THE PHENOMENON OF LONELINESS

Vida Abarghouei

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ABSTRACT

In this thesis, the phenomenon of loneliness is explored in depth. Loneliness is pervasive and leads to physical health as well as mental health problems. As such, loneliness is an important topic for study as more research may lead to better intervention and prevention measures. This is a manuscript thesis. The phenomenon of loneliness itself is explored in Essay I. In Essay II, loneliness is explored as it impacts specific (mostly marginalized) populations. The third and final essay centres on the demographic economic, social, and genetic factors that impact loneliness in an attempt to provide an in-depth analysis of factors impacting the experience of loneliness. Implications for counsellors are offered and areas for further research identified at the end of Essay 3.

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DEDICATION

Dedicated to the millions of lonely people who feel lonely each and every day.

"Why do people have to be this lonely? What's the point of it all? Millions of people in this world, all of them yearning . . . Why? Was the earth put here just to nourish human loneliness?"

— Haruki Murakami, *Sputnik Sweetheart*

CHAPTER 1 INTRODUCTION

In this chapter, I will outline the purpose, relevance, and scholarly context for the topic and question: What is loneliness, what are its social and genetic determinants, and what are potential outcomes of the experience of (prolonged) loneliness? In this chapter I will also situate myself as the author and describe my interest in this topic. I will also outline the structure of the thesis.

Purpose Statement & Context

The purpose of my thesis is to explore the phenomenon of loneliness in depth. Loneliness is pervasive: Roughly 20% of Canadian older adults feel lonely (Statistics Canada as cited in Renzetti, 2013) while another study suggests that of 34,000 Canadian university students, about two-thirds reported having felt "very lonely" the year prior (Renzetti, 2013). Loneliness is also associated with health problems and increased risk for psychiatric afflictions (Shulevitz, 2013; Boomsma et al., 2007; Cacioppo, 2009; Cacioppo et al., 2006; Cacoppo et al., 2002). Indeed, as Cacioppo (2009) suggests, "these changes in physiology are compounded in ways that may be hastening millions of people to an early grave" (p. 5). As such, loneliness is an important topic for study as a better understanding may lead to more effective intervention and prevention.

Key Terms and Phrases

For the purpose of this thesis, loneliness is defined as a difficult, subjective feeling, which emerges from one's experience with one's social relationships (Hawkley et al., 2008). Loneliness thus is used to mean that which is based on one's perception of the quality—not the quantity—of one's relationships.

Solitude: Solitude in this thesis is used to mean, "the pre-condition for the internal dialogue that marks thinking and moral judgment" (Arendt, as cited in King, 2013, p. 476).

Situating Myself as Author

I grew up with my identical twin sister, and we have both struggled immensely with loneliness once we were separated. Still being interested in the phenomena of loneliness, and knowing that there is not that much research into the experience and outcome of loneliness, I was drawn to the topic. Rather than focusing on loneliness in twins, I decided to broaden the scope of the study to include a wide range of experiences and populations.

Method

This is a manuscript thesis, and includes in-depth review of literature on loneliness and its impacts. I will present these reviews in the form of three stand-alone essays. In the next section I will outline these essays, their guiding research questions, and a brief description of the content of each essay.

Structure of the Thesis

In this thesis I will review and analyze literature on the phenomenon of loneliness (Essay 1), the potential outcome of (prolonged) loneliness (Essay 2), and its social and genetic determinants (Essay 3), and with the following questions in mind:

What is loneliness? (Essay1)

What are potential outcomes of the experience of (prolonged) loneliness, specifically on certain populations? (Essay 2)

What social and genetic determinants may predict (prolonged) loneliness? (Essay 3)

Essay 1: A Phenomenology of Loneliness

In this first essay I will explore the literature on the phenomenon that is loneliness. I will explore the phenomenon in terms of its prevalence and offer a brief overview of who is lonely. In the second essay I will more specifically explore the impact of loneliness on specific groups. In this essay I will stress that loneliness as a pervasive experience that places people at risk for many afflictions (IMFC, 2014).

Essay 2. Potential Outcomes Of The Experience Of (Prolonged) Loneliness in Certain Populations

Loneliness is associated with health problems and increased risk for psychiatric afflictions (Shulevitz, 2013; Boomsma et al., 2007; Cacioppo, 2009; Cacioppo et al., 2006; Cacoppo et al., 2002). From Alexander's (2003) perspective it is also associated with increased risk for addictions. In this second essay I will review literature and empirical studies on the link between loneliness and mental and physical health with the aim to better understand connections between loneliness and well-being so that counselors may be better prepared and may introduce effective intervention strategies.

Essay 3: Social and Genetic Determinants of (Prolonged) Loneliness

Much research (e.g., Mullins & Gutkowski, 1998; Cacioppo et al., 2002; Cacioppo et al., 2006; Renzetti, 2013) shows that men, people without children, people without friends, people with physical disability, people who feel that their health is poor, and people who find their own economic condition insufficient are more lonely than those without these conditions or perceptions. Indirectly related to loneliness are age,

race, education, and marital status (Mullins & Gutkowski, 1998). In addition, there are genetic factors found to influence loneliness (Boomsma et al., 2007). In this essay I will explore the wide variety of demographic, health, economic, social and genetic factors to impact loneliness in an attempt to provide an in-depth analysis of factors impacting the experience of loneliness.

In the final section of Essay 3 I will reiterate the main findings of the research presented in Essays 1-3. I will draw implications for counsellors based on all research reviewed and point to areas related to research into loneliness that is in need of further research, and I will outline scope and limitations of this study.

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ESSAY 1: THE PHENOMENON OF LONELINESS

Loneliness [is] . . . one of the fundamental experiences of every human life. (Arendt 1962, 475)

Loneliness is a difficult feeling that is based on one's subjective experience with one's social relationships (Hawkley et al., 2008)—some people are reclusive without feeling lonely, other people may have lots of relationships and still feel lonely[1] (Hawkley at al., 2008). Indeed, many authors throughout the ages have distinguished between feeling lonely and solitude (Coastache, 2013), and I will discuss this in more detail further down in this essay. However, as Couchache points out, solitude is a necessary condition for loneliness. So, loneliness has much more to do with one's perception of the strength or quality of one's social connections than to the amount of relationships (Pinquart & Sörensen, as cited in Hawkley et al., 2008).

Given the widespread nature of loneliness and given its dire consequences, loneliness is an important topic for study as a better understanding may lead to more effective intervention and prevention. In this first essay, I will offer a review and analysis of the literature on the phenomenon of loneliness. I will discuss a few numbers and consequences of loneliness, then I will review who is lonely. Borrowing from Hannah Arendt (1962) mainly I will explore loneliness as a contrary and yet fundamental part of the human condition. I will conclude by comparing and contrasting her ideas with

[1] However, Hawkley et al. (2008) found that the size of the social network was strongly associated with less feelings of loneliness, regardless of the quality of these relationships. This, they suggest, was an unusual finding, and so perhaps in need of more research.

phenomenological descriptions from a study with older adults as well as qualitative studies focussing on the lived experiences of loneliness in young persons.

A Brief Overview of Numbers & Consequences

Loneliness is pervasive—roughly 20% of Canadian older adults feel lonely (Statistics Canada as cited in Renzetti, 2013) while another study suggests that of 34,000 Canadian university students, about two-thirds reported having felt "very lonely" the year prior (Renzetti, 2013). Loneliness is associated with serious health problems and increased risk for psychiatric afflictions (Hawkley et al., 2008; Shulevitz, 2013; Boomsma et al., 2007; Cacioppo, 2009; Cacioppo et al., 2006; Cacoppo et al., 2002; Capitanio et al., 2014). Loneliness predicts symptoms of depression (Cacioppo, Hughes, Waite, Hawkley, & Thisted; Heikkinen & Kauppinen, as cited in Hawkley et al., 2008), and "nursing home admission . . . and mortality in older adults" (Hawlkey et al., 2008, p. 2). Loneliness also places the lonely person at risk for suicidal ideation (Stravynski & Boyer, 2001) and misuse of alcohol (Akerlind & Hörnquist, as cited in Hawkley at al., 2008). Interestingly, loneliness, unlike depression, predicts high blood pressure (Hawkley, Masi, Berry, & Cacioppo, 2006), and a number of other health related problems such as cardiovascular disease, problems with sleeping, and physiological decline (Hawkley et al., 2008). In older adults, social isolation "is as strong a factor in early death as smoking 15 cigarettes a day and alcohol consumption" (Holt-Lunstadt, Smith, & Layton, as cited in IMFC, 2014, p. 1). It also places lonely older adults at higher risk for developing "chronic lung disease, arthritis, impaired mobility, and depressive symptoms" (Steptoe et al., as cited in IMFC, p. 1).

Who is Lonely?

Hawkley et al. (2008) included 225 White, Black, and Hispanic men and women aged 50 through 68 from the Chicago Health, Aging, and Social Relations Study in their study in which they investigated loneliness. Specifically, they were interested to see "the extent to which associations between socio-demographic factors and loneliness were explained by socioeconomic status, physical health, social roles, stress exposure, and, ultimately, by network size and subjective relationship quality" (Hawkley et al., 2008, p.1). This research was comprehensive with people coming into and staying into a laboratory for an entire day. Hawkley et al. (2008) found that

> men, people who are unhealthy, people undergoing chronic work stress, people unable to satisfy a desire to engage in social activities with others, people in small social networks, and people suffering from poor-quality relationships in marriage and in their broader social networks are likely to be disproportionately represented among lonely individuals. These results support our hypothesis that social network size and particularly relationship quality are key determinants of loneliness. (Hawkley et al., p.8)

Having been educated, earning a decent salary, and being in good health have an effect on loneliness in the sense that they impact the strength or quality and the number of actual relationships (Hawkley et al., 2008). Hawleky et al, also found, perhaps not surprisingly, that married people were less lonely than single people, but this was only the case if the spouse was a confidant.

> If the spouse was not a confidant, being married was no more protective against loneliness than not being married. These results correspond to observations that intimacy and communication in marriage, but not agreement or marital satisfaction per se, protect against loneliness . . . In addition, having a spousal confidant minimized the effect of chronic work stress on loneliness. This is consistent with research showing that adequate and appropriate social support from a spouse reduces perceptions of stress . . . Chronic work stress took its toll in feelings of loneliness among the middle-aged and older adults in our sample who lacked a spouse or a spousal confidant. (Hawkley et al., 2008, p. 9)

Van Distel et al. (2010) found very similar results in their study. They included 8,683 twins, siblings, and parents from 3,911 families in their research as well as 917 twin spouses. Distel et al. found that loneliness is "moderately heritable" (p. 1; see also Capitanio et al., 2014) and, like Hawkley at al. (2008) they also found that people who are married, have children, have advanced educational levels, or who have brothers and/or sisters were less lonely—this was in van Distels' study especially true for the women in their study. Beal (2006) also found that situational factors accounted for more loneliness in women than in men. Capitanio et al. (2014) found that especially people with a large social network, who also perceived to have a great deal of choice in terms of interaction were the least lonely.

Many older adults are also lonely. A 2012 Statistics Canada study (as cited in IMFC, 2014) found that 20% of older Canadian adults did not take part in "frequent social activities" (p. 3), which is defined as "weekly or monthly participation in a variety of activities" (Steptoe, Shankar, Demakakos, & Wardle as cited by IMFC, 2014, p. 4).

Older adults who are not taking part in social activities are not necessarily socially isolated, but lack of engagement with the community places them at risk for becoming isolated (IMFC, 2014). IMFC warns that the number of isolated and thus possibly lonely older Canadians will soon dramatically increase as the baby boomers get older.

While loneliness among older adults it is well known, young people are lonely too (Gil, 2015). Earlier I quoted the study by Renzetti (2013), who found that some 23,000 Canadian university students had felt "very lonely" in the year before the study. In 2010 the Mental Health Foundation found that loneliness is an even bigger problem than it is for older people. In the survey, the responses of participants between 18 to 34-years of age indicated that they felt lonely more often, that they worried more about feeling alone and that they felt more depressed because of loneliness than people over 55.

Philosophy of Loneliness

As I touched on in the introduction of this essay, we can describe loneliness as the opposite of solitude: "loneliness is not solitude" (Arendt 1962, p. 476), and we can also, which I also have done, describe it in terms of its consequences. Arendt (as cited in King, 2013) distinguished between isolation, "which threatens political but not private life;" solitude, "the pre-condition for the internal dialogue that marks thinking and moral judgment;" and loneliness, "the extreme state in which one loses the capacity for that inner dialogue and loses the self and the world. In the state of loneliness, the capacity to judge one's own self-interest was incapacitated" (King, 2013, p. 37). In the state of loneliness, the self is vulnerable to "totalitarian ideologies, which promised to repair the loss, to fill the hole in the self "(King, 2013, p. 37). I would suggest that Alexander

(2013) makes a similar argument in that the repair of the loss, the hole of the self of which Arendt speaks is filled with the use of substances.

I am struck by Arendt's words at the conclusion of *On Totalitarianism:*

> Loneliness, the common ground for terror, the essence of totalitarian government, and for ideology or logicality, the preparation of its executioners and victims, is closely connected with uprootedness and superflousness which have been the curse of modern masses since the beginning of the industrial revolution and have become acute with the rise of imperialism at the end of the last century and the break-down of political institutions and social traditions in our time. (Arendt, as cited in Shuster, 2012, p. 475)

The notion of loneliness in light of uprootedness reminded me of the work of Bruce Alexander, who also argues that dislocation (another word for uprootedness) and social isolation are devastating:

> around the world, rich and poor alike, are being torn from the close ties to family, culture, and traditional spirituality that constituted the normal fabric of life in pre-modern times. This kind of global society subjects people to unrelenting pressures towards individualism and competition, dislocating them from social life. People adapt to this dislocation by concocting the best substitutes that they can for a sustaining social, cultural and spiritual wholeness, and addiction provides this substitute for more and more of us. (Alexander, n.d., par. 1)

However, as Arendt points out, "without consideration of its recent historical causes and its new role in politics, loneliness is at the same time contrary to the basic requirements

of the human condition and one of the fundamental experiences of every human life" (as cited in Shuster, 2012, p. 474). So, as Shuster (2012) points out, loneliness is just not simply the result of social and economic contexts—instead, we need to understand how loneliness "can both be contrary, and yet fundamental to every human life" (Shuster, 2012, p. 474). For that I wish to turn to phenomenological studies that explore what the lived experience of loneliness is like.

Theoretical Approaches to Loneliness

According to the *psycho-dynamic approach*, loneliness is linked with childhood experiences, and one's personality and tendencies are tied in with the experience of loneliness (Vaarala et al, 2013). This understanding of loneliness is based on the infant's attachment to the mother (Sønderby, 2013). This attachment enables the child to create and feel emotional bonds and connections, as well as feelings :

> Loneliness, which is the exceedingly unpleasant experience connected with inadequate discharge of the need for human intimacy, for interpersonal intimacy ... It begins in infancy with an integrating tendency that we only know by inference from pathology material later... a need for contact with the living (Sullivan, as cited in Sønderby, 2013, p. 6).

According to *the existential approach*, separation from others is simply a part of life, and understanding this "opens the road to oneself" ((Vaarala et al, 2013, p. 21). In this approach fear of loneliness leads to the experience of loneliness as negative but in this approach, loneliness is a positive experience (Vaarala et al, 2013). Loneliness can thus

be negated by accepting it (Vaarala et al, 2013).

In *the interactionist approach* a difference is made between emotional loneliness and social loneliness. Emotional loneliness is experienced when the person lacks close relationships and affection, such as lack of a partner, while social loneliness means that someone is not part of a social community (Vaarala et al, 2013). The interactionist theory is based on the assumption that we need different social connections in order to prevent loneliness—one type of connection cannot fulfill all the person's needs.

In *the cognitive approach*, personal and situational factors are linked to loneliness (Vaarala et al, 2013). This approach

is based on a discrepancy model between desired- and actual social relations:

> ... loneliness is a response to a discrepancy between desired and achieved levels of social contact: and... that cognitive processes, especially attributions, have a moderating influence on loneliness experiences (Peplau & Perlman, as cited in Sønderby, 2013, p.6)

Peplau and Perlman (1979) believe that in the Western world, loneliness can be viewed from the viewpoint of success and achievement. They suggest that in the Western world, being successful is determined by income and the kind of work one does, but also by the kinds of relationships one has. Peplau and Perlman (1979) suggest that "like social comparison processes and perceived control, attributions modulate the loneliness experience" (p. 105). Weiner (as cited in Peplau & Perlman, 1979) suggests that people

explain their successes and failures in a variety of ways, but there are four main reasons. These are

1) Ability,
2) Effort,
3) Task difficulty, and
4) Luck.

Weiner (as cited in Peplau & Perlman, 1979) identified also less common reasons people offer for their successes and failures. These include:

1) Mood,
2) Fatigue, and
3) Illness.

There are, in addition, a number of principles that will determine whether or not people will attribute what they do or experience to themselves or to factors outside of themselves. Peplau and Perlman (1979) suggest that among these principles, are especially important in evaluating how people attribute their experiences of loneliness.

> Attribution to personal causes is common given:
>
> (1) low distinctiveness, the actor responds to other stimulus situations in the same way;
>
> (2) low consensus, other people react differently than the actor to the stimulus situation; and

> (3) high consistency, the actor responds to the situation on different occasions in the same way. (Peplau & Perlman, 1979, p. 105)

Following Peplau and Perlman's theory then, when I feel lonely in a certain situation, in which most other people do not feel lonely, but I always do, then it is likely that I would attribute my loneliness to internal factors.

The last theoretical loneliness model I will present here is that of Louise C. Hawkley and John T. Cacioppo (2010). Their model of loneliness is based on the assumption that feeling lonely or socially isolated is very similar and can start one to feel unsafe (Louise C. Hawkley & John T. Cacioppo, 2010). This in turns makes one, often without being fully aware of this, hypervigilant for more social challenges in the environment (Louise C. Hawkley & John T. Cacioppo, 2010).

> Unconscious surveillance for social threat produces cognitive biases: relative to nonlonely people, lonely individuals see the social world as a more threatening place, expect more negative social interactions, and remember more negative social information. Negative social expectations tend to elicit behaviors from others that confirm the lonely persons' expectations, thereby setting in motion a self-fulfilling prophecy in which lonely people actively distance themselves from would-be social partners even as they believe that the cause of the social distance is attributable to others and is beyond their own control. (Louise C. Hawkley & John T. Cacioppo, 2010)

This self-reinforcing cycles of feeling and being lonely goes hand in hand with hostility,

stress, pessimism, anxiety, and low self-esteem (Louise C. Hawkley & John T. Cacioppo, 2010). This in turn activates neurobiological and behavioral mechanisms that can lead to or contribute to negative health outcomes (Louise C. Hawkley & John T. Cacioppo, 2010).

How is Loneliness Felt?

In order to understand this fundamental experience I feel that we need to understand how loneliness is experienced by those who feel lonely.

McInnis (1999) did a phenomenological study with older adults, attempting to capture the essence of the lived experience of their loneliness. These are the words of one of her study participants:

> My understanding of loneliness is that I am alone, by myself ...these people come in here and help ...they work in here...they don't have a feeling for me...I feel neglected, nobody loves me. (p. 50)

An 80-year old widow in this study said:

> To me loneliness is feeling empty, feeling like you have nothing to reach for, nothing to wish for, nothing to dream of. (p. 59)

And an 83-year old participant shared:

> Loneliness...I often wonder what other people did...you know when they lose a husband or a wife and they don’t have any close connection with a person...losing a close connection with a person an important person has a lot to do with loneliness. Closeness to a person, a person you can go to and tell them anything that is the closeness, anything that happens to you would say well I can tell that

> person cause they understand, the person understands you, and you understand that person, and that's the closeness there. (pp. 59-60)

To me, these excerpts about loneliness in light of being unloved, without connection, with only emptiness are so illustrative of Arendt's description of loneliness as that extreme state in which one loses the self and the world.

In a phenomenological study by Korkiamäki (2014), 42 of 126 youth participants shared their experiences with loneliness—specifically with outsiderness, exclusion or rejection among peers. Korkiamäki found no significant difference in the frequency of experiencing outsiderness between age groups, but she did find differences by gender: girls reported feeling left out approximately twice as often than boys. As was noted in the theoretical approaches, not all outsider experiences, neither boys' nor girls,' were altogether negative (Korkiamäki, 2013). Korkiamäki distinguished between different four types of outsiderness that youth experienced. I will next discuss these types and include the voices of the youth in this study to convey their lived experience:

1) Feeling slightly rejected.

Some youth felt rejected by peers, most often due to their appearance:

> Yeah, so it's like, like I wear boys' clothes, so they might look at you that way, like look what she's wearing. But then, you shouldn't really care, like they've said things to me, and I didn't care at all … so I've come up with this idea, that I know who I am, and even when they say something, I have this idea, and I can't please everyone in this school. So it always hurts a bit, if they don't like you, but they don't really know me, who I am inside." (Female, 15 yrs, as cited in (Korkiamäki, 2013, p. 128).

This type of outsiderness most often kept the position of the youth as a self-sufficient actors in tact. While the rejection felt unfair, they were confident and felt accepted by the people who matter to them.

2) Being victimized.

In Korkiamäki's study, (2013) not many adolescents reported being bullied or victimized, neither physically nor verbally, but a few did:

> It's been seven and half years that they've bullied me. Sometimes it's been hard and then you just think that tomorrow will be better, but then it wasn't, so then you think the next day must be a really good day, but it never comes … Like first it was just this one guy, but then they all started, the whole class … When I was little they didn't want to be with me, and when I got older they didn't want to be with me, and they call me names and push me around and blackmail me and won't let me in the room and all that … And I don't know at all why they do this, I try to figure it out every day but I still don't know why, like it's a mystery … No, I don't [have any friends outside of school], I can't remember any since third grade. Like the whole summer, I was all alone at home, skate boarding on my own. Like I wouldn't go on the ramp, I would skate at my home yard alone even though there would be a ramp close by. (Male, 15 yrs,as cited in (Korkiamäki, 2013).

Unlike the slightly rejected youth, victimized adolescents could rarely identify why they were victimized Korkiamäki, 2013, p. 129. The youth's descriptions were about "loss and hopeless without expectations of the situation getting any better" (Korkiamäki, 2013, p. 129).

3) Being ignored.

This kind of passive rejection presented was mainly felt in the lack of peer friends (Korkiamäki, 2013):

> I don't really have many friends in my class, well, I don't have any … I don't know, it doesn't really have any effect on me … like I don't get bullied or anything … But no, well yeah, sometimes I think of course that it would be nice if there would be someone like me, and if I could finally get friends, but no, I don't really think about it … I'm not lonely … Well, sometimes I talk to my mom's friend." (Female, 15 yrs, in Korkiamäki, 2013, p. 130).

While these youth experienced belonging elsewhere, the adult relationships did not fully fulfill the need for connections with peers (Korkiamäki, 2013).

4) Outsiders by choice.

Some adolescents chose to stand outside of the mainstream, describing themselves as not belonging to the peer groups of their everyday living environments (Korkiamäki, 2013). They were outsiders by choice (Korkiamäki, 2013).

> Well, I don't really know many young people here who would say in public that they don't drink. It's like when you listen them talk, it's always on Wednesdays, Thursdays, Fridays, like hey, let's get drunk, we're gonna get drunk, and then I'm like no, this is not for me /.../ So yeah, sometimes it feels like they don't want to be with me, but then, I know many people who drink /.../ they think that how can you be a teetotaler, and I then go like, easily, no problem at all." (Female, 15 yrs, as cited by Korkiamäki, 2013, p. 131).

This position was, as opposed to some of the others, experienced as a permanent one. Outsiders by choice still left felt out, but they often felt a sense of belonging elsewhere. In those cases, "the excluded ones became "insiders", reflecting the complex connection between belonging and social exclusion" (Korkiamäki, 2013, p.131). This study is included here to show that it is a misconception to think that only older adults suffer from loneliness—there are also many lonely youth, and they are lonely for a variety (but specific) reason.

Closing Thoughts

In this essay I have described loneliness as a common experience that places people at risk for many afflictions (IMFC, 2014). These factors, including our aging population, makes loneliness a worthy for further research as better understanding may lead to more effective intervention and prevention. I explored loneliness from philosophical and theoretical points of view and juxtaposed those with excerpts from studies about how loneliness is felt and experienced. Indeed, as Laing (2015) suggests, loneliness has a lot to do with wanting to be seen—"When a person is lonely, they long to be witnessed, accepted, desired, at the same time as becoming intensely wary of exposure" (par. 11). Feeling lonely triggers hypervigilance for social threat, which means that the lonely person is hyperalert to rejection. She or he may experience or think of social interactions as increasingly becoming negative. This may then catch the lonely person in a "vicious circle of withdrawal, in which the lonely person becomes increasingly suspicious, intensifying their sense of isolation" (Laing, 2015, par. 11).

I will close this essay with the hopeful words Laing (2015) closer her essay with:

> We are embodied but we are also networks, living on inside machines and in other people's heads; memories and data streams. We are being watched and we do not have control. We long for contact and it makes us afraid. But as long as we are still capable of feeling and expressing vulnerability, intimacy stands a chance. (par. 31)

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ESSAY 2. LONELINESS AND ITS MENTAL AND PHYSICAL HEALTH IMPACT ON CERTAIN POPULATIONS

Loneliness is widespread and lonely people are at higher risk for many afflictions than their not so lonely counter parts (IMFC, 2014). Loneliness is associated with serious health problems and psychiatric afflictions (Hawkley et al., 2008; Shulevitz, 2013; Boomsma et al., 2007; Cacioppo, 2009; Cacioppo et al., 2006; Cacoppo et al., 2002; Capitanio et al., 2014). Cacioppo (2009) even suggests that may people die prematurely due to loneliness. Loneliness can lead to depression (Cacioppo, Hughes, Waite, Hawkley, & Thisted; Heikkinen & Kauppinen, as cited in Hawkley et al., 2008), "nursing home admission . . . and mortality in older adults" (Hawlkey et al., 2008, p. 2). Lonely people are more likely to have suicidal ideation (Stravynski & Boyer, 2001) and alcohol misuse (Akerlind & Hörnquist, as cited in Hawkley at al., 2008). Lonely older adults are at higher risk for developing "chronic lung disease, arthritis, impaired mobility, and depressive symptoms" (Steptoe et al., as cited in IMFC, p. 1). In this essay I will review literature and empirical studies on the link between loneliness and mental and physical health with the aim to better understand connections between loneliness and well-being so that counsellors may be better prepared and may introduce effective intervention strategies (implications and recommendations will be drawn in the final section of Essay 3). Given that loneliness is especially a problem for older adults, I will pay extra attention to loneliness in older adults.

Mental Health and Loneliness

In this section I will summarize research findings regarding the impact of loneliness on mental health.

Consistent with the many other findings discussed in this thesis, Sing and Kiran found that lonely people experience more depressive symptoms, are less happy, less content, and more pessimistic (Singh & Kiran, as cited in Mushtaq et al., 2014). Loneliness is also associated with over twice the risk for dementia, and loneliness is associated with loss of cognition in older adults. The link between loneliness and Alzheimer's disease (AD) can be explained in two ways. It is possible that dementia leads to loneliness, as it could be a new behaviour that is caused by the memory loss. The second explanation is that loneliness impacts the neural systems underlying cognition and memory, thus making lonely people more prone to age related memory and cognitive losses (Holwerda et al., as cited in Mushtaq et al., 2014). Loneliness is also a factor in alcohol abuse. Loneliness is also more common in people who are abusive to or neglectful of their children. Women who were previously abused are lonelier than women who were not abused (Mushtaq et al., 2014). Teenagers with low self-esteem are also more lonely than teenagers without low self-esteem (Mushtaq et al., 2014). Mushtaq et al. (2014) suggest that 86% of widows are feeling lonely, but this number is lower when the person has more children and a support system.

> It must be noted that loneliness in grief is associated with acute absence of an attachment figure, rather than absence of a social support. Further loneliness in bereavement is in itself a risk factor for the development of depression. (Mushtag et al., 2014, par. 14)

Loneliness leads to acute and chronic stress and there is also a strong link between suicide ideation, parasuicide, and loneliness (Mushtag et al., 2014). This link gets stronger with more loneliness. A link between loneliness and borderline personality disorder and schizoid personality disorder was also found (Richman and Sokolove, as cited in Mushtag et al., 2014), and loneliness has been linked to poor sleep (Daniel, as cited in Mushtag et al., 2014).

Physical illness and Loneliness

The chronic stress that loneliness can cause can in turn lead to low-grade peripheral inflammation, which in turn has been linked to inflammatory diseases such as diabetes, rheumatoid arthritis, lupus, coronary heart disease, and hypertension (HTN) (Friendrich, as cited in Mushtag et al., 2014). Loneliness may lead to higher blood pressure (Daniel, as cited in Mushtag et al., 2014). Loneliness has also been linked with obesity, and poor health (Daniel, as cited in Mushtag et al., 2014)

Loneliness and Older Adults

Miedema (2014) observes that Canadians are becoming more socially isolated because Canadians are aging. And, in Miedema's words:

> Life as an older Canadian can be lonely. Death and disability can shrink social circles, cutting a person off from regular social contact. Family no longer lives nearby as a matter of routine. Continued, deepening isolation can lead to increased health complications, difficulties with activities of daily living and even hastened death. (p. 2)

Social isolation can be defined in a variety of ways, but I will adopt Steptoe's definition (as cited in Miedema, 2014), who defined it as "an objective and quantifiable reflection of reduced social network size" and lack of social contact (as cited in Miedema, 2014, p. 2). Steptoe (as cited in Miedema, 2014) suggests that social isolation is especially a problem in older people who face financial and physical losses, together with the losses of peers and family members, therefore limiting their social networks. A 2006 Canadian study (Keefe at al., 2006) also suggested that old age is an important factor in the experience of loneliness. So research into and a better understanding of factors that enable older adults to be resilient in the face of loneliness and social isolation is very important, especially given the associated mental and physical risks, as well as given the fact that:

> Over the next few decades, record numbers of Canadians will reach older age due to the aging of the Baby Boomers. That process has already started: Statistics Canada noted in November 2013 that "[s]ince July 1, 2011, the number of seniors grew at an average annual rate of 4.2%. By comparison, the average annual rate for the five previous years was 2.8%. This proportion should continue to rise rapidly in the coming years as an increasing number of baby boomers will reach the age of 65." The oldest Baby Boomers reached 65 in 2011. The 2011 Census found that out of all age groups the fastest growth rates were for ages 50 to 65 and 85 to 100.11 Statistics Canada has projected that the proportion of people aged 65 years and over will overtake the proportion of children aged 14 years and under for the first time in Canadian history sometime between 2015 and 2021. (Miedema, 2014, p. 3)

Isolation can lead to ill health and even premature death (Miedema, 2014). Steptoe (as cited in Miedema, 2014) suggested that social isolation and loneliness can lead to "chronic lung disease, arthritis, impaired mobility, and depressive symptoms" (as cited in Medema, 2014, p. 4). Miedema stresses that loneliness also leads to depressive symptoms in older adults. Loneliness and social isolation can also have negative impacts on activities of daily living. A 2012 study by Perissinotto, Stijacic Cenzer, and Covinsky found that lonely people show a reduced ability to do activities of daily living. They found that lonely people also have more trouble with tasks that require the upper body (for example taking something from a higher up shelf) and going up stairs. These difficulties with daily activities can hinder the older adult's ability to take care of him or her self, and may on the longer term lead to nursing home or assisted living admission (Perissinotto et al., 2012).

However, the impact of loneliness goes well beyond ill health and limitations in one's inability to do daily tasks—it is

> as strong a factor in early death as alcohol consumption and smoking up to 15 cigarettes a day . . . [and]
>
> A 2010 meta-analysis of 148 studies of the influence of social relationships on the risk of mortality found that those "with strong social relationships are likely to remain alive longer than similar individuals with poor social relations. (Miedema, 2014, pp. 4-5)

As was mentioned in the introduction to this essay, roughly 20% of Canadian older adults feel lonely (Statistics Canada as cited in Renzetti, 2013). Cornwell and Waite (2009) used data from the National Social Life, Health, and Aging Project to study social disconnectedness (e.g., small social network, lack of engagement in social activities) and perceived isolation (e.g., loneliness, perceived lack of social support) to study difference in effect of social disconnectedness on the one hand and perceived isolation on the other on the physical and mental health of older adults. They found through this study that "social disconnectedness and perceived isolation are not interchangeable indicators. Instead they have separate and distinct associations with physical and mental health" (Cornwell & Waite, 2009, p. 47).

Seeing one's self as lacking social resources may be hard on one's physical health (Cornwell & Waite, 2009). In addition, there are "robust links between aspects of subjective isolation, particularly loneliness, and mental health" (Cacioppo et al.; Heikkinen & Kauppinen, as cited in Cornwell & Waite, 2009, p. 48). Cornwell and Waite found that older adults who are socially disconnected have worse mental health in the sense that they are feeling isolated. They further suggest that older adults who do not create a sense of isolated do better physically and mentally. And, as they suggest,

> This is an important issue because aging typically involves profound challenges to social connectedness, such as retirement and bereavement (Ferrara 1984; Weiss 2005). We need to better understand how older adults adapt to changes in their social relationships, and how psychological, environmental, and perhaps even genetic factors may affect older adults' appraisals of their social support and companionship . . . This could direct policy related efforts to increase both social

> connectedness and the perceived availability of social resources among older adults. (Cornwell & Waite, 2009, p. 48)

Mcinnis (1999) conducted a phenomenological study with the purpose to explore the lived experience of loneliness in older adults. Twenty older adults, most of whom lived in an apartment building for older adults and who volunteered for the study took part. Participants were over seventy-five, mostly white, they had lost their spouse to death at least two years prior to the study, and lived alone. Participants talked with McInnis about their experiences with loneliness in taped interviews. From all her data, five major themes emerged: loneliness

- occurred as a result of the absence of important relationships;
- was a response accompanying the lost connection with a loved one, and a resistance to move on;
- was a state of anxiety, fear and sadness influenced by the older adult's growing dependency on others and a decreased level of functioning;
- was expressed as a state of silent suffering in which the individual is unable to verbalize his/her loneliness to others;
- and is often dealt with by utilizing coping mechanisms.

Mcinnis' findings is in line with other studies that many older adults are lonely, and that their loneliness is an "experience of emotional, physical, spiritual and/or social distress" (Mcinnis, 1999, p. iv). Mcinnis found that many older adults suffer from loneliness in silence, and that few older adults reach out to others. She found that this was often related to a fear in older adults to become a burden for others. This fear prevented many older adults from telling others about feeling lonely, which in turn only increased the feelings

of loneliness. What is interesting in this study is that some factors about loneliness emerged that were unique to this study. In other words, Mcinnis found things that other studies tend to overlook. For example, she found that evenings were lonelier that days, and weekends were lonelier than weekdays. She also found that people living in living facilities for older adults were lonelier than those in a house or apartment or who lived with children.

The Role of Gender in Loneliness in Older Persons

Zebhauser et al. (2014) also acknowledge that loneliness is a significant issue for older people. Since there is little research that explores the difference in how men and women experience loneliness, they compared the intensity of and factors that contribute to loneliness in men and women. They used 2008/2009 data of 4,127 participants, aged 64–94. Of these, 1,079 did a face- to-face interview. Zebhauser et al. also used the UCLA-Loneliness-Scale (a 12 item Likert scale) to measure loneliness. They found that there were no significant difference between men and women in terms of the level of loneliness. However, in participants equal to or over 85 years or age, women experienced more loneliness then men of that same age.

> Depression, low satisfaction with life, and low resilience were associated significantly with loneliness, which was more pronounced in men. Living alone was not associated with loneliness, whereas lower social network was associated with a three time higher risk for feeling lonely in both men and women. (Zebhauser et al., 2014, p. 245)

Zebhauser et al. (2014) also found that lonely older men had poorer mental health and

more mental health conditions than their equally old female counterparts. They suggest that findings such as these have an impact for interventions for lonely older adults. I will revisit this in the final section of Essay 3.

Loneliness and its Impact for People in Deprived Communities

Kearns, Whitley, Tannahill, and Ellaway (2015) explored the phenomenon of loneliness in people in deprived communities. These people may face factors that hinder socializing with others. Those factors can include low incomes, high crime rates, poor services, or many people who are transient populations. Kearns et al. were curious about the prevalence of loneliness in these communities, the variety in social contacts and social support, and connections to self-reported health and well-being. They had 4,302 participants from 15 different communities, and found that loneliness was common in community members who:

> had contact with family monthly or less; had contact with neighbours weekly or less; rarely talked to people in the neighbourhood; and who had no available sources of practical or emotional support. (Kearn et al., 2015, p. 332)

Feelings of loneliness "strongly associated with poor mental health, but were also associated with long-term problems of stress, anxiety and depression, and with low mental well-being" (Kearns et al., 2015, p. 332). Thus, "situational loneliness may be the product of residential structures and resources in deprived areas" (Kearns et al., 2015, p. 332). Kearns et al suggest that being "neighbourly" in different ways can prevent or help feelings of loneliness in deprived communities. They suggest that loneliness is connected with health and well-being in the following way: loneliness is stressful in and off itself,

lonely people do not cope as well to other stressors, and being social can protect against or prevent loneliness (Kearns et al., 2015).

Loneliness in Abused Women

Rokach (2007) looked into why abused women are so lonely. She compared 80 female victims of domestic abuse with 84 women with no specific history of abuse. Rokach used a 30-item-yes/no loneliness questionnaire for both groups of women. Rokach found that the biggest reasons for loneliness are: Personal inadequacies, Developmental deficits, Unfulfilling intimate relationships, Relocation/significant separations, and Social marginality. Results confirmed her "hypothesis that abused women, indeed, perceived the causes of their loneliness significantly differently than women in the general population do. The abused women scored significantly higher on all the subscales" (p. 19).

I also looked at a study by Winterstein and Eisikovits (2005), which I found very moving. Winterstein and Eisikovits talked with 21 older women who had been subject to violence for a very long time. Loneliness was a main experiential theme and was experienced at all levels, including the self, the family of origin, the violent partner, the children, and the extended family. Loneliness also marked their social relationships and "the predominant motif of their social interactions" (p. 3).

> The combination of loneliness, violence, and old age creates suffering that colors everyday life and becomes not only the constant background against which life unfolds but also the governing variable in their experience. Their cognitive maps, emotional world, and overall sense of self, as well as their sense of existential continuity in the world are all affected by loneliness. (p. 3)

Winterstein and Eisikovits (2005) suggest that being in an abusive relationship makes women feel lonelier as time goes by. Loneliness for these women was a set feature throughout their lives, "expressed as a series of losses such as the loss of love, the loss of belonging, the loss of trust in significant others, and a subsequent experience of loss of integrity, leading to an experience of a hostile, dangerous, and worthless world" (p. 9). The women expressed feeling helpless and trapped, which was worsened by age and violence. The women in this study did not feel a lessening in need for meaningful relationships as they aged, instead this need became more urgent.

> When they attempted and failed to identify such attachment figures in their partners, they turned to their adult children. Failure to find it in the children left the women devastated emotionally and their loneliness went from acute to chronic (Beck & Young, 1978), which is even more destructive to the self. The women interviewed here, as most other women, tended to de- fine their social identity in terms of giving and caring for others, including their children and spouses. Since they were never reciprocated, their narrative is colored by a sense of injustice and exploitation. (Winterstein & Eisikovits, 2005, p. 15)

Their older age, the violence, and the loneliness create unbearable suffering that colors everyday life, and this suffering "becomes the ultimate seal of the vicious circle composed of violence, loneliness, and old age" (p. 15).

Loneliness in Adults with Intellectual Disability

Keith McVilly, Roger Stancliffe, Trevor Parmenter, and Rosanne Burton-Smith (2006) did a study with 22 men and 29 women, aged 16–52 years with an

intellectual disability. All were verbal and none had a physical or sensory disability. Thirty-nine lived at home with their parents, six were in homes with support, and six lived on their own with regular support. . Semi-structured interviews focused on seven key areas:

> personal profile and demographics (confirmed by parents, teachers and work supervisors); daily activities and occupation; personal networks; contact with people considered 'a friend'; background to individual friendships; description of a 'best friend'; reflections on friendship experiences overall, including loss and/or absence of friendships" (Keith McVilly, Roger Stancliffe, Trevor Parmenter, and Rosanne Burton-Smith (2006) 193)

Keith McVilly, Roger Stancliffe, Trevor Parmenter, and Rosanne Burton-Smith (2006) found that all but one of the six loneliest participants were women. The loneliest people in this study were able to identify a person they would call 'a friend', but contact with this person was rare (e.g. less than once a month). Even when there was a bit more contact, participants felt that this friend either did not take the relationship seriously and the friendship did not meet participants' socio-emotional needs. The 'least lonely' group on the other hand reported more contact with a friend, and these friends connected them to others, such as family members of the friend, who then also became sources of practical support. Keith McVilly, Roger Stancliffe, Trevor Parmenter, and Rosanne Burton-Smith (2006) also found that lack of a social network was strongly linked to the participants' experience of loneliness. The "'least lonely' described the value of their network, while the 'most lonely' participants expressed a longing for these connections,

the absence of which seemed to contribute to their experience of loneliness" (Keith McVilly, Roger Stancliffe, Trevor Parmenter, and Rosanne Burton-Smith , 2006, p. 200). These social networks were found to be most helpful if they included people with and without intellectual disability.

Loneliness in Other Marginalized Groups

Rokach (2014) offers an overview of loneliness in several marginalized groups, starting with homeless people. Hagan and McCarthy (as cited in Rokach, 2014) found in a study that negative stereotypes of the public regarding homeless people, was related to feelings of worthlessness, loneliness, social alienation, and suicidality (Kidd, 2004). Loneliness :is no doubt their [the homeless] loyal companion" Rokach, 2014, p. 194). Depression, anxiety, and loneliness may emerge when a person cannot meet basic needs as food, shelter, employment—especially if this is accompanied by isolation and alienation (Kidd; Lloyd-Cobb & Dixon, as cited in Rokach, 2014)). Stigma was found to have a significant relationship with low self-esteem, loneliness, suicidal ideation—all of this may lead to feelings of helplessness and hopelessness and may inspire suicide among homeless people (Kidd, as cited in Rokach, 2014)).

People with mental issues are also lonely. In a survey in the US, 1300 people diagnosed with mental illness were asked to describe their situation and how it felt to have a mental health issue. In response, many mentioned that

> others would see them unfavourably, they mentioned mass media hurtful messages, and added that they avoided telling others that they have a psychiatric problem, and that they were advised to lower their expectations in life, only

because they had a psychiatric label (Rokach, 2014, p. 149).

Another marginalized and lonelier group are people with a different sexual orientation than the majority (Rokach, 2014). A study found that urban gay men scored higher on the UCLA loneliness Scale than straight self identified college students, nurses, and older adults. Grossman, D'augelli and O'connell (2002) reported that 27% of their LGBT participants reported feeling lonely. Three factors contributed to this experience of loneliness: prejudice, anticipation of prejudiced reactions, and the LGBT network (Kuyper & Fokkema, as cited in Rokach, 2014). The positive correlation between these factors or stressors and loneliness corresponds with outcomes of other studies on social and health-related issues (e.g., mental health, relationship quality, sexual problems, domestic violence, HIV risk behaviour, substance use, job stress, and body image concerns) Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008; Zamboni & Crawford, 2007).

HIV and AIDS also come with a significant burden of loneliness and social alienation (Rokach, 2014, p. 149). Much judgement regarding fault, immorality, and sexual behaviour is directed at persons with HIV or AIDS (Bletzer, as cited in Rokach, 2014, p. 149). As a result, People Living With HIV (PLWH) often face such social consequences as ostracism and isolation (Stutterheim et al., 2012) as well as rejection from their social networks, workplace, schools, housing, and even health care (Earnshaw & Kalichma; Whetten-Goldstein, as cited in Rokach, 2014). PLWH are highly stigmatized and this may lead to, among other things, intentional self-isolation (Herek et al., as cited in Rokach, 2014)).

PLWH experience a lot of loneliness, but their social isolation and social rejection also often leads to very negative effects on their quality of life (Rokach, 2014).

> Internalizing the stigma is also linked to a variety of psychosocial factors in PLWH including increased psychological distress (Mak et al., 2007), increased feelings of shame (Sayles et al. 2008), increased incidence of depression (Grov et al., 2010; Kalichman et al., 2009), poorer physical health (Sayles et al. 2008) diminished social support (Kalichman et al., 2009) and suicide attempts (Courtenay-Quirk et al., 2006). (Rokach, 2014, p. 150)

Lastly, disability negatively impacts a person's social network and as a result, this can lead to loneliness (Rokach, 2014). Disability can have a negative effect on emotional closeness and intimacy as the disability may negatively affect the kinds of activities that are possible for the person with the disability, it may cause loss of the possibility of being spontaneous, and it may lead to problems with sexuality. Indeed, disability is related to higher levels of emotional loneliness (Rokach, 2014).

> For men, the effects were cumulative, while for women, the effects of own and spousal disability slightly reinforced each other. Those effects of own and spousal disability on emotional loneliness were not reduced or altered by the frequency of the emotional and instrumental support that were offered to the spouse (Korporaal, van Groenou, & van Tilburg, cited in Rokach, 2014, p. 151).

In Closing

In this essay I explored the literature on the extensive impact that acute and chronic loneliness can have on the lonely person. I have explored mostly the impact of loneliness on mental health but also looked briefly at physical health impacts of loneliness. Since loneliness is especially prevalent and problematic among older adults I paid close attention to loneliness in this population. I have also explored loneliness in people in deprived communities because the implications of that study are interesting. I offered an additional overview in other marginalized groups. These implications will be further explored in the final section of Essay 3.

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ESSAY 3: SOCIAL AND GENETIC DETERMINANTS OF (PROLONGED) LONELINESS.

"The most terrible poverty is loneliness, and the feeling of being unloved."—Mother Theresa

Much research (e.g., Mullins & Gutkowski, 1998; Cacioppo et al., 2002; Cacioppo et al., 2006; Renzetti, 2013) shows that men, people without children, people without friends, people with physical disability, people who feel that their health is poor, and people who find their own economic condition insufficient are more lonely than those without these conditions or perceptions. Loneliness is also influenced, albeit less directly, by age, race, education, and marital status (Mullins & Gutkowski, 1998). In addition, there are genetic factors found to influence loneliness (Boomsma et al., 2007). In this essay I will explore the wide variety of demographic, economic, social and genetic factors to impact loneliness in an attempt to provide an in-depth analysis of factors impacting the experience of loneliness.

Childhood Difficulties

Nicolaisen, and Thorsen (2013) researched whether and in which ways loneliness in adults was triggered by certain incidents in childhood and in later life stages. They included middle-aged participants (aged 40-59) and older adults (aged 60-80), 3750 people in total. They found that people—men and women both—who had had difficult times in childhood were lonelier than people who had had happy childhoods. Lonely older men had had experiences of being bullied and they had also been exposed as children to parental conflicts. The loneliness of women was connected to economic

difficulties in their family while growing up. In middle-aged women (aged 40-59), divorce predicted them becoming lonely, but this was not true for men. In older men (aged 60-80), the death of a life partner more strongly predicated them becoming lonely than it did for women. Nicolaisen and Thorsen (2013) concluded that certain life events make us more prone to loneliness and they also concluded that life events have a different impact on loneliness in men and in women. In other words, life events affect the loneliness in men differently as they do the loneliness in women.

Socioeconomic Status

Hawkey et al. (2008) included 225 White, Black, and Hispanic men and women aged 50 through 68 from the Chicago Health, Aging, and Social Relations Study in their study to examine links between sociodemographic factors and "loneliness and socioeconomic status, physical health, social roles, stress exposure, network size, subjective relationship quality" (p. 1). They found that

> education and income were negatively associated with loneliness and explained racial/ ethnic differences in loneliness. Being married largely explained the association between income and loneliness, with positive marital relationships offering the greatest degree of protection against loneliness. Independent risk factors for loneliness included male gender, physical health symptoms, chronic work and/or social stress, small social network, lack of a spousal confidant, and poor-quality social relationships. (p. 1)

Wen, Hawkley, and Capiocco (2006) investigated links between neighborhood socio-economic status (SES), subjective perceptions of neighborhood environment, individual SES and psychosocial factors, and self-rated health among middle-aged and older adults.

Their analysis of the data drawn from a sample of adults, aged 50–67 years in Cook County, Illinois, shows a significant association between objective neighborhood SES and self-rated health after controlling for age, gender, and race/ethnicity, but the effect is substantially explained by individual SES and neighborhood perceptions. On the other hand, perceived neighborhood quality (i.e., subjective ratings of neighborhood physical, social, and service environments) has a significant effect after controlling for individual socio-demographic factors as well as neighborhood SES. The impact of perceived neighborhood environment on one's health is caused, at least in part, by psychosocial factors:

- Loneliness,
- Depression,
- Hostility, and
- Stress.

The impact of perceived neighborhood environment on one's health could not be explained by perceived social support or social networks. Wei et al.'s (2006) research "supports a model in which the effects of neighborhood SES on self-rated health act through sequential pathways of individual SES, perceptions of neighborhood quality, and psychosocial status—including loneliness " (Wei et al., 20062588).

Cognitive Factors

Conroy et al. (2010) used data from an Irish survey of people over the age of 65 to look at the connections between cognitive impairment and loneliness, boredom, social connections, and depression. Participants were randomly selected, but living in the

community. Conroy et al. found that loneliness and boredom were linked to low cognitive function in older people. They suggest,

> Both may have a common underlying mechanism in the failure to select and maintain attention on particular features of the social environment (loneliness) or the non-social environment (boredom-proneness). (Conroy et al., 2012, p. 463)

Conroy et al. also suggest that low educational levels

> are consistently associated with reduced cognitive function in older age; indeed, Katzman's original formulation of the cognitive reserve hypothesis was an attempt to explain this association. The association of rural domicile with low education suggests that both factors may be indices of a lifelong exposure to a cognitive environment which offers less variety and challenge. It is notable that they formed a distinct cluster, suggesting that they are environmental- level determinants of cognitive reserve, as opposed to individual-level ones.

Grief and Bereavement

Bereavement is another contributing factor to loneliness, and loneliness is often associated with bereavement after the death of a spouse, and this is especially true for older adults (Costello 1999). Bereavement is also the most common cause for loneliness in later life (Costello 1999). Costello (1999) focused on interviews with 16 older adults who had lost their life partner. Costello (1999) argued that loneliness in later life is a separate experience from grief, and that grief may initiate loneliness in older adults. Helping older adults to consider grief and loneliness as separate but related experiences, initiated by loss, may enable them to make sense of the distressing effects of bereavement

that take place in later life. Fried et al. (2015) in a very recent study, used data from the Changing Lives of Older Couples (CLOC) study and compared symptoms of depression in spouses *who were bereaved* (*N* □ 241) with people who were still married (*N* □ 274). They found that:

> Compared to the control group, widow(er)s' scores were significantly higher for symptoms of loneliness, sadness, depressed mood, and appetite loss, and significantly lower for happiness and enjoyed life. The effect of partner loss on these symptoms was not mediated by a latent variable. The network model indicated that bereavement mainly affected loneliness, which in turn activated other depressive symptoms. (Fried et al. 2015, p. 1)

Fried et al. (2015) followed over 250 widowed older participants over three time periods (six months, 18 months, and 48 months after the spouse's death) to see how the loss affected depressive symptoms. What they found, similarly to Costello in 1999, was that grieving older adults experience much loneliness, and that this loneliness activated other depressive symptoms.

> Loneliness and depression can often send people dealing with bereavement into a downward spiral that is extremely hard to break. Still, despite many widowed seniors experiencing problems with depression after the death of a spouse, only a minority of the participants in the study developed severe depression.

Addiction

The link between loneliness and addiction has also been explored. Bruce Alexander, for example (2010), suggests that people are dislocated from social life and

social connections because they are torn from their ties and connections with their close families. Alexander believes that our contemporary society pressures us toward individualism and competition, dislocating them from social life. He further suggests that we deal with this dislocation by replacing our need for social connections and belonging with the next best thing, which for many people is addiction. Alexander calls this our adaptation to being dislocated.

Rat experiments done in the 1980s, rats were put in a cage, alone, with two water bottles, one contained water, the other was water laced with heroin or cocaine (Hari, 2015). The rat became obsessed with the drugged water and kept coming back for more until it killed itself (Hari, 2015). The conclusion at the time was that drugs cause addiction. However, Bruce Alexander noticed that the rat was in the cage all alone.

> What would happen, he wondered, if we tried this differently? So Professor Alexander built Rat Park. It is a lush cage where the rats would have colored balls and the best rat-food and tunnels to scamper down and plenty of friends: everything a rat about town could want. What, Alexander wanted to know, will happen then? (Hari, 2015, par. 7)

In Rat Park, the rats with good lives didn't like the drugged water. They hardly drank it, and used less than a quarter of the drugs the isolated rats used. None died. The rats who were alone became heavy users, but none of the rats with the positive environment did.

A human equivalent of this is the Vietnam War, during which around 20 percent of U.S. soldiers became addicted to heroin. Surprisingly, some 95 percent of

the addicted soldiers simply stopped, with very few needing rehab. Alexander argues that these findings really challenge the notion

> that addiction is a moral failing caused by too much hedonistic partying, and the liberal view that addiction is a disease taking place in a chemically hijacked brain. In fact, he argues, addiction is an adaptation. It's not you. It's your cage. (Hari, 2015, par. 12)

The opposite of addiction is not sobriety—it is human connection.

Orzeck and Ami Rokach (2004) studied loneliness in people with drug use while at detox centres and compared them with people with drug use who were in a methadone maintenance program, and those two groups were then compared to a group of people who do not use drugs. A total of 304 participants were included in all three groups. They found

> the sense of utter aloneness associated with the experience of being abandoned . . . [and] the absence of intimacy, or having no satisfying, meaningful, intimate relationships. White (1991) observed that "perhaps the most consistent findings, obtained by a number of different types of personality measures, are that drug users tend to be less socially conforming, more independent, and more impulsive. (Orzeck & Rokach, 2004, p. 167).

Since, as also Alexander suggests, drugs numb out one's sense of isolation and not belonging, drugs are a substitute for the need for others (Orzeck & Rokach, 2004).

Inner and Outer Factors

I touched earlier on the study by Vaarala, Satu, and Määttä (2013) on loneliness in

college students. They looked specifically at outer and inner as well as outer factors that contributed to the emergence of feelings of loneliness. They included 276 students who shared messages about their experiences with loneliness on an anonymous online forum. Vaarala et al. found that problems with social skills and interaction were the two main *inner* reasons for trouble getting to know people and for young people to develop a fear of social situations. Even something as simple as a conversation with another person was by many college students felt as trying and as requiring constant self-observation. One student participant in this study talked about her or his conversation skills:

> *I think that I have been so infrequently in social contact with people that I have not developed in my verbal skills like my peers but have fallen behind.* (p. 17)

In addition, students mentioned low

> self-esteem, introversion and unsociability, shyness, slowness in making friends, selectivity in relationships, lack of trust in people, self-related doubts, and depression… abstinence from alcohol, different interests… and solitary hobbies. (Vaarala et al., 2013, p. 18)

Biggest outer factors contributing to students' loneliness had to do with their life situation, including studies and dating, financial challenges, having moved (Vaarala et al., 2013), Students in Vaarala et al.'s study mentioned that their studies led to feelings of loneliness or anxiety. One students for example, posted this:

> *I have tried to write the Master's thesis which has meant in practice that I spend my days next to the computer and piles of books.*

Students talked also about having had a lonely childhood and adolescence, a home culture of silence, and authoritative upbringing (Vaarala et al., 2013). Some students enjoyed Facebook but for others it increased the feelings of loneliness, anxiety, and inferiority, and made social interaction faceless:

> *Sometimes I feel that the number of friends is just a real number of people in my life who do not talk to me, ask me anywhere, or are not interested in me anyway.*

In the next section I will explore technology and social media and their impact on loneliness further.

Technology

Moira Burke (as cited in Marche, 2012) explored, as have many I found in my research, the impact of technology on loneliness. She included 1,200 Facebook users, and she found that yes, Facebook can make you lonely but not per se.

> If you use Facebook to communicate directly with other individuals—by using the "like" button, commenting on friends' posts, and so on—it can increase your social capital. Personalized messages, or what Burke calls "composed communication," are more satisfying than "one-click communication"—the lazy click of a like. "People who received composed communication became less lonely, while people who received one-click communication experienced no change in loneliness. (par. 21)

In addition, if friends write you semi-publicly on Facebook, then you are also likely to

experience less loneliness (Burke, as cited in March, 2012). Simply scanning and skimming through Facebook updates and posting what you are doing on your wall—which Burke calls passive consumption—was found to increase feelings of disconnectedness (Burke, as cited in March, 2012). Burke found that passive Facebook consumption also slightly increased symptoms of depression. In short, people who are lonely on Facebook are simply lonely—with or without Facebook (Burke, as cited in Marche, 2012).

Cacioppo also explored loneliness in the context of Facebook, chat rooms, online games, dating sites, and face-to-face contact, and found that the more face-to-face interactions, the less lonely people are, and the more online interactions, the lonelier they are. Having said that, Cacioppo suggests that Facebook is just a tool, and everything depends on how we use it. People can use Facebook to increase face-to-face contact. In other words, if you use social media to organize a party, sport event, or other social event, then you will be less lonely. If you spend time on social media instead of being at a party, sport event or social event, then you will likely be more lonely than those people partaking in the event instead of being on Facebook.

Bernardo Huberman1, Daniel Romero, and Fang Wu (2008) studied the nature of people's connections on Twitter and came to a depressing conclusion:

> Many people, including scholars, advertisers and political activists, see online social networks as an opportunity to study the propagation of ideas, the formation of social bonds and viral marketing, among others. This view should be tempered by our findings that a link between any two people does not necessarily imply an interaction between them. As we showed in the case of Twitter, most of the links

> declared within Twitter were meaningless from an interaction point of view. Thus the need to find the hidden social network; the one that matters when trying to rely on word of mouth to spread an idea, a belief, or a trend. (p. 8)

A 2015 mini-documentary called '*The Innovation of Loneliness'* was released online and garnered instantly millions of views (http://www.refinethemind.com/the-innovation-of-loneliness/#sthash.zXmZrhrB.dpuf). In it, the distinction is made, not unlike in the aforementioned study, that in social media, we have to be cautious not to replace conversation with mere online connection. The documentary suggests that social media is addictive because it appears to (but not really) fulfill three fantasies: We can put our attention wherever or on whomever we want, we will always be heard, and we never have to be alone. This offers us the illusion of meaningful connection, which is validating and only a click of a button away (Bates, 2015).

Stigma

Few people are comfortable discussing their loneliness (Rokach, 2012). Susan Schultz (as cited in Rokach, 2012, p. 1) wrote

> *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)

There is a stigma to being lonely. Rokach wrote:

> The public and therefore us researchers seem to not look favorably on anyone who admits to suffer its pain. When I present, or teach, and ask my audience whether there is anyone in the group who has never experienced loneliness, no

> one raises a hand. When I further inquire whether anyone is lonely now—dead silence. No one, in my 30 years of researching this topic, has ever had the courage to admit, in public, that he or she is lonely. Loneliness carries a significant social stigma, as lack of friendship and social ties are socially undesirable, and the social perceptions of lonely people are generally unfavorable. Lonely people often have very negative self-perceptions, and the inability to establish social ties suggest that the person may have personal inadequacies or socially undesirable attributes (Rokach, 2012, p. 1).

Psychiatrist Richard Schwartz, MD, coauthor of *The Lonely American: Drifting Apart in the Twenty-First Century*, says,

> I see patients who say they're depressed, but when they explain what's really bothering them, in many cases they're not depressed at all … They're lonely, but haven't labeled it that way. We've destigmatized depression to a point where people are more comfortable saying "I'm depressed" than "I'm lonely." It's as if "lonely" were synonymous with "loser."

Lau (1992) also explored the stigmatization of lonely people. Lau did an experiment in which people rated each other for Loneliness State, gender of Target Person, and Sex of Perceiver. Lau found that lonely people were rated much more negatively than their not lonely counterparts when it came to psychological attributes, interpersonal attraction, and evaluation (Lau, 1992). More precisely, lonely people were seen as worse in terms of their psychological adjustment, achievement/competence, and sociability/congeniality. Lonely persons were not well liked, not much desired as a potential friend, and they were perceived to be weak, passive, unattractive, and insincere.

Interestingly, these ratings were not the same for the men and women in Lau's study. Lonely men were more stigmatized than lonely women, and women raters were more judgmental (more critical) than male rates toward lonely people. These findings, Lau suggests, make sense in light of "lonely people's difficulties in self-disclosure and in establishing social ties and support" (p. 182).

A college student in the aforementioned study by Vaarala, Satu, and Määttä (2013, see Essay 1) described community expectations and attitudes (i.e., stigma) as connected to how loneliness is felt as follows:

> I claim that no one really takes loneliness seriously in our society, and on the other hand, loneliness is a community-level problem that people keep silent and almost call for. This kind of society can sentence those apt for loneliness indoors under house arrest like a hunter catches a wild animal with a trap. (p. 19)

Discussion

In this section I will first reiterate the main findings of the research presented in Essays 1-3. I will then draw implications for counsellors based on all research reviewed. I will point to areas related to research into loneliness that is in need of further research, and I will outline scope and limitations of this study.

Recapping this Study and Main Findings

The purpose of this thesis was to explore the phenomenon of loneliness in depth. I have outlined how pervasive loneliness is. This was a manuscript thesis, and included an in-depth review of literature on loneliness and its impacts. These reviews were presented in the form of three stand-alone essays. I have explored the phenomenon of loneliness

itself, (Essay 1), the potential outcome of (prolonged) loneliness in certain populations (Essay 2), and the social and genetic determinants of loneliness (Essay 3) with help of these guiding questions:

What is loneliness? (Essay1)

What are potential outcomes of the experience of (prolonged) loneliness, specifically on certain populations? (Essay 2)

What social and genetic determinants may predict (prolonged) loneliness? (Essay 3)

In the first essay I delineated loneliness as a widespread experience that places people at risk for many afflictions (IMFC, 2014). It was also found that loneliness is an especially difficult and pervasive experience for older adults (IMFC, 2014).It was found that loneliness is associated with health problems and psychiatric afflictions (Shulevitz, 2013; Boomsma et al., 2007; Cacioppo, 2009; Cacioppo et al., 2006; Cacoppo et al., 2002). It is also associated with increased risk for addictions (Alexander, 2003).

In essay 2 it was found that men, people without children, people without friends, people with physical disability, people who feel that their health is poor, and people who find their own economic condition insufficient are lonelier than those who do not experience or perceive this. I discussed the impact of loneliness on health. In addition, it was found that genetic factors influence loneliness (Boomsma et al., 2007).

In Essay 3 I discussed how certain life events make us more prone to loneliness (Nicolaisen & Thorsen, 2013), and the conditions that make people lonely are person- and situation-specific (Luhman et al., 2015), which was also the case for Nicolaisen and Thorse, who found that men and women are differently impacted by certain life events or

triggers. Being gendered, having physical symptoms, stress, few social contacts, and poor contacts were also found to increase the risk for loneliness (Hawkley et a. 2008).

Findings reveal that there is a wide variety of factors that can lead or contribute to loneliness. However, there are three consistent characteristics of loneliness:

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, 1984).

3. Loneliness, which is a complex and multifaceted experience, is always very painful, severely distressing, and individualistic (see also Moustakas, 1961; Rokach & Brock, 1997). (Rokach, 2012, p. 3)

Areas for Future Research

I believe that, given the serious consequences of loneliness outlined in this thesis, loneliness is a topic in need of further research. Much of the research on loneliness is focused on the research questions “who is lonely?” and “what are the (medical and mental) consequences of loneliness.” However, for counsellors especially, more qualitative research into the lived experience of loneliness would be very helpful. Such research could aid counsellors address the specifics of that subjective and painful experience that is loneliness.

Limitations

This study is based on existing studies on loneliness. No new material was added and the study is limited in that regard. However, it is my hope that the extensive and synthesized review will help counsellors better understand the phenomenon of loneliness, it's impact, and I hope this work will enable them to be on the look out for populations especially at risk, and as such help their clients mitigate (the impact of) loneliness.

Chapter Summary

In this essay I outlined a wide variety of demographic, economic, social and genetic factors to impact loneliness in an attempt to provide an in-depth analysis of factors impacting the experience of loneliness. As per Nicolaisen and Thorsen (2013), we saw that some life events make us more prone to loneliness. Luhman et al. (2015) also found that those conditions that make people lonely are person- and situation-specific, which was also the case for Nicolaisen and Thorse, who found that men and women are differently impacted by certain life events or triggers. Being gendered, having physical symptoms, stress, few social contacts and poor contacts were also found to increase the risk for loneliness (Hawkley et a. 2008). I also explored the link between boredom and low educational status in older adults, and the link between loneliness and addiction. I closed this essay with a brief exploration of the stigmatization of lonely people.

In sum, this essay reveals that there are a wide variety of factors that can lead or contribute to loneliness. However, as did the previous, what is also clear is that what Rokach (2012) suggested is very true: In the midst of all the variables and triggers outlined in this essay, there are three consistent characteristics of loneliness: It is universal, it is a subjective experience, and it is painful (see also Moustakas, 1961;

Rokach & Brock, 1997). (Rokach, 2012, p. 3)

I have outlined and recapped main findings from this study, delineated areas for future research, and discuss what the process of doing this research has been like for me.

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