

Loneliness: an epidemic in modern society

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Loneliness is a little discussed concept in today's self-obsessed climate, where it is seen as a negative embarrassing condition. It is unique for every individual, and as such, it is difficult to define. There are other closely related concepts, for example, aloneness and solitude, that further complicate an already complex issue. Loneliness also has various causes and effects that can be one and the same, and so it can be confused with similar but different conditions, for example, depression and self-esteem. But, at the end of the day, if the word loneliness is mentioned in conversation, everybody will understand what it means to them, and how distressing an ordeal it can be. Everyone is lonely to some degree, no matter how much they pretend they are not: it is part of being human. Nursing literature looks at loneliness from a rather basic, superficial perspective, when discussing whether such a traumatic state of being can be solved, but this is not a solution as such. It is such an innate part of the human psyche, that it cannot be solved like a puzzle; it can only be alleviated and made less painful. This can only be achieved by increasing humankind's awareness of this distressing condition that everyone has to endure in some way, shape or form, some time during their lives, about which there is nothing to be embarrassed. If non-lonely individuals could spare a smile or a word for people who might be perceived as being lonely, even if in doing so they selfishly think 'there but for the grace of God go I', such a small gesture might just make their day a little less of an ordeal.

Keywords: loneliness, alienation, social isolation, estrangement, aloneness, solitude, depression, taboo, detachment, self-esteem

*It is human nature; it is inhuman.
It is awareness; it is self-pity.
It is empty; it is fulfilling.
It is pretend; it is real.
It is your whole world; it is no world.
It is unspoken; it does not need to be said.
It is an enigma.
Everyone is.
It is fact.
It is objective; it is subjective.*

*It is all-consuming; it is negligible.
It is laughable; it is pathetic.
It is everything; it is nothing.
It is controversial; it is little discussed.
It is emotive; it is non-feeling.
It is overawing; it is numbing.
It is taboo; it is there.
It is.*

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INTRODUCTION

Loneliness is a very subjective concept, and as such, the approach taken in this piece of work is both qualitative and personal. My interest in loneliness began in 1989 when I moved from student nursing accommodation into a house, and a painfully lonely part of my life started which lasted for approximately 2½ years. I would wholeheartedly agree with Rokach's graphic statement that 'acute loneliness is a terrorising pain, an agonising and frightening experience that leaves a person vulnerable, shaken and often wounded' (Rokach 1990 p. 41).

Loneliness is a pervasive, depressing, debilitating condition that can affect all of one's life. It can make you feel as though you are the only person in the world; as if you do not want to live any more. It can make you feel totally isolated and useless; that your life is without purpose. It can make you look for other things to fill the painful abyss in your life, for example, religion, or alcohol, or both. All in all, it is a very destructive condition, and it can cause a vicious downward spiral, because the more lonely one becomes, the more one is isolated even further from 'normal' society, and without care, one can 'go under'. It is a frightening experience and one that personally I would rather not repeat. Lynch (1977 p. 20) evokes the pain of loneliness by suggesting that:

... even in its milder forms, loneliness hurts. It creates an uncomfortable feeling from which people almost immediately try to escape. The problem is that loneliness can be like a spider's web; if a person struggles to escape, he may become all the more enmeshed, until he becomes so entangled that escape is impossible.

Loneliness is still very taboo, and it is almost an embarrassment to admit that you are or ever have been lonely. As well as being embarrassed by such a negative feeling, people are also scared by it, because of how terrible it can make them feel. Most people will never admit to being lonely for if they have survived such an ordeal, then it is one that they would rather not talk about. Loneliness is arguably far more prevalent in today's society than it has been in previous generations. In writing this paper I feel that I am exorcizing a ghost and breaking a taboo.

A DEFINITION OF LONELINESS

Before defining loneliness, it is worthwhile to look at what loneliness might be from a historical perspective. Bowlby's (1973) work is occasionally referred to by other authors (Weiss 1973, Rokach 1989), and he suggests that it is a proximity promoting mechanism, in that it made our ancestors aware of their growing isolation between themselves and others, and thus of their vulnerability to danger. This is an interesting hypothesis, but it is regrettable that it takes such an intense, destructive emotion to carry out

such a function. It may be that loneliness over the centuries has become on a par with the 'fight, fright or flight' reflex in humans, in that in today's society a proximity promoting mechanism such as loneliness, or a 'fight, fright or flight' reflex, are not as functional to human beings as they once were, and as such, they have actually become destructive, rather than beneficial for the human body.

Some definitions in the literature are detached and methodical, whereas others appear to show that the authors have themselves experienced the pain of loneliness and have 'lived to tell the tale'. It is as though they are trying to share with the reader how they felt, and how distressing and pervasive such an ordeal can be. Rokach states that 'loneliness is as natural and integral a part of being human as are joy, hunger and self-actualisation. Humans are born alone, they experience the terror of loneliness in death, and often much loneliness in-between' (Rokach 1990 p. 39). Since it is a universal phenomenon, it is surprising how difficult it appears to be to define.

Peplau and Perlman's (1982) work suggests that loneliness is the psychological state which results from discrepancies between one's desired and one's actual relationships. This is objective and clinical and does not indicate how painful and all-consuming such a condition can be. According to Younger, 'loneliness is the feeling of being alone in spite of longing for others. The lonely experience a sense of utter aloneness as well as aimlessness and boredom' (Younger 1995 p. 59). This is a powerful, subjective description that does actually evoke how you can feel if you are lonely. Lonely people who read this definition might nod their heads in agreement. It gives an impression of the futility and pointlessness of your existence when you are lonely.

There are not many attempts in the literature to define loneliness. This might be because it can be a nightmare condition; one that most people would never want to repeat again if they had a choice, and as such, this might actually make it difficult to think about what loneliness actually is. People would prefer to forget such a traumatic condition rather than analyse and dissect it. You have to confront that time in your life, and in doing so, hopefully ensure that it will never happen again. Quite often, people do not admit to being lonely, and this can make it difficult to elicit a comprehensive definition. Loneliness, because of its subjective nature, can mean something different for all individuals, but it exists, and as such, we should be able to at least attempt to define it.

Because of its highly subjective, emotive nature, a two-pronged approach to definition is necessary. Unfortunately when defining such emotive concepts, by nature, a definition does make it more objective. We need, however, to make allowances for its subjective element, therefore we also need a subjective description. Both are necessary to give an overall picture of loneliness.

From a methodical, objective, viewpoint, my definition of loneliness would be that it is a discrepancy between a person's social and/or emotional needs/wants, and their social reality. It is, however, easier to be objective about loneliness, because it avoids confronting the pain that such a concept entails. For this reason, a subjective description is far more difficult. I would suggest that loneliness is a condition that describes the distressing, depressing, dehumanizing, detached feelings that a person endures when there is a gaping emptiness in their life due to an unfulfilled social and/or emotional life. This is a more powerful description of loneliness, but even this will not adequately describe how some people feel when they are lonely.

Related concepts

What makes the concept of loneliness even more confusing is the number of closely related concepts. There are certain words that people might hear or read which would evoke images of loneliness, but they might actually have a different meaning. Aloneness is one such closely related concept. Someone alone is obviously by themselves, and therefore they might be lonely, but this might not be the case at all. Loneliness describes somebody who feels that they are by themselves, that they have no choice in the matter, and that they do not want to be in that condition. The term aloneness can indicate that there is an element of choice in wanting to be by yourself, that you might actually prefer it to being with other people. Sears *et al.* (1991 p. 292) and Jacobs (1978 p. 25) mention that there is no direct link between the two concepts: you can be lonely in a crowd, and you can be happy alone, but as a rule, it would be expected that people are more likely to feel lonely when they are by themselves.

A more confusing relationship is that between loneliness and social isolation. Social isolation is almost a compromise concept between loneliness and aloneness, dependent on whether choice is involved. Loneliness indicates no choice, and aloneness indicates that there is an element of choice. Social isolation with choice is aloneness, while social isolation without choice is loneliness. All these concepts can be placed on a continuum, and social isolation's place is between loneliness and aloneness.

Solitude is another concept in the literature closely related to loneliness. Solitude has a more optimistic sense. Rokach (1990) states that solitude can be perceived as refreshing and calming, and can be regarded as respite. He even suggests that it can be very useful in coping with loneliness. He concludes that:

... solitude, unlike loneliness, is often referred to as a positive, pleasant experience that is conducive to replenishing one's energy and resources, and that affords one the time and space to reflect, be creative, or just enjoy rest. (Rokach 1990 p. 42)

Solitude appears to be seen as when people 'take time out' to think about where they stand in the scheme of things. It is when people want to be by themselves for positive reasons, for example to feel closer to nature, or to 'find themselves'. It has the sense of a positive, self-fulfilling concept, when individuals look at themselves and the world through rose-tinted spectacles. Solitude seems to indicate total freedom of choice, and although it is on the same continuum as loneliness, of all the concepts mentioned so far, it is the one that can be most readily differentiated.

A concept rarely mentioned in the literature but important in its relation to loneliness, is that of estrangement. Andersson (1986) brings our attention to estrangement, which gives the impression of being more severe and wretched than loneliness and that a person who is estranged is even further cut off from society, and as such, might find it very difficult to 'get back'.

Another concept very similar to estrangement is alienation. Rokach (1988) refers to self-alienation when he attempts to analyse the loneliness experience, and he suggests that 'self-alienation describes a feeling of inner void, a detachment from oneself, and an alienation from one's core and identity' (Rokach 1988 p. 534). Andersson (1986) suggests a close relationship between estrangement and alienation but gives no indication of the nature of the relationship.

Younger (1995) manages to unravel the confusion between all these inter-related concepts. The concept of particular interest to her is alienation, but she relates it to other concepts previously mentioned. She describes alienation as 'an experience of disconnectedness with oneself; with others; and with one's god, nature or a transcendent realm of being' (Younger 1995 p. 57). She also suggests that people experience their relationships with others on a continuum that may range from alienation on the one hand to a full sense of connectedness on the other. This does not mean that alienation is an absence of connection; it is negative connectedness. This simple approach allows us effectively to place all the concepts into some kind of perspective. Younger provides a comprehensive idea of the relationship between the previously mentioned concepts. She suggests that loneliness is one step along the continuum from alienation to connectedness, and she differentiates alienation from loneliness in that the latter lacks the antipathy of the former. Younger also places existential loneliness on the continuum; part of life for everyone, when people are aware of being alone in this world, and of their own mortality, and following this is solitude. Finally, at the 'positive' end of the continuum and not referred to by any other author, is connectedness, which Younger describes as a 'sense of being in touch with the eternal, or recognising unity between self and others, or being part of something that is greater than ourselves. It is being at one with timelessness, self and others' (Younger 1995 p. 60).

Although Younger's work is to be admired, there are drawbacks. She omits the concepts of social isolation and aloneness, referring to them as objective states, but I would suggest that they are included on such a continuum. They can be perceived as neutral but they still have a subjective perspective, dependent on who is experiencing them. Younger includes existential loneliness as a separate entity on the continuum, but this would appear to be a particular type of loneliness. Younger does not include the concept of estrangement although she does suggest that 'alienation is an estrangement from others in spite of longing for connection' (Younger 1995 p. 58). This would suggest that there is no differentiation between estrangement and alienation, and as such they can be included as being one and the same.

Figure 1 illustrates this possible continuum together with the importance of the concept of choice and how the concepts are perceived by society (a negative-positive continuum). In Figure 1 I have attempted to illustrate the relationship between the concepts, including other factors that can be regarded as important. Loneliness is a very difficult concept even without taking into account all the other closely related concepts. This continuum is an attempt to simplify the relationship between them.

Causes, effects and associated factors in the general population

This is a complex area. The cause and effect of loneliness can be one and the same, for example, depression can be both an initiating factor, and it can also be a consequence. There are more obvious situations such as in bereavement that cause loneliness but are not an effect. There are various consequences of loneliness such as suicide, or a complete change of lifestyle, that cannot possibly be causes. However, many causes can just as easily be effects, and it can be very difficult to decide which came first; loneliness or the associated factor. The topics related to loneliness can be categorised as being related to a lonely person's situation or their character; that is situational and characterological causes and consequences.

Situational causes and effects

The situational causes of loneliness most frequently referred to are those that involve disruption in relationships and friendships with other people; as Rokach (1990 p. 379) suggests 'loss in general, not necessarily through death, was seen as the most common cause of loneliness'. The most extreme form of loss is bereavement (Lopata 1969, Lynch 1997, Creecy *et al.* 1985, Rodgers 1989, Rokach 1989, Acorn & Bampton 1992, Holmen *et al.* 1992, Carr & Schellenbach 1993, Dugan & Kivett 1994, Addington-Hall 1995), and it would be expected that this can lead to profound loneliness.

Some authors also refer to the importance of marital status in relation to loneliness (Weiss 1973, Lynch 1977, Berg *et al.* 1981, Creecy *et al.* 1985, Sears *et al.* 1991, Carr & Schellenbach 1993). Research usually indicates that married people are less lonely, but conversely, people in a marriage can be very lonely. Another personal situation that can initiate or be a consequence of loneliness, is that of a person's social environment (Weiss 1973, Berg *et al.* 1981, Creecy *et al.* 1985, Austin 1989, Steuwe-Portnoff 1989, Rokach 1989, Kraus *et al.* 1993, Dugan & Kivett 1994). Kraus *et al.* (1993) mention the importance of an adequate social network without which loneliness can be the outcome.

Other situational causes and consequences of loneliness include inadequate transport (Ryan & Patterson 1987, Rodgers 1989), poverty and low income (Creecy *et al.* 1985, Matteson & McConnell 1988, Sears *et al.* 1991), relocation, which is common in today's society (Matteson & McConnell 1988, Rodgers 1989), and finally, of particular interest to nurses, hospitalization (Rodgers 1989, Acorn 1992). Rodgers (1989), when referring to hospitalization, suggests that 'situational factors such as physical surroundings of the subjects, and opportunities for social interaction may have had a significant effect on the individual's feelings of loneliness' (Rodgers 1989 p. 17). Some people can be lonely in hospital, but unless they are a long-term patient, it is short-term loneliness, and they know there is an end in sight. On the other

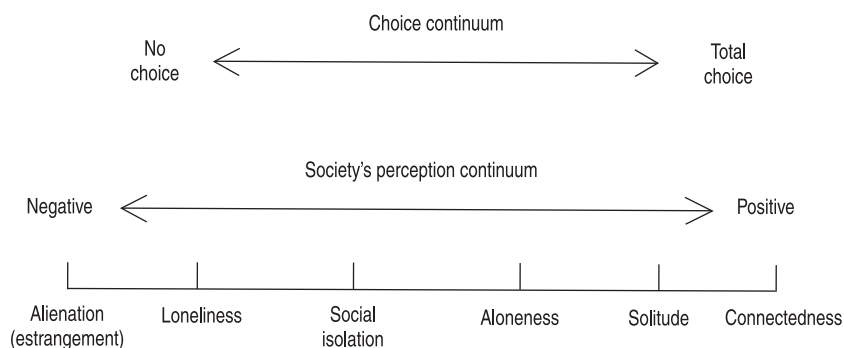


Figure 1 Alienation-connectedness continuum (including the importance of choice and society's perception of the concepts).

hand, for some patients, hospital is a respite from loneliness.

Characterological causes and consequences

The literature concentrating on the personal characteristics of the lonely person tends to suggest that he/she is self-possessed and self-centred, and does not often think about other people, but more about themselves (Goswick & Jones 1981, Iveson-Iveson 1985, Wittenberg & Reis 1986, Austin 1989, Green & Wildermuth 1993). Also, it is suggested that a lonely individual's outlook veers towards negativity rather than looking at positive aspects of their lives. Lonely people might be self-centred, but this could be a side-effect of loneliness as well. Loneliness can lead to self-obsession and vice-versa, depending on the individual. The problem is that if a person is lonely and does not have much social interaction, they do not have anybody to think about, and therefore focus their thoughts on themselves.

Much of the literature, when looking at the characterological causes of loneliness, concentrates on relating loneliness to other rather negative concepts, for example self-esteem. Loneliness is found to be negatively related to the following concepts: (a) self-esteem (Loucks 1980, Ouellet & Joshi 1986, Booth 1987, Sears *et al.* 1991, Jackson & Cochran 1991, Haines *et al.* 1993, Kraus *et al.* 1993), (b) depression (Roscoe & Skomski 1989, McWhirter 1990, Katona 1994, Foxall *et al.* 1994), (c) shyness (Kalliopushka 1986, Carr & Schellenbach 1993, Kraus *et al.* 1993), (d) anxiety (Ryan & Patterson 1987, Roscoe & Skomski 1989, McWhirter 1990, Sears *et al.* 1991, Kraus *et al.* 1993), (e) anger and tension (Loucks 1980), (f) greater neuroticism and lower extroversion (Kraus *et al.* 1993), (g) less assertion and more self-consciousness (Sears *et al.* 1991), (h) self-blame and self-devaluation (Jackson & Cochran 1991), and finally (j) lower educational levels (Baum 1982). Unfortunately, with such a complex concept, it is impossible to say whether the correlational concepts cause the loneliness, or are an effect of it. Some of them can probably occur at the same time, and as such, they are not a cause or an effect, but rather, an unwanted companion. The nature of loneliness is that it is only related to negative concepts; as Andersson (1993) cynically points out, 'one is still stuck with many correlations which may lead some cultures to assume that most miseries have to do with loneliness' (Andersson 1993 p. 584).

As a result of loneliness and all its negative associations with other psychological concepts, it is inevitable that it is correlated with impaired psychology (Jackson & Cochran 1991, Barron *et al.* 1994, Foxall *et al.* 1994), and the ultimate possible effect of all these negative concepts which are so closely intertwined, is that of suicide (Ryan & Patterson 1987, Booth 1987, McWhirter 1990, Foxall *et al.*

1994, Barron *et al.* 1994). Suicide is not a cause of loneliness; it is the ultimate, terminal effect. According to McWhirter (1990), 'loneliness and the interpersonal isolation which accompanies it, has been described as a principal cause of suicidal behaviours and suicide potential' (McWhirter 1990 p. 417). A lot of lonely individuals feel that suicide is the only way out. They are in a world where they feel that nobody cares and where they are totally alone. There is nobody to miss them so they may as well kill themselves, and end their misery. There will be nobody to grieve when they are gone, so what is the point of staying alive just to feel unending pain and distress?

Another effect of loneliness not as final as suicide, that the literature does not appear to consider, is that of a radical change in lifestyle, for example joining a monastery or moving to a secluded area. Such people might change their lives so drastically because they are lonely, and in such places, they have very little physical and psychological contact with other human beings, and as such, there is less pain, and they are more likely to be tolerated and accepted. Such an environment can shelter them from the hurt and distress that is 'part and parcel' of the 'big, bad world'.

Other associated factors

A considerable volume of research focuses on individual factors or situations that are likely to make people susceptible to loneliness, for example, age. It would appear that parts of the age spectrum that experience loneliness more than others are adolescents (Ryan & Patterson 1987, Roscoe & Skomski 1990, McWhirter 1990, Sears *et al.* 1991, Carr & Schellenbach 1993, Brage *et al.* 1993) and older members of society (Berg *et al.* 1981, Austin 1989, Rodgers 1989, Sears *et al.* 1991, Dugan & Kivett 1994). Other associated factors include gender — it is usually considered that females are more vulnerable than males (Weiss 1973, Baurm 1982, Rodgers 1989, Acorn 1992) — and health. The literature on health and loneliness tends to look at the impact that a particular physical ailment can have on a person's interaction with other humans, for example, poor eyesight (Evans *et al.* 1982, Matteson & McConnell 1988, Baron *et al.* 1994, Dugan & Kivett 1994), or hearing difficulties (Matteson & McConnell 1988, Christian *et al.* 1989, Dugan & Kivett 1994, Chen 1994). Health, as well as causing loneliness, can be affected by it. The literature indicates that loneliness can lead to declining physical and mental health (Rodgers 1989, Carr & Schellenbach 1993), and the most extreme effect that loneliness can have on health is that of death. McWhirter (1990) and Holmen *et al.* (1992) suggest that an increase in mortality has been associated with the social isolation that often accompanies loneliness, while Windriver (1993) states that loneliness 'may result in physical deterioration,

mental illness and even death' (Windriver 1993 p. 15). Death might not be deliberate, in that a lonely individual takes their own life; but can happen over a period of years in that the person might no longer have any interest in themselves, with a resulting deterioration in health. They might cope with loneliness by resorting to over-eating, drug and alcohol abuse, and other practices that are regarded as being detrimental to their well-being, and as such, they might reduce their life span noticeably. The effect that loneliness can have on a person's life and health, is very much under-estimated by today's society.

To sum up so far, in looking at causes of loneliness and the effects that it can have, it can be seen that it is a very difficult concept to put into some kind of order. It is different for every individual who suffers it, it can be caused by a multitude of factors, and can have far-reaching effects on the suffering individual. Sometimes the cause can also be the consequence, which rather confuses the issue, and quite often, it is impossible to say whether loneliness causes various conditions or vice-versa. As Rokach summarizes the situation, 'although common to all people, the nature of loneliness as a subjective experience varies from person to person, occurring under different conditions, with a multitude of causes, results and consequences' (Rokach 1990 p. 39).

Figure 2 is an attempt to illustrate everything that can cause or be an effect of loneliness, and to make allowances

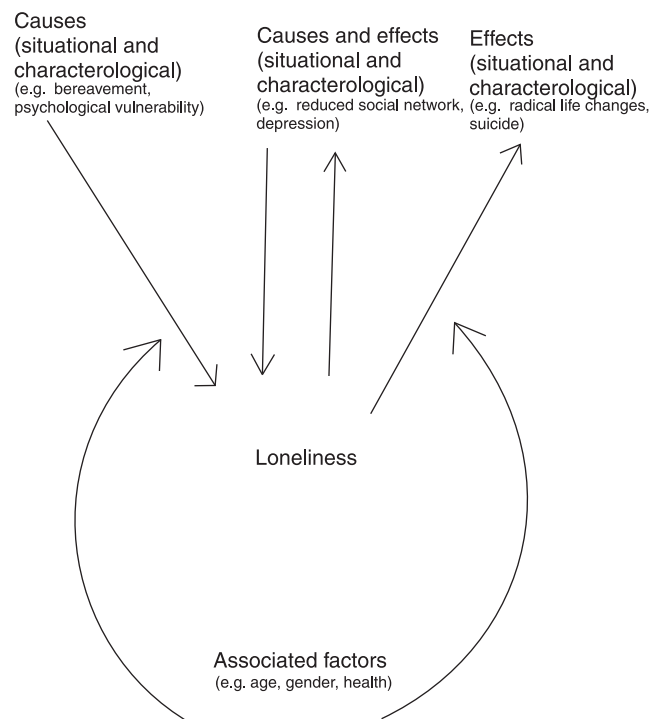


Figure 2 Loneliness: a representation of causes, effects and associated factors.

for the fact that the cause and the effect can be one and the same.

The complexity of loneliness is mentioned by a number of authors, including how it can affect all of humankind. According to Rokach (1989 p. 382):

...although the human race is made up of different peoples, and despite the diversity of age, sex, culture, language and religious beliefs, there are fundamental similarities. One of these similarities is our yearning for love, acceptance and understanding, and conversely our hedonistic nature and aversion to such painful experiences as loneliness.

It comes in all forms; affects the majority of people in all kinds of ways, and will never be a concept that is simple and easy to analyse. Loneliness is universal, and everybody is touched by it to some degree. But it is a taboo subject and very rarely discussed, and considering it is so much a part of being human, there is a surprising paucity of research. It is a subject that needs to be studied in far greater depth, so that ultimately, the expanding information on loneliness will increase people's awareness of the concept; that it is perfectly natural and nothing to be embarrassed about.

WHO IS LONELY?

Anybody and everybody is lonely at some time. Some literature suggests that certain members of humankind are more prone to loneliness, for example the elderly or adolescents, but no segment of society is immune to loneliness. At the end of the day, it is down to 'the luck of the draw'. Some people are going to have more traumatic life experiences that are conducive to loneliness, than others, while others, because of their personality type and less effective coping strategies, are more likely to be lonely individuals.

It is probable that loneliness will be an increasing problem for individuals of any age group because of the philosophy that underlies today's materialistic society. Unfortunately, people will always experience traumatic life events that can precipitate loneliness, and some people will be more vulnerable than others. This may never alter, but society and its selfish, materialistic outlook might change.

Every individual is unique, and has different life experiences and ways of dealing with them, some more successful than others. Because of this, anybody can endure episodes of loneliness during their life; it is a part of being human, but at times it can become unhealthy and detrimental to the person involved. Rather than researching which type of person was more vulnerable to loneliness, it would be more helpful if researchers could look for ways that this distressing disorder might be alleviated, with the ensuing psychological pain reduced.

A NURSING SOLUTION?

In looking at the nursing literature on loneliness and possible solutions, the words that spring to mind are naïve, practical and idealistic. Loneliness tends to be approached at a basic level, as though simple nursing interventions can actually stop people from being lonely.

Chen (1994) looks at people with learning difficulties and suggests that if nurses can detect hearing problems early, they can be referred to the appropriate department and treated accordingly, and loneliness will be no more. Wise (1986) looks at the elderly in the community and utilized Orem's nursing model. She suggests that the problem of isolation can be partly solved by day centres and in spacing our visits to a patient's home. Acorn (1992) researched patients in a rehabilitation setting and from a practical nursing perspective suggested that nurses needed to assess lonely individuals, and then develop, implement and evaluate a plan of care to alleviate loneliness. She states that 'care plans should be realistic, practical and based on input from the entire healthcare team, to ensure continuity of care' (Acorn 1992 p. 24).

According to Rodgers (1989), loneliness can be alleviated in hospitalized patients with a thorough assessment, flexible visitation policies, and encouraging patients to bring objects from home. She concludes that hospitalization is conducive to loneliness, but she gives the impression that loneliness begins on admission and ends on discharge. This only accounts for people who are lonely due to being in hospital. No reference is made to chronically lonely individuals, who, when they come into hospital, might regard it as a social event. They might see more people in one day than they have in the previous month. We need to look further than a patient's hospital stay; we need to concentrate on people who are lonely pre-admission and post discharge.

Windriver (1993) researched institutionalized residents and indicates that the lonely individual might not want to interact with other people, and that they should not feel pressured into doing so. If people are pushed into social situations, no matter how altruistic the intentions, it is likely that the person will isolate themselves even further. Acorn (1992) refers to work by Odell (1981), who suggested that nurses visit the patients at short, frequent intervals. From personal observation, a large proportion of nurses go up to patients at the start of their shift, and if they require no hands-on nursing care, that is, they are mobile and self-caring, then they will probably have no further interaction with a nurse for the rest of that nurse's shift. All patients can benefit from nurses interacting with them regularly throughout their working day. This suggestion is not idealistic, and should be a part of everyday nursing care.

Some nurses report the importance of pets for some patients (Castledine 1981, Ebersole & Hans 1994, Sable

1995), while Austin (1989) emphasizes the importance of creativity, in that if people fulfil their creative potential, they are less likely to be lonely. All this is doing is alleviating boredom; the loneliness is still there. It might actually prevent individuals from doing something more constructive, which could help them to meet other people. Roscoe and Skomski (1989) found that lonely individuals' coping strategies, for example reading and sleeping, were often solitary, and as such self-defeating. Such behaviour could be labelled destructive behaviour, to counter-balance creative behaviour. Neither are productive, and neither will make a person less lonely; they only mask the condition.

Matteson and McConnell (1988) advocate mutual aid groups, therapeutic groups (such as health education groups), and day care, but people have to want to attend in the first place, and if they are lonely, they are unlikely to do so. The only people likely to attend such groups are individuals who are socially adept, and who have no difficulties interacting with other people.

Recommendations in the nursing literature are frequently simplistic and idealistic, and therefore do not get to the root of the problem. Younger (1995) approaches loneliness from a psychological perspective that could be useful to nurses in their practice. She suggests that people need to be acquainted with their 'shadow side', which consists of negative emotions and traits, which we tend to see in everybody else but not in ourselves. It is in accepting ourselves with all our human weaknesses, to be aware that they are part of being human, that we can grasp what the whole person is. This is an approach which suggests that a nurse needs to know himself/herself before he/she can understand and interact effectively with a lonely individual.

Younger does not advocate any typical nursing solutions. She simply recommends that we look at ourselves in order to understand other human beings better. If you are more comfortable with yourself, and you spend time with a patient, they can actually feel this themselves, and so they might feel more relaxed as a result. Patients can sense if nurses are genuinely empathetic, even with nothing being said. There is no magical cure for loneliness; sometimes just being there is all that is necessary for the lonely individual.

Younger also emphasizes the importance of silence and how it is not necessary to have to say something. In certain situations, people feel obliged to talk, and in doing so, quite often say the 'wrong' thing. From a personal perspective, in certain situations such as interacting with bereaved relatives, the only thing to be done is to sit with the person/people involved and say nothing; to say something may spoil the moment. Doing this might not cure a person's loneliness, but at least they know that someone cares enough to spend some time with them. All we can do as nurses and human beings is to be there for

other people, or let them know that we are there if they need somebody.

If people were more caring and thoughtful about other humans there would be fewer lonely people in this world. If loneliness could be solved, it would not be surprising if the governments of various countries were very interested, not from a caring perspective, but a financial one. Barron *et al.* (1991) suggest that nursing interventions directed at the prevention and alleviation of loneliness would not only ease the suffering of the lonely, but could also be cost-effective. Less loneliness might actually decrease admission rates into hospital, which would be politically satisfying. A materialistic culture with its selfish ideals, causes more individuals to be lonely, which in turn can result in making people both physically and psychologically ill. This would indicate that in its own way loneliness is an epidemic. Unfortunately it would appear that most people are not aware of the problem and no cure is being attempted.

According to Lynch (1977), for some lonely individuals illness is the only legitimate way to gain attention, and such people are more likely to be admitted to hospital. He concludes that 'it would seem that society could find less expensive ways of delivering human attention' (Lynch 1977 p. 209).

Even if action was taken to reduce loneliness, it might not work, because the only way to make people less lonely is to make society more caring, and this will take more than just a few token government interventions. In today's self-obsessed climate, I am not sure that loneliness will ever go away; it is an unfortunate side-effect. At the end of the day, loneliness will always be with us; it just depends to what degree. Loneliness does not have a solution. It is not a puzzle that can be completed. It can be alleviated and made less painful, but it cannot be solved. It will always be there; it will never go away. It is part of being human and that will never change. No matter who the individual is, or whatever the circumstances are, people will always be lonely.

Conclusion

Loneliness is a difficult-to-define concept that can easily be confused with other concepts commonly used in today's society. It has numerous causes and effects which can be one and the same, and it 'touches' all human beings to some degree. Although it is a highly individual, abstract and complex concept, unfortunately it exists, and as such, it needs to be addressed. It is there in the morning, keeps you company for the rest of the day, and goes to bed with you at night. It is a horrible, wretched state of being, and at the same time, it is a strange chameleon-like phenomenon. It is as individual as your every thought. It can change every minute of every hour of every day for the suffering recipient. One moment you are feeling alone but comfortable; the next minute you feel like you are the only person

in the world, and the next, you do not think about it all. It is always there but in every-changing forms. It can be very pervasive one moment; the next it is lying quietly, just waiting to return, but it never quite goes away.

Nurses are being unrealistic if they think that they can 'prevent' or 'cure' this distressing condition; they can only alleviate it to some degree. If a lonely person is admitted to hospital, it can make their lives a little more bearable if they meet someone who appears to care, and this is an important role that nurses have to play in today's selfish climate. Nurses are perceived by society as 'caring' and 'angelic', and if they cannot help a lonely individual, then who else can? It is up to the suffering individual to pull himself/herself up the downward spiral of loneliness, but it is made less difficult with the caring intervention of other people, such as nurses.

Keywords are awareness and caring. Loneliness requires an awareness not a solution. If nurses are more aware of this condition within themselves, they are more likely to empathize with people who are enduring it. Younger's (1995) excellent work suggests that if a nurse is more aware of both his/her loneliness and suffering, and that of other people, it is more likely that they will be a caring individual. She states that 'an understanding of suffering, alienation and wisdom provides a guide for supplying compassionate presence and care to assist the suffering' (Younger 1995 p.67). If the suffering individuals are aware that they are in the presence of people who empathize with their state of being, and that what they are going through is not abnormal, it might make them feel less wretched, and more able to integrate back into society.

It really comes down to caring, a word which is increasingly neglected and ignored in today's society. Nurses are in an ideal position to alleviate loneliness in an uncaring world. If nurses are more aware of the 'darker' side of life, and how devastating negatively-perceived conditions such as loneliness can be for a suffering patient, this can only help. If a patient who is admitted appears to be lonely and indicates this by not wanting to go home, and/or 'making the most' of the company of other patients and staff, because it is not often that they have the opportunity to interact with other people, hopefully the nurse who has experienced or been made aware of loneliness, can put such experience and knowledge into practice. If nurses cannot empathize with lonely individuals, it is a sad indictment on today's society. The nurse does not necessarily have to say anything. Just by being there for somebody can loneliness be alleviated or made less painful. Nurses just need to be there.

Ultimately, nurses might make life a little more bearable for lonely individuals; that there are some members of the human race who care. Nurses can have a pivotal role in alleviating the loneliness of human beings who 'pass through' their care.

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