness and social dissatisfaction at school than peers without disabilities (Margalit, 2004; Williams & Asher, 1992). Similar trends are apparent for high-functioning students with autism (Bauminger & Kasari, 2000; Lasgaard, Nielsen, Eriksen, & Goossen, 2010; White & Roberson-Nay, 2009), and students with learning disabilities who report higher loneliness than their peers without disabilities (Al-Yagon & Mikulincer, 2004; Pavri & Luftig, 2000). White and Roberson-Nay (2009) found youngsters with autism who had higher levels of anxiety also reported higher levels of social loneliness than their typically developing peers.

Research findings indicate that students with learning disabilities demonstrate lower attachment security as well as greater levels of anxiety and attachment avoidance as compared to their peers without disabilities (Al-Yagon & Mikulincer, 2004; Al-Yagon, 2007). Another study indicated that students with learning disabilities experienced difficulties in social information processing and understanding complex emotional processes within a social context, in making meaning of the emotions that they experience, and in taking another person's perspective (Bauminger, Edelsztein, & Morash, 2005). Students with learning disabilities have also been found to be more susceptible to victimization from school bullies, which clearly affects their social, emotional, and academic functioning (Mishna, 2003).

Youngsters with disabilities have typically adopted either a problem-focused, active approach to coping with loneliness or an emotion-focused, avoidant coping strategy (Galanaki, 2004). Five specific behavioral patterns emerge from studies investigating how children with disabilities cope with loneliness (Solomon, 2000; Pavri & Monda-Amaya, 2000): sad-passivity such as responding by crying or doing nothing, actively seeking social contacts and friends, active solitary activities such as engaging in a hobby, seeking out the assistance of trusted adults in finding friends, and engaging in aggressive and disruptive behaviors due to a feeling of hopelessness.

## INTERVENTION APPROACHES FOR ALLEVIATING LONELINESS

The review of the research literature indicates that there have been four primary approaches to intervening when individuals experience loneliness: (a) improving social skills, (b) enhancing social support, (c) increasing opportunities for social contact, and (d) addressing maladaptive social cognition (Masi, Chen, Hawkey, & Cacioppo, 2011; McWhirter, 1990; Windle, Francis, & Coomber, 2011). While most of the reviews conducted have adopted qualitative designs, Masi et al. (2011) conducted a rigorous meta-analysis

of 50 quantitative loneliness intervention studies adopting single group pre-post, randomized, and nonrandomized control group studies conducted between 1970 and 2009. Their meta-analyses indicated that while all four approaches yielded positive outcomes, the most beneficial outcomes in terms of effect sizes resulted from the use of cognitive and behavioral approaches that changed the maladaptive thinking in the individual experiencing loneliness.

While these approaches have predominantly been used with adults at risk for loneliness, the research literature on the effectiveness of interventions in youngsters with disabilities is fairly lean. The empirical support for these interventions from the literature in this area will be shared in the next section of this chapter.

## **METHODS FOR THE LITERATURE REVIEW**

This author conducted a comprehensive review of the research literature to identify peer-reviewed journal articles describing intervention studies that addressed loneliness in school-aged students with disabilities. The following databases were searched for peer-reviewed journal articles published in English: ERIC, PsycARTICLES, and PsycINFO. The keywords used for the search included loneliness (Boolean phrase was used for loneliness to include allied terms e.g., lonely), disabilities, and interventions. The following criteria were established for including articles in the literature review: (a) published between 1985 and 2013; (b) published in a peer-reviewed journal in English; (c) described an empirical research study; (d) included students with disabilities ages 5–21 years. Articles that were literature reviews or opinion pieces or did not include children or youth with disabilities as the primary respondents were excluded from the review. Dissertations and book chapters that were not peer reviewed were not included in this literature review. The search resulted in twelve journal articles that are discussed below.

## **FINDINGS**

The literature review revealed that the loneliness interventions used with students with disabilities were found to adopt one or more of four approaches: social skills training, social support, therapeutic interventions, and parent-assisted interventions. Each of these approaches are discussed below.

### **SOCIAL SKILLS TRAINING (SST)**

Social skills training (SST) is widely used to assist children with disabilities learn skills they need to interact effectively with their peers (Kavale &

Mostert, 2005). It is assumed that children who are socially adept will find it easier to make and keep friends, which in turn will alleviate their loneliness. Social skills approaches attempt to remedy social skill deficits in the target child, selecting critical behaviors and skills (e.g., self-advocacy, life skills, interpersonal problem solving, etc.) that the child needs to learn to behave in a socially appropriate manner. Social skills are typically taught using modeling or coaching strategies or through cognitive-behavioral therapy, which modifies the attributions and thought processes of the individual thereby impacting their behavior. Social skill instruction may be provided via group instruction to the entire class or individually, tailored to the student's unique needs.

Studies reveal that SST provides training in life skills, self-advocacy, interpersonal problem solving, and modifying a student's thought processes, which in turn positively impact student self-concept, loneliness, and their perceptions of support from peers and community members (Christian & D'Auria, 2006; King et al., 1997; Pierson & Glaeser, 2007). King et al. (1997) adopted a social learning and cognitive behavioral program with 11 students with spina bifida or cerebral palsy, ages 8 to 15 years. The students were identified as being socially withdrawn and participated in a SST program, "Joining In," where they received 20 sessions of training in interpersonal problem solving, conversational skills, initiating interaction, coping, and verbal/nonverbal communication over 10 weeks. As compared to normative controls, the students in this study rated themselves as more socially accepted and less lonely postintervention. Interestingly, while their perceptions of social acceptance declined postintervention, study participants also reported a continued decline in feelings of loneliness over the six-month follow-up period after the intervention concluded.

Margalit (1995) found similar results when she used a computer-assisted SST intervention with male students diagnosed with learning disabilities and behavior disorders. The computer-assisted intervention "I Found a Solution" (Margalit, 1990) taught these students interpersonal problem solving in conflict situations. Margalit assessed the impact of the program on teacher ratings of self-control, externalizing and internalizing behaviors, peer ratings of social acceptance, and self-reports of loneliness. While all participants showed increased peer acceptance and less loneliness postintervention, there were differences in the experience of loneliness among students who demonstrated internalizing vs. externalizing maladjustment. The lonely internalizing group showed the lowest levels of peer acceptance postintervention. It appears that this intervention program was more effective in reducing loneliness amongst students with externalizing behaviors than for students with internalizing behaviors.

A different approach to SST was adopted in a study by Pierson and Glaeser (2007), who used a comic strip intervention to increase social satisfaction and reduce loneliness in three young boys with autism aged six, seven, and eight. The teacher or paraprofessional created a comic strip and accompanying conversation to teach the boys how to problem solve in interpersonal

situations that they encountered. The teacher and paraprofessionals reported increased initiation and desire on the part of the boys to interact with their peers and reduced loneliness verbalizations postintervention.

In an attempt to promote social competence through virtually supported self-advocacy instruction, Kotzer and Margalit (2007) combined classroom activities and virtual discussions amongst seventh to ninth grade students with and without learning disabilities and their school counselors. The experimental group participated in an e-advocacy program called "Road to Myself," developed by the Israel Ministry of Education, that allowed participants to gain insights into their abilities, difficulties, and skills. There were significant gains in competence scores for students with learning disabilities who participated in the intervention, with maximum benefits seen in 8th graders, without corresponding increases in the control groups of students with and without learning disabilities over the five-month period. It appears both the classroom activities and the electronic discussions with peers assisted with enhancing competence and reducing loneliness.

In another virtually supported intervention, Hopps, Pepin, and Boisvert (2003) investigated the effectiveness of providing cognitive behavioral therapy via Internet relay chat to individuals with physical disabilities. Nineteen adults (ages 18 and above) with physical disabilities who reported chronic loneliness participated in the study. Ten received a cognitive and behavioral group therapy regimen comprising of 12 two-hour online sessions with a therapist. The therapy was tailored to the participant's personal goals, needs, and skill levels. The nine control group participants did not receive any intervention. Post-tests revealed a clinically significant difference in self-reports of social loneliness and social skills (but not emotional loneliness) of students in the experimental group. These gains were maintained over a four-month period after the intervention concluded.

## **SOCIAL SUPPORT INTERVENTIONS**

It is posited that a supportive network of family members, peers, and friends provide assistance, companionship, intimacy, and caring to students with disabilities, thereby promoting their well-being and reducing their experience of social and emotional loneliness (Bauminger & Kasari, 2000; Lasgaard, Nielsen, Eriksen, & Goossens, 2010; Pavri & Monda-Amaya, 2001). Building an individual's social network and nurturing the social relationships and support provided by this network has clear intervention implications for individuals who experience chronic loneliness. The social networks of people with disabilities, particularly those with physical or cognitive disabilities, are often restricted due to limited opportunities for socialization, difficulties with social skills, and mobility concerns. This limits their opportunities to develop meaningful social relationships, which in turn impacts their sense of social satisfaction and emotional well-being (Christian & D'Auria, 2006).



Social support interventions have typically facilitated opportunities for social interactions for vulnerable populations by allowing participants to develop coping skills and friendships and gain social acceptance. In a pilot study investigating the impact of online social support on loneliness, social interaction, social networks, self-worth, support seeking, and a sense of community, Stewart, Barnfather, Magill-Evans, Ray, and Letourneau (2011) adopted the use of the Ability Online chat-room for adolescents with physical disabilities (specifically cerebral palsy and spina bifida). Twenty-two participants between the ages of 12 and 18 were paired with five adult facilitators who had the same disability for 60- to 90-minute online support sessions over 25 weeks. The online sessions included discussions about key social, health, and life-planning issues such as bullying and friendship building, career planning, health care, etc. Participants were assessed on the key variables through a home visit prior to the intervention commencing, and the same measures were administered by phone upon conclusion of the intervention, with a three-month delayed follow up conducted to assess maintenance effects of the intervention. Teens reported increased social contact and communication with other teens who had similar disabilities as themselves through the chat-room and a carry-over effect that facilitated improved communication with their own families as well. Significant differences were observed in their self-worth and social acceptance postintervention and in their sense of community between the post-test and the three-month follow up; however, they reported only slightly positive outcomes in the area of loneliness. The study highlighted potential gender differences in social support interventions, with female participants being more engaged in the online support, making more posts, and consequently experiencing greater benefits. Males reported smaller networks, less support, and more loneliness than the females.

Social support from peers benefits an individual both over their lifespan and also during immediate crisis situations. Dalgin, Maline, and Driscoll (2011) used peer specialists to provide support via a telephone “warm” line for individuals with mental health issues. Similar to a “hotline” that is staffed by psychological professionals for individuals in crisis, the peer-run “warm” lines serve as a resource for individuals in pre-crisis situations, for use in the evening and night hours when other supports are not available. Four hundred and eighty participants, ages 16 to 86 (average age 47 years), who called in to the phone support service over a four-year period were surveyed as part of the study. Trained peer specialists staffed the phone lines and assisted with empathetic listening and offered coping strategies. While the study did not specifically measure the impact of these warm lines on loneliness outcomes, it addressed the larger domain of emotional well-being and coping strategies and was included in this review since some of the participants were of school-age and had mental health concerns. A vast majority of callers surveyed reported that they developed new coping strategies (72%), increased personal empowerment (61%), a stronger sense of

well-being (73%), and assistance with personal recovery (73%) as a result of calling. Ninety percent of the respondents also indicated being very satisfied with the peer support with a strong likelihood of calling again.

A critical consideration when providing social support interventions is the selection of an appropriate and well-trained peer who is indeed supportive and socially skilled. Locke, Rotheram-Fuller, and Kasari (2012) investigated the characteristics and social behavior of 107 teacher-nominated peer models in comparison to 107 randomly selected matched nonpeer models. Both groups of peers provided a twice-weekly intervention with 60 first to fifth graders with autism as part of a larger research study. Effective peer models emerged as having more stable and salient relationships within their social networks in the classroom and received more friendship nominations than nonpeer models. They had closer connections and bonds with children with autism both before and at the conclusion of the intervention than did the noneffective peer models. Additionally, the peer models reported higher ratings of friendship quality and lower levels of loneliness than nonpeer models at the start of the study. Interestingly, nonpeer models reported reductions in loneliness over the course of the study; consequently, there were no significant group differences between the peer models and nonpeer models on loneliness measures administered when the study ended. Contrary to concerns raised by parents and administrators about the potential negative consequences on the social behavior and relationships of peer models who take on the responsibility to serve as buddies for children with disabilities, this study suggests that all groups of children either benefited or maintained status quo as a result of participating in this study. These findings indicate that it would be beneficial to include teacher-selected peer models when planning an intervention.

## THERAPEUTIC INTERVENTIONS

Yet another approach to loneliness intervention is the adoption of psychotherapies that address maladaptive social cognition and reframe the individual's life circumstance. While there are some accounts of the benefits of therapies such as animal-assisted therapy (Watts & Stout, 2009) or team sports (Poulsen, Ziviani, Cuskelly, & Smith, 2007), this review revealed only two empirical studies that explored the use of psychotherapies to intervene with loneliness experiences in school-aged children with disabilities.

Regev and Guttman (2005) investigated the psychological benefits of participating in art activities and projects on the self-concept, locus of control, social coherence, and loneliness of elementary school students with learning disabilities. The authors randomly assigned 109 third through sixth graders with learning disabilities into four groups: the art project group (experimental group) and three control groups: the game group, the art therapy group, and the no intervention group. They did not find significant effects of the

four conditions on student's pre- and postloneliness ratings. The experimental group demonstrated slight gains in social coherence over the other three groups as a result of the art project activities. While the findings from this study were inconclusive regarding the psychological benefits of artwork, the promising finding was the positive impact of artwork on coherence, which promotes personal empowerment and control over their environment. Contrary to expectations, children in the art therapy group did not show gains over the other three groups.

In an earlier study, Bolea (1986) explored the effectiveness of a multisensory therapeutic intervention that combined art therapy and family counseling. Participants were lonely children ages three to seventeen who (a) had a diagnosed learning disability, (b) suffered significant trauma due to sexual abuse, (c) were a mixed group of students with learning disability and children who had been abused, and (d) included a control group of lonely children. Children participated in weekly individual or small group therapy for 20 to 40 sessions. They learned to recognize their social difficulties and build friendships through a combination of methods including art and play therapies that encouraged verbalization of their difficulties, built social skills, and facilitated development of intimate relationships and self-assertiveness. The researcher examined the impact of the therapy on children's self-reports of loneliness that were measured using self-disclosure and self-deception scores on the Pictorial Self-Concept Scale (Bolea, Felker & Barnes, 1971). The self-disclosure scores increased, and self-deception scores decreased in lonely participants with learning disabilities post-treatment. Children who experienced abuse learned to reveal their loneliness not through behavior or verbalizations but through the self-concept measure. All groups of students reported less loneliness upon termination of treatment than at the start of data collection.

## PARENT AND FAMILY ASSISTED INTERVENTIONS

It is clear that families play a critical role in reducing the chronic loneliness experienced by many children and youth with disabilities. Parents, siblings, and family members establish the social networks for their children, provide opportunities for interaction with peers outside of the school setting, and also teach their children the rules of social behavior, often providing coaching in specific skills within authentic learning situations (Lasgaard et al., 2010). Parent-assisted interventions can adopt elements of both SST and social support approaches.

While parents and family members are often left to their own devices in figuring out how to tailor interventions for their children, a few programs are available to assist them in this task. One such program, Children's Friendship Training (CFT, Frankel & Myatt, 2003) has been used to build social skills in youngsters with autism by having parents teach them

the behaviors needed to interact with peers during supervised play dates in the home, e.g., conversational skills, host behavior, dealing with teasing, etc. Frankel, Myatt, Sugar, Whitham, Gorospe, and Laugeson (2010) compared the effectiveness of the CFT in comparison to a delayed trial condition (DTC) with 68 second through fifth graders with high-functioning autism. The immediate treatment group received the program at the start of the study, while the DTC group received the same intervention 12 weeks into the study. Children in the CFT group demonstrated gains on both self-report and parent-report outcome measures related to assertiveness, dealing with conflict, demonstrating internalizing and externalizing behaviors, popularity, and loneliness. Similar outcomes were evidenced by the DTC group once they received the treatment. Unfortunately, the positive benefits of the CFT program were not maintained for loneliness and popularity over the three-month follow up period.

## **PROMISING APPROACHES TO LONELINESS INTERVENTION**

This literature review indicates that there are only very scant empirical data on interventions that have proven beneficial in alleviating loneliness in youngsters with disabilities. Given that most of the research studies reviewed were exploratory in nature and used descriptive methods, these findings must be interpreted cautiously. Preliminary indications reveal that social skills training is the most frequently adopted approach with school level students with disabilities. Social skills techniques such as social learning and cognitive behavioral therapy have been used in reducing the experience of loneliness in students with disabilities. It is of note that researchers have found social skills training programs to yield some success in promoting desirable behaviors, yet few long-term generalization effects are known (Kavale & Mostert, 2005; Maag, 2005).

Most intervention studies reviewed in this paper investigated the impact of group implemented SST programs that were either taught in face to face sessions or through computer-assisted systems, with a few studies using individually tailored interventions that focused on the specific skills that the target student needed assistance with. The interventions targeted skills such as interpersonal communication, interpersonal problem solving, peer interactions, self-advocacy, and coping strategies. While one would intuitively expect individual approaches that are tailored to a child's unique needs to be more effective than curriculum designed for a more general audience, preliminary research findings do not suggest significant differences between group vs. individually administered interventions.

Fewer studies explored the effectiveness of social support interventions. Adopting a systemic and ecological approach, social support interventions look beyond deficits in the individual child to focus on social relationships within familial and school environments (Margalit & Al-Yagon, 2002).

Systemic interventions increase the frequency of successful interactions that a child has with peers and adults in the environment. For instance, teachers can modify the social ecology at school to promote group involvement, expand the size of friendship networks, help in the development of a social identity, and reduce inappropriate behaviors (Galanaki & Vassilopoulou, 2007; Howell et al., 2007; Margalit & Al-Yagon, 2002; Qualter, 2003). In such an approach, the responsibility for alleviating and reducing loneliness in students with disabilities is shared with teachers, peers, family, and others playing a significant role in a child's life. According to this author, this systemic approach to social support holds much promise in alleviating and reducing loneliness in youngsters with and without disabilities, yet there is a need for further research on ways to effectively implement social support interventions.

## FUTURE DIRECTIONS

Social interactions have been found to impact loneliness experiences in chronically lonely individuals (Masi et al., 2011). The school setting is a prime venue to promote social interactions since teachers and other school professionals, particularly in elementary schools, are typically committed to building friendships and social interactions amongst their students. There is a need for further research investigating specific techniques that can be applied to positively impact loneliness.

Computer-assisted and online technologies, including the Internet, chatrooms, and blogs, allow for easier access and contact and serve as a viable avenue to reach previously underserved populations who have cognitive, mobility, and sensory restrictions (Dalgin et al., 2011; Hopps et al., 2003). Technology facilitates learning social skills through social learning and coaching, while simultaneously allowing for opportunities to expand the social networks of lonely youth and adults. The nature of friendships also change in an increasingly technological world, with virtual and online friendships often either supplementing or replacing traditional face-to-face relationships. Sharabi and Margalit (2011) found that supplementing real-world friendships through Internet contacts resulted in lowered reports of loneliness in high school students with and without learning disabilities. Yet, students who primarily had virtual friendships that were initiated and maintained through the Internet without any face-to-face contact reported higher levels of loneliness. It is possible that students who were already more lonely tended to have more virtual friends, which, in turn, contributed to heightened loneliness experiences. There is a lot of potential for future research in the area of technology-assisted approaches to intervention with lonely individuals with disabilities.

There is early evidence that cognitive behavioral therapies have proven to be amongst the most beneficial interventions for lonely adults (Masi

et al., 2011). Often, clinical professionals such as psychologists, therapists, social workers, nurses, or other clinical practitioners who have advanced training and skills are called in to implement cognitive behavioral therapies. This raises questions about the applicability and efficiency of using CBT in school settings. Further research is needed into the relative effectiveness of this technique with children and youth with disabilities.

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# 14 Strategies to Prevent Loneliness

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## INTRODUCTION

On the basis of surveys in the Netherlands and the UK, it is estimated that about 20% of all adult men and women are mildly lonely. Another 8% to 10% are intensely lonely (van Tilburg & de Jong Gierveld, 2007; Victor et al., 2005). In this context, it is important to take into account the different types of loneliness that people might experience. Weiss (1973) differentiated emotional loneliness related to the absence of an intimate figure and social loneliness related to the absence of a broader, engaging social network. In general, intense loneliness is related more to emotional than to social loneliness, while the combination of both places people at risk of the most intense, despairing loneliness (van Tilburg & de Jong Gierveld, 2007). Intensely lonely people frequently specify their loneliness situation as one of emptiness and feeling rejected, a disconnection from important people and from today's society:

I experience loneliness . . . loneliness is when I am all alone, when there is nobody asking for me and nobody to ask [for]. Sometimes . . . in some situations you feel . . . like [you are in] a vacuum—all alone. (70-year-old man)

(Hauge & Kirkevold, 2010, p. 3)

It's nice to be needed or wanted to be asked advice . . . but a lot of the old folks are just so reluctant to offer other things and they feel we're no longer needed. That's a terribly depressing thought—I am just no longer needed. They say if I am no longer here, nobody would miss me. (83-year-old woman)

(Stanley et al., 2010, p. 411)

Many of the intensely lonely people, not surprisingly, express their longing for escaping loneliness. Fortunately, as shown by recent longitudinal studies (Dykstra, van Tilburg, & de Jong Gierveld, 2005; Jylhä, 2004; Newall,

Chipperfield, & Ballis, 2014; Wenger & Burholt, 2004), for many people feelings of loneliness are temporary. It is not very clear yet, however, how people manage to alleviate their loneliness. From the many studies on the causes of loneliness, we have a good picture of the main risk factors that can trigger the onset of loneliness, but the opposites of these factors seem to be less definitely conclusive in explaining how feelings of loneliness might end (Newall et al., 2014).

The main group causing concern is those dealing with prolonged loneliness who apparently are not able to escape from loneliness feelings, neither by themselves nor with the help of family and friends. Long-lasting loneliness has serious consequences for those involved. Via both retrospective and prospective surveys, it is shown that loneliness predicts, among others, poorer physical health, less well-being, depressive symptoms (Aanes, Mittelmark, & Hetland, 2010; Cacioppo, Hawkley, & Thisted, 2010), alcoholism (Åkerlind & Hörnquist, 1992), and suicidal thinking (Fässberg et al., 2014). A meta-analysis by Holt-Lunstad, Smith, and Layton (2010) showed that a small social network, a shortage of support received from network members, and especially experiencing intense feelings of loneliness are decisive for early mortality. Moreover, loneliness has consequences for society at large. Lonely adults, more frequently than nonlonely peers, rely on General Practitioners and other health care workers in the community and have higher risks of nursing home admission (Russell et al., 1997).

Numerous health and welfare organizations offer a wide variety of services and activities targeting loneliness, but review and case studies find limited support for effectiveness of these loneliness interventions (Andersson, 1998; Bartlett et al., 2013; Cattan et al., 2005; Dickens et al., 2011; Findlay, 2003; Masi et al., 2011; Schoenmakers, 2013). Meaningful reduction in feelings of loneliness is hard, often requires a series of appropriate interventions, and takes time. For that reason, in this chapter we make a plea to move from loneliness reduction to loneliness prevention strategies (see also Newall & Menec, 2013). At this moment, ideas about prevention of loneliness are based on a fair allotment of common sense but also elicited out of past and ongoing loneliness studies and our work on numerous advisory boards of local and country-wide initiatives to combat loneliness.

## **LONELINESS: DEFINITION, RELATED CONCEPTS, CAUSES, AND CURES**

### **The Concept of Loneliness**

In this chapter, loneliness is defined as

a situation experienced by the individual as one where there is an unpleasant or inadmissible lack of (quality of) certain relationships. This includes situations in which the number of existing relationships

is smaller than is considered desirable, as well as situations where the intimacy one wishes for has not been realized.

(de Jong Gierveld, 1987, p. 120)

The opposite of loneliness is *socially embeddedness*. Most people wish to have at least one person in whom they can regularly confide their personal worries and feelings. A romantic partner, an adult child, or a best friend are frequently identified as intimate figures. If such a confidant is missing, the risk of emotional loneliness increases. Most people also wish to have several relationships with whom they can share the daily hassles and pleasures. Casual friends, colleagues, and neighbors are among the ones who take up these roles. If these relationships are missed, the risk of social loneliness increases.

In talking about the individual's personal relationships, we opt for using the concept 'social convoy' (Antonucci, 2001; Guiaux, van Tilburg, & Broese van Groenou, 2007) in order to make profit of the symbolic and well-known interpretations of a convoy, such as 'sailing under convoy.' Kernel characteristics of sailing under convoy encompass reciprocal social exchanges and support and being prepared to care and protect the lives and well-being of the comembers of your social convoy. Engaging social exchanges with kin and nonkin members of the social convoy are likely to be considered voluntary and not legally binding (Ajrouch, Akiyama, & Antonucci, 2007). People report that they receive several types of support from the social convoy, such as confiding, reassuring, respect, and sick care (Antonucci, 1994, 2001). Quality of interrelationships and reciprocal exchange of support are crucial in the functioning of the social convoy, both in periods of stability and in times of changes (Antonucci et al., 2011). The social convoy encompasses many types of bonds such as long-term family relationships as well as friends, colleagues, and other contacts, such as functioning in everyday contacts in pubs or in church activities (Buz et al., 2014). Research has shown that the size and composition of the social convoy might differ according to life course periods; for example, given reduced opportunities to counteract social losses at later life, the social convoys of very old people are nearly half as large as those of old people, but the reductions in social relationships are limited to social partners who are less close (Lang & Carstensen, 1994).

The abovementioned definition of loneliness stems from the cognitive discrepancy model, as proposed by Perlman and Peplau (1981). Many researchers use this model to investigate the onset and continuation of loneliness. Crucial elements in the cognitive discrepancy model of loneliness are (1) the number and types of personal relationships *realized*, (2) the individuals' *wishes* regarding number and types of personal relationships, and (3) the outcomes of the *subjective comparison* between realized and wished-for relationships. For many people, the outcomes of the comparison

are neutral, indicating correspondence between wished-for and realized relationships; for others, the comparison indicates a surplus of realized relationships (sometimes related to a longing for privacy), and a third group experiences a shortage in the personal relationships realized. The third group is the one experiencing loneliness.

Given the individual variety in levels of wished-for relationships, it is obvious that the number of realized relationships as such is not decisive for the intensity of loneliness, as is illustrated in Figure 14.1. Note that in this study we use the de Jong Gierveld loneliness scale (de Jong Gierveld & Kamphuis, 1985; de Jong Gierveld & van Tilburg, 1999), encompassing six items informing us about the intensity of emotional loneliness and five items informing us about social loneliness, all together resulting in a reliable and valid picture of the loneliness experiences of adults; the score of "0" indicates the absence of loneliness and the score "11" indicates extremely loneliness.

Adults with a low number of personal relationships, e.g., between zero and three, are characterized by higher mean levels of loneliness than adults with four to eight relationships or with more than nine relationships; this is illustrated by the mean values of the intensity of loneliness that vary from 4.92 for those with the lowest numbers of relationships to 1.08 for those with 29 or more personal relationships. But Figure 14.1 also indicates large variations in intensity of loneliness among those with the same numbers of relationships. Given 0–3 relationships realized, one quarter of them experience 2.25 loneliness intensity, and the quarter of the loneliest individuals experience 7.75 loneliness intensity. Varieties in perceived intensity of loneliness might be related to differences in the size of the social convoy as wished

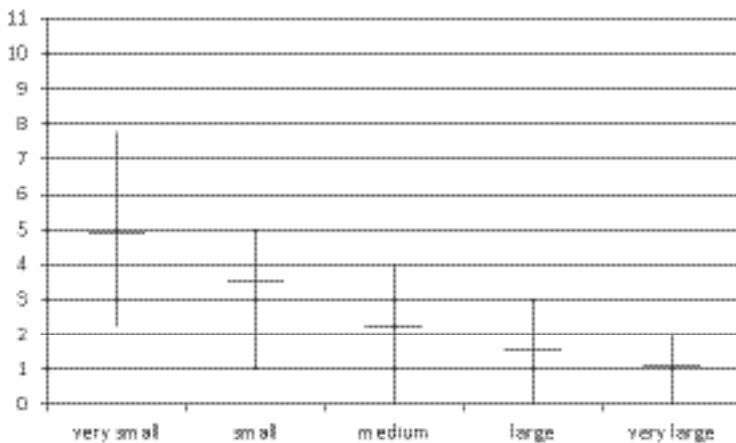


Figure 14.1 Loneliness by size of the social convoy: mean, 25th and 75th percentile values on the de Jong Gierveld loneliness scale ranging from 0–not lonely to 11–extremely lonely (Adults aged 60 and over, LASA 2001–2)

for, but the variety might also be caused by individual differences in the composition and quality of existing relationships (Aartsen & Jylhä, 2011; Dykstra & Fokkema, 2007). Prior research has shown that relationship quality is most decisive and predictive of loneliness (van Tilburg & de Jong Gierveld, 2007). However, it is necessary to have some quantity of relationships in order to have high-quality relationships (Antonucci, Ajrouch, & Birditt, 2014), as supported by Figure 14.1. Although there is quite a bit of variation in intensity of loneliness, there is certainly a relationship between numbers of realized relationships and the intensity of loneliness: those with 29 or more personal relationships have much lower intensities of loneliness as compared to individuals with less than four relationships, even when we take the variations in that group into account.

### **Loneliness Determinants and the Life Course**

Loneliness, at a certain point in time, is to be considered as an outcome of both early- and later-life circumstances and experiences. Personality characteristics, the socioeconomic position of the parental home, gender, educational level, work and income, the partner and parent history and position (with partner or without partner; with children or without children), and physical and mental health, as well as relationships with kin and nonkin, are among the main determinants of the size and composition of the social convoy and of loneliness in adulthood (Dahlberg & McKee, 2013; Fokkema, de Jong Gierveld, & Dykstra, 2012; Hawkey et al., 2008; Heylen, 2010).

Moreover, empirical research has shown that country level differences in welfare and health care regimes affect social well-being and loneliness of mid-life and older adults (de Jong Gierveld & Tesch-Römer, 2012). In this context, special attention is needed for older adults in a situation of long-term socioeconomic deprivation. A lower educational level, economic hardship, and poverty increase loneliness (Fokkema, 2012); this is especially so if economic hardship started in the parental home and continued until later age. Older adults in deprived urban areas or in remote rural living conditions are the first ones to become lonely (Burholt & Scharf, 2014; Ferraro & Shippee, 2009; O’Rand, 2001; Routasalo et al., 2006; Scharf, Phillipson, & Smith, 2005).

### **The Need to Tackle Loneliness**

The need to address loneliness, e.g., via creating connections between lonely and not lonely adults, is broadly understood in several European countries, such as the Netherlands and the UK. Organizations that used to work in the field of care for older adults or for adults in poor health are nowadays cooperating in ‘campaigns to end loneliness.’ Objectives are formulated to: (1) raise awareness of the problems caused by loneliness and (2) identify and raise awareness of what works in reducing loneliness. A long series

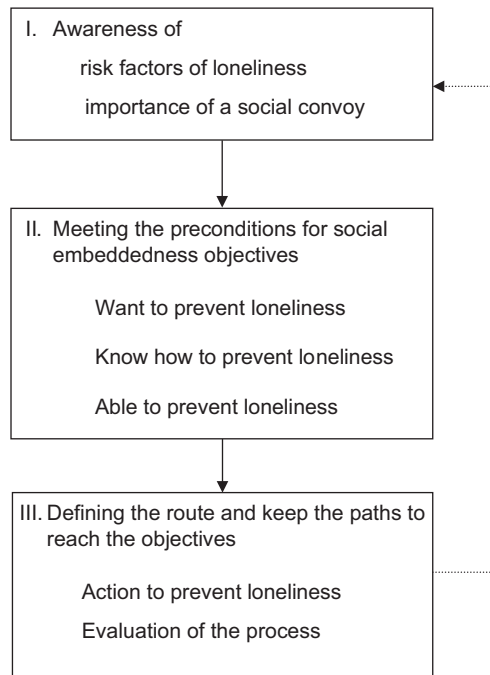
of actions and interventions have been started or ongoing activities have been broadened, all together involving many community organizations with thousands of volunteers and professionals.

It goes without saying that offering companionship and personal attention by arranging regular home visits or coffee hours for older persons, support with shopping and meals, telephone circles, and so on is essential for guaranteeing a minimum level of comfort for lonely adults. However, a substantial reduction of loneliness feelings among the participants is often not achieved (Andersson, 1998; Bartlett et al., 2013; Cattán et al., 2005; Dickens et al., 2011; Findlay, 2003; Masi et al., 2011). Evaluation studies indicated that interventions are effective sometimes and only under particular circumstances (Cattán et al., 2005; Findlay, 2003; Fokkema & Knipscheer, 2007; Hagan et al., 2014; Masi et al., 2011; Schoenmakers, 2013, van Haastregt et al., 2000; Windle, Francis, & Coomber, 2011). The very modest success of loneliness interventions is partly related to the fact that researchers have identified many unchangeable and uncontrollable factors that trigger or increase the risk of loneliness (e.g., moving to another region or country, death of an intimate person, deteriorating health; Hawkley et al., 2008), while changeable and controllable factors that might alleviate people from (severe) loneliness are not yet identified or not fully understood. Moreover, loneliness interventions are predominantly curative in focus—volunteers and professionals step in when someone is lonely for some time—while more effects can be expected of activities that aim to avoid loneliness; the saying ‘prevention is better than cure’ applies here too.

## LONELINESS PREVENTION

Loneliness prevention is anticipating a situation of (severe) loneliness and taking actions to avoid these experiences and is appropriate before people are confronted with loneliness. Talking about loneliness prevention is treating one’s social context as one that is in principle responsive for actions in the direction of (more) embeddedness. To our best knowledge, there is no specific framework guiding individuals in the process of preventing loneliness. Hence, we build on and adapt the model of Schoenmakers (2013; p. 25), a model based on ideas developed by Linnemann (1996) and van Tilburg (1982) and designed to guide organizations to arrange their interventions to help lonely people get through all the necessary stages to cope with loneliness. This adapted model is presented in Figure 14.2 and encompasses six interrelated stages, which in turn can be grouped into three phases: (1) being aware of the risk factors of loneliness and the importance of a social convoy, (2) meeting the preconditions for social embeddedness objectives, and (3) defining the route and keeping the paths to reach the objectives.

*Awareness:* The first stage of preventing loneliness is awareness of the risk factors of loneliness and of the importance of a social convoy to alleviate



*Figure 14.2* The process of preventing loneliness

loneliness (Weinstein, Sandman, & Blalock, 2002). During one's life, people are confronted with on- and off-time events, expected and unexpected transitions, gains and losses. People usually need to have several others to cope with these experiences and stressors. Hence, ongoing investment in the quantity and quality of one's social network is of utmost importance to maintain sufficient social interaction and support and, accordingly, to prevent them from loneliness; if one member of the social network is lost, others can fill at least part of the gap.

In this first stage, organizations can intervene in different ways. At the societal level, for instance, one can make people aware of the main loneliness-provoking factors and the protective role of a diverse social network by a national campaign. A recent study shows that nonlonely older adults seem to be open to such a campaign: mid-life and young-old adults, in particular those in good health and married, expect that old-old adults confronted with widowhood and poor health are more often lonely than peers not exposed to these risk factors (Schoenmakers, van Tilburg, & Fokkema, 2012). An example of an intervention at the individual level is to offer a course in which people get better insight into the strengths and weaknesses of one's current social network and how an optimal social embeddedness

might look. The new anticipated social convoy has to fit the very personal wishes of the individual involved, but it has to be realistic, too. Research among divorced women and men has shown that: people without a partner who have a strong desire to have a partner, that is to say, among whom there is a strong discrepancy between desire and reality, are more likely to suffer from emotional loneliness. Conversely, emotional loneliness was far less prevalent among people . . . who had no more than a slight preference to have a [new, JG] partner. (Dykstra & Fokkema, 2007, p. 7).

Parallel outcomes have been shown for older widowed persons: “The widowed who attached relatively little importance to a partner relationship were, on average, less lonely than those who attached relatively much importance to that relationship” (Dykstra & de Jong Gierveld, 1994, p. 252–3).

*Meeting the preconditions for social embeddedness objectives:* While loneliness refers to the subjective experiences of missing a certain number and/or quality of relationships with others, the embeddedness objectives are to be seen as connected to the aim to be part of a social convoy that consists of a certain number of confidants and a certain number of other good relationships, such as (close) friends and other companions. In setting these objectives, three preconditions are crucial: to be willing, knowing how, and able to maintain or improve one’s social convoy.

Regarding *willingness*, establishing a satisfying set of relationships is not that simple to achieve and to maintain. It is an ongoing investment that requires time and energy; close friendships are not built in a fortnight (Perese & Wolf, 2005). In contrast, building new friendships frequently starts with making acquaintances among one’s colleagues, covolunteers, and club mates. Moreover, it is necessary to start on time; after the onset of dementia, it is too late. In addition, one should be interested in one’s conversation partner, willing to be open for reciprocal support, and to a certain extent refrain from too much solitary activity, such as gaming. To motivate people to continuously invest in the quantity and quality of one’s social relationships, governments and welfare organizations could periodically address the negative implications of loneliness by public media (commercials, newspapers). Furthermore, measures and actions can be taken that are helpful to people in finding the time to participate in social encounters. In this respect, one can think of policies that are aimed to facilitate work and family life.

*Knowledge* about the ways to improve or maintain one’s social convoy is a second prerequisite for preventing (severe) loneliness. Active membership of sport clubs, involvement in church activities and other organizations (Brown, 2011; Kahlbaugh et al., 2011; Pettigrew & Roberts, 2008), daily meetings with old friends in local pubs (Rokach, 2008; Sánchez, de Jong Gierveld, & Buz, 2014), and volunteer work are known to raise opportunities for meeting new acquaintances and friends and to integrate into the community by meeting new people and developing the social convoy (Rozanova, Dosman, & de Jong Gierveld, 2008). Social media can be helpful in contacting new members



of the convoy and in maintaining existing relationships, too (Fokkema & Knipscheer, 2007). Intervention organizers can help people in this stage by showing them various strategic options for social interaction.

With regard to *ability*, not all individuals are equally equipped to start and pursue activities in the direction of a broad and high-quality social convoy. Loneliness prevention requires a certain level of self-esteem, social skills, and self-management abilities; possibilities to control the size, composition, and quality of one's social convoy might be crucial in loneliness-prevention strategies, as was also shown by Newall and Menec (2013). Genes and specific personal and personality characteristics, such as bashfulness, timidity, self-pity, suffering from delusions, and antisocial behavior, are other factors that influence the quantity and quality of relationships realized and the risks for loneliness (Antonucci et al., 2014). Meesters et al. (2010) showed that the social convoy of groups of psychiatric patients is smaller than those of their peers, as is the level of emotional support exchanged. Besides individual constraints, societal-induced constraints can hinder people to start and pursue activities to prevent loneliness. For example, van Tilburg and Thomése (2010) postulate that current societal trends are characterized by detraditionalization; this encompasses that the protective surrounding of entities such as family, the church, and the local community is no longer given. The resulting "fluidity of the social context leaves individuals with a fundamental incapability to realize their own autonomy. . . . People, who have material, personal and social resources are well equipped to cope with this uncertainty" (van Tilburg & Thomése, 2010, p. 220–221). However, people who are economically or socially vulnerable might fall victim and nowadays have serious problems in realizing a social convoy as wished-for. Intervention organizers can be helpful in overcoming abovementioned constraints by, for instance, teaching people social skills and self-management abilities and assisting (financially) vulnerable people.

*Defining the route and keep the paths to reach the objectives:* The final phase includes all actions that one actually performs to handle or anticipate negative life events, transitions, etc. that might trigger the onset of loneliness, followed by an evaluation of how successful and effective these actions have been. If not, the process of preventing loneliness needs to be restarted. In this phase, it is the individual who has to take the lead and has to select and start the actions that optimally fit into the route defined. Furthermore, intervention organizers can help people by offering additional actions that might support the individual in keeping the route and reach the objectives.

## CONCLUSION

In this chapter, we made a plea to move from loneliness reduction to loneliness prevention strategies. Based on the cognitive approach to loneliness, we proposed a model specifying the stages individuals have to go through in

order to have a social convoy that buffers them from social losses throughout their life. This model is also useful for health and welfare organizations, identifying a range of interventions that can help individuals in each stage in their efforts to prevent loneliness. These interventions go beyond their current spectrum of activities. Moreover, it requires a culture change amongst organizations from 'cure' to 'prevention.' Future effect studies are needed to evaluate which interventions are the most successful in preventing loneliness.

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# 15 Helping the “Poor Get Richer”— Successful Internet Loneliness Intervention Programs

*Sean S. Seepersad*

At the heart of this chapter is the question, can the Internet be successfully used to help reduce feelings of loneliness? Since the rise of the Internet in the late 1990s, there have been questions concerning the relationship between the Internet and loneliness.

This chapter has three main sections. The first section traces the evolution of the viewpoints on the relationship between Internet usage and loneliness. The second section will outline and provide examples of salient characteristics of loneliness intervention programs. Finally, the third section will discuss current Internet loneliness intervention programs and propose additional ways in which the Internet can be used to reduce loneliness based on the findings from the first two sections.

## RELATIONSHIP BETWEEN INTERNET USAGE AND LONELINESS

In order to understand how the Internet can serve as a tool for the treatment of loneliness, it would make sense to get a historical perspective on the relationship between the Internet and individuals' feelings of loneliness. The first seminal paper on this was published by Kraut et al. (1998). Their provocative article argued that increased Internet usage was related to increased levels of loneliness and depression. The longitudinal study looked at 169 individuals in 73 different households and what their experiences were like for the first one to two years of Internet usage. It was a great opportunity to see how new technology made an impact in the lives of individuals. They found what they called an “Internet paradox.” The paradox occurred because individuals were using the Internet extensively for communication; however, they also found increases in loneliness and depression. How did Kraut et al. explain this paradox? They concluded that increased Internet use was replacing higher quality real-life relationships with lower quality relationships online, which resulted in the increases in loneliness and depression. Because of the nature of the interaction online, they speculated, it may limit the quality of the relationship.

There was, of course, a strong response to the study. One particularly strong response came from McKenna and Bargh (2000). Their basic

argument was that technologies like the Internet, television, and telephone do not “do” anything by themselves. The Internet was not the main cause of loneliness or depression. They claimed that there are unique characteristics of the Internet that may, in fact, foster greater communication and increased relationship quality. They outlined four main characteristics. The first of these was greater anonymity. The Internet, more than other communication mediums in the past, allowed an individual to be anonymous. Being anonymous can create situations that facilitate greater disclosure because there is little fear that one’s identity will be revealed. It is the “stranger on the plane” phenomenon, where one feels free to disclose without fear of discovery. Second, the Internet reduced the importance of physical appearance. In real life interactions, physical appearance plays a major role in the interaction of people. With online communication, physical appearance’s role is often either reduced or completely eliminated, and people based their judgments less on physical appearance and more on the exchanged communication itself. It could allow for people who may not normally interact with each other because of physical appearance to do so online. Third, in a similar vein as physical appearance, geographical location also plays less of a role in social interaction itself. Both physical appearance and geographical location as gating features toward the development of a relationship are reduced through online communication. Lastly, McKenna and Bargh (2000) also point to the fact that individuals have greater control over the timing and pace of interactions. Unlike face-to-face or telephone interactions, a person can control how frequently they respond to another and can take time to craft their responses more carefully.

Kraut et al. (2002) released another article entitled, “The Internet paradox revisited.” The article published the results of a three-year follow-up of the original participants in their study. The results of the study found that their initial results were not sustained long term and, in fact, found that there were positive effects on communication, social involvement, and well-being associated with Internet usage. They found instead a “rich get richer” model, whereby extroverts and those with more social support got better outcomes. Inversely, those who were introverts and had less social support had more negative outcomes. Their findings were more in-line with other research that found that the Internet is more of a tool and its effects on a person are dependent upon how it is used. Other research pointed to the fact that lonelier individuals tended to use the Internet differently from those who were less lonely. Lonelier people tended to use the Internet in solitary or problematic ways (Caplan, 2002; Seepersad, 2004) than less lonely people and that, in turn, increases their level of loneliness. In the case of lonely individuals, there seemed to be a model of the “poor get poorer” where the Internet is exacerbating their level of loneliness.

More recent investigations into the debate between Internet use and loneliness have shifted to looking specifically at social media and loneliness. It was the social functions of the Internet that McKenna and Bargh (2000) had

argued mitigated any causal relationship between loneliness and Internet usage. In recent years though, the degree to which people use the Internet for social functions has been on the rise. A recent Pew study found that 73% of online adults use some type of social media, with Facebook being the most common. Among those who use Facebook, 63% visit at least once a day, and 40% access it multiple times during the day (Duggan & Smith, 2014). Social media and the high usage of it has been the cause of concern recently. This has been aptly reflected in Turkle's (2011) book entitled *Alone Together*. Turkle argues that technology may be taking us down a path that we do not want to follow. Even though there is a social component to the Internet, this social component is inherently different from face-to-face interaction. She argues that communication over the Internet is much more controlled—people can control the image they want to portray, delete the mistakes they would typically make in real-time communication, and control the pace of the interaction. Social media and technology can create the Goldilocks effect, where people can control just how close people are to them, making sure they are not too close or too far. In essence, Turkle argues that technology may be changing our expectations in relationships, where we are sacrificing conversation for mere connection, where we can have “the illusions of companionships without the demands of friendship” (Turkle, 2012).

Research studies, looking at Facebook specifically, have not found that usage alone creates greater feelings of loneliness and social isolation. For example, a comprehensive longitudinal study by Burke, Marlow, and Lento (2010) found that the way Facebook is used is related to whether a person feels increased levels of loneliness or not. Specifically, those Facebook users that had more *directed communication* experienced lower levels of loneliness whereas those users that consumed greater levels of content experienced greater loneliness. Directed communication involved interaction between the user and friend in which the one friend identifies the other. Other studies, such as another Pew study, found that those who received and accepted more Facebook friend requests tended to have more social support friends both online and offline (Hampton, Goulet, Marlow, & Rainie, 2012). Another study similarly found that higher degrees of loneliness were related to less overlap between Facebook friends and offline friends, more negative self-disclosure, and less positive self-disclosure (Ljepava, Orr, Locke, & Ross, 2013). The research continues to support the uses and gratification approach in that social media, such as Facebook, is a tool that can be used in different ways to either amplify or reduce feelings of loneliness.

## INTERVENTIONS OF LONELINESS

Suggestions for ways to reduce individuals' levels of loneliness have been around for at least three decades. Rook (1984) published a comprehensive



list of possible intervention strategies that can be used, ranging from individual to group to environmental approaches. Later, Masi, Chen, Hawkley, and Cacioppo (2010) did a meta-analysis of 77 different studies of loneliness intervention programs to understand the different strategies that were used and their effectiveness. Masi et al.'s (2010) review of the literature suggested that there were four loneliness intervention strategies. These were: (1) improving social skills; (2) enhancing social support; (3) increasing opportunities for social contact; and (4) addressing maladaptive social cognition. Notably missing from this list is improving coping skills or, as Rook (1984) labeled it, solitary skills.

In the meta-analysis done by Masi et al. (2010), they identified across the 77 studies that addressing maladaptive social cognition was the most effective in reducing loneliness. What are these maladaptive social cognitions? Numerous research studies (Burns, 1985; Nurmi, Toivonen, Salmela-Aro, & Eronen, 1997; Rook & Peplau, 1982; Rook, 1984) have shown that lonely persons tend to have automatic thoughts in which they assume that they will be automatically rejected in social situations. As a result, lonely individuals tend to avoid social situations and self-handicap themselves—behaviors that have been labeled as pessimistic avoidance (Nurmi et al., 1997). Several different strategies can be used to address these maladaptive social cognitions, including the use of cognitive behavioral therapy (Rook, 1984) or more psycho-educational approaches (McWhirter & Horan, 1996; Seepersad, 2005). Each of these approaches can be done at an individual level or in a group setting but are focused on changing a characteristic of the lonely person as opposed to changing the situation of the lonely person.

Another strategy focused on changing the characteristic of a lonely person, identified by Masi et al. (2010), is improving social skills. Social skills interventions are focused on providing lonely individuals with the necessary skills to develop intimate relationships. Lonely individuals, for example, have difficulty introducing themselves to others, making phone calls to initiate social contact, participating in groups, enjoying themselves at parties, and being responsive to others (Rook, 1984). Jones, Hobbs, and Hockenbury (1982), for example, also highlight that lonely individuals are less likely to give reciprocal, intimate disclosures or to understand expressive, nonverbal communications. In the intervention they constructed, they focused on increasing partner attention, which involves both asking questions and making statements meant to further conversation and disclosure.

The other two strategies identified by Masi et al. (2010) involved what Rook (1984) defined as environmental approaches. These were enhancing social support and increasing opportunities for social contact. Rook (1984) points out that while interventions focused on changing characteristics of a lonely person are effective, the size of those effects could be limited by the fact that such individuals may not have the opportunity to then form additional intimate relationships. She also makes the distinction between restructuring existing relationships vs. creating new opportunities for social contact.

These various approaches to loneliness interventions highlight the importance of addressing characteristics of the lonely person first through addressing maladaptive social cognition and social skills, in addition to addressing environmental factors such as access to social contact and social support. One limitation of the Masi et al. (2010) study was that it characterized each intervention in one of the four strategies. At least one of those interventions provided multiple strategies in helping individuals overcome feelings of loneliness (Seepersad, 2005). While there has been a significant degree of research done on loneliness interventions, the lack of uniformity in the approach, as well as randomized studies, limits our understanding of exactly how best to intervene with individuals who feel lonely.

## ONLINE INTERVENTIONS FOR LONELINESS

There are more attempts to put loneliness intervention programs on the Internet. It presents an interesting question of whether the Internet can be used as a means of reducing loneliness. The research looking at the relationship between loneliness and Internet use has generally shown a poor get poorer model, whereby those individuals who are lonely have their feelings of loneliness amplified when they go online. However, online intervention programs beg the question, can the poor get richer through the use of the Internet?

There have been several studies aimed at evaluating whether online intervention programs have been able to successfully reduce loneliness in the elderly. Choi, Kong, and Jung (2012) did a meta-analysis of five research studies that were experimental and had a control group. All five of the interventions programs focused on improving the computer and Internet skills of the elderly. These included things such as learning how to send emails. The results of the meta-analysis showed that these intervention programs were successful in reducing feelings of loneliness but not depression. The authors argue that the intervention programs aimed at increasing the availability of the person's social network. Therefore, the elderly had more opportunity to interact with family and friends than they had previously. In this sense, these intervention programs could be classified as environmental approaches (Rook, 1984), which sought to increase opportunities for social contact (Masi et al., 2010).

Another type of online intervention program aimed at reducing loneliness involved participation in an online forum, which involved things such as email, message boards, and chat rooms. One study, done by Horgan, McCarthy, and Sweeney (2013) in an attempt to reduce depression by participation in an online peer support program, found little effect on depression. Participants did, however, present loneliness as a significant problem. Reasons for the lack of effect included the high attrition rates and lurking (where participants viewed the online discussions but did not participate themselves). Underlying these obstacles, however, was the need to have a

facilitator on board who could get members engaged in the online forum. Without a facilitator participating in the group, higher rates of attrition and lurking occurred.

Another study looking at online intervention through an online forum was done with participants who had either cerebral palsy or spina bifida (Stewart, Barnfather, Magill-Evans, Ray, & Letourneau, 2011). In the case of this intervention, there was the use of facilitators who also had cerebral palsy or spina bifid. The results showed significant decreases in loneliness as well as increases in social acceptance and confidence. Like the online intervention program with the elderly, this intervention program also seemed to reduce loneliness through an environmental approach by increasing opportunities for social contact. It is interesting to note that the pretest loneliness levels were not significantly high for the majority of the sample, suggesting that even before the intervention participants would not have been classified as chronically lonely.

One other strategy used online involved the use of writing. In the study by van der Houwen, Schut, van den Bout, Stroebe, and Stroebe (2010), researchers gave participants a writing intervention for bereaved individuals. The writing intervention gave participants a number of writing assignments and took approximately seven weeks to complete. Results of the study showed that there were decreased feelings of emotional loneliness and an increase in positive mood compared to a control group. The authors attribute the reduction in loneliness to being able to effectively cope with loneliness and relates to Rook's (1984) improved coping skills.

Notably absent from the online intervention programs are those that focus on addressing maladaptive social cognition. However, most of the online intervention programs I found in the literature were targeted toward individuals who were more likely to be lonely due to limited social networks as opposed to maladaptive social cognition. Elderly people, for example, may be lonely not necessarily because they have maladaptive social cognition, but because of limited ability to connect to their preexisting social network. Learning how to utilize the Internet to reestablish contact with their social network decreased their loneliness. The online intervention programs seems less targeted toward individuals who are lonely because of their inability to establish meaningful relationships due to personal characteristics, such as the maladaptive social cognition.

While not in the loneliness literature, there have been other studies looking at the effectiveness of online therapy, including therapy targeted at individuals who have social anxiety disorder (SAD) and utilizing Internet cognitive-behavioral therapy (iCBT). Meta-analyses of the current research on online therapy has found preliminary evidence that they are effective (Andersson, Carlbring, Ljótsson, & Hedman, 2013; Dowling & Rickwood, 2013; Richards & Viganó, 2013). However, much of the research into online therapies are not random-controlled trials (RCTs) and involve small samples. Richards and Viganó (2013) also highlight unique features

of online therapy that can help or hinder the therapy process. These include: anonymity and disinhibition, which can facilitate greater self-disclosure; convenience, related to limited mobility, time availability, or even personal stigma; time delay, which can potentially foster anxiety over responses provided and/or the ability to reflect before providing responses; loss of cues, which would hurt the therapy process or foster disinhibition; and writing behavior and expression, which can allow clients time to review responses from therapists. Some of these unique features of online therapy (such as anonymity and convenience) are characteristics mentioned by McKenna and Bargh (2000) as characteristics that help foster connections online.

There has also been research looking specifically at the use of iCBT to treat SAD. Although SAD is not the same as loneliness, the two are strongly related (Teo, Lerrigo, & Rogers, 2013). A review of the literature on using iCBT to treat SAD has shown that it has been effective (Andersson et al., 2013). A recent study, for example, found that using iCBT was associated with the same neural patterns as CBT (Månsson et al., 2013). Andersson et al. (2013) makes two important distinctions when it comes to treatment with iCBT. First is the distinction between open and closed access. Closed access requires that clients provide identification, undergo screening, and a complete a diagnostic interview. Closed access yields higher treatment effects than open-access treatments. The second distinction is how much support is provided by the therapist. There can be little or no support provided by the therapists, and clients basically go through a self-paced program that provides reading material and homework to a much more involved therapist that does sessions through videoconferencing. When guidance is provided, the most popular and effective means of communicating with clients has been through chat and email (Andersson et al., 2013; Dowling & Rickwood, 2013).

Though a current review of the literature did not reveal any online cognitive behavioral interventions with regards to loneliness, research from online therapy suggests that not only are cognitive behavioral interventions possible, they can be effective. This is important because current loneliness intervention programs are primarily aimed at increasing opportunities for social contact and are not focused on the most effective intervention of loneliness, which is addressing maladaptive social cognition.

## CONCLUSION

This chapter began with a historical review that looked at the relationship between Internet usage and loneliness. Although the Internet often gets blamed for causing loneliness, a much more nuanced approach has shown that the Internet amplifies existing tendencies and results in the “rich getting richer” and the “poor getting poorer.” Lonely individuals are simply using the Internet in ways that tend to increase their feelings of loneliness.

At the heart of the chapter is the question, could the Internet be used to help “the poor get richer”? A review of the literature has shown a preliminary answer to that question is yes. Most of the online intervention programs are focused primarily on the elderly and teaching them how to use a computer so that they can have access to family and friends to whom they would not normally have access. These interventions have been shown to be effective in reducing loneliness (Choi et al., 2012). Other online loneliness intervention programs involve the use of discussion forums (Horgan et al., 2013; Stewart et al., 2011) and reflective writing (van der Houwen et al., 2010). These online interventions are primarily aimed at increasing social connections.

Notably missing from online loneliness intervention programs are any that focus on addressing maladaptive social cognitions. Addressing maladaptive social cognitions has been identified as one of the most effective strategies in helping to reduce loneliness (Masi et al., 2010). Though not in the loneliness literature, research done looking at online therapy, including iCBT, has shown that it would be possible to create an effective online intervention focused specifically on addressing maladaptive social cognitions.

As the research into online interventions is still relatively new, there still remains a significant amount research to be done. Meta-analyses conducted on loneliness intervention programs (including online interventions) have pointed out the limited amount of RCT studies done to determine the effectiveness of these interventions. Without these RCT studies, the ability to determine the effectiveness of these intervention programs is reduced. In addition, there is further need to understand how the components of online loneliness intervention programs are related to the characteristics of the participants in determining effectiveness. For example, are online intervention programs aimed at increasing social connections less effective for individuals who have maladaptive social cognitions? Lastly, given the research already been done with SAD and iCBT with positive findings on effectiveness, it would also be worthwhile to investigate if there is a related reduction in loneliness as well.

Lonely individuals left to their own devices online tend to resort to behaviors that would amplify their feelings of loneliness. However, creating avenues specifically targeted to lonely individuals can provide them a constructive outlet to help them effectively reduce their loneliness. The Internet can also be a helpful tool in connecting individuals who are socially isolated to increase their social network or improve their existing networks. The question should no longer be whether the Internet (or social media or other components of the Internet) causes loneliness, but rather how can we use the Internet to reduce loneliness?

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# 16 Chronic Loneliness Within an Attachment Framework

## Processes and Interventions

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### CHRONIC LONELINESS WITHIN AN ATTACHMENT FRAMEWORK: PROCESSES AND INTERVENTIONS

As innately social creatures, we strongly desire the capacity to build and maintain meaningful, fulfilling connections with others. In a Western culture that has become increasingly more time-starved and fast-paced, the relatively recent advent of email, texting, and social media applications appears to offer the simple solution to maintaining a busy, independent life while still feeling like we are effectively preserving our existing interpersonal relationships and developing a score of new “friends.”

Arguably, though, our interpersonal interactions are becoming increasingly superficial as technology further integrates into our daily lives. This is in opposition to our strong biological needs to feel loved, cared for, and accepted (Baumeister & Leary, 1995; Carvallo & Gabriel, 2006)—needs for acceptance and connection that can only be satisfied through the establishment of stable, supportive interpersonal relationships. The depth of such relationships may be more difficult to maintain in the increasingly impersonal social world we have constructed through technology. As we distance ourselves more and more from face-to-face social contact in the interests of efficiency, we must turn our minds to the impact this culture has on our ability to develop and maintain satisfying interpersonal relationships—and to the side effects it may have on our physical and mental health.

With this in mind, the present chapter explores a condition that this culture may increasingly perpetuate—loneliness. To offer solutions and possible avenues for intervention, we propose a process model for loneliness in which an understanding of individuals’ attachment styles and their subsequent ways of processing interpersonal information may provide the conditions through which loneliness is developed and maintained—and the mechanisms through which it can be treated.



## ATTACHMENT SECURITY AND WORKING MODELS

According to attachment theory, we are driven to seek the proximity of those closest to us (i.e., our *attachment figures*) when faced with stress or threat. Acting as both a safe haven and a secure base, an attachment figure relieves our distress by providing a reliable source of protection and support (Bowlby, 1969; Mikulincer & Shaver, 2007a). Beginning with our caregivers during infancy, this support, in turn, allows us to more confidently interact with our environment. Our repeated experiences with our attachment figures, peers (Freeman & Brown, 2001), and romantic partners (Simpson, Winterheld, Rholes, & Oriña, 2007) lead to the development of *internal working models* of both ourselves (i.e., perceptions of our own worthiness for love and support) and of others (i.e., perceptions concerning the ability of others to provide us with love and support when needed; Bartholomew & Horowitz, 1991). These internal representations of self and other serve as a sort of script for expectations and interpretations of, as well as responses to, social situations (Baldwin, Fehr, Keedian, & Thomson, 1993; Collins, 1996; Fraley, Garner, & Shaver, 2000).

It is the quality of past interactions with attachment figures that results in the development of a characteristic pattern of responding—an *attachment style* (Ainsworth, Blehar, Water, & Wall, 1978), which influences the way we interpret and respond to interpersonal relationships throughout our lives (Hazan & Shaver, 1987). Attachment style is conceptualized along two continuous dimensions of anxiety and avoidance (Brennan, Clark, & Shaver, 1998), with attachment security defined as both low anxiety and avoidance and attachment insecurity corresponding to higher levels of anxiety and/or avoidance. Because securely attached individuals have typically felt loved and supported throughout their lives, they tend to have a positive view of both self and other—they believe that they are worthy of love and support and that people will be there for them when needed (Mikulincer & Shaver, 2007a). As a result, they generally process social information with an open mind (Dykas & Cassidy, 2011), and have positive interpersonal experiences. The latter translates into thoughts, feelings, and behaviours conducive to building healthy, satisfying relationships with others as adults. Securely attached individuals tend to be more socially skilled, are less likely to suffer from chronic loneliness, and are more likely to experience better overall health and well-being (Bernardon, Babb, Hakim-Larson, & Gragg, 2011; Cohen & Janicki-Deverts, 2009; DiTommaso, Brannen-McNulty, Ross, & Burgess, 2003; Kafetsios & Sideridis, 2006; Holt-Lunstad, Smith, & Layton, 2010; Whisman & Baucom, 2012).

In contrast, insecurely attached individuals tend to develop biased working models that skew their perceptions of both their own role and the role of others in forming, engaging, and maintaining interpersonal relationships (Gordon & Christman, 2008). As a result, they are less likely to obtain the support they need and tend to struggle with developing and maintaining

healthy and mutually satisfying interpersonal relationships (Mikulincer & Shaver, 2007a). Individuals *higher in attachment avoidance* typically develop a positive view of self but a negative view of others. Because their attachment figures have consistently been unavailable and unresponsive to them when needed (Mikulincer & Shaver, 2007a), they develop a tendency to engage in deactivating patterns of relating, distancing themselves from others as a means of self-protection. They become intensely self-reliant, believing that others cannot be trusted. Such perceptions, in turn, can prevent them from fully comprehending their interpersonal experiences (Dykas & Cassidy, 2011; Rholes, Simpson, Tran, Martin, & Friedman, 2007). Individuals who are *higher in attachment anxiety* have also had poor experiences with their attachment figures due to their inconsistent availability when needed. When proximity seeking fails, these individuals typically engage in hyperactivating strategies (e.g., clinging or controlling behaviours) to obtain the attention of an attachment figure (Mikulincer & Shaver, 2007a). With a negative view of themselves but a positive view of others, those high in attachment anxiety long to feel connected but blame themselves for their inability to form stable, satisfying relationships. They tend to want to know as much social information as possible in order to detect possible signs of rejection, become hyperfocused on aspects of social information that may validate their own negative self-view (Dykas & Cassidy, 2011; Rholes et al., 2007), and consistently doubt their own worthiness for love and support.

Both our attachment style and our internal working models influence the way we perceive and interact socially with our environment. Given their difficulties with establishing and maintaining rewarding, stable, and supportive interpersonal relationships, it is not surprising that insecurely attached individuals have been shown to have lower levels of trust, poorer quality relationships, more frequent symptoms of poor health, and a greater susceptibility to chronic loneliness than their more securely attached counterparts (Bernardon et al., 2011; Feeney, 1999; Givertz, Woszidlo, Segrin, & Knutson, 2013; Maunder & Hunter, 2001). The connection between insecure attachment and loneliness is of particular interest given the additional deleterious effects of chronic loneliness on physical and psychological health (Fiori & Consedine, 2013; Hawkley & Cacioppo, 2002; Heinrich & Gullone, 2006). How can insecurely attached and chronically lonely individuals improve their interpersonal relationships and, in turn, their overall health?

## LONELINESS: TYPES AND CHRONICITY

Loneliness is characterized as an unpleasant and distressing, subjective experience that arises from perceived dissatisfaction in one's social relationships (Bernardon et al., 2011; Peplau & Perlman, 1982). The greater the discrepancy between one's desired and achieved pattern of social relations,

the greater the perceived dissatisfaction and the more intense the feelings of loneliness (Peplau & Perlman, 1979). Originally viewed uni-dimensionally as a subjective sense of inadequacy across all interpersonal domains, current models of loneliness tend to adopt a more multidimensional approach (Weiss, 1973). Weiss (1973) was the first to separate loneliness into two distinct types: social loneliness (i.e., the absence of an engaging and supportive social network; lack of friendships) and emotional loneliness (i.e., the absence or loss of a close attachment relationship). More recently, DiTommaso and Spinner (1993) developed a typology of loneliness that further divided emotional loneliness into two distinct parts: family and romantic loneliness. Taken together, this created a tripartite theory of romantic, family, and social loneliness. People may experience loneliness in one or more of these three areas at the same time, with the relative importance of relationships in each of the areas changing across time as an individual matures (DiTommaso & Spinner, 1997). Despite sharing common features, the symptomatology, etiology, and coping strategies associated with each type of loneliness are notably distinct. And, because each type of relationship fulfils different needs, it is in one's best interest to develop and maintain supportive relationships in each area (DiTommaso & Spinner, 1997; Weiss, 1973).

It is important to note that loneliness is not synonymous with being alone—it is more than just social isolation (McWhirter, 1990). As indicated by Weiss (1973), a subjective sense of connection and integration with others is just as important when it comes to staving off loneliness as are opportunities for establishing emotional relationships. If one's desired perceptions of connectedness and interpersonal needs are not being met, it is possible to feel lonely even if surrounded by other people. Thus, when evaluating the experience of loneliness, one must consider both the objective characteristics, such as the frequency or *quantity* of social contact, as well as a subjective appraisal of the *quality* of those relationships (Victor & Yang, 2012; Wheeler, Reis, & Nezelek, 1983).

Further, although typically an aversive state, loneliness is not necessarily a pathological experience. It is normative for individuals to experience transient or state loneliness, characterized by occasional, brief periods of the experience (Asher & Paquette, 2003; Young, 1982). These periods typically resolve on their own with minimal long-term implications. However, chronic loneliness—the dissatisfaction with social relationships for two or more years—is considered to be a pathological condition associated with the most severe emotional, behavioural, and cognitive deficits (Asher & Paquette, 2003; Hawkley & Cacioppo, 2010). Indeed, research consistently shows that chronically lonely individuals differ both qualitatively and quantitatively from transiently lonely individuals in a variety of ways (Heinrich & Gullone, 2006). For example, Hojat (1983) found differences along several key personality variables; in comparison to those that were transiently lonely, chronically lonely individuals score higher on global loneliness, anxiety, depression, neuroticism, and external locus of control

and lower on measures of extraversion and self-esteem. They experience a greater number of negative emotions, have lower self-confidence, and perceive themselves as less socially competent than their transiently lonely or nonlonely counterparts (Heinrich & Gullone, 2006). Differences have also been noted in terms of the manner in which the chronically lonely explain their own perceived social deficits (Cutrona, 1982); while chronically lonely individuals engage in more stable, uncontrollable, and internal attributions for interpersonal deficits, transiently lonely individuals are much more flexible in their attributions, citing both situational and personal factors as important in the development of loneliness. Finally, loneliness can have a significant impact on one's physical health and emotional well-being, with chronic loneliness, in particular, being associated with a myriad of negative health concerns (e.g., disrupted sleep patterns, poor cardiovascular health, increased systolic blood pressure, disruptions in cognitive functioning, depression, anxiety, substance use, and personality disorders; Hawkley & Cacioppo, 2010; Young, 1982). Clearly, loneliness—particularly when chronic in nature—can translate into difficulties with psychosocial functioning as well as both poorer physical and mental health (Ben-Zur, 2013; Chen & Feeley, 2014).

Whereas transient periods of loneliness typically come and go and can often be addressed through an increase in social opportunities and skills, chronic loneliness and its pathological nature typically requires some form of intervention to resolve. Given the long-term and deleterious impact chronic loneliness can have on both physical and mental health, it is clear that the development of comprehensive and effective interventions to help individuals combat the experience of chronic loneliness is not only important from a clinical standpoint but also from a socioeconomic one. Yet, despite its widespread prevalence and deleterious effects on psychosocial functioning, physical health, and mental well-being, loneliness is seldom targeted as an independent clinical concern. Rather, it tends to be addressed as an adjunct in the treatment of other mental health conditions such as depression or anxiety (Hawkley & Cacioppo, 2010; Heinrich & Gullone, 2006). Although loneliness and depression are often associated with one another, they represent two distinct constructs, and each should be awarded independent clinical attention and focus (Heinrich & Gullone, 2006; Lasgaard, Bramsen, Trillingsgaard, Goossens, & Elklit, 2011; McWhirter, 1990).

## **CHRONIC LONELINESS WITHIN AN ATTACHMENT FRAMEWORK: A PROPOSED PROCESS MODEL**

A useful way to conceptualize the experience of loneliness is to place it within an attachment framework, particularly with respect to working models—our filters for interpreting and responding to others in interpersonal situations and close relationships. A key factor in the development

and maintenance of loneliness from an attachment perspective is that the internal working models reflect negative perceptions of self and others and, in turn, trigger a negative bias toward both the expectations and appraisals of interpersonal relationships. Lonely people have biased working models and, as a result, tend to process social information in a much less healthy and adaptive way. This, in turn, can make them more susceptible to maladaptive patterns of relating to others. If one is taught to interact, share, and enjoy relationships with others and felt loved and valued in an interpersonal context as a child, a secure attachment and positive internal working models are fostered. These models have been associated with the experience of less family, romantic, and social loneliness (Bernardon et al., 2011). However, if one is not provided with secure attachment experiences, it is difficult to establish a sense of interpersonal competence and self-esteem. Insecurely attached individuals are more likely to view themselves as incompetent or to judge others as untrustworthy, cold, and rejecting. Failure to develop adaptive working models of self and others may make one more susceptible to state/transient loneliness, which can then lead to more persistent, long-term, and chronic loneliness. In other words, loneliness can be viewed as a reflection of the biases present in the working models of insecurely attached individuals (Bernardon et al., 2011; Dykas & Cassidy, 2011; Fiori & Consedine, 2013; Hawkey & Cacioppo, 2010).

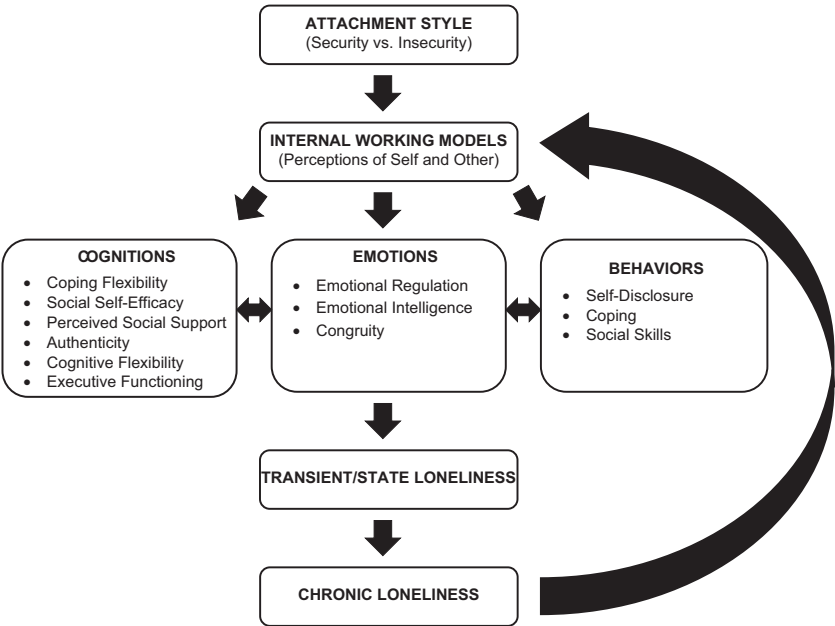


Figure 16.1 A cognitive-emotional process model of chronic loneliness

While we are proposing that, generally, negative perceptions of self and of other are key contributors to the development of loneliness, it is also important to highlight the possible mechanisms associated with this process. Figure 1 illustrates some of the mechanisms through which internal working models may influence the experience and development of transient vs. chronic loneliness. Grouped into three components corresponding to cognitions, emotional responses, and behaviours, these mechanisms include: coping flexibility, social self-efficacy (Wei, Russell, & Zakalic, 2005), self-disclosure, perceived social support (Bernardon et al., 2011), authenticity (Kernis, 2003), cognitive flexibility/executive functioning, emotional regulation (Srivastava, Tamir, McGonigal, John, & Gross, 2009), congruity (Mauss et al., 2011), emotional intelligence (Zysberg, 2012), and social skills (Ozben, 2013). Each of these mechanisms operate somewhat differently depending on the lens through which they are perceived (i.e., insecure vs. secure attachment). This, in turn, influences the experience of transient vs. chronic loneliness.

Compared to other individuals, the chronically lonely are less socially skilled, perceive lower levels of social support, and engage in maladaptive forms of coping when distressed. They tend to be less competent and flexible in social situations, have greater difficulty regulating their emotions, and may engage in inappropriate levels of self-disclosure. They also tend to be less genuine in their interpersonal relationships, responding to others in ways that may not fully coincide with true thoughts and feelings. They typically engage in less social planning and are less optimistic about social relationships. Taken together, these factors create conditions that are detrimental to the development of trust and support, both of which are critical elements to the formation of stable, secure, and mutually satisfying interpersonal relationships. Thus, the model described above intends to communicate that lonely people tend not to process social information in a healthy and adaptive way, thus making them more susceptible to maladaptive patterns of relating to others.

Loneliness is a unique, subjective experience for every individual. Both loneliness and the mechanisms associated with its development will be perceived and experienced differently depending on one's working models and whether he/she is more or less anxious and more or less avoidant. Consequently, the intervention used to address loneliness may be slightly different depending on one's attachment style and the particular mechanism that is being targeted. For example, self-disclosure is an important social skill that facilitates the development of close relationships with others (Wei et al., 2005). Disclosing too much or too little information about oneself, as is the case with individuals higher in attachment anxiety and avoidance, can be detrimental to relationships. What qualifies as appropriate self-disclosure can mean very different things depending on one's attachment style. Furthermore, the way that self-disclosure is perceived and the content that is communicated will vary depending on one's working models. Someone who is

high in attachment avoidance will need to adjust his or her negative view of others and learn to develop trust before being comfortable with a social skill like self-disclosure. Someone who is more securely attached, in contrast, may be able to adjust his or her level of self-disclosure with minor guidance due to the fact that he or she does not also need to overcome biased perceptions.

## PUTTING THE MODEL TO WORK: A PROPOSED INTERVENTION STRATEGY

Masi, Chen, Hawkey, and Cacioppo (2011) conducted one of the most comprehensive reviews of interventions to reduce loneliness. Their meta-analysis included over 50 studies examining the effectiveness of four major types of loneliness interventions:

1. *Improving social skills*: Utilized small group training sessions as a forum for building listening and communication skills; developing cooperative behaviour; and assisting with the initiation, development, and maintenance of friendships;
2. *Improving social support*: Involved social support groups, individual-based support, and animal-assisted therapy;
3. *Increasing opportunities for social interaction*: Utilized recreational group activities, Internet-based forums, and social media to increase perceived connectedness with others; and
4. *Addressing maladaptive social cognitions*: Included individualized cognitive behavioural therapy, challenging automatic thoughts, psycho-education regarding the benefits of social relationships, and training in cognitive reappraisal.

Of all four types of interventions, only those targeting maladaptive social cognitions were found to be somewhat effective at reducing loneliness. However, the overall effect size for the randomized group comparisons was still small ( $-0.198$ ,  $p < .05$ ) and thus resulted in only modest improvements in loneliness. It is clear that, given the relatively small overall effect size, a more comprehensive treatment model is needed. Interventions increasing the opportunity for social contact that offer greater social support or that build social skills without addressing biased perceptions are more likely to target social isolation rather than the experience of loneliness as a whole. Indeed, if current interventions are only addressing one component of loneliness, it could explain why most are only modestly effective at best.

Securely attached individuals are much more adaptable in social situations as interacting with others comes naturally to them. Consequently, they may be more likely to respond positively to interventions targeting increased social connectedness and the development of interpersonal skills. Securely

attached individuals already have the foundation for building stable, satisfying relationships, so they can integrate new skills into their repertoire relatively easily. On the other hand, chronically lonely and insecurely attached individuals have pervasive and maladaptive patterns of relating to others. Regardless of the number of social skills or opportunities they are provided, their biased perceptions regarding the nature of relationships will prevent them from building secure, intimate connections with other people.

In order to more effectively intervene and reduce chronic loneliness, we must move beyond social opportunities and skills and develop a more comprehensive intervention framework that also facilitates the development of quality interpersonal relationships. Based on the meta-analysis conducted by Masi et al. (2011), we know that cognitions are important in the treatment of loneliness. We also know from the literature that biased working models of self and other influence the way we think, feel, and behave (Bartholomew & Horowitz, 1991; Bernardon et al., 2011). Interventions designed to help chronically lonely individuals must increase their awareness of the mechanisms related to the quality of interpersonal relationships by examining attachment histories and providing insight into the impact of negative interaction patterns, maladaptive cognitions, and biased perceptions toward both themselves and others. By tackling loneliness at its source, clinicians may be better able to assist clients in improving both the quantity *and* quality of interpersonal relationships.

The proposed model presented in Figure 1 outlines the critical elements that must be considered and addressed in a comprehensive intervention model for reducing the experience of chronic loneliness. As indicated in the model, the cognitive, emotional, and behavioural components contributing to loneliness are influenced by both working models and attachment. Thus, it is important to evaluate the attachment security and working models of a particular individual. By taking each of these elements into account, it increases the likelihood that a particular intervention will target the key components that lead to loneliness for that individual and significantly reduce his/her experience of loneliness. Both attachment and working models shape the way an individual perceives and interacts with the world around them. Thus, specific cognitions (e.g., social self-efficacy, authenticity), emotions (e.g., congruity, emotional regulation), and behaviours (e.g., self-disclosure, coping) also need to be assessed in order to determine the specific target areas for individualized treatment planning. This information can be collected through the use of structured or semi-structured clinical interviews and appropriate assessment tools.

A thorough assessment of the nature of the underlying factors of chronic loneliness is fundamental for any intervention to be effective, as is assessing the possibility of loneliness chronicity in different relational domains (i.e., family, romantic, and social). By focusing on the foundations of the way people interact, and their particular experience of loneliness, we can target strategies for improving attachment security and restructure biased internal



working models. The latter should help individuals to build their sense of self-efficacy and engage more effectively in interpersonal situations. This, in turn, may also have the effect of mitigating the reinforcing influence of chronic loneliness on insecure working models. In other words, feeling less lonely may assist individuals in continuing to challenge biased perceptions, thereby further enhancing their sense of interpersonal connectedness.

It is important to note, however, that such interventions do not take place overnight; working models develop over many years based on previous interactions with attachment figures. Yet, despite the relative stability of attachment style over time, it is possible to change one's insecure attachment style as a result of repeated positive experiences with an attachment figure (Mikulincer & Shaver, 2007b). If provided with a reliably safe and supportive environment, it is theoretically possible for insecure individuals to learn to challenge their existing working models and develop more secure patterns of relating. This process is referred to as the *broaden and build* cycle of attachment security (Mikulincer & Shaver, 2007b). This cycle enhances emotional stability and builds personal and social competence by promoting attachment security that, in turn, facilitates the development of satisfying interpersonal relationships as well as long-term emotional well-being and better mental health.

## CONCLUSION

We develop our perceptions of self and others based on previous experiences in close attachment relationships. These perceptions, whether accurate or biased, are what form our social realities. Not only do they influence the way we interpret and respond in social situations, but they also influence our ability to initiate; develop; and maintain healthy, supportive relationships. Our perceptions of self and other have been linked to the experience of loneliness through a variety of different cognitive, affective, and behavioural mechanisms. Current loneliness interventions tend to focus on alleviating the short-term symptoms associated with transient loneliness rather than on the more pathological symptoms and experiences associated with chronic loneliness. In order to provide a comprehensive treatment, clinicians must tackle the experience of loneliness at its source by considering attachment-related perceptions and working models in addition to the cognitive, affective, and behavioural mechanisms associated with the experience of loneliness. It is hoped that this approach will help chronically lonely individuals to become more aware of the biased perceptions and maladaptive patterns of relating that prevent them from developing and maintaining quality interpersonal relationships with others.

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# Epilogue

## Loneliness and Coping with It: Where Do We Go from Here?

*Ami Rokach and Ami Sha'ked*

“Loneliness, which can involve excruciating physical as well as mental suffering, is an ancient nemesis. In fact, the first thing that the biblical God named as not good was loneliness. Loneliness is implicated in numerous somatic, psychosomatic, and psychiatric diseases (McGraw, 2000). It is a mundane yet arcane human affliction that is often hazardous to health and hostile to happiness.”

(Martens & Palermo, 2005; p. 298)

Psychology, while now showing growing interest in loneliness, has not devoted much attention to the need to belong. As Doherty (1995) so poignantly observed, our very sophisticated microscopes make the heavens [and the bigger picture] invisible. Mellor et al. (2008) commented that most humans live in a matrix of relationships that actually define their identity and to some extent their personality as well; those connections transcend cultural differences (see Heine, Lechman, Markus, & Kitayama, 1999).

Humans are social animals. In the distant past, their very lives depended on being part of a group. As such, loneliness, evolutionarily, was an alarm call that directed the individual to the fact that the group is not there; for survival purposes, it is of utmost importance to do something about it and rejoin the group (see also Cacioppo & Cacioppo, 2014). Humans can hardly survive alone. In order to encourage belonging, we have numerous groups in which we can be, and many times are, a part—nationally, religiously, vocationally, professionally, and personally. Solitude, while possibly always an important facet in human life, is even more important now with our very hectic lifestyle, when we are bombarded with thousands of stimuli per hour. Solitude, which is so valuable to our growth and development, is not very familiar to many; there are those who shun it as it feels to them, or reminds them, of loneliness.

Loneliness is a prevalent, common, and disconcerting social phenomenon (Cacioppo & Patrick, 2008). Recent estimates suggest that up to 32% of adults experience loneliness at the time of the survey, and up to 7% report feeling intense loneliness (see Hawkey et al., 2010). Since loneliness is so painful, and since our individualistic society seems to enhance it, it follows

that we can, in our Western societies, find a growing number of unhappy people suffering from a variety of emotional disorders. We have polluted our social environments, contends Mijuskovic (1992), and we all share in the growing awareness of our separation. We naively rely on materialistic and individualistic criterion to gauge well-being. Hence, to do well economically is a cherished state of being. Competition is encouraged and rewarded. The ethical salvation of our families and society at large is the commitment of people to each other, for all else will breed alienation.

Earlier researchers focused on the role of social support in relation to both physical and mental health (Cohen & Syme, 1985; House, Landis, & Umberson, 1988). Others have explored the effects of loneliness on health (Lynch, 2000; Russell, Cutrona, Rose, & Yurko, 1984; Hagerty et al., 1996), on social integration, on attachment (Kawachi & Berkman, 2001), and on mortality (Cacioppo & Cacioppo, 2014). Ornish (1998) reviewed numerous studies that suggested that “anything that promotes a sense of isolation often leads to illness and suffering. Anything that promotes a sense of love and intimacy, connection and community, is healing” (p. 14). Commenting on the importance of community to our well-being, Lewis, Amini, and Lannon (2000) observed that “with results like these backing the medical efficacy of mammalian congregation, you might think that treatments like group therapy . . . would now be standard. Guess again. Affiliation is not a drug or an operation, and that makes it nearly invisible to Western medicine” (p. 80). Ornish (1998, 2007) echoes this sentiment.

This book aimed at reviewing the newest, most updated loneliness interventions. Clearly, loneliness cannot be completely prevented, but we can find ways to not experience it as frequently as we do now, not as acutely as we experience it presently, and for not as long as we may now. The book outlines various approaches that aim at cognitive restructuring, social skills learning, increasing social access, improving social support, and utilizing the Internet to connect, at least virtually. Surely more techniques and approaches will be described and developed in the future. However, we are of the opinion that just like in many areas in life, education is the key. And that education needs to start at a tender age. Children need to be taught the evolutionary function of loneliness (see Cacioppo, Cacioppo, & Boomsma, 2014) and that togetherness, mutual support, caring for others, and being sensitive to social cues of distress that others project—and responding to them—are at least as important to our survival as humans and societies as are professional achievements, acquiring materialistic possessions, or gaining influence and power—all the “ingredients” and values that seem to be so important in the Western world. This may be accomplished by parent education programs aimed at teaching prospective parents how to develop a stable and secure attachment style with their infants that, as research demonstrated, can be of great benefit in the children’s ability to develop social relationships and not perceive solitude as a precursor to loneliness. As adults, those children will be better prepared to develop, aside from social

connections, close romantic relationships that can potentially shield against adulthood loneliness.

Loneliness is stigmatized. Stigma prevents people from communicating, sharing, and collaborating in addressing this social malady. How will we, then, go about such an important change? *We need to get Loneliness out of the closet and address the stigma that's attached to it!* At home, at school, and in the media, the message needs to be: while ours is an individualistic society and our individuality and personal freedom are important, it is our togetherness, interpersonal connections, social support, and mutual caring that are so very important to us physically, emotionally, and spiritually as people, as societies, and even as a species, as Ornish (1998) maintained.

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