A Comparison of Chronic and Transient Loneliness on the Variables of Anxiety, Depression and Self-Esteem.

Jeanne Lee George
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A COMPARISON OF CHRONIC AND TRANSIENT LONELINESS ON THE VARIABLES OF ANXIETY, DEPRESSION AND SELF-ESTEEM

The Louisiana State University and Agricultural and Mechanical Col. PH.D. 1984

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A COMPARISON OF CHRONIC AND TRANSIENT LONELINESS
ON THE VARIABLES OF ANXIETY, DEPRESSION AND SELF-ESTEEM

A Dissertation

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

in

The Department of Psychology

by

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B.A., Webster College, 1970
M.A., Louisiana State University, 1980
December, 1984
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ABSTRACT

This study sought to determine whether chronic and transient loneliness are meaningful distinctions in loneliness research and to provide data to guide future investigations. To do this, the study differentiated people who reported chronic loneliness from those who reported transient or no experience with loneliness and compared them on the characteristics of trait anxiety, self-esteem, and depression. The subjects were 218 student volunteers, ages 18 to 25, who were enrolled in undergraduate psychology classes at Louisiana State University. Subjects categorized themselves as chronically lonely, transiently lonely, or never lonely on the Personal History of Loneliness Questionnaire (PHOL). Current loneliness was assessed with the UCLA Loneliness Scale. Subjects were classified on the basis of these two instruments into four groups reflecting loneliness history and presence or absence or current loneliness. Chronically lonely people were found to have higher levels of trait anxiety and were more likely to be mildly to moderately depressed than transiently lonely individuals. Chronically and transiently lonely individuals did not differ on self-esteem, although they had lower self-esteem than the nonlonely people. Greatest self-esteem was found among the never lonely. The results of this study provided additional support for the conclusion that chronic and transient loneliness are two different types of loneliness and suggested a number of important leads for future research in this area.
INTRODUCTION

Loneliness is a distressing emotional and cognitive experience that seems to affect almost everyone at some time or another (Sadler & Johnson, 1980). For some, the experience is brief, a momentary longing. For others, it is an intense and persistent aspect of daily life (Peplau & Perlman, 1982). According to Rubin (1979), "within any period of several weeks, more than a quarter of all American adults feel painfully lonely" (p. 85). In a magazine survey conducted by Psychology Today (Parlee, 1979), 67% of the more than 40,000 respondents indicated that they felt lonely "sometimes" or "often" (p. 54). Sermat (1980), who collected data on loneliness for many years, reported that only 1 or 2% of the people she studied claimed they had never been lonely, whereas between 10 to 30% of the different groups of subjects reported having pervasive feelings of loneliness during much of their lives. Similarly, 16% of the respondents to a large scale newspaper survey claimed that they were lonely most or all of the time (Rubenstein & Shaver, 1980).

Until about 10 years ago there was little systematic research on loneliness. Several writers have offered explanations for this delay. Many have observed the reticence of people, including scientists, to acknowledge that they are lonely (Fromm-Reichman, 1959; Hartog, 1980; Peplau & Perlman, 1982; Weiss, 1973). Others have pointed to the subjectivity of loneliness and the methodological
problems involved in investigating subjective phenomena (Peplau & Perlman, 1982; Sadler & Johnson, 1980; Sermat, 1980; Weiss, 1973; Zahaki, 1982). For example, Sadler and Johnson (1980) describe the complexity of the concept of loneliness and the difficulty in defining it. They note in particular that loneliness is a highly subjective experience of deprivation and cannot be equated with a physical condition such as isolation. Similarly, Zahaki (1982) notes that not only is experimental manipulation of loneliness beyond the realm of imagination, but "because the experience is subjective, observing behavior and confidently concluding a subject is lonely would be fallacious" (pp. 10-11). Peplau and Perlman (1982) stress the same problem: "research psychologists have often idealized the experimental method . . . . but there is no convenient and ethical way to manipulate loneliness in the laboratory" (p. 3).

Despite its late and hesitant entrance into the field of scientific inquiry, loneliness research gained momentum during the 1970s. As would be expected, researchers have devoted a substantial amount of effort to defining the construct of loneliness and differentiating it from conceptually related conditions. In their recent book, Peplau and Perlman (1982) list 12 formal definitions that have been offered by social scientists. While these definitions reflect different theoretical orientations, there are three major points of agreement among them which Peplau and Perlman describe.

First, loneliness results from deficiencies in a person's social relationships. Second, loneliness is a subjective experience; it is not synonymous with objective social
isolation. People can be alone without being lonely or lonely in a crowd. Third, the experience is unpleasant and distressing. (p. 30).

It is these three elements which generally are considered essential to the definition of psychological loneliness and which differentiate it from existential, metaphysical and sociological concepts of loneliness. These elements also exclude from the concept of loneliness certain other conditions such as solitude, aloneness, isolation and alienation, although some lay writers continue to use these terms under the terminological umbrella of loneliness.

The process and current status of loneliness research has been succinctly described by Derlega and Margulis (1982) who suggest three distinct but overlapping stages in concept development. The first stage justifies interest in the concept by presenting information that demonstrates its importance. The second stage attempts to explore the concept, to define it, and to demonstrate similarities and differences between it and other concepts. In the third stage, investigation becomes systematic, and the result is the development of definitions in terms of laws and law-like statements. Derlega and Margulis maintain that loneliness research has passed through stage one and now stands in stage two of the process. It remains exploratory and the focus is on refining the construct, developing accurate measuring instruments, and discovering how loneliness is related to the other conditions that frequently accompany it.

The literature on psychological loneliness roughly can be divided into two time periods: that which was published before 1970 and
that which has appeared since then. The work during the earlier period was largely theoretical and speculative and was based on clinical investigations guided by psychoanalytic theory. It tended to focus on the causes of loneliness and the types of early childhood experiences which predisposed one to loneliness. However, following the general trend in behavioral sciences, the research emphasis shifted to more empirical approaches. Beginning with the decade of the seventies, loneliness research began to focus on defining the construct of loneliness, developing measurement instrumentation, and exploring the relationship between loneliness and other personal and situational variables. The latter research has tended to cut across theoretical lines and, to a great extent, questions of etiology and theory have been postponed, awaiting empirical data from which cause and effect predictions can be made more reliably.

Even though the research has not been strongly theoretical, it is important to understand the conceptualizations of loneliness which, broadly speaking, have guided the investigations. Basically, these conceptualizations fall into four categories: psychodynamic, cognitive, behavioral skills deficits, and typologies or multidimensional views of loneliness. In the following section, each of these viewpoints will be summarized.

Conceptual Models of Loneliness

**Psychodynamic Models**

Most of the early conceptualizations of loneliness grew out of psychodynamic theories and emphasized the interaction between internal
developmental forces or drives and external experiences. Harry Stack Sullivan (1953) provided the most influential of the early conceptualizations of loneliness. He stated, "loneliness...is the exceedingly unpleasant and driving experience connected with inadequate discharge of the need for human intimacy, for interpersonal intimacy" (p. 290). This definition reflects Sullivan's belief that humans have an innate need for interpersonal tenderness and intimacy. He traced the developmental etiology of loneliness as a series of unmet needs for intimacy persisting through developmental periods. Failure to meet the specific interpersonal needs of one stage was believed to impede normal development, making it difficult to meet the needs of subsequent stages. Sullivan further maintained that the interpersonal deficits during each period resulted in a lack of learning experiences, thereby producing a person who was inept in interpersonal situations and likely to experience rejection and ostracism. Sullivan stated that such experiences led to the generalized expectation of rejection and to anxiety. Thus Sullivan was the first to theoretically link loneliness with anxiety, negative expectations regarding self and others, and social skills deficits. In this respect, his theory is similar to later cognitive and behavioral explanations which relate loneliness to attributions and behaviors without positing an innate drive for interpersonal intimacy.

Fromm-Reichmann (1959) accepted Sullivan's conceptualization of loneliness and elaborated upon the subjective emotional quality of the experience and the disintegrative effects of loneliness on the individual. In her view, loneliness was an intensely painful
experience which in the extreme degree rendered the individual emotionally paralyzed, painfully detached from others, and unable to communicate about his condition. She maintained that extreme loneliness leads to and is present in psychotic states. Many of Fromm-Reichmann's views appear to be derived from her work with schizophrenic patients and the type of experience she described as severe loneliness is similar to the withdrawal in certain types of schizophrenia. Although she was careful to distinguish loneliness from solitude, aloneness, depression, and anxiety, she was not clear regarding the distinctions between loneliness and schizophrenic symptomatology.

Rubins (1964) was one of the first theorists to call attention specifically to the subjectivity of loneliness and to emphasize the interaction between personality variables and external events. In Rubins' view, loneliness was a consequence of neurotic personality adjustment. He maintained that in early childhood there is the need to move toward the parents (dependency) and the need to move away from them (autonomy). A healthy developmental climate fosters the ability to act spontaneously on both these needs. Too great a disruption of either tendency may result in incomplete self-identity and render the normal inclinations toward and away from others into conflicted compulsive needs. These are the internal conditions believed to predispose one to loneliness. In addition, Rubins postulated two drive-like components of the loneliness experience. One is the awareness of a need within one's self which produces an attraction toward another person. The other component is the drive to avoid the
painful internal experience of conflict and anxiety aroused by this need. At any particular moment these two forces may be in dynamic equilibrium and the individual may not feel lonely. However, this balance may be shifted by external events or by internal awareness of contradictory needs, and the state of loneliness will occur.

Leiderman (1969) conceptualized loneliness within the framework of object relations theory. He placed the etiology of loneliness in early childhood disturbances of object relationships and self-object differentiation. He maintained that loneliness was not a separate clinical syndrome but was an unpleasant affective state experienced as a sense of incompleteness and yearning for another individual. This affect could be present in both pathological and normal states. Leiderman was one of the first to address the issue of the apparently different manifestations and degrees of loneliness, as well as the confusion of loneliness with depression. According to him, the extent to which loneliness is pathological depends on the level of self-object differentiation which the individual has attained. This refers to the extent to which the person has developed a sense of identity and autonomy and experiences himself as separate from though related to his significant caretakers. The earlier the disturbance in parent-child relationships, the greater is the impairment in self-object differentiation. When differentiation is least developed, which Leiderman held to be the case in schizophrenia, loneliness occurs in its most pathological form. When self-object differentiation is developed to the point where the individual is capable of experiencing separation anxiety and forming ambivalent introjects, the individual is
likely to be vulnerable to depression. Loneliness may accompany depression in such individuals. In distinguishing between the two, Leiderman maintained that depression is associated with separation anxiety, ambivalence, and loss of self-esteem, whereas loneliness involves feelings of incompleteness and is related to impaired self-object differentiation. He accounted for the frequent association between loneliness and depression "by the fact that inadequate mothering, along with separation, frequently accompanies situations where self-object differentiation is also pathological..." (p. 391). Leiderman also recognized that loneliness apparently occurs in normal individuals who are not depressed. He characterized this experience as feelings of nostalgia which are unpleasant but not pathological.

None of the above theories have been systematically investigated. They were all based on clinical observations. However, subsequent empirical research has found support for many of the relationships described by these theories. For example, many of the studies reported in the following review of the research have found loneliness to be related to depression, anxiety, low self-esteem, and unsatisfactory parent-child relationships. Furthermore, these early conceptualizations maintained that internal and external variables interact to produce loneliness. This viewpoint is found in most subsequent theories of loneliness. Finally, these early theorists, particularly Leiderman, suggested that there may be different types of loneliness ranging from normal to pathological. Researchers are just beginning to acknowledge the importance of investigating this possibility (e.g. Jones, 1982; Weiss, 1982; Young, 1982).
Cognitive Theory of Loneliness

The cognitive approach emphasizes cognitions as both causal and mediating factors in the experience of loneliness. Loneliness is assumed to be the feeling or state of awareness which results when a person perceives a discrepancy between desired and achieved social relationships. The experience is mediated by attributions, beliefs, expectations, and other cognitive factors. This approach draws heavily from the attribution theory of Weiner (1974; Weiner, Russell, & Lerman, 1978).

Peplau, Perlman and colleagues at UCLA (Peplau & Perlman, 1982; Peplau, Russell, & Heim, 1979; Perlman & Peplau, 1981) have been the leading proponents of the cognitive approach to the study of loneliness. They maintain that virtually everyone experiences loneliness at some point, and that loneliness is essentially a normal experience. Their conceptualization follows a "discrepancy-attributional approach" (Perlman & Peplau, 1981, p. 32). Their first principle is that loneliness is a subjective phenomenon which results from discrepancies between one's desired and achieved levels of social relations. The second principle is that cognitive processes, particularly causal attributions and perceived control, are mediating factors which affect the subjective emotional experience.

Peplau and colleagues suggest that an understanding of loneliness requires consideration of precipitating events and of the factors which may predispose one to loneliness and maintain the experience once it occurs. Precipitating events may trigger loneliness by (a) reducing the level of relationships, as in death or physical
separation; (b) decreasing satisfaction with relationships, as when friends quarrel; and (c) producing changes in the person's needed or desired levels of contact, as in the life cycle changes or periods of stress. While precipitating events are essentially situational, predisposing factors may be either situational or internal personal characteristics of the individual. Precipitating and predisposing factors may also interact. The same is true of maintaining factors which are considered to be any factor which makes loneliness difficult to overcome.

Although the cognitive theory of loneliness recognizes the importance of precipitating events and situational variables, the emphasis is on certain personal cognitive characteristics of the individual, namely self-esteem, standards of comparisons for relationships, and the causal attributions made regarding loneliness. These cognitions are assumed to develop as a result of early experiences with interpersonal relationships. For example, standards of comparisons are assumed to be based on past experiences which lead to the development of expectations or images of the kinds of relationships that are satisfying and on social comparisons in which one's own interpersonal relationships are compared to those of others (Peplau, Miceli, & Morasch, 1982).

To date, the cognitive theory of loneliness stands out in terms of generating programmatic research. An impressive body of evidence has been gathered which supports the contention that loneliness is related to dissatisfaction with one's relationships rather than to amount of social contact (e.g. Cutrona, 1982; Sermat, 1980;
Researchers working within the cognitive framework have also found consistent evidence that loneliness is related to poor self-esteem and the expectation of being negatively evaluated by others (Jones, Freemon, & Goswick, 1982; Hansson & Jones, 1981; Moore, 1974; Russell, Peplau, & Cutrona, 1980; Rubenstein & Shaver, 1982). Significant efforts have also been made to unravel the complex relationships between loneliness and attributional styles, although the findings have not been consistent (Anderson, Horowitz, & French, 1982; Cutrona, 1982; deJong-Gierveld & Raadschelders, 1982; Schill, Toves, & Ramanaiah, 1980).

Behavioral Skills Deficits Approach to Loneliness

Many theorists have suggested that early disturbances in social and interpersonal relationships could impair an individual's subsequent ability to initiate and maintain satisfying relationships (Bowlby 1979; Leiderman, 1969; Peplau & Perlman, 1982; Rubenstein & Shaver, 1982; Rubins, 1964; Sullivan, 1953). However, conceptualizing loneliness primarily in terms of social skills deficits is a relatively new approach. Jones (1982), a leading proponent of this approach, succinctly describes its underlying assumptions.

Unacquired social skills, restricted social experience, or anxiety that interferes with performance in interpersonal situations may predispose certain individuals to loneliness, given a precipitating condition....(pp. 249-250).
Advocates of the social skills model of loneliness have been concerned with identifying the behavioral deficits and the cognitions which accompany the experience. Their research has found links between loneliness and communication deficits (Jones, Hobbs, & Hockenbury, 1982), patterns of self-disclosure (Chelune, Sultan, & Williams, 1980; Mahon, 1981; Solano, Batten, & Parish, 1982), deficits in interpersonal problem solving (Horowitz, French, & Anderson, 1982), and shyness (Cheek & Busch, 1981; Jones et al., 1981).

Multidimensional Theories of Loneliness

Most of the above conceptualizations assume that loneliness is a global, unidimensional phenomenon which varies along a continuum of severity. However, some researchers disagree with this assumption and maintain there are different types and dimensions of loneliness. The multidimensional theories are of two varieties. One group of writers maintain there are different types of loneliness which correspond to the nature of the relationship deficit (Lopata, 1969; Sadler & Johnson, 1980; Weiss, 1973). Others emphasize the dimension of time and differentiate between chronic and transient or situational loneliness (Jones, 1982; Rubenstein & Shaver, 1980, 1982; Young, 1982). A group of researchers in the Netherlands (deJong-Gierveld, 1978; deJong-Gierveld & Raadschelders, 1982) have presented data suggesting there are four different types of loneliness which vary across the dimensions of relationship deficits, time perspective, adjustment and defense mechanisms, and attributions regarding one's ability to overcome the problem.
The typology of loneliness about which most has been written is that of Weiss (1973). On the basis of his clinical experience at Harvard Medical School's Laboratory of Community Psychology, Weiss concluded there were two types of loneliness. He characterized these as "the loneliness of emotional isolation" (p. 18) and the "loneliness of social isolation" (p. 19). He maintained that loneliness is always a response to the absence of some particular desired type of relationship. Emotional isolation is the response to the absence of close intimate attachments. He compares the experience of emotional isolation to the distress of a small child who fears abandonment by the parents and suggests that in adults this distress stems from a re-experiencing of anxiety produced by childhood abandonment. This type of loneliness may give rise to a pervasive sense of apprehension and hypervigilance. Weiss reports that individuals experiencing loneliness of emotional isolation seem to feel utterly alone, regardless of whether or not other types of companionship are available. He concludes that this type of loneliness can be remedied only by "the integration of another emotional attachment or the reintegration of the one that had been lost" (pp. 18-19).

On the other hand, the loneliness of social isolation refers to the response "to the absence of the provisions of meaningful friendships, collegial relationships, or other linkages to a coherent community" (p. 17). The symptoms of social isolation are boredom, aimlessness, and feelings of marginality. These are compared to the feelings of a child whose friends are all away. This type of
loneliness is relieved by finding a network or a group which will accept one as a valued member.

Weiss suggested that attachment theory (Bowlby, 1969-80) and cognitive theory together may provide the basis for understanding both types of loneliness. He maintained that personal characteristics and social situations interact as joint determinants of loneliness. Insofar as emotional isolation is associated with the absence of an attachment figure, this form of loneliness can be understood within the framework of attachment theory. Social isolation, however, reflects the deficits in one's relationships within a broader social context. Comparisons, attributions, and the mediating of reward may be more important to this form of loneliness.

The other important typology of loneliness is based on the dimension of chronicity. Several researchers and clinicians have maintained there may be important clinical and theoretical differences between transient, situationally related loneliness and the persistent, recurring experience which is conceptualized as chronic loneliness (DeJong-Gierveld & Raadschelders, 1982; Jones, 1982; Rubenstein & Shaver, 1982; Young, 1982).

For example, Young (1982), who conceptualizes loneliness within a cognitive-behavioral framework, maintained that the chronicity dimension is critical to both the understanding and treatment of loneliness. He defined chronic loneliness as dissatisfaction with relationships that has persisted for a period of two or more consecutive years. Situational or transient loneliness occurs when satisfying relationships are interrupted by a specific crisis or event
such as death or moving to another city. This type of loneliness involves individuals who had satisfying relationships until an interruption occurred and who were able to adjust and form new relationships in a reasonable period of time. Young included brief and occasional lonely moods in the category of transient loneliness. As a clinician, he also pointed out that individuals may initially be diagnosed as situationally lonely but reclassified as chronically lonely if they have not adjusted to the change within two years.

Young did not suggest that the subjective experience is different for these two types of loneliness. He defined loneliness simply as "the absence or perceived absence of satisfying social relationships, accompanied by symptoms or psychological distress that are related to the actual or perceived absence" (p. 380). The critical difference is the factors which cause loneliness to persist. Young theorized that chronic loneliness involves long term cognitive and behavioral deficits in relating to other people, whereas situationally lonely people probably possess the cognitive and behavioral skills needed for initiating and maintaining friendships. Therefore, the situationally lonely are able to develop new relationships following a situational disruption of existing relationships while the chronically lonely are not.

Jones (1982) offered a similar conceptualization of transient and chronic loneliness from the social skills perspective. He suggested that objective situational factors may give rise to "that type of loneliness that is occasionally experienced by almost everyone" (p. 251), whereas inadequate social skills may be the basis for more
pathological forms of loneliness. He also agreed that situational factors may be decisive during the initial phase of loneliness, with poor social skills being responsible for the persistence of the experience.

DeJong-Gierveld and colleagues (DeJong-Gierveld, 1978; DeJong-Gierveld & Raadschelders, 1982) have presented an empirically derived multidimensional theory of loneliness. In one study, DeJong-Gierveld (1978) developed a measuring instrument to capture four hypothesized dimensions of loneliness: (a) type of relationship that is missing, (b) future time perspective, (c) adjustment and defense mechanisms, and (d) attributions regarding the ability to overcome loneliness. (This scale is described in greater detail in the following section on issues in the measurement of loneliness.) This instrument was subsequently used by DeJong-Gierveld and Raadschelders (1982) in a study designed to identify different types of loneliness. They reported that they were able to discriminate three different types of loneliness; (a) Type I, which is experienced by hopelessly lonely who are very dissatisfied with their relationships; (b) Type II, which refers to periodic and temporary loneliness; and (c) Type III, which characterizes people who are chronically and helplessly lonely but who are resigned to their situation.

Researchers are just beginning to turn their attention to multidimensional concepts of loneliness. Therefore, empirical support is extremely limited. However, in addition to the work of deJong-Gierveld cited above, two other studies have found evidence which suggests that chronic and transient loneliness can be differentiated
and that the two groups may differ on emotional, cognitive, and behavioral correlates (Cutrona, 1982; Gerson & Perlman, 1979). At the present time, the preponderance of support for multidimensional theories is clinical and theoretical.

**Overview and Status of Existing Models of Loneliness**

It is difficult to evaluate the theoretical contributions of these different explanations of loneliness. First of all, the similarities among them are greater than the differences. They all implicate interpersonal experiences during childhood in adult predispositions to loneliness. Most of them also emphasize the interplay between personal characteristics and external situational variables. The greatest difference among them is that the early psychodynamic theorists assumed that experiences associated with innate drives or needs, such as dependency and autonomy, establish the template for interpersonal trust, self-esteem, and expectations of others. Cognitive and behavioral theorists omit the concept of innate dynamic factors and simply maintain that the interpersonal experiences of childhood are the learning experiences which determine how one perceives himself and his interpersonal world. Weiss tends to bridge dynamic and cognitive theories, but instead of positing innate dependency needs or interpersonal drives, he calls on attachment theory to account for the apparent need that humans have for close supportive relationships with one another. None of the theories offered to date contradict or conflict with one another in terms of the emotional, cognitive, and behavioral correlates which they predict.
The compatibility of the existing conceptualizations of loneliness probably accounts, at least in part, for the fact that most investigations have tended to cut across theoretical lines. For example, even though psychodynamic theories have not generated empirical research per se, researchers working from an atheoretical position or within other theoretical frameworks have investigated assumptions and predictions made by psychodynamic conceptualizations. To date, researchers aligned with the cognitive model of loneliness have been the most productive in reporting sound, programmatic research. The skills deficits model of loneliness is relatively new, but its proponents have conducted some impressive studies, particularly in the area of communication skills. There is also considerable overlap between the cognitive and behavioral investigations. Research pertaining to the dimensions or types of loneliness is the most limited, despite the fact that a great deal has been written about different types of loneliness and the importance of differentiating between situational and chronic loneliness.

As noted by Derlega and Margulis (1982), loneliness research to date has been directed toward defining the construct of loneliness and determining its relationship to other variables, irrespective of the theoretical orientations of the researchers. Therefore, the following review of the research is organized according to the major variables which have been investigated. These include, in order of presentation, demographic, developmental, emotional, cognitive, and behavioral variables.
Review of the Research

Demographic Correlates of Loneliness

There have been no systematic, well designed studies of the demographic correlates of loneliness. The data which are available come from studies in which other variables or specific groups were the primary focus of investigation.

Age. Contrary to popular opinion, loneliness apparently is more prevalent among late adolescents and young adults than it is among the elderly. Survey studies which encompass the age range from adolescence to old age indicates that both the prevalence and the severity of loneliness is greatest in adolescence and early adulthood and then follows a steady decline (Parlee, 1979; Rubenstein & Shaver, 1982; Russell, 1982).

For example, Parlee (1979) conducted a national magazine survey of friendship and loneliness. She reported the percentages of respondents by age group who claimed to feel lonely sometimes or often. They were as follows: under age 18 - 79%; 18 to 24 - 71%; 25 to 34 - 69%; 45 to 54 - 53%; over age 55 - 37%. Two other surveys, one a newspaper survey (Rubenstein & Shaver, 1982) and the other a telephone survey of working adults (Russell, 1982), reported mean loneliness scores by age group. In both of these surveys, the means were greatest for the age groups ranging from 18 to 30 years of age and showed a steady decline with increasing age. It should be noted that despite the consistency of these findings, the groups sampled are not necessarily representative of the general population.
A possible exception to this pattern of declining loneliness may be found among the very elderly. For example, sharp increases in loneliness have been found among survey respondents age 80 and older (Peplau, Bikson, Rook, & Goodchilds, 1982). Loneliness in this age group appears to be linked to widowhood, reduced activity due to physical incapacity, and to lack of money for transportation. Rubenstein and Shaver (1982) also found loneliness in people over age 60 to be linked to poverty, poor health, and forced isolation.

The reasons for the negative correlations between age and loneliness are not understood. It has been suggested that younger people may have very unrealistic expectations about social relationships, but with age and experience, may come to develop more reasonable expectations and standards (Peplau, Bikson, Rook & Goodchilds, 1982). Weiss (1982) suggested that loneliness may undergo modification if it becomes chronic; for example, it may be transmuted into helpless apathy or chronically lonely individuals may learn to avoid attending to their distress. Currently, there is little evidence to support any of these hypotheses. Furthermore, the surveys in which this data was collected were subject to sampling biases which limit the generalizability of the results.

Gender. Most research conducted among adult and student populations has not found significant gender differences in either the prevalence or the severity of loneliness. The gender differences which have been reported have not been in a consistent direction. Maisel (cited in Weiss, 1973) found that 14% of the women and 9% of the men contacted in a national telephone survey reported that they were
lonely. It was not reported whether this difference was significant. Two studies have found men to have significantly higher loneliness scores than women (Schmidt & Sermat, 1983; Solano, 1980). Russell et al. (1980) reported inconsistent findings from two independent studies. In one study, men obtained significantly higher scores on the UCLA Loneliness Scale. In the second study, no sex differences were found.

Studies involving the elderly and those which have investigated loneliness by marital status have frequently found gender differences, which suggests that gender, marital status, and age interact. These studies are described in the following section.

**Marital Status.** At all age levels the married are less likely to report loneliness than the unmarried (DeJong-Gierveld, 1978; Maisel, cited in Weiss, 1973; Rubenstein & Shaver, 1982; Schmidt & Sermat, 1983). However, married women are more likely to report loneliness than married men (Maisel, cited in Weiss, 1973: Peplau, Bikson, Rank & Goodchilds, 1982). Among the elderly, marriage seemed to be more important to men than to women in preventing loneliness. Two survey studies involving older adults reported that single, widowed, and divorced older men are more lonely than married older men but found no significant differences between married and single older women.

The reasons for the apparent interaction between gender, age, and marital status are not understood. Peplau, Bikson, Rook and Goodchilds (1982) suggest that many other confounding factors are involved. For example, length of time since loss of spouse occurred, level of activity, amount of social contact, income, and health all
seem to be related to loneliness among the elderly. More controlled research is needed in this area.

Other Demographic Variables. Information on other demographic variables such as income, employment, education, and geographic mobility is sketchy.

Several studies have found income to be related to loneliness among the elderly (Peplau, Bikson, Rook & Goodchilds, 1982; Perlman, Gerson & Spinner, 1978; Rubenstein & Shaver, 1982). However, with the exception of surveys among the elderly, most studies on loneliness have not investigated income differences. One national magazine survey on loneliness which included questions on income did find that a greater percentage of people in income brackets below $20,000 reported loneliness than those in brackets above $20,000 (Parlee, 1979). Income by age differences were not reported for this survey.

Parlee (1979) also reported different percentages of loneliness by occupational status. Greatest loneliness was reported among semi-skilled or unskilled workers and the least loneliness among executives and managers. However, these results were not analyzed for statistical significance. Another study which involved a sample of married women found that loneliness was not related to employment status (Paloutzian & Ellison, 1982).

No consistent relationships have been found between loneliness and geographic mobility, geographic location, size of city of residence, and type of housing (Cutrona, 1982; Paloutzian & Ellison, 1982; Peplau, Bikson, Rook & Goodchilds, 1982; Perlman et al., 1978; Rubenstein & Shaver, 1980, 1982). Dissatisfaction with living
situation and dissatisfaction with one's housing is more consistently related to loneliness than is type of housing, size of city, or urban versus rural location (Paloutzian & Ellison, 1982; Perlman et al., 1978).

**Summary.** It is difficult to evaluate the data that is available on demographic variables and loneliness. The elderly and college students are the two principal groups studied by loneliness researchers and there has been more concern with gathering demographic data among older people than with college students. Therefore, much of the data available pertains to older adults. Furthermore, there is a lack of comparability among the criteria used to measure loneliness and the other variables studied. Also, type or duration of loneliness has not been considered. The negative relationship between age and loneliness is the most consistently reported demographic relationship, but even this pattern may be a function of confounding situational variables such as recent moves, marital status, or the flux of friends and relationships. Comprehensive and well-designed surveys are needed to explore the web of interactions between loneliness and various demographic variables.

**Developmental Correlates of Loneliness**

A number of theorists have suggested that early childhood experiences may predispose an individual to loneliness as an adult. Childhood factors which have been theoretically linked to loneliness include parental separation, lack of warmth and affection from parents, inability or failure of parents to support the child's needs for dependency and autonomy, and lack of contact with or acceptance by
peers (Leiderman, 1969; Rubins, 1964; Sullivan, 1953; Weiss, 1973). Research has found empirical evidence that each of these factors is related to loneliness (Hojat, 1982a; Moore, 1974; Paloutzian & Ellison, 1982; Rubstein & Shaver, 1980, 1982).

Moore (1974) found that among a sample of female students, loneliness was associated with having fewer friends and engaging in more solitary activities while growing up. Hojat (1982a) investigated developmental correlates of loneliness among Iranian students. He requested a sample of Iranian students studying in Iran and in the U.S. to describe their relationships with parents and peers when they were children. The students with higher loneliness, as measured by the UCLA Loneliness Scale (Russell, Peplau & Ferguson, 1978; translated into Persian by Hojat), reported that their parents had not devoted enough time to them and had not understood them, and that they had not gone to their parents for help with problems. The more lonely subjects also reported not getting along with and not sharing feelings with peers during childhood.

Paloutzian and Ellison (1982) reported data from 206 American college students regarding parent-child relationships, family togetherness during childhood, and childhood peer experiences. Moderate but significant correlations were reported between experiences in each of these areas and scores on the UCLA Loneliness Scale. Good parent-child relationships, greater family intimacy, and good peer relationships were associated with less loneliness as adults.

Rubenstein and Shaver (1980, 1982), in a newspaper survey (described in detail in the next section), explored the hypothesis that
adult loneliness is related to childhood experiences of separation. This hypothesis was based on attachment theory (Bowlby, 1969-80). The highest degree of adult loneliness was found among respondents whose parents were divorced when the respondent was a child. The younger the respondent was at the time of the divorce, the lonelier he was as an adult, especially if the divorce occurred before age six. The loss of a parent by divorce was much more detrimental than loss by death. Significant relationships were also found between adult loneliness and perceived parental helpfulness and closeness during childhood. Respondents who reported that they had warm helpful mothers and fathers were less likely to be lonely. Similarly, a significant relationship was found between loneliness and the perception of parents as trusted and secure bases of support. The authors concluded that these results support their hypothesis that childhood separation from parents and disturbance in attachment relationships may have effects, as yet unidentified, which predispose individuals to loneliness as adults. These results must be interpreted cautiously due to the possible sampling biases among respondents to newspaper surveys and the lack of reliability data on the questionnaire.

Summary. Although the data on developmental variables is limited, it does suggest that individuals who grow up with supportive parents and who continue to maintain warm, trusting relationships with them are least likely to experience loneliness. The most vulnerable adults appear to be those who lost a parent through divorce. Childhood isolation and problems relating to peers may also be predictive of more frequent or more severe loneliness as an adult. However, it must be
noted that not all lonely people lost a parent or were isolated as children. Furthermore, the instruments used to assess loneliness in these studies did not differentiate between those for whom loneliness was a persistent or frequently recurring problem and those for whom it was an infrequent or isolated experience. If developmental experiences predispose one to loneliness, it is likely that vulnerable individuals would be lonely more often or under different circumstances than individuals who are not so vulnerable. Future research on developmental variables needs to address the history of loneliness in the individuals studied.

Emotional Correlates of Loneliness

Understanding loneliness is inextricably related to identifying the emotions that constitute the subjective, experiential state of loneliness. Measuring loneliness also requires knowledge of its emotional components. The most wide-ranging studies of emotional correlates have been conducted in the process of constructing measurement instruments (e.g. Sisenwein, cited in Russell, 1982; Russell et al., 1978; Russell et al., 1980). In developing measurement scales, the authors have selected emotional items on the basis of both theoretical predictions and descriptions of loneliness provided by clinicians. A vast array of emotions have been investigated in this fashion. Many other researchers have explored specific emotions which theory or previous research has suggested might be related.

In the process of developing and revising the UCLA Loneliness Scale, Russell and colleagues (Russell et al., 1978; Russell et al., 1980) explored the relationship between loneliness and a great variety
of emotional and personality variables. In the initial study, data on 133 student subjects revealed significant correlations between scores on the loneliness scale and self-ratings of the following emotional states: depression ($r = .49$), anxiety ($r = .35$), feeling empty ($r = .58$), self-enclosed ($r = .54$), awkward ($r = .46$), restless ($r = .38$), bored ($r = .35$), and shy ($r = .45$). Negative correlations were found between scale scores and self-ratings of satisfaction ($r = -.45$) and being happy ($r = -.40$).

In a subsequent revision of the scale (Russell et al., 1980), in which some of the items were rewritten in the positive direction, the scores on the revised measure correlated significantly with scores on the Beck Depression Inventory ($r = .62$; Beck, 1967) and the Costello-Comrey Anxiety ($r = .32$) and Depression scales ($r = .55$; Costello & Comrey, 1967). Significant correlations (all $r$s above .40) were also found between the loneliness scores and self-ratings of depression, feeling abandoned, empty, hopeless, isolated, self-enclosed, and not satisfied.

Hojat (1982b) reported similar findings from a study of 232 Iranian students in American and Iranian colleges and universities. Their scores on the UCLA Loneliness Scale were significantly related to scores on the Taylor Manifest Anxiety Scale (Taylor, 1953), Rosenberg Self-Esteem Scale (Rosenberg, 1965), and the short form of the Beck Depression Inventory (Beck & Beamsderfer, 1974). A possible limitation of this study is that it was conducted by mail.

Paloutzian and Ellison (1982) explored the emotional correlates of loneliness among college students using both the UCLA scale and an
abbreviated loneliness scale which they developed for the study. Their subjects were 206 students from four colleges and universities who ranged in age from 18 to 35 and were both married and single. Loneliness scores on both the UCLA and the abbreviated scale were significantly correlated with self-reports of the following emotions: depressed, rejected, misunderstood, unwanted, empty, worthless, frustrated, isolated, and unloved. The percentage of subjects responding to loneliness with specific emotions were also reported. Depression was the emotion which the greatest percentage of subjects (81%) reported as a response to loneliness. Over 50% reported experiencing anxiety, emptiness, frustration, isolation, and being misunderstood.

Loucks (1980) reported the results of a study with 250 college students in which she found scores on the Bradley Loneliness Scale (Bradley, cited by Loucks, 1980) to be significantly positively correlated ($p < .001$) with the Depression-Dejection, Tension-Anxiety, Anger-Hostility, and Confusion Scales of the Profile of Mood States (Lorr, McNair, & Droppleman, 1972).

Although loneliness and depression frequently occur together, the relationship between the two conditions is not known. Weeks, Michela, Peplau, and Bragg (1980) attempted to elucidate this relationship through the use of a longitudinal design and structural equation methodology. They administered the UCLA Loneliness Scale, the Beck Depression Inventory, the Profile of Mood States (Lorr, McNair & Droppleman, 1972) and other paper-pencil measures of satisfaction, social activities, and perceived causes of loneliness. The instruments
were completed by 332 freshmen students at two points in time, five weeks apart. The data were correlated and analyzed under a series of four structural equation models. The results suggested that while loneliness and depression are highly correlated, they are clearly different constructs, with neither being the cause of the other. The authors speculated that loneliness and depression share some common causal origins which were not identifiable in the study.

An important feature of this study is the attempt to address the problem of stability and chronicity by the longitudinal design. Both loneliness and depression were found to be stable over the five week period of the study. However, the study was conducted during the second and seventh week after the beginning of the students' freshmen year in college. It is possible that both the loneliness and the depression were moderate and transient responses to this life change and that a different relationship between loneliness and depression would be found among more severely lonely and chronically lonely subjects.

Rubenstein and Shaver (1980, 1982) have conducted the most comprehensive study of the correlates of loneliness among adults. They conducted a newspaper survey designed to probe several theoretical questions. The survey questionnaire consisted of 84 items concerning how loneliness feels, the reasons it occurs, how people react to the experience of being lonely, and early childhood experiences with parents. There were 28 items pertaining to what loneliness feels like. Although the survey was conducted in six cities, only the results from New York and Worcester, Massachusetts, were published. The reasons for
this were not given, but the authors stated that "regardless of city size and geographic location, the findings within each of our six samples were virtually the same" (Rubenstein & Shaver, 1982, p. 210).

The returns were 1,500 from Worcester and 22,000 from New York. (A random subset of 2000 was selected for analysis from the New York sample while all of the Worcester returns were included.) Age of the respondents ranged from 18 to 88, with a mean age of 35.4. Thirty percent of the sample were married, 23% were separated, divorced or widowed, and the remainder were single. A wide range of occupational types and educational and income levels were represented. About half of the respondents indicated that they were occasionally lonely and 16% indicated they were lonely most or all of the time. In terms of emotional correlates, over 50% of the people who said they were lonely checked depression, sadness, boredom, self-pity, and longing to be with one special person as the feelings they had when lonely. These were selected by the respondents from a list of 28 adjectives which the authors had selected from the literature on loneliness. All of the feelings reported were factor analyzed. Four factors emerged which were labeled desperation, depression, impatient boredom, and self depreciation.

The factor labeled desperation accounted for 76.5% of the common variance. Feelings represented in this factor included panic, helplessness, fear, without hope, abandoned, and vulnerable. This factor score correlated .49 with the measures of loneliness used in the survey. It should be noted that the desperation factor scores were higher for respondents whose parents had divorced when they were
children \( t (1998) = 3.72, p < .001 \). Respondents who were separated or divorced also had higher scores on this factor \( t (1990) = 1.96, p < .05 \).

Although the Rubenstein and Shaver survey included a large number of respondents and utilized sophisticated statistical techniques for data analysis, it is subject to two important criticisms. One is that no reliability data on the questionnaire were reported. Secondly, there is the possibility of sampling bias. People who read newspapers are a subset of the general population and people who respond to surveys published in them constitute a further selection process. There is no way to be certain that systematic differences do not exist between respondents and non-respondents, such that the results are not representative of the general population. The reported consistency of the findings across six cities located in different parts of the country and the fact that the results of the survey are similar to those found in other studies provide a basis for considering this data to be of exploratory value. However, strong conclusions cannot be drawn.

**Summary.** In summary, the relationship between loneliness and many emotional experiences has been investigated. The most consistent and methodologically reliable finding is the strong positive relationship of anxiety and depression to loneliness. While other emotional correlates have been frequently reported, for example, shyness, boredom, emptiness, dissatisfaction, abandonment; these constructs are themselves not well defined and their assessment has been made by self-description rather than by instruments of
demonstrated reliability and validity. On the other hand, depression and anxiety are reasonably well defined constructs and, in at least some studies, they have been assessed by more reliable and valid instruments, for example, the Beck Depression Inventory and the Taylor Manifest Anxiety Scale.

Despite the clear association between loneliness and these two variables, the nature of the relationship is not understood and few authors have been willing to speculate whether anxiety and depression are causes or effects of loneliness. The study by Weeks et al. (1980) did lead to the hypothesis that loneliness and depression share a common origin, but this has not been further investigated. One reason for the lack of data regarding the nature of the relationship may be the fact that none of the studies have adequately differentiated different types of loneliness. Future research needs to differentiate between chronic and transient loneliness and the type of relationship deficit experienced by the lonely person. Furthermore, many important questions have not been addressed. For example, is state or trait anxiety more closely associated with loneliness, and is chronic and transient loneliness associated with different types of anxiety. The same questions need to be asked regarding depression.

**Cognitive Correlates of Loneliness**

Investigation of the cognitive correlates of loneliness has been programmatic and highly productive. The research has focused on the views of self and others held by the lonely person, the standards of comparison with respect to interpersonal relationships, and the attributions made regarding the causes of loneliness.
Evaluation of Self and Others. A number of studies have found that lonely subjects tend to view themselves and others more critically than nonlonely subjects and also expect to be devalued by others (Goswick & Jones, 1981; Hansson & Jones, 1981; Jones, Freemon, & Goswick, 1981; Moore, 1974; Russell et al., 1980).

Low self-esteem, which is related to a negative view of oneself, is one of the most consistently reported cognitive correlates of loneliness (Jones et al., 1981; Loucks, 1980; Paloutzian & Ellison, 1982; Peplau, Miceli, & Morasch, 1982; Rubenstein & Shaver, 1980, 1982; Russell, et al., 1980). For example, Loucks (1980) reported a study of loneliness and self-concept among 250 college students in which scores on the Bradley Loneliness Scale (Bradley, cited in Loucks, 1980) were significantly correlated with low self-esteem as measured by the Tennessee Self-Concept Scale (Fitts, 1965). Jones et al. (1981) found a significant negative correlation \((r = -.45)\) between scores on the UCLA Loneliness Scale and the Coopersmith Self-Esteem Inventory (Coopersmith, 1967) among a sample of college students. Russell et al. (1980) reported a high negative correlation between scores on the Revised UCLA Loneliness Scale and self-esteem as measured on the Texas Social Behavior Inventory (Helmreich & Stapp, 1974, cited in Russell et al., 1980). The sample for this study was 237 students. Paloutzian and Ellison (182) and Rubenstein and Shaver (1980, 1982) in their studies described above, have found loneliness to be related to low self-esteem in adult populations.

In terms of how lonely subjects evaluate others, Jones et al. (1981) found in a dyadic interaction study using college students that
lonely subjects attributed less favorable characteristics to their partners than did nonlonely subjects. Moore (1974), in a sample of female college students, found that lonely students indicated significantly greater hostility and submissiveness on the Leary Interpersonal Checklist (Leary, 1957) than did those who were not lonely. Self-descriptive adjectives which lonely subjects endorsed more frequently than nonlonely included: impatient with others' mistakes, sarcastic, unfriendly, angry, outspoken, skeptical, gloomy, touchy, easily hurt, frequently disappointed, lack of self-confidence, easily embarrassed, shy, and usually give in. However, Moore found no direct evidence that lonely subjects acted in a more hostile manner towards others or were perceived by others as being more hostile.

Hansson and Jones (1981), in a series of studies, tested the hypothesis that lonely persons' pessimistic views of themselves and others would interfere with adaptive behavior. The subjects in each study were male and female college students who were classified as lonely or not lonely on the basis of a median split of UCLA Loneliness Scale scores. In one study, lonely subjects were found to be less confident of their opinions and less willing than nonlonely subjects to advance their opinions publicly. In the second study, lonely and nonlonely subjects were compared on their willingness to conform to the consensus of an anonymous majority. The lonely and nonlonely did not differ on conformity, but there was an interaction between gender and loneliness, with lonely males being less conforming than nonlonely males. The third study involved willingness to match the behavior of an altruistic model. Again, a gender effect was observed with lonely
males less likely than nonlonely males to match the behavior of an altruistic model, while lonely females were more likely than nonlonely females to be altruistic. These gender differences could not be explained from the data. One possible explanation offered was that sex role socialization rewards independence in males and conformity in females, and that males who perceive their environment as unsupportive might react in a more oppositional manner while females would make greater efforts to elicit approval and support by increased cooperation.

There is considerable evidence that lonely people are negatively stereotyped, not only by the general public but by lonely people themselves. In other words, there is empirical evidence that a stigma is attached to being lonely (Horowitz, French, & Anderson, 1982; Jones et al., 1981; Peplau, Miceli, & Morasch, 1982; Weiss, 1973). For example, Horowitz et al. (1982) attempted to develop empirically a prototype of a lonely person. Their subjects were 40 college students who had obtained high (51 to 71), medium (36 to 41), and low (below 28) scores on the UCLA Loneliness Scale. The subjects were instructed to think of the best example they could of a lonely person and to describe that person's thoughts, feelings, and behaviors. The descriptions were then labeled and tabulated by three independent judges. The three groups of subjects did not differ in terms of the nature or number of features they ascribed to lonely people. All of the descriptors were combined and those which had been supplied by 20% or more of the subjects formed the final prototype. The most dominant features of the prototype were: (a) avoids social contact and isolates
self from others, (b) feels depressed, and (c) thinks I want a friend. Overall, there were more feelings than thoughts or behaviors included in the descriptions, and the most frequent related to feeling rejected, angry, isolated, and inferior.

Miceli, Morasch, and Peplau (cited in Peplau, Miceli & Morasch, 1982) reported similar findings regarding students' perception of common causes of loneliness in others. Student subjects were asked to evaluate persons whose loneliness was attributed by the experimenters to either an internal or external cause. Persons whose loneliness was believed by the subjects to be due to internal causes were described as more self-centered, less likeable, less resourceful, and as having lower self-esteem than were persons whose loneliness was believed to be due to external causes.

Despite the negative stereotype of the lonely person in general, there is only weak and inconsistent evidence that lonely individuals are evaluated negatively by others who are not aware of their loneliness. Jones et al. (1981) conducted two studies to assess whether lonely people, are in fact, rated more negatively by others. One study involved 35 mixed-sex dyads which combined lonely and nonlonely persons in such a way that all possible combinations of gender and loneliness were included. Each dyad interacted for 15 minutes in a task described as a study of how people get to know each other. Afterwards, they completed questionnaires separately on which they rated their partner's attractiveness, behavior, and level of self disclosure. Analyses of variance revealed that lonely and nonlonely people were not evaluated differentially by their partners. However,
lonely subjects did tend to evaluate their partners more negatively. In the second study, pre- and post-test data were obtained from subjects involved in a group activity spanning seven weeks. On pretesting, lonely men but not lonely women were rated somewhat less attractive and were chosen as a leader less frequently by group members. However, these effects were not evident on post-testing. The implication of this finding is not clear. The authors suggested that first impressions are important, but the study also suggests that impressions change as familiarity increases.

While lonely people may not be perceived negatively by others in the daily course of events, there is some evidence that they may be more difficult to get to know. For example, Solano, Batten and Parish (1982) conducted a study using 246 college students who were designated as lonely or nonlonely on the basis of scores on the UCLA Loneliness Scale. Lonely persons were defined as those having a score at least one standard deviation above the mean, while nonlonely were persons scoring below one standard deviation from the mean. Both mixed-sex and same-sex dyads were created with lonely and nonlonely paired in all possible combinations. They were given a list of topics to discuss and each partner alternately selected topics until each had spoken on 12 topics. Afterwards, each subject completed a questionnaire on which ratings were made of how well the partner was known. According to ratings by partners, the lonely subjects were significantly less well known than the nonlonely subjects. Lonely subjects also picked less intimate topics for discussion than did nonlonely subjects. It was suggested by the authors that the tendency of lonely people to reveal
less intimate information about themselves resulted in their being perceived as more difficult to get to know.

Summary. Low self-esteem is one of the most consistently reported cognitive correlates of loneliness. Lonely people view themselves in a critical, negative manner and expect others to view them likewise. However, while research does suggest there is a negative stereotype of the lonely person, it also suggests that individual lonely people are not regarded by others as less attractive or less competent, only as more difficult to get to know. A potential limitation of the research pertaining to how lonely people regard themselves and others is that they deal only with current loneliness, without taking into account the subjects' past experience with loneliness. Although low self-esteem is consistently correlated with loneliness, not all lonely people have low self-esteem. It may be that the history of loneliness for those with low self-esteem is different from those with adequate self-esteem. Prolonged or frequent loneliness could lead to low self-esteem, and conversely, low self-esteem could make one more vulnerable to chronic loneliness. Future research needs to consider this possibility.

Attributional Style of Lonely People

Peplau and colleagues have theorized that lonely people make causal attributions relative to the precipitating event, the maintaining causes, and the anticipated solutions of their loneliness. The causal attributions can vary across the dimensions of internality, stability, and control. The types of attributions that are made are believed to have an impact on future expectations, self-esteem,
emotional responses to loneliness, and coping behaviors (for review, see Peplau, Russell, and Heim, 1979). These are the assumptions that have been explored by the attributional research on loneliness.

The earliest and most thorough empirical investigation of attributions in loneliness is the UCLA New Student Study. This was a large scale, coordinated research endeavor and the results have been reported as a number of separate studies (e.g. Bragg, cited in Peplau et al., 1979; Cutrona, 1982; Weeks et al., 1980). Participants in the study were 354 freshmen students at UCLA in the fall of 1977. During their second and seventh week at school, they were administered the following instruments: the UCLA Loneliness Scale, the Beck Depression Inventory, and questionnaires concerning life satisfaction, social activity, and perceived causes of loneliness. In the spring, seven months after arrival on campus, the participants were asked to take part in a follow-up study. From the original sample, 162 were available for the spring follow-up.

Bragg (cited in Peplau et al., 1979) analyzed the results from the original testing. He compared the attributions of non-depressed lonely students with those of depressed lonely students. He found that depressed lonely subjects were significantly more likely to attribute their loneliness to stable and internal causes than non-depressed lonely subjects. In particular, depressed lonely students were likely to cite physical appearance, personality, and fear of rejection as the cause of their loneliness. Non-depressed lonely students made more external attributions associated with limited contact with friends.
Cutrona (1982) compared the attributions made by students who were initially lonely but overcame it by the spring semester with those who remained lonely throughout the year. Her sample included 22 students who were lonely during the second and seventh week of school and also at spring follow-up, and 84 students who had been lonely at one or both times during the fall but were not lonely in the spring. There were significant differences between the attributions of these two groups. Those lonely only during the fall (transiently lonely) blamed their loneliness on a wide variety of both personal and situational factors, and cited personal factors much less frequently than the other group. Those who remained lonely throughout the year (chronically lonely) attributed their loneliness to their shyness, fear of rejection, lack of knowledge of how to initiate friendship, and their own personality. All of these attributions were internal and, with the possible exception of knowing how to make friends, could be considered stable. These results were in the direction predicted by the study.

Anderson, Horowitz, and French (1983) also investigated the attributions made by lonely and depressed individuals. The authors hypothesized that since loneliness pertains specifically to interpersonal situations while depression may pertain to either interpersonal or noninterpersonal experiences, the attributions of the two groups would differ, particularly in terms of noninterpersonal events. For this study, the authors developed the Attributional Style Assessment Test. This test describes five interpersonal and five noninterpersonal situations, each of which is followed by a list of six
attributions explaining the outcome. These attributions cover six attributional categories: strategy, ability, effort, personality trait, mood, and other circumstances. The subjects were approximately 600 college students. They were administered the UCLA Loneliness Scale, the Beck Depression Inventory, and the Attributional Style Test. The depression scores and the loneliness scores were correlated separately with the attribution measure. The results revealed no significant differences between lonely and depressed subjects in terms of attributional patterns, although both groups differed from nonlonely and nondepressed groups. Lonely people attributed interpersonal failures to low ability and personality traits (stable factors) rather than to changeable factors such as lack of effort, use of ineffective strategies, or situational factors. Attributions made by lonely people for interpersonal successes showed an opposite pattern. They were significantly more likely to attribute interpersonal success to external circumstances than nonlonely people were. With respect to attributions for noninterpersonal success, the lonely and nonlonely groups did not differ in their responses relative to ability and personality traits.

The correlations between depression scores and attributions showed a similar pattern. For interpersonal failures, depression scores were significantly correlated with frequency of trait and ability attributions. Depressed subjects, like lonely subjects, attributed interpersonal failure to internal and stable personal characteristics. They also attributed interpersonal success to external circumstances.
A limitation of the Anderson et al. study is that the results were reported in terms of separate correlations for depression and loneliness scores. Apparently, no attempt was made to investigate interactions between loneliness and depression.

**Summary.** The research findings tend to support the assumption that lonely people, particularly chronically lonely people, make stable, internal attributions for their loneliness. However, the results have not been consistent. The inconsistencies may be due, in part, to the fact that in some studies subjects have made attributions for their loneliness while in other studies they have made attributions regarding a variety of personal and impersonal situations. Also, the extent to which depression affects the attributions of lonely people is not clear. Further investigation of the attributional patterns of lonely people needs to explore carefully the differences between depressed and non-depressed lonely subjects and to differentiate between chronic and transient loneliness.

**Standards of Comparisons and Perceived Relationship Deficits**

Loneliness is assumed to be the normal response which occurs when there is a discrepancy between one's actual relationships and the type, number, or quality of relationships that one desires. Standards of comparison are believed to be subjective. Therefore, the theoretical prediction is that satisfaction with one's relationships is more important than objective characteristics of relationships. This is the hypothesis which research in this area has investigated. To date, a number of studies have provided support for this hypothesis (Cutrona, 1982; deJong-Gierveld & Raadschelders, 1982; Perlman et al.,
1978; Rubenstein & Shaver, 1980, 1982; Sermat, 1980). There is also
evidence that the types of relationships desired may differ between
those who experience temporary loneliness and those for whom it is
persistent or recurring (Cutrona, 1982; deJong-Gierveld &
Raadschelders, 1982).

In the New Student Study described above, Cutrona (1982) found
that degree of satisfaction with current friendships was a better
predictor of loneliness scale scores than was satisfaction with either
dating or family relationships. Satisfaction with friendships was more
closely correlated with loneliness than was number of friends or
frequency of contact with friends. Satisfaction with relationships was
also found to be closely related to social comparisons; that is, the
extent to which the students thought their own relationships compared
favorably to those of their peers was more closely linked with
satisfaction with relationships than was number of relationships or
frequency of contact with others.

An important feature of this study is that students who were
transiently lonely at the beginning of the school year were compared to
those who remained lonely throughout the year. Significant differences
were found between the two groups. Students who overcame their initial
loneliness rated satisfaction with friendships as more important than
satisfaction with dating relationships, whereas the chronically lonely
indicated satisfaction with dating relationships was more important.
The chronically lonely most often said that finding a boyfriend or
girlfriend was the only way they could overcome their loneliness.
Transiently lonely students, who actually had overcome their loneliness, said they had done so by gradually making friends.

In terms of actual social contact, the data revealed few differences between the transiently and chronically lonely groups. At the beginning of the year, they did not differ in the number of social relationships, and they reported about the same frequency of joining clubs, playing sports, going to parties, and striking up conversations with strangers throughout the year. Both groups also reported equally frequent attempts to attract others by improving their social skills or their physical appearance.

One of the conclusions drawn from this study is that qualitative assessment of relationships is a more important factor in loneliness than is number of relationships or frequency of contact. However, chronically lonely people may have unrealistic standards of comparisons, including the belief that they can find gratification from only one type of relationship.

Sermat (1980), who for several years collected data on loneliness through autobiographical statements, structured interviews, and personality tests, also reported that there seems to be no significant relationship between the degree of physical contact with people and the intensity of loneliness. Approximately 75% of the people she studied reported feeling lonely during times when they were not isolated from others in any way. Sermat's subjects included both adults and college students.

DeJong-Gierveld and Raadschelders (1982) reported the results of a large scale research project in which they found dissatisfaction
with relationships and expectations regarding relationships to be significant characteristics which differentiate different types of loneliness. They identified three types of loneliness which they labeled as follows: the hopeless lonely, the temporarily lonely, and the resigned lonely. The hopeless lonely expressed the most dissatisfaction with their relationships. They tended to lack an intimate partner and to express strong dissatisfaction with peer relationships. Members of this group also tended to feel empty and abandoned and to perceive their situation as hopeless. The temporarily lonely tended to lack an intimate attachment but reported having a reasonable number of satisfying peer relationships. They viewed their situation as temporary. The resigned lonely lacked an intimate partner and had few other relationships, but they appeared to have given up expectations for satisfying relationships. The majority of the people in this group were widowed men and women over age 55.

Although the results of this study are consistent with the theoretical predictions, they must be interpreted cautiously for several reasons. One is the questionable reliability of the instrument to assess loneliness (This is discussed in the section on Measurement.) Also, the published report of the study is unclear regarding the criteria used to distinguish the different types.

**Summary.** Available research consistently supports the prediction that loneliness is related more to satisfaction with one's relationships than to the objective characteristics of the relationships. Research also underscores the subjectivity of loneliness and the fact that the type of relationships desired may
differ for those who are transiently lonely and those who are chronically lonely.

**Behavioral Correlates of Loneliness**

A number of investigators have explored the relationship between loneliness and skills deficits. Communications skills have been the major area of exploration (Chelune et al., 1980; Jones et al., 1981; Jones et al., 1982; Mahon, 1981; Solano et al., 1982). Other areas of behavior which have been studied include interpersonal problem solving (Horowitz et al., 1982), and social inhibition (Horowitz & French, 1979; Jones et al., 1981).

Jones and colleagues (Goswick & Jones, 1981; Jones et al., 1981; Jones et al., 1982) have found that lonely people have a tendency to attend to their own reactions rather than to those of others in a variety of social situations. For example, this behavior was found in a study by Jones et al. (1982) comparing the conversational behavior of lonely and nonlonely college students. The subjects were 48 unmarried undergraduates, divided into four groups on the basis of gender and high or low loneliness which was determined by a median split of scores on the UCLA Loneliness Scale. Mixed-sex dyads counterbalanced for loneliness and nonloneliness were videotaped during a 14-minute period in which they discussed what attracted them to persons of the opposite sex in terms of a steady dating partner. The videotapes were rated on the basis of partner references, topic continuation statements, and questions. Analysis of variance indicated that lonely subjects made fewer partner references, continued the topic discussed by the partner less, asked fewer questions of the partner, and emitted fewer partner
attention statements. (Partner attention refers to the extent to which the subject reinforces the partner with personal attention in the form of questions, comments, or statements referring to the partner's statements or to his attitudes, activities, and experiences.) There were no gender differences or interactions. The authors reported that the lonely students appeared to interact in a self-focused manner and to have little awareness of or concern for the other member of the dyad.

Another area of conversational skill which has been empirically linked to loneliness is pattern of self-disclosure (Chelune et al., 1980; Mahon, 1981; Solano et al., 1982). Mahon (1981) found a significant inverse relationship between UCLA Loneliness scores and scores on the Jourard Self-Disclosure Questionnaire (Jourard, 1971) among a sample of 20° students. The high disclosing group was significantly less lonely than the low disclosing group.

Solano et al. (1982) reported two studies investigating self-perceived and actual self-disclosure among lonely and nonlonely subjects. UCLA Loneliness Scale scores were significantly correlated with self-perceived lack of self-disclosure to friends but not parents. The subjects in this study were 75 male and female students, and the measure of self-disclosure was the Jourard Self-Disclosure Questionnaire (Jourard, 1971). In the other study, mixed-sex dyads counterbalanced for loneliness, as measured by the UCLA Loneliness Scale, were created and given a list of topics scaled beforehand for intimacy. Each member of the dyad alternately chose topics and discussed them for one minute until each one had spoken on 12 topics.
After completing the discussion exercise, each subject related how well he or she knew the partner. On the basis of partner ratings, the lonely subjects were significantly less well known by their partners than the nonlonely subjects. However, there were no differences in the ratings made by lonely and nonlonely subjects of how well they knew their partners. In terms of intimacy of topic chosen, there was an interaction between loneliness and sex of partner, with lonely subjects picking less intimate topics for opposite sex partners than nonlonely subjects. Opposite sex partners also chose less intimate topics when they were paired with lonely subjects than they did when paired with nonlonely subjects.

Chelune et al. (1980) suggested that it is disclosure flexibility rather than amount of self-disclosure which is important. They administered the UCLA Loneliness Scale, a Self-Disclosure Situations Survey (Chelune, 1976), and a questionnaire assessing frequency of social activities to 150 unmarried female undergraduates. Each subject was then paired with a male confederate and a 5-minute interaction between them was observed behind a one-way mirror. Observers made a global rating of the social skills of the subjects and each subject rated her self-perceived social skills in the role she played. For analysis, the subjects were classified into high and low disclosure flexibility groups within high, medium, and low total self-disclosure classifications. (Self-disclosure scores are ratings of the extent to which subjects indicate they would self-disclose on items scaled for intimacy, whereas disclosure flexibility reflects the ability to perceive situational cues and adapt the intimacy level of
self-disclosure appropriately.) Analysis of variance of loneliness scores revealed the loneliest people were those who showed a moderate willingness to self disclose personal information but who had deficits in their awareness or ability to recognize social situational norms governing the appropriateness of self disclosure. In terms of social skills ratings made by the observers, neither level of loneliness nor disclosure flexibility was related to the ratings. This unexpected result was attributed by the authors to the specificity of the task. As for frequency of social activity, lonely and nonlonely subjects did not differ overall, but when lonely subjects were compared in terms of disclosure flexibility, those whose disclosure scores deviated from the norm showed lower levels of activity.

Horowitz et al. (1982) investigated the interpersonal problem solving skills of lonely people. A large class of students was administered the UCLA Loneliness Scale, and from this pool a total of 39 subjects were selected on the basis of high, medium or low loneliness scores which corresponded to the top, middle, and bottom fifths of the distribution. Subjects in each group were presented a set of 10 interpersonal problem situations and one impersonal control situation in which some fictitious person had successfully fulfilled his needs. The subjects were asked to supply the means by which the successful outcome was achieved. There were significant differences among the three groups on the interpersonal items but not on the impersonal control item. Students with high loneliness scores produced fewer methods of solving the interpersonal problems and their methods were judged to be of poorer overall quality than those of the other two
groups. The lonely subjects tended to use more fantasy in their responses and often failed to generate any method at all.

Lonely people have also been found to experience greater social inhibitions than people who are not lonely (Horowitz & French, 1979; Jones et al., 1981). For example, Horowitz and French (1979) reported the results of a study examining the self-perceived interpersonal difficulties of lonely subjects. The UCLA Loneliness Scale was administered to 479 students, and from this group 25 lonely and 45 nonlonely subjects were selected on the basis of scores falling beyond one standard deviation from the mean. Subjects were given 100 cards containing statements describing an interpersonal difficulty and instructed to sort these cards into nine categories ranging from "least familiar as a problem" to "most familiar as a problem" (p. 762). There was a significant difference between the two groups in the mean number of problems of inhibited sociability which were placed in the "most familiar" category. The overall proportion of problems of inhibited sociability was .30 for lonely subjects and .08 for the nonlonely. Problems of inhibited sociability included finding it hard to make friends, introducing oneself at a party, initiating social activities, participating in groups, and getting into the swing of a party.

Jones et al. (1981) found evidence of inhibited sociability using the Self-Consciousness Scale (Fenigstein, Scheier, & Buss, 1975) which is a self-report measure with three subscales measuring public and private self-consciousness and social anxiety. In a study involving 210 unmarried undergraduates, they found significant correlations between scores on the UCLA Loneliness Scale and the
subscales of Public Self-Consciousness ($r = .38$) and Social Anxiety ($r = .45$). These subscales respectively reflect awareness of self as a social object and inhibiting discomfort in the presence of others.

**Summary.** The research on behavioral correlates of loneliness suggests that people who are lonely tend to have deficits in their social behavior which interfere with their ability to get to know people better and to form more intimate relationships. These deficits appear to be related both to anxiety, as in inhibited sociability, and to the failure to learn to respond in an appropriate manner to social and conversational cues. The social skills research is consistent with the findings that lonely people do not have less social contact than nonlonely people, but that they cannot obtain what they need or want from these contacts. However, a question which needs to be answered is whether or not these deficits differ in the chronically and transiently lonely.

**Issues in the Measurement of Loneliness**

Research during the last ten years has made considerable gains in refining the construct of loneliness. It is now agreed that loneliness is a highly complex and subjective phenomenon which is emotionally distressing and which occurs when one is dissatisfied with one's interpersonal or social relationships. However, many questions remain regarding the operationalization and measurement of loneliness. Currently, the attention seems to be focused on two of those questions. One is what are the emotions and cognitions that are intrinsic to loneliness as opposed to simply being correlated with it. The other
question is whether loneliness is a single or unitary phenomenon that varies primarily in intensity, or whether the different manifestations of loneliness represent different types of affective and cognitive experiences.

To date, most of the loneliness measures have been developed on the basis of a unitary conceptualization of loneliness. This conceptualization assumes that there are intrinsic components to loneliness that are the same regardless of the particular causes. This approach further assumes that a general loneliness scale which assesses differences in intensity is the preferred type of measurement. Presumably, higher scores reflect more pathological conditions. In a recent review of the existing loneliness measures, several global loneliness scales were described (Russell, 1982). These are the measures that have been used in research for which reliability and validity data were reported. Most of these measures have been used in only one or two reported studies. In many cases, loneliness researchers have simply asked people if they were lonely or have used a questionnaire without investigating its reliability.

The most credible and widely used of the global loneliness measures is the UCLA Loneliness Scale (Russel et al., 1978; Russell et al., 1980). This scale was carefully developed and revised using college student populations. It has high internal consistency, with a coefficient alpha of .94 obtained in two independent studies during the process of scale construction. Several types of validity data have been reported. It correlates .71 with self-reported loneliness and, in the original development study, discriminated between a college sample
group and a group of subjects who had volunteered for a loneliness clinic. Since its publication in 1978, the UCLA Loneliness Scale has been the standard instrument used in loneliness research.

Despite the impressive reliability and validity data of the UCLA Loneliness Scale, several possible limitations of the scale have been noted. Several researchers have expressed the concern that it contains items which correlate with loneliness but which are not intrinsic to it (Rubin, 1979; Weiss, 1982). For example, the scale makes no reference to loneliness. The instrument has also been criticized because it is based on a global conceptualization of loneliness. Its scores reflect the degree or intensity of loneliness that the person is experiencing at the time the instrument is administered. They do not indicate how long the person has been lonely or the types of relationships that are missing. Researchers who believe there are different types of loneliness regard this as a serious limitation of the scale (e.g. Rubenstein & Shaver, 1982; Rubin, 1979; Weiss, 1982).

It is only recently that loneliness measures based on multidimensional concepts have been developed. Schmidt and Sermat (1983) have developed the Differential Loneliness Scale (DLS) which assesses dissatisfaction with or felt lack of four different types of relationships: romantic-sexual, friendships, family, and relationships with larger groups in the community. Reported reliability is high, with KR 20s ranging from .90 to .92 and test-retest coefficients of .85 and .97 for males and females, respectively, over a one-month period. The scale, which was developed with both adult and college student
samples, was reported to have concurrent validity against self-rated loneliness, group membership, and marital status. Except for the research conducted in the construction of the scale, there have been no studies reported in which it was used.

Another multidimensional scale was developed by deJong-Gierveld and colleagues (deJong-Gierveld, 1978; deJong-Gierveld & Raadschelders, 1982). Item selection for this scale was based on four hypothesized components of loneliness: (a) type of relationship that is missing, (b) adjustment and defense mechanisms, (c) future time perspective, and (d) ability to resolve loneliness. The scale was administered by interview to a large group of adult men and women in the Netherlands. Factor analysis of the responses produced nine factors which generally corresponded to the hypothesized dimensions. Alpha coefficients ranged from .64 to .87 for the seven factors related to type of relationship missing, time perspective, and ability to resolve loneliness. However, the coefficients for the two factors of adjustment and defense mechanisms were only .47 and .14 respectively. The overall score on the scale correlated only .49 with self-rated loneliness. The scale was used to develop a typology of loneliness (deJong-Gierveld & Raadschelders, 1982). However, the criteria used in arriving at this typology are not clearly described in the article reporting the research. No other studies using this scale have been published as of this time.

Some researchers have expressed concern that use of loneliness scales at this point in the research may be premature. Weiss (1982) has addressed this problem. Although he acknowledges the necessity of
reliable and valid measurement, he cautions that existing scales may measure emotions or thoughts that are related to loneliness but not intrinsic to it. Scores obtained on a loneliness scale may reflect emotions or states other than or in addition to loneliness. Therefore, any correlations obtained between scale scores and other variables may reflect the influence of some condition other than loneliness. Weiss argues that loneliness is an emotional state that either is or is not present, and he suggests that for the present, the best way to measure loneliness may be simply to ask a person how lonely he feels and how often. Once the correlates of this self-perceived state have been identified and explored, then scales can be developed.

There is both clinical and empirical data that supports Weiss's contention that people have subjective sets of feelings and cognitions that, to them, constitute loneliness (e.g. Horowitz et al., 1982; Rubenstein & Shaver, 1982; Sadler & Johnson, 1980). There is also considerable evidence that simply asking people directly about their loneliness produces fairly reliable responses. For example, the UCLA Loneliness scale correlated .70 with self-labeled loneliness in the validation studies (Russell et al., 1980). Paloutzian and Ellison (1982) reported a correlation of .86 between the UCLA Loneliness Scale and total scores on the following three items: "I feel lonely," "I feel emotionally distant from people in general," and "I have felt very lonely during my life" (p. 228). This 3-item scale produced correlations similar to the UCLA scale on other variables studied. In addition, a number of studies have found that directly asking subjects about the duration and frequency of their loneliness does result in a
distribution of responses that are fairly consistent across studies (e. g., Maisel, cited in Weiss, 1973; Paloutzian & Ellison, 1982; Rubenstein & Shaver, 1982; Sermat, 1980).

Summary. To summarize the current status regarding the operationalization and measurement of loneliness, there is a virtual unanimity regarding the essential elements of the construct of loneliness. The important questions at this time are whether there are different types of loneliness within that construct, and what are the intrinsic, essential components of each type. Heretofore, loneliness research and measurement have proceeded as if loneliness were an unidimensional experience that varied simply in intensity. The UCLA Loneliness Scale, which was based on this global approach, has impressive reliability and validity data and has been the standard instrument used in research since its development. There is no comparable instrument which assess different types of loneliness. Although two multidimensional instruments have been published, neither has been demonstrated to be of value. There is also the viewpoint that, for the present, straightforward self-report questionnaires about loneliness may be an appropriate method of assessing loneliness. However, even those who currently conceptualize loneliness as a unidimensional construct recognize the need for future research to take into account the possibility there may be different types of loneliness.
Summary of Research and Rationale for Proposed Study

In a short period of time a substantial and consistent body of data has been amassed on the subject of loneliness. The emphasis has been on refining the construct of loneliness and exploring its relationship to other variables which clinical observation and research have identified as possible antecedent, mediating, or maintaining factors.

Considerable gains have been made in refining the construct of loneliness. One of these is the consensus regarding what constitutes psychological loneliness. Several studies have verified that loneliness is a highly complex and subjective phenomenon with both emotional and cognitive dimensions. But despite this agreement, problems remain in the operationalization and measurement of loneliness. Most researchers to date have taken a global or unidimensional approach to measuring loneliness. The UCLA Loneliness Scale, which is the scale that is most often used, has the possible limitation of assessing only how a person is feeling and thinking with respect to social relationships at the time the instrument is administered. It does not differentiate the types of relationships that are missing; nor does it address how long the person has had these thoughts and feelings. So far, there is no instrument which has been demonstrated to address these dimensions adequately. On the other hand, many theorists have argued that there are different types of loneliness corresponding to the type of relationship missing or to the chronicity of loneliness. In fact, several clinicians and researchers maintain that the dimension of chronicity is what distinguishes
loneliness as a normal response to relationship deficits from a more pathological condition. The few studies which have taken duration of loneliness into account have found evidence that protracted loneliness does have different correlates from brief loneliness. This fact needs to be considered in future research and in any further construction of instruments for measuring loneliness.

In terms of research exploring the correlates of loneliness, the major emphasis has been on emotional, cognitive, and behavioral variables. This research has been guided by both theoretical conceptualizations and by the empirical leads emanating from prior studies.

Many different unpleasant feelings have been found to correlate with loneliness, including depression, anxiety, sadness, and feeling empty, isolated, abandoned, and helpless. Of these findings, the most consistent and scientifically sound are the high correlations of depression and anxiety with loneliness. Although conceptually the other feelings would be considered important components of the loneliness experience, they are themselves highly subjective constructs which can only be measured by direct self-report. Anxiety and depression, on the other hand, are more well defined constructs and they have been assessed with different scientifically acceptable instruments with consistent results. However, one limitation of this research is that it has not addressed the question of states versus traits in assessing anxiety and depression.

With respect to cognitive correlates, the most consistent finding is the correlation between loneliness and low self-esteem.
Self-esteem has been assessed by published scales as well as inferred from statements or attributions made by lonely subjects. The investigation of cognitive correlates has also included causal attributions made for loneliness and the standards of comparison used by lonely people in evaluating their relationships. The findings in these areas have underscored the subjectivity of loneliness but have not been sufficiently consistent to permit confident generalizations.

The research pertaining to behavioral variables has found evidence that loneliness is related to poor conversational skills, inhibited sociability, and deficits in interpersonal problem solving. A possible limitation of all of the behavioral studies is that they are based on laboratory or analogue situations. The generalizability of these findings to real life situations remains to be demonstrated.

There is also research pertaining to demographic and developmental variables. The developmental research is limited but consistent and suggests that loneliness may be related to lack of parental support during childhood. Thus, research tends to support the view that developmental experiences may render one vulnerable to adult loneliness. However, the study which reported the strongest developmental links was based on a newspaper survey which raises questions regarding sampling and generalizability. As for demographic variables, the most consistently reported finding is the negative correlation between loneliness and age. It appears that loneliness is greatest during adolescence and early adulthood and shows a declining pattern with increased age. Some theorists have speculated that this pattern is related to the developmental tasks of early adulthood, while
others have suggested that people become better adjusted or develop more realistic expectations regarding relationships with age and experience. There is not sufficient empirical data to support any conclusion regarding this pattern.

In general, loneliness researchers have avoided premature attempts to prove the merit of one conceptualization of loneliness over another and have taken their explorations wherever the data have led. Consequently, the emphasis has been on exploration and discovery rather than on drawing conclusions or asserting strong theoretical hypotheses. Although a large amount of data are available on the correlates of loneliness, very few studies have attempted to explicate the relationship of those correlates to loneliness. While theorists have speculated that certain factors may predispose one to loneliness while other factors may initiate or maintain loneliness, there has been little systematic attempt to differentiate the role played by the different emotional, cognitive, and behavioral variables which research suggests are linked to loneliness. For example, anxiety, depression, and low self-esteem have consistently been found to be related to loneliness, but there is no empirical basis for determining whether these are antecedent characteristics which predispose one to loneliness, whether they result from the loneliness experience, or whether they simply share a common origin with loneliness.

Another serious omission in existing research is the lack of systematic investigation of the apparently different types of loneliness, particularly chronic and transient loneliness. If these are two different types of experiences, it is logical to expect that
they would have different correlates. If transient loneliness is simply the normal reaction to the occurrence of a relationship deficit, then it would be expected to be associated with situational events and possibly the type of relationship missed. Chronic loneliness would be expected to be associated with a greater frequency, duration, or intensity of predisposing and maintaining variables.

The question of whether these are different types of loneliness must be answered before theoretical development can proceed. Eventually, definitive answers must be sought through well designed, longitudinal studies spanning many years and involving numerous cross validation procedures. But first, exploratory research is needed to provide the preliminary data to justify and guide such time-consuming and expensive research. The research reported here was intended to contribute to this body of preliminary data.

The present study differentiated subjects on the basis of whether they were currently lonely or nonlonely and whether, on the basis of past experience, they perceived their loneliness as chronic or transient. The subjects were compared on the variables of trait anxiety, self-esteem, and depression. It was hypothesized that the current lonely subjects who perceived their loneliness as chronic would have greater trait-anxiety, lower self-esteem, and greater depression than the currently lonely subjects who perceived their loneliness as transient. No a priori predictions were made regarding the currently nonlonely subjects.
Method

Subjects

Students between the ages of 17 through 25 enrolled in undergraduate psychology classes at Louisiana State University participated in this study. They all volunteered for the study by signing their names on a Request for Subjects form posted on the Psychology Department's bulletin board. In exchange for participation they received two points extra class credit. A total of 219 participated, including 141 females and 78 males.

Materials

The variables of interest in this study were assessed by self report instruments, each of which is described below. A copy of each instrument is provided in the Appendix.

Personal History of Loneliness Questionnaire (PHOL). (See Appendix A.) A brief, self-report questionnaire was developed for this study to assess chronic and transient loneliness. The questionnaire contains three groups of descriptive statements which correspond to the categories of chronically lonely, transiently lonely, and never lonely. An independent test-retest reliability study was conducted on this instrument prior to its use in this research. A report of this study is provided in Appendix F. The instrument was found to be reliable, with an agreement rate of 94.4% obtained between the first administration and the second administration two weeks later.

UCLA Loneliness Scale (See Appendix B.) Current loneliness was assessed by the revised UCLA Loneliness Scale (Russell et al., 1980). This is a unidimensional scale consisting of 20 Likert-type
statements pertaining to social relationships. The subject rates how often he or she feels the way described by each statement on a scale ranging from "often" to "never." The scale, which was developed with a college student population, has high internal consistency, with a coefficient alpha of .94 obtained in two independent studies. Several types of validity data are available. The scale correlates .71 with self-labeled loneliness, and in the original version (Russell et al., 1978) discriminated a group of people who volunteered for a loneliness clinic (M = 60.1) from a comparison group of college students (M = 39.1). It has been found to correlate significantly with conceptually related emotional states such as anxiety, depression, feeling abandoned, emptiness, hopelessness, and feeling isolated, self-enclosed, and dissatisfied. It does not correlate significantly with conceptually unrelated states such as feeling creative, embarrassed, sensitive, surprised, or thoughtful. In terms of normative data, the authors of the revised scale reported the means for two samples. For Sample 1 the mean was 30 for males and 31 for females. For Sample 2, the means were 37 and 36 for males and females respectively. (Russell et al., 1980). This is the most extensively used scale in loneliness research.

Spielberger State-Trait Anxiety Inventory. (See Appendix C.)

Anxiety was assessed with the Trait Anxiety Scale (TAS) of the Spielberger State-Trait Anxiety Inventory (Spielberger, 1983). The TAS has an alpha coefficient of .91 for working adults, .90 for male college students, and .91 for female college students. Test-retest reliability is high with reported correlations of .86 and .76 for males
and females, respectively, after 20 days, and .73 and .77 after 104 days. Validity data indicate that the TAS differentiates between normal subjects, neuropsychiatric subjects, character disorder groups, and medical and surgical patients. Among medical and surgical patients, it discriminates between those with and without psychiatric complications. Correlations with other measures of trait anxiety are high. For example, it correlates .75 for females and .76 for males with scores on the IPAT Anxiety Scale (Cattell & Scheier, 1963), and for the Taylor Manifest Anxiety Scale (Taylor, 1953), the correlations are .80 for females and .79 for males.

According to the manual, normative data for college student was collected from a sample of 324 male and 531 females. For males, the mean is 36.47 with a standard deviation of 10.02. For females, the mean is 38.76 and the standard deviation is 11.95.

Beck Depression Inventory (BDI). (See Appendix D.) Depression was assessed with the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). The BDI, which is a state measure of depression, consists of 21 categories of symptoms and attitudes describing a specific manifestation of depression. Each category consists of a graded series of four to five self-evaluative statements ranked according to the severity of the symptom. The instrument was developed on a sample of patients drawn from routine admissions to both the outpatient and inpatient departments of two hospitals. The patients were diagnosed and rated for depth of depression by four experienced psychiatrists. The judges were in agreement regarding depth of depression within one point on a 4-point scale in 97% of the
cases. The odd-even split-half reliability, with a Spearman-Brown correction, was .93 in the developmental study. Two validation studies were reported by Beck et al. (1961). In both studies, the judges' ratings of depth of depression was collapsed into depressed and non-depressed categories. The biserial correlation between these categories and scores on the BDI was .65 for one sample and .67 for the other. The BDI also discriminated between depressed and nondepressed groups in 88% of the cases in one study and 91% of the cases in the other. In the developmental study, the means and standard deviations corresponding to rated depth of depression were as follows:

- nondepressed, \( M = 10.9, \ SD = 8.1 \)
- mildly depressed, \( M = 18.7, \ SD = 10.2 \)
- moderately depressed, \( M = 25.4, \ SD = 9.6 \)
- severely depressed, \( M = 30.0, \ SD = 10.6 \)

Similar descriptive data have been reported in subsequent studies (e.g. Beck, 1967; Beck, Rush, Shaw & Emery, 1979).

**Tennessee Self Concept Scale (TSCS).** (See Appendix E.)

Self-esteem was assessed by the Tennessee Self Concept Scale (Fitts, 1964). This scale consists of 100 self description items. Responses are made on a Likert-type scale ranging from "completely false" to "completely true." The Clinical Research Form of the test was administered. Although the TSCS has many subtests, only the Total Positive Score (P Score), which is an overall measure of self-esteem, was used in this study. According to the manual, the TSCS was normed on a sample of 626 people ranging in age from 12 to 69 years. The mean of this sample on the P Score was 345.57, with a standard deviation of 30.70. Test-retest reliability on the P Score was .92 over a two week period. Fitts (1964) also reported a "remarkable similarity in profile
patterns found through repeated measures of the same individual over long periods of time" (p. 15). The TSCS has been criticized for its inadequate manual, questionable discriminant validity, and use of multiple subtest scores (Buros, 1972). However, Suinn, reviewing for Buros, concluded, "The TSCS ranks among the better measures combining group discrimination with self concept information" (p. 152).

Procedure
The instruments were administered during 1½ hour sessions scheduled throughout the day over a period of five consecutive days. Each subject was tested in one of the six small experiment rooms located in the basement of Audubon Hall, Louisiana State University.

The subjects reported for the study at scheduled times and each was given a packet of materials and instructed to complete them in accordance with the instructions printed on each form. The materials were arranged in the following order: UCLA Scale, PHOL, TAS, BDI, and the TSCS. A total of 219 packets were obtained, but one was discarded due to incomplete data.

Each instrument was scored in accordance with standard instructions for that test.

Statistical Analysis
Subjects were classified on the basis of the PHOL and the median split in UCLA scores into four groups reflecting PHOL category (chronic, transient, or never) and current loneliness status (lonely or nonlonely). They were classified as follows: chronic-lonely, transient-lonely, transient-nonlonely, and never lonely.
A univariate analysis of variance (ANOVA) using unequal cell sizes was used to determine whether significant differences existed between the groups on each of the dependent variables: anxiety, depression and self-esteem. A bidirectional test of hypotheses was made using the .05 level of probability as the criterion for accepting the null hypothesis of no differences between the groups. For post-ANOVA analysis, the Tukey's Studentized Range Test (HSD), which compares each group with every other group, was used to determine which group means were significantly different from each other. Standard SAS (SAS Institute, 1979) procedures were used in computing the ANOVA and the Tukey tests.

Two post hoc comparisons were conducted.

A univariate analysis of variance (ANOVA) using unequal cell sizes was used to determine whether there were significant differences between the groups on the variable of current loneliness. A bidirectional test of hypothesis was made using the .05 level of probability as the criterion for accepting the null hypothesis of no differences between the groups. For post-ANOVA analysis, the Tukey's Studentized Range Test (HSD), which compares each group with every other group, was used to determine which group means were significantly different from each other. Standard SAS (SAS Institute, 1979) procedures were used in computing the ANOVA and the Tukey tests.

A second post hoc comparison was conducted for the chronic-lonely and the transient-lonely groups to determine whether obtained differences on the dependent variables were independent of severity of current loneliness. For these comparisons, subjects were classified
according to type (chronic or transient) and degree of current loneliness (moderate or high). Subjects having scores within one standard deviation of the mean on the UCLA were classified as moderately lonely and those with scores above one standard deviation were classified as highly lonely. A 2 (moderate vs high lonely) x 2 (chronic vs transient) ANOVA was computed for each of the dependent variables. The fixed effects model with unequal cell sizes was used. A bidirectional test of hypothesis was made using the .05 probability level as the criterion for accepting the null hypothesis of no difference between the groups.

Results

Subjects were classified on the basis of the PHOL and the median split (Mdn. = 36) in UCLA scores into four groups reflecting type of loneliness (chronic, transient, or never) and current loneliness status (lonely or nonlonely). All subjects classified as chronic on the PHOL also had UCLA scores above the median. This group was classified as chronic-lonely. The transient category on the basis of the PHOL contained both lonely and nonlonely on UCLA, resulting in two groups designated as transient-lonely and transient-nonlonely. In the never category of the PHOL, all subjects scored below the median on the UCLA. Thus this group was classified never lonely. Table 1 shows the number and percent of the total sample in each group.

These four groups were compared on the dependent variables of anxiety as measured by the Trait Anxiety Scale (TAS), self-esteem as measured by the Tennessee Self Concept Scale (TSCS), and depression as
measured by the Beck Depression Inventory (BDI). Table 2 presents the means and standard deviations for each group on these variables.

On the variable of trait anxiety, the research hypothesis was supported. The analysis of variance indicated a significant difference between groups, $F(3,214) = 40.19, p < .0001$, and post-ANOVA comparisons indicated that, with one exception, each group differed significantly ($p < .05$) from every other group. The exception was that the transient-nonlonely did not differ from the never-lonely.

On the variable of self-esteem, the research hypothesis was not supported. Analysis of variance yielded significant differences between groups, $F(3,214) = 39.62, p < .0001$, but post-ANOVA comparisons indicated that the chronic-lonely and the transient-lonely did not differ significantly from each other although they did differ significantly ($p < .05$) from the transient-nonlonely and the never lonely. The transient-nonlonely and the never lonely were significantly different from each other and from every other group.

On the variable of depression, the research hypothesis was supported. Analysis of variance indicated a significant difference between groups, $F (3,214) = 20.46 \ p < .0001$, and post-ANOVA comparisons revealed that each group differed significantly from each other except for the transently-lonely and the never-lonely which did not differ significantly from each other.

Two post hoc comparisons were conducted to assess the possibility that the differences obtained in this study were due to differences in severity of current loneliness.
Table 1

Subject Classification by Personal History of Loneliness (PHOL)\textsuperscript{a} and Current Loneliness\textsuperscript{b}

<table>
<thead>
<tr>
<th>History of Loneliness\textsuperscript{a}</th>
<th>Currently Lonely\textsuperscript{b}</th>
<th>Currently Nonlonely\textsuperscript{b}</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Chronic</td>
<td>23</td>
<td>10.6</td>
<td>0</td>
</tr>
<tr>
<td>Transient</td>
<td>85</td>
<td>39.0</td>
<td>101</td>
</tr>
<tr>
<td>Never</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>108</td>
<td>49.6</td>
<td>110</td>
</tr>
</tbody>
</table>

\textsuperscript{a}Based on PHOL on which subjects classified themselves as Chronically Lonely, Transiently Lonely or Never Lonely.

\textsuperscript{b}Based on median split of scores on the UCLA Loneliness Scale. (Mdn. = 36).
Table 2
Means and Standard Deviations of Groups on Trait Anxiety, Depression and Self-Esteem

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Trait Anxiety (TAS)</th>
<th>Self-Esteem (TSCS)</th>
<th>Depression (BDI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic-Lonely</td>
<td>23</td>
<td>53.52 7.0</td>
<td>312 28.19</td>
<td>15.83 7.9</td>
</tr>
<tr>
<td>Transient-Lonely</td>
<td>85</td>
<td>43.5 8.36</td>
<td>324 29.13</td>
<td>8.91 6.6</td>
</tr>
<tr>
<td>Transient-Nonlonely</td>
<td>101</td>
<td>36.50 7.61</td>
<td>358 27.45</td>
<td>6.0 4.60</td>
</tr>
<tr>
<td>Never Lonely</td>
<td>9</td>
<td>29.66 5.33</td>
<td>390 27.02</td>
<td>3.2 3.11</td>
</tr>
</tbody>
</table>

\(^{a}N=218\)
The first was an ANOVA for severity of current loneliness which yielded a significant difference between groups, $F(3,214) = 137.90, p < .0001$. Post-ANOVA comparisons indicated that each group differed significantly ($p < .05$) from every other group with one exception, namely, that the transient-nonlonely did not differ from the never lonely.

Because the chronic-lonely and transient-lonely groups were found to differ in the severity of current loneliness, a second post hoc comparison was conducted to test whether the differences in the dependent variables found between these groups were due to type of loneliness history or to severity of current loneliness. Subjects in both the chronic-lonely and transient-lonely groups were classified as moderately lonely or highly lonely on the basis of whether their UCLA scores fell within one standard deviation of the mean for the total sample ($M = 36; SD = 9$), or above one standard deviation. In the chronic-lonely group there were 13 who were highly lonely ($M = 55.54$) and 10 who were moderately lonely ($M = 40.20$). In the transient-lonely group there were 19 who were highly lonely ($M = 50.68$ and 53 who were moderately lonely ($M = 40.25$). A $2 \times (\text{moderate vs high loneliness}) \times 2$ (Chronic vs Transient) ANOVA was computed for each of the dependent variables. Table 3 presents the means for each group on each of the dependent variables.
Table 3

Group Means on Trait Anxiety, Self-Esteem and Depression for Post Hoc Comparisons

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Trait Anxiety (TAS)</th>
<th>Self-Esteem (TSCS)</th>
<th>Depression (BDI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Lonely</td>
<td>13</td>
<td>56.86</td>
<td>300</td>
<td>17.92</td>
</tr>
<tr>
<td>Mod. Lonely</td>
<td>10</td>
<td>49.20</td>
<td>327</td>
<td>13.10</td>
</tr>
<tr>
<td>Transient&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Lonely</td>
<td>19</td>
<td>45.63</td>
<td>311</td>
<td>11.16</td>
</tr>
<tr>
<td>Mod. Lonely</td>
<td>53</td>
<td>43.19</td>
<td>326</td>
<td>8.83</td>
</tr>
</tbody>
</table>

<sup>a</sup> N = 23

<sup>b</sup> N = 72

The post hoc ANOVA for the variable of anxiety yielded a significant main effect for current loneliness, $F(1,91) = 6.08, p < .01$, and for the chronic vs transient factor, $F(1,91) = 17.73, p < .0001$. The interaction was not significant.

For the variable of self-esteem, there was a significant main effect for current loneliness, $F(1, 91) = 9.57, p < .003$, but not for loneliness history, $F(1, 91) = .68, p < .49$. There was no significant interaction.

For the variable of depression, the post hoc ANOVA yielded a significant main effect for current loneliness, $F(1, 91) = 4.06, p <$
.05, and for chronic vs transient, \( F(1, 91) = 9.66, p < .0025 \). The interaction was not significant.

Discussion

This research was a preliminary effort to explore whether chronic and transient loneliness represent two different types of loneliness. It sought to determine whether chronic and transient are meaningful research distinctions and to provide data to guide future research. To do this, the study differentiated people who reported chronic loneliness from those who reported transient or no experience of loneliness and compared them on the characteristics of trait anxiety, self-esteem, and depression. These characteristics were selected because of the consistency with which previous research has found them to be associated with loneliness.

In the present study, slightly more than 10% of the subjects reported they considered loneliness to be a continuous problem for them, while some 85% indicated they had been lonely in the past but regarded these experiences as transient. Approximately 5% categorized themselves as never lonely.

These results are comparable to results obtained in survey studies in which respondents indicated whether they felt lonely most of the time, sometimes, or never (e.g. Rubenstein & Shaver, 1980; Sermat, 1980). Findings on chronic loneliness are similar to the results reported by Cutrona (1982) who found 12% of a college student sample to be lonely, at the beginning, middle and end of the school year. Thus,
the present study provides further evidence that a substantial number of people experience loneliness almost continuously.

The present study also found strong evidence that chronically lonely people differ from those who are transiently lonely or have never been lonely on the characteristics of trait anxiety, self-esteem, and depression.

**Trait Anxiety**

On the variable of trait anxiety, the chronic-lonely was significantly higher than the transient-lonely, and both these groups were significantly higher than each of the two nonlonely groups (the transient-nonlonely and the never lonely). The nonlonely groups did not differ from each other. Thus, it appears that higher trait anxiety is associated with both chronicity of loneliness and severity of loneliness.

The finding that chronically lonely individuals are higher in trait anxiety is plausible within the context of state-trait anxiety theory (Spielberger, 1983). Trait anxiety research indicates that people high in trait anxiety are likely to experience more state anxiety in interpersonal situations than individuals low in trait anxiety (Spielberger, 1983). Since state anxiety has a disruptive and inhibiting effect on social behavior, it would be reasonable to expect that people high in trait anxiety would have greater difficulty in establishing satisfying relationships and, therefore, would be more vulnerable to frequent and prolonged loneliness.

Thus, the results of this study provide support for the viewpoint that trait anxiety is an individual characteristic which
predisposes one to chronic loneliness. However, additional information is needed before the relationship between that anxiety and loneliness is understood. For example, although higher levels of trait anxiety are associated with both higher levels of loneliness and with chronicity of loneliness, the source or direction of influence is not known. It is possible that higher levels of trait anxiety interact with other cognitive and emotional factors to intensify the subjective experience of loneliness. It is also possible that the aversive experience of severe loneliness or repeated loneliness could influence one's expectations in such a way as to increase trait anxiety. Thus, the higher trait anxiety of chronically lonely individuals may be the product of repeated experiences of state anxiety and other aversive experiences resulting from unsatisfying or distressing social and interpersonal situations. In this manner, chronic loneliness and trait anxiety may share common origins, namely a history of distressing interpersonal situations, and may continue to interact in a mutually maintaining fashion. This type of interaction was first suggested by Sullivan (1953). More recently, Rubenstein and Shaver (1980) and Weiss (1973) have suggested that disturbances in attachment relationships may predispose one to both anxiety and to loneliness as adults. The theories of loneliness offered by Jones (1982) and by Peplau (Peplau & Perlman, 1982; Peplau, et. al., 1979) are also based on the assumption that distressing and unsatisfying social relationships are learning experiences that create expectations of failure, rejection or discomfort, which in turn increase both anxiety and the probability of loneliness.
Although the present research sheds little additional light on the direction of influence between loneliness and trait anxiety, it does suggest that chronically lonely individuals differ from transiently lonely individuals in this characteristic. Future investigations should take into account both the frequency and duration of loneliness as well as the severity of loneliness. The direction of influence between loneliness and trait anxiety is a major question that must be addressed.

**Self-Esteem**

On the variable of self-esteem, the chronic-lonely and the transient-lonely did not differ, but both groups showed significantly lower self-esteem than the transient-nonlonely and the never lonely. The transient-nonlonely also had lower self-esteem than the never lonely. This was the only dependent variable in this study on which the two nonlonely groups differed.

The significant difference found between the lonely and the nonlonely groups is consistent with previous research (e.g., Jones et al., 1981; Louck, 1980; Russell et al., 1978; Russell et al., 1980). However, the question of concern was whether chronically lonely differ in self-esteem from transiently lonely. In this study, they did not. Instead, differences in self-esteem appeared to be related to whether one was currently lonely or had ever been lonely.

The finding that chronic and transient loneliness did not differ is not consistent with the one other study which investigated chronic loneliness in college students (Cutrona, 1982). Although that study did not address self-esteem directly, it found that students who
remained lonely throughout the year attributed their loneliness to internal negative personal characteristics more often than students who were initially lonely but overcame their loneliness during the year. The inconsistencies between that study and the present one may be due to differences in design and the methods of assessing both chronic loneliness and self-esteem. In the present study, loneliness was classified as chronic or transient on the basis of self-report, whereas the previous study assessed loneliness with the UCLA scale at three different points in time. Also, in the previous study self-esteem was inferred from attributions while the present study used a self-report measure of self-esteem.

An important issue within loneliness research is whether low self-esteem is an antecedent characteristic which predisposes one to loneliness or a consequence of the aversive experiences of being lonely (cf. Jones, 1982; Peplau et al., 1982). If low self-esteem is considered to be a predisposing characteristic which interferes with initiating or maintaining satisfying social relationships, then it is logical to assume that people with low self-esteem would have more frequent or prolonged loneliness. Thus, chronically lonely individuals would be likely to have lower self-esteem than those who are transiently lonely. On the other hand, if loneliness decreases one's sense of self-worth, then self-esteem would be expected to vary with the frequency, duration, or severity of current loneliness. Even so, unless the effect on self-esteem is temporary, a state effect, people who experience frequent or prolonged loneliness would be expected to have lower self-esteem than those who are lonely occasionally.
If the effect of loneliness on self-esteem is a state effect, or if self-criticism or dissatisfaction with self is an intrinsic characteristic of loneliness, then levels of self-esteem should vary only with presence of, and possibly, the degree of, current loneliness. In the present study, both the principal analysis and the post hoc comparisons found lower self-esteem to be associated with the presence and severity of loneliness but not the chronicity. These results provide support for considering reductions in self-esteem to be associated with the state of loneliness. Future investigations need to confirm this association and explore the nature of the relationship between being lonely and experiencing reduced feelings of self-worth.

The finding that people who reported they have never been lonely had significantly higher self-esteem than those in the other nonlonely group raises a number of questions. Previous research has not compared lonely and never lonely individuals; therefore, little is known about people who report they have never been lonely, except that they comprise approximately 5% of the population (Sermat, 1980). In the present study, the subjects in the never lonely group were low in trait anxiety and had virtually no depression. On these characteristics they were no different from people who said they had been lonely in the past but were not lonely at the time. It is possible that people who are never lonely are very well adjusted individuals who have realistic expectations for relationships and no difficulty establishing or maintaining satisfying relationships. On the other hand, there are many other possible explanations, including the possibility that these results are due to the influence of social
desirability. Persons with a strong need to present a favorable image may deny being lonely and rate both their social relationships and their self-perceptions very positively. Future comparisons of the never lonely with the lonely are needed in order to validate this finding.

To summarize with respect to the variable of self-esteem, the present study provides additional evidence that loneliness and level of self-esteem are related. It did not find differences between chronic and transient loneliness, but it did find strong evidence that lower self-esteem is related to the presence and severity of current loneliness. It also found that individuals who report they have never been lonely had higher self-esteem than any other group. Further research is needed to establish the validity of these findings.

Even though this study did not find differences in self-esteem between chronic and transient loneliness, it cannot be concluded that there are no differences due to the relatively normal population and gross measure of chronic loneliness. Future research needs to continue to investigate this question. Recommendations include the use of more objective criteria for classifying people as chronically or transiently lonely as well as improved methods of assessing self-esteem. Longitudinal designs which assess changes in both self-esteem and loneliness are also recommended.

Depression

Depression was the final variable studied. The chronic-lonely were significantly more depressed than the transient-lonely, and both these groups showed greater depression than the two nonlonely groups.
The two nonlonely groups did not differ. On the face of it, the data suggest that depression is associated with both the degree and the chronicity of loneliness, with people who perceive their loneliness as chronic being more depressed. However, a comparison of group means to normative data on the Beck Depression Inventory (BDI; Beck et al., 1961) revealed that the actual level of depression was insignificant for every group except the chronically lonely which had a mild level of depression. Further confirmation of this was found when the chronic-lonely and transient-lonely groups were divided into moderately lonely and highly lonely classifications for post hoc analysis. Neither the moderately lonely nor the highly lonely subjects in the transient category were depressed. However, in the chronic category, the mean for the highly lonely group was virtually the same as the mean for mild depression reported by Beck (1961), and the mean for the moderately lonely group was about one-half of a standard deviation below that.

It is difficult to compare the level of depression in the present study to that of other research with lonely subjects because previous authors have reported only the correlations between loneliness and depression and not the descriptive data (cf. Hojat, 1982b; Russell et al., 1978; Russell et al., 1980; Weeks et al., 1980). Since most of these previous studies have involved college students, it is unlikely the samples have been very depressed. Nevertheless, the lack of data on the actual level of depression creates problems in making comparisons and also calls into question the basis for the often stated assumption that severe loneliness is associated with depression.
The results of the present study suggest that even though the state of loneliness is associated with depression, the level of depression may not be clinically significant for most lonely people. In this study, only those reporting chronic loneliness had mild to moderate depression which suggests the possibility that the previously obtained high correlations may have been due to the presence of lonely subjects who perceived their loneliness as chronic.

There are several logical explanations why depression might be associated with chronic loneliness. One such explanation is that chronically lonely people are depressed because deficits in satisfying social relationships result in reduced levels of positive reinforcement. Another possible explanation is that the presence of depression leads to the pessimistic cognitive distortion that loneliness is a never-ending problem. The Beck inventory is a state measure of depression; in other words, it is highly sensitive to fluctuations in level of depression. The individuals who placed themselves in the chronically lonely category may simply have been lonely people who were situationally depressed. Each of these possibilities need to be investigated.

Although the results of the present study need to be validated by further research before specific hypotheses can be formulated, the present findings are important in that they demonstrate the importance of considering and reporting the actual level of depression among the samples studied. This study also suggests that it is important to distinguish between individuals reporting chronic and transient loneliness when investigating the relationship between loneliness and
depression. It is also important to obtain objective verification of chronic loneliness as this could be very helpful in determining whether prolonged or frequent loneliness produces depression or whether depression causes a negative or pessimistic evaluation of one's condition.

Limitations of the Present Study

A major limitation of this study is that subjects were defined as chronically lonely and transiently lonely only on the basis of self report. There is no way of knowing to what extent subjects had the same referent experiences in mind as they assigned themselves to one category or another. Furthermore, no objective data were obtained to support or verify their experience, so it cannot be concluded that everyone who reported chronic loneliness actually has had more frequent or continuous loneliness or that those labeling themselves as transient have had less loneliness. Other factors may have been present which influenced perceptions of past loneliness in a negative or positive direction. Consequently, generalizations are applicable only to those who report loneliness to be a continuous or transient problem. Although it is difficult to identify lonely people except by self-report, future investigations of chronic loneliness must address the problem of objective verification. One approach would be to obtain subjects who have a priori identified themselves as frequently lonely or in need of social contact. Potential sources of such subjects include university counseling centers, mental health outpatient clinic, and telephone counseling services. Another approach would be development of more finely-tuned behavioral-descriptive measures.
The generalizability of the results is also limited with respect to age. The sample from which the results were obtained consisted of college students ranging in age from 18 to 25. Previous research has found current loneliness to be more prevalent among this age group (Parlee, 1979; Rubenstein & Shaver, 1982). Future investigations of chronic and transient loneliness needs to be systematically directed toward all groups. Chronic loneliness in young adults may have different situational and personal correlates than chronic loneliness in middle age or old age.

Another limitation of this study is that the research design did not provide adequate controls for the influence of severity of current loneliness. The median split on UCLA scores was the criterion for assigning individuals to a lonely or nonlonely group. Everyone in the chronic category on the PHOL had scores above the median and were therefore classified as lonely. In the transient category on the PHOL there were both lonely and nonlonely individuals. By definition, both the chronic-lonely and the transient-lonely had scores above the median on the UCLA. However, post hoc analysis of these two groups indicated that the chronic-lonely had significantly greater current loneliness than the transient-lonely. This raises the question of whether the differences found between the chronic and transient lonely groups are a function of the chronic versus transient status or whether they are due to differences in severity of loneliness. Future research pertaining to chronic and transient loneliness must control for the severity of current loneliness if it is to be interpretable.
One final limitation needs to be recognized. There may be important interactions between anxiety, self-esteem, and depression as they relate to loneliness. However, this study did not attempt to explore those interactions. This was a study to determine whether or not chronic and transient loneliness are meaningful distinctions to make in loneliness research, and attempts to unravel the complex relationships between correlates of chronic and transient loneliness would be premature at this time.

Conclusions

The results of this study confirm that it is important for loneliness researchers to distinguish between chronic and transient loneliness. The chronically and transiently lonely groups in this study differed on the two important characteristics of anxiety and depression. Chronically lonely people appear to have higher levels of trait anxiety and are more likely to be mildly to moderately depressed than transiently lonely individuals. The study also found strong evidence that chronically and transiently lonely people do not differ on self-esteem, but that the state of being currently lonely may be associated with reduced self-esteem. Finally, the results of this study suggested that it may be important to investigate differences between people who report loneliness and those who report they have never been lonely.

These results provide strong support for the conclusion that there are two different types of loneliness and point clearly to the need for systematic investigation of the experiences, emotions, and
cognitions associated with chronic and transient loneliness experiences. A comprehensive and scientific theory of loneliness must encompass and explain the fact that approximately 10% of the lonely people identify themselves as chronically lonely and differ in significant features from people who identify themselves as transiently lonely.
References


APPENDIX A

Personal History of Loneliness Questionnaire
Please provide the following information: Age ____  Sex ____

Please think about your own past experience with loneliness very carefully and decide which of the following descriptions is most similar to your own personal history of loneliness. Place and "X" on the line beside the description that best fits you.

During the past year or more, I have felt lonely often or most of the time. Regardless of how others may see me, inside myself I feel like loneliness is a continuing problem for me.

During the past year or more, there have been one or more times when I felt lonely, but these periods of loneliness have always passed after a while. Although I have felt lonely at times and may even feel lonely now, I do not consider loneliness to be a continuous problem for me.

I cannot remember a time when I felt lonely.
APPENDIX B

UCLA Loneliness Scale
UCLA Scale

DIRECTIONS: Indicate how often you feel the way described in each of the following statements. Circle one number for each.

<table>
<thead>
<tr>
<th>Statement</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>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I lack companionship</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. There is no one I can turn to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I do not feel alone.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I feel part of a group of friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I have a lot in common with people around me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I am no longer close to anyone.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. My interests and ideas are not shared by those around me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I am an outgoing person.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. There are people I feel close to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. I feel left out.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. My social relationships are superficial.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. No one really knows me well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. I feel isolated from others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. I can find companionship when I want it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. There are people who really understand me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. I am unhappy being so withdrawn.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. People are around me but not with me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. There are people I can talk to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. There are people I can turn to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
APPENDIX C

Spielberger State-Trait Anxiety Inventory
Self Evaluation Questionnaire

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you GENERALLY FEEL. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

1. I feel pleasant ............................................. 1 2 3 4
2. I feel nervous and restless .......................... 1 2 3 4
3. I feel satisfied with myself ......................... 1 2 3 4
4. I wish I could be as happy as others seem to be. 1 2 3 4
5. I feel like a failure ...................................... 1 2 3 4
6. I feel rested ............................................... 1 2 3 4
7. I am "calm, cool, and collected" .................. 1 2 3 4
8. I feel that difficulties are piling up so that I cannot overcome them ............................. 1 2 3 4
9. I worry too much over something that really doesn't matter... 1 2 3 4
10. I am happy .............................................. 1 2 3 4
11. I have disturbing thoughts ......................... 1 2 3 4
12. I lack self-confidence ................................. 1 2 3 4
13. I feel secure ............................................ 1 2 3 4
14. I make decisions easily ............................. 1 2 3 4
15. I feel inadequate ....................................... 1 2 3 4
16. I am content ............................................ 1 2 3 4
17. Some unimportant thought runs through my mind and bothers me. 1 2 3 4
18. I take disappointments so keenly that I can't put them out of my mind .......................... 1 2 3 4
19. I am a steady person .................................. 1 2 3 4
20. I get in a state of tension or turmoil as I think over my recent concerns and interests ........... 1 2 3 4

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APPENDIX D

Beck Depression Inventory
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These consist of pages:

103-104

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Microfilms
International
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APPENDIX E

Tennessee Self-Concept Scale
**TSCS**

**DIRECTIONS:** The following statements are to help you describe yourself as you see yourself. Please respond to them as if you were describing yourself to yourself. Do not omit any item. Indicate your answer by circling the number under the heading which is most applicable.

<table>
<thead>
<tr>
<th></th>
<th>Completely False</th>
<th>Mostly False</th>
<th>Mostly True</th>
<th>Completely True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have a healthy body.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I like to look nice and neat all the time.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>3. I am an attractive person.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>4. I am full of aches and pains.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>5. I consider myself a sloppy person.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>6. I am a sick person.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>7. I am neither too fat nor too thin.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>8. I am neither too tall nor too short.</td>
<td>1</td>
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<tr>
<td>9. I like my looks just the way they are.</td>
<td>1</td>
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<tr>
<td>10. I don't feel as well as I should.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>11. I would like to change some parts of my body.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>12. I should have more sex appeal.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>13. I take good care of myself physically.</td>
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<tr>
<td>14. I feel good most of the time.</td>
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<td>15. I try to be careful about my appearance.</td>
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<tr>
<td>16. I do poorly in sports and games.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>17. I often act like I am &quot;all thumbs.&quot;</td>
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<tr>
<td>18. I am a poor sleeper.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>19. I am a decent sort of person.</td>
<td>1</td>
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<tr>
<td>20. I am a religious person.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>21. I am an honest person.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>22. I am a moral failure.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>23. I am a bad person.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>24. I am a morally weak person.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

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<tbody>
<tr>
<td>25. I am satisfied with my moral behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>26. I am as religious as I want to be</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>27. I am satisfied with my relationship to God</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>28. I wish I could be more trustworthy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>29. I ought to go to church more often</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>30. I shouldn't tell so many lies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>31. I am true to my religion in my everyday life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>32. I do what is right most of the time</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>33. I try to change when I know I'm doing things that are wrong</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>34. I sometimes use unfair means to get ahead</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>35. I sometimes do very bad things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>36. I have trouble doing the things that are right</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>37. I am a cheerful person</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>38. I have a lot of self control</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>39. I am a calm and easy going person</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>40. I am a hateful person</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>41. I am a nobody</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>42. I am losing my mind</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>43. I am satisfied to be just what I am</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>44. I am as smart as I want to be</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>45. I am just as nice as I should be</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>46. I am not the person I would like to be</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>47. I despise myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>48. I wish I didn't give up as easily as I do</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>49. I can always take care of myself in any situation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>50. I solve my problems quite easily</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Statement</td>
<td>Completely True</td>
<td>Mostly True &amp; False</td>
<td>Mostly False</td>
<td>Completely False</td>
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<tr>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>51. I take the blame for things without getting mad.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>52. I change my mind a lot.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>53. I do things without thinking about them first.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>54. I try to run away from my problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>55. I have a family that would always help me in any kind of trouble.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>56. I am an important person to my friends and family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>57. I am a member of a happy family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>58. I am not loved by my family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>59. My friends have no confidence in me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>60. I feel that my family doesn't trust me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>61. I am satisfied with my family relationships.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>62. I treat my parents as well as I should (Use past tense if parents are not living.).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>63. I understand my family as well as I should.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>64. I am too sensitive to things my family say.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>65. I should trust my family more.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>66. I should love my family more.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>67. I try to play fair with my friends and family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>68. I do my share of work at home.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>69. I take a real interest in my family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>70. I quarrel with my family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>71. I give in to my parents (Use past tense if parents are not living.).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>72. I do not act like my family thinks I should.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>73. I am a friendly person.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>74. I am popular with women.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>75. I am popular with men.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>76. I am mad at the whole world.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>77. I am not interested in what other people do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>78. I am hard to be friendly with.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>79. I am as sociable as I want to be.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>80. I am satisfied with the way I treat other people.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>81. I try to please others, but I don't overdo it.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>82. I should be more polite to others.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>83. I am no good at all from a social standpoint.</td>
<td>1</td>
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</tr>
<tr>
<td>84. I ought to get along better with other people.</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>85. I try to understand the other fellow's point of view.</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>86. I see good points in all the people I meet.</td>
<td>1</td>
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</tr>
<tr>
<td>87. I get along well with other people.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>88. I do not feel at ease with other people.</td>
<td>1</td>
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<tr>
<td>89. I do not forgive others easily.</td>
<td>1</td>
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<tr>
<td>90. I find it hard to talk with strangers.</td>
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<tr>
<td>91. I do not always tell the truth.</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>92. Once in a while I think of things too bad to talk about...</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>93. I get angry sometimes.</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>94. Sometimes, when I am not feeling well, I am cross.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>95. I do not like everyone I know.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>96. I gossip a little at times.</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>97. Once in a while, I laugh at a dirty joke.</td>
<td>1</td>
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</tr>
<tr>
<td>98. At times I feel like swearing.</td>
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<td>4</td>
</tr>
<tr>
<td>99. I would rather win than lose in a game.</td>
<td>1</td>
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<tr>
<td>100. Once in a while I put off until tomorrow what I ought to do today.</td>
<td>1</td>
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APPENDIX F

Reliability Study for Two Measures of Chronic and Transient Loneliness
Many loneliness researchers believe there are individuals for whom loneliness is a repetitive or ongoing problem and that these individuals differ from the occasionally lonely person in ways that are clinically significant as well as important to an understanding of loneliness (e.g. Cutrona, 1982; Jones, 1982; Young, 1982). However, at the present time, there is no instrument which adequately assesses the dimension of chronicity in loneliness. Some method of identifying individuals who believe loneliness is a chronic or continuing problem in their lives is needed in order for research to proceed. To be of maximum usefulness, any method or instrument developed for this purpose needs to be reliable, efficient to administer, and valid.

The purpose of the present research was to develop two instruments and compare them for their ability to meet these conditions.

Method

Subjects

The subjects were 126 students in a large introductory psychology class who volunteered to participate for extra credit.

Instruments

One instrument was an adaptation of the Abbreviated Loneliness Scale (ABLS) developed by Paloutzian and Ellison (1982). This scale was selected because of its brevity and because the content of its items are straightforward and relate to both cognitive and emotional satisfaction with relationships. In adaptation, the instructions were
changed so that the respondent was asked to base his or her answers on the past two years rather than the present. In addition, one item, "I have felt lonely during my life," was omitted because of the possibility that it would be confusing to try to answer under the altered instructions and redundant with another item, "I have felt lonely." The adapted scale contained six items. A copy of this scale, labeled ABLS-2, is presented in Appendix A.

A second instrument entitled the Personal History of Loneliness Questionnaire (PHOL) was developed by the author. The approach taken in selecting the content of the instrument was to ask for direct, subjective self-report regarding one's past experience with loneliness over the past year or more. This approach has been recommended by Weiss (1982) who argues that since loneliness is a subjective emotional state that either is or is not present, the best way to assess it is to ask a person how lonely he feels and how often. Weiss advocates using this approach until the correlates of loneliness have been identified and explored. Three statements were formulated which correspond to the conditions of chronic loneliness, transient loneliness and never lonely. The instructions asked the respondent to reflect over his or her past experiences with loneliness and to indicate which descriptive statement is more similar to his or her own experience. A copy of the instrument is presented in Appendix B.

The UCLA Loneliness Scale (UCLA) was used to obtain a measure of the extent to which each of the new instruments was correlated with current loneliness.
Procedure

The three instruments were compiled into a packet in the following order: UCLA Scale, ABLS-2, and the PHOL. They were administered on two occasions 14 days apart. On both occasions they were administered at the beginning of a regularly scheduled class period. Participants were requested to place their student identification numbers on the front of each packet of materials and these numbers were used to match the tests. A total of 108 completed test-retest pairs were obtained, but one subject did not complete the PHOL on both occasions. This resulted in 107 test-retest comparisons for the PHOL.

The UCLA was scored according to the standard instructions for the instrument. The ABLS-2, which is a Likert-type instrument, was scored by summing the weights across all items. For the PHOL, numerical labels were assigned to each of the descriptive statements, with "1" representing chronically lonely, "2" representing transiently lonely, and "3" representing never lonely.

Results

The Pearson product moment correlation between the first and second administrations for the ABLS-2 was .86.

For the PHOL, percentage of agreement across all categories was computed for the first and second administrations. The result was that 101 out of 107, or 94.4% were in agreement. A chi square test was not used because over 20% of the cells had expected counts of less than 5. In terms of the distributions among categories, on the first testing, 10.28% were chronically lonely, 85.05% were transiently lonely, and
4.67% were never lonely. The results of the second testing were 7.48% chronically lonely, 88.79% transiently lonely, and 3.74% never lonely.

Correlations were computed between the UCLA and the ABLS-2 on each test occasion. For the first administration, the correlation was .796 and for the second administration it was .846.

In order to assess the relationship between the PHOL and the UCLA, the three PHOL categories were treated as if they were Likert-type items. The correlations for the first administration was -.58 and for the second administration it was -.50. These values must be considered cautiously because of the restricted range of the PHOL values.

Discussion

Both the ABLS-2 and the PHOL have high test-retest reliability. However, the ABLS-2 is highly correlated with the UCLA scale which is considered to be a state measure of loneliness. Although the items on the UCLA and ABLS-2 are different, they are based on similar assumptions regarding the subjective cognitive and emotional experiences of loneliness. Furthermore, they both utilize Likert-type scales and ask the respondent to indicate how often they have had the thoughts and feelings described. Thus, the two instruments may be measuring essentially the same thing.

The correlation obtained between the PHOL and the UCLA must be interpreted cautiously because strictly speaking, the PHOL categories are a nominal and not a continuous variable, even though they were treated as if they were Likert-type sums to compute the correlation. Even within this context, the range of the PHOL scores were limited.
Assuming that the obtained coefficient is a reasonable estimate of correlation, the degree of association between the PHOL and the UCLA appears to be of less magnitude than the association between the UCLA and the ABLS-2. The correlation obtained between the PHOL and the UCLA cannot be attributed to similarity or overlap of item content since the PHOL refers solely to the frequency or recurrence of loneliness without reference to the cognitive and emotional experiences described in the items of the UCLA scale. It is possible that the recollection of personal history of loneliness and current loneliness may not be independent of each other. This is a question that future research needs to address. However, at the present time, until the correlates of both chronic and transient loneliness are better understood, the PHOL appears to be a more suitable method than the ABLS-2 for discriminating individuals who perceive themselves to be chronically lonely from those who view their experience with loneliness as transient.
APPENDIX A

Abbreviated Loneliness Scale-2
On this questionnaire there are six statements pertaining to how a person may feel about his or her relationships. Please indicate how often you have had these feelings during THE PAST TWO YEARS by circling the number under the heading which is most applicable.

DURING THE PAST TWO YEARS...........

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have felt like the people most important to me understood me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I have felt lonely.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I have felt like I have been wanted by the people or groups I value belonging to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I have felt emotionally distant from people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I have had as many close relationships as I wanted.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I have felt emotionally satisfied in my relationships.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
APPENDIX B

Personal History of Loneliness Questionnaire
Please provide the following information: Age_____ Sex_____ 

Please think about your own past experience with loneliness very carefully and decide which of the following descriptions is most similar to your own personal history of loneliness. Place and "X" on the line beside the description that best fits you.

_______ During the past year or more, I have felt lonely often or most of the time. Regardless of how others may see me, inside myself I feel like loneliness is a continuing problem for me.

_______ During the past year or more, there have been one or more times when I felt lonely, but these periods of loneliness have always passed after a while. Although I have felt lonely at times and may even feel lonely now, I do not consider loneliness to be a continuous problem for me.

_______ I cannot remember a time when I felt lonely.
Jeanne Lee George was born on August 11, 1942, in Philadelphia, Mississippi. She obtained her Bachelor of Arts (cum laude) in English from Webster College, St. Louis, Missouri. She received her Master of Arts in psychology in 1980 from Louisiana State University and in 1983 completed her internship in clinical psychology at the University of Texas Health Science Center in San Antonio, Texas. Currently, she is completing her Doctorate in Philosophy in clinical psychology at Louisiana State University.
EXAMINATION AND THESIS REPORT

Candidate: Jeanne Lee George

Major Field: Psychology

Title of Thesis: A Comparison of Chronic and Transient Loneliness on the Variables of Anxiety, Depression and Self-Esteem

Approved:

[Signatures]

Major Professor and Chairman
Dean of the Graduate School

EXAMINING COMMITTEE:

[Signatures]

Date of Examination:

November 12, 1984