



Loneliness

Social exclusion

Loneliness

Solitude and 'Aloneness':

"Solitude is the **objective** condition of being alone-defined by communicative separation from others."

(Larson, 1990, p.157)

Negative and positive aspects related to being alone

Loneliness:

"Loneliness and privacy, by contrast, are **subjective** conditions, which may or may not co-occur with being alone"

(Larson, 1990, p.157)

Human need for social connections

Humans have evolved to forge and maintain social connections with others to obtain survival and reproductive advantages

Sensitive to any cue that signals threat to these connections

(e.g., Lieberman, 2013 ; MacDonald & Leary, 2005 ; Wesselmann, Nairne, & Williams, 2012).



Humans have this central focus on social connections, so they experience both negative psychological and physical outcomes when these connections are threatened or severed

(MacDonald & Jensen-Campbell, 2011).

Loneliness

Peplau and Perlman (1982) defined loneliness...

Feeling alone is not synonymous with being alone. The latter represents objective isolation, while the former is more subjective.

However, loneliness can arise as a consequence of unwanted isolation.

Loneliness is always a psychologically unpleasant and distressing experience for those who experience it and can lead to social exclusion.

While isolation is objective, measuring as it does the number of social contacts, loneliness is subjective in that it expresses a person's dissatisfaction with these social contacts. The latter results from the discrepancy between what is expected of a relationship and the reality observed (Hossen, 2012)

There are 3 types of loneliness

(Tiwari, 2013)



Weiss et al., (1973) reported 2 types of loneliness i.e. emotional and social loneliness. Emotional loneliness defined by the absence of an attachment figure and social isolation, characterized by the absence of a social network

Loneliness

Loneliness is an afflictive and distressing feeling that leads to a malaise where individuals feel alone, despite being surrounded by people, and think they lack support, particularly in the form of affection.



Situational factors and those associated with personality, whether combined or not with other factors, can contribute to a person experiencing feelings of loneliness. These feelings transform into a multidimensional problem the etiology of which may be based on social roles and unrealistic expectations.

(Neves, et al. 2013).

Loneliness

The bodies of elderly persons, especially those aged over 85, present visible signs of time and aging and may, for some, reflect very significant experiences of loss which may contribute to isolation and/or loneliness.

(Azeredo, 2011).



The feelings of loneliness that affect the elderly are not only a hallmark of those who are institutionalized (although they appear to be more common in these cases). Prevalence increases, particularly when life events occur that result in loss, or when the ability to adapt is decreased

(Vaz & Gaspar, 2011).

Loneliness



The personality of each elderly person, the social support they receive, how they lived their lives and the way coping strategies are organized to deal with feelings of loneliness can all influence feelings of being alone. Elderly people who cannot overcome the feelings of loneliness are at risk of premature institutionalization or even tend towards accelerated frailty, or even death

(Azeredo & Barbeiro, 2015)

“Loneliness is one of the most frequent complaints among the elderly”, the cause of which can be: widowhood, children leaving home through work, or retirement. In this situation, loneliness may contribute to premature institutionalization

(Russel, 2004)

Loneliness and social isolation in the United Kingdom

Over 9 million people in the UK – fifth population – say they are always or often lonely, almost two-thirds feel uncomfortable admitting to it (British Red Cross and Co-Op, 2016)

Over half (51%) of all people aged 75 and over live alone (ONS, 2010)

Two fifths all older people (about 3.9 million) say the television is their main company (Age UK, 2014)

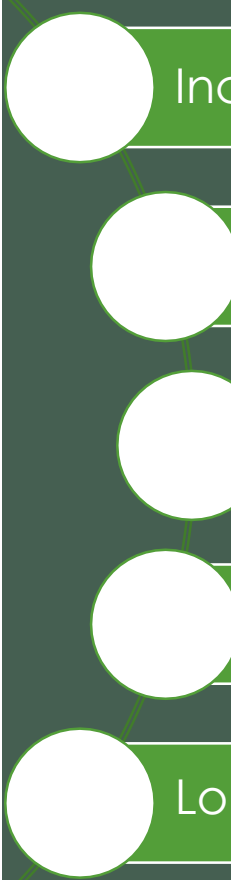
63% of adults aged 52 or over who have been widowed, and 51% who are separated or divorced report, feeling lonely some of the time or often (Beaumont, 2013)

59% of adults aged over 52 who report poor health say they feel lonely some of the time or often, compared to 21% who say they are in excellent health (Beaumont, 2013)

A higher percentage of women than men report feeling lonely some of the time or often (Beaumont, 2013)

17% of older people are in contact with family, friends and neighbours less than once a week and 11% are in contact less than once a month (Victor et al, 2003)

Loneliness and physical health



Increases the likelihood of mortality by 26% (Holt-Lunstad, 2015)

The effect on mortality is comparable to the impact of well-known risk factors such as obesity, and has a similar influence as cigarette smoking (Holt-Lunstad, 2010)

Associated with an increased risk of developing coronary heart disease and stroke (Valtorta et al, 2016)

Increases the risk of high blood pressure (Hawkey et al, 2010)

Lonely individuals are also at higher risk of the onset of disability (Lund et al, 2010)

Loneliness and mental health

Loneliness puts individuals at greater risk of cognitive decline

(James et al, 2011)

Lonely people have a 64% increased chance of developing clinical dementia

(Holwerda et al, 2012)

More prone to depression

(Cacioppo et al, 2006) (Green et al, 1992)

Loneliness and low social interaction are predictive of suicide in older age

(O'Connell et al, 2004)

Lee, M. (2006). *Promoting mental health and well-being in later life: A first report from the UK Inquiry into Mental Health and Well-Being in Later Life*. Mental Health Foundation.



Loneliness theories

- Psychodynamic
- Phenomenological
- Existential-humanistic
- Sociological
- Interactionist
- Cognitive
- Privacy
- Systems theory



Psychodynamic: Fromm-Reichmann (1959)

Psychodynamic position is based on clinical work settings – thus see loneliness as pathological

Loneliness is an exceedingly unpleasant and driving experience

Loneliness is an extreme state – nonconstructive which leads to the development of psychotic states

Loneliness renders people emotionally paralysed and helpless

Unlike other theories – loneliness is attributed to early influences
With origins in childhood experiences – harmful consequences of premature weaning from mothering tenderness

While these early experiences may have been interpersonal in nature, the focus is on how factors within the individual (traits, intra-psychic conflicts) leads to loneliness.

Rogers' Phenomenological Perspective

Loneliness reflects his self theory of personality.

Society pressures the individual to act in restricted, socially approved ways.

This leads to a discrepancy between one's true inner self and the self manifested to others.

Merely performing society's roles, no matter how adequately done, leads to an empty existence.

Loneliness occurs when individuals, having dropped their defences to get in touch with their inner selves, nonetheless expect rejection from others.

Phenomenological Perspective

A discrepancy between one's actual and idealised self should result in loneliness (Moore, 1976).

Instead, current forces produce the experience.

Roger's analysis (based on clinical clients) views loneliness as a manifestation of poor adjustment.

Perlman, D., & Peplau, L. A. (1982). Theoretical approaches to loneliness. *Loneliness: A sourcebook of current theory, research and therapy*, 123-134.

He differs from psychodynamic theorists in that he does not give much credence to childhood influences

For him, the cause of loneliness lies within the individual, in a phenomenological discrepancy in one's self-concept.



Existential Approach: Moustakas (1961, 1972)

They take as their starting point the fact that humans are ultimately alone.

No one else can experience our thoughts and feelings; separateness is an essential condition of our existence.

Those who accept this view often focus on the question of how people can live with their loneliness.

Emphasises the importance of distinguishing between loneliness anxiety and true loneliness.

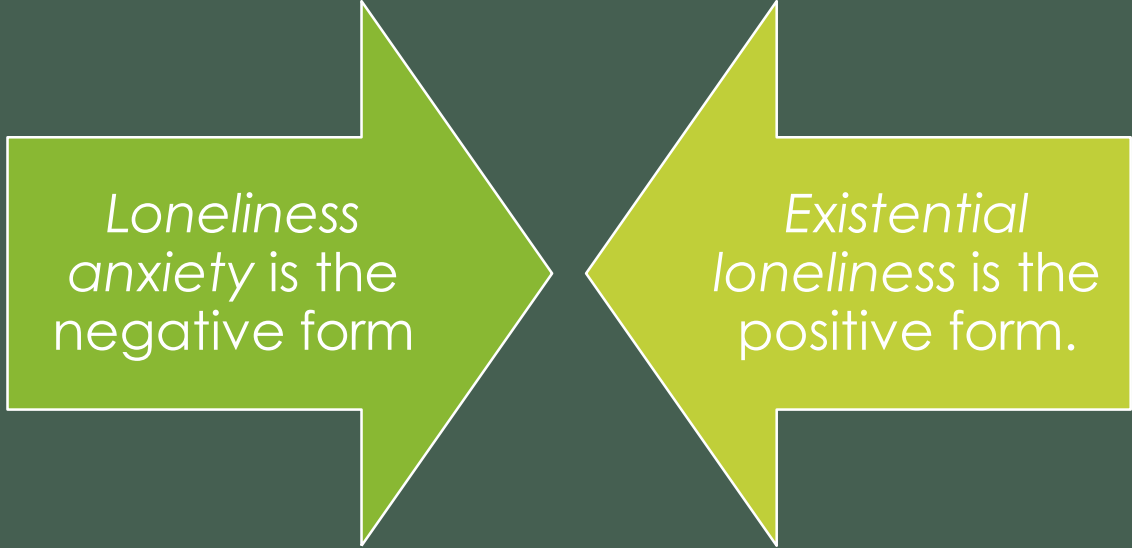
Moustakas(1961)

Loneliness anxiety is aversive and results from "a basic alienation between man and man"

Existential loneliness is an inevitable part of the human experience, involving periods of self- confrontation and providing an avenue for self-growth.

While it can be painful, it can also lead to "triumphant creation".

A positive-negative dimension running through loneliness experiences.



Loneliness anxiety is the negative form

Existential loneliness is the positive form.

Existential Approach: Moustakas (1961, 1972)

Existentialists encourage people to overcome their fear of loneliness and learn to use it positively



Unlike others, Moustakas has a positive view of loneliness.



Although he doesn't deny that it can be painful, he sees it as a productive, creative condition



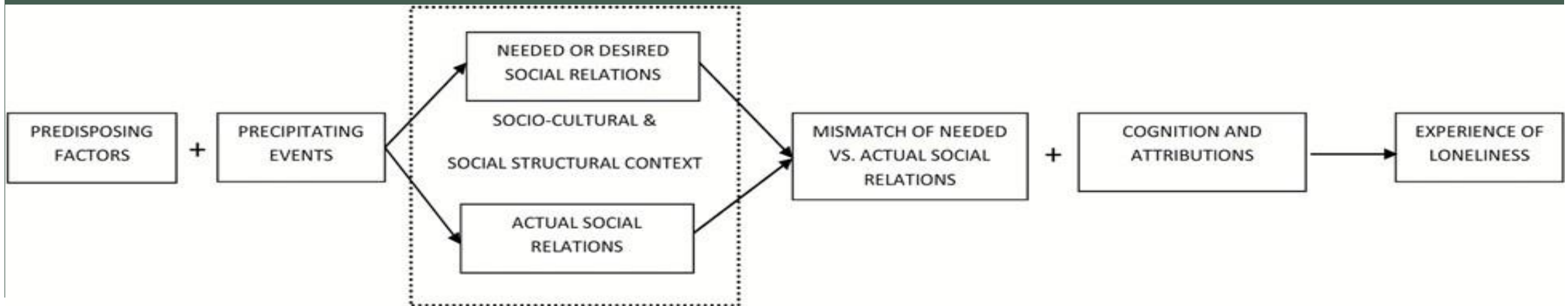
They do not seek the causal roots of loneliness in the usual sense – not interested in the factors that increase or decrease the likelihood of loneliness; for then it is a given in human existence

Cognitive Discrepancy Theory: Peplau and Perlman (1982)

Loneliness is a subjective, unpleasant, and distressing phenomenon stemming from a discrepancy between individuals' desired and achieved levels of social relations.

Mismatch is associated with specific circumstances and life events, including migration, widowhood, or the onset disability.

- For example, poor health impacts on individuals' ability to maintain customary levels of social interaction (Burholt & Scharf, 2014).



Cognitive Discrepancy Theory

Avoiding loneliness entails addressing the mismatch, by adjusting either *expectations* regarding the quality and frequency of social interaction or *achieved* quality and frequency of social interaction to balance both elements.



Any discrepancy between desired and achieved social relations may be labelled by an individual as loneliness. However, this does not lead directly (or inevitably) to loneliness



Perlman and Peplau (1998) note that loneliness may be modified by the person's reaction to the situation and suggest that cognitive processes may modulate the experience.

Azeredo & Afonso (2016)

A longitudinal study aimed at elderly persons who stayed at home, with a representative sample of the elderly population in a given region, who participated or did not participate in social activities, is recommended to provide a broader perspective of the views of the elderly about loneliness.

Objective: To identify the opinion of elderly persons in relation to feelings of loneliness.

Conclusions: Although loneliness is described as an increasing problem for the elderly, its frequency was not high among those interviewed, perhaps because the respondents engaged in social activities.

Methodology: The respondents were 73 elderly men and women living at home but attending day care/social centres.

Results: In 78.1% of respondents, a significant person was a family member who was not a spouse (especially daughters and granddaughters); 79.4% reported feeling sometimes or rarely/never feeling lonely. Widowed or divorced elderly persons were those who most frequently referred to sometimes feeling lonely. To reduce loneliness, they suggested various forms of interaction and activities in which communication predominated. Intergenerational solidarity was also cited.

Fiori, Feeney, Tyrovolas, Haro, & Koyanagi (2016).

Background: Data is lacking on the association of interpersonal stressors and social isolation with mental disorders and the mediating role of loneliness. Thus, it examined this association prospectively using community-based data.

Methods: Data on 6105 adults aged 50 years and older from the Irish Longitudinal Study on Ageing (TILDA) was analyzed. Mental health outcomes were assessed 2 years after baseline. Depressive and anxiety symptoms were evaluated with validated scales.

Results: Higher levels of spousal support, less strain from spouse and better social network integration were protective against depressive symptoms in men. Social support from friends and children was protective against depressive symptoms in both genders. Higher levels of social strain from children were positively associated with depressive symptoms in women. Loneliness was a significant mediator in the majority of these associations.

Conclusion: Interventions aimed at increasing relationship quality and strengthening existing social network structures, with a specific focus on reducing feelings of loneliness, may be beneficial in the prevention of depressive symptoms among older adults.

Domènech-Abella et al (2017)

Purpose: Loneliness and depression are associated, in particular in older adults. Less is known about the role of social networks in this relationship. The present study analyses the influence of social networks in the relationship between loneliness and depression

Methods: A population-representative sample of 3535 adults aged 50 years and over from Spain was analyzed. UCLA Loneliness Scale. Social network characteristics - measured using the Berkman-Syme Social Network Index. Major depression in the previous 12 months - assessed with the Composite International Diagnostic Interview (CIDI).

- **Results:** Feelings of loneliness were more prevalent in women, those who were younger (50–65), single, separated, divorced or widowed, living in a rural setting, with a lower frequency of social interactions and smaller social network, and with major depression.
- Among people feeling lonely, those with depression were more frequently married and had a small social network.
- Among those not feeling lonely, depression was associated with being previously married.
- In depressed people, feelings of loneliness were associated with having a small social network; while among those without depression, feelings of loneliness were associated with being married.

Conclusion: The type and size of social networks have a role in the relationship between loneliness and depression. Increasing social interaction may be more beneficial than strategies based on improving maladaptive social cognition in loneliness to reduce the prevalence of depression among Spanish older adults.

Holwerda, Deeg, Beekman, van Tilburg, Stek, Jonker, & Schoevers (2012).

Background: The role of feelings of loneliness and social isolation in dementia is less well understood, and prospective studies including these risk factors are scarce.

Methods: tested the association between social isolation (living alone, unmarried, without social support), feelings of loneliness and incident dementia in a cohort study among 2173 non-demented community-living older persons. Participants were followed for 3 years when a diagnosis of dementia was assessed.

Conclusions: Feeling lonely rather than being alone is associated with an increased risk of clinical dementia in later life and can be considered a major risk factor that, independently of vascular disease, depression and other confounding factors, deserves clinical attention. Feelings of loneliness may signal a prodromal stage of dementia. A better understanding of the background of feeling lonely may help us to identify vulnerable persons and develop interventions to improve outcome in older persons at risk of dementia.

Results: After adjustment for other risk factors, older persons with feelings of loneliness were more likely to develop dementia than people without such feelings. Social isolation was not associated with a higher dementia risk in multivariate analysis.



Social Exclusion

Social exclusion

Social isolation: the phenomenon of non-participation (of an individual or group) in a society's mainstream institutions. May be voluntary or involuntary.

Social exclusion: the subset of cases in which social isolation occurs for reasons that are beyond the control of those subject to it.

- Social exclusion affects those who are unable to participate in the institutions patronised by the majority and the benefits of its rights and privileges.
- Being kept apart from others physically or emotionally
- Also - exclusion of the majority by a minority who are in a position to opt out of the mainstream institutions e.g. 'gated community'.

Social exclusion

Social exclusion is a violation of the demands of social justice

- It conflicts with equality of opportunity
- It is associated with an inability to participate effectively in politics.
- It undermines social solidarity.

Voluntary social isolation has the same effect, but is less likely to have such adverse consequences.

Research conducted within the field of social exclusion has found real and often extreme mental and physical consequences of social exclusion.

Apply these findings to older people...

Social Pain



- ▶ Individuals literally experience social pain
- ▶ Exhibited in both phenomenological and neurological pain measures

(Chen, Williams, Fitness, & Newton, 2008 ; Eisenberger, Lieberman, & Williams, 2003).

- ▶ Various social experiences can communicate real (or perceived) threat to social connections.
- ▶ Many are subtle, ambiguous, and sometimes unintentional

(Banki, 2012 ; Kerr & Levine, 2008 ; Richman & Leary, 2009).

Two core experiences

Rejection: explicitly told or implied that one is not wanted in a social relationship

(Blackhart, Knowles, Nelson, & Baumeister, 2009 ; Williams, 2007)

Ostracism: being ignored by an individual or group (Williams, 2007).

Rejection

- Direct negative attention
- Dehumanizing language
- Discrimination & stigmatization
- Hurtful laughter
- Micro-aggressions
- Micro-assaults
- Micro-insults
- Micro-invalidations

Ostracism

- Being ignored
- Averted eye gaze
- Being forgotten
- Information exclusion
- Language exclusion
- Biased language
- Linguistic ostracism
- Uncomfortable silence

Typical Negative Psychological Outcomes

Short-term exclusion

- Anti-social intentions & behaviours
- Basic need threat (belonging, control, meaningful existence, self-esteem)
- Dehumanization
- Negative affect (e.g., anger, humiliation, sadness, shame)
- Neurological pain & “hurt feelings”
- Perceived ostracism (i.e., feeling ignored & excluded)
- Relational devaluation

Long-term exclusion

- Alienation
- Depression
- Helplessness
- Meaninglessness

Biological findings: body temperature

- Being ostracized or excluded, even briefly and by strangers, is painful and threatens fundamental needs.
- Excluded individuals perceive the room as cooler and that they desire warmer drinks. (Zhong and Leonardelli, 2008)
- Theory within embodiment. People use metaphorical associations to understand social exclusion (Landau, Meier, & Keefer, 2010).

- Ilzerman et al. (2012) suggest that people feel colder because they **are** colder.
- Concerning finding regarding older people
- Findings support the idea that more complex metaphorical understandings of social relations are scaffolded onto literal changes in bodily temperature

- Study 1: Being excluded in an online ball tossing game led to lowering of finger temperatures
- Study 2: Negative affect typically experienced after such social exclusion was alleviated by holding a cup of warm tea
- Supports concept of interaction between body and social relations

Cognitive effects

Baumeister, Twenge & Nuss (2002)

- ▶ Three studies: Effects of randomly assigned messages of social exclusion.

All studies:

- ▶ Significant and large decrements in intelligent thought
- ▶ Including IQ and Graduate Record Examination test performance
- ▶ Found among people told they were likely to end up alone in life.

A decline in cognitive performance was found in:

- ▶ Complex cognitive tasks such as effortful logic and reasoning
- ▶ Simple information processing remained intact despite the social exclusion.
- ▶ The cognitive impairments appeared to involve reductions in both speed (effort) and accuracy.

- ▶ The effects were specific to social exclusion.
- ▶ Predictions of future non-social misfortunes (accidents and injuries) - performed well
- ▶ Not affected by mood

Cognitive effects

DeWall, Maner, Rouby (2009): Examined basic, early-in-the-cognitive-stream consequences of exclusion.

Across 4 experiments: Threat of exclusion increased selective attention to smiling faces
- became attuned to signs of social acceptance.

Compared with non-excluded participants, participants who experienced the threat of exclusion:

- Were faster to identify smiling faces within a “crowd” of discrepant faces
- Fixated more of their attention on smiling faces in eye-tracking tasks
- Slower to disengage their attention from smiling faces in a visual cueing experiment



- ▶ These attentional ‘attunements’ - specific to positive, social targets.
- ▶ Not to faces conveying social disapproval / positive non-social images.
- ▶ The threat of social exclusion motivates people to connect with sources of acceptance

Cognitive effects

Twenge, Catenese and Baumeister
(2003)

Hypothesised:

Socially excluded individuals enter a defensive state of cognitive deconstruction.

This avoids:

- Meaningful thought
- Emotion
- Self-awareness

Characterized by:

- Lethargy
- Altered time flow.

Findings:

Social rejection led to:

- An overestimation of time intervals
- A focus on the present rather than the future
- A failure to delay gratification
- A likelihood to agree that “Life is meaningless”

Excluded participants:

- Wrote fewer words and displayed slower reaction times
- Chose fewer emotion words in an implicit emotion task
- Tried to escape from self-awareness by facing away from a mirror

Cognition and Social Interaction

DeWall, Twenge, Gitter & Baumeister (2009): No explanation of why social rejection causes aggression.

Hypothesis: Social exclusion increases the inclination to perceive neutral information as hostile, which has implications for aggression.

Findings

Compared to control participants, socially excluded participants were more likely to:

- Rate aggressive and ambiguous words as similar
- Complete word fragments with aggressive words
- Rate the ambiguous actions of another person as hostile

Hostile cognitive bias among excluded people was related to their aggressive treatment of:

- Others not involved in the exclusion experience
- Others with whom participants had no previous contact

Social aspects

Braza, Azurmendi & Munoz, (2009)

98 five-year-old children (43 boys and 55 girls; mean age 5 years 3 months for boys and girls)

Examined the effects of social intelligence, empathy, verbal ability and appearance–reality distinction on the level of peer acceptance

Also moderating role of gender...

Social aspects

Findings:

- Main effect of social intelligence on peer acceptance
- Effects that were moderated by gender:
 - A significant and positive effect of verbal ability on social acceptance was found for boys;
 - Appearance–reality distinction was found to have a positive effect social acceptance in the case of girls;
 - And although empathy had a significant positive effect on social acceptance for both boys and girls, this effect was more pronounced among boys.

Results suggest that abilities promoting peer acceptance are different for boys and girls.

Emotional effects

Is emotion a separate issue? Cognition and Emotion? Social and Emotional issues?

Does emotion play a part in cognitive effects? Social behaviours?

Is social exclusion an emotional or a cognitive phenomena? Or both combined?

Influences on social interactions?

Ginette et al. (2009). Rejection Elicits Emotional Reactions but Neither Causes Immediate Distress nor Lowers Self-Esteem: A Meta-Analytic Review of 192 Studies on Social Exclusion. *Personality and Social Psychology Review*

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