



## Loneliness in Northern Ireland Adolescents

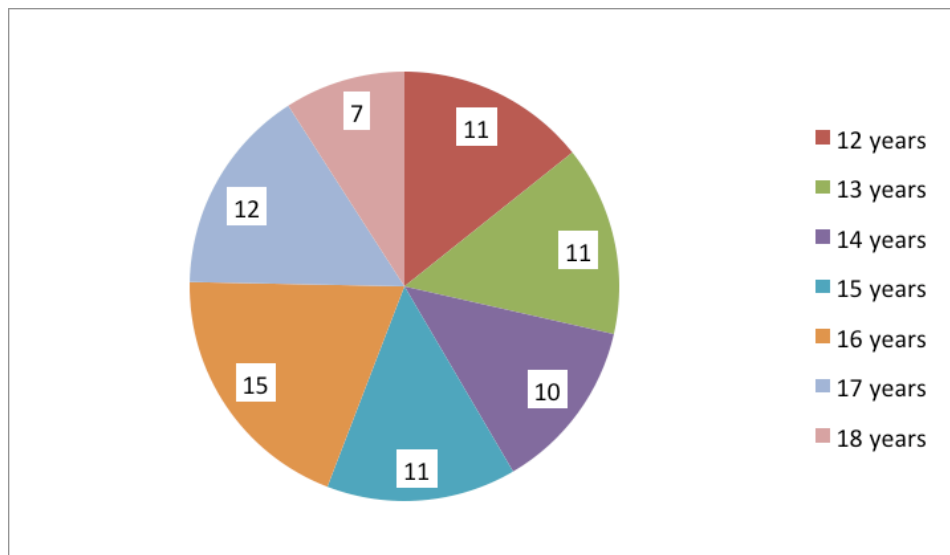
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Loneliness is an emotionally unpleasant experience resulting from inadequate levels or poor quality of social relationships. It is a common experience across the lifespan with as many as 80 percent of children and adolescents and 40 percent of people over the age of 65 reporting feelings of loneliness (Hawkey & Cacioppo, 2010). The experience of loneliness is most common in adolescence and for many the experience of loneliness can be persistent, and for some, emotionally painful.

In a review of prevalence studies, loneliness appears to peak in



Figure 1: Percentage of Children Counselling by Childline for Loneliness in 2008-2009



adolescence and then rises again in older age (Perlman & Landolt, 1999). This is evidenced from a recent study by the National Society for the Prevention of Cruelty to Children (NSPCC). This study reported that from April 2008 to March 2009 approximately 10,000 children contacted Childline regarding loneliness-related problems.

Figure 1 shows that loneliness problems peak around age 16 years of age. This finding can be attributed to

the fact that at this age young people may be better able to articulate that they are feeling lonely. Adolescence is a time of change from reliance on family members to a more independent life, with the creation of a broader range of friends and intimate relationships. Loneliness has been shown to have a negative effect on the development of the social skills that are required for this change to greater independence and individuality. Young people who are lonely tend to have more difficulty initiating contact with peers, have less social interaction, and are viewed to have less social skills (Coplan & Arbeau, 2008). As a result they are more likely to experience rejection from their peer group and remain isolated into adolescence (Schwartz, Snidman & Kagan, 1999). Adolescent loneliness is an important issue but one which has received relatively little research attention in the UK. The prevalence and correlates of adolescent loneliness are therefore not well established.

## Consequences of Loneliness

Loneliness is a complex problem that has been linked to a range of social, psychological, and academic factors. Research highlights that loneliness has been shown to significantly predict poor quality peer interactions and peer relationships, negative self-concept and low self-esteem, psychological problems such as anxiety, depression and phobias, self-harm, personality disorders and more severe mental health problems, dislike of school and poor academic

achievement (Heinrich & Gullone, 2006). Loneliness has also been associated with poorer physical health and higher health care usage (Hawkey & Cacioppo, 2010).

## The Survey

The **Young Life and Times (YLT) survey** is an annual survey that has captured the attitudes and opinions of 16 year olds living in Northern Ireland on a range of social and political issues for many years. In the 2011 survey a special focus was placed on adolescent loneliness and psychological well-being. This is the first large scale study of loneliness and psychological well-being in Northern Ireland. Loneliness was measured using the UCLA Loneliness Scale (UCLA-LS: Russell, 1996), which is the standard measure of loneliness and has been used in many international studies. The scale consists of 20 items with a possible score range of 20 to 80. Higher scores indicate greater loneliness, and scores greater than 42 indicate significant levels of loneliness. In order to measure psychological well-being the General Health Questionnaire-12 (GHQ-12: Goldberg & Williams, 1998) was used. The GHQ asks participants to rate the frequency of recent problems such as depression, anxiety, and somatic symptoms. Possible scores range from 0 to 36 with higher scores demonstrating poorer levels of mental health, and scores greater than 12 are considered to indicate poor mental health. This Research Update will explore the prevalence of loneliness and explore and identify a profile of the typical lonely adolescent.

## Who is lonely?

A total of 1,434 participants completed and returned the survey from a possible 3,835 participants, meaning a response rate of 37 percent. The mean UCLA Loneliness score was 32.82 which is low compared to other adolescent samples from America, Denmark, and Turkey.

Table 1 indicates that there were no significant differences in gender or living status of participants in regards to levels of loneliness. However, variables that did significantly impact on loneliness were being from an ethnic minority and having a disability. There is increasing interest into ethnic communities' mental and social well-being in recent years, due to a significant increase in rates of immigration to Northern Ireland since 2004. During the period of July 2000 to June 2009 there were an estimated 110,000 long term international migrants that settled in Northern Ireland. YLT data revealed that being from an ethnic minority significantly

Table 1: Mean scores on the UCLA loneliness measure for a range of predictor variables.

UCLA Score	N	Mean
<b>Gender</b>		
Male	641	32.64
Female	774	33.01
<b>Ethnic Minority</b>		
Yes	154	34.79
No	1170	32.74
<b>Home Status</b>		
Both Parents	1033	32.57
Single Parent	352	33.57
<b>Disability</b>		
Yes	155	35.57
No	1252	32.53

increased loneliness scores. Also this study showed that having a disability had a significant impact on feelings of loneliness and this is similar to what has been found in other countries (Lasgaard, 2010).

Table 2 demonstrates that there was no difference in terms of urbanicity on UCLA loneliness scores. However, there were significant differences in terms of socioeconomic status: from Table 2 it is evident that perceiving your family economic status as being not well off significantly increased scores on the UCLA loneliness measure.

Table 2: UCLA Loneliness Scores Urbanicity and Socio-economic Status

UCLA Score	N	Mean
<b>Area of Residence</b>		
Big city	107	33.52
Suburbs	196	33.87
Small city/town	564	32.15
Village	226	32.72
Farm/country	298	33.04
<b>Total</b>	<b>1,391</b>	<b>32.78</b>
<b>Socio-economic Status</b>		
Not at all well off	58	32.76
Not very well off	210	35.71
Average well off	789	32.61
Well off	291	31.77
Very well-off	14	31.21
Don't know	45	30.80
<b>Total</b>	<b>1,407</b>	<b>32.83</b>

Table 3 highlights that there was a significant difference in loneliness scores depending on religious affiliation. The results indicate slight differences between Catholic and Protestant scores, with Protestants having elevated scores on the UCLA Loneliness Scale. However, for those participants who did not affiliate themselves to any religion there was a marked increase in loneliness. This

Table 3: UCLA Loneliness Scores and Religious Affiliations

UCLA Score	N	Mean
<b>Religious Area</b>		
Mainly Catholic	421	32.07
Mainly Protestant	457	33.29
Mixed area	489	32.59
<b>Total</b>	<b>1,367</b>	<b>32.82</b>
<b>Religion</b>		
Catholic	586	31.88
Protestant	511	32.26
No religion	314	35.39
<b>Total</b>	<b>1,407</b>	<b>32.81</b>

suggests that feeling connected to a religious denomination may act as a protective factor against feelings of loneliness.

Table 4: GHQ Scores and Loneliness and Gender

UCLA	Gender	GHQ Mean Score
<b>Not lonely</b>	Male	8.73
	Female	11.29
	<b>Total</b>	<b>10.13</b>
<b>Lonely</b>	Male	14.08
	Female	18.11
	<b>Total</b>	<b>16.29</b>
<b>Total</b>	Male	9.81
	Female	12.68
	<b>Total</b>	<b>11.38</b>

Table 4 depicts the breakdown of GHQ scores between males and females and lonely and non-lonely adolescents. Overall, lonely male and female adolescents scored higher on the GHQ than their non-lonely counterparts. This suggests that loneliness is associated with poorer mental health, and the association appears to be stronger for females.

## Conclusion

Overall, the 2011 YLT survey indicated that the prevalence of loneliness

among 16 year olds in Northern Ireland was low. It was found that ethnicity, disability, poverty and lack of religious affiliation were all predictors of loneliness. An interesting finding from this survey is that adolescent loneliness in Northern Ireland is significantly lower than in other countries. A possible reason for this is the political violence that Northern Ireland has experienced. Northern Ireland to this day still remains a largely segregated society with two separate communities holding different national identities, and with segregated housing and schools. This inter-group cohesiveness may in turn have the impact of reducing adolescent loneliness for the majority of young people in comparison to young people in other countries.

While these findings are positive in that they show that there are generally low levels of adolescent loneliness in Northern Ireland, those who are lonely have an increased risk of mental health problems. There are numerous interventions that have been developed to reduce loneliness and peer-related problems. Feelings of loneliness have been found to increase feelings of shyness, anxiety and social phobia and have a negative impact on social skills, optimism, and self-esteem. This has led researchers to suggest that lonely individuals can develop beliefs, expectations and perceptions that reinforce feelings of loneliness (Masi et al., 2010). Research has shown that interventions that can improve social skills, increase opportunities for social interactions and address interpersonal difficulties can reduce how lonely people feel. This raises the

question of whether attempts should be made to reduce loneliness in Northern Irish adolescents through the use of interventions.

## References

Coplan, R., Closson, L. & Arbeau, K. (2007). Gender differences in the behavioral associates of loneliness and social dissatisfaction in kindergarten. *Journal of Child Psychology and Psychiatry*, 48, 988-995.

Goldberg, D.P. & Williams, P. (1998). *A user's guide to the General Health Questionnaire*. Windsor, United Kingdom. NFER-Nelson.

Hawkley, L.C., & Cacioppo, J.T. (2010) Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms. *Annals of Behavioural Medicine*, 40, 218-227.

Heinrich, L. & Gullone, E. (2006). The clinical significance of loneliness: A literature review. *Clinical Psychology Review*, 26, 695-718.

Hutchinson, D. & Woods, R. (2010). *Children talking to Childline about loneliness*. Retrieved from [www.nspcc.org.uk/casenotes](http://www.nspcc.org.uk/casenotes).

Lasgaard, M. Nielsen, A., Eriksen, M. & Goosens, L. (2010). Loneliness and Social Support in Adolescent Boys with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders*, 40, 218-226.

Masi, C.M., Hsi-Yuan Chen, H., Hawkley, L.C. & Cacioppo, J.T. (2010). A Meta-Analysis of Interventions to Reduce Loneliness. *Personality and Social Psychology*, 15, 219-266.

Perlman, D. & Landolt, M.A. (1999). Examination of loneliness in children-adolescents and in

adults: Two solitudes or a unified enterprise? In K. J. Rotenberg & S. Hymel (Eds.), *Loneliness in Childhood and Adolescence* (pp. 325-347). Cambridge, England: Cambridge University Press.

Russell, D. (1996). UCLA Loneliness scale: Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66, 20-40. Source: Northern Ireland Assembly Research and Information Service Research Paper. (2011). Migration in Northern Ireland: A demographic perspective. Retrieved from [www.niassembly.gov.uk](http://www.niassembly.gov.uk)

Schwartz, C. E., Snidman, N. & Kagan, J. (1999). Adolescent social anxiety as an outcome of inhibited temperament in childhood. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38, 1008-1015.

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The Young Life and Times survey is a joint project of the two Northern Ireland universities and aims to provide an independent source of information on what the young people think about the social issues of the day. Check the web site for more information on the survey findings ([www.ark.ac.uk/ylt](http://www.ark.ac.uk/ylt)) or call the survey director on 028 9097 3947 with any queries.

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