Phenomenology of Loneliness

• discrepancy between actual and desired level of social contact
• not all alone people are lonely
• not all people with high social contact are non-lonely
• "...Language has created the word 'loneliness' to express the pain of being alone. And it has created the word 'solitude' to express the glory of being alone"-Orson Welles
• psychologically uncomfortable state; can motivate frantic seeking and searching
• may be an adaptive reaction to a socially maladaptive state or condition
Associated Features


• social anxiety (Segrin & Kinney, 1995 Motivation & Emotion)

• depression (Segrin et al., 2003 Pers Rel)

• relationship distress (Segrin et al., 2003 Pers Rel) and poor marital quality (Segrin & Flora, 2001 J Family Comm)

• less contact with family (esp. among younger people) and friends (Segrin, 2003 Human Comm Res)
Loneliness and Health Problems

- elevated systolic blood pressure (Hawkley et al., 2006 Psych & Aging)
- abnormal neuroendocrine and inflammatory stress responses (Steptoe et al., 2004 Psychoneuroendocrinology)
- high risk heart conditions (Sorkin et al., 2002 Annals of Beh Med)
- strong risk factor in suicide (Stravynski & Boyer, 2001 Suicide & Life Threat Beh)
Hawkley & Cacioppo’s (2007) theory of loneliness and age related declines in health
The Benefits of Social Support

• associated with lower health symptomatology (Wills & Shinar, 2000)

• beneficial to health and mortality (e.g., Ell et al., 1992 J Psychosom Res; Lett et al., 2007 Health Psych)

• social support impacts positive biological processes such as cardiovascular and neuroendocrine functions (e.g., Nausheen et al., 2007 Stress)
Social Support, Loneliness, Health Behaviors, Stress, & General Health

(Segrin & Passalacqua, in press Health Comm)

• social support will be positively associated with better health because it lessens feelings of loneliness
• perceived stress will mediate the association between loneliness and health
• health behaviors will mediate the association between loneliness and health
Method

• 265 adults, 19 – 85 ($M = 41.15$, $SD = 14.97$)
• 126 men and 139 women
• 1% American Indian or Alaskan Native, 4% Asian or Pacific Islander, 4% Black, 12% Hispanic, and 78% White, and 1% other/unknown
• 58% married, 2% with someone characterized as a “partner,” and 19% with a boyfriend or girlfriend, 21% single
• completed measures of loneliness, social support (from family, friends, sig. other), health behaviors, health-related quality of life
Mediation of the Social Support → Health Relationship by Loneliness
Mediation of the Loneliness $\rightarrow$ Health Relationship by Perceived Stress

- $r = -0.22^{**}$
- $r = -0.08$
- $r = 0.52^{***}$
- $r = -0.32^{***}$
Mediation of the Loneliness \(\rightarrow\) Health Relationship by Health Behaviors
Social Support, Loneliness, Recuperative Processes, and Health

(Segrin & Domschke, in press *Health Comm*)

• the importance of recuperative processes for mental and physical health

• social support would have an indirect effect on health through lower loneliness

• loneliness would have an indirect effect on health through (1) diminished *sleep quality* or (2) less engagement in, or enjoyment from, *leisure*

• loneliness will accelerate age-related declines in health
Method

• 224 adults age 18 – 81 ($M = 41.22$, $SD = 16.31$)
• 78 men and 146 women
• 1% American Indian or Alaskan Native, 6% Asian or Pacific Islander, 1 % Black, 12% Hispanic, 77% White, and 2% other/unknown
• 54% of the participants indicated that they were presently married
• measures: loneliness, social support, health QOL, sleep, leisure
## Tests of Indirect Effects of Social Support and Loneliness on Health

<table>
<thead>
<tr>
<th>Indirect Effect</th>
<th>Regression Coefficient</th>
<th>z</th>
<th>Variance Accounted for by Indirect Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>social support → loneliness → global health</td>
<td>.07</td>
<td>3.98***</td>
<td>.01</td>
</tr>
<tr>
<td>social support → loneliness → health QOL</td>
<td>.06</td>
<td>2.94**</td>
<td>.03</td>
</tr>
<tr>
<td>social support → loneliness → health problems</td>
<td>-.22</td>
<td>-1.93 (p = .05)</td>
<td>.01</td>
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<tr>
<td>loneliness → leisure attitudes → global health</td>
<td>.00</td>
<td>-0.21</td>
<td>.00</td>
</tr>
<tr>
<td>loneliness → leisure attitudes → health QOL</td>
<td>-.03</td>
<td>-1.93 (p = .05)</td>
<td>.02</td>
</tr>
<tr>
<td>loneliness → leisure attitudes → health problems</td>
<td>.18</td>
<td>2.58**</td>
<td>.02</td>
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<tr>
<td>loneliness → leisure activities → global health</td>
<td>.00</td>
<td>-0.22</td>
<td>.00</td>
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<tr>
<td>loneliness → leisure activities → health QOL</td>
<td>.00</td>
<td>-0.46</td>
<td>.00</td>
</tr>
<tr>
<td>loneliness → leisure activities → health problems</td>
<td>.04</td>
<td>1.13</td>
<td>.00</td>
</tr>
<tr>
<td>loneliness → sleep quality → global health</td>
<td>-.02</td>
<td>-1.82 (p = .06 )</td>
<td>.03</td>
</tr>
<tr>
<td>loneliness → sleep quality → health QOL</td>
<td>-.03</td>
<td>-3.06**</td>
<td>.04</td>
</tr>
<tr>
<td>loneliness → sleep quality → health problems</td>
<td>.26</td>
<td>3.17**</td>
<td>.02</td>
</tr>
</tbody>
</table>

*Note.* **p < .01.*** *p < .001.*
Results for Structural Model of Social Support, Loneliness, Leisure, and Health

**Note.** The health problems score was reversed to be consistent with the other health indicators. ***p < .001. *p < .05**
Results for Structural Model of Social Support, Loneliness, Sleep Quality and Health

Note. The health problems score was reversed to be consistent with the other health indicators. *** $p < .001$. * $p < .05$. 
Does loneliness accelerate age-related declines in health? 

- There was no significant age x loneliness interaction for the prediction of global health ratings ($\beta = -0.01, \text{ns}, \Delta R^2 = 0.00$), health quality of life ($\beta = 0.07, \text{ns}, \Delta R^2 = 0.01$), or health problems ($\beta = 0.07, \text{ns}, \Delta R^2 = 0.01$).

- These results do not support the prediction that loneliness would accelerate age-related changes in
Conclusions

• Loneliness is associated with more health problems and lower health related quality of life

• This phenomenon can be explained in part by (1) higher perceived stress, (2) poor health behaviors, and (3) diminished recuperative mechanisms (namely sleep & leisure attitudes) associated with both loneliness and lower health
Conclusions (continued)

- Social support is associated with better health, perhaps by lessening loneliness which has deleterious effects on health.
- Social support from friends had most powerful association with lower loneliness, and social support from family had the weakest association with lower loneliness.
- Social relationships and social support may be beneficial to health by minimizing those psychological states associated with wear and tear on the nervous system that ultimately lead to health problems.
Thank You!