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Sad and Alone: Social Expectancies for Experiencing Negative Emotions Are Linked to Feelings of Loneliness

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Abstract

Western culture has become obsessed with happiness, while treating negative emotions like sadness, depression, or anxiety as pathological and nonnormative. These salient cultural norms communicate social expectations that people should feel "happy" and not "sad." Previous research has shown that these "social expectancies" can increase feelings of sadness and reduce well-being. In this study, we examined whether these perceived social pressures might also lead people to feel socially disconnected—lonely—when they *do* experience negative emotions? Drawing on a large stratified sample prescreened for depressive symptoms and utilizing both trait measures and moment-to-moment "experience sampling" over a 7-day period, we found that people who felt more negative emotions and also believe that others in society disapprove of these emotions reported more loneliness. Our data suggest that social pressures to be happy and not sad can make people feel more socially isolated when they do feel sad.

Keywords

social appraisal, expectancies, emotion norms, loneliness, depression

People have opinions about what types of emotions are appropriate or normative to experience in certain situations (Mayer & Gaschke, 1988; Mayer & Stevens, 1994) and such opinions play an important role in the production of our own emotional experiences (A. H. Fischer, Rotteveel, Evers, & Manstead, 2004; Manstead & Fischer, 2001). Recent research has highlighted that the norm to feel happy (or at least to not feel sad) has the ironic effect of making people feel more sad, most of the time (Bastian et al., 2012). Perceived social expectations to avoid feeling sad are associated with larger increases in negative emotion and reduced well-being when people are asked to recall a negative event. These perceptions of others' expectations are particularly strong in Western cultures, where the norm to be happy is most pronounced (Bastian et al., 2012). In this research, we examine a potentially important consequence of these perceived social pressures that people may feel socially isolated when they experience normatively devalued emotions.

Social Expectancies

Emotions are fundamentally social phenomena (A. H. Fischer, & Manstead, 2010; Frijda & Mesquita, 1994; Manstead & Fischer, 2001); they are most often experienced and expressed in social situations (Eid & Diener, 2001; Ekman & Friesen, 1969; Hochschild, 1983; Izard, 1980). This suggests that perceived social norms regarding emotions may influence people's emotional lives in important ways. Yet, there has been little research focusing on the role of social norms in producing maladaptive responses to emotional experience (cf. A. H. Fischer, & Manstead, 2010). Research on social expectancies (Bastian et al., 2012) highlights that how people actually feel may differ from how they think they are expected to feel. These kinds of discrepancies have been linked to unconstructive, negative, self-focused thinking (Carver & Scheier, 1982, 1990; Moberly & Watkins, 2008). Moreover, a particularly insidious element of social expectancies is that they set up emotion goals that are hard to abandon, but which are constantly reinforced through salient cultural reminders of the value of happiness and costs of sadness (cf. Ehrenreich, 2009; Wakefield & First, 2003; White, 2007). This context of hard-to-attain and hard-to-abandon goals reinforces unconstructive, negative, self-focused thinking (Watkins, 2008).

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Although previous research has highlighted that social expectancies may serve to reduce general well-being (Bastian et al., 2012), it is less clear how perceived social pressures to avoid feeling sad may be related to feelings of social connectedness specifically.

Loneliness

Loneliness is defined as an aversive state that is experienced when there is a discrepancy between one's desired and achieved levels of social relations (Perlman & Peplau, 1981). This state reflects a relative deficit in perceived social connection, which frustrates the fundamental human need to belong (Baumeister & Leary, 1995). The subjective state of loneliness may be partially linked to objective characteristics of social relationships (such as frequency of social contact or number of friends); however, it is perhaps most strongly influenced by subjective appraisals of these relationships (Asher & Paquette, 2003; Wheeler, Reis, & Nezlek, 1983). Although the size of one's social networks is a poor predictor of loneliness (C. S. Fischer, & Phillips, 1982; Parker & Seal, 1996), subjective satisfaction ratings of social relationships are more strongly related (Cutrona, 1982; Jones 1982).

Loneliness has been shown to have implications for mental health and psychosocial functioning (Heinrich & Gullone, 2006). For instance, the experience of loneliness is consistently linked to low self-esteem (e.g., Cacioppo et al., 2000; Olmstead, Guy, O'Mally, & Bentler, 1991), reduced life satisfaction (Schultz & Moore, 1988), anxiety (Mijuskovic, 1986), and depression (Weeks, Michela, Peplau, & Bragg, 1980). Chronic feelings of loneliness have also been linked to higher risk for cardiovascular disease (Caspi, Harrigton, Moffit, Milne, & Poulton, 2006), sleep problems (e.g., Hawkley, Preacher, & Cacioppo, 2010; Kurina et al., 2011), poorer immune responses (Pressman et al., 2005), and even increased risk of suicide (Stravynski & Boyer, 2001). In fact, higher levels of loneliness have been found to increase chances of mortality by as much as 50% (Holt-Lunstad, Smith, & Layton, 2010). More generally, lonely people tend to experience high levels of negative emotion, engage in negative self-focused thought, and demonstrate ineffective social responding and withdrawal (see Heinrich & Gullone, 2006, for a review).

Social Expectancies and Loneliness

Why and when would others' expectations for us to not feel sad be associated with feelings of loneliness? Our reasoning for *why* this might occur is that if people perceive that others in their society value happiness and devalue sadness, anxiety, and other negative emotions, they will experience negative emotions as socially devalued states (cf. Mauss, Savino, et al., 2012). As such, we argue that *when* people tend to experience these socially devalued negative states they are likely to feel that others will be less interested and accepting of their inner emotional worlds, which in turn leads to feelings of disconnection and ultimately loneliness.

There is some precedence for our predictions. Research on emotional fit indicates that people are emotionally responsive to the emotions of others around them, a finding that has been demonstrated for couples, groups, and cultures (Anderson, Keltner, & John, 2003; De Leersnyder, Mesquita, & Kim, 2011; Gonzaga, Campos, & Bradbury, 2007; Totterdell, 2000). Critically, poor emotional fit with one's culture has been linked to reduced levels of well-being (De Leersnyder, Mesquita, Kim, Eom, & Choi, 2014). Feeling that one's negative emotional experiences do not live up to perceived cultural expectations would be likely to have similar implications. Furthermore, other work has demonstrated that although the social value placed on happiness is associated with increased life satisfaction across cultures (Bastian, Kuppens, De Roover, & Diener, 2014), this effect is less evident for those who experience higher levels of negative emotion. If living in a society that places value on positive emotion is associated with less well-being benefits for those who frequently feel sad (cf. Mauss, Tamir, Anderson, & Savino, 2011), feeling the social pressure *not* to experience or express one's sadness (high social expectancies) maybe outright damaging.

Together the evidence points to the possibility that people who experience higher levels of negative emotion but also perceive a social pressure to avoid negative emotions will evaluate their inner emotional worlds as not fitting with their perceived cultural expectations. When such people *do* experience feelings of sadness, anxiety, or stress, they will feel more socially disconnected—lonely.

The Current Study

In this study, we examined whether the perceived social pressure not to experience or express negative emotion is linked to feelings of loneliness among people who experience higher levels of negative emotion. To investigate this possibility, we employed a multi-method approach allowing us to examine whether these effects would emerge both in the case of chronic levels of negative emotion (depressive symptoms) and when people experience negative emotional states in their day-to-day lives. To examine these aspects in people's daily lives, we employed the experience sampling method (ESM), allowing us to examine whether people's beliefs about what others expect of them emotionally might predict day-to-day experiences of loneliness and whether these experiences might be especially amplified in individuals who tend to experience stronger negative emotions.

We also compared the effects of social expectancies to those of personal expectancies. Failing to accept one's own emotions (personal expectancies) has received previous research attention (e.g., Campbell-Sills, Barlow, Brown, & Hofmann, 2006; Hayes et al., 2004), making it an important comparison for social expectancies. We predicted that social expectancies would be more strongly associated with feelings of loneliness than people's own personal expectations to be happy and not sad. This is not only because previous research suggests that social expectancies are more powerful predictors of emotional

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Table 1. Means and Correlations Among All Measures.

		Correlations				
	Mean (*SD*)	1	2	3	4	5
1. Social expectancies	5.68 (1.08)					
2. Personal expectancies	5.52 (1.35)	.24**				
3. Depressive symptoms—CES-D	12.52 (7.74)	.09	–.10			
4. Daily negative emotion (ESM)	14.31 (8.44)	.01	–.10	.42***		
5. Chronic loneliness—UCLA	39.81 (8.06)	.18*	–.15*	.48***	.31***	
6. Daily loneliness (ESM)	17.82 (13.33)	.12	–.01	.43**	.74***	.46***

Note. Statistics for the CES-D and UCLA scales are based on sum scores. ESM = experience sampling method; CES-D = Center for Epidemiologic Studies Depression Scale.
*$p < .05$, **$p < .01$, ***$p < .001$.

functioning and well-being than personal expectancies (Bastian et al., 2012) but also because beliefs about what others think of our emotions should be more closely related to loneliness.

Method

Participants

We aimed to recruit 200 students, representing a broad range of well-being levels, who were just commencing their first year of tertiary education at a Belgian university or higher education institute. We advertised at secondary schools and tertiary education orientation/information sessions in the Leuven area. Potential participants were directed to a website where they completed the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977), used for prescreening. An initial pool of 686 students (65.7% female) completed the online CES-D prescreening (Range = 0–51, $M = 14.64$, $SD = 8.63$). Using a stratified sampling approach (Ingram & Siegle, 2009), we invited an even number of participants from each quintile of the CES-D range to participate in the study. This was only partially successful: We were able to recruit 180 participants with a relatively broad range of CES-D prescreening scores (Range = 0–39, $M = 14.41$, $SD = 8.41$). To achieve our original target, we recruited an additional 22 participants after the study had already begun, and they therefore did not complete the CES-D prescreening.

Participants were reimbursed up to €60 for completing all measures.[1] Two participants were excluded due to poor compliance with the experience sampling protocol (i.e., <50% response rate). This left a final sample of 200 participants (110 female) ranging in age from 17 to 24 years ($M = 18.32$, $SD = 0.96$).

Materials and Procedure

Participants were seated individually in separate testing cubicles and completed a number of self-report questionnaires, including a measure of current depressive symptoms (reported subsequently), as well as several cognitive tasks using personal computers (not relevant to this report). After completing these tasks, participants received a smartphone to complete the ESM portion of the study (see subsequently). One week later, participants returned to the lab and completed several other self-report questionnaires, including measures of social and personal expectancies and loneliness (reported subsequently), as well as a structured clinical interview and other lab tasks (not related to this study).

Social and personal expectancies. We measured expectancies using an adapted version of the items used in Bastian et al. (2012). Participants were asked to focus on four specific emotions (sadness, depression, stress, and anxiety) and then to indicate their personal and social expectancies regarding these negative emotions. At the end of each scale item, participants were reminded of the focal emotion states in brackets "(e.g., anxious, depressed)." Personal expectancies were measured with 5 items (It is very important to me not to feel negative emotion; I would always try to avoid feeling negative emotion (reversed); Feeling negative emotion is normal (reversed); Feeling negative emotion is an important part of life (reversed); and I shouldn't feel negative emotion $\alpha = .64$) as were social expectancies (5 items: I think society accepts people who feel negative emotion as normal (reversed); I think it is socially acceptable to feel negative emotion (reversed); Society generally expects people NOT to feel negative emotion; It is important that others don't see me as a negative person; Other people expect me not to feel negative emotion; and People like me less when I feel negative emotion, $\alpha = .55$).[2] All responses were made on a scale from 1 (*strongly disagree*) to 9 (*strongly agree*). Responses were combined by taking the mean for all emotions for each measure (see Table 1 for descriptive statistics).

Depressive symptoms. Participants responded to the Center for Epidemiological Studies Depression scale (CES-D: $\alpha = .88$; Radloff, 1977). The CES-D asks participants to rate how frequently they have experienced a range of depressive symptoms (e.g., "I had crying spells") over the past week on a 4-point scale ranging from 0 (*rarely or none of the time*) to 3 (*most or all of the time*). We calculated the sum score of all items for each participant (see Table 1 for descriptive statistics).[3]

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Loneliness. Participants responded to the University of California, Los Angeles (UCLA) loneliness scale (UCLA: $\alpha = .88$; Russell, 1996; Russell, Peplau, & Ferguson, 1978). The UCLA scale is a 20-item scale designed to measure one's subjective feelings of loneliness and feelings of social isolation (e.g., ''How often do you feel lonely'') on a 4-point scale ranging from 1 (*never*) to 4 (*always*). We calculated the sum score of all items for each participant (see Table 1 for descriptive statistics).

ESM protocol. The ESM protocol was designed in line with recent guidelines for conducting ESM research on momentary experiences of emotion/mood in daily life (Conner & Lehman, 2012). Participants received Motorola Defy plus Smartphones, programmed to beep 10 times each day for 7 days between 10 a.m. and 10 p.m. according to a stratified random interval scheme (dividing the period into 10 equal intervals and programming one random beep in each interval). The average interval between two consecutive beeps was 71.7 min ($SD = 29.2$). Compliance with the ESM protocol was good: The response of individual participants was between 55% and 100% of all scheduled beeps ($M = 87.27\%$, $SD = 9.05\%$). At each beep, participants reported how angry, sad, stressed, anxious, depressed, and lonely they felt at that moment using a slider scale ranging from 0 (*not at all*) to 100 (*very much*). The first 5 items were averaged to form a measure of negative emotion. Following Nezlek (2012), we estimated the negative scale to have a within-person reliability of .63 and a between-person reliability of .98. The 6th item was used as a measure of state loneliness. Mean levels of negative emotion and loneliness in daily life were calculated for each participant by averaging scores across all ESM reports (see Table 1 for descriptive statistics). The ESM questionnaire contained 24 items in total (including several items not relevant to this study) and took approximately 1–2 min to complete.

Results

Correlations between the variables (see Table 1) revealed that social expectancies were significantly and positively correlated with chronic loneliness and nonsignificantly and positively correlated with daily loneliness. Personal expectancies were negatively correlated with chronic loneliness, but unrelated to daily loneliness. Inconsistent with previous research (see Bastian et al., 2012), social expectancies were not correlated with depressive symptoms. Consistent with previous research, personal expectancies were not related to depressive symptoms. Neither social nor personal expectancies were correlated with daily levels of negative emotion, and personal expectancies were not related to daily feelings of loneliness.

We used regression to test our focal hypothesis that the relationship between social expectancies and loneliness is especially evident for individuals who experience high levels of negative emotion. We first focused on the chronic experiences of negative emotion and loneliness, entering depressive symptoms (CES-D; grand-mean centered), social expectancies (grant-mean centered), and their interaction term into a regression model predicting chronic loneliness (UCLA). This revealed the predicted interaction effect ($\beta = .23$, $p < .001$; see Figure 1). Simple slopes revealed that social expectancies were more strongly related to loneliness for individuals with higher levels (+1 *SD*) of depressive symptoms ($\beta = .69$, $p < .001$) than among individuals with lower levels (−1 *SD*) of depressive symptoms ($\beta = .25$, $p = .003$). There was also a significant main effect of depressive symptoms ($\beta = .47$, $p < .001$) and a marginal effect of social expectancies ($\beta = .11$, $p = .067$).

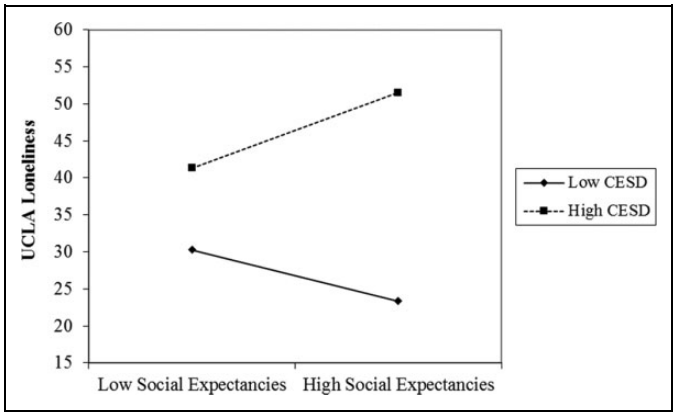

Figure 1. Interaction of depressive symptoms (CES-D) and social expectancies in predicting loneliness. CES-D = Center for Epidemiologic Studies Depression Scale.

Next, we examined whether our predicted interaction of social expectancies and negative emotional experiences would be evident based not only on retrospective reports but also using data harvested from momentary experiences in daily life using ESM. We therefore predicted mean levels of loneliness in daily life from mean levels of negative emotion in daily life (grand-mean centered), social expectancies (grand-mean centered), and their interaction. In addition to significant main effects of negative emotion in daily life ($\beta = .74$, $p < .001$) and social expectancies ($\beta = .10$, $p = .028$), the interaction effect was significant ($\beta = .17$, $p < .001$; see Figure 2). Simple slopes revealed that social expectancies were more strongly related to mean loneliness in daily life among individuals who experienced higher levels (+1 *SD*) of negative emotion in daily life ($\beta = .91$, $p < .001$) than among those with lower levels (−1 *SD*) of negative emotion in daily life ($\beta = .56$, $p < .001$).[4]

In contrast to our findings for social expectancies, we found no significant interactions between personal expectancies and either depressive symptoms or daily experiences of negative emotion in predicting chronic or daily experiences of loneliness ($\beta = -.01$–$.08$, $p = .219$–$.827$).

The previous analyses examined to what extent social expectancies interact with global or averaged measures of negative emotionality in predicting levels of loneliness. However, given that the ESM yielded data on moment-to-moment changes in negative emotion and loneliness, this allowed us to additionally examine whether there was also a stronger within-person, moment-to-moment relationship between

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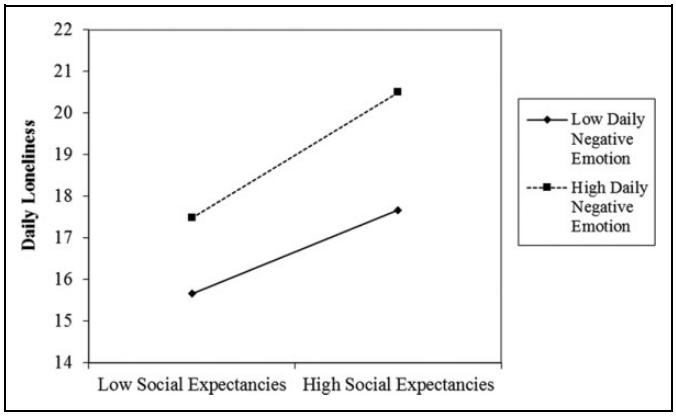

Figure 2. Interaction of mean daily (ESM) negative emotion and social expectancies in predicting mean daily loneliness (ESM). ESM = experience sampling method.

negative emotion and loneliness for individuals who felt more social expectancies not to feel negative. We tested this using multilevel modeling, an analytic approach recommended for analysis of ESM data because it properly accounts for dependencies in the data where occasions are nested within persons (e.g., Bolger & Laurenceau, 2013; Nezlek, 2012). Specifically, we ran two-level random effects models in which state loneliness was predicted by state negative emotion (group-mean centered; Enders & Tofighi, 2007) at Level 1, and the random intercept and slope were predicted by social expectancies in combination with either mean negative emotion or CES-D scores, and the interaction between social expectancies and either mean negative emotion or CES-D scores at Level 2. By modeling the random intercept as a function of social expectancies, mean negative emotion/CES-D, and their interaction, we expect to replicate the findings from the ordinary least squares regressions reported earlier, which showed that social expectancies and negative emotionality interact to predict average loneliness in daily life. If social expectancies also moderate the relation between moment-to-moment negative emotion and loneliness, we would expect this variable to predict the random slope.

At Level 1 of each model, state negative emotion was significantly positively related to state loneliness ($\beta = .60/.61$, $SE = 0.03$, $p < .001$). At Level 2, first of all, the results replicated those reported earlier: Social expectancies interacted with mean negative emotion ($\beta = .25$, $SE = 0.12$, $p = .041$) or CES-D ($\beta = 7.74$, $SE = 3.28$, $p = .019$) to predict the mean level of loneliness in daily life. Mean negative emotion ($\beta = 1.16$, $SE = 0.09$, $p < .001$) or CES-D ($\beta = 14.79$, $SE = 3.03$, $p < .001$) also independently predicted average levels of loneliness. In contrast, social expectancies were associated with higher mean levels of loneliness when controlling for mean negative emotion ($\beta = 1.26$, $SE = 0.63$, $p = .046$), but not when controlling for depressive symptoms ($\beta = .69$, $SE = 0.84$, $p = .412$). Second, we did not find that social expectancies moderated the within-person relation between negative emotion and loneliness, either by itself ($p > .11$) or in interaction with mean negative emotion or CES-D ($p > .57$). Finally, the mean level of negative emotion in daily life was associated with a stronger within-person relation between negative emotion and loneliness from moment to moment ($\beta = .01$, $SE = 0.003$, $p = .033$), such that the association between moment-to-moment negative emotion and loneliness was more positive for individuals with higher mean levels of negative emotion in daily life.

Discussion

Drawing on both retrospective and daily life data, we examined whether social expectancies to avoid negative emotions, when combined with the experience of high levels of negative emotion, may be associated with feelings of loneliness. We found support for this prediction when examining chronic levels of negative emotion (depressive symptoms) and chronic levels of loneliness as well as when examining overall negative emotional experiences and feelings of loneliness using ESM. This convergence of support for our hypothesis is reassuring.

Our findings suggest one possible mechanism through which social expectancies may lead to lower levels of well-being, as has been shown previously (Bastian et al., 2012); when people feel the social pressure not to experience or express their negative emotional states, they are more likely to feel socially disconnected and lonely when they do experience more negative emotions across contexts and time. As reviewed earlier, loneliness is associated with a number of detrimental outcomes for mental health, including increased negative emotion, negative self-focused thought, and ineffective social responding and withdrawal. One way in which social expectancies may contribute to reduced well-being, therefore, is by engendering a sense of social disconnection and loneliness when people experience negative emotions. This suggests that those who feel the social pressure to be happy and not sad are likely to become more sad and lonely.

Beyond providing converging support for our questionnaire measures, the use of ESM provides important insights into the processes by which social expectancies may lead to feelings of loneliness. Our findings suggest that, rather than being associated with a stronger association between negative emotions and daily loneliness at the momentary level, social expectancies interact with the accumulation or total net-sum of negative emotional experiences in daily life to predict loneliness. Loneliness therefore occurs when people have experienced a number of negative emotional states and begin to feel disconnected from others due to the perception that negative emotions are not socially valued.

We base this conclusion on the failure to find any moment-by-moment (occasion-level) interaction between negative emotion and loneliness. One alternative possibility is that social expectancies only shape how people experience their negative emotions when they are in social situations. When people are alone, the impact of what they think others expect of them is less salient and less influential on emotional functioning. In the ESM data, it is likely that at some points, people were around others; but at some points, they were not, thereby

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weakening any relationship between negative emotion and loneliness on a moment-by-moment basis. As we did not assess social context in the ESM, we cannot comment directly on this possibility. Nonetheless, we would note that our theoretical orientation to social expectancies, also evident in our measurement approach, is that they are generalized social appraisals informed by salient cultural norms. To the extent that people tend to internalize cultural norms, we would expect that social expectancies would affect how people respond to their emotions both when they are alone and when they are in social contexts.

Overall, our findings provide for critical reflection on the ways in which people's own emotional experiences may interact with salient cultural norms. They provide support for the view of emotions as fundamentally social phenomena (A. H. Fischer, & Manstead, 2010; Frijda & Mesquita, 1994; Manstead & Fischer, 2001) and that the perceived fit between one's own emotions and those of others around oneself has important well-being implications (De Leersnyder et al., 2014). Our findings also extend this work by showing that the salient cultural value placed on certain emotions (such as happiness) and the concomitant cultural devaluation of other emotions (such as sadness) not only leads people to experience more socially devalued emotional states (e.g., Bastian et al., 2012) but also leads people to feel isolated and socially disconnected when they experience such socially devalued states.

Living in cultures where happiness is highly valued is associated with higher levels of well-being (see Bastian et al., 2014). These cultures may, however, also communicate to people that not feeling happy, or experiencing negative emotion, is undesirable. When people do inevitably experience negative emotions in these contexts, they may feel that they are failing to meet important social standards, that they do not "fit" into society, and that others are uninterested and unaccepting of their inner emotional worlds. This somewhat ironic process has implications for how we seek to promote happiness, underlining the need to maintain a healthy awareness for how well-meaning messages may set up unachievable goals for some. This study contributes to our understanding of this process, demonstrating that when people perceive the social pressure to be happy and not sad they tend to feel socially disconnected from those around them—they feel sad and lonely in a world full of seemingly happy faces.

Declaration of Conflicting Interests

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Notes

1. Data were collected during Wave 1 of a three-wave longitudinal study. Participants received the maximum reimbursement for each wave if they completed all lab tasks and completed at least 80% of all ESM questionnaires. Participants could receive a €60 bonus if they completed all three Waves.
2. Internal reliability for both scales was acceptable although low. The measures used were shorter than in previous research where reliabilities were better (Bastian et al., 2012). Low internal consistency in this shorter version may be due to the diverse focus of each scale item, applied to four different types of negative emotion. In line with the perspective provided by McCrae, Kurtz, Yamagata, and Terracciano (2011) that internal consistency is not a strong predictor of scale validity, we proceeded to use the entire measure.
3. The mean CES-D score for the 22 participants who were not prescreened ($M = 11.86$, $SD = 7.11$) did not differ significantly from the mean CES-D score of the remaining 180 participants who completed the prescreening ($M = 12.55$, $SD = 7.80$), $t(200) = -.393$, $p = .695$.
4. Given that we observed our predicted interaction of social expectancies and negative emotion across both chronic and daily experiences of emotion and loneliness, we also examined how these different levels of analysis may be related to each other. This revealed a significant interaction effect of social expectancies and depressive symptoms in predicting daily feelings of loneliness ($\beta = .26$, $p < .001$). There was, however, no similar interaction effect of social expectancies and negative emotion in daily life in predicting chronic loneliness ($\beta = .11$, $p = .112$), although the effect was trending in the predicted direction.

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