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Addressing Loneliness: A Variety of Approaches

Loneliness may, at last, start now to come out of the closet. As more research is available to point out the risks of loneliness to mental and physical health, researchers' and community's attention has begun to explore interventions and programs geared to address loneliness. A review of attempts to address loneliness by Cacioppo et al. indicated that "increased recognition of loneliness as a risk factor for adverse psychological and physical health outcomes has elevated interest in interventions to reduce chronic loneliness [...]. Campaigns designed to raise awareness about the growing problem of loneliness and isolation have also been launched in the United Kingdom by five partner organizations (<http://www.campaigntoendloneliness.org/about-the-campaign/>), in Denmark by the Crown Princess and her Mary Foundation (<http://www.maryfonden.dk/en/loneliness>), in Canada by the Canadian Seniors Council (<http://www.seniorscouncil.gc.ca/eng/home.shtml>), and in the United States by Oprah Winfrey, Sanjay Gupta, and Gayle King with support from Skype (<http://www.oprah.com/health/Just-Say-Hello-Fight-Loneliness>), the AARP Foundation Initiative on Social Isolation (<http://www.aarp.org/aarp-foundation/our-work/isolation/>) [...]. These

campaigns are essential to raise awareness about and to reduce the stigma surrounding loneliness, but these represent only a first step".¹

Schoenmakers et al. observed that coping with loneliness means that individuals constantly change cognitive and behavioral efforts to manage specific external and internal demands that exceed their resources.² It is essential to remember that coping is process-oriented, that coping efforts can change over time, and that coping is contextual, i.e., coping preferences differ in various contexts, cultures, and situations.³ Cacioppo et al.⁴ observed that the various interventions addressing loneliness include one-on-one interventions, such as mentoring or befriending,⁵ group therapy with the lonely or, alternatively, community events reaching out to the lonely.⁶ Results were mixed and some approaches simply did not yield the hoped-for results.

This article will review a variety of approaches to loneliness, the theoretical and psychological ramifications of those approaches, and what are recently developed approaches in addressing loneliness. The article explores loneliness of some populations of interest such as the elderly, those who have serious illnesses, and couples in intimate relationships. Those approaches are, actually, aimed to reduce loneliness, though may not always succeed in doing so. In this review, we aim to cover theoretical views of loneliness, but also address clinical needs of the lonely, such that attending clinicians may find in it resources and suggestions for beneficial actions to help the lonely

¹ S. Cacioppo et al., "Loneliness: Clinical Import and Interventions", *Perspectives on Psychological Science* 10(2) (2015): 241.

² E. C. Schoenmakers, T. G. van Tilburg, T. Fokkema, "Problem-focused and emotion-focused coping options and loneliness: How are they related?", *European Journal of Ageing* 12(2) (2015): 153–161.

³ K. S. Rook, "Promoting social bonding: Strategies for helping the lonely and socially isolated", *American Psychologist* 39(12) (1984): 1389–1407.

⁴ S. Cacioppo et al., "Loneliness: Clinical import and interventions", *Perspectives on Psychological Science* 10(2) (2015): 238–249.

⁵ E.g. A. P. Dickens et al., "An evaluation of the effectiveness of a community mentoring service for socially isolated older people: A controlled trial", *BMC Public Health* 11 (2011), Article 218.

⁶ R. A. Findlay, "Interventions to reduce social isolation amongst older people: Where is the evidence?" *Ageing & Society* 23, 5 (2003): 647–658; for reviews see: C. M. Masi, H. Chen, L. C. Hawkey, J. T. Cacioppo, "A meta-analysis of interventions to reduce loneliness", *Personality and Social Psychology Review* 15(3) (2011): 219–266.

Addressing loneliness: the loop

Loneliness is likely to be accompanied by frustration, anger, anxiety and depression.⁷ The perceived sense of isolation and separation felt by many lonely people creates enduring strain and tension which leads to increased awareness and sensitivity to their social surrounding.⁸ Lonely individuals report that they frequently find themselves “on guard”, forever scanning and examining their surroundings and other people for potential threat-evoking signals in their social surrounding. This enhanced state of sensory sensitivity and watchfulness usually accompanies increased vulnerability to a point that “lonely individuals see the social world as a more threatening place, expect more negative social interactions, and remember more negative social information”.⁹ This holding of negative expectations and interpretations toward others’ behavior result in the lonely person’s reciprocating negatively to others, increasing social distance which, in turn, deepens his or her loneliness. In other words, it is possible that lonely individuals contribute to their loneliness by perpetuating a self-reinforcing loneliness cycle.¹⁰ Masi et al.’s study¹¹ demonstrated that Cacioppo and Hawkley’s¹² model of loneliness as regulatory loop, where the lonely show increased sensitivity to and surveillance for social threats, preferentially attend to negative social information, and consequently hold more negative social expectations which result in their behaving accordingly, and thus their behaviors result in a confirmation of their social expectations.¹³ Masi et al.¹⁴ added that this loop “has short-term self-protective features but over the long term heightens cognitive load, diminishes executive functioning,

⁷ L. C. Hawkley, J. T. Cacioppo, “Loneliness and pathways to disease”, *Brain, Behavior, and Immunity* 17 (2003): 98–105; L. C. Hawkley, Cacioppo, J. T., “Loneliness (National Institute of Aging Program Project Grant No. PO1 AG18911)”, *Center for Cognitive and Social Neuroscience*, Department of Psychology, University of Chicago, 2009.

⁸ Hawkley, Cacioppo, “Loneliness”.

⁹ L. C. Hawkley, J. T. Cacioppo, “Loneliness matters: A theoretical and empirical review of consequences and mechanisms”, *Annals of Behavioral Medicine* 40(2) (2010): 220.

¹⁰ Hawkley, Cacioppo, “Loneliness matters”.

¹¹ C. M. Masi et al., “A meta-analysis of interventions to reduce loneliness”, *Personality and Social Psychology Review* 15(3) (2011): 219–266.

¹² Hawkley, Cacioppo, “Loneliness”.

¹³ *Ibidem*; S. Duck, K. Pond, G. Leatham, “Loneliness and the evaluation of relational events”, *Journal of Social and Personal Relationships* 11(2) (1994): 253–276.

¹⁴ Masi et al., “A meta-analysis of interventions to reduce loneliness”.

and adversely influences physical and mental health and well-being” (p. 259).

Offering assistance to individuals experiencing loneliness, according to this model, requires the breaking down of this self-reinforcing loop of loneliness by altering cognitions held by the lonely person in order to eliminate negative affect reciprocity.¹⁵ Therapy, thus, places the hyper-vigilance for social threat at its center, since it is so central in impacting cognitive, perceptual and behavioral aspects associated with loneliness. Hawkey and Cacioppo¹⁶ found that cognitive-behavioral therapeutic interventions are by far more effective than modalities that attempt to improve social skills and social support. Results from meta-analytic research on loneliness reduction suggest that challenging and correcting maladaptive social cognition, offers the best probability for reducing loneliness.¹⁷

Coping from attachment theory’s perspective

DiTomasso, Fizell, and Robinson¹⁸ pointed out our desire to build and keep meaningful and fulfilling social relations. In the Western culture, they observed¹⁹ that has become more time-starved and fast-paced, the advent of email, texting, and social media applications seem to enhance our ability to maintain a busy, independent life while still feeling as if we are preserving our existing interpersonal relationships and actually increase the number of ‘friends’ we have. As we distance ourselves more and more from face-to-face social contact, these authors maintained, we must take into account the impact this culture has on our ability to develop and maintain satisfying interpersonal relationships, as well as to its impact on our physical and mental health. DiTomasso et al.²⁰ examined chronic loneliness within an attachment framework. From that per-

¹⁵ Hawkey, Cacioppo, “Loneliness”.

¹⁶ Ibidem.

¹⁷ J. de Jong Gierveld, T. Fokkema, “Strategies to prevent loneliness”, in: A. Sha’ked & A. Rokach (Eds.), *Addressing loneliness: Coping, prevention and clinical interventions* (NY: Routledge, 2015); Masi et al., “A meta-analysis of interventions to reduce loneliness”.

¹⁸ E. DiTomasso, S. R. Fizell, B. A. Robinson, “Chronic loneliness within an attachment framework: Processes and intervention”, in: A. Sha’ked & A. Rokach (Eds.) *Addressing loneliness*, 241–254.

¹⁹ Ibidem.

²⁰ Ibidem.

spective, the lonely person's internal working models reflect his negative perceptions of himself and those around him, and that ends up resulting in negative bias toward his appraisals of interpersonal relationships. Consequently, the lonely tend to process social information in unhealthy and non-adaptive ways which contributes to their being more susceptible to maladaptive patterns of social intercourse.

Attachment theory posits that a secure attachment is fostered if one is taught to interact with others and may consequently feel loved and valued in an interpersonal context as a child. Research indicated that secure attachment has been associated with less romantic and social loneliness.²¹ Those not provided with secure attachment, encounter difficulties in establishing a sense of interpersonal competence, and thus tend to view themselves as incompetent, judging others to be cold, rejecting or untrustworthy, resulting in their experiencing transient loneliness which may lead to chronic loneliness.²² The insecurely attached tend to, as a means of self-protection, engage in deactivating patterns of relating, while distancing themselves from others.

DiTomasso et al. opined that "in order to more effectively intervene and reduce chronic loneliness, we must move beyond social opportunities and skills and develop a more comprehensive intervention framework that also facilitates the development of quality interpersonal relationships [...] the cognitive, emotional, and behavioural components contributing to loneliness are influenced by both working models and attachment".²³ They consequently suggested that it is of prime importance to evaluate the attachment security and working models of the ones we wish to help. That will increase the likelihood that this approach will significantly reduce his/her experience of loneliness.

To clarify, even if not guided by attachment theory, intervention programs must, in my opinion and experience, address the whole person, the manner in which he views himself, his competence to address problems and overcome obstacles, and his early experience with parents and significant others, which may not have been positive ones, and which need to be addressed and possibly even changed for the individual to be

²¹ S. Bernardon et al., "Loneliness, attachment, and the perception and use of social support in university students", *Canadian Journal of Behavioural Science / Revue Canadienne Des Sciences Du Comportement* 43(1) (2011): 40–51.

²² K. L. Fiori, N. S. Consedine, "Positive and negative social exchanges and mental health across the transition to college: Loneliness as a mediator", *Journal of Social and Personal Relationships* 30(7) (2013): 920–941.

²³ DiTomasso et al., "Chronic loneliness within an attachment framework: Processes and intervention:" 249.

able to take advantage of increased social opportunities that some intervention programs enhance.

Online interventions for loneliness

Seepersad²⁴ maintained that loneliness intervention programs appear with increased frequency on the Internet. Reviewing the relevant literature, he suggested that surfing the Internet actually amplifies loneliness. However, intervention programs are not like surfing the net, and as such, may be worth a look at. Rook²⁵ addressed such approaches as 'environmental' which helped the lonely deal with his environment.

Stewart et al.²⁶ studied online intervention through an online forum which was dedicated to participants who had either cerebral palsy or spina bifida. Facilitators who also had cerebral palsy or spina bifida were employed. The results showed significant decreases in loneliness as well as increases in social acceptance and confidence. This intervention program seemed to reduce loneliness through an environmental approach by increasing opportunities for social contact. Writing was used as an online approach.²⁷ The researchers asked participants to complete a number of assignments which lasted approximately for seven weeks. Results demonstrated that as a result of their intervention, there were decreased feelings of emotional loneliness and increase in positive mood compared to a control group.

Addressing loneliness in intimate relationships

Belonging, as was mentioned earlier, is a basic human need. Marriage and intimate relationships are amongst the prime intimate adult bond-

²⁴ S. S. Seepersad, "Helping the "poor get richer" – successful Internet loneliness intervention programs", in: A. Sha'ked & A. Rokach (Eds.), *Addressing loneliness*.

²⁵ Rook, "Promoting social bonding".

²⁶ M. Stewart et al., "Brief report: An online support intervention: Perceptions of adolescents with physical disabilities", *Journal of Adolescence* 34(4) (2011): 795–800.

²⁷ K. Van der Houwen et al., "The efficacy of a brief internet-based self-help intervention for the bereaved", *Behaviour Research and Therapy* 48(5) (2010): 359–367.

ing.²⁸ An intimate relationship is essential to partners' physical and emotional well-being, since it fulfills core psychological needs such as love and intimacy, or the need to be protected and valued. A good and stable intimate relationship, which includes affection, love and support, provides the couple a high degree of safety and a deep sense of belonging, which appears to minimize loneliness.²⁹ Marriage, as well as intimate relationships, is geared to protect the couple from loneliness, and, if it is a good one, it does that.³⁰ It should also be noted that even when the couple are closely intimate and loving, various situations, such as illness of a partner or separation due to work demands.³¹ When the couple does not enjoy a good and intimate relationship, it may result in negative consequences to one's psychological welfare, such as a feeling of exclusion and loneliness.³² Some of the "ingredients" of an intimate relationship, need to include mutual physical and emotional connectedness between two partners which is referred to as the physical-emotional proximity.³³ Rokach³⁴ pointed out that loneliness is a basic human experience that all humans can *potentially* experience. He likened it to a recessive gene, meaning that loneliness is experienced under the "right" circumstances.

²⁸ J. Laurenceau, L. F. Barrett, M. J. Rovine, "The interpersonal process model of intimacy in marriage: A daily-diary and multilevel modeling approach", *Journal of Family Psychology* 19(2) (2005): 314–323.

²⁹ L. C. Hawkey et al., "From social structure factors to perceptions of relationship quality and loneliness: The Chicago health, aging, and social relations study", *Journal of Gerontology: Social Sciences* 63(6) (2008), 375–384; B. Strong, C. DeValut, T. F. Cohen, *The marriage and family experience: Intimate relationships in a changing society* (11th Ed.) (Belmont, CA: Wadsworth, 2011).

³⁰ B. Carter, M. McGoldrick, "Overview: The expanded family life cycle: Individual, family, and social perspectives", in: B. Carter & M. McGoldrick (Eds.), *The expanded family life cycle: Individual, family, and social perspectives* (3rd Ed. Needham Heights, MA: Allyn & Bacon, 1999), 1–24.

³¹ See: M. A. Barlow, S. Y. Liu, C. Wrosch, "Chronic illness and loneliness in older adulthood: The role of self-protective control strategies", *Health Psychology*, Advance online publication (2014, December 22).

³² R. F. Baumeister, M. R. Leary, "The need to belong: Desire for interpersonal attachments as a fundamental human motivation", *Psychological Bulletin* 117(3) (1995): 497–529; S. S. Hendrick, *Understanding close relationships* (New York, NY: Pearson, 2004).

³³ S. Bogaerts, S. Vanheule, M. Desmet, "Feelings of subjective emotional loneliness: An exploration of attachment", *Social Behavior and Personality* 34(7) (2006): 797–812; Hawkey, Cacioppo, "Loneliness".

³⁴ A. Rokach, "Theoretical approaches to loneliness: from a univariate to a multidimensional experience", *Review of Existential Psychology and Psychiatry* 19(2–3) (1988): 225–254.

There are two types of such “right” circumstances that may give rise to each kind of relational loneliness:

1. *Transient Loneliness* – life is full of trials and tribulations, and when we experience being isolated or disconnected from others due to situational variables, we experience loneliness.
2. *Essential Loneliness* – refers to continuously feeling cut-off or disconnected, a feeling which is ingrained in the person and is experienced in almost all situations, including those that others would not perceive as alienating or disconnecting. Hojat³⁵ referred to it as loneliness of early detachment experiences. Although Dykstra and Fokkema,³⁶ saw marriage as a protective agent against emotional loneliness, it is only so if the relationship is rewarding and provides both partners attachment provisions of security and caring for each other’s welfare. If these provisions are absent, emotional loneliness is likely to develop.³⁷

Can we help marriages and intimate relationships improve?

Here are some points that could benefit couples and those who counsel them:

Getting together for the right reasons: sometimes, people who may be desperate to avoid loneliness, and who would not fit as a couple, would get into an intimate relationship, which would probably not work. Being aware of what we need and want, and having the wisdom to fit it all together, increases the chance of creating, in concert with our partner, a harmonious relationship. However, that is not what commonly happens. when marriage is used as a solution to loneliness, that very loneliness is the bond that keeps them together, and a marriage which is held

³⁵ M. Hojat, “A psychodynamic view of loneliness and mother-child relationships: A review of theoretical perspectives and empirical findings”, in: M. Hojat & R. Crandall (Eds.), *Loneliness: theory, research, and applications* [special issue]. *Journal of Social Behavior and Personality* 2 (1987): 89–104.

³⁶ P. A. Dykstra, T. Fokkema, “Social and emotional loneliness among divorced and married men and women: Comparing the deficit and cognitive perspectives”, *Basic and Applied Social Psychology*, 29(1) (2007): 1–12.

³⁷ L. C. Hawkey et al., “From social structure factors to perceptions of relationship quality and loneliness”; K. L. Olson, E. H. Wong, “Loneliness in marriage”, *Family Therapy* 28(2) (2001): 105–112.

together by fear of loneliness, will not last.³⁸ Unfortunately, a marriage that implants the fear of loneliness at its core may unite two lonely people who will remain lonely throughout.³⁹

Interdependence: that is the optimal relational stage which therapists aim for. It is situated between a high level of dependence and a high level of independence. Interdependence is the common ground between complete independence, which may not benefit the marriage since complete independence does not require a mate, and complete dependence, which could be quite harmful to the union, as it may be pathological and destructive. Being in a relationship because we *need* to, rather than because we want to, is very harmful. It kills affection and creates a gap between the partners – they either cling to one another without ever feeling secure in the other’s love, or one depends and seeks closeness to the other while the other tries to flee and both are unhappy. In either case, they feel miserable, lonely, and anxious (Schultz, 1976). Those in an interdependent relationship can create a union that is cemented by love, common marital goals, and deep caring, where the two participants realize and respect the understanding; they are essentially two *separate* human beings, and not a reflection of each other.⁴⁰

Intimate sharing and involvement: the hallmark of intimate romantic relationships is the sharing of intimacy. Self-revealing to a supportive and non-judgemental partner, who shows acceptance of the loved one even if he or she does not behave or feel exactly as we would like them to, is what an intimate relationship calls for.⁴¹ Relationships evolve, people change and daily life’s little problems all contribute to frustrations, anger and disappointments. If we do not ignore but rather face and ad-

³⁸ A. Rokach, A. Sha’ked, *Together and lonely: Loneliness in intimate relationships – causes and coping* (NY: Nova Science Publishers, 2013).

³⁹ See also: J. Flora, C. Segrin, “Relationship development in dating couples: Implications for relational satisfaction and loneliness”, *Journal of Social and Personal Relationships* 17(6) (2000): 811–825; L. Tornstam, “Loneliness in marriage”, *Journal of Social and Personal Relationships* 9 (1992): 197–217.

⁴⁰ C. E. Rusbult et al., “Accommodation process during the early years of marriage”, in: T. N. Bradbury (Ed.), *The developmental course of marital dysfunction* (Cambridge, UK: Cambridge University Press, 1998), 74–113.

⁴¹ K. J. Prager, L. J. Roberts, *Deep intimate connection: Self and intimacy in couple relationships* (Mahwah, NJ: Lawrence Erlbaum Associates Publishers, 2004); H. T. Reis et al., “Are you happy for me? How sharing positive events with others provide personal and interpersonal benefits”, *Journal of Personality and Social Psychology* 99(2) (2010).

dress them, we may learn how to avoid the anger/frustration arousing situations in the future. However, if we allow grudges and bitterness to accumulate, since we do not reveal to our partner how we feel, it eventually comes between our partner and us. A gap filled with resentment, dissatisfaction and discomfort is created, allowing emptiness and loneliness to replace it.

Resolving relational conflicts: disagreements and arguments [sometimes major ones] do happen in marital life. These are normal, and even sometimes helpful, as they allow the couple to share what bothers or concerns them. Without such sharing, the partners may experience loneliness and distance from one another.⁴² Such venting and sharing can bring the couple closer together.⁴³

Benign neglect: benign neglect may be the couple's most "dangerous" enemy.⁴⁴ *Pre-emptive relational enhancing interactions* are those interactions that assist the couple to improve the relationship by preventing or minimizing potential disagreements that the couple could be facing.⁴⁵

Mutual positive involvement: psychologists and other mental health professionals often attempt to enhance the couple's ability to do it. It makes the couple feel connected and helps them grow, develop and cement their union. Mutual positive involvement fosters a safe environment where one feels cared for, listened to and even rejuvenated.⁴⁶

Should bidirectional growth be avoided?

Therapists often hear statements like 'look at us; we were so close and alike when we started our relationships years ago, and now we hardly know each other'. People are commonly mystified by their inability to connect with their long-term partner with whom they connected very

⁴² Hawkey, Cacioppo, "Loneliness".

⁴³ W. C. Nichols, *Marital therapy: An integrative approach* (New York, NY: The Guilford Press, 1988).

⁴⁴ B. McCarthy, R. L. Ginsberg, J. A. Cintron, "Primary prevention in the first two years of marriage," *Journal of Family Psychotherapy* 19(2) (2008): 143–156.

⁴⁵ See also: P. R. Amato et al., *Alone together: How marriage in America is changing* (Cambridge, MA: Harvard University Press, 2007).

⁴⁶ See also: S. L. Gable, H. T. Reis, "Intimacy and the self: An interactive model of self and close relationships", in: P. Noller & J. A. Feeney (Eds.), *Close relationships: Functions, forms and processes* (New York, NY: Psychology Press, 2006), 211–225.

well in the beginning of their relationship. My clinical experience in treating troubled couples is that *bidirectional growth, growing at different speeds and/or to different directions* explains that relational change. One of the best ways to prevent distancing and loneliness in romantic relationships is to *grow together, if not in the same direction, at least at a similar speed*. Enhancing one's partner's personal growth is a sign of a respectful and nourishing relationship. It is pointed out that when only one partner develops and grows [emotionally, intellectually, or socially], he or she then experiences the world differently, may view his experiences and life in a different manner, and may change to such a degree that the two may no longer "speak the same language" or want the same kind of relationship. They grow and change, and changes in their needs, desires and social connections follow. When the two partners grow and change at a similar pace and in a similar trajectory (i.e., he attends cooking classes and she a book club), then the relational equilibrium is maintained. However, if only one member of the couple undergoes personal development and growth, the result is that they have fewer common areas of interest, and they may find less and less interest in being together. Such a couple may not be able to remain together for longer. Or, they may stay married, but not together, meaning without intimacy, closeness, and emotional fulfillment.

Hawkley and Cacioppo's developed a loneliness model which they termed "Self-Reinforcing Loneliness Loop or SRL".⁴⁷ Accordingly, emotional isolation expressed by the lonely partner increases relational tension and increased sensitivity to their relational surroundings. Those emotionally lonely partners perceive their relationships as a threatening social environment due to their enhanced sensory sensitivity. These maladaptive cognitions act as a self-fulfilling prophecy by evoking such attitudes and behaviours from others that their concerns are actually confirmed, for example, by their marital spouse.⁴⁸ When a partner feels emotionally lonely as result of severe relational distress and disengagement, the interaction is thus construed as threatening. This maladaptive cognition is followed by the lonely spouse reciprocating negatively to the other. This reciprocity adds to the marital negativity, which in turn deepens the feeling of emotional loneliness.

⁴⁷ Hawkley, Cacioppo, "Loneliness", 220.

⁴⁸ M. Snyder, "Motivational foundations of behavioral confirmation", in: M. P. Zanna (Ed.), *Advances in experimental social psychology*, vol. 25 (San Diego, CA: Academic Press, 1992), 67-114; M. Snyder, A. A. Stukas Jr., "Interpersonal processes: The interplay of cognitive, motivational, and behavioral activities in social interaction", *Annual Review of Psychology* 50 (1999): 273-303.

If they aim to overcome the self-reinforcing loneliness loop, described above, lonely spouses ought to be highly motivated to go through cognitive transformation and behavioral changes in order to break away from the loneliness loop, which is not an easy task by any means.

They must also overcome the scarring of the long-lasting marital distress that has the potential to erode relational resources and leaves partners with fewer and weaker buffers to deal with problems and to protect against inevitable future conflicts.

And very importantly, seeking help before it is too late: couples who are seriously affected by the unpleasant loneliness loop end up not responding well to marital therapy. The reason is that these couples pursue therapy when their marriage has seriously deteriorated to an advanced stage of disengagement.⁴⁹ A much better strategy is to seek help when problems first start and that may not only save the marriage but enhance intimacy and love as well.

Coping with loneliness in old age

Various countries, particularly the USA, the UK, Canada and Israel, increasingly recognize the importance of tackling social isolation and loneliness and by that help improve older people's well-being and their quality of life. Choi, Kong, and Jung⁵⁰ did a meta-analysis of five research studies that were focused on helping the elderly reduce loneliness. All five of the intervention programs focused on improving the computer and Internet skills of the elderly, who may not be commonly comfortable using electronics. That included teaching the elderly such things as how to send e-mails. Interestingly, the meta-analysis showed that, by providing the person with increased opportunity to connect with others, these intervention programs were successful in reducing loneliness but were not as effective in reducing depression. Cattan et al.⁵¹ provided an extensive review of various published programs intended to reduce lone-

⁴⁹ J. M. Gottman, J. S. Gottman, "The marriage survival kit: A research-based marital therapy", in: R. Berger, M. T. Hannah (Eds.), *Preventive approaches in couples therapy* (New York: Routledge, 1999), 304–330.

⁵⁰ M. Choi, S. Kong, D. Jung, "Computer and internet interventions for loneliness and depression in older adults: a meta-analysis", *Healthcare Informatics Research* 18(3) (2012): 191–198.

⁵¹ M. Cattan et al., "Preventing social isolation and loneliness among older people: A systematic review of health promotion interventions", *Ageing & Society* 25(1) (2005): 41–67.

liness in the elderly population. These programs included group meetings with an educational focus,⁵² group interventions providing social support,⁵³ one-on-one interventions, home visits by professionals, support which was provided via home visits or telephone contact⁵⁴ and social support which was provided in personal interactions.⁵⁵ Cattan et al.⁵⁶ concluded that only group interventions involving some form of educational or training input and social activities that targeted specific groups of people showed clear effectiveness.

In summarizing their review, they identified several characteristics of *effective interventions*, which are worth reporting here:

- Group interventions which revolved around an educational input.
- Interventions which targeted specific groups, such as women, the widowed, the physically inactive, or people with serious mental health problems, meaning homogeneous groups.
- Prior to commencing treatment, researchers consulted with the intended target population, and thus provided them with some level of control.
- They were developed or conducted within an existing service.
- Interventions included some form of process evaluation.

Cattan et al.⁵⁷ found that with increased age, people focused on their need for reciprocity in social support. For instance, when the volunteer visits the elderly who belongs to the same generation or has similar interests, such reciprocity has a better chance to occur. Schoenmakers et al.⁵⁸

⁵² M. Hopman-Rock, M. H. Westhoff, "Development and evaluation of 'aging well and healthily': A health-education and exercise program for community-living older adults", *Journal of Aging and Physical Activity* 10(4) (2002): 364–381.

⁵³ M. S. Caserta, D. A. Lund, "Beyond bereavement support group meetings: Exploring outside social contacts among the members", *Death Studies* 20(6) (1996): 537–556.

⁵⁴ N. Morrow-Howell, S. Becker-Kemppainen, L. Judy, "Evaluating an intervention for the elderly at increased risk of suicide", *Research on Social Work Practice* 8(1) (1998): 28–46.

⁵⁵ K. Heller et al., "Peer support telephone dyads for elderly women: Was this the wrong intervention?", *American Journal of Community Psychology* 19(1) (1991): 53–74.

⁵⁶ M. Cattan et al., "Preventing social isolation and loneliness among older people: A systematic review of health promotion interventions", *Ageing & Society* 25(1) (2005): 41–67.

⁵⁷ *Ibidem*.

⁵⁸ Schoenmakers, van Tilburg, Fokkema, "Problem-focused and emotion-focused coping options and loneliness".

assessed loneliness of 1,033 61–99-year-old individuals over a six-year period. They examined the effectiveness of coping strategies used by older adults. Two main approaches to coping were identified: problem-focused, i.e., improving one's relationships, and emotion-focused, i.e., lowering one's expectations about relationships. The authors found that no effective strategy to coping with loneliness could be identified in their study. On the contrary, their participants ended up in a risk for circular process with loneliness experiences leading them to lower their expectations, and that resulted in a greater likelihood of loneliness. Consequently, the authors concluded that those who have recovered from loneliness were at risk of recurrence, if they do not take active steps to prevent it. Findlay⁵⁹ surveyed 17 intervention programs aiming to address loneliness and found that only a single one-to-one intervention was significantly effective. Wenger et al. concluded that "interventions at the network level which increase contact and interaction are likely to have preventative outcomes in terms of loss of independence and health maintenance as well as improving quality of life".⁶⁰

Treating people with mental illness and serious psychological disturbances

About half of those afflicted with severe mental illness are struggling also with loneliness, compared to only one third of the general population.⁶¹ Bellack et al.⁶² observed that the ability to establish and keep relationships is based on learned skills. These skills are learned and emulated in childhood, with parents modeling such skills, and later during adolescence, when more complex skills such as those used in establishing friendship and intimate relationships are mastered. It was suggested that people with severe mental illness have most probably been prevented from learning these important skills by compromised brain function-

⁵⁹ R. A. Findlay, "Interventions to reduce social isolation amongst older people: Where is the evidence?", *Ageing & Society* 23(5) (2003): 647–658.

⁶⁰ G. C. Wenger et al., "Social isolation and loneliness in old age: Review and model refinement", *Ageing & Society* 16(3) (1996): 351.

⁶¹ E. F. Perese, M. Wolf, "Combatting loneliness among severe mental illness: Social network interventions' characteristics, effectiveness and applicability", *Issues in Mental Health Nursing* 26(6) (2005): 591–609.

⁶² A. S. Bellack et al., *Social skills training for schizophrenia: A step-by-step guide* (New York: Guilford, 1997).

ing.⁶³ Consequently, people with severe mental illness may only have a limited social network [approximately 4 to 13 people], and thus end up receiving only minimal social support. Whereas the general population has a large social network, which consists of approximately 40 people.⁶⁴ Another indication of the dire need for social contact of mentally ill people was provided by Torrey⁶⁵ and Talbott⁶⁶ who found that 25% of discharged patients live in total isolation and 50% live in moderate isolation. The stigma which is still rampant about mental illness and people's fear of the sometimes unpredictable, mentally ill, unattractive appearance that many such people exhibit, contribute to enhance the mentally ill's loneliness.⁶⁷

Mann et al.⁶⁸ pointed out the paucity of programs that assist those afflicted with mental health issues to address their loneliness. A recent review by Anderson et al.⁶⁹ examined targeting social network, and not loneliness, in psychosis. They reported that those were highly varied interventions with limited effectiveness.

Mann et al.⁷⁰ reviewed various approaches, most of which were covered previously in this chapter. They created a model of responsibility for coping with and aiding the lonely who also suffer from mental illness. The authors described various direct and indirect interventions at each of the three levels of their model:

⁶³ T. Bradshaw, G. Haddock, "Is befriending by trained volunteers of value to people suffering from long-term mental illness? *Journal of Advanced Nursing* 27(4) (1998): 713–720.

⁶⁴ D. Jones, E. Perese, "Promoting self-management of urinary incontinence in a geropsychiatric day treatment program", *Journal of Psychosocial Nursing and Mental Health Services* 41(5) (2003): 38–43; M. Albert et al., "Social networks and mental health service utilisation: A literature review", *International Journal of Social Psychiatry* 44(4) (1998): 248–266.

⁶⁵ E. F. Torrey, *Surviving schizophrenia: A family manual* (New York: Harper Row, 1988).

⁶⁶ J. A. Talbott, "Toward a public policy on the chronic mentally ill patient", *American Journal of Orthopsychiatry* 50(1) (1980): 43–53.

⁶⁷ E. F. Perese, C. Getty, P. Wooldridge, "Psychosocial club members' characteristics and their readiness to participate in a support group", *Issues in Mental Health Nursing* 24(2) (2003): 153–174.

⁶⁸ F. Mann et al., "A life less lonely: The state of the art in interventions to reduce loneliness in people with mental health problems", *Social Psychiatry and Psychiatric Epidemiology* 52(6) (2017): 627–638.

⁶⁹ K. Anderson, N. Laxhman, S. Priebe, "Can mental health interventions change social networks? A systematic review", *BMC Psychiatry*, 15(8) (2015).

⁷⁰ Man et al., "A life less lonely".

a. *Individuals*

Direct: cognitive and digital approaches; psychoeducation; social skills training; supported socialization.

Indirect: employment and educating participants about housing.

b. Local community

Direct: group activities which focused on addressing loneliness; supported socialization; empathy; proactive approach; and communication.

Indirect: local accessibility; any group activity that, even if did not aim to directly reduce loneliness, assisted in bringing people together (e.g. gardening/physical health groups).

c. Society

Direct: policy which emphasizes public health priority; engaging with media for the purpose of public education and awareness on social relationships; funding relevant research; promoting primary prevention across life course; relevant broader range of interventions.

Indirect: other policy areas including housing, employment, education, welfare, redesigning of neighborhoods, promoting social cohesion and inclusion.

In a table in their review, they illustrate what they are aiming for, in each category:

Changing cognitions interventions that aim to reduce ‘maladaptive’ cognitions in lonely people. They may target cognitive biases or attributional styles, changing the way individuals think about their social relationships. This aims to change behaviors, increasing social connections and decreasing loneliness.

Social skills training and psychoeducation interventions that focus on training on one’s social skills, such as conversational ability and interpreting body language. Psychoeducation may focus on managing mental health problems alongside the importance of social support. This aims to enable individuals to form and maintain meaningful relationships and thus reduce loneliness.

Building friendships – the first suggestion in the approach to help lonely mentally ill people is to focus on building friendships. Either these people may learn and acquire social skills needed to develop such friendships (Bellack et al., 1997) or an attempt needs to be made in assisting them to make friends in the community where they live, rather than in the rehabilitative settings

(Davidson et al., 2001). Bradshaw and Haddock (1998) recommend that volunteers be trained to befriend people with severe mental illness. That is, instead of requiring people with severe mental illness to acquire skills before they can have friends. Another manner of helping these lonely people was put forth by Biegel, Tracy, and Corvo (1994) who suggested a three-pronged approach to reduce social isolation: (1) building new network ties; (2) strengthening existing ties; and (3) enhancing family ties. They added that support groups, psychosocial clubs, self-help groups, mutual-help groups and trained volunteers may be helpful in achieving those goals.

Supported socialization or having a 'socially-focused supporter' interventions where people are offered support and guidance in finding and attending new activities or groups. A specific supporter (a professional, family member, friend, volunteer or peer supporter) works towards social goals with the lonely person. They aim to help individuals make social connections which can be maintained after their support ends, thereby reducing loneliness.

Wider community groups interventions include groups that appeal to a wider range of members, with or without mental health problems. These aim to facilitate better integration into the community, reduce stigma and boost the lonely person's confidence as a member of a wider society which is receptive to them.⁷¹

Rokach's research on coping with loneliness

Everyone has experienced loneliness at some point, and everyone would rather avoid it. Since loneliness is so painful, humans commonly want to prevent it, or, alternatively, once they experience it, find ways to lower the pain it causes and stop feeling alienated, isolated, and in turmoil. Although all people know its pain, the nature of loneliness is a subjective experience, occurring under many conditions with a multitude of causes, results and consequences.⁷²

In my [A.R.] research, I focused was on the qualitative aspects of coping strategies. Meaning what are those strategies that participants indi-

⁷¹ Ibidem: 630.

⁷² A. Rokach, „Theoretical approaches to loneliness: from a univariate to a multidimensional experience“, *Review of Existential Psychology and Psychiatry* 19(2–3) (1988): 225–254; idem, „Antecedents of loneliness: A factorial analysis“, *The Journal of Psychology: Interdisciplinary and Applied* 123, 4 (1989): 369–384; idem, *The psychological journey to and from loneliness: Development, causes, and effects of social and emotional isolation* (Academic Press, 2019); A. Rokach, A. Sha'ked, *Together and lonely*.

cated were effective and helpful. To find out how people feel about the efficacy of their coping strategies, my initial research analyzed responses from more than 600 people drawn from all walks of life. Statistical analyses grouped the multitude of strategies into six distinct factors, or as we will refer to them here, dimensions.

The first dimension identified was *Acceptance and Reflection*, and it included such statements as “I turned loneliness into a time for reflection” or “I came to view being alone as an opportunity to think things through”. These statements focused on using the opportunity of being by one’s self and becoming aware of one’s fears, wishes, and needs as the most salient means of coping with loneliness. This would appear to support Rook’s⁷³ suggestion that an inability to spend time alone may precipitate and/or exacerbate the experience of loneliness.

Maté maintained that “acceptance is simply the willingness to recognize and accept how things are. [...] Acceptance implies a compassionate relationship with oneself”.⁷⁴ The ability to let ourselves evidence what we feel and what we experience is an essential part of this dimension. Should we not allow awareness to guide us, we may mistakenly attribute our pain to other reasons and thus be unable to address the pain and distress of loneliness in a helpful way.

Moustakas and Mayer Gaev⁷⁵ described loneliness as including a feeling of inner void, a detachment from one’s self, and an alienation from one’s core identity. And indeed, the most salient coping strategy to emerge in the studies that I conducted, reflection and acceptance, maintains that the first and most essential step in dealing effectively with loneliness includes having an encounter with one’s self that involves a direct and straightforward facing of one’s loneliness. Accepting that one is lonely, that it is painful, and that it is meaningful, as an alarm to indicate that something is missing in the person’s world. As indicated by our study, such an encounter requires the willingness to experience fear, anger, agony, and/or disillusionment.

A particularly pernicious belief, observed André, is that finding relationships, friends, or partners may cure loneliness. It is, according to André, incorrect, for he believes that “only when we learn to live alone, and even to love alone – when we face our alienation, our vulnerabili-

⁷³ Rook, “Promoting social bonding”.

⁷⁴ Maté, *When the body says no: The cost of hidden stress* (Toronto, Canada: Vintage, 2003), 264.

⁷⁵ C. E. Moustakas, *Loneliness and love* (Englewood Cliffs, NJ: Prentice-Hall, 1972); D. Mayer Gaev, *The psychology of loneliness* (Chicago, IL: Adams, 1976).

ty, our creativity, our uniqueness, our humanity, and our desires – will the problems of finding others and finding community become less urgent”.⁷⁶

Solitude, or welcomed aloneness, can aid in coping effectively with the pain of loneliness. That can be achieved, as solitude may help us stop attempting to deny loneliness, thereby promoting its acceptance as an existential and, at times, unavoidable human condition. Solitude facilitates learning to enjoy our own company and taking the time and space to plan ways to overcome the conditions that precipitated the experience of loneliness.

In order for coping to be successful and beneficial, loneliness has to be accepted as an integral, natural, and common experience of human existence. Loneliness anxiety, which is the unresolved fear of being lonely,⁷⁷ can be harmful to our attempts to cope with loneliness. An example of a typically unsuccessful coping strategy is forming a new relationship before a previous one has been completely terminated and dealt with. This approach usually proves not only unsuccessful but pain-producing as well, for attempting to reengage in a relationship, particularly a romantic one, without having first resolved one’s loneliness anxiety may help to mask pain temporarily, but ultimately, the individual is left quite vulnerable to the very thing he is trying so desperately to avoid – recurrent bouts of loneliness. If, however, the individual does accept loneliness, the fear of its pain no longer reigns as the motivator and driving force for renewing one’s social or romantic connections. Thus, the individual is not desperate for intimate relationships; he does not *have* to be with others but can exert control over his life and become involved with others at will. Choosing, rather than needing to be in a relationship, is a major contributing factor to a person’s independence, which, paradoxically, results in closer and longer unions, and exonerates loneliness to a situational and temporary occurrence.

Self-Development and understanding is the next dimension, and it addresses the increased self-intimacy, renewal, and growth that being actively engaged in receiving professional help and support or being involved in organized focus groups (i.e., Parents without Partners, Alcoholics Anonymous, dating clubs, etc.) can offer. Items that describe this dimension include “I enrolled in personal development seminars” or “I joined a support group”.

⁷⁶ R. André, *Positive solitude: A practical program for mastering loneliness and achieving self-fulfillment* (NY: Harper Collins, 1991), xix.

⁷⁷ Moustakas, *Loneliness and love*.

When an individual decides to seek professional help, a new brand of connection is brought into his or her reality, i.e., a connection with a trained person who can help one feel and function better. Soon, client and therapist in a relationship that includes good rapport are deeply involved in a unique relationship that is geared to help the client deal with his world and unique problems.⁷⁸

Psychotherapy can help the lonely in many ways. First, talking about what bothers us with another person who is non-judgmental is helpful in helping us vent and actually hear what we are experiencing. In therapy, the lonely can share strong, painful emotions without needing to censor themselves or worry about the reactions of the listener, who, in this case, is the therapist. That alone may contribute to a feeling of belonging and a connection with another caring human. The main goal of therapy is to 'jump start' the client's social relationships and aid in social intercourse.

We assert, as humans and as clinicians, that people experience loneliness as a response to the absence of relationships that could provide intimacy, attachment, warmth, and caring. If so, then the *Social Support Network* dimension may address the reestablishment of a support network that provides the means for helping one feel connected to and valued by others. A sample of the items in this dimension includes "I renewed old friendships" or "I corresponded with friends/family more frequently".

Baumeister and Leary⁷⁹ mentioned four criteria for people's meaningful lives: (a) having a sense of purpose, by understanding that present activities contribute to future outcomes; (b) knowing that one has control over the outcomes in one's life; (c) when people's actions have a positive value or are morally justified; and (d) when we achieve a sense of self-worth, feeling that we possess some positive traits and that we are as good as others. Being comfortable with our social support system contributes to our ability to be optimistic and resilient, which, in turn, often elicits warmth and good-will from others and thus helps us develop, maintain, and increase our social network.⁸⁰ Different relationships

⁷⁸ C. R. Rogers, "The necessary and sufficient conditions of therapeutic personality change", *Journal of Consulting Psychology* 2(1) (1957): 95–103; A. Rokach, "Psychotherapy: Close encounters of the intimate kind", *Journal of Contemporary Psychotherapy* 16(2) (1986): 161–182.

⁷⁹ R. F. Baumeister, M. R. Leary, "The need to belong: Desire for interpersonal attachments as a fundamental human motivation", *Psychological Bulletin* 117(3) (1995): 497–529.

⁸⁰ J. T. Cacioppo, W. Patrick, *Loneliness: Human nature and the need for social connection* (New York: W.W. Norton, 2008).

tend to, each, fulfill a different need, and consequently, a variety of relationships are necessary to avoid the distress of loneliness. The items included in this dimension of Rokach's model suggest relational diversity, ranging from increased time spent with people to reestablishing relationships with friends and family members to initiating romantic connections. The lonely, in comparison to the non-lonely, seem to perceive life as stressful, unpredictable, and overwhelming, which results in increased wear and tear of the body, thus increasing one's susceptibility to health problems and illness.

And as Segrin and Passalacqua observed, "many of the risk factors for poor health, such as ineffective health behaviors and exaggerated sensitivity to stress, are more prevalent among people who are lonely in comparison to those who are not".⁸¹ Sociability was associated with greater resistance to developing colds when people were experimentally exposed to a cold virus.⁸² Social support also buffered the effects of the psychological stress of depression. Olds and Schwartz indicated that "framed by networks of kin and friends, participation in activities and hobbies, the enactment of social roles and the nature of social relationships is shaped and modified by experiences along the life course through the dynamic interaction of time and place".⁸³

Distancing and Denial, the fifth dimension of coping, highlights the observation that loneliness and alcoholism, drug abuse, and other behavioral disorders or deviant behaviors seem to be related to loneliness and are found in greater frequency among the lonely.⁸⁴ In Rokach's loneliness model, the items that described this dimension included "I drank alcohol in excess" or "I denied to myself that anything was wrong".

People seem to differ in their readiness to recognize or admit (to themselves and to others) that they are lonely. Feared stigma and loneliness anxiety⁸⁵ may result in attempts to deny the experience either outright or by distancing oneself from the pain, feelings of failure, and even

⁸¹ C. Segrin, S. A. Passalacqua, "Functions of loneliness, social support, health behaviors, and stress in association with poor health", *Health Communication* 25(4) (2010): 313.

⁸² S. Cohen et al., "Sociability and susceptibility to the common cold", *Psychological Science* 14(5) (2003): 389–395.

⁸³ J. Olds, R. S. Schwartz, *The lonely American: Drifting apart in the twenty-first century* (Boston, MA: Beacon Press, 2009), 1.

⁸⁴ Rook, "Promoting social bonding".

⁸⁵ See: Moustakas, *Loneliness and love*.

from others, when all we want is to get closer to them.⁸⁶ Although the need to face and accept loneliness as the initial step of coping with its pain is essential,⁸⁷ it is interesting that participants in Rokach's studies found that such denial, which is not seen as a helpful approach, was beneficial for a limited time. Since the acute pain, upheaval, and agony of loneliness was so disturbing and unsettling, people may shy away from associating with others. Seemingly unexpectedly, it appears that, at least for some, the pain and vulnerability they experienced caused them to maintain some "space" or detachment from people in order to minimize further hurt that might be caused by failed attempts to associate with others.

The *Religion and Faith* dimension which includes such items as "I sought answers to my problems in prayer" or "I felt strengthened and comforted by my faith in God," suggests that individuals need to feel connected to and/or worship a divine entity, God, or Supreme Being. Not only through faith, but by affiliating with religious groups and practicing their faith, individuals gain strength and a sense of community and belonging.

André⁸⁸ observed that ritual is an important source of solace for humans as it provides rewarding connections to the past and the future and anchors the individual to time and space. Religion and faith seem to do just that. In the dawn of the 21st century, it seems that the public, in reaction to the Western capital-oriented culture, are addressing the alienation that our individualistic culture promotes by increasing their attendance in religious services and developing their spirituality. It is also safe to assume that at least some of those attending religious services do so not so much for praying, but simply to be among others and possibly strike friendships.

Azar suggested that religion has survived and thrived for more than 100,000 years, and it can be found in all cultures, with 85% of the world's population reporting that they belong or embrace some sort of religion or religious beliefs. Religion, according to Azar, has been associated with longer and healthier life and he opined that "the use of religion as a social tool may largely explain its staying power and cross-cultural

⁸⁶ K. S. Rook, "Toward a more differentiated view of loneliness", in: S. Duck (Ed.) *Handbook of personal relationships: Theory, research and intervention* (Toronto: John Wiley & Sons, 1988), 571–589.

⁸⁷ A. Rokach, "Surviving and coping with loneliness", *The Journal of Psychology: Interdisciplinary and Applied* 124(1) (1990): 39–54.

⁸⁸ André, *Positive solitude*.

ubiquity".⁸⁹ Pargament and Sweeney defined spirituality as "the continuous journey people take to discover and realize their spirit, that is, their essential selves [...] for as long as people engage in these various means with the intent to enhance their search to discover and realize their essential selves, they are participating in spiritual quest".⁹⁰ It was found that those who attain spiritual growth are better at accepting the reality of a situation which they do not like or which may be painful to them, find meaning in their trauma, are able to develop creative coping strategies, and seem motivated to access their social support network.⁹¹ It was found that spiritual struggles and quests have led to profound personal growth and engagement in positive problem-solving actions.⁹² Research has further demonstrated that spiritual activity is life-prolonging and illness-preventing.⁹³

The distress of loneliness, especially the chronic one, has also been described as "paralyzing hopelessness and unalterable futility".⁹⁴ Such immobilization in response to the pain and anxiety of loneliness is similar to the shock that we may experience following a traumatic event.⁹⁵ Rokach's research has yielded the *Increased Activity* dimension, which appears to counteract the immobilization associated with loneliness. Rather than be immersed in pain, lonely people may actively pursue not only their daily responsibilities but also leisure and fun-filled solitary or group activities as well, as indicated in the following items: "I took up

⁸⁹ B. Azar, "A reason to believe", *Monitor on Psychology* 41, 11 (2010): 55.

⁹⁰ K. I. Pargament, P. J. Sweeney, "Building spiritual fitness in the army: An innovative approach to a vital aspect of human development", *American Psychologist* 66(1) (2011): 58–59.

⁹¹ R. G. Tedeschi, L. G. Calhoun, "Target article: 'posttraumatic growth: Conceptual foundations and empirical evidence'", *Psychological Inquiry* 15(1) (2004): 1–18.

⁹² K. J. Pargament, *Spirituality integrated therapy: Understanding and addressing the sacred* (New York, NY: Guilford Press, 2007); K. J. Pargament et al., "Spiritual struggle: A phenomenon of interest to psychology and religion", in: W. R. Miller, H. Delaney (Eds.), *Judeo-Christian perspectives in psychology: Human nature, motivation, and change* (Washington, DC: American Psychological Association, 2005), 245–268.

⁹³ T. E. Seeman, L. F. Dubin, M. Seeman, "Religiosity/spirituality and health: A critical review of the evidence for biological pathways", *American Psychologist* 58(1) (2003): 53–63.

⁹⁴ F. Fromm-Reichman, "Loneliness", *Psychiatry* 22 (1959): 1–5, in: A. Rokach, "Theoretical approaches to loneliness: from a univariate to a multidimensional experience": 540b.

⁹⁵ Rokach, "Surviving and coping with loneliness".

a new hobby” or “I took up a new sport”, both activities which seem to increase their chance for social contact.

Rokach divided the conception of coping with loneliness into three clusters.⁹⁶ The first, *Acceptance and Resource Development*, included the Reflection and Acceptance, Self-Development and Understanding, and Religion and Faith dimensions, which focused on the person’s increased awareness of his thoughts and feelings, and at times, reflections on his standing in the universe, which may lead the person to connect to a higher power and find the meaning to life and explanation of universal “truths”. During the phase of acceptance and being involved in solitary activities, the lonely person may become involved in self-exploration. Moustakas⁹⁷ opined that as a result of enduring the pain, the lonely emerge stronger, with a clearer understanding of themselves and a renewed commitment to cope with their loneliness. *Building Social Bridges* is the second conceptual cluster which included the *Social Support Network* and the *Increased Activity* dimensions. If the individual follows the preparatory work of looking into himself *and* accepting his loneliness, as well as having improved those skills that are needed in order to increase his chances of creating satisfying social or romantic relationships, it may prove to be quite useful.

Distancing and Denial formed the third conceptual cluster of dealing with loneliness by succumbing to loneliness anxiety and needing to deny it and avoid a full awareness of its pain. Although this approach may successfully block the pain of loneliness in the short run, it probably would not suffice to deal with it on an ongoing basis.

Ways that psychotherapy may help the lonely

Friedman,⁹⁸ following an extensive review of the literature, concluded that many of our problems, for which we seek professional help, are rooted in a failure to satisfy emotional needs. Beck and Malley⁹⁹ commented that a sense of feeling of being disconnected contributes to drug and alcohol abuse, rising violence, depression, and suicide. And despite

⁹⁶ Ibidem.

⁹⁷ C. E. Moustakas, *Loneliness* (Engelwood Cliffs, NJ: Prentice Hall, 1961).

⁹⁸ R. L. Friedman, *Widening the therapeutic lens: Sense of belonging as an integral dimension of the human experience*, retrieved from PsycINFO.

⁹⁹ M. Beck, J. Malley, “A pedagogy of belonging”, *Reclaiming Children and Youth* 7 (1998): 133–137.

all that, psychological theory and practice tend to minimize the importance of the sense of belonging that we all yearn to satisfy. Friedman, consequently, suggested that clinicians have the obligation to explore this issue, and incorporate it in their clinical practice by helping clients fulfill that need. She continued that “achieving insight, transforming attitudes, and changing problematic thoughts and behaviors are important goals in therapy, but cannot replace our need for human connection and belonging. “Viewing sense of belonging as a framework through which to examine a client’s life inherently links the individual with the community that defines and supports her, and invites a dialogue illuminating the fundamental relationship between the two”.¹⁰⁰

Stewart et al.¹⁰¹ reported that a significant percentage of psychologically distressed college students, who mostly complain about anxiety and loneliness, are not receiving adequate mental health services. Stewart et al. also reported that it created a need for innovative and creative approaches to help students. Since in-office counseling may not be sufficient to help the students or not attractive enough for them to attend, they pointed to the benefits of including animal-assisted therapy (AAT), which is gaining momentum on college campuses nationwide.¹⁰² AAT in counseling is defined as the incorporation of specially trained pets as therapeutic agents, or assistants, in the counseling process; and so, counselors utilize the bond that humans form with animals in goal-directed interventions as part of the treatment process.¹⁰³ Research found that AAT may improve the therapeutic alliance between counselor and client.¹⁰⁴ Additionally, it positively impacts the climate in the therapy room and encourages client relaxation.¹⁰⁵

¹⁰⁰ Friedman, *Widening the therapeutic lens*, 77.

¹⁰¹ L. A. Stewart et al., “A pilot study assessing the effectiveness of an animal-assisted outreach program”, *Journal of Creativity in Mental Health* 9 (2014): 332–345.

¹⁰² L. Stewart, C. Chang, A. Jaynes, “Creature comforts”, *Counseling Today* (2013, May 1). Retrieved from <http://ct.counseling.org/2013/05/creature-comforts>.

¹⁰³ C. Chandler, *Animal assisted therapy in counseling* (New York, NY: Taylor & Francis, 2012).

¹⁰⁴ L. Stewart, C. Chang, R. Rice, “Emergent theory and model of practice in animal-assisted therapy in counseling”, *Journal of Creativity in Mental Health* 8 (2013): 329–348.

¹⁰⁵ S. B. Barker et al., “Exploratory study of stress-buffering response patterns from interaction with a therapy dog”, *Anthrozoös* 23(1) (2010): 79–91; K. M. Cole et al., “Animal-assisted therapy in patients hospitalized with heart failure”, *American Journal of Critical Care* 16(6) (2007): 575–585.

Meditation

As Chodron,¹⁰⁶ a Buddhist nun suggested, meditation practice may provide a middle way for reducing one's feelings of loneliness. Creswell et al.¹⁰⁷ concluded that although previous studies suggest a role for mindfulness-based treatments in reducing distress¹⁰⁸ as well as fostering improved relational well-being,¹⁰⁹ Creswell's study was the first to indicate that mindfulness meditation training reduces feelings of loneliness.

The future: Technology and addressing loneliness

Japanese society has a particularly large number of seniors, and consequently, Japan is a world leader in utilizing technology to help seniors in various areas of life, and particularly in dealing with isolation and loneliness. A government program known as 'Moonshot' brings together major industrial, academic, and governmental agencies in order to address future potential issues that society will most likely face. The result, for now, is a designing and production of Robohons and Humanoid, which are human like robots, which are operated by artificial intelligence and can talk, walk, dance, and seemingly even understand their environment. Since many seniors may be sitting at home, isolated and uncommunicative, these robots will be with them, support them, speak with them, and when they do not communicate, the robots, unlike humans, will not become impatient, but will accompany the seniors even in silence. Research on these developments is in its infancy, but the initial results are promising. Let us hope that the rest of the world can benefit from those inventions as well.¹¹⁰

¹⁰⁶ P. Chodron, "Six kinds of loneliness", *Shambhala Sun* (2000), <http://www.shambhalasun.com/index.php?option=content&task=view&id=1833&Itemid=0&limit=1&limitstart=5>.

¹⁰⁷ J. D. Creswell et al., "Mindfulness-based stress reduction training reduces loneliness and pro-inflammatory gene expression in older adults: A small randomized controlled trial", *Brain, Behavior, and Immunity* 26 (2012): 1095–1101.

¹⁰⁸ K. W. Brown et al., "Beyond me: Mindful responses to social threat", in: H. A. Wayment, J. J. Bauer (Eds.): *Transcending self-interest: Psychological explorations of the quiet ego* (American Psychological Association, Washington, DC, 2008), 75–84.

¹⁰⁹ J. W. Carson et al., "Mindfulness-based relationship enhancement", *Behavior Therapy* 35(3) (2004): 471–494; Brown et al., "Beyond me".

¹¹⁰ I. Wolman, "The soul of a robot", *Yediot achronot, Mamon* (2021, Dec. 17): 6–7.

Conclusion

This article reviewed a multitude of ways and means by which humanity attempts to address loneliness and lower its intensity and frequency. However, we cannot close this review of the various attempts to address loneliness without remembering that, just like pain and hunger, loneliness is a person's protector. It is an alarm designed to alert the individual that he or she is getting separated from the group, which, in an extreme situation, may be life-threatening. The pain that this alarm causes us is what motivates us to search for ways to end our loneliness and reconnect with others.¹¹¹ Loneliness cannot be overcome or eliminated.¹¹² Rather than experiencing loneliness anxiety and focusing on our attempts to reduce its pain, loneliness may be viewed as a reminder that our connection to the larger community is lacking and may need to be attended to.¹¹³ As we pointed out at the beginning of this review, it is hoped that it provided not only a theoretical review of loneliness and ways of 'treating' it (though it is *not* an illness that needs to be treated), but also included valuable information for clinicians who see clients struggling with loneliness and seeking relief of their pain. Future research may also examine those who may cause loneliness in others, for example, through their aggressive behavior, bullying, racist, or sexist behavior, and address the reduction of those behaviors.

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¹¹¹ Rokach, *The psychological journey to and from loneliness*.

¹¹² Moustakas, *Loneliness*.

¹¹³ Cacioppo, Hawkey, "Perceived social isolation and cognition".

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Summary

Loneliness has been with us since the beginning of time. Many ask themselves what can they do about loneliness? It is impossible, of course, to eradicate it. It is simply part of being human, just like hunger and physical pain. We can, though, address its pain and possibly lower its frequency in our lives. This article reviews the field of treatment of the pain caused by loneliness and offers ways to reduce its frequency. The appointment of a minister of loneliness in the UK may be a right step in getting loneliness out of the "closet" and at the forefront of public awareness and the state's attempts to address it on a national level.

Keywords: coping, individual, group, theoretical approaches, technology, meditation, religion, solitude