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The experience of loneliness: The role of fears of compassion and social safeness

Talitha Best [a,b,*], Lee Herring [a], Chantelle Clarke [a], James Kirby [b], Paul Gilbert [b,c]

[a] School of Health, Medical and Applied Science, Appleton Institute, NeuroHealth Lab, Central Queensland University, Australia
[b] Compassionate Mind Research Group, School of Psychology, University of Queensland, Australia
[c] University of Derby, Compassionate Mind Foundation, United Kingdom of Great Britain and Northern Ireland

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ABSTRACT

There are multiple factors associated with an increasing rate of loneliness. One common thread may be social disconnection and a reduced ability to feel safe in social settings for fear of giving to and receiving help from others. This study used an online survey to explore loneliness and its relationship with related psychological constructs of social connectedness, social safeness, subjective happiness, and fears of compassion in 177 adults (Female = 126), aged 18–70 years. The results showed that those with high loneliness reported significantly higher fears of expressing compassion for others and self, and receiving compassion from others, as well as lower reported social safeness, subjective happiness and social connection compared to those with reported low loneliness. Those with moderate levels of loneliness were not significantly different from the high loneliness group on fears of compassion towards others or measures of positive affect. The findings show that social safeness, and fears of receiving compassion from others or self are highly related to those with high levels of loneliness.

The formation of meaningful, socially caring connections forms an integral part of life and is central to human experience (Cacioppo & Patrick, 2008). The importance and complexity of these caring connections is that caring social relationships have profound effects on a range of physiological processes linked to physical and mental wellbeing (Slavich, 2020). Social disconnection then can be a source for physical and mental ill-health (Cacioppo et al., 2014). Loneliness is the experience of unwanted disconnectedness. For some individuals, forming social supportive connections comes relatively easily, yet for others it can be difficult to create and maintain connections due to lack of opportunity, social skills, or social fears (Sagan & Miller, 2018).

Much like other bodily states such as thirst, hunger or pain, a feeling of loneliness is a 'body warning' to effect change in order to preserve a positive and healthy socially regulated physiology. Importantly, the number of acquaintances or connections an individual has does not necessarily mean the less lonely they will feel (Sagan & Miller, 2018). This is reflected in modern social contexts, where city populations have increased significantly, there is more single bedroom apartments built than ever before (Australian Bureau of Statistics [ABS], 2019), and being alone and loneliness has also increased (Beutel et al., 2017). Indeed, the estimated prevalence rates of loneliness in the general population is about 10.5% (Beutel et al., 2017). However, loneliness is related to a sense of emotional connection not physical presence (Cacioppo & Patrick, 2008).

Thus, it is possible to feel lonely while being surrounded by many people that one knows but does not relate to in terms of sharing important personal information or feeling socially supported or emotionally attuned to (Cacioppo & Patrick, 2008) or safe (Kelly et al., 2012). Hence, an individual's experience of loneliness is not dependent on having access to, and engaging in, social settings (Mann et al., 2017).

The reasons people can feel lonely can be related to feeling socially unsafe which can be related to early attachment difficulties (Cacioppo & Hawkley, 2009). For example, those who felt a lack of emotional warmth in childhood struggle in connecting with others as adults, with one study finding those with anxious attachment, compared to secure attachment styles, had increased hyperactivity towards perceived social rejection (Sheinbaum, Kwapil, Ballespí et al., 2015). There is also growing evidence that neoliberal competitive pressures increase perfectionism, self-focus narcissism and the fear of being shamed for being inadequate in some way, which are pressures associated with loneliness (Becker et al., 2021; Sagan, 2018). Having a heightened sensitivity to social threats is postulated to lead to a bias in attention

* Corresponding author at: School of Health, Medical and Applied Science, Appleton Institute, NeuroHealth Lab, Central Queensland University, Australia.
E-mail address: t.best@cqu.edu.au (T. Best).

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towards negative aspects of a social interaction, which in turn, increases feelings of loneliness and sadness (Gilbert, 2018). These problematic social perceptions and cognitions effect well-being and mental health, with loneliness linked to higher incidence of psychopathology, including depressive symptoms (Cacioppo et al., 2006), anxiety, social anxiety (Anderson & Harvey, 1988), and greater suicide risk (Chang et al., 2017). Importantly, the perceptions of social settings and social interactions are significantly different between those reported to be lonely and non-lonely (Hawkley et al., 2005). Lonely people report perceiving social settings with feelings of mistrust of others and more cynicism than non-lonely people (Cacioppo et al., 2008). Along with feelings of low self-worth and negativity, a person experiencing loneliness is more likely to emulate these feelings during social encounters (Cacioppo et al., 2008; Wang et al., 2018).

A key factor in motivating social behaviour is the desire for social connectedness, social sharing, and support (Riedl et al., 2013). Social connectedness is a social pathway that links positive emotions to good mental health (Mauss et al., 2011), and is linked to subjective happiness, which mediates a relationship between social connectedness and loneliness (Diener & Seligman, 2002). The experience of loneliness might also be related to other pro-social behaviours, such as compassion, where individuals are experienced as being sensitive to each other's needs, difficulties, and distress, and perceived as willing to be helpful (Gilbert, 2009).

Compassion at its core is relational, thus if one is lonely, it is highly likely that the experience of compassion is one aspect of the individual's life that will be negatively impacted. Yet, this remains unknown. Compassion, like any motive, has an interpersonal flow: there is the compassion we have for others, our experience of compassion from others, and self-compassion. However, some people find it difficult to experience aspects of this flow, for example, giving compassion to others might be tolerable, yet receiving compassion from others and being compassionate to themselves is difficult and feared (Gilbert et al., 2011; Kirby et al., 2019). Indeed, research has found that those with self-criticism struggle with compassion, even fear compassion (Gilbert & Procter, 2006). This has led to a growing body of work examining fears of compassion, and importantly fears, blocks and resistances to compassion can be experienced at both intrapersonal and interpersonal levels, such as in social settings (Gilbert & Mascaro, 2017). For example, people who fear compassion from others can worry about the possibility of negative social judgments of others that lead to helping and compassionate behaviour directed towards them (e.g., "*they aren't strong enough, they need help*"). These fears of negative judgment, provide justification for safety behaviours, such as keeping distance from others, faking well, or not sharing personal details, due to the individual viewing social contexts as unsafe (Gilbert et al., 2011a; Kelly et al., 2012). Fears of compassion have also been shown to be associated with mental health problems, such as depression, stress, and anxiety, as well as shame, (Gilbert et al., 2011; Kirby et al., 2019; Matos et al., 2017; Merritt & Purdon, 2020).

This indicates that perceptions of social safeness may be important in dispositions towards loneliness. Social safeness is associated with how someone experiences their social world and refers to experiencing one's social world as safe, warm, and soothing (Gilbert, 2009). Moreover, feelings of social safeness are linked to the qualities of feeling supported, experiencing kindness and affection (Akın & Akın, 2016). Kelly et al. (2012) found that social safeness was a better predictor of mental health difficulties than positive or negative affect or social support. Armstrong, Nitschke, Bilash, & Zuroff (2021) found social safeness is a specific affect regulator and that it can be significantly distinguished positive emotion and negative affect.

Research suggests that social safeness develops in childhood, particularly with the early relational experience the child has with their parents and caregivers. Specifically, children who grow up feeling warmth and affiliation from nurturing parents, have the capacity to develop feelings of social safeness (Kelly & Dupasquier, 2016) and the capacity for interpreting future social experiences with others as safe (Matos et al., 2013). Indeed, according to Matos et al. (2013), recalling early childhood memories of warmth and safeness, have been shown to be positively associated with social connection with others. Conversely, not feeling socially safe plays a crucial role in the ability to connect with others. Hence, difficulties feeling socially safe may increase risk of loneliness. Currently, however, there is no research examining the relationship between loneliness, social safeness, and fears of compassion.

Consequently, we aimed to explore the relationship between loneliness and processes of social connectedness, subjective happiness, and their links with social safeness and fears of compassion in an Australian non-clinical context. In doing so, processes likely to be highly influential at mitigating the feelings of loneliness, such as fears of compassion and social safeness, can be targeted in further empirical and intervention studies.

1. Method

1.1. Participants

There were 177 participants, aged between 18 and 70 years (M = 42 (11) years), with 126 females (71.2%) and 51 males (28.8%) who completed the study. Initially 208 participants responded to the survey, however 31 participants at the end of question 6 exited the survey and therefore were excluded. Overall, the sample were tertiary educated, with 37.9% of the sample reporting a bachelor's degree. Income was assessed in Australian dollars from under $15,000 to over $150,000, with 37.3% of the participants self-reporting a combined income of over $150,000. The full categorical descriptive information for participants can be seen in Table A1.

1.2. Procedure

A sample of convenience was recruited through snowball sampling by sharing the online survey link on social media platforms, professional networks such as interested groups, colleges, acquaintances, friends, and family of acquaintances, who then shared with others in their social network. Participants completed the anonymous online survey in approximately 12 min, and informed consent was implied upon commencement of survey. Participants could exit the study at any time by closing the browser. The survey protocol was approved by the Human Research Ethics Committee of [removed for blinding] (application no. 2019-029).

1.3. Measures

1.3.1. Background demographics

Participants were asked for demographic information regarding gender, age, education, and income.

1.3.2. UCLA Loneliness Scale (Version 3)

This 20-item self-report scale measured loneliness severity. Participants rated statements such as 'how often do you feel alone'? utilising a 1 (never) to 4 (always) Likert type scale (Russell, 1996). Ratings are summed, with a total score ranging from 20 (low) to 80 (high). Higher scores indicate greater loneliness level.

1.3.3. Social connectedness scale

This scale assessed the degree to which people feel connected to others in their social world. Participants indicated how much they agree/disagree with 8 statements such a 'I catch myself losing all sense of connectedness with society' (Lee & Robbins, 1995) from 1 (strongly disagree) to 6 (strongly agree). Scores are summed to give a total overall score with higher scores reflecting higher level of social connectedness.

1.3.4. Subjective happiness scale

This scale measured the construct of subjective happiness using 4-item self-report likert scale (Lyubomirsky & Lepper, 1999) of 1 (not a very happy person) to 7 (a very happy person). Total scores range from 4 to 28, with higher scores representing higher subjective happiness.

1.3.5. I-PANAS-SF

This scale measured mood using a 10-items self-report scale (Thompson, 2007). The participants respond according to an interval measure 1 (never applies) to 5 (always applies) that this concept applies to them.

1.3.6. Social safeness and pleasure scale

This 11-item scale measured how people experienced pleasure and positive feelings in social situations (Gilbert et al., 2009). Participants were asked to rate how they feel on a 5-point scale ranging, 1 (almost never) to 5 (almost all the time), in various situations. For example, 'I feel a sense of warmth in my relationships with people'. Total score range is from 11 to 55, with higher scores indicating feeling more socially safe.

1.3.7. Fears of compassion scale

Participants were asked to rate beliefs and thoughts about kindness and compassion (Gilbert et al., 2011), on a five-point Likert-type scale, 0 (do not agree at all) to 4 (completely agree). Fear of compassion for others comprises 10-items (e.g., 'people will take advantage of me if they see me as too compassionate'). Fear of compassion from others comprises 13-items (e.g., 'wanting others to be kind to oneself is a weakness'). Fear of compassion for self-comprises 15-items (e.g., 'I feel that I don't deserve to be kind and forgiving to myself'). Higher scores, in all the three fear of compassion scales, indicate higher fears of compassion.

1.4. Data analysis

All data were analysed using SPSS (Version 24.0; IBM Corp, 2016). For categorical data, non-parametric Chi square analysis was used to examine differences between gender, education, and income with loneliness score groups.

Correlation analysis (Pearson's) were conducted on the data to assess the correlation between loneliness, subjective happiness, connectedness, social safeness, and compassion. This was followed by ANOVA which was used to capture differences between the loneliness score groups and post hoc comparisons were made using the Bonferroni adjustment set at >0.05 level. Loneliness scores were divided into three groups. Low (20–40) Medium (41–51) and High (52–80) loneliness. This division of scores was based on Australian research that used the UCLA Loneliness Scale (Version 3) and a visual binning approach to group participants into even sized groups based on their scores (Australian Psychological Society [APS], 2018).

2. Results

2.1. Demographics by loneliness score groups

There were no significant differences between the loneliness groups on measures of age, education, income and number of men and women. Data presented in appendix Table A1.

2.2. Correlations between loneliness and other psychological characteristics

The correlation matrix for loneliness, social connectedness, subjective happiness, social safeness, fears of compassion, positive affect and negative affect are shown in Table 1. Correlations revealed that loneliness is correlated with all the main variables in the analysis at the $p < 0.01$ level. The strongest negative correlation was loneliness and social safeness ($r = -0.895$). Loneliness was also negatively correlated with social connectedness, subjective happiness, and positive affect. Conversely, loneliness was positively correlated with fears of compassion for others, from others and towards self and negative affect.

2.3. Differences between loneliness score groups and other psychological characteristics

As shown in Table 2, there was a significant difference between loneliness score groups and measures of social connectedness, subjective happiness, social safeness, affect, fears of compassion. Post hoc

Table 2
Differences between loneliness score groups and main variables.

Variable	Loneliness			Test statistic**
	Low (M, SD)	Med (M, SD)	High (M, SD)	
Social connectedness	43.86 $(4.81)_a$	36.74 $(5.62)_b$	26.25 $(8.35)_c$	F = 117.94**
Subjective happiness	22.08 $(3.22)_a$	18.75 $(3.44)_b$	4.75 $(0.72)_c$	F = 43.95**
Social safeness	48.09 $(5.12)_a$	38.24 $(5.15)_b$	25.48 $(7.03)_c$	F = 227.36**
FOCompassion for others	24.95 $(8.34)_a$	27.37 $(7.16)_{ab}$	28.45 $(6.61)_b$	F = 3.46*
FOCompassion from others	19.82 $(6.15)_a$	28.68 $(9.12)_b$	35.16 $(10.88)_c$	F = 49.42**
FOCompassion towards self	20.47 $(6.35)_a$	30.53 $(10.95)_b$	36.45 $(14.81)_c$	F = 36.43**
Positive affect	18.63 $(3.35)_a$	16.68 $(2.63)_b$	15.86 $(3.24)_{bc}$	F = 12.92**
Negative affect	9.41 $(2.46)_a$	11.61 $(3.12)_b$	13.95 $(3.83)_c$	F = 32.05**

Note. Groups with the same superscript indicates no difference.
* $p < 0.05$.
** $p < 0.01$.

Table 1
Correlations of the main variables.

	M(SD)	Cronbach's α	1	2	3	4	5	6	7	8
1. Loneliness	43.45 (10.89)	0.943	–							
2. Social connectedness	37.31 (9.31)	0.943	−0.799**	–						
3. Subjective happiness	19.41 (4.57)	0.861	−0.661**	0.602**	–					
4. Social safeness	39.46 (10.69)	0.960	−0.895**	0.786**	0.679**	–				
5. FOCompassion for others	26.55 (7.69)	0.845	0.240**	−0.254**	−0.301**	−0.295**	–			
6. FOCompassion from others	26.33 (10.53)	0.921	0.642**	−0.589**	−0.542**	−0.641**	0.454**	–		
7. FOCompassion towards self	27.51 (12.35)	0.950	0.582**	−0.541**	−0.563**	−0.580**	0.333**	0.779**	–	
8. Positive affect	17.35 (3.32)	0.745	−0.440**	0.352**	0.474**	0.425**	−0.100	−0.208**	−0.275**	–
9. Negative affect	11.20 (3.55)	0.815	0.592**	−0.507**	−0.614**	−0.562**	0.219**	0.560**	0.602**	−0.402**

Note.
** $p < 0.01$.

comparisons show that those with high loneliness scores report significantly lower social connectedness, subjective happiness, and social safeness than those in both the low and medium loneliness groups. Those in the low loneliness group show significantly higher scores of social connectedness, subjective happiness and social safeness compared to those in the medium loneliness group.

Those in the high loneliness group, there were significantly greater fears of compassion for others compared to those in the low loneliness group, but not the medium loneliness group. Those in the high loneliness group also reported significantly higher fears of compassion towards self and receiving compassion from others than those in the low and medium loneliness groups. Those in the medium loneliness group reporting significantly higher fears for compassion towards self and received from others than the low loneliness group.

For experiences of affect, those in the high loneliness group reported significantly lower positive affect than those in the low loneliness group, but not the medium loneliness group. For negative affect, those in the high loneliness group report significantly higher negative affect than those in the low and medium loneliness groups, with those in the medium group reporting significantly higher negative affect than those in the low loneliness group.

3. Discussion

The aim of this study was to explore the relationship between loneliness, subjective happiness, social connectedness, social safeness, and fears of compassion in an Australian population. There were no significant differences in background demographic characteristics between low, medium, and high loneliness groups. This finding is consistent with recent Australian research that found no differences in loneliness by demographic variables (APS, 2018), and serves as further reminder that experiences of loneliness are not greatly influenced by demographic context.

Higher scores of loneliness were significantly associated with lower subjective happiness, social connectedness and social safeness, and higher fears of compassion towards self, others and receiving from others, than those with low scores of loneliness. Further, loneliness was predicted by reported levels of social connection and measures of social safeness. Looking at the pattern of correlations, social safeness is highly correlated with social connectedness suggesting overlapping constructs. Important too, while fear of compassion for others is significantly correlated with loneliness it is at a much lower level than fear of compassion *from* others. Hence our data fits with increasing evidence that the inability to be open to compassion from others may be more important as a vulnerability factor for mental health problems than compassion to others or even self-compassion (Hermanto et al., 2016). It also highlights the fact that social safeness is a key variable for loneliness and fits in with increasing evidence that social safeness may well be a specific and important emotional regulation system (Armstrong, Nitschke, Bilash, & Zuroff, 2021; Kelly et al., 2012).

A strength of this research is use of a broad, non-clinical population. Much of the previous research has been conducted on a clinical population (Chang et al., 2017) however, the prevalence and negative consequences of loneliness are equally important to understand in the clinical and non-clinical population. In addition, the study is perhaps more representative of the general population as the study did not specifically recruit university students.

A limitation of the current research, however, is that although the sample was recruited from a non-clinical population, there were no clear measure to check this. Using a self-report item of a diagnosed mood disorder could be useful to explore the relationship between loneliness and other psychological, mental health constructs. A further limitation is the reliance on a cross-sectional survey. As a result, we cannot infer whether loneliness leads to social unsafeness and fears of compassion, or whether the relationship is reversed. That is, those that fear compassion, feel socially unsafe and lonely. Research using longitudinal cross-sectional survey designs would help future research in providing greater clarity between these constructs.

The role of the fears of compassion has been recently shown in clinical populations to differentiate the impact of anxiety and depression (Merritt & Purdon, 2020). Further, fears of compassion are strongly related mental health and therefore understanding loneliness in relation to whether fear of compassion could be targeted through intervention, may be useful pathways to future research. Preliminary evidence suggests that intervention training in Mindfulness Self-Compassion (MSC) Compassion Focused Therapy (CFT) and Compassion Cultivation Training (CCT) can promote and increase perceived social safeness and pro-social attributes of compassion (Steindl et al., 2018). Here it is important to distinguish between safety and safeness as different physiological systems (Gilbert, 2020). Individuals may try to create a sense of safety by reducing threat and that means avoidance whereas social safeness is the ability to move towards those who are helpful and supportive. Hence individuals who have anxieties about others may well pursue social safety which takes them into states of loneliness. Therefore, understanding interventions for addressing the experience of loneliness are likely to be fruitful. Specifically, by addressing fears of compassion to others and perceptions of social safeness, will enable people to learn how to be compassionately sensitive to their own distress and others in social situations (Steindl et al., 2018). Strategies to support emotional regulation will be important as an individual's ability to regulate their own emotional distress differentially modulates the relationship between loneliness, depression, and anxiety (Velotti et al., 2020).

3.1. Conclusion

Humans are fundamentally social beings who desire social connection. Our results highlight and confirm that loneliness is not equivalent to social isolation, and social safeness, the capacity to engage in a flow of affect, kindness, and compassion with and to others is important for understanding the experience of loneliness. There is a compelling need to conduct more research on fears of compassion and social safeness to design empirically sound interventions for people experiencing loneliness.

CRediT authorship contribution statement

TB contributed conceptualisation, methods, analysis, preparation of manuscript and supervision. LH contributed to conceptualisation, project administration and data collection and analysis. CC contributed to data analysis, writing and manuscript preparation. JK contributed reviewing and editing of manuscript. PG contributed to conceptualisation, review and editing of manuscript. All authors declare there are no perceived or actual conflicts of interest in the conduct of this research.

Appendix A

Table A1
Demographic variables and loneliness.

Variable	Loneliness scores			n, percent	Test statistic
	Low	Med	High		
Gender					$\chi^2 = 2.71$
Male	19	20	12	51 (28.8%)	
Female	60	34	32	126 (71.2%)	
Other				0	
Total				177	
Age (years) (*m*, SD)	41.52 (10.29)	41.76 (12.19)	42.45 (12.48)		$F = 1.03$
Education					$\chi^2 = 13.90$
<Year 12	5	4	6	15 (8.5%)	
Year 12	13	2	5	20 (11.3%)	
TAFE	13	17	13	43 (24.3%)	
Bachelor	29	22	16	67 (37.9%)	
Postgraduate	19	9	4	32 (18.1%)	
Income					$\chi^2 = 20.61$
<$15,000	0	0	2	2 (1.1%)	
$15,000–$29,999	3	0	2	5 (2.8%)	
$30,000–$49,999	2	1	4	7 (4.0%)	
$50,000–$74,999	4	3	5	12 (6.8%)	
$75,000–$99,999	6	11	5	22 (12.4%)	
$100,000–$150,000	30	20	14	64 (36.2%)	
>$150,000	34	19	12	65 (36.7%)	

Note. There were no significant differences between loneliness groups and demographic variables.

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