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Understanding loneliness during adolescence: Developmental changes that increase the risk of perceived social isolation

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A B S T R A C T

Loneliness is typically defined in terms of feeling states. In this review, we take a somewhat different approach, describing loneliness in terms of perceived social isolation. Vulnerabilities to perceived social isolation differ across the lifespan. Unique properties of adolescence are identified that carry special risk for perceived social isolation. These include (but are not limited to) developmental changes in companions, developmental changes in autonomy and individuation, identity exploration, cognitive maturation, developmental changes in social perspective taking, and physical maturation. Scholars are encouraged to consider loneliness through the lens of perceived social isolation so as to better understand how the experience of physical isolation varies across adolescence.
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What does it mean to be lonely? According to the Oxford English Dictionary, the term loneliness encompasses two related phenomena: (1) the physical absence of a companion, and (2) sadness because one is alone or dejection because of a lack of friends or company. Developmental psychologists tend to focus on the emotional experience of loneliness, working backwards from the feelings associated with loneliness to posit its origins and risk factors. Assorted definitions of loneliness have been advanced based on different feelings, each with an accompanying array of models and mechanisms. Definitional diversity has given rise to disagreement about how best to measure loneliness, which, in turn, has produced a literature that requires careful parsing. Charged with a commentary on loneliness, some might respond with a taxonomic overview that objectively classifies different developmental approaches. Others might argue the merits of the alternatives. We will do neither. Instead, we will define loneliness as it is typically construed in the adult literature, with its focus on perceptions of social experiences, rather than affective concomitants.

Our essay consists of two parts. In the first part, we will define loneliness as perceived social isolation, which is best understood through the lens of physical isolation. The perceived social isolation model will be contrasted with other developmental models of loneliness. In the second part, we will describe features of perceived social isolation that are unique to the adolescent years. Developmental changes during adolescence give rise to special vulnerabilities to perceived social isolation. The papers in this special section illustrate some of the vulnerabilities that confront youth during the second decade of life.

Perceived social isolation as loneliness

Humans are a social species. We are born into and live our lives in social organizations that vary in size and membership. These social groups serve many purposes, including the affordance of protection, the opportunity to identify and procure a

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mate, assistance in the supervision and nurturance of offspring, and the collaborative provision of shelter and food. To be successful, the individual must adopt a role that fills a need in the group and avoid activities that disrupt the smooth functioning of the group. The advantages of this arrangement are legion. Individuals prosper when the group prospers.

There is more. Humans need to affiliate with others to survive. Mortality risk is directly associated with social group participation. The socially isolated have a 50% decreased likelihood of survival compared to the socially integrated, an effect that is stronger than excess alcohol consumption, obesity, and failure to exercise (Holt-Lunstad, Smith, Layton, 2010). Experimental studies with nonhuman social animals confirm that social isolation is causally linked to elevated mortality (Cacioppo, Hawkley, Norman, & Berntson, 2011). Most definitions of social isolation center on the absence of social relationships (House, Landis, & Umberson, 1988). Findings that suggest an additional risk for those in low quality social relationships (Fuller-Thomson, Hamelin, & Granger, 2013; Lasgaard, Nielsen, Eriksen, & Goossens, 2010) imply that relationship features may mitigate or amplify the main effect of relationship participation on mortality. But social support ought not be conflated with social integration. Social isolation implies a lack of relationships, not a lack of good relationships.

It is clear that one of the survival advantages afforded by participation in social groups is avoidance of social isolation. Some have surmised that this survival advantage became manifest as an evolved need for humans to participate in social groups (Baumeister & Leary, 1995). The belongingness hypothesis argues that evolutionary selection is responsible for internal mechanisms that orient humans toward other members of the species and propel them into social activities and close relationships. A related proposal concerns the existence of an evolved sociable system, distinct from but akin to the attachment system, that motivates proximity to conspecifics (Ainsworth, 1989). These and other theories assume a drive or need to affiliate that is a source of distress when unmet (see Hartup & Laursen, 1999, for review).

Perceived social isolation describes the subjective impression of social isolation. Perceived social isolation is more than just awareness on the part of the individual that he or she is not socially integrated; perceived social isolation assumes emotional pain (Weiss, 1973). In most cases, perceptions of social isolation precede emotional pain. But perceived social isolation need not necessarily be precipitated by the conscious cognitive awareness that one is alone. Social isolation in and of itself may prompt distress without an antecedent cognitive appraisal of isolation. This distress may then be attributed to social isolation. As such, loneliness is the final step in a process whereby distress arising from and attributed to perceived social isolation is acknowledged.

It hurts to be lonely. Some have suggested that distress arising from isolation evolved as a signal that connections to others have deteriorated to the point where the maintenance of relationships is needed (Cacioppo & Patrick, 2008). The signal comes in the form of pain. Social pain resembles physical pain in that both motivate the individual to attend to environmental risks and take action to secure survival. Responses to social pain and physical pain are more than analogous. Perceived social isolation gives rise to a social pain that appears to have evolved by co-opting or piggy-backing onto the physical pain response. Evidence indicates that neural activation from social exclusion resembles the affective component of a physical pain response (Eisenberger, Lieberman, & Williams, 2003). As a consequence, the subjective experiences of social pain and physical pain are similar.

Social isolation may be marked by an absence of social relationships, an absence of certain types of social relationships, or an absence of contact with others. Not surprisingly, perceived social isolation is imperfectly correlated with objective measures of social isolation. Self-reports of loneliness are uniquely associated with social network density (Stokes, 1985), having (as opposed to not having) a friend (Parker & Asher, 1993), the number of friends that one has (Nangle, Erdley, Newman, Mason, & Carpenter, 2003), and rejection and exclusion by the peer group (Pedersen, Vitaro, Barker, & Borge, 2007). Yet when these and other predictors are taken together, considerable variance in feelings of loneliness remains. This suggests that perceived social isolation is also a matter of interpretation.

Social-cognitive mechanisms invoked in perceived social isolation tend to focus on the distinction between the real and the preferred. Self-discrepancy theory maintains that cognitive discrepancies anticipate emotional states (Higgins, 1987). Applied to social relationships, discrepancies between actual and desired social experiences should trigger sadness insofar as they are a reflection of dissatisfaction with the current state of social affairs (Peplau & Perlman, 1982). Thus, social goals and preferences mediate associations between objective social states and emotional outcomes. Social pain follows from a perceived social deficit that fosters the impression of social isolation, regardless of the number of relationships, the quality of the affiliation, or the frequency of contact. Social deficits are perceived to arise when there are changes in social experiences or changes in social desires or expectations. Thus, social experiences that are incongruent with social expectations give rise to the perception of social deficits, which foster a social pain that is labeled *loneliness*.

Other theories start from the premise that loneliness is predicated on unmet social needs. Social needs include attachment, integration, nurturance, reassurance of worth, reliable alliance, and guidance (Weiss, 1974). Unmet social needs are also a source of inconvenience and distress. Cued by social pain, the individual may determine that social isolation is the cause of the distress. According to one version of the theory, when unfulfilled needs are attributed to social isolation, they can produce sadness or distress, which is then labeled *loneliness* (Parkhurst & Hopmeyer, 1999).

Adjustment outcomes underscore the distinction between social isolation and perceived social isolation: The former deprives the individual of tangible benefits provided by the group, whereas the latter interferes with emotional, physical, and psychological performance. Perceived social isolation predicts adjustment outcomes, over and above objective measures of social isolation. This is because social isolation is not always interpreted as a social deficit and because social isolation does not always result in inconvenience or unmet social needs. Sometimes being alone is a desired state (Marcoen, & Goossens, 1993). There are also individual and developmental differences in preference for solitude (Wang, Rubin, Laursen, Booth-LaForce, &

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