THE ADOLESCENT´S EXPERIENCE OF LONELINESS AND ITS ASSOCIATIONS WITH DELIBERATE SELF-HARM
NORTHERN FINLAND BIRTH COHORT 1986 STUDY

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WHAT IS LONELINESS?

• The interactionist theory of loneliness; when an individual’s socioemotional needs are not being adequately met, the subjective and often negative feeling of loneliness occurs (Weiss 1973).
• Loneliness is a multidimensional and involuntary experience, influenced by social, emotional, psychological, cognitive and situational or contextual factors (Kangasniemi, 2008; Rokach & Neto, 2005; Savikko, Routasalo, Tilvis, Strandberg, & Pitkälä, 2005).
• Different from the concepts of aloneness, social isolation or being alone (Uusitalo 2007).
• Nearly all people experience loneliness at some time in their lives but for some the experience becomes distressing, chronic condition (Hawkley et al. 2010), negatively affecting one’s wellbeing and health.
• 20-50 % of the adolescents experiences some degree of loneliness (Cacioppo and Patrick 2008, Laine 1990).
EXPERIENCES OF LONELINESS HAVE BEEN ASSOCIATED WITH


• Health problems: Poor self-rated health (Page & Suwanteerangkul 2009), other health related problems such as eating (Pritchard and Yalch 2009) and sleeping problems, higher blood pressure and changes in cardiovascular functioning (Cacioppo et al. 2002).

• Suicidal ideation and thoughts (Lasgaard et al. 2011).
CONTEXT OF THE STUDY
CONTEXT OF FINLAND IN RELATION TO LONELINESS

- Scarcely populated European country, 5.4 million people, population density 17.86/km² in the whole country, 1.9/km² in Lapland. (Alaska 0.45/km²).
- Weakening of the collectivist traditions, the loss of communality, intensifying of individual values (Lindfors et al. 2012); individualization.
- Many people live alone (in 2012 41.4% of Finnish people lived alone, in 1970 20% lived alone)
- Unstable family structures, many divorces, in 2012 28 878 marriages and 13 040 divorces, (45.1%), in 1970 40 730 marriages and 6 044 divorces (14.8%) (Statistics Finland 2013).
- Young people move out from home at young age; social and emotional pressure in relation to that (Harinen 2008)
- Ethos of managing on one's own in Finland, not asking for help, pride, what happens in (nuclear) family, stays in family, physical and emotional distance (Anttila 1993, Taimela 2005).
- ”Death” of small villages in northern areas. Inequality and poverty have increased. Unemployment, low socioeconomic status, dissatisfaction with social relations, more loneliness (Harinen 2008, Eräsaari 2011).
AIM OF THE PHD STUDY

• To examine how loneliness manifests itself in the life course of the young people in Northern Finland and what consequences it has for their wellbeing, health and growth. Special attention is paid on gender in relation to loneliness experiences.
THE NFBC 1986 DATA COLLECTION

- Questionnaire for parents - development, growth, health and sociodemographic background from 8416 (90%) children
- Questionnaire for parents - child’s psychomotor development and behaviour (n=8370, 90%)
- Questionnaire for teachers - child’s behavioral and emotional disorders (Rutter B2) (n=8525, 92%)
- Questionnaire for adolescents n=7344 (80%)
- Clinical tests / metabolic outcomes n=6798
  Blood samples, DNA N=6740
  Additional questions n=6798
- Questionnaire for parents n=6985 (76%)
- ADHD-research n=6622 (72%)
  Intensive clinical study on behaviour
- MRI-study
- Back-study
ARTICLES IN PHD THESIS


• The multidimensional Experiences of Loneliness in the Circumpolar North. *Gender & Society*, manuscript 8/2014

➢ Compilation Article from the mixed method perspective
ASSOCIATIONS OF DELIBERATE SELF-HARM WITH LONELINESS

• Deliberate self-harm (DSH) is an act with a non-fatal outcome in which an individual initiates a behaviour (self-cutting, burning, ingesting excess medicine/drugs, ingesting a non-ingestible substance/object) with an intent to harm herself or himself (Hawton et al. 2002)
• Common in adolescence, reported mean lifetime prevalence is 13.2% (Evans et al. 2005)
• Adolescent girls report more DSH than boys (De Leo & Heller 2004)
• Motives: wanting to get relief from distress, escape from difficult situations, show how desperate one is feeling (Scoliers et al. 2009)
• Unnoticed or untreated DSH may precede suicide (Hawton et al. 2012).
• Is there an association between loneliness and DSH?
RESULTS

• Measured: I harm or I would like to harm myself on purpose. (No: not true, Yes: somewhat/sometimes true, very true/often true) n: 7014.
• 608 (8.7%) of adolescents reported DSH or DSH ideation in preceding 6 months. Girls: 488 (80%), Boys 120 (20%).
Table 1 Distribution of subjects according to loneliness, loneliness related factors and self-rated health, prevalence of deliberate self-harm (DSH) during the past 6 months, and logistic regression of DSH.

<table>
<thead>
<tr>
<th>Explanatory factor</th>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of subjects</td>
<td>Reported DSH</td>
</tr>
<tr>
<td>Feeling lonely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never (ref.)</td>
<td>2223</td>
<td>149</td>
</tr>
<tr>
<td>Sometimes</td>
<td>1265</td>
<td>278</td>
</tr>
<tr>
<td>Often</td>
<td>149</td>
<td>61</td>
</tr>
<tr>
<td>Number of close friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One/more (ref.)</td>
<td>3503</td>
<td>465</td>
</tr>
<tr>
<td>None</td>
<td>122</td>
<td>22</td>
</tr>
<tr>
<td>Not being liked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No (ref.)</td>
<td>2320</td>
<td>167</td>
</tr>
<tr>
<td>Yes</td>
<td>1286</td>
<td>317</td>
</tr>
<tr>
<td>Self-rated health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very good/good (ref.)</td>
<td>2994</td>
<td>312</td>
</tr>
<tr>
<td>Moderate</td>
<td>590</td>
<td>162</td>
</tr>
<tr>
<td>Poor/very poor</td>
<td>46</td>
<td>14</td>
</tr>
<tr>
<td>Satisfaction with life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfied (ref.)</td>
<td>3234</td>
<td>349</td>
</tr>
<tr>
<td>Cannot say</td>
<td>167</td>
<td>52</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>210</td>
<td>85</td>
</tr>
</tbody>
</table>

<sup>1</sup> Adjusted for all factors in the Table
DISCUSSION

• Association between loneliness and DSH was found; loneliness can be very distressing for both girls and boys.
• Girls reported more loneliness and more DSH.
• Varied and changing social relations among girls and boys
  • Tendency that girls are taught to be kind and friendly, to avoid conflicts, to be caring → emotionally investing in relationships more so than boys are (McLeod 2002, Brown & Gilligan 1992)
  • Boys are often taught to be ”tough”, and more independent, boys’ peer group often larger and more actively-oriented (McLeod 2002)
  • It might be that emotional and social difficulties might cause more emotional distress among boys, girls might be accustomed to talk about emotions and handle difficulties in social relations better
• Gilligan & Machoian 2002: DSH can be seen as a form of communication. The suicidal and DSH behaviour of girls includes the components of hope related to their social relationships; they turn to DSH behaviour rather than actually committing suicide.
  • Boys might notice the difficult emotions at later stage, when the situation is already hopeless and in serious cases, instead of turning into self-harming behaviour, they turn to more violent methods
CONCLUSION

- Loneliness should be considered as a risk for individual health and wellbeing, it is important to recognize lonely individuals early on to prevent more serious problems which loneliness may cause.

- Parents, teachers and health providers should gain more knowledge about loneliness and related factors such as DSH

- Importance of healthy, supportive social relations

- Attention to schools, difficult environments to many pupils in Finland; bullying, non-belonging, loneliness

- Enhancing non-violence, belonging, emotional intelligence and empathy in schools
THANK YOU!

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REFERENCES 1

REFERENCES 2


