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Loneliness in COVID-19, Life, and Law

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LONELINESS IN COVID-19, LIFE, AND LAW

Olivia Ash† & Peter H. Huang††

ABSTRACT

This Article analyzes loneliness in the COVID-19 pandemic, life, and the legal profession, especially in legal education. This Article examines: (1) loneliness: what it is, who is lonely, how loneliness affects an individual, and recent evidence about experiences of loneliness in the COVID-19 pandemic; (2) personal, organizational, and societal costs of loneliness; (3) current research about well-being and loneliness in the legal profession and legal education; (4) results from the first loneliness survey of law students; and (5) three evidence-based interventions to mitigate loneliness: mindfulness, talk therapy (cognitive behavioral therapy), and inclusion.

KEYWORDS: Loneliness, Well-Being, Social Isolation, Anxiety, Emotional Health, Mental Health, Mindfulness Meditation, Talk Therapy, Cognitive Behavioral Therapy, Inclusion

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INTRODUCTION

“Hello darkness, my old friend.”

In response to the COVID-19 pandemic, many individuals practiced physical distancing. Individuals possibly exposed to COVID-19 self-quarantined, remaining at home and away from others as much as possible, for periods of up to 14 days. Others diagnosed with COVID-19 self-isolated, meaning that they and those around them, including medical professionals, practiced further precautions such as wearing face shields and personal protective equipment. Finally, some individuals were involuntarily placed in quarantine, lockdown, or so-called “shelter-in-place” orders by local, state, or federal governments (e.g., passengers on cruise ships, where other passengers who had tested positive for COVID-19, remained on military bases for fourteen days), and colleges or universities. The human costs of

3. Id.
4. Id.
5. See Debra S. Austin & Peter H. Huang, Unsafe at Any Campus: Don’t Let Colleges Become the Next Cruise Ships, Nursing Homes, and Food Processing Plants, 96 Ind. L. J. Supp. 29, 30 (2020); Reporting Live from Quarantine U., N.Y. Times (Oct. 26, 2020), https://www.nytimes.com/2020/10/15/us/coronavirus-college-quarantines.html [https://perma.cc/5DNQ-AVDQ] (reporting by five college journalists during two-week quarantines on these five campuses: University of Arizona; Bradley University; University of Colorado, Boulder; Grand Valley State University, Allendale, Michigan campus; and University of Wisconsin-Madison).
lockdowns⁶ include harms to emotional, mental, physical, and psychological health due to social isolation.⁷ The ongoing restrictions to mitigate the spread of the COVID-19 pandemic have caused a sense of limbo among many people, especially young adults. Young adults, during the winter season of 2020-21, manifested “more severe symptoms of anxiety, depression, eating disorders, and addictions.”⁸ A review of 80 studies found that loneliness in children and adolescents raised the rates and risks of depression between three months to nine years afterwards.⁹ Margaret R. Paccione, the Director of Clinical Innovation at Bradley Hospital in Rhode Island, describes us as being in the midst of a crisis she and her colleagues call “the Mental Health Wave.”¹⁰ French President Emmanuel Macron “stressed the ‘terrible sacrifice’ for youths anguished by disrupted studies and uncertain job prospects, and deprived of reveling.”¹¹ Even before COVID-19, the prevalent social conditions of

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austerity, competitive pressures to succeed, inequality, precarity, and poverty contributed to a dramatic increase in loneliness among young people. A recent global study involving more than 46,000 people aged 16–99 years, living across 237 countries, islands, and territories, found loneliness decreased with age and increased with individualism, with young men who reside in individualistic cultures the most vulnerable to loneliness. Another study found that loneliness distorts how people’s brains perceive others and relationships in people’s lives.

Many individuals experienced cabin fever and even felt as if they had become prisoners trapped in solitary confinement. Loneliness is perhaps society’s last remaining taboo, without physical manifestations, and “can be an affliction more harrowing than homelessness, hunger[,] or disease.”

Public health restrictions due to COVID-19 caused some young adults to


experience new-found loneliness,\textsuperscript{17} while simultaneously exacerbating existing loneliness in others,\textsuperscript{18} including older adults.\textsuperscript{19} A website, \#AloneTogether, was created to provide free, anonymous, online resources and support.\textsuperscript{20} A lecturer at Harvard T.H. Chan School of Public Health, Dr. Jeremy Nobel,\textsuperscript{21} through his Foundation for Art & Healing,\textsuperscript{22} launched the Stuck at Home (Together) website,\textsuperscript{23} providing “a wide range of opportunities for engaging in creative expression, plus sharing and connecting with others,”\textsuperscript{24} such as the Unlonely Film Festival.\textsuperscript{25}

A study analyzing British data collected between March 23, 2020 and April 24, 2020 from the COVID-19 Psychological Wellbeing Study, found high and increased feelings of loneliness


\textsuperscript{22} Id.


\textsuperscript{24} Id.

during the initial lockdown phase. In contrast, another study did not find a large increase in loneliness from January to April of 2020, perhaps due to a “feeling of increased social support and of “being in this together.” Differences in the findings of these two studies may be due to the average age (53.68 years) of the 1,545 American study participants being 16.57 years older than the average age (37.11) of the 1,964 British study participants. However, both studies found being young to be a risk factor for increased loneliness. A possible resolution of the two seemingly contradictory study findings is that older single people have adapted to social isolation by developing more resilience to extreme changes in their social networks. Gazzier Muhammad developed a new loneliness scale during COVID-19 by addressing limitations of existing scales and proposing new means to measure loneliness.

Just before the outbreak of COVID-19, Cigna reported that 61% of Americans classified as “lonely” in an online survey of 10,441 adults ages 18 and over between July 16 and August 2,


27. Martina Luchetti et al., The Trajectory of Loneliness in Response to COVID-19, 75 AM. PSYCH. 897, 905 (2020).


29. Id.


2019. This is a 7% increase from Cigna’s 2018 Loneliness Index. David M. Cordani, President and Chief Executive Officer of Cigna stated, “[T]rends shaping how we work – increasing use of technology, more telecommuting and the always-on work culture – are leaving Americans more stressed, less rested, spending more time on social media, and less time with friends and family.” The loneliness trend began earlier, however, in 2016, where studies in America and England found “the prevalence of loneliness among people older than 60 ranging from 10-46 percent.”

A “pandemic positive” is the possibility that more people, businesses, communities, organizations, and societies may strengthen their compassion and empathy towards people who experience loneliness and other psychological afflictions. A worldwide, shared experience of enhanced loneliness due to public health restrictions from the COVID-19 pandemic may prove to bond and unify people, thereby creating a more empathetic


33. Id.


atmosphere ripe for discussions about mental health in general, and loneliness in particular.\textsuperscript{38} We believe that acceptance of historically “shameful” experiences may drive support for psychological interventions to mitigate persistent loneliness, anxiety, depression, and chronic stress.

One example of the negative impacts of ignoring mental health can be found in China, where mental health is disregarded due to pervasive social stigma and scarce resources.\textsuperscript{39} Chairman Mao Zedong during his reign declared mental illness to be a “bourgeois delusion,” thereby dismantling China’s psychiatric system.\textsuperscript{40} Even today, there is discrimination against Chinese people with mental illness in the form of confinement in institutions, shunning, or hiding at home.\textsuperscript{41} The COVID-19 outbreak caused China to reevaluate its opinion of mental health. During the peak of China’s COVID-19 outbreak, over one-third of China’s population of 1.4 billion people experienced acute stress, anxiety, depression, insomnia, and panic disorder.\textsuperscript{42} The pandemic caused Chinese leadership to mobilize local officials to confront mental health issues by deploying extensive resources towards mitigating psychological issues, such as quickly providing apps, hotlines, online seminars, school screenings, and university counseling centers.\textsuperscript{43}

China is one example of why individuals and societies cannot and should no longer stigmatize mental health problems. Mental and physical health are interconnected in a myriad of biological


\textsuperscript{40} Id.

\textsuperscript{41} Id.


\textsuperscript{43} Wang & Hernandez, supra note 39.
functions. Physical ailments, such as addiction, colitis, heart disease, insomnia, and ulcers, are manifestations of mental struggles such as anxiety, chronic stress, depression, and worry. American courts give much less credence to pain and suffering, which are emotional harms, than they do to physical and property damages, further illustrating societies’ skepticism of emotional and psychological claims. One reason for this is that the judiciary is concerned with the potential for unlimited litigation over “negligent infliction of emotional distress (NIED)” and the difficulty of proving those claims.

Alexi Pappas, a record-setting runner who raced at the 2016 Olympics in Rio, asked people to “[i]magine if sports — and society — designated the same amount of resources toward mental health screening and treatment as they do physical well-being and viewed a healthy body and mind as equally important to success?” We follow her example and ask readers to imagine what would happen if law firms, law professors, law students, lawyers, and the law allocated equal resources to mental health diagnoses and interventions as they do to physical harms and property damages. What if society perceived emotional, mental, and physical health as being equally necessary and crucial to legal well-being, client success, and legal productivity? We can imagine such a world in the future; we hope readers of our Article will act to aid in changing our present into such a future.

46. See, e.g., WARD FARNSWORTH & MARK F. GRADY, TORTS: CASES AND QUESTIONS (3rd ed. 2019) (discussing how courts have struggled with the legal doctrine of negligent infliction of emotional distress and related cases).
This Article is based on original research regarding loneliness in law students. It results from conversations between the co-Authors regarding shared interests about loneliness and well-being. It also builds on research about legal education and well-being, and aims to accomplish these interrelated objectives.

First, this Article offers a primer about loneliness: what loneliness is, who is lonely, how loneliness affects a person, and the prevalence and spread of loneliness throughout societies during the COVID-19 pandemic. Part II analyzes the personal, organizational, and societal costs of loneliness among the general population. Part III surveys current research on loneliness and well-being in the legal profession. Part IV analyzes the results from the first loneliness survey of law students. Finally, Part V provides three concrete, actionable, pragmatic, proactive, and strategic interventions to mitigate loneliness: practicing mindfulness, talk therapy (i.e., Cognitive Behavioral Therapy or CBT), and inclusion.

We hope to inform and educate readers about loneliness, and request that they reflect upon their own attitudes, beliefs, and expectations about it: how we can shift from questioning our perceptions of the emotion to acknowledging the reality of manifested behaviors based on psychology and neuroscience research. We have all felt loneliness at some points in our lives. As of the date of this Article, those who feel persistent loneliness can speak with a counselor 24/7 for free by texting HOME to 741741 in the U.S. and Canada.


I. LONELINESS

“The Horror not to be surveyed—but skirted in the Dark . . . .
I fear me this—is Loneliness—The Maker of the soul.”

-Emily Dickinson

Emily Dickinson called loneliness the “horror” not to be surveyed, measured, or assessed. Instead, Dickinson suggested it should be skirted—its edges defined and bounded. What profound and vivid imagery surfaces with these two sentences! According to Dickinson, loneliness is so powerful that it may shape one’s mind, will, and emotions. In today’s world, loneliness is making headlines. Steve Cole, UCLA Professor of Medicine and Psychiatry and Biobehavioral Sciences and genomics researcher, goes so far as to say, “I’d always thought of loneliness as a nuisance, not one of the most toxic environmental

52. See id.
53. See id.
54. See id.
conditions we can possibly encounter[].”

Perhaps the real horror is that U.S. Surgeon General, Vivek Murthy, called loneliness the “most common pathology” whose effects on healthcare costs and outcomes have been found to be as detrimental as smoking fifteen cigarettes a day. Indeed, he associated high levels of loneliness “with an increased risk of heart disease, dementia, depression, anxiety, sleep disturbances and even premature death[].” The United Kingdom appointed a “Minister of Loneliness” to address the alarmingly prevalent rate of U.K. subjects reporting they “often or always feel lonely.”

These findings are disturbing; healthcare giant Cigna’s 2018 survey of more than 20,000 Americans indicated 46% reported “sometimes or always feeling alone.” This response is to one of


二十个问题采用UCLA孤独感量表（“Scale”），该量表自1980年起使用，具有“高重测可靠性、高内部一致性以及有效性”。62 根据该量表，一个人的总体孤独感被分为三个级别：(1) 少于28分对应“无/低”孤独感；(2) 28至43分对应“中度”孤独感；(3) 44或更高分对应“高度”孤独感。63 2018年Cigna调查的结果显示，全国平均孤独感得分为44分；运用该量表，美国参加该调查的人觉得处于高度孤独感。64

孤独感没有歧视；研究表明，孤独感影响着年轻和年老、身体状况不佳、受过高等教育的人，尤其是医学和法律领域的人。65

据我们所知，这是第一篇法律评论文章来分析法律职业中的孤独感，包括第一篇关于法律学生的孤独感的调查。在分析影响法律职业中孤独感的因素之前，我们首先定义孤独感，调查一般人口中孤独感的流行率，特别是COVID-19疫情期间，并了解孤独感并不意味着简单地“独自一人”。

A. What is Loneliness?

“Loneliness . . . is defined as the lack of intimacy and meaning in personal or personified relationships.”
– John G. McGraw66

定义孤独感是有难度的；事实上，孤独感难以度量，部分原因在于其在研究中多种多样的定义。孤独感的主观、内向性特征是另一个难以概括的原因。孤独感的许多种定义被引用。

62. Ellen E. Lee et al., High Prevalence and Adverse Health Effects of Loneliness in Community-Dwelling Adults Across the Lifespan: Role of Wisdom as a Protective Factor, 30 INT’L. PSYCHOGERIATRICS, 1, 6 (2018).
63. Id.
64. CIGNA, supra note 61, at 3.
65. Sarner , supra note 57.
exist for loneliness, few of them identical. Loneliness is “the want of intimacy.”67 It is perceived isolation,68 an aversive, distressing emotion, a response to a mental state. It is subjective and refers to a deficiency in a person’s social relationships in terms of type, quality, or quantity relative to a perceived need.69 The feeling of being alone is a palpable, discomforting sense of being “without.”70 Loneliness is distressing because social relationships are necessary; the average person spends approximately 80% of waking hours in the company of other people, and time with others is preferred to time alone.71 A person who feels lonely may find relief and solace in just one other person. For example, in the genre of movies in which characters relive the same day over and over, this is true of the characters in *Groundhog Day,*72 *Happy Death Day,*73 *Palm Springs,*74 and *The Map of Tiny Perfect Things.*75

Defining loneliness is only the beginning of the story, because loneliness may be further divided into two major types: social and emotional. However, these may be “teased out,” resulting in a colorful tapestry, creating a more comprehensive portrait of loneliness. From a public health perspective, we must study this

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71. Cacioppo et al., *Alone in the Crowd,* supra note 68.


73. *HAPPY DEATH DAY* (Blumhouse Productions 2017).

74. *PALM SPRINGS* (Limelight Productions 2020).

75. *THE MAP OF TINY PERFECT THINGS* (Weed Road Pictures 2021).
portrait carefully because loneliness is revealing itself to be a more important predictor of a variety of adverse health outcomes than its objectively-measured counterpart, social isolation.76

B. Loneliness is Not Social Isolation

“\textit{It is not good for man to be alone; a person by [their] very nature is intrinsically ordered to relationships with other persons.}”

\textit{–John G. McGraw\textsuperscript{77}}

Loneliness and social isolation are neither identical nor interchangeable, despite colloquial use. Because of their differences, and because this Article addresses loneliness, this Article will not discuss in-depth research about social isolation. However, because loneliness and social isolation are often conflated, have been tethered in research, and continue to be delineated today, this Article will briefly define social isolation and discuss the research about its interactions with loneliness, particularly its interplay regarding adverse health outcomes.

In 2017, \textit{Age UK} described the difference between loneliness and social isolation:

Loneliness and isolation are not the same thing: the causes of loneliness are not just physical isolation and lack of companionship, but also sometimes the lack of a useful role in society. Isolation refers to separation from social or familiar contact, community involvement, or access to services. Loneliness, by contrast, can be understood as an individual’s personal, subjective, sense of lacking these things to the extent that they are wanted or needed. It is therefore possible to be isolated without being lonely, and to be lonely without being isolated.78

Loneliness is a complex construct, perhaps because it is a subjective measure of one’s emotional experience of social isolation, and therefore subject to numerous interpretations through the filter of personality. Social isolation, alternatively, “represents the objective lack of social contacts and is a

76. Cacioppo et al., \textit{Alone in the Crowd}, supra note 68, at 978.

77. McGraw, supra note 66, at 319.

quantitative measure." Social isolation involves a combination of low levels of social interaction with the experience of feeling lonely.

Within the concept of social isolation is a sense of "lacking" something or someone; but unlike loneliness, this "lacking" is quantifiable as the number of persons within a social network, frequency of social contacts, absence of confidantes, living alone, and lack of participation in social activities. Additionally, because social isolation is a quantitative measure, it is easier to observe and record. Contemporary research measures three indicators of social isolation: (1) frequency of social contact with friends, relatives, and neighbors; (2) absence of a discussion network; and (3) absence of social support. All three indicators, when assessed as a whole, are only weakly correlated; instead, measuring only a person’s frequency of contacts is the most valid method to assess social isolation.

The jury is split among researchers, however, regarding whether loneliness and social isolation affect health independently or concurrently. A Finnish study found loose ties between loneliness and social isolation with respect to all-cause mortality. When viewed simultaneously, only social isolation maintained a significantly high risk for mortality; this led researchers to posit that social isolation and loneliness affect health through distinct pathways. Three separate studies discovered that social isolation

81. Tanskanen & Anttila, supra note 70, at 2042.
82. Jan Eckhard, Indicators of Social Isolation: A Comparison Based on Survey Data from Germany, 139 SOC. INDICATORS RES. 963 (2018).
83. Id.
84. Tanskanen & Anttila, supra note 70, at 2042-43 (analyzing mortality rates in a sample of 8,650 persons from a Finnish cross-sectional Living Conditions Survey from 1994 with a seventeen year follow up period (1995-2011)).
85. Id. at 2044; Nan S. Park et al., The Relation Between Living Alone and Depressive Symptoms in older Korean Americans: Do Feelings

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is connected to physical or general well-being, whereas loneliness impacts mental health.86

Alternatively, a recent analysis87 suggests that social isolation and loneliness act in synergy, meaning their combination creates an impact larger than the sum of their individual effects.88 For example, high loneliness leads to social withdrawal and this increased social isolation may lead to increased loneliness.89 Social isolation, loneliness, their synergistic interaction and mortality, in a group of middle-aged and older adults, indicated the two measures feed off one another. Both measurements are important factors in predicting well-being.90 In fact, adults reporting both social disconnect and loneliness showed higher mortality rates than those reporting each separately.91 The greater one’s social isolation, the larger the effect of loneliness on mortality, and the greater one’s loneliness, the larger the effect of social isolation on mortality.92

The relationship between isolation and loneliness is complex; theories including both may aid in explaining their interdependence.93 Merely having several social contacts does not automatically insulate someone against loneliness. A low correlation between social isolation and feeling lonely may indicate that loneliness does not “depend on the quantity of social


87. Beller & Wagner, supra note 79, at 808.


89. Beller & Wagner, supra note 79, at 810.

90. Id. at 808.

91. Id.

92. Id. at 810.

93. Id.
relationships, but rather on the quality and expectations of social relationships.²⁹

II. LONELINESS IN THE GENERAL POPULATION

“I want to be seen, to be understood deeply, and to be not so very lonely.”
–Jodie Foster²⁵

Actress Jodie Foster expressed the above sentiment in 2013 when she closed her acceptance speech upon receiving the Golden Globes Lifetime Achievement Award.²⁶ Recently, an interviewer asked Foster if she was lonely still. Foster answered, “I am a solitary, internal person in an extroverted, external job. I don’t think I will ever not feel lonely. It’s a theme in my life. It’s not such a bad thing. I don’t need to be known by everyone.”²⁷ Loneliness is a feeling many experience; it is part of the human condition.

A. Theories of Loneliness

“Social species do not fare well when forced to live solitary lives . . . . Humans . . . do not fare well, either, whether they are living solitary lives or whether they simply perceive that they live in isolation.”
–John T. Cacioppo²⁸

“Clinical outcomes associated with loneliness include depression, reduced sleep quality, increased blood pressure, physical inactivity, functional decline, cognitive impairment, and

94. Tanskanen & Anttila, supra note 70, at 2046.
98. Cacioppo et al., Alone in the Crowd, supra note 68.
increased mortality.” A leading researcher in the field of loneliness, John T. Cacioppo of the University of Chicago, evaluated the neuroendocrinology and evolutionary science behind behaviors common to, and driving loneliness. Before reviewing Cacioppo’s efforts in more detail, it is helpful to survey previous efforts to understand and measure loneliness.

Theories of loneliness range from a focus on social psychology, to biology, to evolutionary theory. Relatively speaking, the study of loneliness is a newcomer to academia. Frieda Fromm-Reichmann’s essay, On Loneliness, suggested the lack of research into the emotion was due to its threat to our well-being: “It’s such a painful, frightening experience that people will do practically everything to avoid it.” Sociologist Robert Weiss built on Fromm’s observations in his book, Loneliness: The Experience of Emotional and Social Isolation, distinguishing emotional loneliness from social loneliness, garnering attention from academia. Not long thereafter, researchers at UCLA created a

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99. Shirley Musich et al., The Impact of Loneliness on Quality of Life and Patient Satisfaction Among Older, Sicker Adults, 1 Geronotogy & Geriatric Med. (2015), at 2 (citing “Aanes et al., 2011; Amieva et al., 2010; Buchman et al., 2010; Cacioppo et al., 2006; Cohen-Mansfield & Parpura-Gill, 2007; Dahlberg & McKee, 2014; Ellwardt et al., 2013; Hawkley et al., 2010; Holwerda et al., 2014; Lim & Kua, 2011; Luo et al., 2012; McHugh & Lawlor, 2013; Netz et al., 2013; Perissinotto et al., 2012; Steptoe et al., 2013; Taube et al., 2014; van Beljouw et al., 2014; Victor & Bowling, 2012”).

100. John Cacioppo: About, JOHN CACIOPPO, http://www.johncaicoppo.com/about-john [https://perma.cc/4J67-FJQZ] (last visited Dec. 23, 2021) (Cacioppo is a founder of the field of social neuroscience and authored more than 500 articles as well as numerous books. He was the founder and director of the Center for Cognitive and Social Neuroscience at the University of Chicago.).


simple, reliable measurement tool to assess loneliness.\textsuperscript{105} In 1980, they revised it, changing ten questions to be “reverse-scored.”\textsuperscript{106} In 1996, the Scale’s wording was simplified to be more easily understood.\textsuperscript{107} Specifically, the phrase “How often do you feel . . . ” was added at the beginning of each of the twenty existing questions.\textsuperscript{108} The Scale assesses cognitive measures — examining an individual’s self-perception regarding dissatisfaction with the quality or quantity of their relationships.\textsuperscript{109} While the science of loneliness grew with more frequent research, the psychology of loneliness paralleled this growth by exploring the philosophical underpinnings of the emotion.

John G. McGraw wrote a sweeping article outlining ten forms of loneliness and how to ease each through faith.\textsuperscript{110} These forms are: metaphysical, epistemological, communicative, intrapersonal, ethical, existential, emotional, social, cultural, and cosmic loneliness.\textsuperscript{111} It may be argued that the mind is the seed from which loneliness sprouts, and the health of the mind directly affects a person’s depth of loneliness. A person may feel many types of loneliness concurrently. Metaphysical loneliness, for

\textsuperscript{105} Dan Russell et al., Developing a Measure of Loneliness, 42 J. PERSONALITY ASSESSMENT 290, 291 (1978).

\textsuperscript{106} Daniel Wayne Russell et al., The Revised UCLA Loneliness Scale: Concurrent and Discriminate Validity Evidence, 39 J. PERSONALITY & SOC. PSYCHOL. 472, 475 (1980) (explaining “reverse-scoring” means that numerical scoring runs in the opposite direction. The UCLA Loneliness Scale is a Likert scale, measuring the degree to which a respondent agrees or disagrees with a statement or how often a respondent experiences the statement. The scale used by the first author of this Article employs the following answer options for each of the twenty questions: Never (1 point); Rarely (2 points); Sometimes (3 points); and Often (4 points). Nine of the twenty questions in the UCLA Loneliness Scale use reverse scoring: 1, 5, 6, 9, 10, 15, 16, 19, and 20. The loneliness scale used for participants in this Article may be found in \textit{infra} Appendix A).


\textsuperscript{108} \textit{Id.} at 23.


\textsuperscript{110} McGraw, \textit{supra} note 66.

\textsuperscript{111} \textit{Id.} at 320.
instance, is described as “one’s perception of reality” and for some, reality may “feel out of place.” While a person may “feel out of place” metaphorically, they may also be a poor communicator, and struggle with an inability to perform well in social situations, thus experiencing communicative loneliness. This may lead to feeling both socially and emotionally lonely; feeling “loneliness is a deficiency of that kind of meaning called intimacy.”

Ami Rokach, a clinical psychologist specializing in loneliness, anxiety, and relationships, suggested four factors most responsible for causing loneliness: (1) loss; (2) inadequate social support; (3) personal shortcomings; and (4) crisis. He then stated that “personal, social, and situation factors . . . determine the quantity and kind [of causes and expressions] of one’s experience [of loneliness].” He outlined six factors in coping with loneliness: (1) Acceptance and Reflection; (2) Self-Development and Understanding; (3) Social Support Network; (4) Distancing and Denial; (5) Religion and Faith; and (6) Increased Activity. A unique dichotomy exists as to which of these factors is most successful in coping with loneliness. Reflection and Acceptance, that is, learning to “sit” with oneself in solitude and seek to understand reasons for loneliness, alleviated feelings of it more than other factors. Of surprise was that participants perceived Distancing and Denial behaviors (e.g., substance misuse and sexual promiscuity) as helpful to lessen loneliness in some circumstances.

Reuven Bulka, a psychologist and contemporary of Rokach, realized that there was an increasing prevalence of feelings of loneliness in America in the mid-1990s, finding that 25% of people

112. Id. at 321, 341.
113. Id. at 327-28.
114. Id. at 336-38.
116. Id.
118. Id. at 112.
119. Id. at 123-24.
felt lonely at any one time. Bulka, a psychologist, postulated that societal changes in North America increased the prevalence and intensity of loneliness. He analyzed the causes, consequences, and cures for loneliness. Changes included increasing mobility of family structures, a separation from nature, high work anxiety driving people to unwind without support of friends and family, and a degradation of the “nuclear family.”

Cacioppo et al. used longitudinal data from four cohort groups to study the structure and spread of loneliness in a social network, and how it affected those within the network. He and colleagues posited that three social psychological processes drive associations between loneliness of connected persons: (1) the induction hypothesis, (2) the homophily hypothesis, and (3) the shared environment hypothesis. Through induction, loneliness in one person contributes to loneliness in another, and this is achieved via “emotional contagion,” i.e., the tendency that facial expressions, vocalizations, postures, and movements of interacting persons leads to a convergence of their emotions. The homophily hypothesis postulates that lonely or non-lonely people choose one another as friends and become connected, i.e., that “likes attract likes.” Last, the shared environment hypothesis states that “connected individuals jointly experience contemporaneous exposures that contribute to loneliness.”

Results of his study indicated that loneliness spread within the network through induction, and that 52% of participants were more likely to be lonely if a person they are directly connected to

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121. Id. at 10.
122. Id.
123. Id. at 9.
124. Id. at 10.
125. Cacioppo et al., Alone in the Crowd, supra note 68, at 979.
126. Id.
127. Id.
128. Id.
129. Id.

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(i.e., one degree of separation), is lonely. Furthermore, a person’s loneliness may extend up to three degrees of separation. Loneliness tends to shape social networks by reducing the strength of ties among the network. Loneliness, perhaps not surprisingly, tends to spread more easily than a sense of belonging. Lonely people lose friends little-by-little as non-lonely individuals reject them to protect the integrity and cohesiveness of social networks, notably more forcibly with networks we choose versus those we inherit.

Jerome Kagan, Ph.D., summarized Cacioppo’s theory rather succinctly but simply: loneliness is an unhealthy state of being, may be heritable, and is increasing within first world populations. Cacioppo published results of further research into the evolutionary theory of loneliness. Through this lens, loneliness in social animals (i.e., humans and primates) activates neural, neuroendocrine, and behavioral responses to promote short-term self-preservation. In laymen’s terms, this means that

130. Id. (explaining that a “degree of separation” refers to a direct connection with one person, i.e., the relationship between two people).

131. Id. (explaining that three degrees of separation means “a person’s loneliness depends not just on his friend’s loneliness, but also extends to [the loneliness of] his friend’s friend and his friend’s friend’s friend.”).

132. Id.

133. Id. at 984.

134. Id. at 987.

135. Jerome Kagan, Book Forum, 166 AM. J. OF PSYCHIATRY 375, 375 (2009) (reviewing JOHN T. CACIOPPO & WILLIAM PATRICK, LONELINESS: HUMAN NATURE AND THE NEED FOR SOCIAL CONNECTION (2008) and explaining that loneliness is a subjective measure, with little or no relation to objective, measurable conditions of a person’s life; is a personal interpretation of a psychological state, meaning that cultures (and historical eras) will have alternative explanations; increases one’s risk for obesity and high blood pressure; may be increasing in the U.S. and European populations due to adults living farther away from childhood friends and relatives among neighbors they do not know; and may be mitigated by creating social connections, being proactive and selective in seeking connections, and anticipating positive outcomes).

136. John T. Cacioppo & Stephanie Cacioppo, Loneliness is a Modern Epidemic in Need of Treatment, NEW SCIENTIST (Dec. 20, 2014),
when the mind perceives danger, (i.e., loneliness), the body responds (in the short-term) with physical symptoms akin to running from a tiger: elevated heart rate, heightened awareness of one’s surroundings, elevated anxiety, and fragmented sleep. In the long-term, pervasive and persistent loneliness may negatively affect health and well-being in a cascade of physical symptoms.

The “perception of isolation” not only causes unhappiness but signals danger and a drive to preserve one’s self. A person may have many social connections, but exist on the perimeter of a social network (i.e., feel ostracized from the group); such a position may increase a person’s “self-preservation mode” beneficially alarming the person, driving them to seek social interaction through modified psychosocial behaviors necessary for positive mental health.

There are three additional theoretical approaches to loneliness: attachment, behavioral, and cognitive. As applied to loneliness, the attachment approach suggests poor emotional bonding between mother and infant contributes to an inability to form healthy interpersonal relationships. This is due to poor social skills and distrust of others. Behavioral theory suggests personality traits indirectly contribute to loneliness: low self-esteem, shyness, anxiety, sadness, hostility, and distrust towards others.

https://www.newscientist.com/article/dn26739-loneliness-is-a-modern-epidemic-in-need-of-treatment/ (describing the process as the “fight-or-flight” response, such as running from a sabretooth tiger).

137. Id.


139. Cacioppo & Cacioppo, supra note 136.

140. Id. (explaining the range of negative neurological and behavioral health effects associated with loneliness: increased anxiety, hostility, and social withdrawal; fragmented sleep and daytime fatigue; altered gene expression and immunity; decreased impulse control; and increased blood pressure, negativity, depressive symptoms, and age-related cognitive decline, including increased risk of dementia).


142. Id.
others.143 Such traits lend themselves towards a tendency to restrict sharing intimate aspects of one’s life—leading to poor relationship building.144 Last, cognitive theory postulates that loneliness is an outcome of skewed thinking, integrating the attachment and behavioral theories of loneliness; an inherent pessimism and processing of life’s events creates a tendency to withdraw from people, feeding a negative self-fulfilling cycle.145

B. Types of Loneliness

Loneliness is segmented into two major types: social and emotional. In Loneliness, Sociologist Robert S. Weiss defines loneliness as a response to a relational deficit.146 Emotional loneliness feels distressing, creates anxiety, and parallels feelings of abandonment.147 Such apprehension may blossom into hypervigilance to threats, hypersensitivity, a tendency to misread hostility or affection in others, and a feeling of “utter aloneness.”148 Alternatively, social loneliness may produce boredom, aimlessness, difficulty concentrating, and feeling “left out.”149 Common to both forms of loneliness is a restlessness and desire to secure relationships.150

Peplau continued research into loneliness types; while experiences of social and emotional loneliness were similar in his study, there were differences in affective behaviors and coping mechanisms.151 Both forms of loneliness were associated with “not feeling ‘in tune’ with other people,” excluded from the group, and lacking commonality.152 Emotional loneliness, however, was more associated with feeling one is not well-

143. Id.
144. Id.
145. Id.
146. WEISS, supra note 103, at 18.
147. Id. at 20.
148. Id. at 21.
149. Id at 22.
150. Id. at 20.
152. Id. at 1317.
known and separated from someone, and feeling there’s no one to whom one can turn. There were no differences in loneliness scores between the socially lonely versus the emotionally lonely, as both groups shared common experiences. As to why one feels emotionally versus socially lonely, Weiss’ data was challenged; Peplau’s study reported the socially lonely feel so due to a lack of reassurance of worth. Weiss’ study, by contrast, suggested it was due to a lack of social integration. A lack of friendships is predictive for social loneliness. Emotional loneliness, alternatively, remained as Weiss predicted, in that attachment injuries or voids predisposes one to emotional loneliness. A deficit in romantic relationships is predictive of this type of loneliness.

Consistent with previous research, satisfaction with relationships, not objective measures of the quantity of relationships, is a better predictor of both social and emotional loneliness. When one feels lonely, Peplau discovered, and contrary to Weiss, depression was best predicted by emotional, not social, loneliness levels; and that anxiety is best predicted by levels of social, not emotional, loneliness. To reduce loneliness, the emotionally lonely are more likely to think about it and engage in new relationship forming, whereas the socially lonely may contemplate it, but do not report behaviors designed to alleviate it.

The facets of loneliness are as numerous as the personalities who experience it. Persons experience loneliness subjectively; for some, loneliness is a time-related event where for others it is a chronic emotion, perhaps fundamental to their personality. Indeed, “trait-lonely” persons yield greater negative scores on

153. Id.
154. Id.
155. Id. at 1318.
156. Id.
157. Id.
158. Id.
159. Id.
160. Id.
161. Id. at 1319.
162. Rokach, supra note 115, at 370.
hostility and self-esteem surveys. Those who experience episodic loneliness may display a heightened emotional response whereas those with chronic loneliness may manage it dysfunctionally.

John G. McGraw’s *God and the Problem of Loneliness* offers a philosophical and theological view of loneliness. This paper investigates myriad factors affecting a person’s psyche through the lens of philosophy and religion, and how thinking translates into feeling lonely. Table 1 in Appendix B lists characteristics of each of the ten types of loneliness. Regarding religion and loneliness, “those who ‘live’ their faith by incorporating beliefs into their person and personal lives (as a supreme motivator) are less lonely than those who merely ‘use’ their faith to find or improve their social relationships.” Persons of faith generally report feeling less lonely than persons without faith. Religion may therefore be a source for cultivating values shared in emotional and social relationships. W.H. Auden supported this view, stating, “All religion, life, art, and expression comes down to this: to the effort of the human soul to break through its barrier of loneliness, of intolerable loneliness, and make some contact with another seeking soul, or with what all souls seek, which is (by any name) God.”

The mind is powerful, and one may feel multiple types of loneliness concurrently. Emotional responses, including loneliness, are influenced by persons with whom one interacts and associates, personal beliefs, and the types of influences they permit in their life—including the words and emotions of other people.

163. *Id.* at 380.


166. *Id.* at 337-38.

167. *Id.* at 343.
C. Who and Why So Lonely?

“People can live rather solitary lives and not feel lonely, or they can have many social relationships and nevertheless feel lonely...”

—Hawkley et al.

The weak, widowed, poor, elderly, ill, and downtrodden—such are thought to be the loneliest in society. These groupings do not, however, reveal the full extent of those suffering from loneliness. The elderly grow lonely after a spouse passes, or children “leave the nest” to begin their own lives; the poor are lonely because they pine for improved circumstances; and the sick are lonely because illness isolates. Loneliness knows no demographic boundary. Research reveals quite a different picture from society’s presumptions and assumptions. Any one person may be lonely or lonelier than another because of individual behaviors and beliefs, regardless of education, gender, or socioeconomic status.

1. The Young and the Old

Patterns of loneliness are emerging. A British study of 2,393 participants with ages ranging from 15-97 years old indicates that the highest levels of loneliness are in those younger than 25 years and older than 65 years of age.169 A study of more than 8,500 Finnish individuals spanning 17 years sheds light on the state of lonely persons;170 it finds that women, highly educated persons, and persons reporting poor health experience the greatest loneliness.171 The 2018 Cigna survey172 suggests that: Generation Z (adults ages 18-22) and Millennials (adults ages 23-37) are lonelier and claim to be in worse health than older generations;


170. Tanskanen & Anttila, supra note 70, at 2042.

171. Id. at 2044.


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students have a higher loneliness score than retirees; and no major
differences in loneliness scores exist between women and men or
between races. What emerges from the 2018 Cigna study is that
living a balanced life is necessary to buffer times of loneliness:
those less likely to feel lonely balance sleep, exercise, and work. Loneliness in this cohort lessened with age, and persons who
engaged in frequent, meaningful interpersonal interactions score
about 33% less lonely than those reporting rare face-to-face
interactions. Table 2 in Appendix B summarizes key findings
from the 2018 Cigna survey.

2. Sex Differences

Cacioppo suggests that loneliness tends to spread more easily
among women than men, and women report higher loneliness
scores than men. The Cigna survey, though, rebuts these
findings, showing “no major difference between [the sexes].” However, a consensus in research agrees that women are more
likely than men to report feelings of loneliness for various reasons,
chiefly because women tend to share and express emotion more
readily and pay attention to the emotions of others.

3. Marriage and Partnership

“Adults living alone are more likely to have common mental
disorders, including anxiety and depression — and the reason is
loneliness.” A U.S. poll of young adults reported a 12% increase
in living alone from 2004 to 2014. Census data indicates more
than 25% of Americans live alone and more than 50% are
unmarried, with marriage rates and the number of children per

173. Id.
174. Id.
175. Id. at 8.
176. Cacioppo et al., Alone in the Crowd, supra note 68, at 984.
177. Id.
179. Cacioppo et al., Alone in the Crowd, supra note 68, at 988.
180. Gigen Mammoser, Risk of Mental Disorders Higher for People Who
181. Sarner, supra note 57, at 32.
household declining. Unmarried women and men are lonelier than married ones. In a sub-population of adults (mean age of 62), women were more likely to be single, live alone, have a lower income and worse physical functioning, experience greater anxiety and perceived stress, and show less resilience than men. Research supports that cohabitation mitigates loneliness. In fact, having a stable, romantic relationship in modern life is a key source of social interaction and support. Alternatively, sociologist Robert Weiss differentiated “separation distress” from loneliness after marital separation. Separation distress, which includes “pining for the spouse” fades over time; however, without the formation of a new relationship attachment, loneliness sets in and produces not only anxiety, hypervigilance, and restlessness, but a particular type of hollow “barrenness.”

4. Adolescence

Loneliness may first emerge during adolescence and be quite intense. It is a time of rapid growth and formation of one’s identity; essential to that formation is the sense of belonging. Factors contributing to loneliness include growth and development, maturation, a natural separation from, and desire to become independent of, parents, and a need for understanding. Weiss proposed that older teens may instinctively know relationships formed at this time won’t last; this hesitancy to form

185. Russo, *supra* note 109, at 68; see also Sarner, *supra* note 57, at 32.
187. *Id.* at 141.
189. *Id.* at 330.
190. *Id.* at 331.
attachments, coupled with separation from a parent figure, may lead to enhanced feelings of perceived isolation.191

Loneliness in young persons may lead to depression and an increased risk for depression in adolescence and adulthood.192 A study of 730 teens discovered chronically lonely adolescents may remain lonely due to negative interpretations of social situations.193 With four years of annual testing, students who remained lonely responded more negatively to scenarios describing social exclusion, and responded less enthusiastically to scenarios describing inclusion.194 This reveals that lonely students may not take as much pleasure in social activities, while concurrently feeling more intensely upset about exclusion.195 Low trust issues may cause or maintain loneliness; children with diminished trust exhibit increased loneliness in each age group over time.196 Many adolescents feel an imposing dread of being alone, instead of affirming the advantages of being with oneself.197

5. Friendship

Quality friendship building is essential. Persons with fewer friends are more likely to become lonelier over time, and are less likely to attract friends or try forming new social ties.198 Loneliness tends to be elevated in matriculating students because arrival at college is associated with a rupture of ties with family and friends.199 Separation may aid feelings of loneliness more likely to develop if new attachments are not formed.200 This loneliness, if unchecked by the creation of new friends, may lead to the

193. Id.
194. Id.
195. Id.
196. Id.
197. Bulka, supra note 120, at 10.
198. Cacioppo et al., Alone in the Crowd, supra note 68, at 988.
199. Id. at 975.
200. Bulka, supra note 120, at 10.
formation of poor coping mechanisms and lowered self-efficacy. Lonely college students, on average, tend to underestimate their performance in academic studies.\textsuperscript{201} During the COVID-19 pandemic, many colleges and universities adopted policies that made it difficult for students to socialize with, or even meet, other students.\textsuperscript{202}

6. Culture

Culture factors into perception of loneliness, including aspects such as what a person’s culture deems as “acceptable” behaviors to manage emotional expression, one’s own self-efficacy, and coping strategies. Industrialized countries often value, glorify, and reward a lifestyle of rugged individualism.\textsuperscript{203} Such reliance on one’s self is contrary to research indicating humans are a social species, meant to live among, and rely upon, a group.\textsuperscript{204} It stands to reason that experiences and expressions of loneliness will differ not only among persons, but among cultures.\textsuperscript{205}

Rokach compared loneliness among two cultural groups: Canadian and Portuguese teens. Whereas North American culture prides itself on competitiveness, individualism, and impersonal interactions, the Portuguese culture relies heavily on support of kin and extended family.\textsuperscript{206} Results of a study of 306 adolescents showed that Canadian youths reported higher chronic loneliness scores than their Portuguese counterparts.\textsuperscript{207} Culture appears to have an effect on coping with loneliness, as the Canadian teens scored higher than their Portuguese counterparts on Rokach’s subscales for coping: self-development and understanding; distancing and denial behaviors; and religion and

\textsuperscript{201} Russo, supra note 109, at 67.

\textsuperscript{202} See generally Kathryn Rubino, There’s a Rise in Mental Health Issues at Columbia Law School and Students Say the Administration Has Done a Whole Lotta Nothing About It, ABOVE LAW (Feb. 1, 2021), https://abovethelaw.com/2021/02/columbia-law-school-mental-health [https://perma.cc/SB5Q-5YGL].

\textsuperscript{203} Rokach & Neto, supra note 188, at 331.

\textsuperscript{204} \textit{Id}.

\textsuperscript{205} \textit{Id}.

\textsuperscript{206} \textit{Id} at 331-32.

\textsuperscript{207} \textit{Id} at 333.
faith. When North American teens feel lonely, perhaps they seek to understand it by relying on both internal reflection and external counseling, but also perceive that production and performance—two aspects common to capitalistic North America—will lessen loneliness. However, continued efforts in this direction are likely to negatively affect well-being in the long term, contributing to chronic loneliness.

7. Occupation

Lonely workers feel less satisfied with jobs, receive fewer promotions, switch jobs more often, lack social support in the workplace, and are more likely to quit within the next six months. Findings by Achor et al. regarding American workers include the following: gender, race, and ethnicity were poor predictors of loneliness; being single, separated, or divorced led to loneliness; atheists and agnostics were lonelier than those with faith or practicing a religion; and non-heterosexual persons reported higher loneliness and lower social support than heterosexual peers. America’s loneliest workers are single and childless, well-educated, and more likely to work for the government; occupationally, the loneliest are led by lawyers and doctors—with lawyers reporting the highest levels of loneliness.

8. Personality Factors and Interpersonal Communication

Loneliness can affect and be affected by a person’s interpersonal relationship perceptions and desires. Genetic predisposition and personality type influence emotions and may affect resiliency. Lonely people tend to exhibit shyness, anxiety, hostility, social awkwardness, and lower self-esteem. A survey by Wang and Dong of more than 3,000 aging (60 years and older) Chinese participants living in Chicago revealed those scoring high in neuroticism and low in conscientiousness are more likely to feel

208. Id. at 338-39.
209. Id. at 338-39.
210. Achor et al., supra note 58.
211. Id.
212. Id.
213. Cacioppo et al., Alone in the Crowd, supra note 68, at 978.
214. Sarner, supra note 57, at 34.
215. Cacioppo et al., Alone in the Crowd, supra note 68, at 978.
lonely, regardless of sociodemographic, immigration, comorbidities, and social support.\textsuperscript{216} The “lonely personality,” when placed in social situations, talked more about themselves, were more critical of others, perceived their own performance negatively, and consistently showed “a lack of empathy and an avoidance of intimacy.”\textsuperscript{217}

Is loneliness a function of a pervasive negative world view, absence of opportunity to form attachments, or a combination of the two with perhaps a weak fundamental attachment (i.e. parental relationship)?\textsuperscript{218} Loneliness is not synonymous with introversion.\textsuperscript{219} The lonely desire more social contact and cannot get it (due often to fear, threat, and fear of social rejection) whereas an introverted individual is often content being alone or with a smaller number of social contacts.\textsuperscript{220} The amount of social contact necessary for each person determines how vulnerable one is to emotional isolation; there is no “objective” amount of social contact to ameliorate loneliness.\textsuperscript{221} Those who lack a minimal sense of “self-importance” are at risk for loneliness.\textsuperscript{222}

Individuals with poor mental health or diagnosed mental health disease are often at higher risk for loneliness because they tend to misread social cues.\textsuperscript{223} Frieda Fromm-Reichmann observed: “Loneliness in its own right plays a much more significant role in the dynamics of mental disturbance than we have so far been ready to acknowledge.”\textsuperscript{224} Loneliness and poor mental health are related; both are strongly associated with depression, each increasing as depressive symptoms increase.\textsuperscript{225}


\textsuperscript{217} Lear, \textit{supra} note 191.

\textsuperscript{218} \textit{See id.}

\textsuperscript{219} Sarner, \textit{supra} note 57, at 34.

\textsuperscript{220} \textit{Id.}

\textsuperscript{221} \textit{Id. at 35.}

\textsuperscript{222} \textit{Id. at 33.}

\textsuperscript{223} \textit{Id. at 35.}


\textsuperscript{225} Mezuk et al., \textit{supra} note 69, at 2.
Loneliness is related to personality characteristics, suicidal behavior, and cognitive impairment—and each of these correlates to depressive symptoms.226

9. Loneliness and Technology

A contributing factor to loneliness’ increased prevalence may be an increase in time spent online.227 MIT social psychologist Sherry Turkle explored the detrimental effects of online social interactions compared to “in the flesh” interpersonal relationships.228 Results from her research indicate an alarming trend: large portions of time spent online lead to increased isolation in interpersonal relationships with corresponding increases in emotional disconnection, mental fatigue, and anxiety.229 Excessive time “online” consumes time better spent with people nurturing relationships and creates a false sense of social support and anxiety.230 “It is a great psychological truth that if we don’t teach our children how to be alone, they will always be lonely.”231

Overly “connected” adolescents and adults become dependent on the presence of others for validation, diminishing the opportunity for a vibrant life.232 Health detriments of living online may lead to performance anxiety and perfectionism.233 Social psychologist Sherry Turkle indicates one’s experience of loneliness with online interpersonal interactions depends upon perception.234 Perception is apprehending using the senses or mind, an intuitive

226. Id.
228. Id.
229. Id.
230. Id.
231. Id.
232. Id.
233. Id.
234. Id.
recognition or appreciation. If a person depends on online relationships more than tangible “face-time” in the relationship, it is only a matter of time before loneliness increases. The weaker nature of an online relationship feeds into the person’s unrealistic perceptions about that relationship and contributes to loneliness.

D. Loneliness and Well-Being

A seventy-five year longitudinal study by Harvard University researchers determined that “the quality of people’s relationships is the single clearest predictor of . . . physical health, longevity, and quality of life.” Recent studies indicate loneliness may contribute to the next public health crisis. High levels of loneliness are associated with an increased risk of becoming physically ill over time. Cacioppo states that there isn’t a simple answer to why feeling lonely causes illness, but that loneliness “is a grinding process of wear and tear.” Loneliness is tethered to negative coping mechanisms such as heavy drinking, lack of work or study, low income, and poor health. Research supports the proposition that loneliness causes poor health, not that poor health causes loneliness. Loneliness may increase a person’s risk

236. Price, supra note 80.
237. Id.
238. Killam, supra note 169.
242. Tanskanen & Anttila, supra note 70, at 2044.
of early death by 26%. It negatively affects mental well-being because it removes the positive effects of social support and the benefits of being around trusted persons. Physically, the burden of loneliness may drastically and negatively affect the body’s functioning.

Loneliness and poor social support are associated with higher mortality rates, similar in effects for risk factors such as obesity, physical inactivity, and smoking. Loneliness is predictive for development of heart disease. A workplace study on loneliness found it was associated with an increased risk of premature mortality, likely due to increased immunosuppression and cardiovascular risk. Cacioppo outlined factors driving loneliness and resulting physical ailments; these range from chronic work and social stress as causes, to depressive symptoms and diminished immunity as resulting conditions. A full list is available in Appendix B, Table 5.

The “pain of loneliness” may motivate us to connect to others. Such pain is meant to be short-lived and reduced by adjusting one’s own thoughts and behaviors to lessen loneliness. This “pain” causes changes within our brains correlating to increases in physical stress, i.e., survival mechanisms such as increased heart rate, blood pressure, and adrenaline and cortisol production, and a “hypervigilance to social threats.” If people find a way to repair or form new social connections, then


245. Id.


247. Id.


249. Cacioppo et al., Alone in the Crowd, supra note 68, at 978.


251. Id.

252. Id.
aforementioned negative physical adjustments triggered by loneliness are reversed. Friedman and Rosenman, the researchers responsible for the personality type labels, insist that “Type A” persons compensate for loneliness with hyperactivity, but this tendency may lead to premature death from strain on the cardiovascular system.\(^\text{254}\)

If stress responses remain constant, people may remain in a “hyperalert” mode, taxing the body and brain.\(^\text{255}\) Hypervigilance is a “state of extreme alertness that undermines your quality of life.”\(^\text{256}\) It is considered one of the central features of post-traumatic stress disorder (“PTSD”).\(^\text{257}\) A chronically lonely person’s brain is “constantly on the lookout” for threats. This is counterproductive; over time, hypervigilance provokes increasingly difficult for a person to differentiate a “real threat from an ambiguous social clue.”\(^\text{258}\) Loneliness changes the brain by “taking the reins” over thoughts and behaviors, enhancing isolation, and contributing to mental and physical detriments. Demographic-adjusted figures reveal that chronic loneliness increases one’s odds of mortality by 26%, a rate similar to chronic obesity.\(^\text{259}\)

Loneliness should be on the forefront of research and policy discussions as it is highly prevalent; its impact on physical health is concerning, and its impact on mental health is alarming.\(^\text{260}\) The greater the loneliness, the greater the likelihood of exhibiting depressive symptoms.\(^\text{261}\) Loneliness is well-documented among persons likely to be diagnosed as depressed, but has not been a

253. Id.
254. Bulka, supra note 120, at 11.
256. Id.
257. Id.
258. Russo, supra note 109.
259. Sarner, supra note 57.
260. See id.
261. Wang et al., supra note 246, at 156.
focus of research or mental health service delivery and policy. A study on loneliness, depression, and inflammation discovered that loneliness and depression are correlated. Greater loneliness is associated with more severe depression and anxiety symptoms, and poorer remission from depression. However, depression likely makes persons appraise social support as inadequate and predispose them to feel emotionally lonely.

E. Loneliness is Costly

“Looking for love in all the wrong places.”

This part of the Article analyzes the myriad ways in which loneliness is costly. As if the above non-pecuniary emotional, mental, and physical health costs of loneliness are not harmful enough, “an estimated $6.7 billion in annual federal spending is attributable to social isolation among older adults” in the form of increased Medicare spending. The Cost of Loneliness Project notes that loneliness is among the causes of major depressive disorder, substance abuse, and suicide, which costs the United States approximately $960 billion annually, according

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262. Weiss, supra note 103, at 16.
263. See Mezuk, supra note 69, at 5.
264. Wang et al., supra note 246, at 156.
265. Id.
266. JOHNNY LEE, LOOKIN’ FOR LOVE (Full Moon 1980).
to the Center for Disease Control and Prevention. The Human Loneliness Project issued six reports about loneliness, including a sixty-two page report, *The Costs of Loneliness: Understanding the Broader Impacts of Loneliness on Society At-Large.*

Even before the COVID-19 pandemic, there was already much evidence of a worldwide public health crisis due to a loneliness epidemic. In 2017, the Eden Project conducted a study which estimated that disconnected communities imposed annual costs on the British economy of up to 32 billion pounds and on Scotland’s economy of up to 731 million pounds. In 2019, the company Vodafone UK estimated the annual costs to chronically lonely people aged over 50 in the United Kingdom was 3.9 billion pounds in terms of reduced health, life expectancy, quality of life, and well-being. In addition to costs borne by

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individuals, there were another 1 billion pounds of costs to public services and 800 million pounds to employers in terms of employee absences and reduced productivity.\textsuperscript{277}  

Loneliness can impair decision-making, as in the 2016 film \textit{Passengers}.\textsuperscript{278} In that movie, a technical malfunction awakens Jim, a passenger from his hibernation pod, only 30 years into a 120-year space journey. After spending one year alone, Jim becomes depressed, despondent, and suicidal. Unable to cope with loneliness, Jim prematurely and purposely awakens another passenger for companionship; in so doing, he robs that passenger of her future life on the planet to which their spaceship is heading.  

The adverse possible decision-making impacts of loneliness are relevant for leaders, who often must endure loneliness.\textsuperscript{279} In discussing her presidential campaign, Elizabeth Warren, the U.S. Senator from Massachusetts, said, “It’s a very personal experience to run. Running for president can be thrilling but also very lonely.”\textsuperscript{280} It appears that even those who run for leadership roles will experience loneliness. Loneliness is linked with decreased interpersonal trust.\textsuperscript{281} In one study, researchers showed that lonelier people experienced less emotional trust and reliability trust with their close peers.\textsuperscript{282} Lonelier people believed that they were less trusted, in terms of disclosure receptivity and social responsibility, and placed lower ratings on trusting and quality of

\textsuperscript{277} Id. at 6.  
\textsuperscript{278} \textit{Passengers} (Columbia Pictures 2016).  
\textsuperscript{281} See, e.g., Ken Rotenberg, \textit{Loneliness and Interpersonal Trust}, 13 J. SOC. & CLINICAL. PSYCH. 152, 152 (1994) (presenting experimental studies finding that college students’ loneliness was negatively correlated with trust beliefs on Rotter’s Interpersonal Trust scale and students scoring low on loneliness exhibited greater trusting behavior across reciprocated trials in a Prisoner’s Dilemma game compared with students scoring high in loneliness who did not exhibit similar increase in trusting behavior).  
\textsuperscript{282} Id.
relationships with close peers.\textsuperscript{283} Weak interpersonal trust harms personal relationships, work relationships among colleagues, community relationships among neighbors, and relationships between citizens and governments.\textsuperscript{284}

Loneliness induces stress, which in turn can lower employee morale and impair decision-making, ethics, and morale.\textsuperscript{285} People who are lonely at home may also throw themselves into their work, thus worsening their life-work balance.\textsuperscript{286} Loneliness can lead to increased employee turnover as people change employers, seeking human connection and social community. A study of 672 employees and their 114 supervisors, across 143 workgroups in two organizations, found “greater workplace loneliness is related to lower job performance,”\textsuperscript{287} Additionally, employees viewed their lonely coworkers as less approachable, personally and professionally, and less committed to the organization, creating a “painful cycle of employee loneliness.”\textsuperscript{288} The rise of remote online working in response to COVID-19 will only accelerate

\begin{itemize}
\item \textsuperscript{283} Id.
\item \textsuperscript{284} See generally \textsc{Robert Putnam}, \textit{Bowling Alone: The Collapse And Revival Of American Community} (2000).
\item \textsuperscript{286} See generally \textsc{Jeffrey Pfeffer}, \textit{Dying For A Paycheck: How Modern Management Harms Employee Health & Company Performance} (2018); See also \textsc{Brigid Schulte}, \textit{The Way We Work is Killing Us}, \textsc{Slate} (Apr. 24, 2018), https://slate.com/human-interest/2018/04/is-your-work-killing-you.html [https://perma.cc/ZQF9-6WFM] (interviewing Jeffrey Pfefer).
\item \textsuperscript{287} \textsc{Hakan Ozxelik} & \textsc{Sigal G. Barsade}, \textit{No Employee is an Island: Workplace Loneliness and Job Performance}, 61 \textsc{Acad. Mgmt. J.} 2343, 2343 (2018) (noting that the two organizations were a for-profit company and a city government agency, both located on the west coast of the United States).
\end{itemize}
loneliness costs to employees and employers. The 2020 State of Remote Work report found that the biggest struggle for remote workers was loneliness, tied with collaboration and communication.289

In 2017, a British think tank estimated the annual costs of loneliness to employers to be 2.5 billion pounds, with 2.1 billion pounds imposed on private sector employees.290 The aggregate costs of 2.5 billion pounds can be disaggregated into these pathways.291 First, loneliness costs due to reduced employee health leading to sickness absences is estimated at 20 million pounds.292 Second, loneliness costs due to reduced health of those who are cared for by friends or relatives at work, leading to associated caring activity by employees, is estimated at 220 million pounds.293 Third, loneliness costs due to reduced employee well-being causing lower productivity, is estimated at 665 million pounds.294 Finally, loneliness costs due to reduced employee well-being, causing increased voluntary staff turnover, is estimated at 1.62 billion pounds.295 The New Economics Foundation also estimated 2017 total annual costs of loneliness to employers at 4,408 New Zealand dollars per employee,296 due to sickness absences (NZ$39),297 caring for sick lonely friends and relatives (NZ$143),298 reduced productivity (NZ$1,269),299 and increased


291. Id.

292. Id.

293. Id.

294. Id.

295. Id.


297. Id.

298. Id.

299. Id.
Finally, people who experience loneliness in their personal lives may instead seek inappropriate intimate relationships in their professional lives.

Loneliness among older adults may lead them to be more susceptible to financial fraud in seeking human connection. More generally, the universal human desire for social connection may lead people of all ages to be victimized by what law professors Shmuel I. Becher and Sarah Dadush felicitously term “relationship as product.” Becher and Dadush define relationship as product as the phenomenon whereby “firms are in the business of selling not only products or services, but also ‘communal’ or ‘social’ relationships.” Becher and Dadush analyze in detail how businesses prey on lonely people’s desire for social connection to lower people’s guard and overspend. Such manipulation harms not only lonely people, but also damages precious social capital in the form of generalized trust, and in so doing, also decreases social well-being.

F. COVID-19 Pandemic as a “Loneliness Mirror”

“All great and precious things are lonely.”

—John Steinbeck

A global pandemic provides perfect conditions for exacerbating both emotional and social loneliness. Individuals are feeling aimlessness and boredom from reduced or eliminated social interactions. These emotions intensify because of physical distancing requirements, where mandated restrictions all but eliminate the ability to gather, even in small groups. Add to boredom the palpable anxiety of loneliness because of solitary living, lack of an intimate relationship, or loss of loved ones, and COVID-19 fuels a growing fire, with barren souls the aftermath.

300. Id.
303. Id. at 1547.
304. Id.
COVID-19 acts as a worldwide mirror where, though physically isolated from each other, collectively, persons are forced by isolation and change of routines to survey their internal landscape. Perhaps individual A has never taken time to internally reflect upon their relationships, distinguishing those that provide value from those providing merely distraction. Because of pandemic restrictions, A now spends more time with their partner, reflecting upon the relationship and A’s internal needs and desires. What if A determines A’s source of loneliness is caused in part by unhealthy perceptions within their relationship?306

Recall that loneliness is the discrepancy between what we want or need from a relationship and our perception of existing relationships. What if A is shy and holds a negative worldview? If so, this may predispose A to feel greater loneliness given the events of 2020. As this Article outlines, many facets reflect the experience of loneliness. If the average person spends approximately 80% of their waking time in the company of others and prefers it to time spent alone, it is unsurprising that our world experienced, and may still be experiencing, collective suffering. Loneliness shapes social networks,307 and the world is living through a pandemic of physical isolation. As a result, governments must consider swift actions to create infrastructure, provide education, and promulgate policies and programs supportive of emotional well-being.


307. See generally Sarner, supra note 57.
III. LONELINESS AND THE LAW

“The world that I live in is empty and cold
The loneliness cuts me and tortures my soul”
–Waylon Jennings

What about loneliness within the legal profession? Harvard Business Review published an article indicating lawyers report being the loneliest of professionals. Aside from this Article, however, there is little research on legal professionals and loneliness; in fact, the authors found no studies assessing loneliness in legal professionals. However, research exists on well-being in the legal profession and among law students. Topics of focus are typically grouped into substance use disorders, and mental health disorders and diseases: stress, anxiety, and depression.

A. Lawyer Well-Being

“A lawyer loneliness: you’re not alone in feeling alone”

A 1990 study indicated that lawyers reported the highest rates of depression among professionals. Lawyers are nearly three times more likely to suffer from depression and twice as likely to suffer from alcoholism as the general population. Depression and alcoholism are likely culprits behind the 25% of

308. WAYLON JENNINGS, I TREMBLE FOR YOU (RCA Victor 1967).
309. Achor et al., supra note 58.
311. William W. Eaton et al., Occupations and the Prevalence of Major Depressive Disorder, 32 J. OCCUPATIONAL & ENV’T L. MED. 1079, 1083 (1990) (reviewing 104 professions and concluding the rate of depression among lawyers is four times greater than the general population, and that depression is involved in more than half of all attempted suicides).
lawyers facing disciplinary charges identified as having a mental illness or addiction.\textsuperscript{313} Judges also suffer mental health challenges, citing daily stressors such as “endless caseloads, severe time limitations, social isolation, lack of privacy, and the [mental] weight of deciding the fates of others.”\textsuperscript{314} A 2021 information flyer by the National Center for State Courts acknowledges existing mental health issues in the judiciary, then outlines the urgency of addressing such issues within the court system due to the public's reliance upon the fair administration of justice.\textsuperscript{315} An American Bar Association (“ABA”) study indicated that 28\% of lawyers exhibited some type of depression within the previous year, four times the rate for the general population.\textsuperscript{316} Furthermore, 61\% of lawyers reported struggling with depression at some time in their career, nearly ten times the general population.\textsuperscript{317} This is alarming; in 2018, depression was the leading cause of adult disability in the U.S. and the world.\textsuperscript{318}

Additional statistics regarding lawyer well-being are equally alarming. A 1991 Johns Hopkins study revealed that “the legal profession suffers with the most members who are clinically depressed.”\textsuperscript{319} Lawyers exhibit higher rates of anxiety and greater frequency of substance abuse than the general population.\textsuperscript{320} The

\begin{footnotesize}
\begin{enumerate}
\item Id.
\item Addressing the Mental Health and Well-Being of Judges and Court Employees, supra note 314.
\item Dan Lukasik, Why We Need to Talk about Lawyers’ Mental Health Now, LAW. WITH DEPRESSION (Sept. 23, 2018), https://www.lawyerswithdepression.com/articles/why-we-need-to-talk-about-lawyers-mental-health-now/ [https://perma.cc/QDT2-4VXM].
\item Id.
\item Id.
\item Connie J.A. Beck et al., Lawyer Distress: Alcohol-Related Problems and Other Psychological Concerns Among a Sample of Practicing Lawyers, 10 J.L. & HEALTH 1, 57 (1995-96); Susan Daicoff, Lawyer, Know Thyself: A Review of Empirical
\end{enumerate}
\end{footnotesize}
National Institute of Mental Health estimates 15% of clinically depressed persons commit suicide.\textsuperscript{321} Rates of alcoholism among attorneys is consistently higher than the general population.\textsuperscript{322} Twenty-five percent of lawyers struggle with “elevated feelings of psychological distress, including feelings of inadequacy, inferiority, anxiety, social alienation, isolation, and depression.”\textsuperscript{323}

Krill et al. published a study on the prevalence of substance use disorders and mental health issues among attorneys in the U.S.\textsuperscript{324} Results from 11,278 participants indicated about 21% scored at “problematic drinking levels.”\textsuperscript{325} In contrast, approximately 12% of the general workforce reported positive for the same measure.\textsuperscript{326} Even more participants scored at a level consistent with possible alcohol abuse or dependence, and of these, attorneys under the age of thirty were more likely to have a higher score.\textsuperscript{327} Comparatively, only 15% of physicians and surgeons screened positive for the same sub-scale.\textsuperscript{328} Men exhibited higher levels of depression, while women exhibited higher levels of anxiety and stress.\textsuperscript{329} In this cohort, levels of depression (28%), anxiety (19%), and stress (23%) were significant, indicating mild to high levels for all three measures.\textsuperscript{330}

\textsuperscript{321} Brown, supra note 319, at 3.

\textsuperscript{322} Rick Allan, Alcoholism, Drug Abuse and Lawyers: Are We Ready to Address the Denial?, 31 CREIGHTON L. REV. 265, 265 (1997).


\textsuperscript{324} Patrick Krill et al., The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys, 10 J. ADDICTION MED. 46, 46 (2016).

\textsuperscript{325} Id. at 48.

\textsuperscript{326} Id. at 51.

\textsuperscript{327} Id. at 48, 51.

\textsuperscript{328} Id. at 51.

\textsuperscript{329} Id. at 49.

\textsuperscript{330} Id. at 51.
Alternatively, attorneys with low scores on alcohol abuse reported lower levels of depression, anxiety, and stress.331

Why are legal professionals’ rates of mental health issues so much higher than the general population? What contributes to poor mental health? Ethics rules are designed for self-policing but may be mentally detrimental: when a lawyer knows of a breach, they must report it.332 This process, therefore, avoids government regulation of the profession and instills public trust in lawyers.333 Within law exists “a self-imposed stigma and isolation” attached to requesting help as a legal professional; this concept is discussed throughout research.334 Lawyers look at the world differently. “Thinking like a lawyer” may negatively affect well-being;335 such thinking creates difficulty for therapists treating lawyers because lawyers are trained to “parse the syntax and argue the finer points.”336 Law students often learn pessimistic thinking styles.337 Hesitancy to seek help may be further exacerbated because lawyers may be embarrassed by the exposure of therapy or group interventions.338

331. Id. at 50.


333. Id. (explaining that there are no specific ethics rules requiring attorneys to “watch out for each other,” and that the system is not designed to help others within the profession; therefore, a lawyer needing help falls through the cracks).

334. Id. (explaining that ethical demands of the model rules place attorneys in difficult situations and “[s]elf-reporting seems impossible”).


337. Huang & Felder, supra note 335.

B. Loneliness in the Legal Profession

“I don’t think I’ve actually spoken to anyone today.”

The authors know of no research directly measuring a cohort of lawyers for levels of loneliness using a valid assessment tool. However, attorney Jeena Cho outlined factors contributing to lawyer loneliness and offered targeted solutions.

Relationships profoundly impact our well-being. “The lonelier we are, the more wear and tear our bodies experience “as a result of any stress in our lives.” Cho surveys the barriers to lawyer well-being, recognizing signs of detrimental health effects, and offers solutions to manage loneliness in the legal profession. A list of these signs and proposed solutions can be found in Appendix B, Table 6.

C. Law Student Well-Being

“When I say that law school breaks people, I mean that almost nobody comes out of law school feeling better about themselves, although many come out much worse—caustic, paranoid, and overly competitive.”

–Douglas Litowitz

Clinical law professor Lawrence Krieger and psychology professor Ken Sheldon reported that law students exhibit problems with emotional distress and substance abuse. This


341. Id.

342. Id.


confirmed their hypothesis that law school contributes to negative changes in values, motivations, and well-being, predicting decreased happiness and life satisfaction.\textsuperscript{345} They indicated that well-being of lawyers and law students is weakly associated with external factors such as money and status.\textsuperscript{346} Instead, one factor driving the well-being of legal professionals, including law students, is the ability to choose “interest and meaning in [their] work.”\textsuperscript{347}

As a grassroots effort to educate law students, Krieger published a booklet targeted to first-year law students identifying law school stressors and solutions to mitigate stress.\textsuperscript{348} A summary of the booklet’s content is listed in Appendix B, Table 7. Law school is a stressful experience. It is striking how characteristics of “thinking like a lawyer” parallel the state of hypervigilance: an increased emphasis on self-preservation, avoidance of perceived threats, and increases in anxiety, heart rate, and blood pressure.\textsuperscript{349} Perhaps learning how to critically analyze an opponent’s arguments and “defend one’s boundaries” enhances students’ hypervigilant responses, contributing to increased feelings of loneliness.

Professor Jennifer Jolly-Ryan suggested that the law school environment fundamentally changes law students for the worse, setting them up to be unhealthy lawyers:\textsuperscript{350}

Law students enter law school with unique gifts. Some are brilliant writers but are anxious and awkward when speaking in class or in front of an audience. Some are brilliant oral advocates but have difficulty writing. Other student gifts lie in their ability to empathize with others.

\begin{itemize}
  \item \textsuperscript{345} Id. at 263.
  \item \textsuperscript{347} Id.
  \item \textsuperscript{348} LAWRENCE S. KRIEGER, ENJOY SUCCESS & DROP THE STRESS IN LAW SCHOOL AND LAW PRACTICE: APPLYING THE NEW SCIENCE FOR A FULFILLING LIFE AND CAREER (2021).
  \item \textsuperscript{349} See Tull, supra note 255.
\end{itemize}
deal with chaotic situations, and listen to a client’s problems and solve them. However, law school . . . often destroy[s] law students’ gifts . . . [and] highlight[s] a student’s weaknesses rather than strengths . . . [i]f law schools and law professors extinguish or discourage any of the unique gifts possessed by law students, they exert “a destructive force” on both the students and the legal profession as a whole . . . law school “teaches many students to put aside their personal life and health and accept persistent discomfort, angst, isolation, even depression as the cost of becoming a lawyer.”

Huang and Felder utilize the popular cultural framework of a *Zombie Lawyer Apocalypse* to analyze the epidemic amounts of anxiety, decision-making errors, depression, and professional dissatisfaction the above studies show are now rampant among law students and lawyers. Huang and Felder provide these positive psychology, evidence-based solutions to law student and lawyer zombification, practicing mindfulness, shifting attribution styles (i.e. how individuals think about their experiences); relying on people’s signature strengths; and developing meaning in life and work. Huang discusses meta-mindfulness, or mindfulness about mindfulness, and offers examples of law students’ positive feedback upon learning about mindfulness. Additionally, Huang provides representative examples of law students’ positive feedback upon learning about mindfulness in the required law school course *Legal Ethics and Professionalism*.

351. *Id.* at 124-25.
353. *Id.*
354. *Id.* at 750-55.
355. *Id.* at 766-70.
356. *Id.* at 763-66.
357. *Id.* at 770-71.
359. *Id.* at 318-20.
Martin and Rand published a study on hope and optimism among first year law students. Their research indicated “that law students begin their first year of law school with normal or even higher levels of well-being” than their undergraduate counterparts, but that well-being declines through the first year.\footnote{Martin & Rand, supra note 361, at 206.} In fact, “law school is a ‘breeding ground’ for depression, anxiety, and other stress-related illnesses.”\footnote{Debra S. Austin, \textit{Killing Them Softly: Neuroscience Reveals How Brain Cells Die from Law School Stress and How Neural Self-Hacking Can Optimize Cognitive Performance}, 59 Loy. L. Rev. 791, 796-97 (2013) (stressing that “neuroscience … shows that this level of stress [in law school] . . . diminishes cognitive capacity . . . and the impact of emotion on this process indicate[s] that stress can weaken or kill brain cells”).}

Debra Austin, Denver University law professor, echoes these findings: “\textit{[S]tresses facing law students and lawyers result in a significant decline in their well-being, including anxiety, panic attacks, depression, substance abuse, and suicide.\textsuperscript{364}} \textit{[S]tudents will respond to the stress of law school by becoming alienated, withdrawing psychologically and intellectually from the learning experience, or turning to alcohol or drugs for relief.}\textsuperscript{365}”

Law school stress wears on the mind and body. A recent Emory graduate said “she believed she was the only person in the entire class who was lost or confused. She thought that ‘if [she] belonged in law school [] [she] wouldn’t feel this way.’\textsuperscript{366}” A 2015 study of 647 law students, aimed at measuring perceived stress levels, indicated higher scores on four areas of concern typically correlated with higher levels of anxiety and depression.\footnote{Cho, supra note 340.}

\begin{itemize}
  \item 362. \textit{Id.} at 206.
  \item 363. \textit{Id.} (outlining that “[s]elf-reports of anxiety and depression are reportedly significantly higher among law students than the general population or even medical students”).
  \item 365. Martin & Rand, \textit{supra} note 361, at 206.
  \item 366. Cho, \textit{supra} note 340.
included: academic demands, career pressure, social isolation, and study-life imbalance. Over half the students reported moderate to extremely severe symptoms of depression (53%) and anxiety (54%).

"An increase in bad habits, dysfunctional behaviors, stress, anxiety, depression, and other mental illnesses characterizes many law students’ metamorphosis from law student to lawyer." Law students “suffer more mental health and substance abuse problems than society in general.” A study on law student mental health by Jaffe, Organ, and Bender of 3,000 law students across fifteen law schools outlined the following results: 17% screened positive for depression; 37% screened positive for anxiety; and 21% had serious thoughts of suicide. 79% of the students said they would seek professional help for mental health; and 42% indicated a need for help for emotional or mental health issues in the prior year, but only half actually received counseling. 43% reported binge drinking at least once in the previous two weeks; and 81% reported they would likely seek help for an alcohol problem, but only 4% did.

Many professionals are highly educated by virtue of their professional training. Individuals with extensive training tend to engage in cognitive layering, leading to possible over-analysis. High achieving and highly educated people are often prone to


368. Bergin & Pakenham, supra note 367.
369. Id.
371. Id. at 97.
373. Id. at 140.
374. Id. at 128 (defining binge drinking as drinking five or more drinks for men, or four or more drinks for women, in one sitting).
375. Id. at 140.
what is known as the Imposter Phenomenon (IP) or syndrome. This is a fear of being, or being discovered, or found out to be, an imposter, and may add to loneliness. Individuals experiencing IP feel unworthy of their achievements and perceive it to be only a matter of time before they are revealed as unworthy imposters.

What factors drive law students into substance misuse disorder and dependency, to isolate themselves, therefore suffering negative health effects? What role does legal education play in law student well-being? Earning a law degree is rife with “land mines” detrimental to a student’s health. “Legal education is infused with [a] general unpleasantness that causes a toxic allostatic load for many law students.” Alarmingly, reports of inflexible and unsupportive law school administration practices during the COVID-19 pandemic exist. At Columbia Law School, in a Student Senate survey, “over 82 percent indicated that they experienced heightened anxiety, and over 65 percent indicated that they experienced heightened depression.” These questions are worthy of additional research.


377. Hoang, supra note 376, at 45-46.


379. Krieger & Sheldon, supra note 344.

380. Austin, supra note 364, at 853 (discussing the condition of “allostasis” as defined by Bruce McEwen in his book, THE END OF STRESS AS WE KNOW IT (2002). Allostasis refers to the process the brain uses to coordinate body-wide changes in response to stressors. “Allostatic load” refers to the “point where the stress response system turns against us.” Id. at 5.).

381. Rubino, supra note 202, at 2.
IV. LONELINESS IN LAW SCHOOL: A SURVEY

“Are You A Lonely Lawyer or Law Student?”

Myriad questions exist as to why lawyers are ranked the loneliest of professionals. What factors contribute to loneliness in the legal profession? Do lawyers’ personalities predispose them to loneliness? Could it be that seeds of loneliness are sown in law school? These and other questions cannot be answered by this Article; however, they are questions for future research. No known research exists measuring the loneliness of law students using a validated assessment tool. Therefore, this Article’s first author (“Ash”) posed the question, “How lonely are law students?” and then conducted a survey on the level of loneliness in law students at a public university in Indianapolis, Indiana.

A. Survey Design

Ash secured approval from the Indiana University Internal Review Board (“IRB”) and the Office of Student Affairs (“OSA”) at the Indiana University Robert H. McKinney School of Law (“School”) to send an electronic survey measuring loneliness (“Survey”) to its active law students (“Students”). Before creating and sending the Survey, Ash completed investigator training through the IRB.

Research on loneliness included searching online as well as in a host of databases accessible via the School. Searches included the terms: “lonely,” “lawyer,” “loneliness,” “law,” “legal,” “social isolation,” and “law student.” The Survey was created using a free electronic software program called eSurvey Creator (“Software”) commonly used by students. This Software was chosen for ease of use, data reporting, and functionality. It also permitted gathering and analyzing data while ensuring confidentiality and anonymity.

The Survey measured loneliness in law students and legal professionals: licensed, unlicensed, active, and retired. The Survey asked basic demographic and educational background questions; it also measured loneliness using the Revised UCLA Loneliness


383. Achor, supra note 58, at 3.
Specifically, the Survey asked the following three demographic questions: (1) age; (2) race; and (3) gender. It further asked five questions regarding education or professional background: (1) highest degree of education attained; (2) current status in the legal profession, e.g., student or attorney; (3) in which program the student is currently enrolled, e.g., LL.M.; M.L.S. or J.D.; (4) year in school; or alternatively, (5) years of experience in the legal field. The Survey and customized Information Sheet (as required by the IRB) is attached to this Article in Appendix A.

B. Survey Methods

No incentive was offered to Students for completion of the Survey. After securing requisite approval, the Survey was sent to Students using a listserv maintained by the OSA consisting of 880 Students enrolled in School programs. Ash worked with the OSA to send the Survey in a manner to maintain confidentiality of the respondent and their e-mail. The initial and final e-mail would arrive in a Student’s inbox, “as arriving from” Ash. The Survey link contained the required IRB Information Sheet. The Student e-mail included a personal note from Ash requesting time in which to complete the Survey.

C. Survey Results

The Survey garnered 62 total responses; of these, 56 Students completed the Survey; this number represents approximately 6.4% of the eligible population. Using the Scale score ranges, total loneliness scores ("Score(s)") for Survey measures are as follows: a Score less than 28 is “Low” loneliness; a Score of 28-43 is “Moderate” loneliness; and a Score of 44 or higher is “High” loneliness.

384. Russell, supra note 105. This version of the scale is utilized because many sources cited in this Article used The Revised Scale to assess loneliness.

385. The Survey was e-mailed the Tuesday after the start of Spring 2019 classes; over the course of four weeks, the Survey link was also added as a reminder in a weekly e-mail sent by the OSA. A final Survey e-mail was sent to Students approximately five weeks after the initial message. Once the Survey closed, de-identified data was analyzed using Microsoft Excel software. Excluded respondents included non-Students or Students who did not complete the entire Survey.

386. Scale Score is rounded to the nearest whole number.
loneliness. Scores ranged from 22 to 71; the mean Score was 43; the mode Score was 40 (n=5), or high-moderate loneliness. Most respondents were white (n=51) and female (n=38). As expected, most respondents have undergraduate degrees, but 23% have graduate degrees. Last, nearly all respondents are in the J.D. program (n=53), a majority are full-time students (n=36), and nearly 38% are second-year students.

D. Survey Discussion

Survey results suggest, on average, this cohort of Students is lonely, only one point from measuring as “highly lonely.” There was a one-point Score difference between male and female respondents, indicating an agreement with research suggesting a low correlation in loneliness scores between the sexes. More females responded to the Survey than males, supporting research indicating that women tend to share emotions more freely than men and are more willing to talk about how they feel. Both full-time and part-time Students measured as moderately to highly lonely. First year law students reported high loneliness; separate research on matriculating college students reports elevated loneliness scores. Typical law school tenure is three years for full-time students; for part-time students, this may extend more than four years. Survey results suggest loneliness Scores are highest during the first year of school, lessening to mid-moderate levels by year three. However, fourth year students and beyond reported increasing Scores. Perhaps this increase is due to mental and emotional fatigue, or the loss of colleagues within their social network because of graduation.

This Survey is only the beginning of research into the realm of law student loneliness. Weaknesses of this Survey are as follows: (1) the cohort size is small (n = 56) and does not reach a

387. See survey results infra app.B, tbl.3.
388. 23% is calculated as 13 respondents with a graduate degree divided by the eligible population (n=56).
389. 38% is calculated as 21 second-year respondents divided by the eligible population (n=56).
391. Cacioppo et al., Alone in the Crowd, supra note 68, at 988; see also Bulka, supra note 120, at 9.
392. Cacioppo et al., Alone in the Crowd, supra note 68, at 978.
“significance” level for the eligible population (n=880); (2) time and resources played a factor in the breadth and depth of research that could be designed, conducted, and analyzed in the allotted timeframe; (3) there was no incentive offered to complete the Survey; (4) self-selection may have played a role in responding, with lonely Students seeking a “voice” and therefore completing the Survey; (5) hesitation to complete the Survey for fear of confidentiality or a feeling of shame, embarrassment, or denial; and (6) limited resources for an in-depth analysis of the data.

The Scale consists of twenty questions; this Article addresses loneliness as a total Score. In a larger sample, further analysis conducted on specific questions may indicate loneliness types. For example, Question 2 on the Scale asks how often a respondent “lacks companionship,” while Question 5 asks how often a person “feels part of a group of friends,” and Question 9 asks how often a respondent “is an outgoing person.” These questions address different facets of loneliness: Question 2 addresses emotional loneliness while Questions 5 and 9 address social loneliness. With a larger cohort, analyzing responses to each of these questions may provide more nuanced data as to how loneliness affects a population.

As a self-regulating profession, lawyers must help lawyers. For example, some judges are feeling more isolated due to physical distancing during COVID-19, dealing with the loss of colleagues who died from the pandemic, and virtual proceedings.393 Because loneliness may impair lawyer well-being, which in turn may impair lawyer decision-making, including ethical choices, the profession and the American Bar Association should consider how loneliness impairs the ability of lawyers to effectively serve the public and their clients.

V. STRATEGIES TO MITIGATE LONELINESS

“Emerging from loneliness is far more challenging than we realize.”

This Article turns now to provide three sets of strategic interventions to mitigate loneliness. We offer these scientific, research-based practices in the order of increasing number of people involved: mindfulness, talk therapy (or cognitive behavioral therapy “CBT”), and inclusion.

Practicing mindfulness requires at least one person (though can be done in groups), talk therapy requires at least two people: a speaker and listener, and inclusion requires a community. These three practices are not mutually exclusive and can be performed concurrently. Mindfulness involves being aware of, and non-judgmental about, thoughts, feelings, and bodily or physical sensations, in whatever environment currently exists, including solitude. Talk therapy involves the ability, comfort, trust, and willingness to confide and share thoughts, feelings, and bodily or physical sensations with another, preferably a trusted trained professional. Inclusion involves creation, maintenance, and sustenance of a welcoming community and environment in which members feel comfortable sharing thoughts, feelings, and bodily or physical sensations.

A. Mindfulness

“Using Mindfulness to Manage Loneliness”

Mindfulness is “paying attention, with equanimity, to our present experience as it unfolds.” A different, yet related and


overlapping, definition of mindfulness from Harvard psychologist Ellen Langer is:

an inactive state of mind characterized by reliance on distinctions/categories drawn in the past. Here (1) the past over-determines the present; (2) we are trapped in a single perspective but oblivious to that entrapment; (3) we’re insensitive to context; and (4) rules and routines govern rather than guide our behavior. Moreover, mindlessness typically comes about by default not by design.397

Andy Puddicombe398 narrates a guided experiential introduction to mindfulness in the Headspace Guide to Meditation.399 This original Netflix series consists of eight spiritually and visually soothing episodes.400 The episodes in order from one to eight are: a form of breath mindfulness; a visualization mindfulness; a reflection mindfulness; a noting mindfulness; a loving kindness mindfulness; a body-scan mindfulness; a shift-in-perspective mindfulness; and a resting awareness mindfulness.401

There is vast and growing literature about the numerous potential beneficial effects of mindfulness practice, both for law students and practicing attorneys. These benefits include helping law students achieve happiness,402 reducing cognitive biases,403


400. Id.

401. Id.


improving retirement planning,\textsuperscript{404} improving lawyers’ ethics and professionalism,\textsuperscript{405} and improving decision-making, ethics, and leadership.\textsuperscript{406} Many psychology\textsuperscript{407} and neuroscience studies\textsuperscript{408} of mindfulness meditation provide empirical and experimental evidence that a mindfulness practice may produce psychotherapeutic benefit through reductions of anxiety, chronic stress, depression, and rumination of negative thoughts.\textsuperscript{409} Mindfulness practice helps people to reframe negative or unhelpful thoughts.\textsuperscript{410} For example, the feeling of soreness in your arm from a vaccine could be interpreted as “I hurt or I feel bad;” alternatively, you could reframe it and say “Oh good. My body is responding to the vaccine, so things are happening and I’m going to become immune.” You can choose to have different thoughts about, or interpretations of, the same physical sensation. Mindfulness can also help you do the same thing about our feelings. Instead of thinking just “I feel lonely,” you could instead think “I feel lonely so I must be a very sociable person who enjoys a lot out of satisfaction from my interactions with others.” This type of cognitive reframing that mindfulness practice facilitates is akin to CBT.

\hspace{2cm}

(demonstrating how many cognitive biases are forms of mindlessness, and the many pathways through which practicing mindfulness improves decision-making).

\hspace{2cm}

404. Huang, supra note 301, at 250 (indicating how practicing mindfulness can improve retirement planning).


406. Huang, supra note 285, at 79 (summarizing how mindfulness can improve decision-making, ethics, and leadership).


Most relevant for this Article, a number of studies suggest that mindfulness practice can reduce loneliness. This is not surprising, because loneliness causes perceptual distortions,\(^{411}\) and mindfulness can reduce cognitive biases.\(^{412}\) For example, a recent study proved the efficacy of a two-week “smartphone-based mindfulness training for reducing loneliness and increasing social contact in daily life.”\(^{413}\) Importantly, this study shows that developing an orientation of acceptance toward present-moment experiences is a critical mechanism for mitigating these social risk factors.”\(^{414}\)

A small, randomized control study found Mindfulness-Based Stress Reduction (MSBR) training helped older adults reduce their loneliness and pro-inflammatory gene expression.\(^{415}\) A pilot study involving forty caregivers, “recruited from [two] community center support groups to participate in an [eight]-week online mindfulness intervention . . . reduced caregiver burden, perceived stress, anxiety, and loneliness[,] and improved mental well-being.”\(^{416}\) Another pilot, randomized controlled trial also found that an eight-week mindfulness training program reduced loneliness among Chinese college students.\(^{417}\) A study of 108 community-dwelling older adults found that happiness “may have the potential to compensate for the adverse impact of loneliness on CTRA gene expression. Findings suggest a novel approach to

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412. Huang, supra note 403, at 173 (2018) (explaining that many cognitive biases are various forms of mindlessness, and practicing various forms of mindfulness can mitigate those cognitive biases).
414. Id. at 3488.
415. J. David Creswell et al., Mindfulness-Based Stress Reduction Training Reduces Loneliness and Pro-Inflammatory Gene Expression in Older Adults: A Small Randomized Controlled Trial, 26 Brain, Behav., & Immunity 1095, 1095 (2012).
targeting the health risks associated with social isolation by promoting purpose and meaning in life.\footnote{118} Other studies have demonstrated that practicing mindfulness is related to happiness in the sense of Eudemonic well-being.\footnote{119} Finally, a study links the quality of being mindful, independent of practicing mindfulness meditation, with reduced loneliness.\footnote{120}

Applied behavioral science professor Darren Good and management professor Christopher Lyddy recommended practicing mindfulness during COVID-19\footnote{421} to reduce mind wandering\footnote{422} and rumination about solitude and/or COVID-19.\footnote{423} They offered three concrete suggestions.\footnote{424} First, plan and engage in a daily mindfulness meditation practice, even one lasting a couple of minutes, possibly with aid of apps, timers, and guided meditations.\footnote{425} Second, practice an intentional breathing mindfulness mediation during Zoom conference calls (that became

\begin{footnotesize}
\footnote{118. Steven W. Cole et al., \textit{Loneliness, Eudaimonia, and the Human Conserved Transcriptional Response to Adversity}, 62 PSYCHONEUROENDOCRINOLOGY 11, 11-12 (2015).}


\footnote{422. See Matthew A. Killingsworth & Daniel T. Gilbert, \textit{A Wandering Mind is an Unhappy Mind}, 330 SCI. 932, 932 (2010).}

\footnote{423. Good & Lyddy, supra note 421.}

\footnote{424. Id.}

\footnote{425. Id.}
\end{footnotesize}
commonplace and ubiquitous during COVID-19). Third, redesign and reorganize home spaces to foster contemplation and reduce distractions causing mental time travel into the past or future, away from the present. A final mindfulness practice is to keep a regular bedtime gratitude journal.

A different form of mindfulness is Loving Kindness Mindfulness (LKM) meditation. LKM has many documented benefits, including increasing positive emotions, improving physical health, bettering psychological health, and possibly

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426. Id.
427. Id.
even slowing the aging process. There is also experimental evidence that LKM reduces loneliness.

**B. Talk Therapy (or CBT) and Cultivating Wisdom**

“I’ve realized therapy is incredibly therapeutic.”

---


Persons with diagnosed mental health problems, like others vulnerable to loneliness, may benefit from a community resource approach. Such an approach includes opportunities for people to interact and nurture social relationships. A 2011 meta-analysis of twenty studies spanning nearly forty years evaluated interventions for loneliness. This analysis compared four categories of loneliness interventions: improve social skills; increase social support; encourage interactions with other people; and CBT, a type of talk therapy that attempts to dispel or reframe negative interpretations of an individual’s experiences. This study’s findings revealed that CBT is the most effective strategy to reduce loneliness.

Interestingly, growing evidence indicates talk therapy is more effective than medication in reducing anxiety and depression, yet most patients are reluctant about CBT. Hallmarks of CBT include: the process of changing one’s thought patterns; addressing issues of self-worth; modifying perspective; and altering skewed ideas of trustworthiness regarding both one’s perception of self and that of other persons.

A 2016 study of twenty-seven lonely volunteers compared five weeks of CBT in group therapy sessions to lectures on healthy aging. Results indicated only the CBT group experienced reduced feelings of loneliness. They met and wrote about topics

437. Wang, supra note 246, at 170.
438. Id.
439. Russo, supra note 109, at 10.
440. Id.
441. Id.
444. Russo, supra note 109, at 11.
445. Id.
such as “belonging” or “relationships.” After twelve weeks, they reported reduced loneliness levels approaching levels of the non-lonely group, and reported enhanced social support and lower systolic blood pressure. Conversely, the control group reported decreased functional ability and quality of life after three months. This study concluded, therefore, that the chronically lonely are best served by CBT. A recent study involving seventy-three people who reported experiencing frequent and prolonged loneliness reported significant reductions in standardized, self-report measures of loneliness and social anxiety, and increases in standardized, self-report measures of quality of life, after partaking in an eight-week, online CBT program. A follow-up study involving forty-four of those seventy-three people reported that even two years later, participants self-reported moderate to large reductions in loneliness and social anxiety and increases in quality of life.

Additional interventions for loneliness include creating “sacred spaces” around certain activities e.g., no use of technology when in nature, choosing to walk around a city instead of driving, and spending time focusing on the people, places, and things of that environment. Public health suggestions include policies focused on creating and sustaining positive social ties.

Recent research indicates wisdom appears to be a protective factor against increasing loneliness as we age. Wisdom, as defined in a 2018 study by Lee et al., is a “complex human trait.” Lee’s study measured social isolation, loneliness, depression, and wisdom in 340 community dwelling adults, with ages ranging from

446. Id.
447. Id.
448. Id.
449. Id.
450. Anton Käll et al., Internet-Based Cognitive Behavior Therapy for Loneliness: A Pilot Randomized Controlled Trial, 51 BEHAV. THERAPY 54, 54 (2020).
452. Price, supra note 80, at 29.
453. Tanskanen & Anttila, supra note 70, at 2047.
454. Lee et al., supra note 62, at 4.
Loneliness was measured using the UCLA Loneliness Scale, Version 3. Results revealed that 76% of participants measured at moderate to high levels of loneliness. Furthermore, this loneliness correlated with worse mental health and was inversely correlated with positive psychological states; even moderate loneliness indicated worsened health.

Severity of loneliness and age are complexly related; people experience increased loneliness in their late-twenties, mid-fifties, and late-eighties. Wisdom, however, may be a solution to mitigating loneliness, regardless of age. Wisdom encompasses components such as "social decision making, emotional regulation, pro-social behaviors, self-reflection, acceptance of uncertainty, decisiveness, and spirituality." "Loneliness and overall well-being may be improved via increasing individuals’ wisdom, which includes ability to regulate emotions, self-reflect, be compassionate, tolerate opposing viewpoints, and be decisive." Wisdom may create connectivity, decrease loneliness, and increase happiness. Indeed, Lee calls for public action to "build a more connected, less lonely, and happier society."

455. Id. at 1.
456. Id. at 2.
457. Id.
458. Id.
459. Id. at 9.
461. Lee et al., supra note 62, at 13.
462. Id.
C. Inclusion

“I believe in a passion for inclusion.”
–Lady Gaga

Some researchers argue that “loneliness is a consequence of the way society includes/excludes people.” Social interaction appears to buffer negative effects of loneliness. Social connection significantly affects health; if you believe you have people in your life who care about you, and you interact regularly with them, you are more likely to be healthy. Indeed, a positive social network is likely to buffer against detrimental physical effects of loneliness: a weakened immune system, less resiliency to stress, and poor exercise behaviors. Forming and maintaining positive friendships appears to be a mitigating factor for loneliness, especially as we age. Choosing our friends is a serious business indeed — supportive friendships in the elderly were stronger predictors of wellness than relationships with family. Positive friendships are important throughout our lifecycle; everyone needs friends they enjoy spending time with — particularly dependable friends who listen and show support. Because feeling lonely creates inner anxiety, spending time with trusted friends signals safety and security, keeping anxiety and sadness at bay.

Discovering which interventions best mitigate feelings of loneliness is an ongoing process. A 2018 meta-analysis of twenty


466. Killam, supra note 169.

467. Beller & Wagner, supra note 79, at 809.

468. Oaklander, supra note 244.

469. Id.

470. Id.

471. Id.
studies reveals use of new technologies and community-engaged art may reduce loneliness.\textsuperscript{472} A second review of thirty-eight studies indicated the most effective interventions to reduce loneliness and social isolation for older persons included adaptability, a community development approach, and productive engagement.\textsuperscript{473} This latter review noted, however, the weakness of the quality of evidence and, in general, the lack of research in the realm of loneliness and the urgent need for quality intervention and development.\textsuperscript{474}

VI. CONCLUSIONS

“I see you.”\textsuperscript{475}

\textit{I See You}\textsuperscript{476} is the theme song playing over the end credits of the movie \textit{Avatar}\.\textsuperscript{477} To the fictional indigenous Na’vi species in \textit{Avatar}, the phrase, \textit{I See You}, has two distinct, though related, meanings.\textsuperscript{478} First, \textit{I see you}, or \textit{Oel ngati kame}, is merely a neutral greeting.\textsuperscript{479} Second, \textit{Oel ngati kameie} conveys a positive feeling upon meeting another.\textsuperscript{480} Relatedly, the Na’vi utilize two distinct, though related, versions of the verb to see.\textsuperscript{481} First, \textit{tse’a}, refers to vision in the literal, physical sense of vision.\textsuperscript{482} Second,
kame expresses vision in the metaphysical, spiritual sense.\textsuperscript{483} Kame is akin to comprehension and understanding of another.\textsuperscript{484} One cornerstone of the Na’vi philosophy is “to see” in the sense of opening one’s heart and mind to the present.\textsuperscript{485} This version of seeing is to bridge the chasms of connection due to loneliness through mindfulness.

Loneliness is likely to ripen into the next public health crisis during and after COVID-19, not only for the United States, but worldwide. An increasing prevalence of high rates of loneliness is alarming from both a public health and workforce perspective. This Article has analyzed the prevalence of loneliness among lawyers, law students, and the general populace before and during the COVID-19 pandemic. While loneliness affects all professionals, recent studies indicate lawyers and physicians are the loneliest of professionals.\textsuperscript{486}

Lawyer well-being is an urgent issue, gaining momentum as study after study reveals myriad detrimental physical and mental side effects to being, thinking, and feeling like a lawyer. The nature of the legal profession leads to high stress, higher rates than the general population for anxiety and depression, as well as high rates of suicide and substance abuse. As loneliness rates increase among the general population, it is unsurprising that lawyers’ loneliness also increases. Therefore, it is imperative to lawyer well-being to further understand the relationship between practicing law and loneliness. COVID-19 has only accelerated technological innovations transforming the practices of lawyering and adjudication to be increasingly remote, focused on self-help, and virtual.\textsuperscript{487}

\textsuperscript{483} Id.
\textsuperscript{484} Id.
\textsuperscript{485} Id.
\textsuperscript{486} Achor et al., supra note 58.
Law student well-being is a related and burgeoning topic because unhealthy law students become unhealthy lawyers. This Article surveyed research about legal education and law student loneliness by examining the results of the first survey measuring loneliness in law students. Outcomes of this survey indicated high levels of loneliness among the participants from the cohort of students surveyed. How loneliness interacts with concurrent law student well-being concerns, e.g., anxiety, depression, and alcohol misuse, is yet to be measured. It stands to reason that as existing research indicates law student well-being is negatively affected by a number of environmental and structural factors, loneliness likely plays a role in worsening law student well-being. Not only do law students experience high stress and increasing anxiety, they are also learning to cope with immense workloads and, as results of this survey suggest, wrestle with increasing levels of loneliness.

This Article proposes, as does other research, that legal educators consider the grave and serious implications on the future of a legal profession consisting of lonely, emotionally, mentally, and physically unhealthy professionals. Given the high loneliness scores of the law students in this Article’s cohort; that lawyers reported as the loneliest of professionals in a recent survey of American workers; and that historically, alarming numbers of attorneys have wrestled with depression and anxiety, and have managed stress with substance misuse, this is an area for further research.

This Article raises three important questions: first, what interventions during law school may mitigate law student loneliness? Second, how can results from this Article’s research apply to reduce loneliness in the legal profession? Last, how can law schools, law firms, and even judicial systems support, adapt, and apply these vital well-being tools for law students and lawyers? Research within the general population suggests that practicing mindfulness, “talk therapy,” and inclusion are effective for mitigating loneliness. The legal profession and society cannot afford the high social costs in terms of legal ethics violations and malpractice incurred as a result of unhealthy law students and lawyers. As Patrick Krill stated, “[a]s a licensed profession that influences all aspects of society, economy, and
government . . . levels of impairment among attorneys are of great importance and should therefore be closely evaluated.”

We end this Article on a hopeful and personal note. We believe the pandemic has accelerated the public’s and the legal profession’s awareness of the pernicious effects of loneliness. The authors of this Article, Ash and Huang, are similar in that they were both raised in large families: Ash in a family of eight children, and Huang in an extended family with many aunts, uncles, and cousins. Both authors are energetic, creative, positive by nature, and prone to perfectionism. The authors differ vastly in their personalities and experiences with loneliness. Ash is extroverted; though she experiences loneliness due to various factors e.g., being a female attorney with chronic pain conditions, she mitigates it via time spent in nature, painting, teaching, practicing CBT and meditation, and discussing life via her website and social media.

Huang is an introvert, and finds much comfort in mathematics, which helps him better understand people and interpersonal dynamics. Like many academics, he enjoys the solitude of contemplation, introspection, and reflection. Huang has experienced bouts of loneliness, especially during adolescence, and found practicing mindfulness and talk therapy to be very helpful in mitigating loneliness. Being fortunate enough to have an understanding life partner decreases loneliness. Finally, both authors found creating this Article, completely remotely, to be a form of inclusion helpful in mitigating loneliness. We hope readers of this Article find it helpful to ease their loneliness. To mitigate loneliness in the COVID-19 pandemic, life, and law, we conclude with this hopeful quote from novelist Olivia Laing: “Loneliness is personal, and it is also political. Loneliness is collective . . . We are in this together, this accumulation of scars . . . What matters is kindness; what matters is solidarity.”

488. See Krill et al., supra note 224, at 46.
APPENDIX A: SURVEY MATERIALS

A. Email Sent to Eligible Students

Greetings Fellow Students!

**Survey Request: Loneliness & the Law**

Thank you for taking a moment out of your insanely busy day to read about and assist me with my research.

Will you please take a few minutes to complete the following survey?

This survey is confidential; it takes approximately 3-4 minutes to complete (and this includes reading the information sheet).

I’ve likely seen many of you in the halls over the past three years; not only am I a part-time evening student, but I’m also a health professional and current Adjunct Faculty in the IU School of Health and Human Sciences. As you know, we must complete an Advanced Writing Requirement; I chose to conduct research about loneliness in the legal profession.

Loneliness is no joke; in March of 2018, Harvard Business Review published an article discussing the results of a study on loneliness in the workplace. According to their survey, lawyers and doctors measured as the loneliest professionals. This is a big deal because chronic loneliness is harmful to both our physical and mental health.

I want to learn how and why law students and lawyers are lonelier than most professionals. There is little data available, so I want to create some! Will you help me?

You can click on any hyperlink within this e-mail or access the survey at this link: [https://www.esurveycreator.com/s/9206df4](https://www.esurveycreator.com/s/9206df4)

This survey has been approved by the IU Internal Review Board. I am the principal investigator; I cannot match survey results to a user and I do not ask for personally identifiable information. I will receive only de-identified aggregated data.

I understand all too well that each of us is busy; therefore, I thank you in advance for completing the survey.

Please don’t hesitate to contact me if you have questions.

B. Required IRB Information Sheet

LONELINESS AND THE LAW

You are invited to participate in a research study (by completing a brief survey) investigating the interaction between loneliness and the law—more specifically—the degree to which law students and
lawyers feel lonely. You were selected as a possible subject because you are a current law student, lawyer or in the legal profession. We ask that you read this information sheet and, if you have questions, please ask before agreeing to be in the study.

This study is being conducted by (“Principal Investigator”), a part-time evening student at the IU Robert H. McKinney School of Law and Associate Faculty in the IUPUI Department of Health and Human Sciences. This is an unfunded study; this study is being completed as a requirement for the PI to graduate—the resulting paper will complete the Advanced Writing Requirement.

STUDY PURPOSE

The purpose of this study is to explore the relationship between feelings of loneliness for those studying or practicing law.

PROCEDURES FOR THE STUDY:

If you agree to be in the study, you will complete a brief online survey regarding loneliness. The survey should take no more than five minutes (at maximum) to complete.

RISKS AND BENEFITS

A risk of participating in this research may include minor emotional discomfort when reporting your feelings related to loneliness. There is a very low risk of loss of confidentiality. You may benefit by taking this survey by improving your awareness of feelings regarding loneliness and taking positive actions thereafter to mitigate negative emotions and improve well-being.

CONFIDENTIALITY

This survey link has been sent through a listserv; the PI is not promulgating the survey, nor will the PI know which e-mails responded to the survey link. The PI will ONLY receive an aggregated, de-identified report; additionally, the survey will NOT collect personally identifiable information. The PI will NOT receive your e-mail nor be able to tie a set of responses to the e-mail used to complete the survey.
These efforts are made to keep your personal information confidential; however, we cannot guarantee absolute confidentiality. Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the Indiana University Institutional Review Board or its designees, and (as permitted by law) state or federal agencies, specifically the Office for Human Research Protections (OHRP), the National Cancer Institute (NCI) [for research funded or supported by NCI], the National Institutes of Health (NIH) [for research funded or supported by NIH], etc., who may need to access your research records.

PAYMENT

You will not receive payment for taking part in this study.

CONTACTS FOR QUESTIONS OR PROBLEMS

For questions about the study, please contact the PI.
For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IU Human Subjects Office at (317) 278-3458 [for Indianapolis] or (812) 856-4242 [for Bloomington] or (800) 696-2949 [Toll Free].

VOLUNTARY NATURE OF STUDY

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether to participate in this study will not affect your current or future relations with the IU Robert H. McKinney School of Law.

This research is intended for individual 18 years of age or older. If you are under age 18, do not complete the survey.

C. Loneliness and the Law Survey

Note in the below that an asterisk indicates a required field.

Demographic Information
What is your age? (Please type only whole numbers into the line below.) *
What is your race? *

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer

What is your gender? *

- Female
- Male
- Prefer not to answer

**Education and Occupation Information**

What is the highest degree of education you have earned? *

- High School diploma or equivalent
- Undergraduate degree
- Graduate degree
- Doctoral degree
- Other degree
- N/A
Which of the following BEST describes your current status with respect to the legal profession? *

Note: “Practicing” means currently licensed to practice law in one or more jurisdictions.

- Law Student-Full Time
- Law Student-Part Time
- Licensed Practicing Attorney
- Licensed Practicing Attorney
- Retired Attorney
- Unlicensed Attorney
- Other
- Prefer not to Answer

Please choose the law program in which you are enrolled or if you are no longer a student, the law program you completed. *

Note: If you did not complete any of the programs listed or completed some law school, please choose “Other”

- J.D.
- LL.M.
- M.J.
- S.J.M.
- Other

If you ARE a law student, what is your year of school? *

Note: If you are NOT a law student, please choose “N/A”

- 1L
If you are NOT a law student, how many years have you been in the legal field? *

Note: If you ARE a law student, please answer “N/A”

<table>
<thead>
<tr>
<th>Option</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2L</td>
<td>0-5 years</td>
</tr>
<tr>
<td>3L</td>
<td>5-10 years</td>
</tr>
<tr>
<td>4L</td>
<td>10-15 years</td>
</tr>
<tr>
<td>5L+</td>
<td>15-20 years</td>
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<tr>
<td>N/A</td>
<td>20-25 years</td>
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<tr>
<td></td>
<td>25-30 years</td>
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<tr>
<td></td>
<td>30-35 years</td>
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<tr>
<td></td>
<td>35-40+ years</td>
</tr>
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<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

Indicate how often each of the statements below is descriptive of you. *

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel in tune with the people around me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. I lack companionship.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3. There is no one I can turn to.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4. I do not feel alone.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5. I feel part of a group of friends.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>6. I have a lot in common with the people around me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>7. I am no longer close to anyone.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>8. My interests and ideas are not shared by those around me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>9. I am an outgoing person.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>10. There are people I feel close to.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>11. I feel left out.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>12. My social relationships are superficial.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>13. No one really knows me well.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td></td>
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</tr>
<tr>
<td>14. I feel isolated from others.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15. I can find companionship when I want it.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>16. There are people who really understand me.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17. I am unhappy being so withdrawn.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>18. People are around me but not with me.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>19. There are people I can talk to.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20. There are people I can turn to.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### APPENDIX B: TABLES

#### D. Table 1: Types of Loneliness

<table>
<thead>
<tr>
<th>Loneliness Type</th>
<th>Characteristics of Loneliness Type</th>
</tr>
</thead>
</table>
| Metaphysical\(^{493}\) | ● Most comprehensive  
● Pervasive  
● “Master Mood”  
● One’s “perception of reality”  
● Life may feel “out of place” and “without connection and continuity” |
| Epistemological\(^{494}\) | ● A mental state encompassing negative attitudes, including negativity towards physical aloneness  
● Lack of desired relationships  
● Intimacy as self-disclosure is both sought and resisted  
● Lack of recognizing individuality is central to this loneliness.  
● One feels their presence is unnoticed and absence isn’t missed  
● May be a result of choosing not to know or to be known  
● Believing others do not wish to invest emotional energy in them  
● Emotions and emotional states including self-worthlessness, anxiety, frustration, shame, anger, depressiveness, sorrow, and fear  
● Believing their singularity is unacceptable, unappealing, or misunderstood |
| Communicative\(^{495}\) | ● Due to defective communication comprehension from an inability or unwillingness to be attuned to |

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494. *Id.* at 324-26.  
495. *Id.* at 327-28.
verbal and non-verbal messages or from competence in social skills.

- Lack self-worth leading to poor social composure and therefore insufficient assertiveness and risk taking. This may lead to private and public self-consciousness and shyness (all of which may negatively reinforce each other)
- Exhibiting inappropriate and abnormal tendencies in self-disclosure, thereby revealing too much or too little
- Tendency to be highly self-focused, self-absorbed, make too many self-statements, and ask fewer questions of their partners
- Tendency to change topics more frequently and show less interest in others’ statements
- Remiss in both social and solitary skills
- Some experience an inability to communicate feelings and self-attributions of the feeling of loneliness.
- For schizophrenics, profound loneliness causes noncommunication broken only by auditory delusions.

| Intrapersonal (Ontological) | • A feeling of division or divisibility of one’s self-being
|                           | • Feeling a threat to attaining or sustaining one’s self-identity or self-

496. *Id.* at 327.
497. *Id.* at 329-31.
498. *Id.* at 330 (explaining that persons may have “parents who are perceived as remote and untrustworthy” instead of being “warm, close, and helpful” and come from families who furnish less “emotional nurturance, guidance or support,” and therefore are a product of “cold, violent, undisciplined and irrational” home environments).
<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
</table>
| Integrity  | • May be pathological, *i.e.*, compulsive  
• If grave, it “may enervate the body, fragment the mind, ravage the spirit and de-personalize the self.”  
• Contributes to and is a consequence of psychosis and neuroticism  
• The breadth of negative and destructive internal emotion may lead to serious medical consequences |
| Ethical    | • Philosophically, loneliness is inherent in freedom, choice, responsibility, and value formation  
• Loneliness and solitude are essential conditions and catalysts for achieving moral superiority, *i.e.*, “lonely-at-the-top” |
| Existential| • The loneliness of the human experience  
• Recognition of an essential loneliness that persists throughout life  
• Seen in and increased by specific situations, lifestyles, occupations, and societal factors. |
| Emotional & Social | • Essence of these types of loneliness is the lack of passion  
• Passion connects a person to meaning in life; if it is absent, a person is either lonely or bored or both.  

**Emotional (EROS) Loneliness:**  
• A lack of shared intimacies (erotic, romantic, sexual, and genital)  
• A deficiency of intimacy and failure at sharing one’s self, producing a feeling of self-depreciation if pervasive  
• A “deep and abiding loneliness” felt as anguished self-failure. |
<table>
<thead>
<tr>
<th>Social (Friendship) Loneliness:</th>
<th>Cultural</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A lack of intimate sharing (friendship, friendliness, companionship, social networks, and shared common experiences)</td>
<td>• Persons and groups of persons who deem themselves excluded, left out, overlooked, unconnected to, or disconnected from the mainstream</td>
</tr>
<tr>
<td><strong>Intimacy:</strong></td>
<td>• Lack of cohesion and identity Resembles alienation but is not the same</td>
</tr>
<tr>
<td>• Most personal aspect of subjectivity, i.e., “meaning” in its spiritual, mental, and physical dimensions.</td>
<td>• May be felt by minorities and certain age and gender groups</td>
</tr>
<tr>
<td>• Liberates a person from subjective narcissism and selfishness</td>
<td>Characteristics of Cultural Loneliness:</td>
</tr>
<tr>
<td>• Concerns innermost self and surrender of it.</td>
<td>• Negative emotions &amp; thoughts towards one’s self and others</td>
</tr>
<tr>
<td>• Involves the freedom and selectivity on when and with whom to share it.</td>
<td>• Caused by and causes low self-worth</td>
</tr>
</tbody>
</table>
| • When it grows, one grows empowered in harmony with others and promotes integrity and identity. | 499. *Id.* at 338-41.
Cosmic\textsuperscript{500}  & The feeling or premonition that not only are beings unconnected, but that there is no transcendent person or personal power \\
& Characterized by a sense of being alone in the universe, one void of any ultimate, personalized meaning \\
& One often feels that evil is metaphysically real and an objective fact \\

---

**E. Table 2: Findings from 2018 Cigna U.S. Loneliness Index\textsuperscript{501}**

<table>
<thead>
<tr>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lonelier persons are more likely to report:</td>
</tr>
<tr>
<td>• infrequent in-person interactions;</td>
</tr>
<tr>
<td>• their “social skills” and relationship statuses are good;</td>
</tr>
<tr>
<td>• fair to poor overall, physical, and mental health;</td>
</tr>
<tr>
<td>• and less “balance” in their lives.</td>
</tr>
<tr>
<td>Adults ages 18-22 are the loneliest generation.</td>
</tr>
<tr>
<td>Loneliness lessens with age.</td>
</tr>
</tbody>
</table>

\textsuperscript{500} Id. at 341-44.

\textsuperscript{501} Cigna, supra note 61, at 5-23 (expanding upon results from the seventeen regional profiles: Houston-The Woodlands, Sugar Land, TX; Austin-Round Rock, TX; Tampa-St. Petersburg-Clearwater, FL; Washington-Arlington-Alexandria, DC-VA-MD-WV; Boston-Cambridge-Newton, MA-NH; Philadelphia-Camden-Wilmington, PA-NJ-DE-MD; Atlanta-Sandy Springs-Roswell, GA; Minneapolis-St. Paul-Bloomington, MN-WI; Los Angeles-Long Beach-Anaheim, CA; Orlando-Kissimmee-Sanford, FL; Phoenix-Mesa-Scottsdale, AZ; Nashville-Davidson-Murfreesboro-Franklin, TN; Hartford-West Hartford-East Hartford, CT; Baltimore-Colombia-Towson, MD; Denver-Aurora-Lakewood, CO; San Diego-Carlsbad-San Marcos, CA; and Memphis, TN-MS-AR).
Persons who engage in frequent, meaningful “in-person” interactions have a loneliness score up to 33% less than those who rarely interact face-to-face.

Fair or poor physical health may be an indicator of increased loneliness.

Sleep patterns, the amount of time spent working, and family time are tied to loneliness. Those less likely to feel lonely are:

- balanced sleepers;
- those who spend more time with family; regular exercisers (but not too much);
- consistent workers (but not too much); and

Retirees are least likely to be lonely, followed by employed adults.

Students and the unemployed are loneliest.

Social media use doesn’t appear to affect the level of loneliness.

F. Table 3: Guide to the Revised UCLA Loneliness Scale

<table>
<thead>
<tr>
<th>The Revised UCLA Loneliness Scale</th>
<th>Level of Loneliness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score &lt; 28</td>
<td>Low</td>
</tr>
<tr>
<td>Score 28-43</td>
<td>Moderate</td>
</tr>
<tr>
<td>Score &gt; 43</td>
<td>High</td>
</tr>
</tbody>
</table>

### Table 4: Loneliness and the Law Survey Results

<table>
<thead>
<tr>
<th>Loneliness and the Law Survey Results</th>
<th>n=56503</th>
<th>Score=43493</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>-</td>
<td>43</td>
</tr>
<tr>
<td>Median</td>
<td>n=2</td>
<td>41</td>
</tr>
<tr>
<td>Mode</td>
<td>n=5</td>
<td>40</td>
</tr>
<tr>
<td>Highest Score</td>
<td>n=1</td>
<td>71</td>
</tr>
<tr>
<td>Lowest Score</td>
<td>n=1</td>
<td>22</td>
</tr>
</tbody>
</table>

#### Survey Measures

<table>
<thead>
<tr>
<th>Race</th>
<th>n</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefer not to answer</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td>White</td>
<td>51</td>
<td>42</td>
</tr>
<tr>
<td>Black or African American</td>
<td>4</td>
<td>50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>18</td>
<td>42</td>
</tr>
<tr>
<td>Female</td>
<td>38</td>
<td>43</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest Degree Earned</th>
<th>n</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate degree</td>
<td>43</td>
<td>44</td>
</tr>
<tr>
<td>Graduate degree</td>
<td>11</td>
<td>40</td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>2</td>
<td>45</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Status</th>
<th>n</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law Student-Full Time</td>
<td>36</td>
<td>44</td>
</tr>
<tr>
<td>Law Student-Part Time</td>
<td>20</td>
<td>41</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Program Enrollment</th>
<th>n</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>J.D.</td>
<td>53</td>
<td>43</td>
</tr>
<tr>
<td>LL.M.</td>
<td>1</td>
<td>49</td>
</tr>
<tr>
<td>M.J.</td>
<td>2</td>
<td>43</td>
</tr>
</tbody>
</table>

503. “n” stands for the number of respondents in any one category.

504. Scores for Table 4 are rounded to the nearest whole number.

505. Survey Scores indicate the average loneliness score for the subgroup. For example, 53 respondents are enrolled in the J.D. program and their average loneliness score is 43.
### Year in School

<table>
<thead>
<tr>
<th>Year in School</th>
<th>n</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1L</td>
<td>11</td>
<td>49</td>
</tr>
<tr>
<td>2L</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td>3L</td>
<td>16</td>
<td>38</td>
</tr>
<tr>
<td>4L</td>
<td>6</td>
<td>44</td>
</tr>
<tr>
<td>5L+</td>
<td>2</td>
<td>58</td>
</tr>
</tbody>
</table>

### Table 5: Causes of Loneliness and Physical Ailments

<table>
<thead>
<tr>
<th>Factors Driving Loneliness</th>
<th>Resulting Ailments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A small social network</td>
<td>Alcoholism</td>
</tr>
<tr>
<td>Chronic work or social stress</td>
<td>Alzheimer’s disease</td>
</tr>
<tr>
<td>Dissatisfaction with living circumstances</td>
<td>Depressive symptomology</td>
</tr>
<tr>
<td>Infrequent contacts with friends and family</td>
<td>Diminished immunity:</td>
</tr>
<tr>
<td></td>
<td>• under-expression of anti-inflammatory genes</td>
</tr>
<tr>
<td></td>
<td>• over-expression of pro-inflammatory factors</td>
</tr>
<tr>
<td>Lack of spousal confidant; divorce; and widowhood</td>
<td>Elevated blood pressure</td>
</tr>
<tr>
<td>Living alone</td>
<td>Increased vascular resistance</td>
</tr>
<tr>
<td>Marital or family conflict</td>
<td>Increased hypothalamic pituitary adrenocortical activity</td>
</tr>
<tr>
<td>Poor physical health symptoms</td>
<td>Mortality in older adults</td>
</tr>
<tr>
<td>Poor quality social relationships</td>
<td>Obesity</td>
</tr>
<tr>
<td>Poor quality sleep</td>
<td></td>
</tr>
<tr>
<td>Reduction in independent living</td>
<td></td>
</tr>
<tr>
<td>Suicidal ideation and behavior</td>
<td></td>
</tr>
</tbody>
</table>

506. Cacioppo et al., *Alone in the Crowd*, supra note 68, at 978.
### Table 6: Barriers & Solutions for Lawyers

<table>
<thead>
<tr>
<th><strong>Barriers for lawyers in maintaining positive well-being:</strong></th>
<th><strong>Solutions for lawyers to ease feelings of loneliness:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A “cutthroat business environment”</td>
<td>First care for yourself</td>
</tr>
<tr>
<td>A weakness to ask for help</td>
<td>Connect with people by engaging in activities</td>
</tr>
<tr>
<td>An “independence” by nature</td>
<td>Extend yourself to learn new skills</td>
</tr>
<tr>
<td>Duty to safeguard “client secrets from everyone . . . forever”</td>
<td>Break up daily routine</td>
</tr>
<tr>
<td>Inability to mesh work with life</td>
<td>Name the problem</td>
</tr>
<tr>
<td>Intense workload</td>
<td>Remain involved in groups</td>
</tr>
<tr>
<td>Lack of control over time</td>
<td>Understand everyone experiences loneliness</td>
</tr>
<tr>
<td>Lack of opportunity to strategize or share ideas</td>
<td>Vary work tasks</td>
</tr>
<tr>
<td>Less willingness by experienced lawyers to mentor</td>
<td></td>
</tr>
<tr>
<td>Little to no collaboration with classmates and colleagues</td>
<td></td>
</tr>
<tr>
<td>Long hours working in isolation</td>
<td></td>
</tr>
<tr>
<td>Viewing classmates and colleagues as competition</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Signs of lawyer health detriments:</strong></th>
<th><strong>Strategies for firms to address loneliness:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger</td>
<td>Cultivate purpose and meaning within your firm</td>
</tr>
<tr>
<td>Depressive symptoms</td>
<td>Focus on building relationships among your staff</td>
</tr>
<tr>
<td>Difficulty focusing on tasks</td>
<td>Mentor young lawyers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hopelessness</th>
<th>Provide constructive, not critical, feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritability</td>
<td></td>
</tr>
<tr>
<td>Lack of communication with clients</td>
<td></td>
</tr>
<tr>
<td>Missing deadlines</td>
<td></td>
</tr>
<tr>
<td>Negative thinking</td>
<td></td>
</tr>
<tr>
<td>Sadness</td>
<td></td>
</tr>
</tbody>
</table>

**J. Table 7: Sources of Law School Stress**

<table>
<thead>
<tr>
<th>Krieger’s sources of law school stress</th>
<th>Solutions to manage law school stress:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy workload, a fear of failing, and the illusion of control</td>
<td>Don’t rationalize unhealthy behaviors</td>
</tr>
<tr>
<td>False values creating constant stress</td>
<td>Focus on intrinsic values, e.g., personal and interpersonal growth, building close relationships, helping others, and community involvement</td>
</tr>
<tr>
<td>High expectations from family</td>
<td>Learn what one can and cannot control</td>
</tr>
<tr>
<td>Competition to be in the Top 10%</td>
<td>Maintain optimism</td>
</tr>
<tr>
<td>Capable competition from classmates</td>
<td>Take care of your physical and mental health</td>
</tr>
<tr>
<td>A primary focus on external rewards</td>
<td></td>
</tr>
<tr>
<td>Thinking “like a lawyer” causing “disconnection from yourself” and undermining the personality</td>
<td></td>
</tr>
<tr>
<td>Discounting feelings, values, faith, and beliefs to focus solely on analytical skills</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Losing your personal faith or faith in the law, i.e., “disillusionment”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Losing connection with other people.</td>
</tr>
<tr>
<td>Looking for weakness, countering an opponent’s opinion, and defending one’s boundaries, thus leading to critical, aggressive, defensive, and intolerant behaviors.</td>
</tr>
</tbody>
</table>