

Lonely hearts: Psychological perspectives on loneliness

JOHN M. ERNST AND JOHN T. CACIOPPO

The Ohio State University

Abstract

Loneliness is a complex set of feelings encompassing reactions to the absence of intimate and social needs. Although transient for some individuals, loneliness can be a chronic state for others. We review the developmental, social, personality, clinical, and counseling psychology literatures on loneliness with an emphasis on recent empirical findings. Chronic feelings of loneliness appear to have roots in childhood and early attachment processes. Chronically lonely individuals are more likely to be high in negative affectivity, act in a socially withdrawn fashion, lack trust in self and others, feel little control over success or failure, and generally be dissatisfied with their relationships compared to nonlonely individuals. Loneliness has also been associated with a variety of individual differences including depression, hostility, pessimism, social withdrawal, alienation, shyness, and low positive affect; loneliness is also a concomitant of more severe disorders, such as clinical depression, borderline personality, and schizophrenia. Although loneliness affects a large number of individuals and is associated with numerous negative outcomes, relatively few investigations have examined the efficacy of treatments aimed at alleviating or preventing loneliness. Several investigations raise the possibility of treating loneliness, but the absence of appropriate comparison groups casts doubt on the efficacy of many of these treatments. Correlational studies also suggest that one close friend or romantic partner may be sufficient to buffer those at risk for loneliness. Research on causal processes is sparse, however, and more research is needed to delineate which factors are antecedents and which are consequences of loneliness.

Key words: Attachment, Depression, Individual differences, Loneliness, Psychopathology, Social network, Social support

Loneliness is a powerful feeling. In their seminal examination of loneliness, Rubenstein and Shaver (1982a) reported that by the early 1980s each month some 35 million Americans were affected with this devastating feeling. Socio-demographic changes are worsening this circumstance. By the year 2000, the overall population of the United States is projected to reach 270 million people, an increase of 7% over the preceding decade. Average household size is projected to decline from 2.69 in 1985 to 2.48 in 2000, and two-parent households are projected to decrease from 58% to 53% of households (Baum et al., 1995). Further, changes

in marital and child-bearing patterns and in the age structure of U.S. society are projected to produce in the 21st century a steady increase in the number of older people who lack spouses or children. Spouses and children are the people to whom older people must often turn for relatedness, guidance, assistance, and support. The prevalence and availability of close social relationships and support, therefore, is also projected to decline in the coming decades (House, Landis, & Umberson, 1988).¹ This change in the structure of our society is of special concern because epidemiological studies have now clearly established a relationship between social support and both mental and physical health (Uchino, Cacioppo, & Kiecolt-Glaser, 1996).

In a review of five prospective studies, for instance,

Support for this work was provided by Grant No. T32-MH19728 from the National Institute of Mental Health and by the Mind–Body Network of the John D. and Catherine T. MacArthur Foundation. The authors would like to thank Michelle D. Myers for helpful suggestions to the manuscript. The authors also would like to thank Eric Bearfield, Dan Church, Rob Rau, and Dea Riley for their assistance with the preparation of the manuscript.

Send correspondence and reprint requests to: John M. Ernst at Department of Psychology, Illinois Wesleyan University, P.O. Box 2900, Bloomington, IL 61702 or John T. Cacioppo at Department of Psychology, Ohio State University, 1885 Neil Ave. Mall, Columbus, OH 43210–1222. E-mail may be sent via the Internet to: jernst@titan.iwu.edu or cacioppo.1@osu.edu.

¹There is a complex relationship between age and loneliness. Overall, there is a positive correlation between age and loneliness. If one takes into account, however, factors such as age-related illnesses and mobility, then the relationship between age and the loneliness changes. The “pure” relationship between loneliness and age is such that loneliness crests during adolescence and declines as age increases. Nonetheless, as a result of changes in marriage patterns and because many elderly individuals do suffer from illness and a lack of mobility, the demographic trends suggest that loneliness can be expected to increase in prevalence over the next few decades.

House et al. (1988) found social support to be a major risk factor for morbidity and mortality from widely varying causes. This relationship was evident even after statistically controlling for known biological risk factors, social status, and baseline measures of health. The negative health consequences of a lack of social support were particularly strong among some of the fastest growing segments of the population: the elderly, the poor, and minorities such as African Americans. The strength of social support as a risk factor is comparable to health risk factors such as smoking, high blood pressure, obesity, and low physical activity. In their seminal review, House et al. (1988) concluded that

the mere presence of, or sense of relatedness with, another organism may have relatively direct motivational, emotional, or neuroendocrinal [*sic*] effects that promote health either directly or in the face of stress or other health hazards but that operate independently of cognitive appraisal or behavioral coping and adaptation. (p. 544)

Furthermore, their review of prospective studies suggests that poor social relationships are in the same category as smoking for predicting negative health outcomes. These studies on social support are suggestive of the potential impact of loneliness on health.

Consider Chris, a hypothetical client, who presents with feelings of depression and anxiety, eating poorly, insomnia, and feeling ill. With further probing he reveals that he feels isolation and intense loneliness. He reports that although he has friends, he feels as if there is no one who really understands him. That is, he is emotionally, but not socially, lonely. If Chris remains lonely, he will be at an increased risk for depression (Shaver & Brennan, 1991), suicide (Kirkpatrick-Smith, Rich, & Bonner, et al., 1991–1992), a host of physical disease processes, and a premature death (House et al., 1988). What other types of information about the antecedents, experiences, and consequences of loneliness may be supplied to the therapist? Individuals who were temperamentally high in negative affectivity as children may be at increased risk for loneliness. Also, those who are lonely may be experiencing either social or emotional lone-

ness; that is, desire for either membership in a group of friends or desire for an intense one-on-one relationship. What factors mitigate against the manifestation of loneliness for those who are at risk for loneliness? Finding the capacity to form even one close friend or confidant seems to reduce the likelihood of loneliness in individuals at risk. What factors influence or promote this capacity? What techniques for treating loneliness have been examined in the literature?

The literature on loneliness is now voluminous. Given the demographic changes fostering social isolation, the important health implications of loneliness, and the intrinsic interest that loneliness holds, it perhaps should not be surprising that such a vast psychological literature has developed on the topic of loneliness. Using the World Wide Web version of PsychInfo (April 1997), a keyword search on the term "loneliness" over the years 1967 to 1996 yielded 1,890 journal articles, dissertations, and book chapters. Extrapolating from the known years 1967 to 1969, approximately 100 articles were associated with loneliness during the 1960s (see Figure 1). During the 1970s this more than doubled to 265 articles. In the 1980s the literature nearly tripled with 719 articles associated with loneliness. Projecting from the pace of publishing from 1990 to 1996 more than 1,000 articles associated with loneliness can be expected during the 1990s. Thus, during *each year* of the 1990s the production of loneliness research has been equal to the production during the *entire decade* of the 1960s. In this review, which is necessarily selective, we focus on the antecedents, experience, and consequences of loneliness that have emerged from this explosion of research with an emphasis on more recent findings.

Developmental Perspectives

An important factor in the development of loneliness in children is peer relations. In an elegant series of empirical investigations, Asher, Parker, and their colleagues (Asher & Wheeler, 1985; Parker & Asher, 1987, 1993; Parkhurst & Asher, 1992) found that type of peer relations are important predictors of loneliness. They focused on rejected and ne-

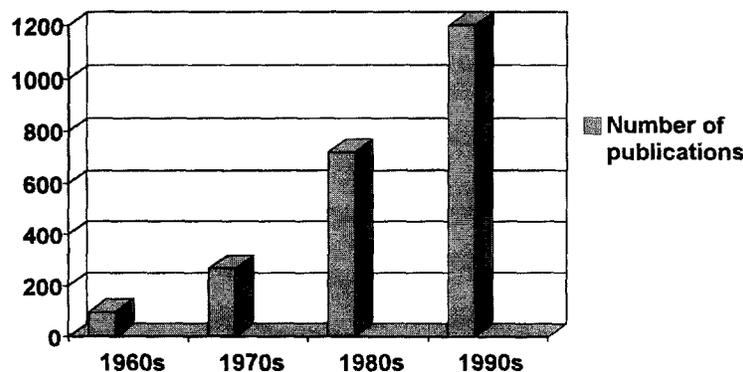


Figure 1. Publication rate for research on loneliness.

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