

eISBN: 978-1-68108-070-3
ISBN: 978-1-68108-071-0

THE CORRELATES OF LONELINESS

Editor:
Ami Rokach

Bentham  Books

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The Correlates of Loneliness

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ISBN (eBook):978-1-68108-070-3

ISBN (Print): 978-1-68108-071-0©2016, Bentham eBooks imprint.

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First published in 2016.

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PREFACE

As research over the past several decades demonstrated, loneliness respects no gender, age, marital status, geographical borders, or religious beliefs. Loneliness is a painful experience that may have short and long term consequences, physically, socially and emotionally. This book is a compilation of chapters written by internationally known researchers which wrote in an attempt to review the effects of loneliness on our lives, at different stations of our personal journeys.

The book opens with *Snell's* discussion of history's coverage and handling of loneliness, highlighting themes of health, coping strategies, theories of change, locational questions, and issues concerning the family and historical demography, and considers in this connection the marked growth of sole living in Western societies.

Richaud, Sacchi & Mesurado explored the relation between dimensions of the adolescent perception of parental relationship to adolescent functional/dysfunctional coping; the relation between adolescent feelings of loneliness to adolescent functional/dysfunctional coping. Additionally, the relation between the adolescent perception of parental relationship with their feelings of loneliness, and the relation between adolescent perceptions of parental relationship with coping, mediated by feelings of loneliness. The results suggest that even though during adolescence, parental styles keep acting on dysfunctional coping with conflict, they do so with less intensity in direct ways, but above all they influence feelings of loneliness and through these on coping.

Rokach highlights the effects of loneliness pointing out to its universality and that it may either be persistent and continuous or short lived. This chapter examines loneliness and its correlates in everyday life, and especially that experienced by school children, reviews what contributes to it, and what can be done to assist the children to cope with it.

Campbell examined the loneliness of youngsters, and ways of assisting them to address their loneliness. She observed that most children and adolescents experience loneliness at some time but for 10-20% of young people it can be severe and chronic, and that lonely young people often do not seek help. The author highlighted the innovative technological resources such as self-help information websites, social networking sites and web-based help-lines as some of the ways which lonely young people try to ameliorate their loneliness. These methods are cost effective, accessible, constantly updated and often provide anonymity. It is unknown how effective information sites are for loneliness but it is known that social networking sites such as Facebook do not always reduce feelings of loneliness. The reasons for loneliness in young people still not being addressed by technology are discussed.

Pavri shone a light on a common problem in schools: that of bullying and victimization of children. She reported statistics of the number of children affected, and it disconcerting, as large number of children are exposed to it. There is a good deal of research evidence, indicated *Pavri* that points out to the adverse impact that bullying has on a student's academic adjustment, psychosocial adaptation, and attitudes toward school. Bullying has been found to result in social isolation, fear, anxiety, depression, and somatic complaints such as headaches, stomachaches, and insomnia. Loneliness, social anxiety, lower self-esteem, and depression are common outcomes for children and youth who have been bullied at school. *Pavri* concludes by pointing out that peer victimization destroys the fabric of positive social relationships and creates distrust, negativity, and alienation, and calls for the educational system to ameliorate the situation. She reviews several innovative programs that can aid in helping those who were bullied.

Rokach & Spirling concentrate on the transition to college and the major network changes, and the consequent loneliness experienced by students. These transitions are stressful and challenging and especially for students who may move away from home as they start university, leaving behind family and social support systems. The chapter reviews the literature regarding loneliness of university students, and includes the second author's sharing of her own loneliness in university, during her undergraduate studies.

Segrin, Burke & Badger noted that for some people loneliness may stem from family of origin processes such as social learning or heritability. Loneliness, they found, is even possible in the context of romantic or marital relationships when the relationship exhibits markers of poor quality. This chapter reviews the lack of social integration which puts lonely people at risk for a range of negative outcomes, including health problems. Additionally the numerous theoretical mechanisms which have been posited to explain the relationship between loneliness and poor health including stress processes, degraded recuperative processes, and compromised health behaviors, are described. The chapter provides an overview of the various studies, and offers some suggestions in regards to the loneliness-stress paradigm.

Junttila, Topalli, Kainulainen & Saari studied the predictors, interrelations, and self-evaluated consequences of loneliness among a population-level database of Finnish people. Their sample consisted of 17,258 Finnish adults aged 30 to 60 years. Based on lonely people's self-reports, they found that loneliness has resulted in a great deal of negative health, psychosocial well-being, and economic related consequences. Overall, loneliness explained 57 percent of the men's and 54 percent of the women's health and psychosocial problems and 69 percent of the men's and 59 percent of the women's self-reported problems in drinking and eating. For economic problems, the corresponding values were 14 percent for men and 12 percent for women. The importance of identifying loneliness in the prevention of psychosocial and economic issues, substance abuse, and eating disorders and negative consequences on health

is discussed. Based on their findings, the authors argue that there is a legitimate reason to consider loneliness as a form of social inequality and discuss the possible ways of intervening in the loneliness of individuals.

Ben-Zur & Michael's study close the book. *The authors* explored the associations between marital status, coping, loneliness and wellbeing. Their analyses were based on data from 196 women and men who completed inventories assessing feelings of loneliness, and wellbeing measured by life satisfaction, positive affect and negative affect. The widowed and divorced respondents also assessed their coping strategies with widowhood or divorce, respectively. Marital status (married *vs.* widowed/divorced) moderated the effects of loneliness on wellbeing, with stronger negative associations of high loneliness with lower wellbeing in widowhood and divorce. The widowed and divorced persons differed, the widowed being higher than the divorced on emotion-focused coping and loneliness and lower on problem-focused coping, life satisfaction and positive affect. Moreover, problem-focused coping mediated the effects of widowhood *vs.* divorce on life satisfaction, positive affect and loneliness; and loneliness mediated the effects of both problem-focused and emotion-focused coping on wellbeing measures. These findings suggest that widowed and divorced individuals can benefit from interventions which apply strategies of problem-focused coping with loss or separation to modify loneliness and contribute to wellbeing.

To conclude, and as these nine chapters indicate, loneliness 'strikes' at any age, station in life, and personal characteristics. It has always been with us and it seems that it will so remain. This book is attempting to alert the academic community to the topic, and encourage research that will address coping strategies, and possibly even prevention, if that is possible.

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Modern Loneliness in Historical Perspective

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Abstract: This chapter discusses the potential for a history of loneliness. It opens up historical handling of loneliness as a theme, pointing to the issues of health, coping strategies, theories of change, locational questions, and issues concerning the family and historical demography. It assesses how lone-living influences analysis of loneliness, and considers in this connection the marked growth of sole living in Western societies.

Keywords: Ageing, Aloneness, Individualism, Isolation, Loneliness, Nuclear family, Singletons, Solitaries, The elderly, Welfare.

INTRODUCTION

The history of emotions is a relatively new historical subject, and among the emotions so far studied by historians loneliness has been absent. Yet we should all agree that loneliness has a history – however defined, internationally conceived or documented – and that this is an important topic well worth development. Indeed, some social scientists have called for this (Wood, 1986). Philosophical and literary arguments that “malignant solitude” or a pervasiveness of “desolate loneliness” have been as ubiquitous in the past as now also require historical substantiation, especially if “the drive to avoid a sense of isolation actually constitutes the dominant psychic force underlying all human consciousness and conduct” (Mijuskovic, 2012, p. 4, 9, 24). Even so, historians have been reluctant to explore the issue, to develop understanding of such a past emotion in a spirit of empathy or to ameliorate the human condition. This is regrettable, given the inter-

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national backdrop of an enormous modern public, political and media concern about an 'epidemic' or 'time bomb' of loneliness. In general outlines of the history of emotions there is usually no mention of loneliness or related concepts, an absence of the concept that is paradoxically shared by many psychiatric and psychological textbooks. A few historians have studied fear, love, anger or aggression, and of course anthropologists have a long and more adventurous tradition of interpreting such issues as envy or love. However, it ought to be widely appreciated that fear of loneliness has hitherto affected many decisions, such as marriage ages, decisions to marry, family formation and structures, kin usage, choices over migration and emigration, entry to the workplace, old age residential planning, the growth of social insurance, questions of the poor law, and many related issues. Such historic motivation deserves fuller understanding. There is clearly an urgent need for historians to take on board wider disciplinary concerns, and more empathetic and compassionate purposes, and to consider the history of loneliness in a way that enhances historical understanding and contextualises modern problems within a broadly agreed historical outline of change.

There are a multitude of important questions awaiting answers. How far is loneliness a modern problem? Why has it become so conspicuous now? How did historical senses of loneliness manifest themselves? What have been its demographic implications? Is it correct to tie historical loneliness to outlines of living alone, and what more subtle approaches are needed to handle this issue? 'Solitaries' today often almost seem to define the questions of loneliness, notably in media analyses, social policy and public discourse. How should this matter be interpreted historically? What have been the historical experiences of solitary living, and how were they connected to loneliness? How varied culturally has loneliness been and what international forms has it taken? What light may historians shed on the evolution of terminology, of closely allied terms such as homesickness, aloneness, solitude, alienation, anomie, or privacy, and how historically and in different cultures have such terms interacted with each other? Can the past provide us with any remedies or therapies for loneliness?

This chapter will outline some of the main issues and concepts, and then shift its attention to the growth of solitaries or singletons, as these are often prominent in

loneliness research and explanatory models. There is no intention here to prioritise solitaires in loneliness research, as the subject is clearly far more complicated than that; yet they are a research area where relatively recent approaches to the history of the family allow useful interventions. My chronology will cover the eighteenth, nineteenth and twentieth centuries. Earlier historians would of course be aware of an array of historical evidence bearing upon these issues in their respective periods. I think for example of Anglo-Saxon or Icelandic chronicles, or the medieval traditions of monasticism, or hermitage and the anchorite, or the medieval historical geography and cultural expressions of isolated settlement, or the ostracising effects of stigma, or questions of exile in folklore and judicial proceedings, or diasporas in deep history and their effects (such as those affecting the traveller-gypsies). And then there has been a rich and deeply historical understanding of religion and broadly religious sources, interpreted in so many ways, which can now go further to connect to the history of coping strategies affecting loneliness.

Loneliness is a key public and political issue now. It has long been fundamental in the purposes of sociology, psychology and social work. The causes and consequences of human isolation almost define some of these disciplines. It raises major comparative issues about varying regional and international experiences, for loneliness and allied concepts are differently constructed and experienced across cultures (Rokach, *et al.*, 2001). It is also relevant to ‘the challenge of affluence’, for loneliness not only affects the dispossessed, the elderly, the educationally disadvantaged, or many young people, but can be a consequence of purchased privacy (Offer, 2006). It poses many historical problems concerning social policy, remedies and health effects. It has enormous and arguably growing demographic importance. Population change and the second demographic transition, with the social changes involved in a rapid rise in numbers of smaller households, implies trajectory towards ever greater isolation.

Loneliness and Health

According to the British Office for National Statistics we face a ‘loneliness time bomb’. Loneliness is now widely diagnosed as an ‘epidemic’ (Killeen, 1998; Kar-Purkayastha, 2010; Khaleeli, 2013). It has received widespread media coverage as

Loneliness As A Mediator Variable Between Parenting and Coping in Adolescence

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Abstract: The objectives of this article are to analyse: 1) the relation between dimensions of the adolescent perception of parental relationship with them to adolescent functional/dysfunctional coping; 2) the relation between adolescent feelings of loneliness to adolescent functional/dysfunctional coping; 3) the relation between the adolescent perception of parental relationship with them with their feelings of loneliness, 4) the relation between adolescent perception of parental relationship with them with coping, mediated by feelings of loneliness.

The abridged and adapted version of Frydenberg and Lewis' (1997) Adolescent Coping Scale, CRPBI (Schaefer, 1965) adapted and abridged in Argentina, and the Adolescents' Loneliness Assessment (Richaud & Sacchi, 2004) were administered to a sample of 950 Argentine middle class adolescents, aged 13 to 16.

The results suggest that even though during adolescence, parental styles keep acting on dysfunctional coping with conflict, they do so with less intensity in direct ways, but above all they influence feelings of loneliness and through these on coping.

Keywords: Adolescence, Coping, Loneliness, Parenting.

Positive bonds with significant others are important psychological resources, because they provide the foundation of social abilities and the possibility of deve-

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loping networks seen as sources of social, emotional, and instrumental support. During adolescence, the parent-child relationship does not lose its importance, so much as adopting new characteristics (Marcoen & Brumage, 1985; Buehler, 2006).

When adolescents undergo physical and emotional changes appropriate for their age, they seek to relate with people who help them adapt to new needs and conflicts. Through the formation of constructive dialogue between friends, adolescents can participate together and explore and build their identities (Youniss, 1980).

Parenting and loneliness -Theories about the development of social skills and secure, trusting relationships with peers during adolescence (such as was suggested by Ladd & Pettit, 2002), indicate that while parental affection and support strategies encourage a sense of security in the relationship with their children's peers, intrusive and autonomy-inhibiting parental styles, create obstacles to belonging to groups as well as to social competence (Finkenauer, Engels, & Baumeister, 2005; Soenens, Vansteenkiste, Duriez, & Goossens, 2006). Problems in parent-child relationships increase the probability of vulnerability to loneliness, causing insecurity and very strict standards for relationships (Hurt, Hoza, & Pelham, 2007; Richaud & Sacchi, 2004).

Parenting and coping - Parental styles play also an important role in the ways that children learn to cope with stress. Parents who are warm and involved and who assist their children to make their own age- appropriate decisions, have children who are lower in negative emotionality and who use more active coping behaviour, whereas authoritarian or negligent parents have children that run the risk of under developing the resources necessary to face stress (Richaud de Minzi, Moreno, & Sacchi, 2011; Zimmer-Gembeck & Skinner, 2009).

Parenting and resources - Resources mediate between stress and coping (Lazarus & Folkman, 1984). One of these resources is perceived social support, which refers to the nature of the interactions occurring in social relationships, especially as they are subjectively evaluated as to supportiveness. Given that parenting styles generate different feelings of support and loneliness throughout the child's

development, we hypothesize that the relation between perceived parental relationship with adolescents and dysfunctional ways of coping, is mediated by feelings of loneliness.

In this study we define coping, following Lazarus and Folkman (1984) as “*constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person*” (p.141), understanding those demands as whatever worries adolescents at that particular moment.

The objectives of this article are to analyse: 1) the relation between dimensions of the adolescent perception of parental relationship with them (acceptance, pathological control and extreme autonomy) to adolescent functional/dysfunctional coping; 2) the relation between adolescent feelings of loneliness based on family rejection, rejection by peers, personal inadequacy and difficulties in establishing new networks, to adolescent functional/dysfunctional coping; 3) the relation between the adolescent perception of parental relationship with them with their feelings of loneliness, 4) the relation between adolescent perception of parental relationship with them with coping, mediated by feelings of loneliness.

METHOD

Participants

The sample of this study included 950 middle class adolescents, aged 13 ($N = 170$; 82 males), 14 ($N = 267$; 115 males), 15 ($N = 290$; 103 males), and 16 ($N = 223$; 77 males), from six secondary schools in Buenos Aires, Argentina. Sixty-nine percent of the children attended state supported free public schools and thirty one percent attended private Catholic schools. The adolescents were selected from families with both parents living in the home. Children of divorced parents or with a deceased parent were excluded from the sample. The instruments were administered to adolescents at each adolescent's respective school, in groups of 20 adolescents per session. Three psychologists administered the instruments to each group, over 1 one-hour session per group.

Teachers, Students & Loneliness in Schools

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Abstract: Loneliness is a universal experience and may be either persistent and continuous or short lived. This chapter examines loneliness and its correlates in everyday life, loneliness in school children, what contributes to it, and what can be done to assist the children to cope with it.

Keywords: Children, Coping with loneliness, Loneliness, School, Teachers.

Loneliness and its causes have been a subject of human inquiry since the beginning of time (Rokach & Brock, 1997). Loneliness has been documented in ancient philosophy, religion, oriental philosophy, the biblical writings of John and Jeremiah and in Greek mythology (Rokach & Sha'ked, 2013).

LONELINESS

Loneliness is that unwanted and painful experience which each of us has experienced at some point (and often repeatedly) in our lives. Masi, Chen, Hawkley and Cacioppo (2011) suggested that loneliness is the discrepancy between the desired and actual social relationships one has. Loneliness is not equal to social isolation, but has been shown to be more closely associated with the quality rather than the quantity of the relationships we have. Cacioppo, Hughes, Waite, Hawkley and Thisted (2006) posited that loneliness, like physical pain, serves as an 'alarm message' that alerts us to be socially aware, and watch for potential threats so we renew connections that are useful for survival. In gener-

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al, psychological theories (Peplau & Perlman, 1982; Rokach & Brock, 1997; Weiss, 1973) posited that loneliness is an experience of separation, it is difficult to tolerate, it motivates humans to seek meaning and connection, and it signals the potential for growth and new possibilities.

Loneliness has been shown to negatively affect our emotional, physical, and cognitive well-being. Loneliness is the experience of isolation and disconnection from others (Hawkley *et al.*, 2005), is a risk factor for a variety of health conditions (Hawkley, Burleson, Berntson & Cacioppo, 2003); reduced potency of our immune system (Pressman, 2007); declining cognitive ability (Tilley *et al.*, 2004); loneliness has been shown to be related to depressive symptoms (Cacioppo, Hughes, White, Hawkley & Thisted, 2006); and has been shown to significantly contribute to suicidal ideation and behaviour (Rudatsikira, Muula, Siziya & Twa-Twa, 2007). Feelings of anxiety, shyness, and anger have also been shown to be related to loneliness (Cacioppo, Hawkley *et al.*, 2006; Masi *et al.*, 2011).

Loneliness is experienced by, both, adults and children. Twelve percent of kindergarten children reported experiencing loneliness at school (Cassidy & Asher, 1992). When researchers explored older children's loneliness (those in grades three to six), 8.4% scored in the lonely range (Asher, Hymel & Renshaw, 1984; Asher & Wheeler, 1985). Between 5% to 7% of middle aged and older adults reported intense or persistent loneliness (Steffick, 2000; see also De Jong, Gierveld & van Tilburg, 1999; Theeke, 2009).

It is important, when addressing the topic of loneliness, to distinguish it from two related constructs: loneliness anxiety and solitude.

Loneliness Anxiety

Loneliness anxiety was first described by Moustakas (1972) who saw it as different from what he calls existential loneliness. Existential loneliness basically sees our experience of loneliness and separation as the reality of being human, realizing and facing experiences of tragedy and upheaval, and accepting that one is actually all alone.

Loneliness anxiety, as its name implies is not true loneliness but the great fear people have of being lonely. This is the same fear that creates the blind running away, the denial of pain, and the hectic social activity that are all aimed at one thing: relieving the fear of loneliness and blurring the realization of alienation. While most people usually eat when they feel hungry, those unfortunate humans who in their history have experienced the excruciating suffering of prolonged hunger, later upon leading a healthier and nourishing life, do not wait for hunger pangs to begin. They may eat continuously, store food unnecessarily, and be preoccupied with ensuring that they will never be without food again. They have become anxious about being hungry and thus eat not so much to avoid hunger as to reduce their anxiety about being hungry. Loneliness anxiety is similar in that the person does all he can to avoid loneliness, or the realization that he is lonely (Rokach & Sha'ked, 2013).

Solitude

It's a bit like light and dark. When discussing loneliness with its terrorizing pain, it will help clarify the concept if we briefly review solitude. Solitude involves aloneness, not because it is forced upon us but rather because we want to be alone. Needing to get away from the world's continuous bombardment of all sorts of stimuli which most of the time we cannot avoid. In solitude we can do best what we can do alone: reflect, write, create, play a musical instrument, listen to music, or walk in the forest. Solitude is refreshing, nourishing, and a time to get acquainted with ourselves (Moustakas, 1972; Rokach & Sha'ked, 2013). Solitude facilitates a redirecting of one's inner resources towards greater understanding of ourselves, learning to enjoy our own company, and taking the time and space to plan ways to overcome the conditions that precipitated the experience of loneliness (Moustakas, 1972).

Children who did not develop the age-appropriate capacity to stay alone, may not acquire the capacity to enjoy solitary activities such as reading, playing alone, and doing creative tasks (Coplan & Armer, 2007). For children who can be alone without feeling anxious about it, solitary activities are healthy and constructive experiences, which may be beneficial to promote in school settings and demonstrate to children that aloneness is not loneliness (Galanaki, 2005).

Lonely Young People and Technology

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Abstract: Loneliness is a subjective, distressing feeling of being disconnected from a desired group or intimate relationship. Most children and adolescents experience loneliness at some time but for 10-20% of young people it can be severe and chronic. While there are many avenues for help for distressed young people, such as friends and family as well as the professional help of counselors and psychologists, lonely young people often do not seek help. Technological resources such as self-help information websites, social networking sites and web-based help-lines are some ways which lonely young people try to ameliorate their loneliness. These methods are cost effective, accessible, constantly updated and often provide anonymity. It is unknown how effective information sites are for loneliness but it is known that social networking sites such as Facebook do not always reduce feelings of loneliness. In addition, from the records of web-based help-lines it would seem that lonely young people do not often utilize these services. The reasons for loneliness in young people still not being addressed by technology are discussed.

Keywords: Adolescents, Children, Help lines, Loneliness, Technology.

It is during adolescence that loneliness seems first to emerge as an intense recognizable phenomenon (Brennan, 1982). It is also in this period that social relationships start to become extremely important and expand outside of the young person's family unit (Giordano, 2003). Thus being accepted by their peers, including those of the opposite sex, is of vital importance in the development of young peoples' identity (Maccoby, 1988). Early adolescence in particular is

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a time of an acute sense of self-awareness of one's social value and self-identity. Young people have to learn how to satisfy rising interpersonal needs for belonging, approval, and control through communication and interactions with their peers (Pornsakulvanich, 2005). It is fundamental to their general development and health to be able to form and maintain positive relationships (Baumeister & Leary, 1995), however, for lonely adolescents this can be difficult in person and they may prefer to seek excitement, intimacy, and friendship from using technology and the internet for communication purposes (Leung, 2003).

Young people have integrated technology into most aspects of their lives and use electronic communication to form and sustain relationships (Subrahmanyam & Greenfield, 2008) as well as seeking health information (Gray, Klein, Noyce, Sessler, & Cantrill, 2005). In Australia 89% of 14-17 year-olds own a mobile phone and 90% have a broadband internet connection at home (Raco, 2014). Thus lonely young people can turn to technology for help in three ways; by accessing information on self-help sites, by using social media such as Facebook and by contacting web-based help-lines.

Loneliness is a subjective, distressing experience. It is a phenomenon that is universal and extremely complex. It is not just the absence of social relationships, or the absence of people, but the absence of perceived fulfilling social relationships (Peplau & Perlman, 1982). Loneliness differs from being alone (Russell, Cutrona, McRae, & Gomez, 2012). Aloneness has been defined as the state of having no people around, not necessarily just physically but also with no one to communicate with. Solitude, however, is a state of "voluntary aloneness" (Galanaki & Vassilopoulou, 2007, p. 456) which can be an enjoyable experience, a time for regeneration, contemplation and active creative pursuits, while loneliness is a feeling of being disconnected from a desired group or intimate relationship. Thus loneliness carries a social stigma of failure to connect (Rokach, 2012).

Another distinction that has been made is between experiencing social and emotional loneliness (Weiss, 1973). Social loneliness is said to occur when the individual lacks relationships with groups of friends and feels bored and aimless. Emotional loneliness on the other hand, is when an individual has no close and

intimate attachment to another person producing feelings of emptiness and anxiety (Russell, Cutrona, Rose, & Yurko, 1984). Thus, loneliness has been found to be a multi-dimensional construct with emotional, motivational, cognitive, and behavioral dimensions (Galanaki & Vassilopoulou, 2007).

Almost all young people experience loneliness at some time in their lives. In adolescents 66-79% of young people have reported some feelings of loneliness (Heinrich & Gullone, 2006). For most, this distressing, subjective experience is short-lived. It can be occasioned by situational factors such as changing schools, parental separation or conflict with peers. For some children and adolescents however, loneliness is long lasting and severe. The prevalence rate of chronic loneliness in children and adolescents has been estimated to be about 10-20% (Perlman & Landolt, 1999). Adolescents report more feelings of loneliness when they are forming important relationships to establish their identity. Although generally no gender differences have been found with chronic loneliness in childhood (Mercer & De Rosier, 2008), if differences have been found, boys report more loneliness than girls (Chen, Wang, Li, & Liu, 2014; Junttila & Vauras, 2009; Koenig & Abrams, 1999). However, most prevalence studies of chronic loneliness in this population are now dated and might not indicate the extent of the problem at present (Campbell, 2013). Loneliness is a significant problem that needs to be addressed because it can lead to poor psychological, physical and social outcomes. The developmental trajectory for young people who experience chronic loneliness is associated with numerous difficulties such as depression (Qualter, Brown, Munn, & Rotenberg, 2010); anxiety (Beidel *et al.*, 2007); psychosocial difficulties (Bokhorst, Goossens, & de Ruyter, 2001); school refusal (Heyne, King, & Tonge, 2004); poor academic performance (Junttila & Vauras, 2009) and suicidal ideation and behavior (Schinka, Van Dulmen, Bossarte, & Swahn, 2012). Loneliness has been associated with increased feelings of anger and shyness and decreased optimism and self-esteem leading to poor quality of life (Cacioppo, Hughes, Waite, Hawkey, & Thisted, 2006; Rickwood, Deane, Wilson, & Ciarrochi, 2005). It is also associated with mental and physical health problems such as headaches and nausea due to the disruption of eating and sleeping patterns (Ciarrochi, Wilson, Deane, & Rickwood, 2003).

Relationship Between Peer Victimization and Loneliness in Children and Youth: Promising Approaches

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Abstract: This chapter explores the inextricably linked relationship between peer victimization and loneliness in school-aged children and youth. Students who are lonely demonstrate solitary and withdrawn behaviors, have low self-esteem, few friends, and are generally more vulnerable to peer victimization. Chronic and prolonged victimization reinforces marginalization and helplessness, exacerbating the loneliness experience in these youngsters. Starting with an overview of the concepts of peer victimization (aka bullying) and loneliness, the author describes their adverse impacts, predictors, and correlates. The author reviews the extant literature on promising interventions for loneliness and peer victimization in children and youth within a multi-tiered systems of support (MTSS) framework. Specific interventions examined include social support interventions, cognitive behavioral approaches, and anti-bullying curriculum and programs.

Keywords: Children and youth, Correlates, Interventions, Loneliness, Peer victimization, Predictors.

RELATIONSHIP BETWEEN PEER VICTIMIZATION AND LONELINESS IN CHILDREN AND YOUTH: PROMISING APPROACHES

Peer victimization, also known as bullying, is a rampant problem in schools across the globe. Recent studies suggest that approximately 35% of students report hav-

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ing been bullied at school (Hymel & Swearer, 2010). There is great variability in the reported incidence of bullying depending on the grade level and school context, with prevalence rates for peer victimization and bullying perpetration varying widely from 9% to 90% among school-aged students (Modecki, Minchin, Harbaugh, Guerra, & Runions, 2014; Wang, Ianotti, & Nanzel, 2009). The incidence of bullying is highest at middle school, with 47% of middle school students reporting being bullied over the past 30 days at school, and 30% of middle school students indicating that they felt sad and hopeless as a result of persistent bullying (Fleming & Jacobsen, 2009). More than 70% of school-aged students report having been a bystander to a bullying incident in the past 30 days (Bradshaw, Sawyer, & O'Brennan, 2007). Recently, there has been increased attention to addressing bullying through legislation, policy, and practice, which has resulted in a decline in the incidence of bullying in schools. Yet, bullying is exacerbated by varied stressors faced by students in their everyday environments, including the around the clock access to technology which is an additional avenue by which bullying is perpetrated.

There is a good deal of research evidence indicating that bullying has an adverse impact on a student's academic adjustment, psychosocial adaptation, and attitudes toward school (Cook, Williams, Guerra, Kim & Sadek, 2010; Kochenderfer-Ladd & Wardrop, 2001; Polanin, Espelage, & Pigott, 2012). Bullying has been found to result in social isolation, fear, anxiety, depression, and somatic complaints such as headaches, stomachaches, and insomnia (Atik & Guneri, 2013; Beaty & Alexeyev, 2008; Hawker & Boulton, 2000). Peer victimization is also correlated with poor self-esteem and negative peer relationships, impacting social and emotional relationships and quality of life (Hawker & Boulton, 2000). Loneliness, social anxiety, lower self-esteem, and depression are common outcomes for children and youth who have been bullied at school (Campbell, 2013; Lester, Cross, Dooley, & Shaw, 2013; Wu, Zhang, Su & Hu, 2015). In many cases, children and youth who experience social anxiety tend to isolate themselves from social relationships, shunning friendships and peer relationships, reporting heightened loneliness, and an increased likelihood of being bullied (Campbell, 2013). Peer victimization destroys the fabric of positive social relationships and creates distrust, negativity, and alienation (Wu *et al.*, 2015).

While there is a vast literature base to support the claim that loneliness is a common outcome in students who are bullied (Fleming & Jacobsen, 2009; Olweus, 2013), the research also suggest that lonely children and youth appear to draw the attention of bullies and are at increased risk for persistent bullying by their peers (Cava, Musitu, & Murgui, 2007; Kochenderfer & Ladd, 1996b; Kochenderfer-Ladd & Wardrop, 2001). Thus, lonely children tend to take on a “peer victim” status, which could become both chronic and persistent, and thus immune to intervention. This chapter provides a review of the extant research literature exploring the complex and inter-twined relationship between bullying and loneliness. The chapter also reviews promising intervention approaches used to alleviate victimization and loneliness in school settings.

AN OVERVIEW OF BULLYING

Bullying is defined as aggressive behavior with the intent to harm another person (Olweus, 2003). Bullying behavior is both persistent and intentional, and occurs in relationships where there is an imbalance of power *e.g.*, stronger peer bullying weaker peer. Bullying is manifested in three ways: (i) *direct bullying* involves verbal or physical aggression toward another person, (ii) *indirect bullying* occurs when social relationships are used to harm the victim *e.g.*, gossiping and spreading rumors, and intentional isolation, and (iii) *cyberbullying* occurs *via* electronic communication through technology including the internet, phone, or social media (Olweus, 2013). Peer sexual harassment has been identified by some as yet another form of bullying, and is characterized by the intent to belittle and demean someone else based on gender (Beaty & Alexeyev, 2008).

Students involved in the bullying dynamic take on the roles of the *bully* or aggressor; the *victim* or target of the bully/bullies; the *bully/victim* who is both the aggressor and the target of bullying by others; and the *uninvolved* student or the bystander (Atik & Guneri, 2013). Both the bully and bully-victim typically demonstrate aggressive behaviors such as increased substance abuse, and a higher probability of fighting and carrying a weapon (Fleming & Jacobsen, 2009).

Global Incidence of Bullying

Although bullying is a universal phenomenon, there are cultural variations in the

Feeling Inadequate and Alone: The Effects of University Induced Loneliness

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Abstract: The transition to college normatively involves major network changes, and it enhances the experience of loneliness. These transitions are stressful and challenging and especially for students who may move away from home as they start university, leaving behind family and social support systems. The chapter reviews the literature regarding loneliness of university students, and includes the second author's sharing of her own loneliness in university, during her undergraduate studies.

Keywords: Alone, Inadequate, Loneliness, Students, University.

Loneliness, one of the main side effects of starting university, is a subjective feeling of isolation, when one feels unimportant to others, or even rejected by them. Loneliness knows no age, gender, or culture (Rokach & Sha'ked, 2013). The transition to college normatively involves major network changes, and it enhances the experience of loneliness (Fiori & Consedine, 2013). Loneliness is known to negatively affect us emotionally, physically and cognitively (Cacioppo & Cacioppo, 2014), and has been associated with increased blood pressure (Hawkley, Thisted, Masi, & Cacioppo, 2010), with increased risk for cardiovascular diseases (Caspi, Harrington, Moffitt, Milne, & Poulton, 2006), and with increased depression (Wei, Russell, & Zakalik, 2005).

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Transitions are stressful and challenging and especially for students who may move away from home as they start university, leaving behind family and social support systems. Loneliness as well as stress and physical ailments have been known to follow such transitions (American College Health Association, 2012) and are particularly prevalent especially in the university student population (Lin & Huang, 2012). College students, who must now become more independent, who may consequently feel disengaged from their families, and operate in a new environment [especially as they enter university] report increased loneliness and it ends up negatively affecting their academic performance (Knutson & Woszidlo, 2014). Loneliness is tied into making the transition from high school to college, adapting to new teaching methods, and being in an environment unfamiliar to the student. Researchers found that males reported more loneliness than females (Weckwerth & Flynn, 2006). A study by Ponzetti (1990) indicated that those college students who experienced loneliness also reported greater levels of unhappiness and greater feelings of social detachment. However, interestingly enough, Janta, Lugosi and Brown (2014) found that even students who have been involved in university for several years, like doctoral students, experience significant loneliness, and even more so if they are international students.

Loneliness amongst students, being such a frequent occurrence and a stressful experience, indicates that what we need in addition to academic research studies, is also to hear about it directly from a student who has experienced its ravaging effects. Below is, thus, a first person account of a university student whose studying was intimately intertwined with loneliness.

To some, the concept of feeling lonely in a building full of people, may seem a bit cliché or oxymoronic. To me, however, the concept was definitive and all encompassing of much of my life and academic experiences. I would describe my experience with school as one full of distress, hosted by an internal struggle that was rife with feelings of loneliness and inadequacy. University can be characterized by a period of personal growth, whether it be by the knowledge we gain or simply by the maturity we achieve because of our newfound independence. Initially, I had found it difficult to grow within its realm while my roots were seemingly planted deep within a past full of social withdrawal and isolation. For a while, university reflected back to me, the parts of myself that I

had avoided for some time. There was a lot of which I had to face throughout my first and second year especially that forced me to confront many of my personal struggles. A lot of this personal confrontation felt raw and exposing, mostly during times where academia required me to apply myself in front of others. Overwhelmingly, this ongoing battle between wanting to engage with school, but succumbing to a lot of my insecurities, had left me feeling flawed and very much alone. Loneliness to me was defined by my desire, but perceived inability, to connect with others; which, for quite some time had affected me academically due to the social demands that school can inadvertently place on one's life.

Like many young children, I had started off my academic journey loving elementary school and everything about it. At a very young age I can remember becoming absolutely fascinated by the idea that one could obtain something called a doctorate (PhD) in a field that they were passionate about. From then on I had decided that I would take my education the absolute furthest it could go and receive my PhD (of course at that age, I was not entirely sure what the PhD would be in *right*). Alongside obtaining a PhD, I had many other creative visions as a child that took me to places like becoming an astronaut, or even a marine biologist. But naturally as we grow, parts of us change and so do our dreams and goals. Increasingly, as I got older, I had grown an interest in psychology and decided I would pursue a career within this field. Although my goals were not unattainable, I would find, however, that my journey would be driven by an incessant fear that distorted my self-concept and concept of others, and at times, paralyzed my motivation to persevere.

I know that a good indicator of future behaviour is typically past behaviour. Therefore, I also know that a lot of whom I felt I was in university, and my subsequent actions, had stemmed from my past experiences with life and school. Fear had become a dominant force in my life that translated into feelings of sadness, anxiety, and loneliness. Investigating the root cause of these feelings was essential to understanding myself and ultimately overcoming a lot of which I had feared. Many of my problems had started at a young age from various issues revolving around my home life, and also being bullied profusely for much of my earlier academic career. I had started off elementary school as a joyous and excited child and had eventually turned into a heavily introverted and careful one.

Loneliness, Relationships, and Health

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Abstract: Loneliness is a common but distressing psychological state in which actual levels of social contact fall below desired levels of contact. Loneliness is a stressful experience that motivates affiliation as a form of redress. However, when people are unsuccessful at forming the social connections that reduce loneliness, well-being and quality of life can suffer dramatically. For some people loneliness may stem from family of origin processes such as social learning or heritability. Loneliness is even possible in the context of romantic or marital relationships when the relationship exhibits markers of poor quality. In either context the lack of social integration puts lonely people at risk for a range of negative outcomes. In the domain of health related quality of life, loneliness has been conceptualized as a pathway to disease. Abundant research evidence indicates that loneliness represents a risk for poor cardiovascular fitness, poor immune functioning, psychological and physical health complications associated with cancer, chronic illness, and all-cause mortality. Numerous theoretical mechanisms have been posited to explain the relationship between loneliness and poor health including stress processes, degraded recuperative processes, and compromised health behaviors. Although study of the potential causal mechanisms by which loneliness may contribute to the development of health problems is still in its infancy, current research indicates that loneliness is best conceptualized as a psychological construct that, when chronic, has a serious potential for pathophysiological effects on the human body.

Keywords: Cancer, Cardiovascular health, Chronic illness, Family, Health, Immune fitness, Loneliness, Mortality, Romantic relationships, Social motives,

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Stress.

INTRODUCTION

Loneliness, or the lack of meaningful social relationships, is a significant issue in contemporary society. Research suggests that rates of loneliness are increasing, with 35% of American adults claiming to feel lonely, 40% of whom indicate that their loneliness has persisted for six years or more (Wilson & Moulton, 2010). Moreover, loneliness has a cumulative effect on health over time. When feelings of loneliness persist over various life stages (*e.g.*, childhood, adolescence, young adulthood, *etc.*) people are vulnerable to greater cardiovascular risks, such as increased systolic blood pressure and cholesterol levels (Hawkey & Cacioppo, 2010). Loneliness is also associated with psychosocial problems, including depression (Weeks, Michela, Peplau, & Bragg, 1980) and social anxiety (Ernst & Cacioppo, 1999; Segrin, 1993). Given the adverse psychological and physiological health consequences associated with loneliness, including increased morbidity and mortality, it is crucial to understand the relational mechanisms underlying loneliness.

In the following sections of this chapter we begin by describing a multipath theoretical model that explains how and why loneliness creates a risk for health problems. This is followed by an analysis of the basic human motivation for social connectedness. We then address loneliness in two key relational contexts: family and romantic relationships. Colloquially, loneliness is often equated with being alone. However, as this analysis will show, loneliness can occur within the context of existing social relationships and the nature and quality of these relationships can play a pivotal role in the experience of loneliness. This is followed by a brief presentation of some of the benefits of social relationships for both loneliness and good health. The second portion of this chapter addresses various links between loneliness and health. In particular we review findings on loneliness and cancer, cardiovascular health, immune fitness, chronic health problems, and mortality. This review will show that loneliness arises out of a deficiency in social connectedness that violates one of the most fundamental human motivations. Although loneliness is generally regarded as a form of psychological distress, its implications for human physiology and pathology

appear to be astonishingly far reaching.

THEORETICAL FRAMEWORK

As we elaborate in the following section, human beings are inherently social creatures. From the moment of birth the welfare of any human being is dependent upon the resources and protection provided by other human beings. From an evolutionary perspective, the ability to survive and reproduce is largely dependent upon successful affiliation with other people, and therefore loneliness may serve an adaptive function for human survival (Hawkley & Capitanio, 2015). In other words, when people are socially isolated or marginalized, loneliness motivates a reestablishment of social contacts that, theoretically, should otherwise be adaptive to the welfare and survival of the once lonely individual.

Unfortunately, the stressful and uncomfortable qualities of loneliness that motivate salubrious social affiliation in the short run come at a high cost over the long run. Many people who feel lonely are unable to remedy their situation and therefore suffer from protracted periods of loneliness. These people are at an especially high risk for physical and psychological health problems, up to and including mortality. Hawkley and Cacioppo developed a conceptual model that explains some of the various ways that loneliness can have deleterious effects on health (Hawkley & Cacioppo, 2003, 2007).

The first mechanism potentially linking loneliness with poor health is the degradation of health behaviors (Hawkley & Cacioppo, 2003, 2007). Lonely people are less prone to enact health-promoting behaviors and more inclined to enact health-compromising behaviors. This is almost certainly due in part to the lack of attention and surveillance from a significant other who would otherwise engage in social influence directed at enacting and maintaining health-enhancing behaviors. A second mechanism is the experience of stress. Loneliness is a stressful experience and lonely people generally perceive their circumstances in life as more stressful than those who are not lonely (Segrin & Passalacqua, 2010). A third related mechanism is exposure to stressful events and circumstances. Lonely people tend to experience more chronic stressors and childhood adversities than nonlonely people (Hawkley & Cacioppo, 2007). Social relationships can

The Portrayal of Lonely Finnish People

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Abstract: It has been argued that loneliness generates inequality in multiple ways. It creates health gaps between population groups, differential risks of premature death, and selective deficits in social wellbeing. It has been shown to have serious negative consequences on people's mental and physical health and to affect the performance of individuals in various fields of life—over both the short and long run. More specifically, loneliness has been argued to trigger the emergence or exacerbation of mental and somatic diseases, to predict premature work disability and excessive alcohol consumption, to limit opportunities for increasing the social capital, and to reinforce the negative consequences of unemployment and poverty.

We studied the predictors, interrelations, and self-evaluated consequences of loneliness among a population-level database of Finnish people. The sample consisted of 17,258 Finnish adults aged 30 to 60 years. Based on lonely people's self-reports, loneliness has resulted in a great deal of negative health, psychosocial well-being, and economic related consequences. Overall, loneliness explained 57 percent of the men's and 54 percent of the women's health and psychosocial problems and 69 percent of the men's and 59 percent of the women's self-reported problems in drinking and eating. For economic problems, the corresponding values were 14 percent for men and 12 percent for women. The importance of identifying loneliness in the prevention of psychosocial and economic issues, substance abuse, and eating disorders and negative consequences on health is discussed. Based on our findings, we argue that there is a legitimate reason to consider loneliness as a form of social inequality and discuss the possible ways of intervening in the loneliness of individuals.

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Keywords: Coping with loneliness, Indicators of loneliness, Loneliness, Negative consequences, Prevalence and duration of loneliness.

LONELINESS AS A SOURCE OF INEQUALITY

Loneliness generates inequality in multiple ways. It creates health gaps between population groups, differential risks of premature death, and selective deficits in social wellbeing. It has been shown to have serious negative consequences on people's mental and physical health and to affect the performance of individuals in various fields of life - both on the short and long run (*e.g.* Cacioppo *et al.*, 2015). Research has shown that loneliness triggers the emergence or exacerbation of mental and somatic diseases, hinders academic achievement and motivation, predicts premature work disability and excessive alcohol consumption, limits opportunities for increasing the social capital, and reinforces the negative consequences of unemployment and poverty (Koivumaa-Honkanen *et al.*, 2012; Masi *et al.*, 2011; Cacioppo *et al.*, 2015). The detrimental effects of loneliness are not restricted to the individual level; but also, through various mechanisms, loneliness affects society at large. It has been argued that the consequences of loneliness to individual's mental and physical health and to their performance lead to fiscal and societal costs which in turn are ruinous to our society.

MECHANISMS LEADING TO LONELINESS

Loneliness is the subjective feeling of being without the type of relationships one desires; that is, loneliness lies upon the perception that there is a discrepancy between one's real and desired relationships (Weiss, 1973; Junttila, 2010). Loneliness can be distinguished in two forms; social loneliness, which refers to the lack of meaningful social networks, and emotional loneliness, which refers to the lack of a close, intimate attachment to another person (Weiss, 1973; Russell, Peplau, & Cutrona, 1980; Junttila, 2010). Even though the correlation between the objective state of being alone and the subjective feeling of loneliness is strong, the latter has more negative consequences on person's mental and physical health (Cacioppo, Cacioppo, Capitanio, & Cole, 2014).

For individuals who lack a social environment that fosters opportunities for connecting with others, loneliness can become an inescapable condition (Qualter

et al., 2015). Lonely individuals are more sensitive to negative signs from their social interactions, focusing more on negative aspects of social situations, remembering more of negative information of social events, holding more negative social expectations and being more likely to behave in ways that confirm their negative expectations (Cacioppo & Hawkley, 2005 & 2009; Qualter *et al.*, 2015). Compared to non-lonely or unstable-lonely adolescents the chronically lonely individuals tended to attribute their social success with external and situational attributions such as coincident, and their social failures with internal and stable characteristics such as their own un-likability (Vanhalst, Soenens, Luyckx, Petegem, Weeks & Asher, 2015). This negative loop might temporarily function self-protectively, but when prolonged it results in cognitive overload and adverse physical and mental health, even further deteriorating social functioning (Qualter *et al.*, 2015).

According to Vanhalst *et al.*, (2015) chronically lonely adolescents' emotions in social inclusion and exclusion differed from the emotions experienced by other adolescents in a sense that chronically lonely individuals had hypersensitive negative feelings such as anxiety, depression or deep sadness in situations of social exclusion, and vice versa, hyposensitive positive feelings in situations of social inclusion. These subjective and self-destructing feelings of loneliness are naturally linked to overall subjective well-being and life satisfaction, in which social support plays a major role. Furthermore, neural processing of social situations and reward, as well as brain structure in areas related to social cognition, have been shown to differ between lonely and non-lonely individuals (Cacioppo, Fowler & Christakis 2009).

POSITIONS TRIGGERING AND DEEPENING LONELINESS

People's coping strategies and resilience with regard to loneliness are contingent on the social context and culture, since coping options depend on the possibilities that the surroundings avail (Rokach *et al.*, 2004). Besides the self-reinforcement negative loop, there are also other social-, positional-, and environmental mechanisms leading to loneliness. For example, lonely people tend to connect with other people who are lonely, and lonely individuals tend to be moved to the periphery of social networks (Cacioppo *et al.*, 2009). From a sociological

Loneliness, Coping and Wellbeing Following Marital Loss and Separation: An Empirical Study

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Abstract: The study explored the associations between marital status, coping, loneliness and wellbeing. The analyses were based on data from 196 women and men (*Mean* = 45.94 years; 54% were women; 34% were married, 32% were widowed, and 34% were divorced) who completed inventories assessing feelings of loneliness, and wellbeing measured by life satisfaction, positive affect and negative affect. The widowed and divorced respondents also assessed their coping strategies with widowhood or divorce, respectively. Marital status (married *vs.* widowed/divorced) moderated the effects of loneliness on wellbeing, with stronger negative associations of high loneliness with lower wellbeing in widowhood and divorce. The widowed and divorced persons differed, the widowed being higher than the divorced on emotion-focused coping and loneliness and lower on problem-focused coping, life satisfaction and positive affect. Moreover, problem-focused coping mediated the effects of widowhood *vs.* divorce on life satisfaction, positive affect and loneliness; and loneliness mediated the effects of both problem-focused and emotion-focused coping on wellbeing measures. These findings suggest that widowed and divorced individuals can benefit from interventions which apply strategies of problem-focused coping with loss or separation to modify loneliness and contribute to wellbeing.

Keywords: Divorce, Emotion-focused coping, Life satisfaction, Loneliness, Marriage, Negative affect, Positive affect, Problem-focused coping, Wellbeing, Widowhood.

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INTRODUCTION

Loneliness and Wellbeing

Longer life expectancy, certain types of family structures, unemployment and early retirement are some of the factors that compel millions of people today either to live alone or spend many hours in solitude, and especially so in Western society. Indeed, the deficit approach to loneliness (see Heylen, 2010) maintains that lack of social contacts results in social loneliness. However, since loneliness is a subjective experience, the cognitive approach suggests that it arises from a discrepancy between actual and desired social relationships. In line with the latter view, Hawkley and Cacioppo (2010) defined loneliness as a “distressing feeling that accompanies the perception that one's social needs are not being met by the quantity or especially the quality of one's social relationships” (p. 218). Hence, loneliness does not necessarily mean isolation or an absence of social ties, but is reflected in the *perception* of a lack of such ties and relationships, and individuals without esteemed or significant social relations may experience loneliness (Masi, Chen, Hawkley, & Cacioppo, 2011). It is also claimed that a discrepancy between desired and actual social relations then leads to distress and feelings of social isolation (Cacioppo, Grippo, London, Goossens, & Cacioppo, 2015).

Rokach (2004) suggests that feelings of loneliness, together with their derivatives (*e.g.*, depressive symptoms, anxiety, despair) may threaten people's current and future relationships, distract them from goal-directed behavior, and block their capability for active and creative life, causing them to become hardened and cynical, and damaging their physical and mental health. Indeed, loneliness was connected to mild physical health problems such as elevated blood pressure and reduced immunity (Masi *et al.*, 2011), and was related to poorer self-rated health in centenarians (Tigani, Artemiadis, Alexopoulos, Chrousos, & Darviri, 2012). Loneliness also predicted all-cause mortality, coronary heart disease and cardiovascular mortality (Hawkley & Cacioppo, 2010), and a recent meta-analytic review found loneliness to correspond to an average of 26% increased likelihood of mortality (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015).

Mental health is also correlated with loneliness, which was found to affect both

emotional and cognitive processes; to be positively related to personality disorders and psychoses, suicide, depressive symptoms and cognitive decline (Hawkley & Cacioppo, 2010). It was positively related to suicidal ideation among adolescents (Roberts, Roberts, & Chen, 1998), and to suicide attempts among high school students (Page *et al.*, 2013). High levels of loneliness were also related to depression among sedentary adults (Marquez *et al.*, 2006). Furthermore, loneliness was found to be negatively correlated with the positive aspects of mental health and wellbeing, that is, life satisfaction among elementary school students (Liu, Shen, Xu, & Gao, 2013) adolescents (He, Shi, & Yi, 2014) and college students (Huo & Kong, 2014; Matthews-Ewald & Zullig, 2013), and adults with autism spectrum disorders (Mazurek, 2014); among the elderly it was negatively correlated with happiness (Tse, Wong, & Wan, 2012).

Finally, loneliness may be affected by a variety of factors, such as demographic and health-related variables, and was found to decrease with improvements in physical health and social relationships whereas it increased with changes in marital status, from married to unmarried, as observed in a longitudinal study of ageing by Aartsen and Jylha (2011). Such changes in marital status are the focus of this paper.

Marital Status, Wellbeing and Loneliness

Kim and McKenry's (2002) findings in a sample of 10,005 persons showed that those who are married have the highest psychological wellbeing levels, with remarriage showing a decrease in depressive symptoms, while becoming divorced/separated leads to a higher level of depressive symptoms. In the same vein, a review of the benefits of marriage suggests that marriage is related to better physical health and longevity, and better mental health and happiness (Waite & Lehrer, 2003). Moreover, across 42 nations, in most, married individuals reported more life satisfaction and positive emotions and less negative emotions than the divorced or separated persons, with very small effects of cultural variables (Diener, Gohm, Suh & Oishi, 2000). The benefits of marriage stem from both its integrative function (providing emotional support and integration) and regulative function (encouraging and monitoring health behaviors and life style), as well as economic benefits, that lead to mental and physical

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