

Loneliness: a new psychopathological dimension?

The concept of loneliness has raised the interest of cultural and scientific community. For instance the existentialist thought considered loneliness as one of the main features of human existence: every single human being "alone", abandoned in the world and forced to experience the consciousness of finitude and the awareness of nothingness. Jean-Paul Sartre, Simone de Beauvoir, Gabriel Marcel, Albert Camus, in their literary production, faced this fundamental theme identifying the core of the concept in the controversial relationship with other subjects undermined by the presumed impossibility of an authentic communication.

With Fromm-Reichmann and Melanie Klein, the concept of loneliness was brought into consideration in the field of psychology and psychoanalysis since it began to be conceptualized as a factor playing a determinant role in psychic dynamics.

The first studies about loneliness mainly focused on its phenomenology and correlates^{1,2}. Later on, a consistent number of attempts directed to the drawing of a precise definition of the concept has been produced. In this direction, some important aspects need to be highlighted³.

Three different concepts may be derived from this complex scenario: social isolation, loneliness and solitude (Fig. 1). Social isolation may be defined as the objective lack of contact between an individual and the society, this may include a concrete detachment from family or friends, and the willful avoidance of any contact with other people despite the arising of such opportunities. Social isolation is related to anxiety, stress and depression⁴. Loneliness has been defined in several ways, firstly as an unpleasant feeling of separateness⁵, alienation⁶ and social disconnectedness following the dissatisfaction of the human need for intimacy⁷. Secondly, Peplau and Perlman (1981)⁸ hypothesized loneliness as the result of the subjective discrepancy between desired and achieved levels of social relations; this attributional approach explained how a person could feel lonely even when among other people. Although related to factors such as marital status, frequency of contact with friends and family, and participation in voluntary organizations, loneliness is not reducible to these social factors or to simply being alone⁹. In some cases, a subject may enjoy being alone experiencing that pleasant state defined by Tillich in 1959 as solitude. A state of solitude is thought to favor the reaching of solitary meditations and experiences of personal growth. Sometimes it may be moreover helpful for a temporary pause from the incessant demands of modern society. According to Tillich solitude expresses the glory of being alone, whereas loneliness expresses the pain of feeling alone¹⁰.

A huge contradiction of our time is the coexistence of a spreading feeling of loneliness and the "hyperconnected condition" in western societies. Even if internet and social networks offer many more possibilities of contacts among people, the feeling of loneliness seems to be higher and higher in our countries. To this regard, the existence of an internet paradox has been suggested: research on this field has shown that internet addiction may cause negative effect on psychological wellbeing such as depression and loneliness. On the contrary it has been argued that loneli-

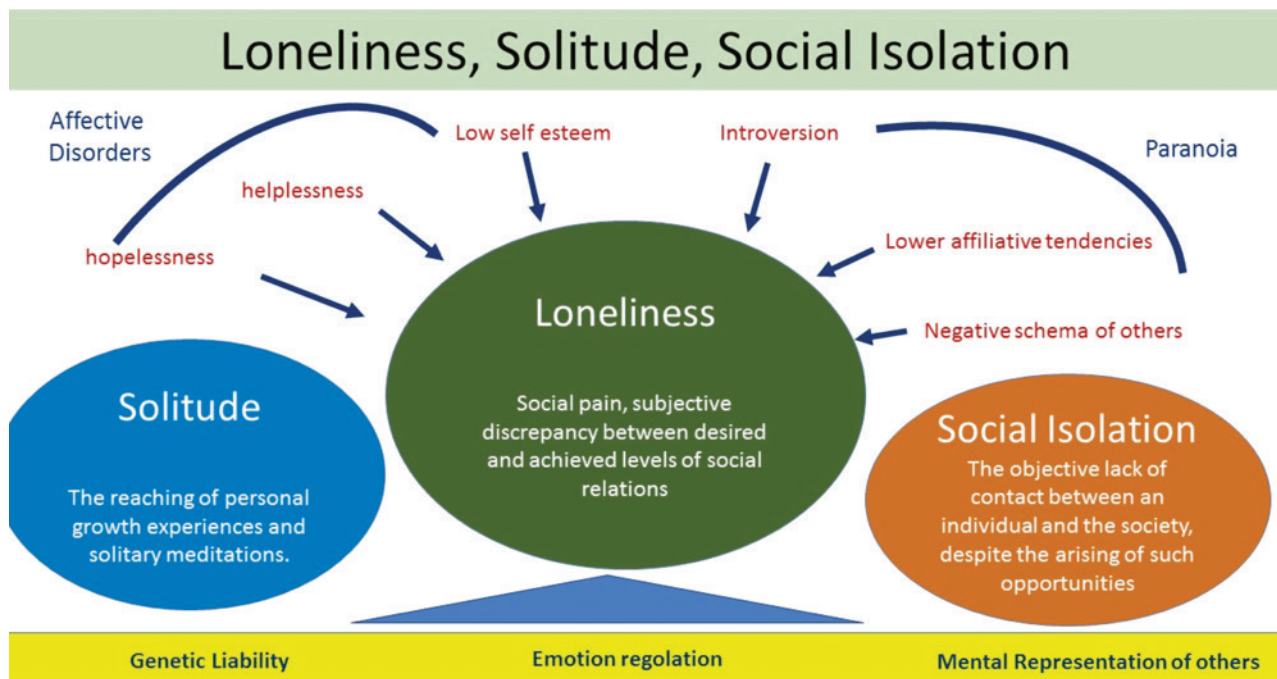


FIGURE 1.

ness and depression may be themselves causal factors of addictive or problematic use of internet¹¹. Lonely and depressed individuals, in fact, may prefer online interaction, perceiving online communication as less risky and easier than face-to-face communication because of its greater anonymity. To this regard, we could hypothesize a bidirectional relationship between internet use and mental health.

There is some agreement on considering loneliness as a risk factor for physical and mental health. Loneliness has been recognized as a risk factor for stroke, obesity, increased vascular resistance, hypertension, premature mortality, sleep disturbances¹².

In addition, loneliness contributes to various mental disorders such as depressive symptomatology, aggressive behaviors, social anxiety, and impulsivity.

In particular, several studies have investigated the relationship between depression and loneliness (Fig. 1). It has been suggested that loneliness and depression are correlated but clearly different constructs, although both probably share some common origins¹³. Similarly, Cacioppo & Patrick¹⁴ hypothesized a fundamental difference between loneliness and depressive dimension. The first being associated to a social pain, following the lack of desired close relationships, and represented by a real, concrete motivational drive, similar to hunger or sleepiness. On the contrary, depression is a pervasive feeling of sadness, hopelessness and helplessness,

or dejection. To sum up, as Cacioppo & Patrick (2008) pointed out: "loneliness reflects how you feel about your relationships. Depression reflects how you feel, period"¹⁵. Obviously, there are some data on the reciprocal interplay between loneliness and depression, with the consequences of each increasing the other. Also loneliness and paranoia are related, even if their relationship is still not clear (Fig. 1). Recently, a review has hypothesized a social-cognitive model in which loneliness contributes to the lack of interpersonal trust. In particular, according to the authors, the association between loneliness and paranoia is mediated by negative schema of others and a low perceived social support¹⁶. In conclusion, we propose the idea that loneliness represents an often underestimated new psychopathological dimension whose clinical core and boundaries need further investigations. However, although still inconclusive, literature has shown that clinicians should pay attention to this aspect in order to improve the clinical evaluation of the patients and eventually to set up prevention strategies.

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