Loneliness. Current scientific data

Nikos C. Zygouris[1], Argyris V. Karapetsas[2]

Abstract

Children's Depression Inventory (CDI) is administered to children aged from 7 to 17 years old. The design principle of rating scales is that childhood depression shows similar symptoms to adults. Therefore, there are scales that assess depressed mood, lack of pleasure, low self-esteem, sleep and eating disorders, psychomotor retardation, excessive fatigue, loneliness and suicidal ideation. The main target of this research protocol is loneliness, as recorded by the CDI in a research population of children with depression.

Participants were 80 children (35 boys and 45 girls) with a mean age of 11.86 years (SD 2.060). All participants had diagnosis of depression by Children's Psychiatric Hospital of Attica.

Descriptive statistical analysis were calculated in order to investigate the answers of CDI scales that assess loneliness. Furthermore, the methodology used t test for independent samples between them in order to evaluate the mean scores of children and to identify differences according to gender and age. The results showed statistically significant difference in favor of females (p <0.05) and a higher answered the loneliness subscale compared with males. Also, were presented a significant difference (p <0.05) between adolescents and younger children with their first note to the highest score in the same subscale.

The assessment of the results of this research protocol leads to the conclusion that all children with depression scored high results in the CDI scales that assess loneliness. In addition, girls showed a statistically significant higher averages in their answers in this subscale. The same results were seen in the comparison between the ages of children to teenagers to record significantly higher score on questions that assess loneliness. In conclusion, the results indicate that loneliness as a symptom of emotional disorders it is important to evaluate the design of psychotherapeutic program for children and adolescents with depression.

Key-Words: Children's Depression Inventory

Introduction

Research data which refer to the correlation between children's relationships with their peers and their psychological adjustment come from researches that examine popularity (a dimensional factor). Popularity refers to the extent that a child is connected to his peers. Researchers also examine the specific experience of children trough friendship, as a binary relationship model.

Sullivan's Theory [1] suggests that popularity combined with friendship changes form during child's development, adjusting to local and social conditions. The need for acceptance is fundamental in middle childhood and it is replaced by intimacy dependence as the child enters the stage of pre-pubertal.

According to this model, Parker and Asher[2] reached to the conclusion that quality of friendship combined with child's popularity in middle childhood may be important predictors of loneliness. However, they identified that some of the children with high acceptance may not have friends, unlike children with lower acceptance. Therefore, regardless of popularity, friendless children tended to express feelings of loneliness to a greater extent than children who had at least one peer friend.

Many studies suggest that children who are rejected by their peers are experiencing difficulties and higher levels of loneliness in social adjustment than those who are better accepted. Depression is also associated with difficulties in children's relationships.[3,4] As in the case of loneliness, experiences gained from peer groups can act as a modulation factor between rejection and depression.[5]

1. Doctor of Clinical Neuropsychology, University of Thessaly,
2. Professor of Neuropsychology – Neurolinguistics , University of Thessaly

Methodology

This study included 80 children (35 boys and 45 girls) aged 9-17 years old (average. 11.86 years, SD 2.060). All participants where diagnosed with depression by the *Anxiety and Depression Clinic at Child Guidance Clinics of Athens*, which belong to Children's Psychiatric Hospital of Attica. All children were assessed with the Children's Depression Inventory [6] to investigate the symptoms of affective disorder they experienced.

Children's Depression Inventory is a self-reported questionnaire administered to children aged between 7-17 years old. It was developed by Kovacs based on Beck's Depression Inventory. The design principle of these rating scales is based on the fact that childhood depression has similar symptoms to those of adult depression. Therefore, there are scales that assess depressed mood, lack of pleasure, low self esteem, sleep and eating disorders, psychomotor retardation, excessive fatigue, loneliness and suicidal ideation.[7]

The Greek version of the questionnaire used consists of 26 questions that evaluate the severity of symptoms of childhood and adolescent depression in a 0-2 scale. The main objective of this research protocol is to evaluate loneliness, as it is recorded by the CDI in a research population of children with affective disorders.

More specifically, we evaluated participants' responses to questions:

No 1. *About my friends* (I do not have any friends, I have very few, I have several)

No 5. *I feel lonely* (Very often, sometimes, I never feel lonely).

No 12. *I want to be with other children* (often, sometimes, I never want to be with other children).

Results

Descriptive methodology was used to identify the percent rates of children with depression that scored high in these specific questions. Furthermore one-way ANOVA analysis was conducted to identify any statistically significant differences to the way participants respond in respect to gender and age.

At question number one (Q1), 75% of the participants respond that they *didn't have any friends*. At the second question (Q5) 80.30% of the participants answered that *they feel lonely*. Finally, at the third question (Q12) 56.40% of the children answered that *they never want to be with other children.*

As long as it concerns the gender, girls scored statistically significant lower in these questions (p <0.05). This suggests that depressive girls experience a higher degree of loneliness compared with depressive boys.

Finally, with respect to the age children aged 10,11,13 and 14 years old scored significantly lower to these specific questions (p <0.05) compared with other age groups.

Conclusions

From the result analysis it can be concluded that depressed children experience loneliness in a significant higher percentage than other children and more specifically girls compared with boys and younger children compared with adolescents.

The results of this research protocol provide support for research hypotheses which claim that loneliness in middle childhood plays an important role in the emergence of depressive symptomatology (Nagle et al., 2003). The loss of social support network which results in a feeling of loneliness combined with depressive symptomatology may play an important role in the setting of a depressive episode. The following chart can be seen as a summary of the model that has been developed and demonstrates the above relation (Nagle et al., 2003)

Depression
⇧
Loneliness
⇧
Friendship quality
⇧
Popularity
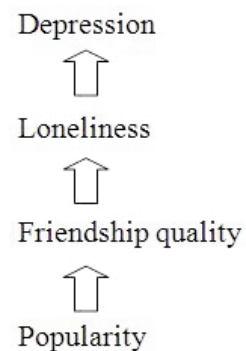
Furthermore, a special mention should be made to the percentage of children with depression who want to develop friendly relations with their peers. From the questions that were assessed, the lowest response level was detected in Question 12 which

evaluates the need of children with depression to be with other children (56.40%). This suggests that children with depression experience a higher rate of loneliness and rejection by their peers despite the fact that they have a great need for friendship.

In conclusion, the results indicate that it is important to evaluate loneliness as a symptom of affective disorders when a psychotherapeutic program for children and adolescents with depression is developed. A suggestion that results from this research protocol is that these children should be included in peer groups in order to reduce the feeling of loneliness which would lead to a reduction in depressive symptomatology.

References

1. Sullivan, H. S. (1953). The interpersonal theory of psychiatry, New York. Norton

2. Parker, J. G. & Asher, S. R. (1993). Friendship and friendship quality in middle childhood: Links with peer group acceptance and feelings of loneliness and social dissatisfaction. Developmental Psychology, 29, 611–621

3. Hodges, E.,V.,E., Boivin, M., Vitaro, F. & W.M. Bukowski, W.,M.,(1999)The power of friendship: Protection against an escalating cycle of peer victimization, Developmental Psychology, 31, 923 – 933.

4. Nangle, D. W., Erdley, C. A., Newman, J. E., Mason, C. M., & Carpenter, E. M. (2003). Popularity, friendship quantity, and friendship quality: Interactive influences on children's loneliness and depression. Journal of Clinical Child and Adolescent Psychology, 32, 546–555.

5. Schmidt, M.E. & Bagwell, C.,L. (2007) The protective role of friendships in overtly and relationally victimized boys and girls, Merrill-Palmer Quarterly, 53, 439–460.

6. Kovacs, M. (1985) The Children's Depression Inventory (CDI). Psychopharmacology Bulletin 21:995–998

7. Argyris V. Karapetsas & Nikos C. Zygouris, (2011) Η χρήση του Children's Depression Inventory σε Ελληνικό Πληθυσμό. Περιοδικό της Ελληνικής Ψυχιατρικής Εταιρείας, 223-225.