

BEATING THE FORLORNNESS: UNDERSTANDING

LONELINESS DURING ADOLESCENCE

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ABSTRACT

Adolescence is a period of extreme confusion as in popular portrayals, adolescence is still considered an important transition period, because of the cognitive, biological and social changes that occur during this time period. Loneliness is a significant problem that can predispose adolescence to immediate and long- term negative consequences. Loneliness is a painful awareness that you are not feeling connected to the others and important needs are not being met, such is the need to develop a circle of friends or a special relationship. Adolescent live through loneliness experienced in different ways, at time loneliness may be painted by feeling of boredom, futility and loss of meaningfulness and the meaning of emptiness may be so heavy as to be totally overpowering. Adolescent who feel lonely often experience poor peer relationships and therefore expresses more loneliness than peers with friends. They may experience feeling of sadness, malaise, boredom & alienation. The best form of protection from loneliness among adolescent is to prevent them. We need to design youth programs that encourage youth to be honest and open about their feelings of loneliness. We also need to educate parents and families about contributing factors and negative consequences of loneliness during adolescence.

KEYWORDS: Adolescence, Loneliness, Peer, Negative Consequences

Adolescence is the period of stress and storm. It is the transitional period of one's life between childhood and adulthood during which some important biological, psychological and social changes take place. Adolescents have to adjust to their changes in personality on one hand and the changing socio-psychological environment on the other hand (Manju 2011). Adolescence is a transitional period involving many biological, psychological, mental and social developments and changes (Eccless *et al* 1993). Although it is no longer acknowledged that adolescence is a period of extreme confusion as in popular portrayals, adolescence is still considered an important transition period, because of the cognitive, biological, and social changes that occur during this time period (Elliot and Feldman 1990).

This period initially starts with sudden physical development and change, followed by psychological and social changes. The earliest changes include psychological changes caused directly or indirectly by physical changes (Manju 2011). While undergoing these changes, adolescents seek the answer to the question "Who am I?" and strive to find out how their emotions, thoughts and behaviour differ from that of their parents, what different values they hold to those of their family, how other people view them and how they view other people in return. Owing to these thoughts, adolescents need to make a huge effort to accept who they are, find themselves, make new friends and reach their aims (Niebuhr 1995).

Owing again to these psychological changes happy, harmonious, balanced children turn into worried, anxious, unstable, and unfit adolescents. This period of struggle and indecisiveness changes their emotions and interests and, as a

result, they swing between careless, limitless and unbalanced excitements (Manju 2011). The resulting tension makes adolescents depressed and lonely. Suffocated by the pessimism, restlessness and distress of this period, adolescents desperately need the security of a comforting environment (Phares 2004). The lack of such an environment may instill a feeling of loneliness in adolescents, thus causing an adverse effect on their socialization.

Every person has experienced loneliness at some time during the course of his or her life, theory implies, from the universal need for belongingness-the need to establish stable social bonds with others who care. Loneliness is a common problem for many adolescent students. Loneliness is a condition that is widely distributed and severely distressing and loneliness is significantly to the health and quality of life, and thus to the discipline of health aspects. Theorists have suggested that loneliness increases during adolescence (Brennan, 1982; Larson, 1999). Perlman and Landolt (1999) argued that loneliness can be experienced earlier in life than was commonly believed, some predictors of loneliness are age-related. Loneliness may be less stable in children and adolescent than in adults, and that the topics investigated for adolescents and adults tend to be somewhat different.

Loneliness is a painful awareness that you are not feeling connected to the others and important needs are not being met, such is the need to develop a circle of friends or a special relationship. Man being a social animal, need people around him. Mutual relationships are essential to health. Lonely person feel the need for warmth, understanding and long to share feelings and thoughts with others. Adolescent live through loneliness experienced in different ways, at times loneliness may be painted by feelings of boredom, futility, and loss of meaningfulness and the meaning of emptiness may be so heavy as to be totally overpowering (Kernberg 1975).

Loneliness results from a mismatch between an individual's existing social relationships and what they view as ideal, which leads to a psychologically uncomfortable situation (Ponzetti 1990). Loneliness is a common emotion in adolescence and early adulthood. The most important reason for loneliness during adolescence is failure to maintain friendships. Other reasons include lower socio-economic level (Woodward & Kalyan Masih 1990) distant family relationships, poor social relationships (Nurmi et al. 1997; Buchholz & Catton 1999; Mcwhirter et al. 2002) low self-esteem, (Rubin & Mills 2002; Cash 1995) adverse school environment and adolescence related problems such as depression or eating disorders (Nurmi et al. 1997; Buchholz & Catton, 1999). To illustrate, while Sergin et al. (2003) have showed that loneliness is related to an individual's relationship with the surrounding environment and the quality of these relationships, Van Buskirk & Duke (1991) have maintained that loneliness is determined by friends, family and social relationships, as well as the individual characteristic features of adolescents. People who have difficulty in coping with the strains of adolescence may have a pressing need for an understanding and supportive family. By having an adverse effect on social and emotional development, deficient family relationships may push adolescents into loneliness.

Therefore, it may be argued that family relationships and parental education level greatly affect the loneliness level of adolescents. If the parents have low educational background, adolescents may undergo adjustment difficulties and emotional problems, and thus start to feel lonelier. Similar to family relationships, friend relationships may also affect the feeling of loneliness, though at a different level (Terrell-Deutsch 1999). Adolescents who make close friends within their peer group and larger groups develop a sense of independence and a positive personality (Giordano 1995) thus lessening the feeling of loneliness. In adolescence, joining a circle of friends and getting accepted by peers becomes very important (Phares 2004).

When adolescents move to college they all tend to experience loneliness but some cope better with it than do others. Interestingly, males who are lonely tend to form a more negative view of them than do females, since they attribute it to personal failure rather than to focus over which they have no control (Schultz & Moore 1988). While some studies report that girls feel more loneliness, others have concluded that boys feel it more often (Engin Deniz & Hamarta 2005).

In that context, loneliness is the cognitive and the affective reaction to the threat to social bonds. Indeed, loneliness has been regarded in the literature as comprising two related components:

- A cognitive component, comprising the discrepancy between desired social relationships and actual social relationships, either quantitatively or qualitatively
- An affective component, comprising the negative emotional experiences of disorientation, lostness, and loneliness (Rotenberg, 1994).

Research supports the conclusion that a stable pattern of loneliness poses a serious threat to an individual's mental health and psychosocial functioning (McWhirter et al. 2002).

In the period between adolescence and adulthood, loneliness becomes increasingly associated with social anxiety, depression, and other mental health issues that may be externalized through problem behaviors such as dropping out of school, alcoholism, drug usage, aggression, delinquency, obesity and sometimes even suicide (Goossens & Marcoen, 1999; Pedersen et al., 2007) during adolescence, the individual's social world undergoes an important restructuring, and a sense of identity emerges. In this stage, parents become less important whilst peers become more influential, particularly opposite sex peers. Weiss (1974) suggested that there are two kinds of loneliness, corresponding to two different social needs. 'Emotional loneliness' is when there is a lack of close attachment such as marriage, parents. 'Social loneliness' when there is a lack of a friends network.

The changing family structure has contributed to the adolescent's loneliness's accelerating levels of tensions, separation, working mothers, parental role confusion, family mobility have all contributed to a progressive sense of loneliness in today's adolescence (Mijuskovic 1987). Lonely adolescents were less trusting of others (Hamid & Lok 2000). Some personality characters also tend to promote loneliness, including low self-esteem, apathy, and aimlessness, shyness and self-consciousness.

CONTRIBUTING FACTORS OF LONELINESS

Several factors contribute to feelings of loneliness in adolescent. Some that occur outside of the school setting are biological, psychological and social changes during adolescence age, conflict within the home; moving to a new school or neighborhood; losing a friend; losing an object, possession, or pet; experiencing the divorce of parents; or experiencing the death of parents or significant person. Equally important are factors that occur within the child's school setting, such as being rejected by peers; lacking social skills and knowledge of how to make friends; or possessing personal characteristics (e.g., shyness, anxiety, and low self-esteem) that contribute to difficulties in making friends. Loneliness can also be a symptom of a psychological disorder such as depression. People who lack confidence in themselves often believe that they are unworthy of the attention or regard of other people. This can lead to isolation and chronic loneliness.

THE NEGATIVE CONSEQUENCES OF LONELINESS

Loneliness has a wide range of negative effects on both physical and mental health. They may experience feelings of low self esteem, sadness, malaise, boredom, and alienation. Some of the health risks associated with loneliness includes.

- Depression and suicide
- Cardiovascular disease and stroke
- Increased stress levels
- Decreased memory and learning
- Antisocial behavior
- Poor decision-making
- Alcoholism and drug abuse
- The progression of Alzheimer's disease
- Altered brain function

INTERVENTION STRATEGIES

Social and demographic trends are placing an increasing number of adolescents at risk for loneliness, an established risk factor for physical and mental illness. The growing costs of loneliness have led to a number of loneliness reduction interventions. Qualitative reviews have identified four primary intervention strategies: 1) improving social skills, 2) enhancing social support, 3) increasing opportunities for social contact, and 4) addressing maladaptive social cognition. Because the number of friends or social interactions is not as predictive of loneliness as the quality of their relationships, increasing opportunities for social interaction and enhancing social support may address social isolation more than loneliness. In contrast, improving social skills and addressing maladaptive social cognition focus on quality of social interaction and therefore address loneliness more directly. Interventions to improve social skills emphasized one or several of the following: conversational skills, speaking on the telephone, giving and receiving compliments, handling periods of silence, enhancing physical attractiveness, nonverbal communication methods, and approaches to physical intimacy. A 1990 review identified social skills training, opportunities for social interaction, and cognitive behavioral therapy (CBT) as potentially effective in reducing loneliness (McWhirter 1990b). Programs that focused on maladaptive social cognition through cognitive behavioral therapy (CBT) appeared somewhat successful in reducing loneliness (Young 1982). The cornerstone of this intervention was to teach lonely individuals to identify automatic negative thoughts and regard them as hypotheses to be tested rather than facts.

RECOMMENDATIONS

Adolescent are rejected for many reasons, and parents will need to assess the circumstances that seem to lead to the rejection. Once the problem is identified, parents can assist the adolescent in changing the situation. Developing close relationships with adolescent and communicating with their teachers can give parents valuable insights and guidance. When parents become aware of adolescents who are experiencing loneliness caused by negative peer pressure, low self

esteem, and emotional distress, they can lend their support in a variety of ways. In school teachers can think about how the curricula might be helpful to a child who is feeling lonely. Some children may benefit by being given opportunities to express their feelings of sadness or loneliness through manipulation, drawing, movement, music, or creative activities. Arranging the dramatic play area with props may help some children act out or express their feelings and feel a sense of control.

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