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The Effects of Community on Wellness: An Exploration of Utilizing Community to Address
Loneliness

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JAMES MADISON UNIVERSITY

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Abstract

The subjective experience of loneliness is a growing public health concern that is deserving of the attention of mental health professionals. This project offers a review of current literature necessary for conceptualizing and understanding loneliness, and provides evidence for the positive impact of finding community in fostering acceptance and sense of belonging for lonely individuals. Research on possible responses to loneliness are explored, as are cultural influences and the implications of connection through the use of technology. Finally, the responsibility of mental health practitioners in addressing loneliness is examined, and suggestions for prevention, advocacy, and treatment are discussed.

Chapter One

Humans have been community oriented for thousands of years, relying on others in their clan, tribe, or family for everything from their most basic needs such as food collection, to complex needs such as companionship and sense of belonging. There is evidence of the use of symbols depicting social groups interacting as far back as 50,000 years ago, indicating that even ancient groups of people valued the act of coming together in community (Bettinger et al., 1996). For much of human evolution individuals would have been limited to interactions with approximately two hundred people over their lifespan, and on average a person would never encounter a true stranger (Nicholson, 1997). Within these communities individuals had many common characteristics that brought them together, such as location, language, ethnicity, and spiritual beliefs. It can be theorized that these communal aspects served to create an environment where the people felt understood and validated in their beliefs and actions. It stands to reason that this deeply ingrained sense of community and need for acceptance has continued to be an influential component of existence in the modern world and affects how we seek out and form relationships. Much like our human ancestors, people today strive for connection with others who share common goals, interests, and values. However, when this need for community is not met, the result can be feelings of loneliness and isolation.

In a survey of more than 20,000 American adults ages 18 and older, the insurance company Cigna found that 46% of people reported sometimes or always feeling alone and 47% reported sometimes or always feeling left out (Cigna, 2018). In conjunction, 27% of people said they rarely or never feel as though there are people who understand them, and 20% reported that they rarely or never feel close to other people. These are sobering statistics that illuminate the widespread prevalence of loneliness across the United States. From a clinical perspective, the

mental health implications of this study are profound. Research into the effects of loneliness has shown a positive correlation of loneliness to increased depression, anxiety, perceived stress, and cognitive complaints. Also, people who are lonelier have been shown to have lower resilience, optimism, and mental well-being (Lee et al., 2018). Thus, the high rates of loneliness currently being observed in America suggest that people's mental health needs are being negatively impacted. There is clearly a relationship between feelings of loneliness and mental health problems, however, this begs the question: how do professionals conceptualize and attend to this issue? This paper addresses this question and expands upon interventions clinicians may find useful.

When considering the concept of loneliness it is important to stress that feeling lonely is not the same thing as social isolation, although they may often be related. Loneliness is a subjective emotion and can affect people who may be perceived as having an abundance of community support. In a loneliness assessment measure created by De Jong Gierveld and Van Tilburg (2006), loneliness is defined as, "an indicator of social well-being [which] pertains to the feeling of missing an intimate relationship (emotional loneliness) or missing a wider social network (social loneliness)" (p. 582). When feelings of emotional and/or social loneliness arise, there is the potential for three resulting paths. First, an individual may seek relationship or social network in a positive way, such as joining a club, sports team, or political organization, which results in the person feeling accepted and understood. A second path would entail a person finding relationship or social network in a negative way, such as joining an extremist group, a gang, or a terrorist organization, which also serves to provide a sense of belonging; however, the consequences of these types of communities are damaging. The third path for an individual experiencing feelings of loneliness is non-action, which perpetuates their experience of isolation,

resulting in the potential for risk of harm to self and to others. Although each path offers varying degrees and forms of relationship, a commonality between all three is the longing for a community that provides connection in a way that offers acceptance, understanding, and validation.

As mental health professionals, it is essential to recognize this deep-seeded need for connection and to respond in ways that are congruent to supporting this desire. Research has shown that the therapeutic alliance is the single most important factor when considering a client's success in therapy (Lambert & Barley, 2001), which supports the idea that forming relationship and connection with others is an essential component of wellness in humans. Although the therapeutic relationship is vital and can serve to provide the client with much needed connection, this relationship does not expand outside of a clinical setting. It can be postulated that lonely individuals, while benefiting from the alliance experienced in counseling, additionally could benefit from interventions that foster a sense of community in a way that the therapeutic relationship alone cannot provide.

Such interventions could include traditional group therapy, which has been shown to be especially effective when the groups have a shared identity and a common purpose, promoting cohesion that is associated with decreases in symptomology and improvement in interpersonal functioning (Burlingame et al., 2011). In conjunction, informal groups like *Walk 'n' Talk for your Life* offers an opportunity for lonely, older individuals to gather and connect with others as they discuss their experiences in a way that has been shown to motivate socialization, reduce loneliness, and offer a sense of belonging that participants previously felt was lacking in their life (Hwang et al., 2019). Many different types of groups and communities offer therapeutic

properties, but they share a desire to offer opportunities for people to make meaningful, reciprocal connections with others in a space that promotes healthy connectedness.

It has been well established that feelings of loneliness and social isolation are correlated with the development of distress and are harmful to recovery (Hawkley & Cacioppo, 2010). Therefore, mental health professionals have an ethical obligation to provide competent care to clients in a manner that addresses the subjective experience of loneliness. Offering community-based interventions may only be one way by which to intervene, however, utilizing an interpersonal group to support the client's need for relationship can serve to be profoundly therapeutic.

Implications and Contributing Factors of Loneliness

The epidemic of loneliness has been on the rise for many years, however it has only recently been identified as a growing public health risk. According to the former United States Surgeon General, Vivek Murthy, loneliness can reduce an individual's life span at rates similar to that of someone smoking 15 cigarettes a day, and greater than that due to obesity (McGregor, 2017). Research has shown that loneliness is linked to specific negative health outcomes including: early mortality risk, cardiovascular mortality, increased blood pressure and risk of incident coronary heart disease and stroke, accelerated ageing, increased risk of incident dementia and cognitive decline, increased health care service utilization, and increased risk of depression and suicidality (Power et al., 2018).

When considering the concerning connection between loneliness and these health risks it is also important to understand the prevalence of loneliness. According to McPherson et al. (2006) in a survey of approximately 1500 Americans, 10% of responders surveyed in 1985

reported having no one to discuss important matters with, compared with 24% of responders in 2004 answering the same question. More recently, the prevalence of loneliness in the United States is reported to be as high as 57% of the population (Lee et al., 2018). While it can be assumed that many factors have contributed to the escalation of subjective feelings of loneliness, it can also be concluded from the research that individuals feel less connected to others than they were in years past and that this is ultimately impacting the physical, mental, and emotional health of the general population.

To better conceptualize loneliness, the ways in which people respond to it, and the most effectual forms of interventions, theories for why loneliness arises must first be understood. Some of these factors include innate aspects about an individual, such as personality and biology, however some are external, situational factors, like culture or income. When considering each of these theories it is important to remember that no one theory or rationale is sufficient in perfectly explaining someone's subjective experience of loneliness. However, through a greater understanding of some of the ways in which loneliness may occur, clinicians can be better prepared to assist a client experiencing loneliness as well as be informed about what factors may cause clients to be more vulnerable to this experience.

Personality

Across literature, personality is described as influencing and generating feelings of loneliness, particularly pessimism about others, shyness and self-consciousness, introversion, poor social skills, high standards of others, deficits in emotional regulation and self-disclosure, and high neuroticism (Power et al., 2018). Zysberg (2015) even goes as far as to suggest that a "lonely personality" may exist, shown specifically through high levels of neuroticism and low

levels of extroversion based on the five factor model of personality. When conceptualizing the personality factors that may impact the development of lonely feelings, clinicians can be aware of these aspects of susceptibility in clients and thus be able to help address “roadblocks” that can stop them from experiencing connection, acceptance, and community with others.

Cognitions and the Brain

Additionally, cognitive factors may also influence and determine levels of loneliness. Cognitions connected to loneliness include: self-blame, hyper-vigilance for social threats, perceived discrepancies about the self, negative evaluations of self and others, tendency to avoid taking social risk, and insufficient mental scripts for coping with stress (Power et al., 2018). When considering these aspects of cognitions that play a role in loneliness, central themes such as feeling inadequate and fear of being rejected can be identified. It can be supposed that individuals experiencing these cognitions often get caught in maladaptive patterns of thinking and could benefit from corrective emotional experiences that offer social support, validation, and acceptance in ways they have not previously experienced. Unfortunately, as explored later, when the offering of community comes in the form of extremist groups, gangs, etc., these individuals are vulnerable to negative sides of community.

In conjunction, research from Cristofori et al. (2019) has found that certain regions of the brain are linked to the subjective experience of social isolation and exclusion. In a study of 167 participants, 132 with penetrating traumatic brain injuries and 35 healthy controls, the researchers examined the effects of having lesions on various areas of the brain. Individuals with lesions on the right anterior insula and the right prefrontal cortex were less likely to report experiencing loneliness compared to their healthy counterparts and people with lesions on the

posterior cortex. Therefore, this research suggests that lesions on these regions inhibit processing of social pain and serve to decrease a person's experience of loneliness. These findings provide additional contextualization to the underpinnings of loneliness and the multifaceted ways in which internal and external factors play a role in an individual's feelings of social disconnectedness.

Situational Factors

Situational factors are also important to consider when conceptualizing the development of loneliness. Factors such as: illness, low educational attainment, low income, incarceration, rural living, and physical, cognitive and sensory disability are important considerations (Power et al., 2018). These conditional aspects have all been linked to increased levels of loneliness and create strain on an individual's ability to form and maintain meaningful connections with others. It is important to consider that these unique barriers may impact clients in ways that are not completely within their control. Offering a strength-based approach when working with clients who experience these factors may be beneficial in promoting their abilities to overcome these barriers and engage in positive community.

Cultural and Societal Factors

Likewise, cultural and societal factors can influence loneliness in individuals on a broader scale. In considering and comparing individualistic versus collectivist societies, there is a stark difference in the conceptualization of the significance of community and what it means to create relationship. Characteristically, in individualistic societies people are implicitly and explicitly encouraged to be self-reliant, autonomous, and to promote the well-being of the self over that of the collective. Some researchers have supposed that this emphasis on the individual

over the group may lead people in this type of culture to be more prone to loneliness due to the discouragement in the society to rely and depend upon others (Sønderby & Wagoner, 2013). In contrast, it has also been theorized that collectivist cultures experience greater loneliness. This is suggested because in societies that value strong interpersonal connection and reliance, the experience of falling short, or not having community in the way that is expected in the culture can be especially painful and shameful, inciting feelings of loneliness (Lykes & Kimmelmeier, 2014). While both theories provide insight into the unique ways that individualistic and collectivist societies value, create, and experience community, it is clear that culture plays a role in shaping the expectations and evaluation of forming relationships. Different cultures may experience varying forms of loneliness, however, in every culture investigated by researchers, loneliness has been reported (Perlman, 2004), leading to the assumption that the experience of loneliness is a universal, human concern.

When considering the protective factors or buffers that individualist and collectivist cultures offer it may be important to examine the role that autonomy and personal choice play in forming relationships. In individualistic cultures personal choice is highly valued and encouraged, thus relationships that offer the utilization of this free will are perceived as more valuable and fulfilling. Thusly, friendships, as opposed to family, where personal choice is central, can provide a better buffer against loneliness by accentuating the autonomous values characteristic of individualistic societies. In comparison, collectivistic cultures that value being embedded in a mutually caring community over personal choice would offer greater protection from loneliness through strong familial relationships (Lyke & Kimmelmeier, 2014) where the factor of autonomy is less valued.

As the role of culture is considered in the conceptualization of the experience of loneliness, it is essential to note that understanding an individual's culture, as well as their *relationship* to that culture, is needed to appropriately and effectively offer individualized intervention. Heu et al. (2019) examined the relationship between an individual's ideal sense of community and the reality of the cultural expectation of community. The researchers studied five European nations: Austria, Italy, Portugal, Netherlands, and Sweden, defining each as either more prominently individualistic or collectivist in nature. In contrast to previous studies (Lykes & Kimmelmeier, 2014), their research showed that people who described themselves as living in a collectivist culture experienced lower levels of loneliness. However, the researchers acknowledge, and it is important to note, that there is continued disagreement as to which type of culture is more prone to loneliness, meaning no conclusive statement can be made. That being said, Heu et al. (2019) reasoned that higher levels of ideal-actual discrepancies may be a risk for loneliness in collectivism, while lower actual social embeddedness may be a risk for loneliness in individualism. To summarize through the lens of community, individuals in individualistic culture may be at a higher risk for loneliness if they do not experience connection to community, while individuals in collectivist culture may have a higher risk for loneliness if their ideal level of community interaction is vastly different from their actual experience of community.

As has been explored, a multitude of factors can contribute to feelings of loneliness, isolation, and lack of connection. From external circumstances outside of one's control to the subjective inner world of an individual, loneliness proves to be a multifaceted experience influenced by a variety of aspects. This however begs the question as to how a person may deal with their loneliness and the implications of those resulting paths. Further exploration,

discussion, and research follow to continue this examination into how the utilization of community may prove to be a resource in combating loneliness.

Chapter Two

The experience of loneliness has been compared to that of hunger, thirst, and physical pain, in that it is a signal that motivates a person to avoid adverse outcomes; in this case to avoid the pain and repercussions of not having connection and a sense of belonging (Masi et al., 2011). In conjunction, it has been shown that when people endure social isolation, it affects neural activity in regions of the brain associated with physical suffering in the same way physical pain does (Lobel & Akil, 2018). As aforementioned, the way an individual responds to their loneliness is encompassed by three subsequent directions: remaining in a state of isolation and distress, seeking acceptance and belonging in harmful communities, or resolving the desire for connection by finding community in positive ways that foster healthy relationships and sense of belonging.

The occurrence of isolation can have devastating effects for an individual. Objective social isolation, meaning having little social contact with other people, has been linked to increased all-cause mortality rate, poor physical health outcomes, worse psychotic symptoms, and higher risk of dementia. Social isolation has also been found to correspond to lower quality of life, depression, and both suicidal ideation and attempt (Borhneimer et al., 2019). These troubling associations between isolation and adverse effects on wellness should create alarm for the clinical community. As noted, loneliness is increasingly being conceptualized as a public health risk and is rapidly being acknowledged as an urgent concern to the wellbeing of the population. Conversely, considering why social connectedness is important, when social support

is perceived as being sufficient there are greater associations with higher functioning, better personal recovery, less severe psychiatric symptoms, increased self-esteem and empowerment, and overall improved quality of life (Borhneimer et al., 2019). When serving individuals who express lacking in their social connectedness, clinicians can be aware of the positive impact that a satisfactory sense of community, belonging, and acceptance can offer, and seek to provide the individuals with appropriate resources and support to foster connection.

Solitary Confinement

An extreme version of social isolation and loneliness can be exhibited through the example of solitary confinement; a severe, and involuntary experience of seclusion. Hagan et al. (2018) found that even when individuals with prior PTSD diagnoses were excluded, PTSD was significantly more prominent among inmates who spent time in solitary confinement (36%) compared to those who did not (8%). In conjunction, analysis shows that PTSD diagnoses were not dependent on the amount of time spent in solitary confinement, and that there was no significant association between PTSD symptoms and time spent in solitary confinement. Suggesting that it is not the duration of the seclusion, but the fact that a person endures this isolation at all.

Solitary confinement, while an extreme example, speaks to how psychologically decompensating solitude can be for a person. Furthermore, individuals in solitary confinement are more likely to complete suicide and/or show psychiatric symptoms, however they are less likely to receive the mental health services they need due to their incarcerated status (Lee & Prabhu, 2015). Confusion, anxiety, hallucinations, and psychotic behaviors are only a few of the potentially lasting psychological shifts that can occur due to physical, sensory, and mental

deprivations (Lee & Prabhu, 2015). Additionally, a study looking at incarceration in New York found that people who were subjected to solitary confinement, while only 7.3% of their sample of incarcerated individuals, comprised over half of the people who were reported as having self-harmed and just below half of high lethality types of self-harm (Glowa-Kollisch et al., 2016). These statistics and correlations serve to highlight the egregious and damaging effects that solitary confinement, an extreme form of isolation, has on human functioning. At the forefront this raises red flags regarding the ethics of solitary confinement as a practice, however, it also speaks to the experience of seclusion as a whole, and the psychological distress associated with isolation.

Loneliness and Virtual Connectedness

Previously, thirty years ago, when someone felt lonely their options were to remain isolated, or to go out into the world and form connection with the people they met. Today, an additional intermediary option exists: meeting people online. This comes in many forms, such as social media sites like Facebook and Instagram, multiplayer online role-playing games (MPORPGs), dating apps, and video sharing sites like YouTube, to name a few. With the rise in popularity and access to meeting people online, the resulting shift in how people form community raises questions regarding the effects of this type of connection, the sustainability and helpfulness of virtual community, and how it may ultimately affect the individual and society as a whole.

Often when people turn to the use of virtual communities they are seeking the possibility of companionship, acceptance, and belonging that they are not receiving to a satisfactory level in the physical world. It has been suggested that lonely people are more drawn to this type of

interaction due to the ways that social interaction is altered online. Specifically, virtual connection can provide anonymity, ability to craft an enhanced persona or presence, the option to choose with whom and when to communicate, and the removal of social cues (Bhagat et al., 2019). In conjunction, it also facilitates self-disclosure and intimacy that an individual may not feel comfortable expressing in person. When an individual is unable to meet their need for belonging and social connectedness through face-to-face encounters, the loneliness that is experienced serves as motivation to find an alternative source of community, leading to the utilization of virtual connection. If a person who is lonely perceives themselves as incompetent, or lacking in their social ability in some way, the internet may feel like a safer environment to portray themselves and seek connection in a controlled way.

While this can certainly be a resource to connect individuals who would otherwise feel isolated, disconnected, or lonely, virtual community can also disinhibit a person's ability to form connection in person. In a study that examined social interaction and interpersonal incompetence among people addicted to digital games, Bhagat et al. (2019) assert that once individuals have their psychological needs met through online communities, it reinforces their desire to have an active virtual presence, and reduces their need and desire to look for fulfillment outside of their virtual community. In the words of French researcher Gori (2018), the internet and social media "connect us by isolating us" (p. 165). Although it is beneficial to experience acceptance, community, and a sense of belonging, relying on the use of virtual connection comes at a price. For individuals who struggle to form connection through face-to-face encounters, the internet may be a safe haven, however, in the long run social skills are not being improved due to the lack of social cues online and the spontaneity and unpredictable nature experienced only through in person interactions. Virtual connection is most definitely a resource to be utilized to foster

connection and provide people who would otherwise be isolated with an opportunity to engage in community. Simultaneously, it is important to keep in mind that virtual connectedness is best used as a supplement, not a substitute, for forming connection

Finding Community in All the Wrong Places

As has been explored, when an individual experiences loneliness they may further isolate themselves, resulting in devastating psychological repercussions. Additionally, people may turn to the internet to meet their need for connection, seeking refuge in online communities that offer them an opportunity to be accepted, without the pressures typically associated with in-person conversation. While certainly a tool to foster bonds of connection, malevolent organizations, such as extremist groups, gangs, and cults, use technology to prey on individuals who feel isolated, rejected, or misunderstood. Through the act of “love bombing,” members of these types of groups will use excessive flattery, attention, and praise to entice individuals to join their organization. Margaret Singer (1996), a psychologist and expert in cults, writes in her book *Cults in Our Midst* that love bombing is the, “offer of instant companionship - a deceptive ploy accounting for many successful recruitment drives” (p. 114). For an individual who is experiencing loneliness, the idea of “instant companionship” can be incredibly potent and enticing.

Much like with cults, extremist groups, most notably ISIS, use technology and social media platforms to press their messages and reach unwitting recruits. ISIS has been known to specifically prey upon adolescents and young adults, many of whom are in a developmental phase of contemplating their sense of self, feel misunderstood, and/or are isolated and seeking refuge in their online presence. Greenberg (2016) describes these individuals as “loners,”

implying their experience of lacking community and dissatisfaction within their interpersonal connections, ultimately leaving them vulnerable to recruitment in these types of organizations that promise a sense of purpose and belonging. In conjunction, Dr. Houda Abadi (2015) encourages Muslim leaders to reach out to individuals of the Islamic faith in their community, specifically isolated and disenfranchised youth, to form connection, promote community based activities, and offer safe spaces, all with the intention of fostering a greater sense of inclusion and belonging.

This call to action by Dr. Abadi serves to illustrate the instrumental nature of engaging in a community that provides support, acceptance, and empowerment to its members, and highlights that when these needs are not met in a healthy environment, people are driven to find alternative means. One previous ISIS recruit wrote, after receiving excessive messages, attention, and affection from a recruiter, “I have brothers and sisters now. I am crying” (Greenberg, 2016). This reflects a longing for connection so deep that these individuals, often teenagers and young adults, are flocking to terrorist organizations to have their needs met. This should cause as much alarm as it does a desire for a solution; one that points towards providing and supporting individuals in their desire to be accepted and form meaningful relationship with others.

Another damaging way in which people seek community is through gang involvement. According to the National Gang Center (n.d.), as of 2012 there are approximately 850,000 known gang members in the United States. The members are predominantly of Latinx origin (46.2%), followed by African Americans (35.3%) Whites (11.5%), and individuals of other races (7%). Additionally, 35% of this population are younger than 18 years old. In interviews with youth who have been involved in a gang, many report that they experienced pressure from

friends and were motivated to join by their desire for companionship and a sense of belonging (Garduno & Brancale, 2017).

While many risk factors contribute to the likelihood of someone's involvement in a gang, poor family relationships and dysfunctional dynamics are often influences (Young et al., 2014). As can be seen from the data, Latinx populations make up the largest percentage of gang members, and as acknowledged previously, collectivist societies often place greater emphasis on the family unit, thus there seems to be a connection between Latinx youth who feel disconnected from their family, and their likelihood of joining a gang to resolve their loneliness.

In a study about Hispanic youth gang involvement in Maryland, researchers found individuals had 24% higher odds of being in a gang if they experienced high levels of depression, and a 207% higher likelihood if they were approached by a gang member to join. Jointly, if a person had a sibling in a gang they had 392% higher odds of joining compared to those without sibling involvement (Garduno & Brancale, 2017). As demonstrated through these statistics, racial minority groups, high levels of depressed mood, and being pursued for recruitment are all factors that correlate with gang involvement. Much like the individuals who find themselves drawn to a cult or an extremist group, people who gravitate towards gang involvement are seeking connection, acceptance, and purpose. In conjunction, while recruiters of these detrimental communities may use these associations to prey upon those they could target, mental health professionals should take this as an opportunity to appropriately aid the groups and individuals who might be more vulnerable to recruitment.

Clearly many others risk factors apart from loneliness can contribute to an individual's susceptibility and motivation to join cults, extremist groups, gangs, and other harmful sources of

community. However, when considering the protective factors for these types of groups, meaningful connection is often cited. In regard to gangs, peer support, positive social connections, and family support are protective factors (Youth.Gov, n.d.). Similarly, social support and cohesion are linked to protective factors for involvement in extremist groups (Bhui et al., 2012), and the support of family and friends is noted as a protective factor for cult membership (Rousselet et al., 2017). In summation, it appears that having a sense of connection and belonging, whether within a family or peer group, and the utilization of community can serve as a protective measure to keep individuals from feeling drawn to malevolent groups out of their intense desire to be accepted and known.

For some, feelings of loneliness may be transient and serve to motivate individuals to seek the community and connection that they are craving. However, when the experience of loneliness develops into a chronic emotion, it becomes counterproductive by fostering low self-worth, low levels of trust, and a belief in external loci of control. Ultimately, these views can trap people into believing that their needs will never be met, therefore reasoning there is no purpose in striving for connection (Qualter et al., 2015). When working with clients, clinicians will most likely encounter individuals across the spectrum of intensity and duration of loneliness. For this reason, it is important to both consider best practices for serving people who have experienced chronic loneliness and the ways in which prevention measures can be implemented in mental health practices.

Chapter Three

Some people seemingly find and engage in community effortlessly, yet for many others this is not the case. Therefore, when individuals seeking mental health services report a longing

for increased connection and acceptance in their lives clinicians have an opportunity to facilitate those desires through the use of community. As mental health professionals consider treatment options for their clients, it is important to consult empirically founded research. However, one disadvantage to addressing loneliness with evidence based interventions is the variation in defining the construct of loneliness. This discrepancy is clearly demonstrated by the differing rates of reported prevalence of loneliness in the United States, ranging from 17% to 57% (Lee et al., 2018). Both the varying definitions of loneliness and the resulting different means of measurement can make it difficult to find, test, and adequately facilitate empirical interventions. Due to this lack of consensus, researchers and practitioners approach loneliness with various perspectives, resulting in a lack of a “best practice.” That being said, this is a growing area of research, and while more research needs to be done, there is increasingly more evidence for the benefits of certain types of intervention, as will be explored going forward.

Clinical Interventions

When considering interventions for individuals experiencing loneliness, researchers Masi et al. (2011) conducted a meta-analysis study that divided the types of interventions into four separate categories. These consisted of: a) enhancing social support, b) addressing maladaptive cognitions, c) providing opportunities for social interaction, and d) improving social skills. They found that the most effective intervention was identifying and adjusting maladaptive cognitions related to social situations. It is supposed that this approach of cognitive behavioral therapy is effective in that it helps lonely clients become more self-aware of their thoughts about social rejection or fear of isolation in a way that encourages them to replace those thoughts with more realistic and hopeful ways of thinking. Cacioppo et al. (2015) argues that CBT practices such as

identifying automatic negative thoughts and the use of behavioral experiments work to reduce loneliness by reducing the perceived changes that come with the feeling of loneliness.

Similarly, researchers Käll et al. (2020) found that when participants in a study engaged in an internet-based CBT program aimed at decreasing the influence of maladaptive social cognitions they experienced a significant reduction in their loneliness and a significant increase in their quality of life. These findings are noteworthy both for their demonstration of the effectiveness of CBT in treating loneliness, as well as in highlighting the potential for internet based therapy in addressing feelings of isolation. The structured and often formulaic nature of CBT makes it easier for this type of intervention to be utilized over the internet, providing a possible avenue for lonely individuals in under-served or remote areas to receive services for their feelings of loneliness and maladaptive thought patterns.

In a study by Lee et al. (2018), researchers examined the experience of loneliness in participants ranging from 27 to 101 in age. One aspect of their research showed that the construct of wisdom was negatively correlated with loneliness. They defined the components of wisdom as the ability to regulate emotions, self-reflect, be compassionate, tolerate opposing viewpoints, and be decisive. Knowing that these aspects of wisdom are inversely correlated with loneliness provides an opportunity for clinicians to examine the ways they can incorporate and promote growth in these areas with their clients in a way that has potential to decrease feelings of loneliness. While finding ways to support the client in their journey to find community is essential, this study highlights that interventions for loneliness must have a component that fosters an internal shift as well. The connection and sense of belonging that comes from engaging with a group is an important step for individuals experiencing loneliness, however in order for someone to be capable of receiving the benefits of acceptance and community, the

individual must first be open to self-reflection, compassion for themselves and others, and hold the belief that they deserve and are capable of receiving such benefits. This means that often the initial step in providing intervention for a person who experiences loneliness is to address their beliefs and thoughts surrounding rejection, isolation, and their self-worth.

While individualized clinical interventions certainly play a role in the reduction of lonely feelings among clients, McGrath and Reavey (2016) argue that mental health services have progressively become more distant, short, and individualized, calling this approach “helicopter service.” They point out that while these services are well intentioned, they have the potential to cause harm, in that they can serve to compound experiences of isolation and loneliness if the client feels rushed, pushed away, or disconnected from the clinician. In addition, while ideally clients would have endless time and resources to allocate towards professional, individualized mental health services, this is in fact a privilege. In order to best serve clients, clinicians must hold a realistic perspective and work from a place that recognizes that often the needs of the client extend beyond the time and space a clinician can provide. Acknowledging the shortcomings of the ability for clinicians and systemic mental health services to meet the needs of lonely clients is essential in moving towards a solution. It is important that mental health professionals explore and be aware of the additional supports and means of facilitating connection that exist, so that when the client is internally equipped to engage in community clinicians are prepared to offer resources.

Traditionally, group counseling has been utilized as a means of conducting therapy while also facilitating connection between group members. While both the direction and content provided by the mental health clinician is essential, the group itself and the community formed by its members is thought to be of equal value. In other words, as researchers Yalom and Leszcz

(2005) argue, “it is the group that is the agent of change” (p. 120). In conjunction, group cohesion is consistently indicated as one of the largest predictors of outcome in group settings (Kivlighan et al., 2020). When considering what aspects of therapy most influence the cohesion-outcome relationship, Burlingame et al. (2011) found that the relationship was strongest in groups that focused on group process intervention and in groups that fostered more interaction amongst group participants.

This serves to illustrate how the fusing of clinical intervention with community, connection, and a sense of belonging can positively impact therapeutic outcomes among clients. When considering the needs of lonely individuals, group therapy is a valuable option which has the potential to not only provide support and guidance in addressing the person’s presenting concerns, it also encourages connectivity with others who have had similar life experiences. Group therapy provides a unique opportunity for clients to experience vulnerability and connection with others in a setting that offers structure, facilitation, and an open invitation to be authentic. This opportunity to find community in a way that feels safe and encouraging is ideal for someone experiencing loneliness as it sets aside time and space for them to practice engaging in a way that fosters acceptance, a sense of being known, and shared experiences.

Alternative Interventions

Outside of structured, clinical interventions there are a multitude of ways for individuals to decrease their feelings of loneliness. In a study by Tymoszuk et al. (2019) researchers examined loneliness in 3,188 individuals, aged 50 years or older, comparing their loneliness at baseline and again 10 years later. Specifically, they examined how frequency of visits to 1) the cinema, b) art galleries, exhibitions, or museums, and c) the theater, concerts or opera impacted

levels of self-reported loneliness. Results showed that recurrent visits to galleries, exhibitions, museums, the theater, concerts, and opera sustained over the majority of the 10 year period were linked to the lowest levels of loneliness among participants. These visits were also associated with increases in well-being, positive affect, and perceptions of control. Additionally, frequent receptive arts involvement has been shown to correlate with lower odds of depressive symptoms and higher levels of reported happiness, life satisfaction, self-realization, and perceived independence (Fancourt & Tymoszuk, 2019).

From these results it can be inferred that when engaging in these receptive art forms individuals feel a sense of connection and togetherness with the artists/actors, the product of the art form, and/or other individuals partaking in engagement. Simultaneously, these receptive arts foster self-realization, a sense of autonomy, and feelings of happiness. As explored previously, this combination of external connection and community with internal reflection and contentment provides the ideal recipe for addressing feelings of loneliness. Although this study specifically looked at older populations, the utilization of receptive art forms may serve as a resource for lonely individuals of all ages. For clinicians seeking to help clients decrease levels of loneliness, being aware of opportunities to access these types of events could be a pertinent means of intervention.

When considering additional ways to encourage community for individuals experiencing loneliness, research suggests that finding relationships with the people right next door may be a salient option. A survey examining American adults aged 45+ found that 63% of responders who reported not knowing their neighbors reported feeling lonely compare to 25% of people who know most or all of their neighbors (AARP Research, 2018). While 19% reported considering their neighbors their friends, 25% of respondents said they rarely or never spoke to their

neighbors. Of those who had never spoken to their neighbors, 61% of those individuals reported being lonely, compared to 33% of people who had ever spoken to a neighbor. This connection between loneliness and knowing a neighbor serves to illustrate the power of being in community with others. Even when interaction is limited, it can be inferred that some level of relationship is better than none at all.

Another example of finding community in the midst of loneliness is exemplified by the practice of cohousing, defined as an intentional community in which individuals have private residences clustered around shared spaces for things like cooking or recreation. Törnqvist (2019) examined the practice of cohousing in Sweden and found that it provided a unique solution for people from an individualistic society to both meet their needs for connection and community while supporting their values of autonomy and independence. She proposes that communal housing offers a creative compromise for those who are longing for a stronger sense of community and belonging, yet want to maintain their culturally influenced need for solidarity and prioritization of the self. In conjunction, Glass (2020) found that in five separate cohousing communities loneliness was negatively correlated with satisfaction with sense of community. She also found that levels of loneliness (24%) was most similar to the previously mentioned rates of loneliness among those who know their neighbors. This illustrates that while loneliness still exists within these types of communities, the levels are lower compared to when a sense of community is lacking. While this is certainly a new and developing means of finding community, it is important to recognize that this option may not be available to everyone for a wide array of reasons. However, this is a growing type of community, and when appropriate mental health clinicians may want to recommend cohousing to clients experiencing loneliness.

Risk Factors

Having explored some examples of community and their effects on loneliness, it is also important to acknowledge the populations with higher risk for loneliness. Risk factors for loneliness include: having few close relationships, being single (i.e. widowed, divorced, or never married), being a woman, declining physical health, low socioeconomic status (less than \$35,000 per year), living alone, and being in the age ranges of late-20s, mid-50s, and late 80s (Cohen-Mansfield et al., 2016; Lee et al., 2018). In addition, people who suffer with mental health issues are eight times more likely to report being lonely compared to the general population, and individuals with two or three confirmed diagnoses are 20 times more likely to experience loneliness (Ma et al., 2019). In conjunction, age further contributes to loneliness as greater risk factors for loneliness such as physical illness, disability, and loss of relationships are associated with older populations (Lee et al., 2018). Unfortunately, all of these risk factors can contribute to the cycle of perpetual loneliness due to the isolating, stigmatizing, and/or distancing components that each of these characteristics have. Inversely, a study by Niedwiedz et al. (2016) found that consistent social and community based involvement, in addition to frequent contact with family and friends, can protect against loneliness. Furthermore, when comparing individuals from wealthy households to those with low incomes, they found that engagement in social activities served as a buffer against the negative impact that socioeconomic disadvantage plays in increasing loneliness.

Prevention and Advocacy

Alongside considerations for how to address existing loneliness in clients, aspects such as advocacy and prevention of loneliness should be contemplated. As explored above, longing for community and a sense of belonging are shared human desires that impact everyone, regardless of age. For that reason, providing children with examples of healthy connection and exposing

them to communities that foster acceptance is incredibly important in creating a foundation for modeling how to be in and find community with others. This modeling can be done most notably through the family system or at schools, places where children often witness groups of people coming together for companionship and shared goals. Unfortunately, this is easier said than done for a multitude of reasons, including lack of resources, bullying in schools, and dysfunctional family dynamics to name a few. However, whenever possible counselors should seek out ways to aid in educating children about the importance of healthy connection and demonstrate the power of acceptance and sense of belonging. Examples of this could include the utilization of family therapy, providing psychoeducation for parents or other school counselors, or the creation of lesson plans for students about how to find community.

It is known that technology offers a unique form of seeking connection and that often adolescents and teens turn to their smartphones to meet their needs for community. While this is certainly an option and can be used as a tool, research shows that there is a correlation between duration of daily smartphone usage with loneliness, anxiety and nomophobia (fear of being without a mobile phone) among adolescents (Kara et al., 2019). In conjunction, receiving fewer calls via smartphone was associated with higher levels of loneliness, feelings of rejection, insecurity, and lower self-esteem (King et al., 2014). It seems that although smartphones are meant to facilitate connection, they are in fact doing the opposite by exacerbating levels of loneliness and disconnection.

Additionally, the developing brain of an adolescent or teen is especially sensitive to social cues, and as a result they are prone to experience stronger feelings of social rejection and loneliness (Power et al., 2018). For this reason technology, and especially smartphones, should be approached cautiously as a means of connection for adolescents and teens. Clinicians can use

this research as a bridge for communication with parents and teens about the importance of finding community and connection outside of the internet and social media. While limiting smartphone usage and technology can be a daunting task for many, it is clear that less usage is connected with lower levels of loneliness.

Role as Mental Health Professionals

Mental health professionals have an ethical duty to be informed regarding the presenting problems of their clients, and this includes the experience of loneliness. As outlined throughout this paper, loneliness is a global health concern and impacts an astounding amount of the population. Knowing this, clinicians should be well informed about the mental, physical, and emotional repercussions of loneliness and isolation, and be prepared to act accordingly to the severity and frequency of these subjective feelings. When possible, acting preventatively is the best approach. This could look like assessing a client's level of loneliness if they qualify as at risk as defined by the risk factors above, being attuned to the language that a client uses when describing their connection with others, or proactively assisting a client in finding community in a way that offers acceptance and a sense of belonging.

Additionally, mental health practitioners should be prepared to utilize resources and interventions, both formal and otherwise, to aid lonely clients in addressing their experiences of loneliness and disconnection. It is important to note that clinicians should be sensitive to the privilege of accessibility for some resources and interventions, being sure to accommodate the needs of the client while suggesting realistic opportunities. In conjunction, counselors can be advocates for the accessibility of resources that combat loneliness. For example, offering a group therapy option if this is feasible for the practice, lobbying local receptive art institutions to have

free admission days, creating psychoeducation materials about ways to reduce loneliness, or making lesson plans for students about the importance of connection and ways to find it. Lastly, mental health professional should also seek their own community. In order to best serve clients, clinicians have an obligation to care for themselves, and creating and fostering meaningful relationships and communities is essential for wellbeing. In summation, loneliness is a powerful, subjective emotion that will likely play a role in everyone's life at one stage or another. It can be a devastating feeling of isolation and disconnection, but it also has the ability to motivate movement towards connection. While seeking community is but one possibility for addressing feelings of loneliness, it is important to do so, as finding connection and acceptance fosters wellbeing and is a quintessential part of the human experience.

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