

CONCEPT PAPER RESPONSE FORM

A. To be completed by the proposing author:

Provisional Paper Title:	Loneliness from childhood to mid-adulthood
Proposing Author:	Roy Lay-Yee
Other Contributors:	Barry Milne, Tim Matthews, Terrie Moffitt, Avshalom Caspi, Richie Poulton
Potential Journals:	
Intended Submission Date	30 June 2018

Please keep one copy for your records and return one to the proposing author

B. To be completed by potential co-authors:

Approved Not Approved Let's discuss, I have concerns

Please check your contribution(s) for authorship:

- Conceptualising and designing the longitudinal study
- Conceptualising and collecting one or more variables
- Data collection
- Conceptualizing and designing this specific paper project
- Statistical analyses
- Writing
- Reviewing manuscript drafts
- Final approval before submission for publication
- Acknowledgment only, I will not be a co-author

Signature: _____

Date:

CONCEPT PAPER TEMPLATE

Provisional Paper Title:	Loneliness from childhood to mid-adulthood
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Date:	8/6/2017
P.I. Sponsor (if the proposing author is a student or colleague of an original PI)	Barry Milne

Objective of the study:

Introduction

Loneliness – the subjective feeling of lacking companionship (Jopling & Sserwanja, 2016) – has been associated with a number of negative consequences, including poor physical health (Caspi et al., 2006), poor mental health (Vanderweele et al., 2011), suicide (Goldman-Mellor et al., 2014), cognitive decline (Wilson et al., 2007; Kuiper et al., 2007), and mortality (Holt-Lunstad et al., 2015). Loneliness affects all ages (Cacioppo et al., 2015), from the very young (Newsom et al., 2013; Pavri, 2015; Rokach & Schick, 2014) to the elderly (Boss et al., 2015; Cohen-Mansfield et al., 2016; Courtin & Knapp, 2017; Ong et al., 2016; Wright-St Clair et al., 2017). However, longitudinal investigations of child-to-adult loneliness are rare (Qualter et al. 2015). Such studies are important to understand the development of loneliness, whether the risk factors and consequences of loneliness are the same during development, and whether negative effects accumulate with extended periods of loneliness (de Jong Gierveld et al., 2016; Hawkley & Cacioppo, 2010).

Family and psychosocial factors (socio-economic status, parental education, literacy) have been associated with the *development* of loneliness in childhood (Newsom et al., 2013) but there have been few investigations of whether such factors explain the *persistence* of loneliness into adulthood. This paper aims to investigate whether such factors are implicated in trajectories of loneliness from childhood to adulthood.

Objective

This proposal aims to investigate the development of loneliness longitudinally from ages 5 – 38, and explore family and psychosocial predictors of loneliness development.

Data sources

Loneliness in the Dunedin Study has been assessed in childhood: a collection of measures from ages 5-11 (Caspi et al., 2006; Danese et al., 2009), and again at every assessment since age 21. The most recent assessment at age 38 used the UCLA loneliness scale (Russell, 1996; Goldman-Mellor et al., 2014).

Family and psychosocial data in the Dunedin Study have been assessed longitudinally, and will be accessed for the first 15 years of life for the current investigation.

Research Question

We will investigate loneliness trajectories from ages 5 to 38, and answer the questions:
1. Do lonely children become lonely adults or are there distinct 'child onset' and adult-onset' loneliness groups?

2. Do family and psychosocial factors explain the different loneliness trajectories experienced by children.

Data analysis methods:

We will report prevalence at different ages, transitions across life stages, and prevalence of persistent vs. transient loneliness. We will assess correlations across time between loneliness measures. We will investigate the possibility of trajectory/generalized linear mixed models to describe change in loneliness over time.

We will use regression modelling to understand which family and psychosocial factors predict persistent vs transient loneliness (and possible different trajectory group membership).

Variables needed at which ages:

Loneliness:

- Composite childhood measure (ages 3-11)
- Social support measures (including UCLA loneliness scale measures) at ages 21, 26, 32 and 38

Risk factors:

- Family factors (socio-economic status, parental education, residence changes, family size, family functioning (Moos))
- Child psychosocial factors (maltreatment, self control, IQ, literacy, Rutter problem behaviours)

Significance of the study (for theory, research methods or clinical practice):

The theoretical significance of this study lies in its focus on the development of loneliness longitudinally, and the risk factors involved (de Jong Gierveld et al., 2016; Hawkey & Cacioppo, 2010). The study will elucidate the nature of the mechanisms involved - and the relative contribution of factors in different domains (Vanhalst et al., 2013).

In terms of practice, understanding the factors and mechanisms influencing the onset of loneliness – whether as a natural or maladaptive response to adverse circumstances – allows the formulation of guidelines for its prevention (perhaps as part of a general program for personal well-being), and the design of treatment options for afflicted individuals (Cacioppo et al., 2015; VanderWeele et al., 2011). This study goes further in enabling the specification of interventions to suit sub-populations or individuals at different life stages, and identifying vulnerable groups for the targeting of health and social services.

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