

LONELY HEARTS

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LONELY HEARTS

According to the US Census Bureau there were 99.6 million unmarried people (including single, divorced, widowed, and partnered but unmarried) over the age of eighteen living in the country in 2010. 53.1% of these were women. In 2007 there were 393 dating services establishments, including internet dating services, employing nearly 3,125 people and generating \$928 million in revenue. Obviously, then, singles are looking and competition for their interest is strong.

WHO IS LONELY AND CAN THEY BE HELPED?

Not everyone who is single is lonely or looking, and not everyone who is lonely is single. Loneliness depends on a variety of factors, personal and environmental, rather than simply on romantic or social status. Coping mechanisms also depend on these factors.

Of the people who are lonely, only those in situational stages and lesser degrees of loneliness may be willing to do something about it or be reachable from outside recommendations on how to either end long-term loneliness or prevent short-term loneliness from continuing. Those that are willing may not even be reachable if they intend to pursue methods of enhancing their social interaction inappropriate to the causes.

People who are not lonely do not rely on social-interaction enhancement services; neither do those who are extremely lonely. The non-lonely have interaction enough in their daily lives and the extremely lonely, chronic or depressed, have no anticipation of being able to end their loneliness through social interaction. Their passivity makes them unreachable.

HOW DO HUMANS REACT TO LONELINESS?

The success of coping and resolution strategies for loneliness depend not only on the depth and stage of the loneliness but also on the type of loneliness felt. A temporarily lonely person, who has a social need for guidance but whose mentor is not available, can succeed in eliminating the loneliness by talking over the problem that triggered the desire for guidance with friends, trusted family or a partner. A person who is not very “good with the opposite sex” on the other hand, and feels always lonely even though adequately socially included and integrated at work, will not be able to shake that loneliness by increasing time spent at the office. However, because so little work has been done on understanding and explaining loneliness, many people do not tend to realise what is causing their loneliness and therefore cannot approach its resolution correctly.

The clichéd image of a person using comfort food and escapist television to assuage loneliness isn’t necessarily wrong, but it is most likely a person in the far stages of chronic loneliness or depression, and not someone amenable to a solution.

As well, the idea that there is a “special someone” out there for each of us, and the Western ideal of a nuclear family, can drive people to seek relief from their loneliness in a partner instead of a

DEPRESSION

People who are depressed no longer have a desire to try and cure their loneliness, often they no longer feel lonely at all, though they readily admit to feeling “alone”.

Some forms of depression, not physically or chemically originating, may actually be a coping mechanism for social animals that have absolutely no chance to cure their social separation distress/anxiety. The inability to care when depressed is also the cessation of caring that one is socially isolated.

This change in attitude and inability to care may be the origin for the idea that loneliness was indicative of ill-health because there were no social connections to ensure self-care. It is now obvious that ill-health is instead an indication of loneliness and depression and a corollary of inability to care.

WHAT CAN BE DONE ABOUT LONELINESS?

While all lonely people should have the resources and support they require in order to resolve their heartache and find a solution to their problem, it is the situationally lonely, emotionally and socially, that are of the most interest. Because both types of temporarily lonely people can be helped through increased social integration, they are reachable from outside of specialised, clinical helping areas. These people are actively and assertively working to resolve their own loneliness and, while they will use social interaction to substitute for deep, inclusive relationships, they only intend to do so in the short term.

They use media for both escape and understanding of their world, keeping themselves aware of what is happening around while also avoiding the potential pain of their feelings.

Because of their active search for a solution to their pain, they will try presented solutions. Because they do not have a particular fear of what their loneliness means, however, they will not return to unsatisfactory solutions.

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