

Experiencing Loneliness:

Loneliness is a natural part of the human experience. It is a complex, usually unpleasant feeling in response to social isolation. Most people go in and out of loneliness as part of navigating everyday life. Given our current COVID-19 social distancing situation, loneliness may be more noticeable in your daily life and in the lives of those around you. Loneliness becomes problematic when it is experienced long enough to carve a persistent, reinforcing loop of harmful self-talk, negative thought, sensations and behaviors (Cacioppo & Patrick, 2008). But usually, we can navigate loneliness very effectively, recognizing it is a normal part of our shared human experience.

Loneliness is somewhat like pain or hunger, in that it is a natural signal from within the body that calls for attention. Without loneliness, our social connections would fade and our cultural structures would change dramatically. In this sense, our feelings of loneliness have contributed to our success as a species by serving a protective function, driving us toward connection (Cacioppo & Patrick, 2008).

Feelings of social rejection, isolation and social pain share the same brain wiring as physical pain. Functional MRI (fMRI) images demonstrate that the area of the brain that is activated when we experience rejection is the same region (dorsal anterior cingulate) that is associated with emotional responses to physical pain (Eisenberger, Lieberman and Williams, 2003). This finding that social pain and physical pain share the same location in the brain begins to suggest that once loneliness is chronic, it can't be solved simply by "coming out of your shell" because the disturbance is physiological as well as behavioral (Cacioppo and Patrick, pp 809). Well-being suffers when the need for social connection goes unmet. The withdrawal and passivity often experienced with loneliness are rooted in the belief of feeling threatened and afraid.

Cacioppo and Patrick (2008) propose the interplay of three factors that influence the experience of loneliness:

1. Level of vulnerability to social disconnection: How much social connection do you need, as influenced by genes, upbringing and personal situation?
2. Ability to self-regulate the emotions associated with feeling isolated: This refers to the inward and outward ability to cope with challenges and remain even and consistent. During periods of prolonged or severe loneliness, the ability to self-regulate is impaired, making the individual more vulnerable to stressors, even as measured at the cellular level.
3. Mental representations and expectations of, as well as reasoning about, others: This refers to the stories we tell ourselves and how we interpret the world and our interactions with it. The way we see ourselves and others, which can be affected by loneliness.

People are social beings, requiring meaningful connection with other people to maximize well-being. However, it isn't simply the number of connections one has, but how meaningful those connections are. Loneliness can occur whether or not one is in the company of other people; it is quite possible to have the subjective experience of loneliness anytime and anywhere, even surrounded by crowds. Loneliness is unpleasant when the desired level and quality of connectivity with others is more than the actual situation. Some people have a higher need for social connectivity



that others, and this may fluctuate over time. Loneliness is often depleting, upsetting and draining while solitude can feel energizing, calming and restorative.

Loneliness is receiving more public attention recently. A sign of this is that the United Kingdom actually appointed a Minister of Loneliness due to the prevalence and severity of chronic loneliness and associated health issues documented in the UK. Research on loneliness has grown in depth and rigor, with instruments designed to measure loneliness, such as the UCLA Loneliness Scale (Russell, DW "UCLA Loneliness Scale Version 3, validity and factor structure. Journal of Personality Assessment 66 (1996). Loneliness and social isolation don't necessarily go together. Social isolation connotes few social connections but loneliness is the subjective perception of isolation: the difference between one's preferred and actual level of social connection (J. Holt-Lunstad and T Smith- BYU)

Health risks associated with loneliness include:

- Prone to engage in unhealthy coping behaviors such as excessive eating, drinking, consuming social media, risky sexual behaviors, smoking
- Chronic Inflammation and raised levels of stress hormones
 - Heart disease
 - Arthritis
 - Type 2 diabetes
 - Suicide attempts
 - Accelerated aging process
- Stronger reaction to negative events and perceive daily life as being more stressful
- Influences how genes are expressed (loneliness predicted alterations in DNA transcription that impaired the body's ability to shut off the inflammatory response (refs. Cacioppo et al, 2014)
- More likely to develop difficulties performing activities of daily living
- Linked with cognitive decline in older adults
- Disrupted sleep (Dr. Dhruv Khullar, Weill Cornell Medicine in NY)
- Loneliness peaks in adolescents and young adults and then again in older adulthood

Relationship Risks of Loneliness (Cacioppo and Patrick, 2008). When we are lonely, the physiological and psychological reactions that occur have a negative impact on our higher cognitive and executive functions. These conditions can impact our thoughts, feelings and behaviors in ways that put us at risk for harming the very relationships we need to stay strong. It is important to remember these aspects so we can be watchful and change our behaviors to prevent, decrease or recover from damage we may unwittingly inflict.

- Loneliness can make us demanding
- Loneliness can make us critical
- Loneliness can make us behave passively and withdrawn

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