



Trajectories of loneliness during childhood and adolescence: Predictors and health outcomes



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The present study employed latent growth mixture modeling to discern distinct trajectories of loneliness using data collected at 2-year intervals from age 7–17 years ($N = 586$) and examine whether measures taken at age 5 years were good predictors of group membership. Four loneliness trajectory classes were identified: (1) low stable (37% of the sample), (2) moderate decliners (23%), (3) moderate increasers (18%), and (4) relatively high stable (22%). Predictors at age 5 years for the high stable trajectory were low trust beliefs, low trusting, low peer acceptance, parent reported negative reactivity, an internalizing attribution style, low self-worth, and passivity during observed play. The model also included outcome variables. We found that both the high stable and moderate increasing trajectories were associated with depressive symptoms, a higher frequency of visits to the doctor, and lower perceived general health at age 17. We discuss implications of findings for future empirical work.

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Introduction

Loneliness is an unpleasant state that arises due to a discrepancy between the interpersonal relationships people want to have, and those they perceive they currently have (Peplau & Perlman, 1982). Loneliness is important, not just because it affects the person's current emotional state, but it is associated with poor social, behavioral, and health outcomes in adult, adolescent, and child samples (see Heinrich & Gullone, 2006, for review).

The course of loneliness through childhood and adolescence

Little is known about the course of loneliness over the lifespan. Early reviews concluded that loneliness peaks during early adolescence, drops between young adulthood and middle age, and then rises slightly in old age (see Heinrich & Gullone, 2006). Prospective studies support these claims (e.g., Bartels, Cacioppo, Hudziak, & Boomsma, 2008; Demakakos, Nunn, & Nazroo, 2006; Dykstra, van Tilburg, & de Jong Gierveld, 2005; van Roekel, Scholte, Verhagen, Goossens, & Engels, 2010).

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Such studies yield important information about trends in loneliness from middle childhood to old age, but they examine only mean loneliness scores, which assumes homogeneity within the populations under study. This assumption is not realistic because we know that loneliness is transitory for some people (Hymel, Tarulli, Hayden-Thomson, & Terrell-Deutsch, 1999; Young, 1982) and prolonged for others (Koenig & Abrams, 1999; Qualter, Brown, Munn, & Rotenberg, 2010). Studies that assume homogeneity of loneliness claim to offer information about the normative developmental patterns of loneliness, but the mean may be an artifact of averaging across subgroups of individuals who follow different courses of development. By not considering heterogeneity, we may have inadequate information regarding processes that occur within distinct subgroups (see Bauer & Curran, 2003). For example, stable loneliness may have a different set of predictors compared to transient loneliness.

Only two studies to date have assessed specific patterns of change over a number of observations in loneliness during middle childhood to early adolescence (Jobe-Shields, Cohen, & Parra, 2011; Jones, Schinka, van Dulman, Bossarte, & Swahn, 2011). Jobe-Shields et al. showed that social withdrawal was a risk factor for increases in loneliness across childhood. Further, both studies showed that outcomes related to differing loneliness trajectories, with an increasing loneliness trajectory predicting social withdrawal, self-harming behaviors and suicidal thoughts.

Both these studies identified a distinct group of children who increased in loneliness from middle childhood into early adolescence; this increase in loneliness was characterized by poor adjustment. In the current study, we examined loneliness from middle childhood through to late adolescence and used the growth mixture-modeling framework (Muthén, 2004) to identify latent classes of loneliness. Thus, we examined loneliness across the full length of the school journey. We further examined the extent to which membership of these different profiles of loneliness were predicted by early childhood risk factors, and predicted later health outcomes.

Correlates of loneliness: potential early risk factors

A significant body of research has documented correlates of loneliness, including temperament, peer rejection, an unhealthy attribution style, low self-worth, and low trust beliefs in peers. In the current study, we examined these as possible risk factors for the development of long-term or increasing loneliness across the school years.

Temperament is likely to be important for understanding the development of loneliness as it influences interpersonal interactions via the individual's initial response to new social encounters, their arousal and reactivity during any social situation, and recovery in response to a social threat (McClowry, Halverson, & Sanson, 2003). Research shows that lonely people have a different pattern of social response to non-lonely people: they feel more threatened in social encounters (Jones, Freemon, & Goswick, 1981; Jones, Sansone, & Helm, 1983), are more vigilant to social threats (Cacioppo & Hawkley's, 2009; Qualter et al., 2013), and are typically shy, passive and less sociable than non-lonely people (for review, see Heinrich & Gullone, 2006). Thus, two temperament characteristics may act as risk factors in predicting chronic, stable and/or increasing loneliness: (1) negative reactivity, which involves the tendency to experience fear, anger, sadness, and discomfort, and (2) withdrawal, portrayed by the child's initial response to new people and situations. High levels of negative reactivity and withdrawn behavior pose risks to children's social relationships because they are linked directly to behavioral deficiencies (de Pauw & Mervielde, 2010), which undermine the opportunities to develop and maintain positive social relationships; thus, they are implicated in the development and/or maintenance of loneliness. In the current study, we examined whether aspects of temperament, specifically negative reactivity and approach/withdrawal are important for the development of loneliness.

Loneliness during childhood is associated with peer rejection and lonely children are generally not liked by peers and are the target of peer victimization (Asher, Parkhurst, Hymel, & Williams, 1990; Boivin, Hymel, & Bukowski, 1995; Ladd, Kochenderfer, & Coleman, 1997). Peer rejection serves as a probable cause of loneliness in children (Boivin et al., 1995). However, there has been no concerted focus on the question of whether low social acceptance is associated with long-term loneliness.

Loneliness is also correlated with an unhealthy attribution style and low self-worth in adults (Perlman & Peplau, 1981; Young, 1982), and children (Qualter & Munn, 2002). In the current study, we examined whether an unhealthy attribution style in early childhood predisposes a person to stable feelings of loneliness, as is proposed by Peplau, Russell, and Heim (1979). Also, we examined whether low self-worth in early childhood predicts increases in loneliness over time and/or helps maintain a high level of loneliness. In line with Snyder, Stephan, & Rosenfield, 1978, we expected that children with low self-worth come to make more internal attributions for social failings over time; this continued internal negative talk alters a person's self-esteem, especially if social relationships are held to be important, and can lead to long-term loneliness.

Trust beliefs in peers were also examined in the current study. Three short-term longitudinal studies (Rotenberg, 2010) have shown that low trust beliefs in peers predict loneliness across time. One limitation with that research is that it did not yield evidence for a link between trust beliefs and loneliness across childhood to adolescence. The current research redresses that limitation.

Several researchers have shown that children's social behavior in school (i.e., social engagement) contributes to loneliness (Qualter & Munn, 2002; Rotenberg et al., 2010) and we examined this in the current study in relation to long-term loneliness by observing actual social interactions. We examined the role played by low levels of social interaction when the child was 5 years and whether this predicted long-term loneliness. Another behavior that likely contributes to loneliness is low behavior-dependent trust, which according to the Basis, Target, and Basis interpersonal trust framework (BDT: Rotenberg, 2010), comprises the extent to which children depend on others to fulfill their promises (reliability trust), keep secrets (emotional trust), and tell the truth (honesty trust). Low behavior-dependent trust would result in social disengagement, thus contributing to loneliness. In support of that hypothesis, Rotenberg, MacDonald, and King (2004) found that children's

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