Coping with Loneliness

A LIFE EFFECTIVENESS GUIDE

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All Case Histories in this text are presented as examples only and any comparison which might be made with persons either living or dead is purely coincidental

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How to Cope with Loneliness

- **Understanding the Situation**

To some people being alone, well for a short while in any case, is like living in heaven – away from the constant demands of the kids, away from a thoughtless or nagging partner, away from the hustle and bustle of work or city life. Sooner or later though reality kicks in and ironically they pine for the company and closeness of another human being. Loneliness on the other hand, when prolonged, can be like a lingering canker, slowly eating away at your mind and your life – leaving nothing but a sad and empty shell of a person with little to live for save an existence with little meaning or purpose. Loneliness may be chosen, but usually occurs to people unwittingly or because of unfortunate circumstances. The loss or death of a spouse or a child can lead to terrible loneliness. People can still live with other people in a house, be married and yet in their mind be totally isolated and feeling lonely or alone. They may have nothing in common with a person they live with, or they may be caring for an elderly partner who is sick, with a stroke for example, and who is unable to speak or respond.

Humans are social beings and rely on each other not just for survival but for enjoyment and pleasure in life. Abraham Maslow (1987) developed in the 1950's what is now well known as the 'Hierarchy of Human Needs' model. This model identified the most basic needs of people (such as food, clothing shelter, water) at the bottom of a triangle graduating upwards in the triangle with more emotional and cognitive needs leading to the highest level or apex of individual human satisfaction called 'Self Actualisation'. Of course other critical social, feminist and postmodernist theorists and researchers have identified broader aspects of human experience since that time; however Maslow's model does serve to demonstrate how individual human needs require education, social support and networks. For example, an infant would simply be unable to survive without a more mature human or humans (like parents) to care and nurture it. Humans have a sophisticated language in order to communicate, and rely on one another throughout the lifespan for intimacy, support, knowledge, understanding and guidance.

Loneliness, when extreme, can lead to depression and suicide if help is not provided. Loneliness is to some extent part of being a normal human being. For example at times loneliness may be necessary for reflecting on life and aiding emotional healing in the grieving process. Many spiritual leaders have experienced intense loneliness (not just being alone) as part of growing stronger emotionally and spiritually. So loneliness is not always negative and pathological. Loneliness is not specific to any age group or gender, so anyone in the right (or wrong) circumstances can be affected. Loneliness can be short in nature or linger on for many years. Loneliness can be bureaucratised and many lonely elder people live out their lives almost alone with no-one to talk to each day and every day in some aged care facilities. Many older people also live very lonely living alone in populated suburbs and sparse rural and remote communities or farms. Loneliness can still occur for a person surrounded by many other people in their lives. People can still feel isolated and lonely despite being socially active in sport, music, business and so on. Loneliness is a state of mind, not necessarily being isolated from other people. A person may have much more in common with some people than other people and if there is a mismatch of interests, culture, language, intelligence, social skills or abilities then that person could feel detached, alienated or marginalised and become lonely and depressed if the situation is prolonged. Severe loneliness and depression often seem to be fateful partners. Research findings indicate that social conditions can lead to people feeling lonely and depressed (Herzog & Markus, 1991). Factors that can lead to this state include:

- unemployment,
- financial hardship,
- rural droughts, bushfires or floods that devastate peoples' lives and livelihoods and isolate communities
- loss of partner or loved one
- lack of self-esteem – unable or scared to make relationships with others
- physical illness (e.g., HIV AIDS, arthritis or back pain) or incapacitation or debilitation, problems of ageing (strokes, dementia),
- mental illnesses (especially suffering from phobias, anxiety and panic attacks) or disabilities in which sufferers are discriminated against,
- new mothers or parents trying to cope with a demanding new baby,

- people who are highly stressed or who move regularly from place to place without making friends,
- mid-life crisis (transitional change) and onset of menopause for women or retirement for men especially
- bullying and harassment
- alcoholism, drug dependency and social isolation

Theory and Facts - Loneliness

According to Michael Flood's report (2005) titled 'Loneliness in Australia', the following facts are relevant about loneliness:

- Men of all ages are more likely to suffer from loneliness;
- Among men between the ages of 25-44 and who live alone, they report significantly lower levels of support and friendship than men who live with others. Interestingly the same is not the case for women.
- Men rely on their wives or partners for social and emotional needs. Women generally have a broader social network to draw upon to meet their needs.
- Single mothers with children report the highest levels of loneliness among women respondents.
- Divorced or separated men experience the same levels of loneliness as other men who live alone.
- Divorced or separated women particularly by one year afterwards, indicate the same levels of loneliness as other women who have not been through separation or divorce. Women have greater social and emotional networks and contacts than men.
- Men rely much more on paid employment as a source to provide personal support and friendship. As paid employment increases for men, so does personal support and friendships.
- Women who live alone do find increased support and friendship through work irregardless of the amount of hours worked.
- Both men and women single or otherwise experience increased loneliness during financial hardship and if they lose their paid employment.
- About one third of men living alone stated that they 'often feel very lonely'
- About one quarter of lone fathers with children stated they 'often feel very lonely'
- 13% of men in childless couple families also stated they 'often feel very lonely'
- This pattern of 'often feeling very lonely' is also similar in women.

- Men who live alone are often confronted by unsociable neighbourhoods (low level of neighbourhood cooperation and interaction) and they have poorer physical, emotional and mental health.

The table below identifies some of the risk factors and protective factors that are related to loneliness and depression as identified in the literature.

Summary of Risk and Protective Factors

Risk Factor	Protective Factors
Environmental and Social: • Social disadvantage (poverty, unemployment, member of marginalised group (e.g., gay and lesbian communities; single parents) • Family discord (relationship break-up, conflict, poor parenting practices) • Parental mental illness • Child abuse (physical/sexual, neglect) • Exposure to adverse life events (bereavements, family separation, trauma, family illness) • Caring for someone with a chronic physical or mental disorder • For older adults, being in residential care	**Environmental and Social:** • Good interpersonal relationships (supportive relationship with at least one person/parent, perceived social support) • Community tolerance of difference and diversity • Family cohesion (positive parent-child relations • Social connectedness • Academic/sporting achievements

Biological and Psychological:	**Biological and Psychological:**
• Parental mental disorder and family history of depression • Being a female adolescent (more recently a male) • High trait anxiety and pre-existing anxiety disorders, substance abuse, conduct disorder • Temperament – reacting negatively to stressors, and personality trait of neuroticism • Negative thought patterns (pessimism, learned helplessness) • Avoidant coping style	• Easy-going temperament • Optimistic thought patterns • Effective coping skills repertoire (social skills, problem-solving skills

Loneliness, depression and suicide are often associated with one another. The statistics in Australia and elsewhere are interesting as there appears to be a degree of ambiguity between data for depression and data for suicides. It is interesting to note that women over 18 years report symptoms of depression far more than men. Yet episodes of suicide in all age groups from early adolescence are far higher in men than in women. Why is this so? It is suggested that men do not seek medical help nearly as much as women do and therefore episodes of men who may well be depressed but not seeking help is not reported. This is especially the case in rural and remote communities where men typically avoid seeking health care interventions. It may well be that men do suffer depression as much or maybe more than women but all we can do at this stage is speculate.

Identifying Symptoms

For most people wanting to know more about the general symptoms of loneliness and depression the following is important information.

Loneliness symptoms according to Michael Flood 2005 citing his Report on Loneliness in Australia may include:

- Feelings of loss and despair
- Feelings of helplessness (e.g., with single male parents 'There is no-one to help me when I need support and friendship' or '…to cheer me up when I'm down')
- Feelings of isolation and alienation or marginalisation from other people.

Many men and women, especially from poor socio-economic backgrounds, those who are single parents and under financial strain or hardship suffer loneliness and have symptoms typical of depression. So it is worth exploring depression in more detail.

According to 'Spot, Seek, Solve – Depression' (a mental health promotion initiative of Hunter New England Area Health Services, 2001-2006), Symptoms of Depression (which may directly relate to loneliness) may include feeling:

- Down
- Worthless
- Hopeless
- Angry
- Tired & Irritable
- Suicidal

And/or finding it hard to:

- Sleep (not enough sleep, sleeping too much and/or waking up early in the morning)
- Concentrate

- Control your moods
- Enjoy the things you usually like
- Eat regularly

Other symptoms may include:

- having aches and pains for no apparent reason
- being extremely pessimistic
- losing interest in other people and not caring what happens
- having a sense of failure or guilt
- Loss of outward affection and going off sex

Characteristics of Negative Thoughts

AUTOMATIC	They seem to happen without any effort on your part – they come 'out of the blue'
UNHELPFUL	They keep you depressed, make it difficult to change and stop you getting what you want out of life
PLAUSIBLE	You accept them as facts and it does not occur to you to question them
INVOLUNTARY	You do not choose to have them and they can be very difficult to switch off
DISTORTED	They do not fit with the facts

It is worth noting that these negative thoughts are most probably incorrect and illogical. A negative thought, according to The Clinical Psychology Service of Northampton Healthcare Community (NHS) Trust, 2003, *Coping With Depression*, Booklets 3 (*Negative Thoughts*), revised 09/12/03, pp.5-6 , has two main elements:

1. A **sad mood immediately** – it makes you feel worse
2. **Less likelihood of taking positive action in the future** – you just 'give up' before you try anything to put the situation right.

Exercise:

Check those characteristics above and see how they fit with your own negative thoughts.

The Clinical Psychology Service of Northampton Healthcare Community (NHS) Trust, 2003, *Coping With Depression*, Booklets 3 (*Negative Thoughts*), revised 09/12/03, p.5, outlines another very interesting table titled Types of Thinking Errors in Depression and it is recited in full here as follows:

Types of Thinking Error in Depression

Thinking Error	Examples
Jumping to a conclusion without any real evidence	You ring a friend. They are abrupt. You assume they no longer like you. Could be they have a headache or are watching TV
Focusing on a detail taken out of context	Someone at work finds a minor mistake in your work. You think 'I made a total mess of that'
Overgeneralising	A long relationship ends. You overgeneralise 'I will never find anyone else'
Placing events in one of two 'black and white' categories with nothing in between	People are either totally for me or totally against me
Imagining catastrophes	You look at some peeling wallpaper in your house. 'The place is falling apart. I can't stay here'.
Ignoring the good aspects of situations	Your children complain that their mash potato is lumpy. You think 'I can't even cook simple meals now' ignoring that they said everything else was fine.

Exercise:

Write down any thinking errors that you may have. How many have you come up with? This is an interesting exercise, but don't label yourself as depressed unless of course you have been diagnosed as such.

It is important to confront negative thoughts and thinking errors if you want to overcome depression and to avoid the self-imposed loneliness that often accompanies depression.

- **Case examples – Understanding Feelings and Behaviour**

It may be interesting to also understand loneliness and depression from someone who has suffered from these things for a long time. Sometimes depression is referred to as the 'Black Dog', a term first coined by Winston Churchill who suffered from depression for much of his life. In Australia there are a number of organisations that seek to assist people with depression and loneliness. One is called the Black Dog Institute of the Psychiatry Department of the University of New South Wales in Sydney. Another is the national Beyond Blue organisation set up by the former Liberal Premier of Victoria Mr Jeff Kennett to tackle depression and supported via consultancy from Professor Ian Hickey of Sydney University. Let's explore some cases where people share their own feelings and understandings of loneliness and depression.

Understanding Feelings – Case One

In any case the following excerpt is given by Bev Aisbett (2000: xi-xii) who gave a lovely personal description of what it is like to experience depression in a section of her book 'Taming the Black Dog' It goes like this:

'I haven't had a very easy life. Like you, I have had a lot of losses and endured a lot of pain.
Sometimes, even now, I will surrender to pain and I will spend a day or two in the miserable company of the Black Dog – DEPRESSION.
I allow him to seduce me, for he offers me the temptation of giving up, of saying 'Too Hard'. He extends to me the luxury of being absolved of all responsibility to address, repair or change my life.
I can even be enticed into thinking that this retreat from life is a kind of relief, a kind of solution, a kind of sanctuary from life.

I can be fooled into thinking that this constitutes a justified protest at the unfairness of the world – 'See how you've hurt me?' 'Aren't you sorry?' – as if this will change anything.
I can even believe that the Black Dog comes and goes as he pleases – that I have no choice and no control over when he will visit or how long he will stay.
But these days, I can only convince myself of this for a short time, for I have looked into the eyes of the Black Dog and seen what he is made of – ILLUSIONS.
And an illusion, once exposed, can never really exert the same power again.
I now know that if the Black Dog comes, I have opened the door and let him in, and if and when the Black Dog goes it is I who have sent him away…Sometimes he is very stubborn, but in the end, he just needs someone to show him the way.
It's your life not his. Claim it back – it's precious. There is hope, and there is a way, even though you may not see it. You just haven't gotten to that bit, yet."

Understanding feelings and behaviours – Case Two

The Clinical Psychology Service of Northampton Healthcare Community (NHS) Trust in the UK wrote a Web based document called Coping with Depression – Booklet 1: What is Depression (revised 19/12/03) and included an excerpt from a psychiatrist (Mr Reid) who had the condition and wrote about his experience in 1910 in an article. It has been restated in full here as follows:

"I was seized with an unspeakable physical weariness. There was a tired feeling in the muscles unlike anything I had ever experienced. I had an indescribable nervous feeling. My nights were sleepless. I lay with dry, staring eyes gazing into space. I had a fear that some terrible calamity was about to happen. The most trivial duty became a formidable task. The tired muscles refused to respond, my "thinking apparatus" refused to work, my ambition was gone. My general feeling might be summed up in the familiar saying "What's the use?" I had tried so hard to make something of myself, that the struggle seemed useless. Life seemed utterly futile". [From an article written by a psychiatrist, E.C. Reid]

Understanding feelings and behaviour – Case Three

The following is a very personal excerpt quoted directly from a Web site (accessed 21/08/06) titled HIV/AIDS Positive Stories – Loneliness hurts (http://www.hivaids.webcentral.com.au/text/st174.html). It is a very moving account of a man's personal journey (Lance's journey) and his expression (almost poetic in places) of feelings and emotions in living so long with HIV and loneliness. Please note that there are many spelling and grammatical errors in this excerpt, but it is important to quote the original email message because it is Lance's own story told in his own way and not anybody else's. It goes like this:

> *'Someone who well not reject me. because of my hiv .it's hard to ask for a date. Because i well have to tell her i am HIV+. i need love. and i need to love someone to. Well let's see. do you have HIV like me. I have been hiv ciens i was 10 and now am 33. And am steel here.*
> *HIV put my life on hold because i wood not able to live with my Self if i infect someone. So i need someone with HIV like me or someone that understands me. I need to love someone. and someone to love me. i need the touch of a woman because it's time for me to be happy and to get a life. i need love to and. i ineed to love someone. time to live and be happy. i never been with a woman because of my HIV .because i put Others first. so now it.s time for me to live.i never been on a date.i never been touched by a loving woman.j ust like powder the movie. when the guy touched powder.powder startd crying well that,s me just like powder .no more Loneliness for me i need love. no more Dreams of love just to WAKE-UP with a broken heart and Loneliness no more.no more.the Loneliness hurts so bad. is,s not to late am just 33 years old.and got a lot love to give.to some body that needs love like me.the Loneliness hurts so bad.have you seen jhon Travolta boy in the bubble it,s an old movie.watch the movie powder to and then you well know how i feel. all my life i have been Protecting every body form me and my hiv .no more Hiading from People or from life.no more feeling like i do not deserve to be loved.every body deserves to be loved.for a long time i did not like to be tuchd because i did not want to infect any body with my hiv.i despise my self for a long time.nobody can live a Lone for ever.*

so i had to learn to love my self .because i,m worthy of love from a women to. i want to feel her loving tuch .and
be held by a woman.i need to hold a woman to.i want her to feel my loving tuch to. no more Loneliness for us it hurts.

it's lance all i do is cry now because the loneliness hurts so bad.seems like every body running. away form me. i think it's because thay do not want to get close to me .because thay are scared that are going to lose me to the HIV. so i am a lone all the time.no more loneliness . i go to the mall all the time and i still feel a lone .no matter were i go. i still love god and god loves me.
i'm still going up and down i had a bad night i still cant sleep i just lay in bed with my eyes Closed. still haveing anxiety.
i'm scarrd i'm going to be a lone for ever cant sleep when i close my eyes all i see is my wife and children .
and when i open my eyes no one is there.i ben crying from 4:00am to 11:19am.i can feel my body hurting
from the Loneliness.lance '

Sent via Email to the HIV/AIDS Positive Stories Web site, Sun Apr 11, 2004 from Texas.

It is an amazing human story, so very sad and yet still full of hope. Lance is literally crying out for help, intimacy and someone to love and to share his experiences. Why this hasn't happened is impossible to say? As you can see, it is often much easier to describe depression than to try to explain it rationally to others. Remember that loneliness and depression are not always so severe. It is important to understand why you are lonely or feeling down and depressed and behaving the way that you are. Unfortunately for some people it is easy enough to fall into the habit of thinking that lots of things in life are negative and that what you do in life may not be all that important. This sort of negative self-talk however can become a habit cycle which is very difficult to break.

Everyone on the planet is important, not only just because they are alive, despite ideas to the contrary in some extreme cultures or sects or even in some parts of our own society. Imagine if say NASA found even just the tiniest speck of life on Mars how important a discovery to the world and science that would be. There would be news headlines and possibly hysteria around the world. Yet here on Earth we have so much magnificent life including every single complex human being and incredibly people as a collective often simply take this for granted. You know if you are lonely or depressed or both, then you are in great company, because the statistics indicate that many people around the world have feelings and behaviours just like you do. Some of those people are world leaders in their fields of endeavour, so take heart. There are so many things you can do to take charge of your life and to feel good about yourself and to overcome loneliness and depression. You really just need to know why you feel the way you do and what can be learned and undertaken by you and by those who love you or friends or people with expertise to help you.

2. Options

- **Defining ineffective options**

So far we have explored some aspects of both loneliness and depression. The causes of each often have their basic roots in the way that modern life has progressed, particularly where ways of protecting oneself against being alone, feeling down and worthless and so on have been eroded. Isolation from others (geographic, social, emotional), small and one parent families, being single and male, stresses of unemployment or working far too hard, the fast pace of life where there is little time free for reflection, pleasurable activities and forming meaningful relationships, financial hardship, lack of social networks and friends especially (but not exclusively) with men of all ages are all reasons why people may succumb to feeling lonely and depressed. We have also discussed the sort of faulty negative way of thinking (constant self put downs and blaming self for any mistakes or faults) that many people who are depressed become habituated to. So if we know that these are some of the causes, then it would be reasonable to assume that simply accepting these things and not challenging them in any way, represents ineffective options.

- **Examples of Ineffective Options**

Case One – Dempsey

Dempsey is a sole parent aged 37 years, divorced with two sons, Tyson aged 10 and Jason aged 12. He has been living alone with the kids for six years now and lives atop a small grocery corner store in town which he runs as a sole trader. He works from 8am until 7pm each day except Sundays when he closes at midday. He is just so busy. He has no idea how the kids are going at school but always tells them to do their homework when they are not helping him in the shop, watching TV or playing video games. The kids find their own way to and from school and sport. Dempsey is always whinging to the kids that he never gets time to do anything, which is undoubtedly true and he often says that he would like to sell out if he could find a buyer and go up north to the tropics.

Dempsey knows that his life is just work, work, work, a bit of sleep and television when he gets a chance. He feels so lonely and depressed at times, and is still bitter about his wife leaving him and her kids for another man. Dempsey has taken to drinking alcohol as a way of easing the pain of loneliness for the past couple of years, but it has been affecting his behaviour so much that he is yelling at the kids and even being rude to customers and business has dropped off. He hasn't been on a proper holiday for over ten years and he is having lots of difficulty sleeping and concentrating and he often can't be bothered eating properly on most days. He has very few friends and acquaintances except for a few regulars to the shop who say goodaye and have a brief yarn occasionally. He has dated one other woman since his wife left, but when together he was totally impotent and so nervous that she finally left and told him to see a psychiatrist. He felt totally deflated to say the least. Dempsey feels like there is not much to live for anymore except for the kids and life is like a prison. He feels so tired sometimes that he would rather just shut up the shop and walk out under a bus. Sex is always on his mind, but he is so frustrated and depressed about not getting any or at least having intimate relations with a woman.

What is problematic here?

- Dempsey is a sole parent and therefore at risk of loneliness and depression according to the research findings.
- Dempsey works long hours without any relief or backup for virtually 7 days a week and has little time for anything else.
- Dempsey has few friends to provide emotional and other support and friendship.
- Dempsey still harbours bitterness towards his wife and his life has hardly moved on (unresolved issues and emotions).
- Dempsey is anxious, not sleeping well, has suicidal thoughts and his concentration is getting poor at times.
- Dempsey is drinking alcohol as a crutch to ease his loneliness and frustrations. Instead of making him feel better it has simply made him aggressive and bad mannered.
- Dempsey appears to have little to do with his kids and this could prove problematic for the kids' welfare and education once they reach adolescence.
- Dempsey has no life outside of the shop – he doesn't exercise, eats poorly, has no real friends, can't relax and hasn't had a holiday in years.

Dempsey is in a very difficult position. It would seem that if he continues with his business the way it is and his current poor lifestyle, that things will end up very badly indeed and his physical and mental health will suffer. He certainly needs some counselling and probably needs to seek business and financial counselling as well to see what options there are to support him with his business or to sell the business. At the moment the business is making his life miserable. Given that he has resorted to drinking alcohol and has been having suicidal thoughts it is imperative that Dempsey seeks medical help or counselling as soon as possible, since research evidence indicates that such people are at high risk of suicide. His constantly thinking about sex may also be a compensation for feelings of emotional loneliness, depression and poor self-esteem – when he did have a romantic date with a woman, he became impotent and nervous, to the degree that it became a failure.

Dating in midlife according to Ceridian Corporation (2003: 1), can be quite different to dating when you were younger although experience counts. Dempsey may have to reflect on his own life and circumstances and say 'Am I really ready to go out with someone right now?' If he can sort out his business and maybe get a less onerous job, then he may be able to relax more – perhaps he could go to the gym to get fitter and attend relaxation or yoga classes. Perhaps he should also go to see his GP. Erection problems at Dempsey's age may be physiological and at least he should have this checked. Once he is confident to start dating he will need to know a few tips. He will need to be honest about having kids, and he should not invite his date back to his place on a first date. If he has trouble meeting women, perhaps the quickest way is through say reputable internet dating sites. Dempsey will also have to have an open mind – be open to new experiences such as food, activities that a woman would find interesting and fun. Get time to know a person and it may surprise you to know that a rapport may build. Dempsey is very lonely and probably very confused and he may not want to rush things.

Case Study Two – Greta

Greta is a 48 year old woman, in a childless marriage (married her husband Richard aged 46, when 20 years of age). Greta had ovarian cysts and then an infection from an IUD which badly scarred her fallopian tubes when she was in her early twenties – hence no babies. Now at 48, Greta feels that the man she once loved seems almost a stranger. He has shown no romantic interest in her for years, does not share the same interests and they appear to have little in common except for some television shows. Greta often fantasises about a passionate young Italian male lover taking her away to some exotic isle, but that's as far as things go. She reads lots of romantic novels and tries to masturbate but hasn't had an orgasm in years. Well sex seems so unpleasant anyway, Greta rationalises.

Greta does work casually as a school teacher and loves the work that she does when she can get some. She has a small circle of female friends and loves her weekly visits to the local café with them to soak up all of the juicy gossip. Her friends keep telling her to leave him, but she feels she is getting old and frumpy, and no man alive could want someone like her. Besides she loves having plenty of money. No she must stay and accept her lonely senseless lot in life. She gets really bored at home during the day and does lots of housework and cleaning.

Greta has been diagnosed by her doctor as having mild depression. She takes some pills although they don't seem to be making her any better and only make her fatter she thinks. Some days she will lie on her bed all day and just sob her heart out until Richard gets home from work and demands his dinner. At night they watch the television until about 9.30 or 10pm and then it's off to bed as usual. Greta often wakes up early in the morning about 3.30am or 4 am and goes out to the lounge room to watch television. Richard complains that she is mad and needs help and Greta cries and slinks off alone. Greta thinks what a miserable life she has and dreams of what could have been. When they do go on holidays it is usually to her mothers at Christmas which she enjoys very much, even if Richard whines and complains and wants to be anywhere else. They are financially well off as Richard's job is very well paid.

What is problematic here?

Greta's life (and probably Richard's as well) is going nowhere fast. Greta married young but was never able to have children and the literature indicates that both men and women in this sort of category are at risk of loneliness and depression. Greta's marriage and life appear to be stale and boring – there is no excitement in her life and her husband Richard has long since lost interest in her as a woman, except as a sort of mother figure who does the cooking and cleaning. Not great for her self-esteem. Greta tries to compensate through her fantasies but she gains no real satisfaction in that and her self-esteem seems to be rock bottom.

Greta appears frightened to challenge the status quo, and is scared to think of leaving Richard for a great unknown. Greta has sought professional help and is on antidepressant therapy. The newer types of antidepressants are deemed to be safer with fewer side effects than older types; however loss of libido (loss of sexual drive) and weight gain are not uncommon side effects. Even with medications her underlying problems and issues are simply not being dealt with properly. Medications mainly relieve symptoms not resolve the cause(s) of depression. Greta and probably Richard could benefit with some counselling - perhaps marriage guidance counselling or something called Cognitive Behavioural Therapy (CBT) which has proven to be very successful in treating depression. Greta could certainly do with improving her lifestyle, self-esteem and being admired and cherished and respected. Richard needs to acknowledge his love and passion for Greta if there is any spark still there and deal with his own labile emotions and zest for life. It does take two to tango after all. Is the marriage dead or alive? Well no one will know unless they test the waters and communicate with one another. Richard may also be lonely and depressed and the research evidence would bear this out as mentioned above. Greta's poor sleep pattern could indicate that she is quite depressed, but she may also need to be assessed for physical causes such as menopause, thyroid dysfunction, heart problems and so on. A trip to her GP could help assist with this.

3. Recommendations

- **Preferred Options**

Loneliness is such a subjective concept and what really is important here is the degree to which loneliness is affecting one's life and/or a family's life where relevant. What age is the person, because life goals and needs are often quite different for different age groups and for people with different priorities at different stages of life? An older woman living alone may derive great comfort from a family pet such as a dog or cat and may only need occasional chats with a neighbour, friends, relatives or a community nurse to feel less lonely and satisfied with life. On the other hand a 14 year old boy confused about whether he is gay or not and so scared about being bullied at school and so lonely and depressed with no friends at all to talk to and to be comforted by, feels that death would be the only relief from all his problems. Counselling, medical and mental health care, are important in this sort of serious situation as depression and suicidal thoughts often lead to suicide according to research findings in the literature. Family counselling or therapy may be required so that the boy does not feel alienated and think that he is totally on his own and out of his depth. His school will also need involvement to address his learning and welfare needs at school, particularly against bullying. Involvement with peer support groups and perhaps talking with other kids who may have had similar experiences, feelings and thoughts and who were helped to understand their problems and how to build their resilience, could also be useful. Let's now look at some quite effective approaches to coping with loneliness and depression.

- **Strategies and Skills – CBT, Activity Diaries, Pleasant Activities Worksheets, Timetabling one's activities.**

One of the great things about loneliness and depression is that you can actually do things to reduce their impact and improve your health and wellbeing.

One of the difficult things with people who are depressed and lonely is that their thinking is just so negative and self-blaming. And that you give up almost immediately on doing anything that might be remotely positive to improve your life. This clearly needs challenging by the affected person, but how?

Step 1 - Learn to become aware of your thoughts and feelings and their effects on you

HOW?

Write down the negative thought and then next to it write down the situation in which the thought relates to.

Negative Thought	Situation
'I'm a failure'	'I'm finding it hard to cook properly'

Step 2 – Challenge the negative thought. When you challenge the thought you need to:

1. Accept the reality of the situation
2. Don't go beyond the reality of the situation – stay with the facts

You then get something like this:

Negative Thought	Situation	Challenge
'I'm a failure'	'I'm finding it hard to cook properly'	'Cooking is not one of my strong points. I have never had any cooking lessons after all. Maybe I need some.'

Let's look at some questions to challenge this negative thinking as outlined by The Clinical Psychology Service of Northampton Healthcare Community (NHS) Trust, 2003, *Coping With Depression*, Booklets 3 (*Negative Thoughts*), revised 09/12/03, p.8. The questions are directly recited from that source as follows:

Negative Thought:

'No one likes me anymore'

1. **Evidence: (Is there any evidence to contradict your Negative Thought belief?)**

   What evidence do I have to support this thought?

Does what I think fit with the facts?

Am I jumping to conclusions?

2. **What Alternative Views are There?** ***(There is always other ways of seeing a situation)***

   How would someone else view this situation?

   What advice would I give to a friend in this situation?

   Would I be as negative to someone else who was in my situation?

3. **What is the Effect of Thinking Like This?**

   Does it help me?

   Does it make me feel better?

4. **Am I Making an Error in My Thinking?**

   Am I thinking in an extreme 'all-or-nothing' way?

   Am I condemning myself as a person on the basis of just one event?

   Am I concentrating on my weaknesses and not my strengths?

   Am I blaming myself for something that is not my fault?

   Am I taking something personal when it really has nothing in particular to do with me?

   Am I expecting myself to be perfect?

   Are my standards I set for myself too high?

   Am I using a double standard – one for me and another for everyone else?

   Are my expectations the same when I am depressed as compared to when I am fine?

   Am I setting realistic or impossible tasks?

   Am I only focusing on the dark side of things?

   Am I exaggerating the importance of just one event?

   Am I being open or closed minded about the future?

What we have just explored entails some critical elements of Cognitive Behavioural Therapy which has been proven to be successful in the treatment of some people with depression. However there are some important tips that you will need to take on board if you chose to use this approach.

- Use a positive (or negative) Data Log with columns that outline the following headings:
    a. The Negative Thought
    b. Initial Degree of Belief
    c. Situation Involved
    d. Challenges to the Negative Thought
    e. Later Degree of Belief in the Initial Negative Thought

- Decide to use the Data Log for just a short period of time.
- Note down negative thoughts as soon as they occur
- Challenging negative thoughts will be easier with constant practice
- Eventually you will test your challenging thoughts - testing against the evidence.

Activity

Another strategy that has produced lots of excitement in recent years is how activity (physical, mental and social) is just so important in maintaining good positive mental health or wellness. One of the problems with loneliness and depression is that your energy levels have been allowed to run down – you don't feel good about yourself and therefore you don't like doing anything much – it is a great task just to get out of bed in the morning and face the world for example. Everything is pointless and I am worthless and useless so there's no point in doing anything. This learned helplessness and hopelessness of course is habit forming and breaking this habit, whilst hard work at first produces great rewards if you can sustain the motivation and energy – you feel energised, your muscles and mind actually feel capable of working, especially if you say do regular daily exercise and use your mind to something that you can see the benefit of and enjoy. Yes oh well you say but how am I going to do all that?

You know a little bit of activity in small doses at first soon motivates you into saying – hey I think I can do a bit more of that today or tomorrow I'm going to beat my best effort achieved today! Secondly you need to keep an activity diary to keep you on track and to make sure that you end up achieving and seeing or feeling the benefits. Otherwise you might forget and slip back into that old habit again. Hey but guess what?

You will start to feel better in your body and your mind and your confidence and self-esteem will start to feel as though they've got rocket fuel in the tank baby! Well let's not get too far ahead of ourselves just yet. We need to know a bit more about this 'diary'.

Part of what we are suggesting here is based around Cognitive Behavioural Therapy or CBT for short. Aaron Beck a clinical psychologist back in the late 1980's and his colleagues came up with an idea to combine cognitive therapy with behavioural therapy. After years of researching the use of CBT it ends up being a very effective simple therapeutic approach for a number of mental health problems including depression. CBT is actually a transformative learning approach, because learning is a key element to change. The behavioural strategy is to get yourself for example to break an activity into smaller bite size chunks that are achievable and then to reward yourself when they are accomplished successfully (behaviour modification learning – through positive reinforcement and stimulating extrinsic (what's in it for me) motivation). Concentration guides and timetabling are clever ways to ensure that your memory is not overwhelmed and you don't forget to engage in and diarise activities – they are just so important to engage in and record because they also give you feedback that is easy to digest. Gradually and with practice, new more positive habits or behaviour patterns form. This is only part of the approach though. The cognitive element of CBT is to change your way of thinking from negative self-doubting to positive self-believing. After engaging in activities and reflecting in a journal or the diary itself your feelings about progress and benefits accruing day by day you start to believe that life and activities are not pointless after all but energy and esteem building and well worth the effort. Self-blame or putting yourself down all the time is also a common aspect of being depressed and lonely. By focusing on and recognising that you can be an interesting and productive person by the actions and thoughts that you engage in, you actually remove the negative self-doubting and blaming blinkers and transform who you are from a victim to a survivor.

A counsellor or therapist can at regular interviews often help to guide a person through the process and to help the person reflect on what they are doing and to identify and acknowledge when changes are indeed positive. Intrinsic motivation is fostered in this

way so the person values the changes, why they occurred and how change could lead to a better or more satisfying life.

So what do these activity diaries and journals look like and how are they used? The following Activity Diary and Rating Scales have been sourced from 'Coping with Depression, Booklet 2: Getting Active' pp. 4-6, published on a pdf web based file by The Clinical Psychology Service of Northampton Healthcare Community (NHS) Trust and have been modified to address the following case study. The case study is based around a real clinical situation but the people, their names and particular circumstances are fictional.

Case Study – Jane's Activity Diary

So, let's look at an Activity diary for Jane, aged 42 years. Jane is married to Craig (aged 43) and the marriage has not been going well for some time. They have no children of their own. Jane has been feeling very lonely and depressed probably for a few years now and her counsellor has recently suggested that she keeps an Activity Diary to log her activities during the day and to rate how much pleasure and achievement she has had for her activities as they occur. This is Jane's first day with the diary and she is a little unsure about how well she will go.

The ratings key for P which is Pleasure and A which is Achievement are explained below:

P (Pleasure) Rating Scale:

0 1 2 3 4 5

None Very

At all Much

A (Achievement) Rating Scale:

0 1 2 3 4 5

None Very

At all Much

In the diary below, Jane needs to write down the times of her activities and rate her activities during that period for pleasure and achievement. It is important to that Jane write down her activities, the time and the rating as soon as she can as they occur rather than to leave it to memory. In people who are depressed, their short term memory and concentration are often poor so writing things down is a positive exercise in itself to assist with memory, to get things clear and to see what achievements and pleasure occur. Jane has agreed with her counsellor to keep writing in her diary for each day for maybe 3 or 4 days if she can. Her counsellor told her not to worry if she misses a day – maybe do an extra day at the end. Jane's diary is outlined below. It is important

that Jane brings her diary with her to her next counselling session, so that she can discuss what she has written and identify positive things in her daily life.

JANE'S ACTIVITY DIARY – Monday 15 October 2009		
TIME	**ACTIVITIES**	**RATINGS**
9am	Got out of bed Turned television on Had breakfast Dozed at table	P=0 A=0
10am	Had shower Got dressed to go to town	P=1 A=0
10.30am	Drove down to Library Selected some novels to read	P=2 A=2
11.15am	Met girlfriends at Rosita's (Café) for coffee and chat	P=4 A=3
12.40pm	Went shopping for new clothes	P=4 A=3
3pm	Shopped for groceries Noticed really sexy guy at checkout aisle	P=2 A=1
4pm	Returned home Played some music Cleaned house	P=1 A=1
5.30pm	Started cooking dinner – special Thai curry	P=2 A=3
6.30pm	Craig arrives home Sit down to dinner Craig makes no comment on meal and	P=0 A=0

	ignores me	
7pm	Craig showers and then goes to pub with mates I sit in front of television and eat chocolates	P=1 A=0
9pm	I ring mum, talk about my new clothes, their new car, Craig's usual disinterest in me	P=3 A=1
10.30pm	Have shower Put on sexy night dress And wait for Craig	P=3 A=3
11.30pm	Craig arrives home drunk Have a big row Told Craig he's an idiot and he can sleep on lounge	P=0 A=0

From Jane's diary it would seem that she has tried to do some really positive things for herself on day one. She has met with her girlfriends and found that this was quite pleasurable and an achievement given that she had not been out of the house for almost a week. Jane also went shopping for clothes and again found this pleasurable and an achievement as she was doing something to treat herself and not get into the usual pattern of putting herself down and feeling frumpy and ambivalent. Interestingly she went grocery shopping and seem to enjoy a bit of fantasising as well, indicating that she has not lost her pleasure drive. Jane also took a great effort to make a lovely meal for her husband which was ignored and even then still tried to look sexy for him when he came home, but again all to no avail.

During her counselling sessions she often mentions how Craig just takes her for granted all the time and she wonders whether he has any flings on the side. Jane often expresses to her counsellor that she feels she is too fat and plain, even though her girlfriends always say how fabulous she is looking. Jane contented herself after dinner by eating lots of chocolates (a craving that is more of an emotional crutch then actually enjoying the chocolates – note she gave a pleasure rating of only 1). Jane was obviously pretty angry with Craig when he returned home drunk, especially after she made a really big effort to impress him. So that was a very flat moment for Jane and hopefully she won't be deflated all day tomorrow and think that her efforts are futile, as this sort of slipping back is quite possible for someone who is feeling so lonely and depressed.

The diary itself is not the only tool that could be used for Jane. Jane could also probably benefit from using a Pleasant Activities Help sheet that identifies your moods and the things you like doing. The following source must be acknowledged in presenting the Pleasant Activities Health Sheet 1: 'Coping with Depression, Booklet 2: Getting Active' see pp. 13-15, published on a pdf web based file by The Clinical Psychology Service of Northampton Healthcare Community (NHS) Trust revised 09/12/03. The sheet is presented as follows:

PLEASANT ACTIVITIES HELP SHEET 1

A: ASK YOURSELF THE FOLLOWING SEVEN QUESTIONS:

i. What types of things did I enjoy learning before I became depressed?
[Sports, music, languages, practical skills, crafts?]

ii. What types of trips did I used to enjoy?
[Seaside, mountains, towns?]

iii. What types of things might I enjoy if I had no inhibitions about them?
[Painting, acting, playing the guitar, public speaking, dancing?]

iv. What did I enjoy doing alone?
[Long walks, sewing, reading, watching "soaps" on TV?]

v. What did I enjoy doing with others?
[Phoning people, going out to the club, playing squash?]

vi. What did I enjoy doing that cost nothing?
[Taking the dog for a walk, going to church, going to the library, visiting a museum?]

vii. What did I enjoy doing that cost a few pounds?

Jane could easily ask herself these questions. There's some great ideas there as well for Jane to think about. Jane has really made an effort on day one of her diary writing and it showed. Despite a set-back, she has shown commitment and motivation to change and this should be fostered as much as possible. By asking the above 7 questions, Jane may be able to broaden her horizons just a bit more in terms of doing activities that she really could enjoy, especially those she may have given up due to feeling down and lonely for so long. Her husband Craig is an architect and earns good money, so Jane has felt no great need to work or to learn new skills. However this might be a great opportunity and the right time for her to start looking if she is interested.

To help her a bit more, another Pleasant Activities Help Sheet No. 2 that really goes hand in hand with the first one could also help Jane specify more clearly what activities she would like to do at the present period in time. Again the following source must be acknowledged for the Pleasant Activities Help Sheet 2: the ‘Coping with Depression, Booklet 2: Getting Active’ see pp. 13-15, published on a pdf web based file by The Clinical Psychology Service of Northampton Healthcare Community (NHS) Trust revised 09/12/03.The sheet has been modified slightly to be more relevant to Jane and her situation as follows:

B. PLEASANT ACTIVITIES HELP SHEET 2.

Please look through the following list of suggestions:

Tick any of the suggested activities you would like to try and then fill in some details about the possible activity on the right.

Suggested Pleasant Activities [Tick if you could do this]	***Details [Who, When, How Long]***
Visit a local friend	
Phone a relative or friend	
Discuss how I feel with someone close to me	
Go for a car trip in the countryside	
Go for a long walk	
Sit in the garden or a local park	
Play a game of sport	
Listen to music	
Go to a favourite pub or cafe	
Read a newspaper or magazine	
Go to church or a spiritual place	
Visit a local place of interest	
Go to the local library, museum, art gallery	
Have a long relaxing bath	
Potter round the garden *Go on a bus or train trip*	
Browse in a bookshop	
Plan a weekend break or trip	
Go to a Cinema	
Go Swimming, cycling, aerobics, gym classes, or yoga	

As mentioned initially Jane could benefit also by having a timetable to work from in terms of what she wants to do each day. This could provide Jane with some structure, clarity of purpose and things to work towards and plan for with her day. The following timetable has been modified only in terms of content for Jane's activities and the following source must be acknowledged acknowledgement: 'Coping with Depression, Booklet 2: Getting Active' see pp. 13-15, published on a pdf web based file by The Clinical Psychology Service of Northampton Healthcare Community (NHS) Trust revised 09/12/03.

As per the Activity Diary a person like Jane should use the same terms P = Pleasure and A = Achievement in the space provided in the timetable in order to rate 'How I got on'.

Jane's Daily Timetable				
Time Intended	**Activity**	**How I got On**	**Ratings**	
			A	**P**
9.00am	Get up, shower and get dressed	A bit hard to get out of bed	2	0
9.15am	Make some breakfast – eggs on toast	okay	2	2
9.20am	Eat some breakfast	Not really hungry	1	1
9.40am	Cleaned teeth put on makeup, brushed hair etc	Felt nice	3	4
10am	Drive downtown to meet girlfriends at tennis	excited	3	4
10.30	Have a hit around and then a chat and coffee with the girls	Really relaxing and fun	4	4
1pm	Have lunch with girls at Rosita's Cafe	Really relaxing and fun	3	4

2.30pm	Go for walk along the beach	It was lovely to have the sun on my back and the wind in my hair and my toes in the water	4	4
3.10pm	Back home for a cuppa and read new novel	Quiet – my own time	2	3
5pm	Start cooking dinner	Tried new Italian recipe	2	2
6pm	Craig comes home – make him feel nice	Craig is in a good mood and is interested in my day	3	4
6-9pm	Watch favourite television programs with Craig	Had some laughs and cuddle - was nice	3	4
10pm	Off to bed	Had a good nights sleep until 4am - couldn't get back to sleep.	3	3

As can be seen by the timetable and outcomes, Jane has had her best day for years. She is becoming more confident in herself and gets herself out of the house to do things with her friends and for herself. It is important to remember that not every day will be perfect, but it is also important that Jane maintains her motivation and commitment to activity.

Conclusion

Loneliness can be debilitating and can lead to problems such as depression, anxiety and even suicide. Indeed loneliness, depression and anxiety often go hand in hand. It is important to recognise one's strengths and resources such as friends, relatives, skills, knowledge and so on so that they can be harnessed to overcome feelings of self doubt and negativity about oneself. This booklet has attempted to provide insights into loneliness and depression and ways in which to address these problems with knowledge, exercises and case studies.

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