Social Isolation, Social Dislocation, Loneliness, and Mental Health

by

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Territorial Acknowledgement & Statement of Inclusion

I gratefully acknowledge that I live, work, study and play on the unceded traditional territory of the coast Salish Peoples, including the including the səl̓ilw̓ətaʔɬ (Tsleil-Waututh), kʷikʷəƛ̓əm (Kwikwetlem), Sḵwx̱wú7mesh Úxwumixw (Squamish) and xʷməθkʷəy̓əm (Musqueam) Nations. CityU honours diversity in all its forms and is committed to the principle of universal human dignity. I further acknowledge that our learning community is greatly enriched through the voices and perspectives of staff, faculty and students from all intersections of society including LGBTQ+, BIPOC and diversly-abled communities. Thank you.

Abstract

This paper reviews a variety of literature on the subject of loneliness in order to ascertain its relevance to the mental health clinician. Loneliness is considered in relation to social isolation, social dislocation and emotional resiliency. This paper uses a qualitative method to review the experience of loneliness by two populations: the elderly and those with addictions. It considers the implications for mental health clinicians working with these populations. It is shown that loneliness can cause, and be the consequence of, social isolation and social dislocation, and mental health problems. The range of societal factors that create social isolation and dislocation, and which lead to loneliness, are considered and the factors involved in the sequencing of social isolation or dislocation as a causal or consequential factor of loneliness are identified as needing further research. The paper presents some ideas for therapists to help relieve the difficult feelings associated with loneliness within these client groups.

Keywords: loneliness, addictions, social dislocation, connection

Table of Contents

Chapter 1: Introduction

The Loneliness One dare not sound—

And would as soon surmise

As in its Grave go plumbing

To ascertain the size—…...

The Horror not to be surveyed—…...

--Emily Dickinson, 1861

The word ‘loneliness’ was seldom mentioned in the English language prior to the 1800s (Lepore, 2020), yet today the subject is much discussed and the state of loneliness itself has been described as having reached pandemic proportions, (Sweet, 2021). Maslow, in 1943 (cited in McLeod, 2020), identified the hierarchy of human needs and placed the psychological needs of having intimate relationships and friends directly after meeting the physical needs of food, water, warmth, rest, security and safety. Humans have relied on each other for survival since time began, our species is dependent on its mother for survival for longer than any other animal, and adults' co-operation with other adults has been integral to survival, (Peterson, 2021). In 1959 the negative implications for mental health were noted by the analyst, Freda Fromm-Reichmann, along with the idea that the feeling of loneliness begets an increased feeling of loneliness, (Lepore, 2020). In 2017 the U.S. Surgeon General Vivek Murphy declared an “epidemic of loneliness”, and in 2018 the U.K government appointed a Minister of Loneliness, Tracey Crouch, (Lepore, 2020). Clearly the western world was becoming concerned about this issue, and then Covid-19 resulted in enforced social isolation and a new level of concern about the impact of loneliness was reached and a shift from the primary population of concern, the elderly, to youths and people living alone.

Research Question, Method, Content and Limitations

In this paper I will begin a discussion about the impact of loneliness on Mental Health in the elderly population and in those impacted by addictions. I chose these populations because I believe that they are both marginalized, and I suspected that they are both highly susceptible to loneliness. As I am in my 50s, I am becoming more interested in the experience of aging and discuss my personal connection to this below. In contrast, I have very little knowledge of addictions or the experience of living with an addiction disorder. Yet there is a significant number of people in my city, Vancouver, whose lives are brutally impacted by addiction and as I launch into my career as a mental health therapist, I believe I have a responsibility to learn more about addictions. I am also beginning my MC internship at a residential recovery program for people with substance use disorders, and I am keen to learn as much about this area as possible in order to maximize my learning at my internship. I was aware that there is a growing amount of research into the impact of loneliness on the elderly, but less for those with addictions, and wondered whether there would be some common themes between the two populations. While it is becoming clear that all ages are at risk of experiencing the negative consequences of social and emotional isolation, the elderly are believed to be at increasing and significant risk of adverse mental and physical health outcomes. There is less research on the connection between social dislocation and substance use, this is a relatively new lens for understanding the cause of addictions and moves away from the traditional disease model. Despite the lack of research, this writer believes this perspective has value and is essential to consider when working with this population. This paper intends to review the current literature and its relevance in order to provide a qualitative presentation to the mental health clinician, in the hope that it will prompt clinicians to assess clients' needs more broadly and develop more relevant treatment plans.

In this first chapter I will define key terms, followed by an exploration of the reasons I am writing this paper as it pertains to personal relevance and positioning, and relevance to all readers with an interest in mental health. This chapter will then consider the theoretical framework that will inform chapters two and three. In chapter two I will review the literature regarding the elderly and those with substance use disorders and their relationship with social isolation, social dislocation, and loneliness. Finally, in chapter three I will explore both traditional and newer treatment ideas that can be used collaboratively by therapists with clients. I will explore the research question of how loneliness affects physical and mental health by reviewing a sample of data from quantitative and qualitative studies about the significance of this question on the elderly population and people with substance use disorders and drawing some conclusions about the implications for clinical mental health practice. The sample of scholarly literature reviewed demonstrates a range of methods used to collect and analyze data. It was noted that there was a lack of consistency in the terminology used as well as inconsistent assessment criteria. The highly subjective nature of the topic of loneliness does create assessment challenges, however a uniformity of scales and questions used would provide a clearer picture of the situation. In the studies reviewed, there is a lack of information about the impact of loneliness on gender, different cultures, or about diverse and marginalized populations such as immigrants or sexual minorities. This paper will demonstrate the need for more research into the impact of social dislocation on addictive behaviors and the need for both individual treatment plans and public policy to reflect the need for greater inclusion and community for all populations.

Definitions

> I used to think the worst thing in life was to end up all alone It's not. The worst thing in life is to end up with people who make you feel all alone.

--Robin Williams, 2009 (as cited in Cacioppo et al, 2015).

Dislocation/ Social Dislocation

A loss of psychosocial integration; alienation; disconnection (Alexander, 2010, p. 59).

Loneliness

This is a subjective state in which there is a discrepancy between the desired and actual, or perceived, patterns of social interaction. Emotional loneliness is the perceived state of lack of intimate relations and social loneliness is the perceived absence of quality friendships or family connections. It is possible to feel alone even when among family or friends. (Weiss, 1973, cited in Cacioppo, 2015).

Older Adults/ Elderly

People over 65 years old, unless otherwise stated.

Solitude

A pleasant state in which one enjoys the experience of being alone, (Cacioppo, 2015).

Social Isolation: An inadequate quality and quantity of social relations with other people in environments where human interaction usually takes place. (Zavaleta et al, 2014, in Wang et al, 2017).

Young Adults/ People

Aged between 16 and 24, unless otherwise stated.

It is important to keep in mind throughout this paper that I am considering loneliness as a negative experience, but that it can be experienced positively, most often when it is "transient loneliness" (Alberti, 2019. p. ix). This is usually when it is part of life's journey, such as moving to a new town for a new job, or when we choose to spend time alone reflecting and nurturing.

This paper considers loneliness as a chronic condition that is experienced negatively, and social isolation or dislocation may or may not be a factor.

Personal Position

Laugh, and the world laughs with you;

Weep, and you weep alone;

For the sad old earth must borrow its mirth,

But has trouble enough of its own …

--Ella Wheeler Wilcox, 1850-1919

I have experienced loneliness as a result of social isolation at various points in my life and have been fortunate not to have ever experienced significant negative effects or distress from these experiences for too long a time. However, the experience has been long enough for me to realize that it is not a psychologically healthy state of being. In the first couple of years after my husband died, I noticed that I became more withdrawn, resisting opportunities to go out and connect with others, my mood was low and motivation for my normal activities decreased. The longer that I experienced loneliness, the greater the negative symptoms grew and the harder it was for me to take the steps that I knew were necessary to re-connect with my community. While I can be described as an introvert, I value the importance of human connection and social interactions and enjoy opportunities to bring people together. I have observed other single people, both in my personal life and professionally, as a social worker, whose quality of life is negatively impacted by not having significant and positive emotional and social connections with other people. Some of these people cite loneliness as a by-product of other challenges that they face, while others perceive loneliness as being the primary cause of their distress and yearn for significant connections.

As a parent of three young adults, I have witnessed the challenges of enforced social isolation that they faced as a result of the Covid-19 pandemic. I believe strongly that the mental well-being of this age group is closely linked to meaningful social interaction and am aware of two factors that have changed the way they relate to their peers: the first is the growth of social media and the proliferation of communication sites such as Snapchat, Facebook, WhatsApp. Even before the pandemic there was a lot of concern about the increase in people voicing feelings of loneliness and being disconnected as a result of the limitations of connecting through social media technology. The second factor is the enforced social isolation of the pandemic itself and also its effects as young people transition in and out of social isolation. I am currently watching the young people in my life very closely as they learn to adapt from a lengthy period of being dependent on the internet for social connections, with all of its challenges, to navigating new ways of connection now that they are all a little older and their social landscape has changed significantly as a result of covid-19 protocols.

At the other end of the aging spectrum, I watch my parents as they age and their social world is slowly shrinking as a result of a variety of factors. During the pandemic they were understandably more nervous than me or their grandchildren about catching the virus and their social contact disappeared. My friends and I often discussed how our parents were managing and keenly felt our inability to visit them as we swapped humorous, and sometimes painful, stories about trying to teach our parents how to use zoom and facetime. At work I tried to support isolated seniors, to ensure that they had food delivery organized and had the opportunity to speak to at least one person on the phone most days. While this continued, so did the addiction crisis in Vancouver, and risks of using drugs alone grew as everyone was encouraged to isolate and overdose deaths continued to rise, (Pallis et al., 2021).

The Broader Context

...Oh no no no, it was too cold always

(still the dead one lay moaning)

I was much too far out all my life,

And not waving, but drowning.

--Stevie Smith, 1985

As someone who grew up in the 1970s and 1980s, I have seen a significant shift in the way that my white, western culture connects to each other. One prominent example is the idea of 'dropping in' to see someone. I recall as a child that I could just go over to friends' houses and see if they were home. Similarly, I recall my parents' friends coming over either for a chat, or to ask a favour, at all sorts of times. Homes were open and welcoming. Today, even a phone call often has to be planned by text first, the fear of intruding on someone's privacy is so great. This 'fear' has greatly limited the way that we reach out and connect to and support friends and family and, I believe, contributes to feelings of loneliness for many. The past 200 hundred years has seen huge shifts in the social landscape as people move from small, closely connected rural communities to large urban areas. This movement, combined with public policies supporting individualism over collectivism, has resulted in a huge increase in the number of people living alone and dislocated from their family of origin, (Alberti, 2019). The rapid growth of the internet both enhances social connectivity and inhibits closer, more meaningful relationships. There is also the fact that people are living longer but struggle to maintain social connections into older age. Another factor to consider is the stigma attached to being lonely which can magnify feelings of loneliness and prevent people from reaching out for support.

I do believe that humans are wired to connect, and I am concerned that the current western culture is responsible for an increase in loneliness amongst many population groups. The impact of working with many older people who are stricken with loneliness at the end of their lives, whose mental health is seriously debilitated by the lack of emotional and social connection, has probably impacted me the most. My bias on this subject is that I have a real concern for our society and for myself as I age into an increasingly disconnected world, as well as for the future of my children.

While I have cited the examples above to illustrate my own positioning on this subject, in relation to my personal experience, my family and those I have worked with, I also believe that this topic is of utmost relevance to all readers, while noting that the research reviewed for this paper is mainly from a North American and European perspective and limited literature was found for the review that takes cultural factors into account. For those who have no experience, past or present, of loneliness, it is highly likely that there is someone they know who does suffer from negative feelings of loneliness. A 2021 report, that surveyed 950 Americans, suggests that 36% of all Americans feel 'serious loneliness" and that two months prior to the pandemic this figure was also high, at 25% (Weissbourd et al., 2021). Alberti, (2019 as cited in Lepore, 2021) argues that capitalism, secularism, and individualism are responsible for this surge in distress, all of which suggests that this is a social disease that none of us can ignore. This paper will ensure its relevance to readers by looking at the impact of loneliness as well as briefly exploring some of the ways that we as individuals and as mental health clinicians can do to both support individuals suffering with feelings and symptoms of loneliness.

Relevance: Mental Health Implications

Living alone

I think of all the friends I've known

But when I dial the telephone

Nobody's home.

--Eric Carmen, 1975

Yanguas et al. (2018) began their review of the recent literature on the relationship between loneliness and health from the statement that loneliness is a prevalent and growing factor amongst the adult population. They look at the various ways that loneliness is defined and state that an accurate evaluation of the relationship between loneliness and health depends on a clear definition of the concept. Yanguas et al. (2018), also note that researchers have used either a single question, such as 'do you feel lonely?' or they have used a loneliness scale. Two loneliness scales have been identified, the UCLA Loneliness Scale, which uses both positively and negatively worded statements (Russell, 1996), and the Jong Giervald Loneliness Scale (djGLS). This scale is widely used in Europe and is made up of 6 questions about emotional loneliness and 5 questions about social loneliness (De Jong Geirvald & Van Tilburg, 2010), which reflects the more complex nature of loneliness.

Yanguas et al. (2018) note that humans are a social species, and that our neural, hormonal, and genetic mechanisms support the social behaviors that enable us to reproduce and survive. Being socially isolated can lead to a desire to connect with others but also a loss of sense of safety in the environment and hypervigilance for social threats, which can result in an individual reacting negatively towards others (Cacioppo et al., 2014; Duck et al., 1994, as cited in Yanguas et al., 2018). Yanguas et al. (2018) describe evidence from functional magnetic resonance imaging (fMRI) that supports the idea that loneliness can increase the attention given

to perceived social threats through increased attention to self-preservation. Furthermore, they describe the 'use it or lose it' rule that has been demonstrated through experiments on animals which shows differences in brain regions depending on the demands of solitary versus social living for a particular species. While their review found evidence of significant associations between loneliness and grey matter density (Kanai et al., 2012, as cited in Yanguas et al., 2018), there is limited research into age-related cognitive decline associated with loneliness. Though they suggest that the evidence so far indicates justification for further investigation.

Martino et al. (2017), in their paper exploring the use of social interaction and the desire for connection to support health and wellness by reviewing recent medical studies and both quantitative and qualitative data, describe the function of oxytocin to "facilitate social attunement" as it works with other neurotransmitters (including serotonin and dopamine) involved with the reward system to create feelings of pleasure, such as when holding hands, hugging and sexual intimacy (p. 468). They conclude that without these active neuro processes, there is a decreased ability to regulate intense emotions.

Marino et al. (2017) cite large and longitudinal studies, such as a UK study involving over 4000 participants (Banks et al., 2019), which concluded that group membership is a significant preventative factor in developing depression. Another study that Marino et al. (2017) reviewed was by Cacioppo et al. (2006), which collected data from individuals aged between 50-67 years old over a three-year period about various social and mental health factors including measures of loneliness, perceived stress and social support. They found that an increased level of loneliness resulted in increased depressive symptoms and that loneliness had a more powerful effect on increasing symptoms of depression than other demographic factors, such as marital status or social support. A study by Stickley et al. (2013, as cited in Marino et al., 2017)

connected loneliness with high-risk alcohol and tobacco use in Russia, suggesting a connection with addiction and other maladaptive lifestyle behaviors.

The impact of loneliness on physical health has also been found to be significant by Marino et al. (2017). Their review found connections between loneliness and increased risk of obesity, diabetes, cancer, and cardiovascular disease. Overall, those who identified having lower levels of social connection and intimacy were found to have poorer prognoses and this was found to be amongst both men and women.

Many of the studies cited so far have used older adults as their target population, within varied age ranges. A rapid systematic review of 83 articles published between 1946 and 2020 by Loades et al. (2020) looked at the impact of social isolation and loneliness on the mental health of children and adolescents, less than 21 years old, in the context of covid-19. The studies reviewed included those which were observational, cross-sectional, retrospective, or longitudinal and evaluated self-reported loneliness or interventions. Loades et al. (2020) note that there was a high risk of bias in some studies, and some were of better methodological quality than others. The review's conclusion was that there was a clear association between loneliness and mental health problems in children and adolescents and with the strongest association being depression. It is also suggested that there is a difference between boys and girls, with increased symptoms of depression in girls and elevated symptoms of social anxiety in boys, however Loades et al note that more attention was given in the studies to symptoms of depression than to anxiety. Social anxiety was more prevalent than other anxiety subtypes, and Loades et al. (2020) questioned whether this is because social anxiety is triggered by perceived threat to social relationships (such as by the pandemic). The studies reviewed also indicate that loneliness is a predictor of future mental health problems. Loades et al. (2020) recommend that future studies make use of

the Loneliness and Aloneness Scale for Children and Adolescents (LACA) that assesses for the duration and intensity of loneliness and separates peer-related loneliness from parent-related loneliness. They also note that most studies focused on symptoms of depression and anxiety and that it would be important to measure other mental health problems in future research.

Clinical Relevance

This paper will demonstrate that there are many negative mental and physical consequences of social isolation, dislocation and loneliness which are now seen as a social and economic burden. Loneliness is 'an enduring condition of emotional distress' (Andersson, 1998 as cited in Alberti, 2019, p. 5), and in our role as clinical therapists and counselors, we aim to relieve emotional distress. It is impossible for us to ignore the impact of internal and external disconnection as we support our clients as they move towards living a more contented life which aligns with their values and beliefs. Humans need to experience positive interconnections between themselves and others in order to survive and thrive. When considering the impact of emotional and social loneliness, it is vital to assess our clients for both their place within their own systems (familial, social, environmental) and their inner perception of the quality of these relationships, together with their view of themselves and the impact that has on their capacity to form healthy relationships. Once a therapist and their client have explored these connections and their impact on the client's presenting issues, a meaningful care plan which considers social integration and emotional intimacy can be formulated collaboratively.

The emotional experience of loneliness might be positive. In this paper I consider that to be called solitude, and it is usually a temporary state chosen for positive reasons, such as to re-charge or to re-assess one's life. This paper is only considering loneliness as a negative experience, as a lack or an absence of something that is wanted and needed. When someone's

emotional, or psychological, needs are not being met, the person will often internalize the experience as one of personal failure which impacts self-worth and creates a lack of confidence and motivation (Roberts & Krueger, 2021). It is not surprising that such experiences can lead to a heightened state of anxiety or withdrawal (depression), both states interfere with being able to form trusting, caring and respectful relationships. It is not unusual to hear loneliness described as 'painful', even to the point of being 'unbearable', such is the depth of the sensation that it is akin to physical pain. Loneliness is rarely part of the health care practitioners' assessment, yet it is expressed through many emotions, including sadness, anger and fear and can result in symptoms of anxiety and depression which are seen too commonly in all health care arenas. The mental health clinician needs to not only assess for social isolation, dislocation and loneliness but also be able to validate, empathize and respond helpfully to the client who presents with these experiences.

With the growing recognition of both the increased experience of loneliness and social isolation and its negative impact, there are a number of new initiatives to support policy makers as well as provide mental health clinicians in finding ways to support clients. A 2020 report based on an online survey of approximately 950 Americans (Weissbourd et al., 2021), recommends public education campaigns to help people identify and manage self-defeating thoughts and behaviors that can exacerbate the experience of loneliness. They also suggest re-imagining the way that our social infrastructure operates and committing to the common good of ourselves, our communities and the most vulnerable. The U. K. Government's 2018 strategy to combat loneliness describes several initiatives including strategies to reduce stigma and encouraging GPs to assess for loneliness and 'prescribe' activities that will help to reduce the stigma attached to social isolation and facilitate social connection. Mental Health clinicians can

play an active role in ensuring that assessing social isolation and feelings of loneliness is part of their full assessment process and noting the connection between these factors and their clients' mental health.

A 2020 review of relevant literature by the National Academy of Sciences, identifies various risk factors which mental health therapists should be aware of when assessing clients. They categorize the risk factors under the headings: Physical health factors (such as chronic health conditions), psychological, psychiatric, and cognitive factors (such as depression and dementia) and social, cultural and environmental factors (such as age, housing, marginalization). It is important for therapists to consider all of these criteria when making assessments and to use the findings in the development of their counselling plan. Chapter two of this paper will examine two populations that are too often impacted by a lack of meaningful connection in their lives: the elderly and those suffering with substance abuse disorders. Chapter three will consider approaches and tools that the therapist can use with these groups in the counseling space, as well as suggestions for social advocacy.

Theoretical Framework

Loneliness has been stigmatized throughout modern history. The image of the hermit, sitting alone in a cave has been ridiculed and misunderstood, similarly the unmarried and solitary woman has been seen as a threat for various imagined reasons until very recently. Past and present popular culture has encouraged us to seek romance and find a 'soul mate' in order to feel complete and content and to find acceptance in society. The alternative is stigmatization, shame and blame for not belonging and fitting into accepted patterns of behavior. Social expectations and the ability to meet these play a significant role for the target populations for this paper. The analysis of these and the resulting clinical recommendations will be considered from both a

broad societal perspective and from the inner experiences, strengths and potential of the individual.

Systems theory is generally used within family therapy (Walker, 2019) yet it has many applications to assessment processes and treatment planning. It is a holistic perspective that can make use of genograms and ecomaps (the process of understanding social and economic factors) which will inform the analysis of the political, social, and economic influences on the experience of social isolation and dislocation. The impact of these influences on multiculturalism and marginalization of diverse populations will be integrated into the paper to demonstrate the multi-layered and nuanced impact of intersectionality on the experience of loneliness.

The importance of positive early attachment experiences on cognitive, social, and emotional development have been well documented. Wallin (2015) describes how these early attachment experiences influence the ability to form positive and meaningful connections in adulthood. DiTomasso et al's (2003) study of university students found that attachment styles and social skills were closely correlated to levels of loneliness and that higher levels of social competence were linked to lower perceived levels of loneliness. Chapter two of this paper will consider attachment theory, emotional intelligence, and personality style further in relation to the elderly and those with substance use disorders.

My own belief in the human capacity for compassion and connection towards the self and others will underpin my approach to this subject. The work of Dr Richard Schwartz on Internal Family Systems theory demonstrates that there are 'no bad parts', that the compassionate, calm and curious Self is always present, yet at times it can become overwhelmed with the burden of trauma as other parts seek to protect the Self in maladaptive ways (Schwartz, 2019). This paper will explore ways in which therapists can help clients find meaning, purpose, and connection in

their lives from a compassionate perspective of their inherent potential for change and connection.

Summary

There is a surge of interest and a growing amount of research about the negative mental and physical health impacts of loneliness. Risk factors are expanding across the generations with more people living alone, working from home and more recently with enforced social isolation. This is a topic of increasing relevance to all of us, especially to mental health clinicians. This chapter has provided a research study design to explore the causes of loneliness and the question of how loneliness impacts mental health and some of its implications for assessment and treatment in mental health practice by discussing the significance and context of loneliness, and by introducing some of the research studies and literature reviews that are currently available. This sample of the range of scholarly literature that has been identified demonstrates some of the limitations and areas requiring further research.

Chapter 2: Literature Review

All the lonely people,

Where do they all come from?

All the lonely people,

Where do they all belong?

--The Beatles, 1966

This chapter will discuss the populations of the elderly and those with addictions in two separate sections. This is not to ignore the fact that there can, and often is, overlap between the two, however this will not be discussed in this paper. The reason for choosing these two populations is to identify the commonality of the causes and experience of loneliness and the role that society plays in shaping these experiences. Chapter 3 will also show the similarities in approaches in supporting these and other populations who are impacted by social isolation, dislocation and loneliness.

The Elderly: The Current Situation

Alone,

Silence lies along the bone,

Grey, cold as stone.

--Thwaite, n.d. Theguardian.com, 2010

In 2021, 18.5% of the Canadian population were 65 years and older, with an expectation of living to around 85 years old, (StatsCan, 2021). This age group is expected to grow, yet for many living longer is not associated with a good quality of life, an aspect that is often ignored by health care providers. Loneliness is rarely assessed in health care settings, despite it being a significant predictor of certain health conditions as well as of early mortality, (Emerson & Jayawardhana, 2016). In their review of data from 2008-2012 research, and using a 3-item

loneliness scale, Emerson and Jayawardhana (2016) identified certain groups over the age of 60 years as being more at risk for loneliness: non-married, less educated, and worsening finances. Elderly adults with worsening health conditions were also seen to be at increased risk, while poor physical health is also a predictor of loneliness. Poor health can negatively impact the ability to engage in social activities and to maintain relationships outside of the home.

Holt-Lunstad et al. (2010) conducted a meta-analysis of 148 studies to determine to what degree social relationships influence mortality. They found that the influence is significant and compared a lack of strong social relationships as being as strong a predictor of mortality as other well-established risk factors, such as smoking and even exceeding other recognized risk factors such as obesity. They compared their findings to the high mortality rates observed decades ago among infants placed in orphanages where lack of human contact was shown to predict mortality. Gao et al. (2021) investigated the over 65s population based on cross-sectional and longitudinal surveys in Latin-America, China and India and found that while there were cultural variances in the concepts of loneliness, its effect on mortality was consistent across different cultural settings, except in India. Cultural concepts of loneliness are not a focus of this paper; however this is an area which warrants further research. It is clear, however, that loneliness has major implications for global public health.

Perissinotto et al. (2012) describe a longitudinal cohort study of 1604 participants whose mean age was 71 years old, of whom 43 % reported feeling lonely. They found that those who identified as lonely were more likely to experience a functional decline in their Activities of Daily Living (ADLs), a decline in mobility and increased risk of death, concurring with the Holt-Lunstad et al. (2010) findings cited above. Cacioppo et al. (2011, cited in Perissinotto et al., 2012) help to explain these findings by explaining that feelings of loneliness can result in

increased sympathetic tone, increased inflammation, and decreased sleep. Perissinotto et al. (2012) also mention other studies that discuss a correlation between loneliness and cardiovascular disease and depression. There is also a suggestion that there is a higher likelihood of poor health behaviors, such as poor medication adherence, though more research is needed in these areas.

In 2018 the United Kingdom appointed a Minister for Loneliness, (Yeginsu, 2018) such is the concern in the UK for the impact of loneliness on its elderly population. More recently, in 2021, Japan followed suit, following a rise in suicides across all age groups that were seen as related to increased isolation during the COVID pandemic, (Kodama, 2021). A study of over 60,000 older adults found that increased loneliness was one of the primary motivators for self-harm, (National Academy of Sciences, 2020) and Donovan and Blazer (2020) in their review of the National Academies Report write that loneliness is a contributing factor to suicide ideation and suicide attempts. In 2017 the U.K. identified those more likely to experience loneliness as being widowed, in poorer health and those with a long-term illness or disability; all of these factors are more likely to occur in the older population (Campaing to End Loneliness, 2020).

There is little research into the impact of socio-economic factors on self-reported loneliness. Algren et al. (2020) studied adults aged 18 and over in a selection of Danish neighborhoods and found that the rate of social isolation was highest amongst over 65-year-olds, although this didn't necessarily correlate with feelings of loneliness. They note that the highest prevalence for both social isolation and loneliness was among residents of a western ethnic background, opposed to those from any other area. Those with a lower socio-economic status had a higher rate of loneliness than those with a medium to high socio-economic status. This is not a surprise, people with lower incomes are less able to participate in certain social activities,

such as joining sports clubs that might enable them to meet others. Also, people with low incomes who are limited by health and mobility issues from leaving the home are less able to afford assistance, which is often a significant source of companionship for many mobility impaired or housebound elderly.

Fierloss et al. (2021) studied 2252 older adults (mean age 79.7 years) in Europe and found that 13.6% reported both social and emotional loneliness, with around 28% experiencing one or the other. They found that men living without a partner were more prone to social loneliness than men living with a partner, whereas women with living with a partner were more likely to suffer from loneliness than men living with a partner. This suggests a gender difference in relationship needs and desires, a subject that has been explored elsewhere, though less so with a particular focus on loneliness. De Jong Giervald et al. (2006) draw on research that concludes that "persons with a partner who is not their most supportive network member tend to be very lonely", (Van Tilburg, 1988, cited in de Jong Giervald et al., 2006, p. 486). It is also noted however that people who do have a significant relationship, whether by marriage or partnership, tend to be better protected from loneliness than those who do not have this bond with one other, (Dannebeck, 1995; Wenger et al., 1996, cited in De Jong Giervald, 2016, p.486). Many people live alone as a result of the ending of a relationship, either through divorce or death, both of which can have an impact on feelings of loneliness for long periods of time and that being in a new relationship may only mitigate feelings of loneliness to a certain extent. Peters and Liefbroer, (1997, cited in De Jong Geirvald et al., 2006, p.486) found that previous relationship disruptions can continue to impact feelings of loneliness regardless of current relationship status.

Research demonstrates that while the elderly are at risk of social isolation and emotional loneliness, factors such as gender, physical and mental health, income, living situation and

education are all potential risk factors. Marginalized populations are also at greater risk of social isolation and loneliness and when this intersects with aging, the risk increases.

A Systems Perspective

The past two centuries have seen a huge shift in the way we live our lives and interact with others. Until the industrial revolution, when old age began to be equated with economic liability, the elderly were an integral part of the domestic system. Even with reduced mobility and strength they would be able to watch children and participate in domestic chores, (Alberti, 2019). As paid employment became the only means to survival, the U.K. introduced the Poor Law of 1834 which led to the elderly being moved out of households and into 'workhouses' once they were no longer able to work and pay their way, (Alberti, 2019). For those still living in rural areas, it was likely that their children and grandchildren would have moved away to urban areas in search of a better life, leaving the elderly to manage without their support. For centuries social networks and extended family relationships were maintained by frequent in-person interactions when home and work were often in the same location. As home and work began to separate so did the frequency and quality of these interactions. Today, as travel has become increasingly accessible, many now move further afield and even overseas in order to improve their economic prospects, and more and more seniors are living alone without any family close by and fewer means (such as being driven by a relative) to maintain social connections.

George Monbiot, in his 2016 article for The Guardian, suggests that neoliberalism, a political philosophy which surged in the 1980s and beyond, and which encourages privatization, deregulation and competition, is responsible for the ruptures in society that have led to individuals being isolated and the rise in mental health disorders. Monbiot describes that even though we are "ultrasocial mammals" who depend on our human connections for survival, the

competitive individualism that is driving our society is causing pain. He makes the connection between the experience of physical pain and social pain which Cacioppo and Patrick (2008) discuss as protecting us from danger. Being isolated in the past would present risks to our safety and the need to survive long enough to reproduce. Physical pain can be alleviated by human touch; for example, most people respond positively when hugged after an accident or surgery and we have an instinct to hug children who fall over and scrape their knees. Functional Magnetic Resource Imaging has shown that the emotional region of the brain, the dorsal anterior cingulate, that is activated by social or emotional rejection is the same region that registers emotional responses to physical pain, (Cacioppo & Patrick, 2008, p. 8). The pain of disruptions to connection, to the experience of this unmet evolutionary need, are real at a neurobiological level.

Economic and political changes are not the only systemic factors to impact the quality and quantity of connections in an older person's life in the Western world; immigration and the legacy of colonialism also need to be considered. People who migrate to another country at a later age are at increased risk of loneliness, especially if they do not speak the local language. Older immigrants to Canada are growing in number as their children move away from their homes for new opportunities and often sponsor their parents to join them, (Hossen, 2012). Differences in language, culture and religion can result in challenges in building a new community. Financial hardship and dependence on children who are often busy with their own lives can result in significant social isolation and its physical and psychological challenges. Alexander (2010) describes how, in British Columbia, dislocation, through colonization, was brutally forced upon Aboriginal people resulting in the loss of language, land and culture, not to mention choice and other freedoms. The impact of this is far beyond the scope of this paper,

however it is vital to consider repercussions of these losses in so many areas of an Aboriginal person's life and how this will affect their sense of connection with the world around them and with themselves. This factor will be discussed further later in this chapter with respect to dislocation and addiction.

LGBTQ+, or sexual minority, seniors are at particular risk of social isolation and loneliness, especially if they are receiving care at home or in a facility, some will hide their sexual orientation or gender identity for fear of stigma and discrimination, which can lead to a profound sense of disconnection from those around them, (Elmer, 2018). Older sexual minority adults are more likely to live alone or not be in a long-term relationship than other same age adults, they are also more likely to be estranged from their biological family and will therefore be more reliant on friendship networks, (Hughes, 2016). In a study of 312 LGBTI people aged 50 and over, living in Australia that used the three item Loneliness Scale, it was found that this population reported higher levels of loneliness than the general population. Higher levels of psychological distress and lower ratings for mental health were also found in this older sexual minority population. Huges (2016) notes that further research is needed on the experience of sexual minority seniors from other cultures and countries and migrant communities. It is this paper's assumption that the intersectionality of various systemic discriminations and aging specific factors such as chronic health conditions will compound the experience of social isolation and increase the risk for emotional and social loneliness amongst older, sexual minority adults.

An Emotional Resiliency Perspective

The very fact that not everyone who experiences social isolation experiences loneliness gives rise to the belief that there are personal factors at play to be considered. The elderly are

described as being over 65 years old, however there are two to three age cohorts within this range and it may be expected to find differences in the experience of loneliness between the cohorts. Suanet and van Tilburg, (2019) found that “mastery and self-efficacy" (p. 1134) are more significant predictors of loneliness than cohort. It is therefore highly relevant to consider the inherent factors that support the development of these coping mechanisms, and it can be argued that many of these stem from early experiences of attachment. Bowlby, who developed attachment theory (Bowlby 1969/1982, 1973, 1980, cited in Mikulincer & Shaver, 2014), demonstrated that humans are born with a psychobiological system that “motivates them to seek proximity to significant others in times of need....to maintain adequate protection and support” over the entire lifespan, (Mikulincer & Shaver, 2014. p. 34).

Attachment styles formed in early childhood predict the way in which individuals respond to separation from attachment figures and are indicative of how an individual will form and manage future relationships. As people age there is an inevitable increase in the number of relational losses through disease, death, and geographical separation from family members, (Spence et al., 2018). A study of 80 women aged 50-83 in England by Spence et al. (2018) showed that attachment styles “were significantly related to poor support, social isolation and loneliness”. Those with withdrawn or angry/dismissive styles of attachment were found to be more socially isolated than those who were securely attached, and those who were angry/dismissive were more likely to report themselves as being lonely. Just under half the sample had avoidant attachment styles, which tend to be overly self-reliant and less likely to ask for help when needed, they were therefore more isolated, but the subjective feeling of loneliness was low. Spence et al. (2018) concluded that those with avoidant attachment were significantly more likely to be isolated, but only those with angry/dismissive attachment were likely to feel

lonely. This conclusion reflects the work of other researchers who have claimed that anxious attachment is more conducive to loneliness than those with avoidant attachment styles, (Berlin et al., 1995 cited in Mikulincer & Shaver, 2014). Mikulincer and Shaver suggest that anxiously attached people have a tendency to exaggerate their needs for love and security as being unsatisfied and therefore their emotional pain is intensified when there is insufficient or missing intimacy, closeness or acceptance. Weiss, who wrote in 1973 about loneliness from an attachment perspective "defined loneliness as a subjective state that indicates unsatisfied needs for proximity, love and care due to the unavailability of attachment figures" (Mikulincer & Shaver, 2014, p. 39). The difference between anxiously and avoidantly attached people seems to be that avoidant people seem to choose to withdraw and remain isolated with the belief that they would always be lonely, in what studies suggest tends to be a self-fulfilling prophecy, (Klohnen & Bera, 1998, cited in Mikluincer and Shaver, 2014; Mickelson, Kessler, Shaver, 1997).

Spence et al.'s (2018) study uses a small sample size and the scarcity of other research for this age group on attachment styles and their influence on social isolation and loneliness demonstrates an area for further research. There have however been several studies on younger adults and their relationship with attachment and loneliness, which are worth considering. An individual's attachment style can have an impact on social skills and relationships, and it is therefore no surprise that individuals with dismissing, pre-occupied or unresolved attachment styles (rather than a secure attachment style), are less likely to be able to develop and sustain the meaningful relationships that protect against feelings of loneliness. Nottage et al. (2022) studied attachment styles, alcohol use, mental health and loneliness in university students and describe a correlation of the effects of avoidant/ dismissing or anxious/ pre-occupied attachment styles with loneliness and mental health outcomes, particularly depression. They note that those with mixed

attachment styles (unresolved) may react to separation and loneliness with more distress than those securely attached, however clearly more research is needed, particularly with the older population.

The Covid-19 pandemic has heightened awareness about the challenges of social isolation. A review of studies in high income countries by Vahia et al. (2020) eight months into the pandemic interestingly showed that all age groups were at risk of increased anxiety and depression as a result of the enforced social isolation measures, and while the elderly were at increased risk of complex health issues and mortality, they were less negatively affected by mental health outcomes that other age groups, suggesting that generally they have greater psychological abilities to manage new stressors. Curl and Wolf (2021) used 2020 data from the Health and Retirement Study (2,759 adults over the age of 50) and found that those with more depressive symptoms and increased loneliness were more likely to express concern about the coronavirus pandemic. They identified several biological and socioeconomic factors that were associated with more depressive symptoms and higher chances of being lonely: being female, having a lower education, not being married, worse self-rated health and lack of exercise.

While the longer-term effects of Covid-19 remain to be seen, Vahia et al. (2020) discuss the increased range of internal coping mechanisms that older adults have, compared to younger adults. They also note the ability to adhere to public health guidelines and having a meaningful relationship with another person as being protective factors for the elderly. Their paper considers the three factors that contribute to social isolation: material, (poverty, lack of access to technological resources), social (fewer friends and less contact with family) and biological (inability to engage in physical exercise, or chronic disease). They also cite recent studies that suggest an inverse correlation between wisdom and loneliness. The area of wisdom that appears

to be the most protective in mitigating feelings of loneliness is compassion. Lee et al. (2020) found that emotional regulation and empathy – including altruistic behavior, were associated with positive outcomes in areas of physical and mental wellness, happiness, life satisfaction and resilience and less loneliness.

Cheng et al. (2020) discuss the subjective nature of loneliness and found that attitude towards aging is a significant mediating factor between social isolation and the subjective experience of loneliness and its associated mental health challenges. Bryant et al.'s (2012) earlier study also found a similar correlation, that attitudes towards aging significantly influence physical and mental health, well- being and quality of life. However, they also note that positivity is associated with financial status, better physical health, and relationship status; demonstrating that, in general, it is hard to separate social determinants of health from internal protective factors. Coudin and Alexopoulos (2009) suggest that negative stereotypes of aging can also impact subjective attitudes towards aging and feelings of loneliness. This demonstrates that that not only do the systems and services in place have an impact on how older adults experience social isolation, but also that social attitudes and culture can have a direct impact on their subjective experience of being older and alone.

Some studies suggest that the experience of loneliness in youth can be a predictor of loneliness in older age (De Jong-Geirvald et al., 1987 cited in Alberti, 2019) and this corresponds with Cacioppo and Patrick's (2008) discussion on "receptivity and resiliency" (p. 25) in which they describe how when we are able to self-regulate and use social cognition to gain control of our social experience, we are more likely to "attribute success to our own actions and failure to bad luck. When we feel socially isolated and depressed, we tend to reverse this useful illusion and turn even small errors into catastrophes – at least in our own minds", (p. 29). They continue

to describe how loneliness experienced in youth will become more challenging to manage in later years as belief systems and coping strategies become further embedded. *Wisdom* is another term that has been used to discuss the inherent coping resiliency that some people have in greater quantities than others. Jeste et al. (2020) looked at loneliness and wisdom using the UCLA loneliness scale and San Diego Wisdom Scale with Italian adults aged 50-65 and Californian adults aged 90 or above. They describe both loneliness and wisdom as being personality traits, with wisdom being associated with greater well-being, satisfaction with life and overall better health, all of which tend to lead to more successful aging. It was found that there was a strong inverse correlation between loneliness and wisdom, concluding that wisdom may serve as a protective factor and a potential intervention against loneliness, such as increasing pro-social behaviors. The early attachment experiences described previously, are a relevant element of an individual's capacity to develop wisdom, secure attachment provides the base from which to learn self-regulation, co-regulation and the emotional intelligence that leads to wisdom.

Assessment and Treatment Implications

This section on the older population has demonstrated a range of factors that influence the older person's experience of social isolation and the personal predictors of whether that begets the feelings of loneliness. While social isolation can be measured objectively, the experience of loneliness, whether emotional through a lack of close or intimate relationships, or social loneliness as a result of an absence of connection to a group of friends or a community (Weiss, 1973, cited in Gilmour & Ramage-Morin, 2020) is highly subjective. The majority of studies focus on quantifiable factors such as physical health, relationship status, education levels and financial security rather than emotional resilience and coping skills. Furthermore, loneliness carries stigma and people will not always report feeling lonely (De Jong Giervald, 2006).

For the mental health clinician meeting with a new client, they often have very little information about this person and while assessment tools (such as the UCLA 3-item loneliness scale), can be useful in some situations, it only addresses feelings of loneliness and not factors related to resiliency, relationship history, physical health or environmental or economic factors. It is this writer's belief that the process of gathering information is an important part of the therapeutic process. The research reviewed for this paper does not provide new insights into assessing social isolation and loneliness, yet it is clear that this is an important and highly relevant factor to be considered in all assessments. The therapist must be able to understand the difference between social isolation and loneliness and the protective and risk factors for both. A full assessment can be used to demonstrate to the client that the therapist is compassionate, curious and non-judgmental and the sensitively paced process of gathering information can help to create a safe therapeutic environment. The use of a framework such as that described above by Vahia et al., (2020), which considers material, social, and biological realms can be helpful. Gathering objective facts is often a safer place to start, from the client's perspective and this enables the therapist to learn about the client's relationship status, physical health, education, and financial status and to begin to identify any stresses within these realms. With an older client, it is important to learn about the societal and cultural values with regard to expectations and needs in relationships that they grew up with and whether they align with their values today. Within this part of the assessment process a therapist can take the time to understand the importance of family and broader social networks play in the client's life, and whether ruptures have been repaired or losses mourned, along with the ability to self-regulate and co-regulate with others. A systems perspective will enable the therapist to assess the types and qualities of the various relationships that a client has and can use this to consider inter-generational influences, as well as

geographical and cultural relationships. A systems perspective can expand beyond family patterns. It can also consider environmental elements such as politics, significant events, socioeconomic factors, values, beliefs, and spirituality, all of which can impact social connectivity and its relationship with loneliness. Tools such as genograms and ecomaps can help to visually identify patterns, strengths, and weaknesses between personal and systemic relations.

Carefully observing tone, speech patterns and non-verbal communication, as well as the internal responses in the therapists own emotional state, will provide clues as to the client's attitudes towards expectations, needs and desires in relationships as well as their response to society's attitudes. This brings us into the inner experience of social isolation and loneliness and can be considered as attachment style, previous coping strategies and wisdom are assessed. By understanding a client's view of themselves, this will provide insights into how they relate to others and goals for change.

Therapists are unable to provide clients with the close, trusting, friendly relationships that so many clients need, however they can support clients by helping them develop insights, skills and wisdom that will help them cope with social isolation with fewer feelings of loneliness. Therapy can also provide a model for what a healthy, trusting relationship can look like; they have the opportunity to help clients learn more about forming positive, mutually supportive, close relationships with others. The therapeutic theories and models that can support this will be explored more fully in chapter three.

Addictions and Loneliness

Homelessness and drugs abuse, and loneliness and crime,

fund my habit keep me going from daytime to the night,

lying on my pillow swallow hard and fight the tears,

happiness is all I want to heal my scars, and fears

--Jthomson206, 2019. Allpoetry.com

There has been a huge growth in loneliness research over the past couple of decades and conclusions have been made that the elderly and those with serious mental health disorders are most at risk, however the impact of loneliness on people with substance use disorders, or other addictions, has been far less researched, (Ingram et al., 2020). This section will look at loneliness as both a causal factor in addictive behaviors, and also as an effect of addictive behavior. Implications for therapeutic support will be discussed in further depth in chapter three. This section will begin with a review of some of the research that has investigated the correlation between loneliness and addictive behaviors and will then discuss some of the more recent systemic and psychological theories about the causation of loneliness and its relation to addictive behaviors. The end of this section will discuss the routes towards connection, wellbeing and recovery for this population.

Loneliness and Addictive Behaviors

This section will focus mainly on addictive behaviors related to substance use. However, some of the research reviewed will consider internet and gambling addictions. It is worth noting here that the DSM-5 (APA 2013, p. 481) now includes gambling disorder in the substance related disorders chapter because it activates similar reward systems to substance use behaviors and leads to comparable behavioral symptoms. Internet gaming is described in the chapter on addictive disorders, but there is still insufficient research around this and other behavioral addictions (such as sex or exercise addictions) for them to be classified as diagnosable disorders.

People around the world with addictive behaviors are ostracized, pathologized and criminalized. How is that experienced by them, and is there a relation between social isolation,

loneliness and addiction? Ingram et al. (2020) conducted a meta-analysis to understand the relationship between loneliness and addiction using data from 41 studies. They noted that illicit substance abuse is the most stigmatized health condition in the world, with alcohol dependence being the fourth. People experiencing stigmatization are vulnerable to social isolation and the likelihood of experiencing loneliness therefore increases. While using substances people are likely to forge relationships which support substance use, then when in recovery or abstinence those relationships may need to be avoided. Ingram et al. (2020) cite Australian research (Ingram et al., 2018 as cited in Ingram et al., 2020) that shows that 79% of 316 individuals accessing recovery programs experienced loneliness and 69% agreed to the statement "loneliness has been a serious problem for me". Ingram et al.'s (2020) review consistently found that a higher severity or duration of substance use was correlated with higher loneliness. They did note that the data they reviewed did not examine the causal sequence of loneliness and substance use, this is something that will be discussed later in this section.

Research into the correlation between loneliness and substance use has been carried out in various countries. Lo et al. (2020) studied 507 people with substance use disorder in Hong Kong to investigate the experience of using substances from the users' perspective. Their aim was to develop a Soulmate Scale to measure substance use and loneliness in order to understand the emotional and relational needs of substance users. The study finds that "substance users use substances to satisfy different psychological factors, such as to seek and obtain psychological release and shelter, staunch and supportive relationships, and spiritual solace and companionship" (p. 11). The study concludes that "substance use becomes their connection to a soulmate....to satisfy their needs for connectedness and release their strong sense of isolation", (p. 12). This idea that people are more vulnerable to addictive behaviors if they lack love, care,

and support in order to compensate for that lack of connectedness helps us to understand part of the causal relationship between addiction and loneliness.

Other studies around the world concur with Lo et al. (2020) that there is a correlation between loneliness and substance use. An Iranian study compared 228 individuals with and without substance use disorder (Hosseinbor et al., 2014). They used the Iranian form of the social and emotional loneliness scale for adults which rated romantic, familial, social, and emotional realms of loneliness. Significant differences were found between the two groups indicating that loneliness in all of the above areas is experienced at higher rates in individuals with substance use disorders. The authors of this study consider whether drug use could be "a way out of a feeling of loneliness and acquiring a feeling of security, also drug abuse could be a way to satisfy the emotional and psychological needs", (p. 3). Hosseinbor et al. (2014) conclude that social and emotional feelings of loneliness are a high-risk factor in the initiation of substance use. They also note the need for further investigation of biological and environmental factors that influence the development of substance use disorders.

Yang et al. (2017) produced similar findings in their study of the relationship between loneliness and the quality of life of 603 heroin dependent individuals in China. Their focus includes seeing addiction and post-recovery as leading to isolation and loneliness, and they describe a "vicious cycle between loneliness and addiction" (p. 1). Their study used different scales to assess religious beliefs, interpersonal relationships, levels of depression and loneliness. Loneliness was assessed using a single-item measure on a 5-point Likert scale. The Yang et al. (2017) study found a high rate of loneliness amongst Chinese heroin users who were receiving Methadone maintenance treatment and there was an implied connection between loneliness and quality of life. The authors also discussed the high stigma associated with being lonely may

result in under-reporting. They also make the point that there is a reciprocal relationship between depression and loneliness, with each exacerbating the experience of the other. However, they did not analyze the sequence of the causal relationship between heroin use and loneliness but found that non-married status, unemployment, having religious beliefs, poor interpersonal relationships, injecting heroin, and more depressive symptoms were significantly associated with loneliness, these findings mirror those discussed earlier with regard to the elderly and feelings of loneliness; socioeconomic factors are clearly risk factors for loneliness. The Yang et al. (2017) report advocates for treatment to include increased assessments of loneliness and expanded social supports.

The above studies used adults in their research and determine that there is a close correlation between substance use disorders and loneliness. A causal sequence is suggested by Ingram et al. (2020) and before exploring this further it would be helpful to look at the relationship between loneliness and addictive behaviors in younger people in order to see if this is unique to adulthood. A 2017 randomized control trial in the UK of over 1795 high school students (average age 13.5 years) looked at their alcohol use, loneliness, self-efficacy and sensation seeking over a 12-month period, (Mackay et al., 2017). They aimed to determine the degree to which loneliness predicts changes in alcohol use over a 12-month period. Mckay et al. (2017) discuss previous studies that have shown a positive correlation between the two in adolescent populations (Filho et al., 2012 and Carvalho et al., 2011 cited in Mckay et al., 2017) and report that these studies suggest that substance use may be to avoid feelings of loneliness as an avoidant coping strategy. Mckay et al. (2017) do make the point however that some studies associated alcohol use with social integration, and the findings from some studies suggest that those with greater social competency are more likely to use alcohol at social events, (Grau et al.,

2001 as cited in Mckay et al., 2017; Muris, 2001 as cited in Mckay et al., 2017). In the Mckay et al. study, loneliness was measured using the three-item UCLA scale and alcohol use was measured using 6 questions requiring yes/no answers. They found that being female and experiencing loneliness increased the likelihood of having had a drink in the previous month. Perceived emotional competence emerged as an important factor and in fact this study found that high social self-efficacy is significantly related to less safe alcohol-related attitudes and heavy episodic drinking, concluding that both social efficacy and loneliness are important but complicated factors in adolescent drinking.

Internet addiction is another behavior that has been studied in relation to loneliness, Saadati et al. (2021) begin their meta-analysis and systematic review by stating that so far the evidence regarding the severity of the correlation between the two factors has been unclear and they aimed to clarify this. Internet addiction is defined as the inability to control internet use that eventually leads to impaired psychological functioning, emotions, and interpersonal relationships. It can also impact academic performance, work, and social life (Li et al., 2016 as cited in Saadati et al., 2021; Odaci & Celik, 2013 as cited in Saadati et al., 2021). Lau et al. (2017 as cited in Saadati et al., 2021) reported that in 2014 the global prevalence of internet addiction in the age group 12-41 years was 6%. This is a high figure and warrants further understanding. The results of their meta-analysis showed that internet addiction is associated with loneliness as well as with other mental health problems such as depression and anxiety. This is further supported in a 2012 Turkish study of 1157 high school students using the Young Internet Addiction Scale and the UCLA scale, (Koyuncu et al., 2014). The study found the prevalence of internet addiction to be 7.9% and it was found that the prevalence was high among students describing themselves as type A personality, which is contrary to research described

above which suggests that low social efficacy is a risk factor for addictive behaviors. Is it possible that those who describe themselves as type A personalities express themselves this way in the online world but not in real relationships? This is an area that merits further research. Koyuncu et al., (2014) found a positive correlation between loneliness and internet addiction, explaining that the internet can be used to find social contact, belonging and support. Using the internet can take away from time that may otherwise be spent with family and friends in real life and therefore can lead to loneliness, however it can also provide an environment to create relationships for people who are feeling lonely. Some people may prefer the virtual world over real-life situations in order to avoid negative feelings of loneliness or anxiety. Once again, one sees a clear relationship between loneliness and addictive behavior, but there is a lack of clarity around the sequencing of events, this is important to understand if one is to find meaningful support and treatment for this and similar populations.

The U.K.'s Gambling Research Exchange (GREO) produced a report that assessed the connection between loneliness, gambling, and suicidality (Lee et al., 2019). Lee et al. (2019) found that people with "problem gambling were more likely to feel lonely compared to non-gamblers and at-risk gamblers. They also had smaller social networks and were less likely to have a partner or children.... less likely to feel a sense of belonging to the community around them", (p. 2). The report's authors state that lifetime suicidality is associated with problem gambling, with women more likely to report lifetime suicide attempts than men. Loneliness was associated with suicidality even after factors such as physical and mental health, smoking, alcohol, and substance use were taken into account. They conclude by recommending the similar development of social supports as the studies described above have advocated for in relation to substance use and internet addiction (Lee et al.).

Vuorinen et al. (2021) focused on the U.K. population, and compared 4816 15-25 year olds in Finland, the United States, Korea and Spain by looking at the mediating role of psychological distress in excessive gambling (Vuorinen et al., 2021). Gambling was measured using the South Oaks Gambling Screen (devised by Lesieur & Blume in 1987, as cited in Vuorinen, 2021), psychological distress was measured with the 12-item General Health Questionnaire (GHQ-12), which is widely used in health care settings; and loneliness was measured using the UCLA 3-item scale. Sense of mastery was assessed by using the 7-item Pearlin Mastery Scale (Pearlin & Schooler, 1978, cited in Vuorinen et al., 2021). It was found that a low sense of mastery and loneliness had significant effects on psychological distress. The authors suggest as loneliness is experienced differently in quality and quantity in different social environments, the role of loneliness in collectivistic and socially cohesive societies (such as Spain and South Korea) might be stronger in addictive behaviors. However, their research does not point clearly to this possibility. Their study did produce different results between the countries which suggest that attitudes towards gambling and the accessibility of gambling might be the reason for overall negative gambling attitudes and levels in South Korea, for example.

This section has demonstrated the connection between loneliness and addictions to be high, yet complex. Some studies described have suggested that addictive behaviors are an avoidant coping strategy to relieve feelings of psychological distress, yet the stigmatization of addictive behaviors can lead to further social isolation and loneliness. Other mental health disorders are also contributory factors, particularly anxiety and depression and when socioeconomic factors are added to the mix loneliness can become exacerbated further and correspondingly the maladaptive coping strategy of addiction becomes more entrenched. The studies this chapter has reviewed present a look at a range of countries and cultures and also

ages. While loneliness has been found to be a risk factor for addictive behaviors across cultures, age appears to be a more complex factor. Youths who have a sense of self-mastery are more likely to engage in high-risk activities, such as alcohol use. This is possibly a result of the availability of alcohol to this population, usually social connections are required to access alcohol and it is usually most available at social events. Internet addiction for this population does correlate with loneliness, yet some of these young people also identify as type A personalities. Cacioppo and Patrick (2008) also note that there is a shift from youth to adulthood with regard to the connection between loneliness and alcohol consumption, they write that alcohol use is less of a problem among youth who are lonely than among those who are socially connected, but by mid-adulthood it is lonely adults who consume more alcohol than those who are not lonely. This review suggests that lonely youths are at most risk for internet addiction than other addictive behaviors.

Addiction and Social Dislocation

The medical and criminal models of addiction have informed addiction treatment for many years, yet neither have been successful and neither have taken into serious account all the other factors, including social isolation and loneliness, that are described in this paper. It is vital to consider the risk factors for loneliness when we see that it is so strongly connected to addictive behaviors.

For tens of thousands of years human communities and societies survived as a result of mutual cooperation, interdependence and the maintenance of complex connections. There is a tribe in the Kalahari desert called the !Kung San tribe who continue to live together today as they have done for more than eleven thousand years. The environment that they live in is inhospitable, yet it has remained home to these hunter-gatherer people as a result of cooperation

and altruism. Their society is entirely egalitarian and generally peaceful as they live, work and play together. Cacioppo and Patrick (2008) described this society as well as the various factors that contribute towards its success at social cohesion. They identify three categories of social connection (p.80): intimate connectedness, relational connectedness, and collective connectedness. They write that these categories are connected, if you are satisfied in one you tend to be satisfied in the others too.

It helps to remember the interconnectedness of these three dimensions when we consider Bruce Alexander's theory of dislocation in relation to addiction, (Alexander, 2010). Alexander was not convinced by the traditional disease model of addiction; he couldn't understand why some people became addicted to pain medication and some didn't. He created an experiment called 'rat park' in order to test out his theory. This experiment compared the behavior of isolated rats to rats in a social and stimulating environment, both groups had access to two water bottles, one containing water and the other containing morphine. They sweetened the morphine to make it more appealing and also ensured that both groups only consumed morphine prior to the study, so that they would potentially experience withdrawal. The rats who were housed in a 'normal' environment did not display any signs of addictive behaviors and chose to drink the water, whereas those in the isolated and empty space chose the morphine over the water. This study has been repeated by different people in different ways, always with the same results, (Alexander, 2010 p. 195). Further, Alexander uses the example of soldiers returning from different wars in history, including Vietnam, where they had used illicit substances regularly, the majority gave it up once they returned home to their family and community with no problem (p.186). These studies demonstrate the powerful psychological needs that we have for connection

and meaningful stimulation, and when an individual is deprived of this, solace is sought through other coping strategies.

In 1944 Karl Polanyi wrote a book called *The Great Transformation* in which he uses historical and anthropological research to demonstrate the connection between the economy and social cohesiveness. He explains that the damage caused by colonialization is less to do with loss of economic gains but rather the destruction of culture as a result of the imposition of the free market economy. He wrote that it is rare in a settled society for individuals to lose their connection to society, culture, and their sense of meaning and personal identity, yet within a single generation dislocation can occur as a result of one significant change or calamity. The opposite of dislocation was described by Erik Erikson (as cited in Alexander 2017) as *psychosocial integration* which is the complex state of interdependence of individuals and their societies. Alexander's theory of dislocation uses the ideas of Polanyi and Erikson to develop his three principles of this theory: psychosocial integration is a necessity; globalizing free market society produces mass dislocation; people use addiction as a way of adapting to sustained dislocation, (Alexander, 2017). Alexander clarifies that calamities can dislocate people in any society, but only free market societies produce mass dislocation as part of its normal functioning, even at the best of times and it involves every aspect of human existence through unregulated, competitive markets.

It is important to note that Alexander is from Vancouver and has a particular interest in the opioid crisis in this city. He shares this concern with many including Vancouver doctor and author Gabor Maté. In 2018 Maté wrote in The Globe and Mail about the need to empathize with drug users, rather than to ostracize them. He describes his conversations with drug users in which they have explained that they use drugs to "escape emotional pain...it numbed me...helped me

deal with stress...a sense of connection to others....a sense of control", Maté summarizes that addiction is a 'forlorn and ultimately futile attempt to solve the dilemma of human suffering" and he echoes Alexander's words that "only chronically and severely dislocated people are vulnerable to addiction" (Alexander as cited in Maté, 2018). Maté writes that dislocation is trauma and that "there is no effective way of addressing addiction without addressing its fundamental origins" (Maté 2018).

In 2001 Portugal passed an innovative law in response to a drug crisis similar to the one we are seeing in North America today; in the 1990s Lisbon was known as the 'heroin capital of Europe' (Clay, 2018). The law decriminalized use and possession of drugs and shifted from a criminal approach to a public health approach whereby users would be supported by a professional with expertise in drug addiction, such as a psychologist or social worker. Today Portugal has the lowest overdose rates in Europe (Goulao, 2020). Prevention, treatment, rehabilitation, and harm reduction now guide their approach to addictions and even though the disease model still informs treatment, there is a recognition of the benefits of social initiatives such as job creation and micro loans in helping re-connect people to society (Hari, 2015). The research on Portugal's new approach to addictions has focused largely on the reduction of overdoses rather than on the usefulness of the social supports introduced as part of the new model, there is a great opportunity to explore the impact of increased social support services for the substance using population since 2001.

As has been seen before, the majority of the research focuses on substance use disorders when discussing addictive behaviors, however awareness of gambling disorders is growing (and soon, no doubt, research on internet addiction will catch up). Alexander gave a talk in 2019 (Alexander & Holborn, 2019) on problem gambling likening it to other addictions involving

either substances or behaviors, as an adaptive response to dislocation. Alexander claims that people who gamble experience the sensation of being creative, important, and powerful as they are seeking agency and connection in their lives. He continues to state that the only way we can help people who are adapting destructively to a fragmented world is by addressing the social cause and recognizing that the need for social integration through community, belonging, usefulness and positive group identity is the way to address these issues.

"The Opposite of Addiction is Connection"

The journalist and former substance user, Yohan Hari, wrote that "the opposite of addiction is connection" (2016, p. 299) and he describes how the approach towards people with addictions needs to be grounded in love and compassion, not punishment and shame. He travelled the world to understand what fuels addictions and what eases them. His global research shows that criminalization and stigmatization of drugs and their users worsens the problems. He saw that compassion and socially based interventions that supported belonging, meaningfulness, purposefulness and hope for the future, as seen in Portugal and also in Switzerland, reduce the use of drugs and harms of addictive behaviors, (Hari, 2016, p.315).

The theory of dislocation and the need for psychosocial integration is essential for therapists to understand as they work towards changing the tide of stigma towards people with substance use disorders and the shame that is internalized. This paper has demonstrated that loneliness can lead to addictive behaviors as people seek to relieve feelings of psychological distress, and addictive behaviors can also cause loneliness as a result of stigma and the many complex social and economic challenges that arise from having your life taken over by a particular substance or behavior. Moreover, the process of recovery can also lead to loneliness when connections that have developed as a result of being a drug user, gambler or alcohol

dependent, are severed. We are the loneliest society in human history, we have survived this long because of our ability to bond together and Cacioppo calls it ‘our ancestors' superpower’ (Hari, 2019). Yet now that society has become so fractured from our basic needs of belonging, feeling valued and trusting in a future that makes sense, we are experiencing this epidemic of loneliness and seeing devastating strategies to cope with it. However, not everyone whose tribe is colonized or who is no longer able to work creatively for themselves, but instead has to endure repetitive mind-numbing work, feels lonely. Some of the other factors to consider were explored in relation to the elderly and their experiences of loneliness, and many of those are relevant here, such as early attachment experiences and emotional resiliency.

Dislocation from culture, spirituality, location, and community creates a loss of safety and agency over the path of your life that is experienced externally and internally. Dislocation is a trauma and over half of severely traumatized people develop substance use problems, (Kessler 2000, as cited in Bessel van der Kolk 2015). It is not surprising that the majority of people with substance use disorders in Vancouver are First Nations; their values and their right to be valued have been stripped away from them and their opportunity for psychological integration severely diminished. While this paper cannot explore the multi-generational impact of colonialism it is important for therapists to recognize how the enforced dislocation and lack of resources, or political will, to amend this devastating impact has on both communities and individuals. While loneliness has been described as a loss of connection or social isolation throughout this paper, it is often within the hopeful context of having a community with which to reconnect. For many First Nations their communities have changed beyond recognition and no longer have the capacity to offer the family, social and intimate connections that are needed. As therapists it is vital to recognize and understand the depth and repercussions of this trauma of dislocation, and

to ensure that we do not further stigmatize or invalidate the experiences of First Nations' people but learn how to support them in culturally sensitive ways through social justice advocacy and trauma informed practice.

Stephen Porges, the creator polyvagal theory (Porges, 2017) describes trauma as being a chronic disruption of connection, that it actually disrupts the nervous system's ability to respond appropriately to social stimuli and cues. Porges calls this part of the nervous system the social engagement system. The significance of healthy attachment experiences at a young age was discussed at the end of the last section and this section has shown that continued healthy attachment to our environment, society, friends and family, and our inner self, without shame or stigma is imperative to leading a fully connected life. This means having the necessary emotional and social safety and security to activate the social engagement system. Therapists have the opportunity to provide lonely and dislocated clients a glimmer of what this safety might look like by forming an authentic, non-judgmental, validating and compassionate relationship.

Summary

Both the elderly population and those with addictions are growing in numbers; to be living longer will only be a positive achievement for our society if it is matched with a good quality of life. Both of these populations are vulnerable to social isolation, dislocation and feelings of loneliness, which can impact physical and mental health and even increase the risk of mortality. There is sufficient evidence to show that loneliness is a symptom of the modern, urban, and industrialized world; that neoliberalism and the free-market economy encourage the populace to look out for themselves and not for each other, despite the fact that we have only survived as a species for this long because we have valued collaboration and found meaning and purpose through a positive group identity. Above and beyond the political, philosophical, and

economic factors that have re-shaped our society over the past few hundred years, there are other risk factors to consider, such as poor physical health, less education and poor finances. Marginalization is also isolating, and the experience can be a lonely one. Many marginalized people face stigma and loneliness itself can be stigmatizing. There is a vicious cycle of loneliness which is fed by society's attitudes, and it requires a great amount of inner resilience as well as support from others to break out of this cycle.

It has been demonstrated that we have a neurobiological need for connection and contact, that a loss of this is traumatic and disrupts the sense of safety in the world which will impact how someone sees themselves and others. Children who have poor early attachment experiences often will not have the insights or skills needed to form healthy, trusting, reciprocal relationships in adulthood, leading to increased risk of loneliness. Some people have the opportunity to learn through positive life experiences, some do not and for them the web of shame, depression and anxiety is hard to escape in this disconnected society, and so coping mechanisms such as substance use are sought. When someone's only meaningful connection in life is their gin bottle or gambling site, it cannot be expected that these can be taken away without introducing an even more meaningful and sustainable connection that is rooted in compassion for the individual.

The mental health therapist has to be aware of the multi-level experience of loneliness. The use of a systems perspective will not only create insight and understanding but also validate the client's experience and begin a shift away from internalized shame. When helping a client see themselves as part of a larger system, there is the possibility of being overwhelmed by the enormity of the system's influences, therefore care must be taken to ensure that a sense of empowerment and the hope for change is developed using a collaborative and strengths-based perspective. As described above, therapeutic relationships can serve as a model for a positive and

healthy relationship while internal resources and mechanisms are explored that can be developed safely in therapy before being taken out into the world. The next chapter will explore current approaches to supporting a more connected society and individual psychosocial integration.

Chapter 3: Discussion and Application

Treatment Options and Research Implications

Only Connect!...Live in fragments no longer.

--E. M. Forster, 1910, Howard's End.

The clear correlation between the experience of loneliness and chronic physical and mental health conditions, including addictive behaviors, demonstrates the need for health care providers to assess the quality and quantity of connections, similarly to how they might inquire about exercise, (Martino et al., 2015). Such an inquiry will not only give the client the opportunity to share any concerns regarding social isolation and, or, feelings of loneliness, it will also enable them to understand the significance of healthy and meaningful connections in their lives. Once this line of inquiry has been opened, health care providers, including therapists, need to have tools with which to support their clients. This chapter will present some ideas that therapists can use to support their clients find and maintain human contact and relationships. Skills and tools will be explored that can support a client's intrinsic ability to form relationships and also ways in which to make new connections within their community.

There is no indication that the modern phenomena of social isolation, dislocation and loneliness will change soon, people are likely to be increasingly impacted around the world as more countries embrace urban, individualistic, and free-market economies. This chapter will conclude with a summary of areas which would benefit from further research and greater understanding of both the impact and remedies to lost satisfying connections.

Learning How to Connect

One of the key findings from the 2020 report on loneliness in America (Weissbourd et al., 2021) is the importance of "providing people with information and strategies that can help

them cope with loneliness, including strategies that help them identify and manage the self-defeating thoughts and behaviors that fuel loneliness", (p. 2). When negative feelings arise as a result of a self-perceived gap between one's desired and actual relationships, or as a result of chronic intimate and social isolation, deeper feelings of inadequacy, deficiency and rejection arise that can further beget loneliness. Weissbourd et al.'s (2021) report suggests that "many lonely people suffer from mindsets that make them more vulnerable to loneliness" and it is in this realm that supportive therapy can be helpful.

Loneliness is experienced in ways that activate the sympathetic nervous system's fight or flight response, when this system is unsuccessful in alleviating the problem, it becomes exhausted, and we may see hyporegulation and depression as the dorsal vagal system takes hold. The lonely client may present as anxious, fearful, helpless, and hopeless; they may be oscillating between a range of difficult and distressing emotions. After the therapist has conducted a thorough psychosocial assessment, they can explore with the client how their experience of loneliness manifests in their thoughts, feelings, bodily sensations, and behaviors. Once goals have been collaboratively identified, the therapist and client can decide on the modality that will best work for the client, or a combination of approaches.

The UK's *Psychology of Loneliness report* (Campaign to End Loneliness, 2020) discusses several approaches that can be initiated in the therapist's office that are believed to be promising in reducing loneliness. These approaches intend to change the way that people think about their social relationships and address the negative perceptions that lonely people may have of themselves and others. The report discusses the impact of various personal qualities on the perception and experience of social relationships. These qualities are listed as: Attributional styles, such as self-esteem and self-blame; coping styles, such as being problem focused or

emotionally focused; perception biases, or social cognition, which will affect how someone processes their social experiences; personality and early life experiences which will impact how someone is able to regulate emotions, for example adverse childhood experiences and poor attachment experiences may result in someone being less resilient and more insecure. Self-esteem and self-efficacy are both personality traits and coping mechanisms that have been discussed earlier in this paper in relation to older people using mastery and wisdom to manage the challenges of social isolation, these are qualities that can also be learnt in the context of a supportive, non-judgmental therapeutic relationship.

A meta-analysis of studies that used different approaches to alleviating loneliness found that those which used cognitive behavior therapy (CBT) or psychological reframing, demonstrated greater reductions in feelings of loneliness than other interventions, such as enhancing social supports (Masi et al., 2010). CBT challenges negative automatic thoughts with the aim of developing new beliefs about oneself and others which is more conducive to a positive self-image and view of others and the world. Various skills and tools can be learnt to practice CBT, including mindful awareness of negative thoughts and cognitive distortions, keeping thought records, and identifying core beliefs. The use of mindfulness practice works well in conjunction with CBT and can also be used as a stand-alone practice. Mindful awareness, the development of self-compassion and restructuring negative thoughts are used to support someone reframe their view of themselves and of others and thus support their trust in themselves and others to form positive relationships. Mindfulness practice can foster non-judgmental self-awareness and facilitates compassion both inwards and outwards, importantly it can also demonstrate the possibility of finding space between an event and the reaction, creating greater agency over intrapersonal and interpersonal relations. Cresswell et al.'s (2012) study of

40 older adults aged 55-85 years looked at the effect of a Mindfulness Based Stress Reduction (MSBR) program on loneliness and pro-inflammatory gene expression, (the correlation between loneliness and inflammation, particularly in relation to cardiovascular disease, was mentioned in Chapter 1 of this paper). The findings supported their hypothesis that an 8-week MSBR training program reduces loneliness and pro-inflammatory gene expression.

Another therapeutic approach supported by the campaign to end loneliness (2020) is *Positive Psychology*. This is a popular approach which focuses on positive experiences rather than negative ones. One framework described in the Campaign's report to promote wellbeing and positive relationships is called PERMA, an acronym for: Positive emotions; Engagement in satisfying tasks; Relationships – communicating positively with other people; Meaning and a sense of purpose in life; Achievement through setting and attaining meaningful goals in life. This type of framework can challenge someone's tendency towards pessimism by encouraging a shift from negative and personal attribution of event outcomes towards a hopeful and empowered approach. Tools such as gratitude, present-moment awareness and noticing the joy and pleasure in small things can help shift negative thinking patterns. For people whose lives have been entrenched in maladaptive coping behaviors, such as addictions, that have alienated their support networks and created a disconnect with their own true sense of self, the skills described above will take time to learn, and emotional and behavioral relapses are part of the journey. Cacioppo and Patrick, (2008) recognize the risk to one's sense of safety when reaching towards meaningful social connection: "the withdrawal and passivity associated with loneliness are motivated by the perception of being threatened" (p. 237). They suggest taking small steps as they explain their acronym EASE: Firstly, Extend yourself, move safely out of your comfort zone by noticing a simple moment of connection such as by having a simple exchange with someone at the grocery

store; A is then for Action plan, this can engender some control over a situation that may otherwise seem overwhelming and therefore planning small interactions that will slowly strengthen coping skills and resiliency as well as hopefulness. S: Selection, this acknowledges that it is the quality and not the quantity of relationships that is important, using a mindful practice that supports being calm in the moment and being able to interpret social signals correctly will help you to choose how to respond to different people. The final E is for Expect the best, using positive psychology practices to be more generous, resilient, and empathic in relationships.

This approach reflects the importance of safety in the counselling space, and a trauma informed practice is always helpful when working with people who have had experiences resulting in isolation and loneliness. Working at the client's pace from a strengths-based perspective and sharing information about attachment and polyvagal theories will provide the client with tools with which to better understand their experience and to begin developing self-compassion and mindful awareness.

The skills, tools and approaches outlined above focus on the individual's ability to change their way of seeing themselves and how they function in their world. It is vital however, to acknowledge that the client is responding to a far wider system that has failed to provide the safety and connections that they need to function and flourish, further it is a world that has stripped them of many elements that are critical to their personal, social and community survival. It is, of course, a simpler project to try to support an individual than it is to change society, nonetheless it is important to recognize the challenges presented by our world in a manner that does not engender a sense of being overwhelmed and disempowered.

It isn't only in the western world that there is a growing recognition of society's failings in meeting our social needs. The friendship bench project in Zimbabwe, which began in 2005, has responded to the increased isolation and mental health challenges faced by many during the pandemic, the project recruits grandmothers whose knowledge is rooted in local culture to provide problem solving therapy (Egwu, 2021). Such an initiative supports local intergenerational connections to the benefit of the wider community, providing purpose and meaning to older women and valuable support to younger generations. Intergenerational activities have also been initiated by Age U.K. (Beach, 2020) in some parts of England, such as by placing children's nurseries in seniors' care homes and creating intergenerational social clubs. Age U.K. has also designed projects that facilitate intergenerational connections among members of the LGBT community, (Beach, 2020). In 2018 the City of Vancouver Seniors' Advisory Committee produced a report outlining some strategies to reduce and prevent social isolation and loneliness amongst seniors, (Elmer, 2018). The report's recommendations are too numerous to describe here, however it is important to note that social isolation is recognized as a significant public health issue amongst seniors and that outreach, community programs, neighborhood accessibility and public education are an important part of the solution. The role of the therapist is to be aware of local resources such as these which may benefit their clients and support their clients in making these connections outside of the therapy room. The therapist can also adopt a social advocacy role to support the development of initiatives that will enhance the wellbeing of their clients in the community.

Social action is encouraged by Bruce Alexander in the battle against further social dislocation and to try to remedy some of the harms that have resulted from colonialism and the free market economy. Alexander (2010) discusses the importance of critically evaluating local

and national policies and the media which presents them, of being an advocate for native land claims and the needs of local communities over those of developers. As discussed earlier, the criminalization and stigmatization of drug users results in ostracization and loneliness that often only fuels addictive behaviors. Advocating for a change in the laws around drug possession and use can help to both de-stigmatize addictive behaviors and also pave the way for a greater understanding of the underlying causes of addiction and the individual and social supports needed to combat it.

According to Johann Hari (2018), the symptoms of depression and anxiety are a message that we are suffering from lost connections. Connections that have been lost as a result of social and economic changes and childhood trauma lead to a loss of meaning and purpose and a loss of connection to the world around us, to that which is greater than ourselves, such as to spirituality and nature. It is important for the therapist to be aware of this multifaceted backdrop to loneliness in order to provide authentic validation and non-judgmental empathy to their clients and to form a relationship that will be a context for future, positive and meaningful relationships for the client.

Research Implications

There exists a vast amount of research and writing on the experience of loneliness in the modern world, however there are areas which warrant further, systematic research. This section will consider the need for research that will support the work that mental health therapists do with clients. The first area to be considered will be assessment, then the various aspects of social isolation, loneliness and dislocation that will inform a therapist's approach. Finally, there will be an exploration of further areas for research related to treatment and social advocacy.

This paper has demonstrated that there are a range of tools that are used to assess loneliness. Loneliness is a subjective state and therefore it is challenging to assess using an objective tool. While some of the tools used may serve the purpose of the research studies, the lack of consistency or attention paid to societal and cultural attitudes towards loneliness will affect both the ability of the responders to answer accurately and the results to be interpreted accurately. It would be interesting to see a broader questionnaire devised that accounted for the subjective nature of loneliness and provided space for local attitudes and values around social isolation and loneliness to be expressed and accounted for, together with questions that will provide an indication of an individual's internal risk and protective factors for coping with loneliness. Bringing this increased depth of understanding to research studies would possibly help to shine a light on some of the discrepancies, such as the differences between respondents from different countries (Vuorinen et al., 2021). Such an assessment tool could also be used by therapists with clients. Loneliness is often mentioned as problematic by clients and as it is known to be both a determinant and symptom of mental health disorders, such as depression, it is critical that therapists know how to make an assessment that provides opportunities for the client to explore internal and external risk factors for social isolation, dislocation, and loneliness.

As the field of psychoneurobiology expands and technology for research develops, it is hoped that our understanding of the brain's mechanisms that are triggered by the experience of loneliness will be better understood. The correlation between loneliness and many physical and mental health problems is clear, however more research is needed to understand the sequencing of events and this in turn will influence treatment strategies. This writer anticipates that as more is understood about the emotional brain, so too will the understanding of the role of adverse childhood experiences, including attachment ruptures and the development of emotional

resiliency, be better understood in the context of loneliness and the ability to form positive connections. The roles of compassion, empathy and emotional regulation are frequently addressed in the counselling room and further research on both how to develop these as protective tools against loneliness as well as tools to combat loneliness is very much needed. Large, longitudinal studies from early childhood to old age are highly useful for examining the impact of early childhood experiences on emotional resiliency through the various life stages and would be very helpful to gain a better understanding of the role and impact of different types of connections and losses through life.

While there is a range of research that demonstrates that being elderly increases the risk for social isolation and feelings of loneliness, recent research spurred by the Covid-19 pandemic suggests that generally the elderly are better equipped than the younger generations to cope with this type of adversity. Further studies that seek to understand the protective factors for the elderly and the risk factors for younger adults are important if we want to develop resiliency ahead of the next possible pandemic or other disaster. The research into loneliness and addictive behaviors also shows that there are differences between age groups that warrant further exploration, this writer hopes that findings from such studies could be used to influence school curricula, as more attention is now being paid to helping youths learn how to take care of their mental health.

It is impossible to ignore the impact of the internet and social media on everyone's behavior today. While this has not been a significant part of this paper, it is an area that a greater understanding of the neurological processes involved in the experience of connection through virtual means opposed to real-life will be very valuable. The internet has provided the opportunity to increase the quantity of connections, but not necessarily the quality, and this seems to be in line with the research cited earlier that shows that a friendly touch can reduce

feelings of loneliness and reduce the corresponding inflammatory response, (Cacioppo & Patrick, 2008; Perissinotto et al., 2012), however this is certainly an area that warrants further investigation.

In the same way that society alienates people with addictive behaviors, it seems that research in this area has also been marginalized, with relatively little research on the impact of isolation, dislocation, and loneliness as either causal or consequent symptoms of addictive behaviors. The majority of research that does exist focuses largely on substance use disorders, there is an increasing need for a better understanding of the various influences and impacts of behavioral addictions, particularly as these appear to be on the rise and are gaining diagnostic recognition.

A significant portion of this paper has examined the role of society on the 'pandemic of loneliness', yet more research is needed. In all of the research cited, the same 'big' names keep coming up: Weiss, Cacioppo and Alexander, and more are needed to be added to this list to ensure that a range of perspectives are brought to the discussion that do justice to people from all backgrounds. While Alexander's arguments are reasonable and persuasive, more research is needed to validate his theory of dislocation and the way it informs social policy. There is a need for current examinations of loneliness, similar to the work that Cacioppo and Patrick (2008) did, but which considers loneliness in the context of the pandemic, the ageing population and the increasingly dislocated society.

The reports cited in this paper that describe various psychotherapeutic and societal approaches to creating a more connected community have yet to be thoroughly validated as treatment models. The Portuguese model described in chapter 2 provides a lot of possibilities for evaluating the impact of increased social supports, yet this writer was unable to find studies that

had looked at this area specifically. The recommendations for treatment and social initiatives made in the American and British reports on loneliness (Beach, 2021; Campaign to End Loneliness, 2020; Weissbourd et al., 2021) will need to be carefully reviewed to ensure that the recommendations are being put into action and also to evaluate their efficacy.

The various journal articles, newspaper reports and books that have been reviewed in the writing of this paper indicate a shift in the perception and thinking around social isolation, dislocation and loneliness. No longer is it predominantly seen as a personal failing, the role of trauma and a changing society are being recognized and appropriate treatment approaches are being discussed and recommended. The Covid-19 pandemic has undoubtedly played a significant part in the increased recognition and validation of the difficult experience of loneliness; however, it is important that this momentum is maintained, and it is hoped that health, psychology and social policy researchers will continue to broaden and deepen the research into the areas described above.

Summary

“Lonely seniors are shoplifting in search of the community and stability of jail”, (Fukada, 2018). This headline reflects the dire situation of many of the over 65-year-olds in Japan; seniors make up 23.7% of Japan’s population and many say that they don’t have family to speak to on a regular basis, nor do many have someone to turn to when they need help, (Fukada, 2018). Japan’s welfare and social service system have yet to catch up with the fact that many seniors now live alone and face social isolation, loneliness, and poverty. While Japan may be unique in imprisoning seniors for minor shoplifting offences, the studies reviewed for this paper have demonstrated that loneliness in old age is widespread across the world and is attributing to increased chronic diseases, mental health problems and early mortality. Some countries, such as

Canada and the U.K., are beginning to take notice and in the face of a rising elderly population are introducing some new and creative initiatives to support improved community connections. ‘Social prescribing’ is one innovation which encourages primary health care providers to assess their patients' social systems and prescribe social supports and activities, (Beach, 2020). This writer hopes that such programs will gain momentum around the world and begin to counter some of the effects that our modern society has had on the ageing population.

The elderly are a marginalized group, so too are those with addictive behaviors, to be marginalized is to be dis-connected, or dislocated, from the majority and it is clear from this that people with addictions feel lonely. Research suggests that this has been a pattern since before the maladaptive coping behavior of addiction began. There is a need for a lot more research into the link between loneliness and addictions, and this writer believes that a strong connection with early attachment ruptures will be found. It is hoped that quality and longitudinal research will pave the way for increased preventative measures in early childhood education and for high school students. In the meantime, therapists have an obligation to carefully assess clients intimate, family and environmental connections, to validate experiences of dislocation and to work sensitively with clients at their own pace.

While there are some suggestions for psychotherapeutic support to both relieve symptoms of loneliness and create resiliency and skills for forming and maintaining new relationships, this is an area that is barely addressed in counselling training courses. Unless there is awareness of the phenomena of social isolation, dislocation, and loneliness, the therapist will not be screening for it in their assessment nor addressing it in treatment plans. The therapist and client are limited in their ability to create new, meaningful and lasting social connections for their client beyond resource referrals and social advocacy. However, as the therapist shares an

understanding of the neurobiology of loneliness and helps the client exert choices over their responses to difficult situations, the client will become empowered to make the most of new connections that are sought and found.

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