

# Loneliness and suicidality

G.KALEMI<sup>1</sup>, P.BALI<sup>1</sup>, A.DOUZENIS<sup>2</sup>

## Abstract

*Suicide is a major mortality cause in the general population and is associated with high psychiatric morbidity. Loneliness is a subjective feeling associated directly with alienation and isolation. In the current social and economic circumstances where family and social bonds are generally weakened, the difficulty of "being with others", seems to contribute in the increase of suicides. Suicide has been associated with self-damaging acts, starting from the use/abuse of substances and suicidal behavior. This paper will discuss the relation between loneliness and suicide. The increase of sociability, communication and the sense of belonging in the community are approximations that reduce the risk of suicidal behaviors. There is description of practices and support interventions analysis for which there is evidence of effectiveness.*

**Keywords:** suicide, loneliness, economic crisis, intervention

## Introduction

Suicide is considered a major public health problem with increasing trends in many developed and developing countries. Historically, suicide was first approached from a religious and ethical standpoint; however, in recent decades several biological and sociological theories have attempted to analyse this multi-factor phenomenon.

Among the factors that have been mainly associated with an increased risk of suicide are socio-demographic factors, psychiatric morbidity, physical health problems and biological factors. It has not yet been feasible to assess the suicide risk for a particular person in a sufficient and substantiated manner. Accordingly, it is difficult to calculate the number of

suicides in a given period of time across a country. The distinction between suicidal, accidental or homicidal acts becomes difficult when there is no evidence (history of mental illness, previous suicide attempts, warning, a suicide note) to demonstrate whether death was accidental, homicidal or suicidal. It should be stressed that suicide is among the ten leading causes of death for all age ranges (Jacobs et al., 2003).

Loneliness is one of the factors leading to depression and suicide. In Finland, a survey conducted on suicides found that "A large number of people [who committed suicide], faced a lonely everyday life. They had a lot of free time but only a handful of social contacts".

In Japan, researchers found that "isolation" was the main cause behind the recent rise in suicide rates of middle-aged men in that country.

## Definitions – Statistics

Suicidal behaviour is the purposefully self-injurious behaviour that aims at taking one's own life. It is divided into fatal and non-fatal suicide attempts.

Suicide is any self-initiated behaviour intended or anticipated to end one's own life; such behaviour includes self-induced, active or passive acts (De Leo, Burgis, Bertolote, Kerkof, & Bille-Brahe, 2004).

"Suicidality" is thus defined as "the sum of all thoughts and behaviours of individuals or groups of people who are considering the active or passive act of inflicting their own death or endorsing their death as a possible outcome of their own intentional act (Wolfersdorf & Etzersdorfer 2011).

Suicidal ideation can be associated with a desire, a wish to die (intent) and a plan for suicide. According to O'Carroll et al. (1996), suicidal ideation refers to self-reported thoughts of making a suicide attempt and it includes thoughts on suicidal behaviours. Finally, a suicide attempt is a self-inflicted, self-injurious act committed with an intent to die (O'Carroll et al., 1996).

1 Psychologists, B Psychiatric Clinic, Department of Forensic Psychiatry, Attikon University General Hospital

2 Associate Professor of Psychiatry-Forensic Psychiatry, B Psychiatric Clinic, Attikon University General Hospital

According to the World Health Organization (WHO), every year about one million people commit suicide. Amongst younger people, even today suicide is the third leading cause of death. In 2007, the average suicide rate in the 27 EU member states was 9.8 per 100,000 inhabitants – with most "victims" being men (Wolfersdorf & Bayreuth, 2014).

In 2010, 7,465 men committed suicide in Germany (suicide rate of 18.6 per 100,000 inhabitants) and 2,556 women or 6.1 per 100,000 inhabitants (Wolfersdorf & Bayreuth, 2014).

Women are more likely to make a suicidal attempt whereas men are much more likely to take their own lives. Greenland has the most tragic record worldwide with 108.1 suicides per 100,000 inhabitants, followed by Lithuania (31.8/100,000), South Korea (31.7), Guinea (26.4), Kazakhstan (25.6), etc.

The world leader in adolescent suicides is the Russian Federation where one in twelve adolescents aged 15-19 attempt suicide each year. About 20 per 100,000 adolescents take their own lives every year in Russia, a figure that is three times larger than the average in the rest of the world, followed by Kazakhstan and Belarus.

Various researches have attributed the increased number of boys who commit suicide in drug use and alcohol consumption.

In 2000, Greece ranked one of the lowest in the world ranking of suicides, i.e. 2.5/100,000 inhabitants. According to a recent study by The Lancet, between 2007 and 2009, suicides in Greece increased by 17%, with Greece experiencing the highest increase in suicide rate compared to the other European countries. As evidenced by the latest official figures released by the Minister for Citizen Protection in late 2012, during the period from 1.1.2009 through 28.8.2012, fatal and non-fatal suicide attempts amounted to 3,124 nationwide. It is worth noting that those figures are being disputed by experts who suspect that the actual numbers are higher since many suicides are not reported as such. Furthermore, deaths attributed to risky behaviours (consumption of alcohol and drugs, dangerous driving, etc.) are potentially self-destructive behaviours found in persons who are reluctant to draw up a suicide plan. There is still no official national register in Greece, hence, data on suicide attempts (which have also increased) is sourced from the emergency departments of hospitals.

## Factors associated with suicidality

Suicide is a complex phenomenon and cannot be attributed to one cause alone. It seems that what is very important is not just the problem itself, but also the ability of each individual to deal with it. A person's ability to address problems (or vice versa his "vulnerability" towards problems and his propensity to self-destructive behaviour) is different from one person to another. The decision to commit suicide is shaped by multiple factors which are related not only to the mental state of the individuals, their personality, the experiences they have had in life, their problems, the society they live in, but also to biological and genetic factors. When an individual considers suicide, some, if not all, of these factors have contributed to taking this decision.

There are factors that have been proven to increase the risk of suicide:

### Gender

On a global scale, men take their own lives more often than women; however, women make more suicide attempts. There are several possible explanations for this discrepancy: one of them is that men use more violent methods such as hanging, firearms, etc.

### Age

The number of fatal attempts amongst men increases after the age of 45 and in women after the age of 55. It is rarer for the elderly to make suicide attempts, but, when they do, they more often than not lead to death. Broadly speaking, the rate of fatal suicide attempts is greater for males and the elderly.

Over the recent years there has been an increase in suicides during adolescence and early adulthood. According to the WHO, in many countries, suicide is the third leading cause of death at the age cohort of 15-24, following accidents and homicides.

Teen suicide attempts are usually impulsive acts. They are often a cry for help and an effort to get attention. However, this does not preclude the possibility of death.

### Marital Status

Marriage and children significantly reduce the risk of suicide. Conversely, living alone and social isolation increase the risk of suicide. Loneliness is, therefore, a suicide risk factor.

## Work

Work has a protective effect, while unemployment increases the risk of suicide. This could be associated with the concomitant problems of unemployment (poverty, social exclusion, family problems, despair a person feels when they cannot find work or lose their job).

### The presence of a mental disorder

According to the WHO, the biggest risk factor for suicide is the presence of a mental disorder. 90-95% of people who commit or attempt suicide suffer from some form of mental disorder. Approximately 80% of them suffer from depression or from another emotional disorder.

Other mental disorders associated with suicide are schizophrenia, substance abuse, alcoholism, personality disorders (including antisocial and border disorders), panic disorder, etc.

However, neither suicide is a manifestation of a mental disorder nor are all persons with mental disorders self-destructive.

### History of previous attempts

It is argued that the history of previous attempt is the most important predictor of future suicide attempts. The risk of new attempts is particularly high in the first six months after the first attempt and remains higher than the general population (those with no history of suicide attempts) throughout life. The risk is also high if a family member has committed or attempted to commit suicide. This clearly indicates the existence of a genetic predisposition to suicide. Genetic predisposition has not been sufficiently established, as there is research data supporting that it relates specifically to suicidality as well as data showing that it is associated with a genetic predisposition to mental disorder.

### Stressful life events

An individual who tries to commit suicide has usually experienced traumatic events before the suicide. Such events are:

- Interpersonal difficulties: Bad relationships with family, friends, sex partner, etc.
- Isolation and lack of supportive environment, loneliness.
- Significant losses, e.g. bereavement, separation, loss of purpose in life (for example as a result of retirement)
- Unemployment and related problems (finan-

cial difficulties, family problems, etc.)

- Shame and fear of being guilty of something
- Public vilification, etc.

### The presence of a somatic disease

The presence of severe somatic disease is an important risk factor for suicidal behaviour, especially amongst the elderly. Certain characteristics of the somatic disease (chronic, painful, with little or no chance for cure) heighten the risk for suicide. Disabilities and mobility problems can also increase suicide risk.

Somatic diseases that have been associated with an increased risk of suicide are neurological disorders (e.g. multiple sclerosis, cardiovascular diseases), certain urinary tract disorders (e.g. renal failure in need of dialysis), cancer, musculoskeletal diseases (especially when they lead to disabilities and deformations), etc.

## Loneliness

### The Anatomy of Loneliness

#### Definition of loneliness

Loneliness is not a psychiatric term. There are several definitions of loneliness that are based on different theoretical approaches which have studied loneliness from different points of view. Many experts consider loneliness as an unpleasant avoidance behaviour, some perceive loneliness as a pathological response, while others regard it as a positive event (Peplau & Perlman, 1984).

In other cases, loneliness is a subjective, negative feeling related to the person's own experience of deficient social relations. In such cases, the determinants of loneliness are most often defined on the basis of 2 models. The first model examines the external factors, which are absent in the social network, as the root of the loneliness, whereas the second explanatory model refers to the internal factors, such as personality and psychological factors (Singh & Misra 2009).

Zilboorg argues that loneliness is a continuous catastrophic event that resembles an internal worm that slowly and constantly eats the heart of the individual leaving them in a state of hopelessness (Zilboorg, G. 1975). Perlman and Peplau (1984), who carried an empirical research on loneliness, defined it as an unwelcome experience occurring when a

person is unable to gain satisfaction from the quality or the number of social relationships.

Rook outlined loneliness as an enduring condition of the emotional state that arises when a person feels estranged from or is misunderstood or rejected by, and/or lacks appropriate social partners for a desired activity, particularly activities that provide a sense of social integration and opportunities for emotional intimacy (Donaldson & Watson, 1996).

According to Gierveld et al. (2006), the most recent definition in European countries is that of de Jong Gierveld given in 1987, which defines loneliness as a situation experienced by the individual as an unpleasant, or unacceptable discrepancy between the number and quality of social relationships realized and the social relationships desired. This description includes situations in which the number of existing relationships is smaller than desired or acceptable, as well as situations where the level of intimacy one longs for has not been realized.

The focal point of loneliness in the majority of the aforementioned definitions is considered as the evaluation of discrepancy between the number and quality of social relationships realized and the social relationships desired (Gierveld et al. 2006).

### **A historical review of loneliness**

According to Gierveld et al. (2006), the oldest document found about loneliness was written by Zimmermann between 1785 and 1786. The first psychological research was documented by Zilboorg. This research finds a discrepancy between being lonesome and loneliness. Zilboorg believed that loneliness is rooted in childhood experiences.

In 1953, Sullivan agreed with Zilboorg that the roots of loneliness are found in childhood and as the person grow up it evolves to a fully-blown loneliness (Peplau & Perlman, 1984).

Later attempts to determine the meaning of loneliness were made by Fromm Reichman in 1959, and were entitled "Loneliness". Her research is the oldest document published and widely circulated. She argued that continuous loneliness results in many psychological problems (Gierveld et al. 2006, Peplau & Perlman, 1984). Later in 1981, Perlman & Peplau launched an empirical study on loneliness (Gierveld et al., 2006).

### **Loneliness VS Social Isolation**

However, loneliness and social isolation are two distinct concepts, nevertheless, their discrepancies and distinct characteristics are not easily seen. Social isolation is a condition where the individual is socially isolated (objective isolation) as opposed to the individual who experiences negative emotions stemming from social isolation (subjective isolation) (Nummela et al., 2010, Luanaigh et al., 2012, Tilvis et al., 2011).

Social isolation can be seen as the opposite of social participation, whereas loneliness is the opposite of the feeling of belonging. Loneliness and its association with social isolation is multidimensional and complex. Loneliness may occur as a result of limited social connections. Neither every person suffering from loneliness is necessarily socially isolated nor does any socially isolated person suffer from loneliness. There are people who have very few social relations but never see themselves as lonely and others who have a vast network of social ties and still not have a sense of belongingness (Gierveld et al. 2006, p. 486).

### **Types of Loneliness**

Some researchers have argued that there are different types of loneliness. For instance, Zimmerman argues that there are two types of loneliness: positive loneliness and negative loneliness. Where a person deliberately withdraws from society to achieve higher goals, such as meditation or to serve God and reflect upon things, this is considered a positive type of loneliness. In modern literature, positive loneliness is termed as privacy in the sense that people may willingly and freely choose to avoid social contact for a certain period of time. The negative type of loneliness is a condition where a person undesirably and unwillingly suffers from lack of social connections. Nowadays, it is the negative type of loneliness that is employed by researchers and theorists in their definition of loneliness (Gierveld et al. 2006).

Other experts distinguish loneliness into emotional loneliness and social loneliness. Weiss argues that emotional loneliness is the result of a lack of close emotional relationship, such as the loss of a partner, a lover or a close friend; such loss is accompanied by an intense sense of emptiness, anxiety and stress, whereas social loneliness results from lack of a wider range of meaningful relationships, such as connect-

ing with friends, colleagues and neighbours and is accompanied by a feeling of boredom and social marginalisation. He also stresses that emotional loneliness can be treated with the launch of new close relationships and cannot be solved only with the support of family or friends, because this alone cannot fill the emotional gap resulting from the absence of the person with whom close contact had been established (Weiss, RS 1973). Loneliness may be short-termed and temporary and may be caused by some kind of temporary situation or a life-long problem which persists throughout one's lifetime (Tiikkainen & Heikkinen, 2005).

Loneliness anxiety results from a fundamental breach between what one is and what one pretends to be, a basic alienation between man and man and between man and his nature. The predicted and controlled quest for security, order and avoidance of anxiety ultimately generates inner feelings of despair and the fear of loneliness.

Loneliness anxiety is a widespread condition in contemporary society. The individual loses any sense of affiliation with the food one eats, clothes one wears or the shelter one lives in. He ultimately fails to participate in the satisfaction of the vital needs of his family and society. He lives in an impersonal urban or rural community where he meets others not as real persons, but according to the prescribed rules of conduct and manners of behaviour. He struggles to acquire the latest technological inventions that offer him comfort, convenience and are in fashion.

Many people have a strong desire to find themselves with others and find love, but they are hampered by their own inhibitory fears. The feeling of loneliness anxiety often goes hand in hand with an underlying – yet desperate rage– and a desire to take revenge on those who "excluded them from life".

The inferiority feeling is associated with loneliness anxiety. The sense that one is deprived of love and faces neglect causes pain and suffering.

Loneliness is a dimension of human life, whether existential or social or psychological. It is a fact of life. Fear, isolation, rejection and attempts to escape the experience of being alone will isolate the person from their own existence, will crush them and then disconnect them from their own energy sources. Thus, development, creative emergence, awareness heightening, perception or sensitivity will not exist at all. If the person does not train himself to withstand loneliness, he will fail in developing the skill and dimension of being human by renouncing them altogether.

Recent studies have defined loneliness as a disorder that inflicts changes in the structure and function of our brain, altering our perception and thoughts.

Moreover, loneliness increases the risk for high blood pressure and poor sleep quality and seems to contribute in the poor functioning of the immune system, cognitive decline, depression and possible suicidal thoughts. A typical explanation is that lonely people have no life mentors, i.e. people who encourage healthy behaviours and reduce harmful ones.

More specifically, after studying 800,000 UK citizens, Cacioppo et al. (2014) found that lonely people are sensitive to negative social conclusions and this resulted in the reduction of their reactions to various social contexts. Their research was supported by a series of experiments which contained negative social words. It was found that lonely people perceived negative social words faster than non-lonely. In other experiments under the same research involving the detection of masked pain in virtual persons, again only lonely people showed hypersensitivity when such persons were disliked.

Additionally, lonely people appear to suppress nerve responses to social rewarding stimuli, which reduce their enthusiasm for potential social contacts. Also, lonely people appear to have reduced activity in parts of the brain involved in the prediction of possible thoughts of others, of what may others think. This is a possible defense mechanism hinging on the idea that it would be better not to know. The authors referred to the above using the term social "self-preservation mode".

When it comes to associating loneliness with different manifestations of suicidal behaviour, there are studies showing positive correlations with specific population subgroups such as students, elderly and psychiatric patients. In a recent study by Stravynski A. & Boyer R. in 2011, the general population showed strong correlations between suicidal ideation, para-suicidal behaviour and for someone to be by himself (to feel subjectively alone and objectively be really alone, without relatives and/or friends). As social beings, most people live in a spectrum of relationships, which largely determine their identity and personality. Moreover, the significance of these connections transcend cultural differences. (Heine, Lehman, Markus and Kitayama, 1999, Kitayama & Markus, 1994, Silvera & Seger, 2004). Given this coexistence of relations with others, factors such as "belonging" and loneliness are important predictors of mental health. (Baumeister

& Leary, 1995, Ernst & Cacioppo, 1999, Townsend & McWhirter, 2005).

Loneliness may also be a risk factor for the development of suicidal ideation, para-suicidal behaviour and for a fatal suicide attempt. In a survey conducted amongst persons who have attempted suicide, loneliness is often described as a factor that urges someone to make a suicide attempt. (Bancroft, Skrimshire, & Simkins, 1976, Birtchnell & Alarcon, 1971, Maris, in 1981, Nordentoft & Rubin, 1993, Wenz, 1977).

Conroy, Smith and Peck (1983) have argued that loneliness is a factor that contributes to a fatal suicide attempt.

Finally, numerous studies on high school pupils and students have demonstrated correlations between loneliness, suicidal ideation and para-suicidal behaviour. (Garnefski, Diekstra, & de Heus, 1992, Rich, Kirkpatrick-Smith, Bonner, & Jans, 1992, Roberts, Roberts & Chen, 1998, Rossow & Wichstroem, 1994, Weber, Metha & Nelsen, 1997, Yang & Clum, 1994).

### Factors that heighten loneliness

There following factors among others affect the feeling of loneliness: 1. Cultural differences: There are several studies establishing that persons who have grown up in certain cultural contexts are more vulnerable to loneliness than others. For example, living alone is more common in northern European countries than southern Europe, and the feeling of loneliness is more intense in southern countries (Gierveld et al., 2006). 2. Social exclusion: Studies show that the feeling of loneliness amongst ethnic minorities is higher compared to the general population (Gierveld et al., 2006). 3. Age: Surveys show that the distribution of loneliness is higher in adolescents and in seniors (Nummela et al. 2011, Tiikkainen & Heikkinen 2005, Hawkey & Cacioppo 2007). 4. Gender differences: Gender differences have been reported as a risk factor for loneliness. Some studies show that loneliness is more common in women than men; however, the effects of loneliness show higher mortality in men than women (Tilvis et al., 2011). Some other studies show that men feel more socially isolated than women, yet women suffer more from emotional loneliness than men (Nummela et al., 2011).

### Dealing with suicidal behaviour and concomitant loneliness

In order to prevent a suicide, it is important to understand its multifactor etiology. For a suicidal person to be prevented from suicide, intervention is usually required on many levels (psychological, family, etc.) As shown by surveys and literature, the best way to prevent suicide is early diagnosis and treatment of depression or other psychiatric disorders which may lead to a suicide attempt.

Suicide does not involve only the person who engaged in this action but also the people who surround them, relatives, friends and others. The death of someone to suicide affects the victim's immediate environment and has tremendous psychological repercussions on them. Suicide not only harms the victim of suicide: it acquires such social dimensions that its prevention is imperative. A key preventive agent is to maintain citizen mental health. **The better the provision of health services such as early detection of psychopathology, and the prevention of other risk factors, such as unemployment, low economic level or loneliness, the greater the need for suicide prevention.**

The majority of people who attempt suicide have shown certain warning signs before attempting to take their own lives. The symptoms of suicidality can be readily seen, particularly by those close to the individual. **A sense of despair and loneliness** which can be expressed through statements like "nothing is going to change for the better", the feeling of helplessness, the firm belief that one stands in the way of family and friends, alcohol abuse and other substances, setting one's affairs in order, preparing a suicide note and a propensity for accidents, such as deliberate carelessness in dangerous situations are all warning signs that, if detected, could prevent a possible suicide attempt.

Suicide is not a matter of ideology. It happens when the pain one experiences is greater than one can bear or handle in a certain point in life. Consequently, the person who is contemplating suicide is not by any way "inferior" or "mad". Such names not only label and do not explain anything about the difficult situation a suicidal person is in, but also make it worse, as they increase their guilt and marginalisation.

Even when suffering from the most severe depression, a person has mixed feelings about death, hesitates until the last minute and is often quite ambivalent about living or dying. Most suicidal people do

not want to die; they merely want to make the pain stop.

Studies in suicide victims have shown that more than half had sought medical assistance up to six months before their death.

Sensitivity and interest towards people with suicidal thoughts by their close relatives, by mental health experts and by society as a whole can literally save their lives.

### Dealing with loneliness

A meta-analysis of 20 studies by Cacioppo and his colleagues on how loneliness can be dealt with showed that social support is not effective for persons who have been alone for years. On the opposite, it makes them feel worse about themselves. The most appropriate interventions are those focused on steering them to a more positive stance and portraying social situations in a more positive tone. The goal is not quantitative, i.e. a great number of human contacts; it is in fact qualitative and is defined by how compatible are those connections. Compatibility does not imply external or superficial characteristics but deeper character traits such as common viewpoints and values about life, interests and actions.

It would be helpful for a lonely person to begin to make connections in safe contexts, for example in a social organization that engages in volunteering activities, in a cultural activity or a certain municipal action, in structures whose overall aim is to provide care and where the atmosphere is by definition positive. A real, deep social contact is defined as one which fills us with energy and contributes to self-esteem and respect in life.

### Epilogue

The feeling of loneliness per se is neither a fault in someone's personality nor a sign of weakness. People who feel alone have not done anything wrong. In contrast, loneliness is a functional survival instinct which aims at encouraging the person to reap the beneficial effects of human companionship. Nevertheless, statistics are disappointing. In USA alone, 20% of the population, or around 60 million people are suffering from chronic loneliness to such an extent that it has become the basic source of their misery. Most of them are people surrounded by colleagues, neighbours, friends and family. They are no different to other people in terms of any other parameter. But some people are more vulnerable than others when it comes to how they experience loneliness. On a psychosocial level, people who experience chronic loneliness usually do not think they deserve a deep, meaningful relationship; therefore, they are convinced that even if they try, they will be rejected, so they won't even try. At the same time, the inherent structure of societies fosters social isolation, and people often have many contacts, albeit not deep and meaningful. Meanwhile, as incredible as it may seem, the surveys of Fawler & Christakis show that social isolation is spread from one person to the other in any social network (occupational, educational, recreational, etc.) It is therefore necessary, as part of primary prevention strategies, to launch organised community interventions aimed at increasing population awareness and mobilisation, as loneliness is not only associated with suicidality but with low quality of life, too.

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