Loneliness

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Loneliness is defined as the unpleasant feeling that occurs when people perceive their network of social relationships to be deficient in some way, because (1) they have fewer relationships than they would like to have and/or (2) they think the quality of their relationships is insufficient. Both emotional and cognitive factors play an important role in the experience of loneliness, and that is the case as much in childhood as it is at other stages of life. First, experiencing loneliness goes together with a host of negative emotions; sadness, particularly, is considered a core feature of loneliness. In addition, studies have found that lonely adolescents experience more negative emotions in negative social situations compared to their nonlonely peers (e.g., Van Roekel et al., 2014). Second, lonely children seem to display a negative cognitive bias, affecting attention, interpretation, and memory related to negative social situations (see SOCIAL INFORMATION PROCESSING MODEL; THREAT PERCEPTION AND INTERPRETATION; for reviews, see Heinrich & Gullone, 2006; Spithoven, Bijttebier, & Goossens, 2017; Qualter et al., 2015). For example, lonely children more often expect to be rejected by their peers and make more negative evaluations of themselves and others. Lonely children also tend to attribute social situations in a way that is self-defeating, by attributing negative social events, such as social exclusion, to internal, stable, and uncontrollable factors (e.g., “I am not really a nice person to hang out with”), and positive social events to unstable, external factors (e.g., “I was invited by coincidence”).

Children’s understanding of loneliness changes with age (Cassidy & Asher, 1992; Galanaki, 2004). Children aged 5 to 7 years tend to describe a lonely child as someone who has no one to play with, equating loneliness and aloneness. However, from about 8 years of age, children are able to distinguish between loneliness and the objective state of being alone, and report that a child may be alone without feeling lonely or may feel lonely even when other children are around. About 15–20% of children feel lonely “sometimes” or “often,” with no gender differences in mean levels of loneliness (Maes, Qualter, Vanhalst, Van den Noortgate, & Goossens, 2019). However, research has also shown that not all children follow the same pattern of loneliness across time. Several studies have investigated developmental trajectories of loneliness, and it has been indicated that a subgroup of youth (between 3% and 22%) has high loneliness across long periods of time (for a review, see Qualter et al., 2015). Such prolonged loneliness is not a normative

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experience and leads to lower well-being across the lifespan. Hence, it is important to consider the duration of loneliness when trying to understand the impact of loneliness during childhood; that will be important in future empirical study and in the design of interventions, with clinicians making the distinction between transient/temporary and prolonged loneliness when working with child clients who report loneliness.

This entry first focuses on the most prominent theory of loneliness—that is, the evolutionary theory of loneliness. Second, different ways of conceptualizing and measuring loneliness are discussed. Third, consequences of loneliness in different domains are reviewed, emphasizing the significance of loneliness for children's well-being. Fourth, the entry focuses on two key interpersonal contexts for children's development—that is, the parent and peer contexts—showing how factors from both contexts are relevant for the development and maintenance of childhood loneliness. Finally, the entry discusses important considerations regarding the development and implementation of loneliness interventions.

1 Evolutionary Theory of Loneliness

Currently, the most prominent theory of loneliness is the evolutionary theory of loneliness (J. T. Cacioppo et al., 2015). According to this theory, forming and maintaining social relationships is necessary for the survival of human genes, and loneliness serves as an innate biological warning system that signals to people that something is missing in their social relationships. Just as physical pain, hunger, and thirst are innate biological warning systems to motivate humans to minimize damage to the physical body, loneliness motivates people to reconnect with others and to minimize damage to the social body. Loneliness, thus, serves an adaptive function, and for most children it is indeed a transient experience, for example, between a change in circumstances (e.g., a school transition, a friendship break-up, or a move to another city) and their adaptation to the new circumstances (e.g., making new friends). However, other children have more difficulties with addressing or solving experiences of loneliness in a satisfactory way, and feel lonely for longer periods of time, with feelings of loneliness that are not necessarily tied to a particular transition or event. Whereas temporary loneliness might be a normative experience for children, prolonged loneliness is not, and will need to be addressed through intervention.

According to the evolutionary theory of loneliness, loneliness is not evolutionarily neutral (as it serves to increase our survival as a species), so it could be expected that it exhibits a substantial degree of heritability. Several studies have obtained such heritability estimates, showing remarkably consistent estimates of just below 50%. In other words, about 50% of the variation in loneliness scores between individuals can be explained by genetic factors. Hence, loneliness is influenced by both genetic and environmental factors, and current research is increasingly trying to unravel how both factors interact and influence the development and maintenance of loneliness (for a review, see Goossens et al., 2015). However, most of that work on the genetics of loneliness has been conducted with adults, with a few studies being conducted in adolescence. Work examining loneliness and genetic factors among children is rare.

2 Different Ways of Conceptualizing and Measuring Loneliness

Conceptualization

Two broad conceptualizations of loneliness can be distinguished. Researchers advocating a unidimensional conceptualization view loneliness as a unitary concept that may vary in intensity. Researchers adhering to a multidimensional conceptualization aim to differentiate among various hypothesized manifestations of loneliness. This multidimensional view of loneliness originates from the social needs perspective (Weiss, 1973), which states that different types of social relationships fulfill different social needs. It could be that some of these needs are fulfilled, whereas others are not. These different types of unfulfilled needs are thought to lead to different types of loneliness. Research distinguishing among different types of loneliness is increasing, showing that children, indeed, can experience one type but not another, and that different types are related to problems in different domains and to different forms of psychopathology.

There is no clear consensus yet about which types of loneliness should be distinguished, but one overarching framework includes three types of loneliness (S. Cacioppo, Grippo, London, Goossens, & Cacioppo, 2015). Intimate loneliness (or emotional loneliness) refers to the feeling of lacking a close, intimate attachment to another person, such as a parent or best friend. Relational loneliness (or social loneliness) refers to the feeling of lacking a network of social relationships, such as family or a group of friends. Collective loneliness refers to experienced discrepancies in one's valued social identities and connections with similar others. Those similar others are not necessarily known and constitute broader groups, such as one's school, neighborhood, or cultural group.

Even though research on these different types of loneliness has moved forward, refinements and extensions of the overarching framework are needed on both the conceptual and the empirical level. Collective loneliness, for example, is a rather new concept, and additional research is needed to clarify the conceptualization of this type of loneliness, including a clearer definition of the "similar others." In addition, within each of the three broader loneliness types, there may be several subtypes. For example, intimate loneliness may be experienced in the relationship with a parent but also in the relationship with a best friend. It is not yet clear whether one high-quality relationship (e.g., with a parent) might buffer against another relationship (e.g., with a best friend) of lower quality (as argued by the threshold model) or that relationships are additive resources and that well-being improves with each high-quality relationship (as argued by the additive model).

Measurement

To measure loneliness in childhood, the Children's Loneliness Scale (CLS) has been used most frequently, and particularly the revised version, which focuses on the school context. Other standardized questionnaires that have appeared in the childhood loneliness literature include the Loneliness and Aloneness Scale for Children and Adolescents (LACA), the Peer Network and Dyadic Loneliness Scale (PNDLS), the Relational Provisions Loneliness Questionnaire (RPLQ), and the University of California Los Angeles (UCLA) Loneliness Scale.

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Comparing findings across studies using different loneliness measures can be challenging, as each of these measures has its own format of items and answering categories. Furthermore, a problem of the current loneliness measures is that they sometimes include items that measure the hypothesized causes of loneliness, resulting in an overestimation of the association between loneliness and those hypothesized causes. Examples of such items are “How often do you feel shy?” (item on the UCLA Loneliness Scale) and “I have lots of friends in my class” (reverse-scored item on the CLS). Furthermore, it is important to use items that capture the cognitive aspect of loneliness, focusing on the *perceived discrepancy* between a person’s actual and desired social relationships: Someone who does not have “lots of friends” would not feel lonely, as long as that person is satisfied with his or her social relationships.

Moreover, when selecting an instrument to measure loneliness, it is important to realize which type of loneliness is captured by which instrument, and decide whether to distinguish between different types or not. The CLS, for example, is mostly used as a unidimensional scale, and examines relational loneliness. In contrast, the UCLA Loneliness Scale, developed as a unidimensional scale and the most common measure in adult samples, examines both intimate and relational loneliness (Maes, Vanhalst, Van den Noortgate, & Goossens, 2017). The other three measures (i.e., the LACA, the PNDLS, and the RPLQ) have been developed as multidimensional scales, each tapping into multiple types of loneliness.

3 Significance of Loneliness for Children’s Well-Being

Addressing loneliness in childhood is important, not only because of the emotional pain it involves but also because it has a detrimental influence on children’s development across multiple domains, including children’s academic functioning and their mental and physical health (for reviews, see Galanaki & Vassilopoulou, 2007; Hawkey & Capitano, 2015; Heinrich & Gullone, 2006). Importantly, these detrimental consequences of loneliness seem to be especially strong for children who experience prolonged loneliness, as compared to temporary loneliness.

Children’s academic adjustment has been strongly linked with children’s global adjustment, and has been found to be negatively related to loneliness (Benner, 2011; Heinrich & Gullone, 2006). Specifically, research has indicated that lonely children show lower reading ability, academic readiness, grade point average, and academic achievement. Moreover, loneliness has been related to children’s perceived academic competence, with these perceptions of lower competence predicting lower academic achievement later on. In addition, lonely children are less involved in the classroom, like school less, and show more school avoidance. Some research has also focused on children’s relationships with teachers, and shows that lonely children experience more dependent teacher–child relationships (Burgess, Ladd, Kochenderfer, Lambert, & Birch, 1999), where they utilize the teacher as a source of excessive support. That dependency may keep lonely children from exploring relationships with their peers in the classroom.

Loneliness has also consistently been associated with various indicators of children’s mental health (see SELF-ESTEEM; DEPRESSION IN CHILDHOOD; ANXIETY DISORDERS). Indicators that have frequently been studied include self-esteem, depressive symptoms, and social anxiety symptoms. These results have consistently shown that

lonely children experience lower self-esteem and more depressive and social anxiety symptoms. Moreover, instead of these indicators being pure causes or consequences of loneliness, research has shown that the relations are bidirectional, pointing toward a vicious circle that might be hard to break (e.g., Maes, Nelemans et al., 2019; Vanhalst et al., 2012; Vanhalst, Luyckx, Scholte, Engels, & Goossens, 2013). Few studies have also linked loneliness to suicide thoughts and attempts, but it is not yet clear whether this link is a direct one or an indirect one explained by an increase in depressive symptoms (Lasgaard, Goossens, & Elklit, 2011).

Loneliness has consistently been linked to poorer physical health, including in research showing that lonely people become ill more quickly and pass away at an earlier age (Hawkley & Capitanio, 2015; Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015). Most of that work, however, has been conducted with adults, and research examining the associations between loneliness and physical health in childhood is limited. The available research shows that children's loneliness is related to poor sleep quality, poorer general health, and more somatic symptoms, with prolonged loneliness during childhood predicting self-reported poor physical health during adolescence and into adulthood (for a review, see Hawkley & Capitanio, 2015). Also, the mechanisms linking loneliness and poor physical health remain unclear. The most commonly advanced thesis is that prolonged loneliness causes psychological and physiological strains that dispose people toward emotional and health disorders. Within Cacioppo and Hawkley's (2009) model of loneliness, lonely individuals are perceived to experience more stress in everyday life because they are hypervigilant to social threat. It is that stress that causes chronic activation of physiological systems, leading to a range of somatic and psychological symptoms. Future work should aim to establish which physiological mechanisms link loneliness to poor health and whether those mechanisms differ across the lifespan.

4 Loneliness and Children's Relationships With Their Parents and Peers

Two key interpersonal contexts for children's development are those of parents and peers. Although research on childhood loneliness has focused on factors in both domains, most attention has been given to the peer context.

There are often worries that children who are being brought up in families that are socially isolated and on the margins of society are at risk of childhood loneliness: It might be the case that a family without many social ties is unable to provide opportunities for social engagement and adequate peer support. Such situations might explain intergenerational transmission of loneliness, with empirical evidence suggesting that parents who feel a lack of community support and loneliness also have lower parenting self-efficacy—feelings of being less capable of parenting to support their child's development—which in turn impacts children's reports of loneliness (Junttila, Vauras, & Laakkonen, 2007).

While the social resources families feel they can provide to their children contribute to children's loneliness, the way parents coach children on social skills and social behavior, and how they explain negative social encounters, also affects their child's feelings of loneliness. The way parents model social relationships promotes or inhibits

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children's social interaction, highlighting the pivotal role of internal working models of attachment (see ATTACHMENT THEORY) in the development of loneliness. It is through secure attachments with their parents that children develop the capacity to have warm and close relationships with others later in life; by experiencing a secure base in which to understand others and their social environments, securely attached children develop the expectation that others they share social relationships with are important, good, trusting, and looking out for them. Studies have emphasized the importance of the attachment bond for both the development and the maintenance of childhood loneliness (for a review, see Burgess et al., 1999), and show that children classified as having insecure–ambivalent attachment relationships during infancy report more loneliness; an internal working model of relationships as negative and other people as distrusting, along with an excessive need for validation and reassurance, contributes to later loneliness. In addition, children reported less loneliness when they perceived more parental warmth and responsiveness, and less parental behavioral control.

Besides time spent with family, the majority of children spend considerable time with peers, in both dyadic and group interactions, and there is little doubt that these peer experiences are highly salient in children's development (Prinstein & Giletta, 2016). Indeed, difficulties in peer relationships have been identified as a source of loneliness from an early age. For example, peer victimization is associated with loneliness in children as young as 5 years of age, with many studies consistently finding this link across childhood.

Sources of loneliness from the peer context also seem to change with age. At the dyadic level, children's understanding of friendships (see FRIENDSHIP) becomes increasingly sophisticated and increasingly linked to intimacy. More specifically, during early and middle childhood (4 to 8 years of age), children describe friends as companions who share play preferences, and describe a lonely child as someone who has no one to play with. During late childhood (10 to 11 years of age), this description of friendships evolves to a description of friends as individuals with whom children share values, who provide protection, and are loyal (Rubin, Bukowski, & Bowker, 2015). At this age, rather than the quantity (i.e., having someone to play with), the quality of friendships becomes increasingly important as a predictor of loneliness.

At the group level, across childhood, the peer group (see PEER GROUPS) becomes increasingly important, and children become increasingly aware and concerned about their levels of acceptance among peers, with rejection by peers impacting individual well-being in general and loneliness in particular (for a review, see Prinstein & Giletta, 2016). Children's social–cognitive processes also seem to be important here, as children who are unaware of their low peer acceptance may not report loneliness. Furthermore, children who attribute their social rejection to internal causes are likely to be unhappier with their social experiences and to report more loneliness. Even though most research has focused on either peer dyadic or group processes, these processes do not act in isolation, but rather interact with each other. For example, close, dyadic friendships have been found to be an important buffer against feeling lonely, even when a child is unpopular among peers.

5 Loneliness Interventions

Because temporary loneliness is viewed as adaptive, interventions should focus on (1) helping those children who have moved from temporary to prolonged loneliness and (2) ensuring that children who report temporary loneliness do not move to prolonged loneliness. Thus, there may be a place for interventions designed for lonely children that focus on increasing social opportunities and addressing the cognitive bias presented by lonely children, perhaps through interventions that use cognitive-behavioral therapy (CBT) techniques and/or attention priming. In addition, future studies could examine the utility of individualized therapy and evaluate whether loneliness awareness training focused on reducing the stigma of loneliness is appropriate.

Social Skills Development and Increasing Opportunities for Social Contact

Interventions focusing on social skills development and on increasing opportunities for social contact may be helpful. Although social skills deficits have some impact on loneliness, many lonely children are socially skilled and engage well with their peers. This means that loneliness interventions focusing on social skills development are unlikely to have widespread effects. Indeed, although their review of loneliness interventions was focused mainly on interventions for adults, Masi, Chen, Hawkley, and Cacioppo (2010) showed that social-skills-based interventions were not very effective. However, we must keep in mind that, while such an approach may not be suitable for all lonely children, there will be some lonely children—those who lack the social skills to reconnect when they feel lonely—who will benefit from such intervention. Future work should examine whether a particular loneliness intervention is effective for certain subgroups of children, taking into account the causes of loneliness for those different subgroups.

While there is strong empirical evidence that there are no significant effects of interventions designed to increase social contact and social opportunities (Masi et al., 2010), those studies are limited to specific age groups and do not distinguish between lonely people who experience temporary versus prolonged loneliness (Qualter et al., 2015). It is possible that increasing opportunities for social engagement will be effective at reducing certain types of loneliness, and, where social contact is usually limited, may stop children who experience temporary loneliness being propelled into prolonged loneliness. Future studies should examine, using robust implementation and evaluation designs, whether interventions that aim to reduce social isolation and increase opportunities for reconnection are useful for lonely children.

Building Resilience: The Role of Cognitive-Behavioral Therapy and Attention Retraining

CBT and attention retraining may play an important role in reducing childhood loneliness. Lonely children tend to report lower self-esteem compared to their non-lonely peers and show a negative cognitive bias in social situations, including greater expectation that they will be rejected by their peers, more negative views of themselves and others, and a self-defeating attribution style where they attribute social successes to luck and coincidence. Therefore, it seems of utmost importance to target cognitive biases in prevention and intervention programs aimed at alleviating loneliness (S.

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Cacioppo et al., 2015; Qualter et al., 2015). Indeed, in a meta-analysis (Masi et al., 2010), interventions focusing on addressing the maladaptive social cognitions and the resulting low self-esteem among adults proved successful. Interventions based on CBT methods are likely to also be successful for children who suffer from prolonged loneliness, and for those children who have a certain cognitive bias that puts them at risk of moving from temporary into prolonged loneliness.

Qualter et al. (2015) argued that interventions for lonely children could focus on offering them help to redirect their attention to social information that could be used to guide interpersonal behavior and to motivate them to reconnect. Given that interventions designed to accentuate the social gains and positive social features in the environment have been shown to be successful in increasing reaffiliation, such approaches specifically designed for lonely people are likely to prove effective.

Raising Awareness and Reducing Barriers

It is vital to reduce the stigmatization of loneliness and raise awareness that people across the lifespan may experience loneliness. Research examining how lonely people are viewed by others in society has shown that stigmatization of loneliness already appears in childhood. Children aged 7–9 years were found to stigmatize peers that were portrayed as having prolonged loneliness (Rotenberg, Bartley, & Toivonen, 1997). It is possible that stigmatization surrounding loneliness stops lonely children from asking for help, and attempts to reduce the stigma around loneliness are recommended.

It is also important to note that, because current government and charity campaigns to address loneliness have focused mainly on loneliness in old age, they may have done a disservice to young people because there are few discussions of youth loneliness. By focusing attention only on older people, we run the risk of creating public awareness of loneliness in that older age group and creating stigma around that experience during other ages—children may think that feeling lonely is something that would normally be confined to old age, leading to embarrassment that they are experiencing it. Raising awareness that loneliness is evident across the lifespan will be important for young people.

6 Conclusion

Children feel lonely when they perceive a discrepancy between their actual and desired social relationships. This discrepancy can occur regarding the quantity and/or the quality of those relationships. Loneliness is thus different from aloneness, as a child who has several friends may still feel lonely when he or she thinks that the quality of those friendships is insufficient. Moreover, loneliness can be experienced in different types of social relationships, often conceptualized as different types of loneliness. These different types may lead to problems in different domains. When a child reports feeling lonely, it is important to consider the duration of those feelings. Whereas temporary loneliness can be regarded as a normative and even adaptive phenomenon, prolonged loneliness is not and leads to lower well-being, detrimentally affecting children's academic functioning and their mental and physical health. Hence, it is essential to prevent children

moving from temporary into prolonged loneliness, and to help those children that are experiencing prolonged loneliness.

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SEE ALSO: Social Information Processing Model; Threat Perception and Interpretation; Self-Esteem; Depression in Childhood; Anxiety Disorders; Attachment Theory; Friendship; Peer Groups

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ABSTRACT

Many children report feeling lonely sometimes or often. For most of those children, loneliness is a temporary experience, serving an adaptive function by motivating them to reconnect to others. Some children, however, feel lonely across long periods of time. Such prolonged loneliness has been found to be associated with academic difficulties and poorer psychological and physical health. This entry discusses the concept of loneliness in childhood, highlighting its emotional, cognitive, and genetic components. In addition, the entry considers how the family and peer environments contribute to children's feelings of loneliness. Interventions are proposed that focus on (1) helping those children who have moved from temporary to prolonged feelings of loneliness and (2) ensuring that children who report temporary loneliness do not move to prolonged loneliness. Such interventions include social skills training, providing social opportunities for youth, CBT and attention-retraining programs, and addressing the stigmatization of loneliness among youth.

KEYWORDS

childhood; loneliness; perceived social isolation