DISCUSSION
Throughout the ages human beings have demonstrated a need for interpersonal bonds and interaction with others...... sense of belonging has been proposed to be a basic human need “(Hagerty, Williams, & Oe, 2002). Social alienation is unfortunately, a common experience in the beginning of the 21st century. As Papanno (2001) so clearly observed “We are losing touch and we don’t even realize it” (p.1). Stivers (2004) echoes the view, and suggests that people’s desire to talk to people they hardly know, baring all on TV shows, and seeking crowds in shopping malls just so they are not alone, is a clear indication that the fear of being alone is terrifying to those who are lonely. (cited from Rokach, 2009).

Loneliness is a painful experience that is, commonly, not embraced and which has consequences that are detrimental to one’s emotional, physical and spiritual well-being (Ernst & Cacioppo, 1999; McWhirter, 1990). Lonely individuals tend to exhibit negative intrapersonal traits like pessimism (Ernst & Cacioppo, 1999; Davis, Hanson, Edson, & Zigler, 1992). Loneliness was found to be negatively correlated with happiness (Booth, Bartlett, & Bohnsack, 1992) and life satisfaction (Riggio, Watring, & Throckmorton, 1993). It has been linked to such maladies as depression, hostility, alcoholism, poor self-concept, and psychosomatic illnesses (McWhirter, 1990). Recent studies suggest that a large proportion of the population feel lonely frequently (Rokach & Brock, 1997).

Current research points out the pervasiveness of loneliness and its debilitating effects (Rokach & Brock, 1997; Jones, Ross, & Russell, 1990). Its pervasiveness is evident in its identification as a frequent persisting complaint to telephone hotline, college
psychological clinics, and youth and marriage counselling services (Rokach, 2007, 2004; Elisha, Castle, & Hocking, 2006; Jones et., 1990). The social importance of loneliness is also indicated by the vast amount of research investigating its effects on emotional, physical and behavioural problems (Jones et., 1990). Weil (1997) asserted that human beings are highly social, communal animals who are meant to live in families, tribes and communities, and when we lack those connections, we suffer.

Brennan (1982) has asserted that loneliness is more prevalent and serious problem among adolescents than in any other age group. A substantial amount of work has been done by investigators to explain loneliness in adolescents (Mahon & Yarcheski, 1988; Yarcheski & Mason, 1989).

In view of high prevalence of loneliness among adolescents the present study was developed to identify the psychological predictors of loneliness by including in its purview depression, hopelessness, negative automatic thoughts, social support (quantitative), social support (qualitative), ten dimensions of family environment, five dimensions of Cattell’s second-order anxiety factor, (namely factor Q3, Q4, O, L, C(-) and locus of control.

In the light of earlier researches and different theoretical perspectives, the following hypotheses were formulated:

**HYPOTHESES**

1. It is expected that male adolescents would be more lonelier than female adolescents.
2. For both males and females there is a significant and positive relationship of loneliness and depression.
3. For both males and females there is a significant and positive relationship of loneliness and hopelessness.
4. For both males and females there is a significant and positive
relationship of loneliness and negative automatic thoughts.
5. For both males and females there is a significant and positive relationship of loneliness with anxiety.
6. For both males and females there is a significant and negative relationship of loneliness and social support.
7. For both males and females there is a significant and positive relationship of loneliness and external locus of control.
8. For both males and females there is a significant and positive relationship of loneliness and the dimension of conflict of family functioning, and there is a negative relationship of loneliness and the dimensions of cohesion, expressiveness, independence, achievement orientation, intellectual - cultural, active - recreational, moral - religious emphasis, organization and control of family functioning as perceived by the adolescents.

**Gender differences in loneliness**

Gender difference in loneliness is concerned with Hypothesis 1 which states “It is expected that male adolescents would be more lonelier than female adolescents. The results in the context of Hypothesis 1 are discussed meaningfully in the subsequent pages.

Research focusing on sex differences in loneliness at adolescence has been limited. Most studies of sex differences in loneliness have examined only quantitative differences in loneliness. Quantitative differences refer to sex differences in the magnitude of loneliness on various indices. Few studies have examined sex differences in the correlates of loneliness (qualitative differences).

Several studies using somewhat different indices of loneliness, have addressed the issue of quantitative sex differences in loneliness among college students. Excellent reviews of sex differences in loneliness experience of college students have been given by Borys & Perlman (1985), and Schultz & Moore (1986).
With regard to studies using the UCLA Loneliness Scale, Borys & Perlman (1985) after reviewing 28 studies emphasized that only a few (4 of 28) showed a statistically significant gender affect. In all of these cases, however, males had higher loneliness scores. A number of studies, using various versions of the UCLA Loneliness Scale, reported no gender differences (Berg & Peplau, 1982(R); Jones, Hobbs, & Hockenbury, 1982(0); Check & Busch, 1981(R); Hojat, 1981(R); Jones, Freeman, & Goswick, 1981(0); Maroldo, 1981(0); McCormack & Kahn, 1980 (R); Perlman, Gerson, & Spinner, 1978 (OS); Russell, Peplau, & Ferguson, 1978 (O).

A study by Solano (1980) compared UCLA Loneliness Scale and the Belcher Extended Loneliness Scale. 258 undergraduate subjects (151 males and 107 females) at Wake Forest University participated. Results indicated that males were significantly lonelier than females on several indices of loneliness. However, on UCLA Loneliness Scale (0), the difference was not significant (Males: 40.6, Females: 38.7). Also, the analyses showed that both scales were highly internally consistent and both scales produced scores which were significantly correlated with self-reported loneliness. In comparison with the multidimensional Belcher, the unidimensional UCLA Scale specifically identified loneliness due to a lack of social interaction. The author concluded that with these advances being made in the development of loneliness measures, psychologists should be able at last to undertake a long delayed empirical study of loneliness. Booth (1983) found men (Mean: 41.54) to be significantly more lonely than women (Mean: 36.27). The range of loneliness scores, however, was larger for women than for men.

Schultz and Moore (1986) have emphasized that the revised UCLA Loneliness Scale has certain psychometric advantages over its predecessor which may augment its sensitivity to gender differences.

\[ ^{1}O = \text{Original UCLA Scale, } R = \text{Revised UCLA Scale} \]
\[ ^{2}OS = \text{Special subtest of the original UCLA Items.} \]
On the revised UCLA Loneliness Scale, Russell, Peplau, & Cutrona (1980); Moore, Schultz, & Ellenberg (1982); Wheeler, Reis, & Nezlek, (1983); and Dufton (1984) found males to be lonelier than females. Wheeler, Reis, & Nezlek (1983) found the mean loneliness score for 53 female and 43 male university students to be 41.7 and 45.8 ($F :1, 94=3.0, p <.10$). Russell et al. (1980) also found males to be more lonely ($p< .001$) in their study 1 but suspected a sampling bias because sex differences are not usually found. They considered their data from study 2, showing no sex differences to be normative. Wheeler et al. (1983) concluded that the marginal sex difference is not inconsistent with previous results.

Five excellent publications with respect to sex difference in the loneliness experience of adolescents deserve mention.

Solano, Batten, & Parish (1982) examined loneliness and patterns of self-disclosure. 37 male and 38 female undergraduates rated themselves on the UCLA Loneliness Scale (original) and the Jourard Self-Disclosure Questionnaire. The first analysis concerned sex differences on the UCLA Loneliness Scale. The mean loneliness score was 42.7 for males and 38.4 for females. The difference by sex approached significance, $t (73) = 1.81, p <.07$.

The purpose of another study (Williams, 1983) was to investigate the phenomenon of loneliness in delinquent adolescents with regard to types of delinquency offences committed, demographic characteristics, and personality characteristics in the areas of interpersonal needs for inclusion, control and affection. The demographic variables examined were age, sex, race, family rank or birth order, family income level, religion, and geographic locale. A sample of 98 adolescents ranging in age from 12 to 18 was obtained from juvenile detention facilities in three metropolitan areas in the

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1 A 1-5 response format was used for the UCLA Scale (revised) rather than the original 1-4 format for comparability with the other scales. Thus, the loneliness means are correspondingly higher than in previous studies.
United States. The types of delinquency offences were categorized as burglary, runaway, drugs, assault and incorrigible.

Subjects were asked to complete the Loneliness Questionnaire as a self-reported measure of loneliness. The Loneliness Questionnaire consisted of 14 items and utilized a Likert-type scale for responses to items. The score possibilities ranged from 14 to 84, with higher scores equated with high amounts of loneliness and lower scores with low amounts of loneliness. A Spearman rank-correlation coefficient of .87 was found between Loneliness Questionnaire and original UCLA Loneliness Scale when administered to 10 pilot study subjects ranging in age from 10 to 18 years. This was done to test the concurrent validity of the Loneliness Questionnaire. Subjects also completed the Fundamental Interpersonal Relations Orientation - Behavior (FIRO-B) Questionnaire, which measured interpersonal needs for inclusion, control, and affection. The results revealed no significant differences in loneliness with regard to any of the demographic variables when the effect of each (e.g., age, sex, income, birth order, religion) was considered alone. Sex and age in relationship to interpersonal needs for control, however, were associated with loneliness; for example, males with medium needs to express control over others had higher mean scores on loneliness than the females with medium needs to express control over others.

Borys and Perlman (1985, p. 71) emphasized that men tend to score higher on the UCLA scale but women are more apt to label themselves as lonely. The later conclusion though not of immediate interest in the present study is in accord with Robert Weiss (1973) who in his classic book presented survey evidence showing that women are more apt to be lonely than men. The authors concluded (p. 63) that statistically significant sex differences are not usually found with the UCLA scale, but, when they are found, males typically have higher loneliness scores, in
terms of self-labeling, women more frequently than men admit being lonely.

Another study (Schultz & Moore, 1986) examined sex differences among college students in the quantitative and qualitative aspects of loneliness. The Revised UCLA Loneliness Scale (Russell et al., 1980), Self-esteem scale (Rosenberg 1965), the Spielberger State-Trait Anxiety Inventory (Spielberger, Gorsuch, & Cushene, 1980), the Zung Depression Scale (Zung, 1965), an eight-item social risk-taking scale (Sermat, 1980), seven-point self-rating scales of likability, happiness, and life satisfaction, and a seven-level rating scale of loneliness frequency ranging from an average of less than once per month to an average of more than 20 times per month were administered to 53 female and 59 male undergraduates attending a large Southeastern university and recruited from two large introductory psychology classes. Results indicated that males (M = 38.13, SD = 10.16) were lonelier than females (M = 33.22, SD = 7.12) on the Revised UCLA Loneliness Scale. Differences between males (M = 3.33, SD = 1.24) and females (M = 3.13, SD = .88) for frequency of loneliness expressed in bouts per month, however, did not attain statistical significance. The authors concluded that the results for the more established UCLA Loneliness Scale give further credence to the view that among college students, males tend to be lonelier than females. These results provide further support for the position that among college students males are lonelier than females.

Another study (Medora & Woodward, 1986) aimed at investigating the extent of loneliness experienced by the late adolescent undergraduate college students, who were single (18 to 23 years of age), the relationship of loneliness to certain variables, and the differences between this and other groups studied by Woodward and his research group. The sample comprised 92 white (34 males, 58 females), single, undergraduate college students enrolled in two
separate human development courses offered at the University of Nebraska-Lincoln. To test 10 hypotheses, a questionnaire was used to collect the data. It consisted of two parts: Part I comprised of background information items; and Part II consisted of the Loneliness Inventory (Woodward, 1967). Analysis of hypothesis I indicated that females had a higher mean loneliness score than males. The mean female loneliness score was 1.89, the mean for males was 1.55. These results are supported by the findings from various studies conducted by Woodward and his research group at the Department of Human Development and the Family at the University of Nebraska-Lincoln (Woodward, 1971; Seevers, 1972; Otto, 1973; Gladbach, 1976; Medora, 1983). Another study (Marcoen, Goossens, & Caes, 1987) making use of Louvain Loneliness Scale for Children and Adolescents (LLCA), a Dutch 48 item scale, with 444 children and adolescents from grades 5-11 found that no sex differences emerged for either scale (parental relations, loneliness in peer relations, affinity for aloneness; and positively experienced aloneness or aversion to aloneness). The authors concluded that the expectations on age and sex differences in adolescent loneliness have not been confirmed.

The above review of studies does not settle the question of quantitative sex differences in loneliness. The conclusion concerning sex differences appear to be measure related. In those studies which made use of UCLA scale, statistically significant sex differences are not usually found, but, when they are found, males typically have higher loneliness scores.

The results of the present study are consistent with the results of the majority of earlier studies which have found males to be lonelier than females. The findings of the current study lend support to Hypothesis 1 which states that: “1. It is expected that male adolescents would be more lonelier than female adolescents”. It implies that the perception of relational deficit is more in males than females. Further, it also implies that males
perceive this relational deficit as more aversive, painful and powerful feeling. Possibly, in the current scenario male adolescents experience persistent difficulties in establishing and maintaining satisfying relationships with others, and thus have difficulty in satisfying their belongingness needs leading to a sense of deprivation, manifested in disturbances such as loneliness, depression, anxiety, and anger. Moreover, interpersonal need for intimacy arises more in case of male adolescents and they hold more unrealistic expectations concerning their social relationships. Simultaneously, male adolescents relatively more in comparison to female adolescents try to define themselves amidst physiological, emotional and cognitive changes which may render their childhood concepts obsolete. With this drive towards autonomy and individuality there is a risk of “increased feelings of separateness and hence to stronger needs for affiliation and vulnerability to emotional and social loneliness”.

**Loneliness in relation to depression, hopelessness and negative automatic thoughts**

The cognitive view of behaviour assigns primary importance to the self-evident fact that people think. It assumes that the nature and characteristics of thinking and resultant conclusions determine what people feel and do and how they act and react. This view of behaviour and psychopathology has a long history that bridges the disciplines of clinical psychiatry, clinical and academic psychology, and philosophy (Wason & Johnson-Laird, 1972; Broadbent, 1971; Beck, 1967, Neisser, 1967; Kelly, 1955). The increasing emphasis on the role of cognition in behaviour has been termed the “cognitive revolution”. It can be noted that cognition has played an increasingly important role in recent theories of personality and psychopathology (Mischel, 1973). Depression is one area of theory and research in which cognitive factors, that is, the manner of perceiving, construing, anticipating,
and evaluating events, behaviours, and their consequences have been emphasized. In this context, much of the impetus has come from the theoretical and empirical work of Aaron Beck (1967, 1974), Martin Seligman (1975). Indeed, the recent empirical literature on the psychology of depression is dominated by studies addressing Beck’s cognitive theory, Seligman’s learned helplessness model or Lewinsohn’s theory which attributes depressive states to a low rate of response – contingent positive reinforcement.

The cognitive approach focuses on self-castigation, exaggeration of external problems, and hopelessness as the most salient symptoms. Beck (1967, 1976) has provided the most comprehensive exposition of the cognitive view of depression. Beck proposed that dysfunctional cognitions are at the core of depressive phenomenon...he has posited a “cognitive triad” of negative constructions about the self, the environment, and the future. The depressed person is seen as having a negative view of self, of the world, and of the future. The depressive affective state is secondary to these negative cognitions.

Aaron Beck discussed what he calls the vulnerability of the depressive – prone person as “attributable” to the constellation of enduring negative attitudes about himself, about the world, and about his future. Even though these attitudes (or concepts) may not be prominent or even discernible at a given time, they persist in a latent state like a explosive charge ready to be detonated by an appropriate set of conditions. Once activated, these concepts dominate the person’s thinking and lead to the typical depressive symptomatology” (Beck, 1967). Thus cognitive distortions are seen to develop from early life experiences, and to be triggered by present environmental conditions or events, thus leading the person to view the self, the world, and the future in a negative way. Beck believes that the activation of these maladaptive thought patterns leads to the affective, motivational, and physical symptoms of depression.
Loneliness in addition to depressive symptomatology is an important indicator of general well-being and health. In the context of the relationship between depression and loneliness, the current study started with the hypothesis, namely “For both males and females there is a significant and positive relationship of loneliness and depression”. The results of the regression analyses lend support to the formulated hypothesis 2, though depression as measured by Beck Depression Inventory has emerged to be more salient predictor of loneliness: (31%) variance for males and (16%) variance for females. Possibly, the differential contribution and salience of depression as predictors of loneliness among male and female adolescents may be responsible for quantitative differences in loneliness among males and females. Thus individuals with elevated levels of depression are at risk for loneliness. A person made to feel depressed through ostracism, social exclusion, bereavement, or negative thinking feels threatened, anxious, and lonely that promote attempts to reconnect for relief from their negative affect while also fostering their survival in a potentially hostile world. According to this reasoning, loneliness and depressive symptoms are intimately related but distinct. However, depressive symptomatology is a unique risk factor for loneliness.

Loneliness has been identified as a risk factor for depressive symptoms in cross-sectional (e.g., Chou & Chi, 2004; Nolen-Hoeksema & Ahrens, 2002) and longitudinal (Heikkinen & Kauppinen, 2004; Hagerty & Williams, 1999) studies of older adults, but as has been noted, loneliness is associated with a constellation of demographic (e.g., Nolen-Hoeksema & Ahrens, 2002; Prince, Harwood, Blizard, Thomas, & Mann, 1997; Tornstam, 1992; Perlman & Peplau, 1984) and psychosocial risk factors (e.g., hostility, low social support, perceived stress) for depressive symptoms (e.g. Hagerty & Williams, 1999; Duck, Pond, & Leatham, 1994; Rook, 1984). To what extent is the association between loneliness and depressive
symptomatology attributable to its association with these other variables? Given the importance of satisfactory interpersonal relationships to well-being, we reasoned that depression is a unique risk factor for loneliness. The extant literature provides some support for this notion. Alpass and Neville (2003), for instance, reported a significant association between loneliness and depressive symptoms in 217 older men in New Zealand even after controlling for variables such as age, education, income, and social support, and Hagerty and Williams (1999) reported a significant association between loneliness and depressive symptoms in a sample of undergraduates and patients with major depressive disorder after controlling for social support, social conflict, and sense of belonging. Both studies involved convenience samples, however, and neither considered demographic variables such as ethnicity or marital status or psychosocial variables such as perceived stress and hostility.

The magnitude of the association between loneliness and depressive symptoms (typically $0.40 < r < 0.65$) has raised questions about their conceptual or functional separation. In fact, loneliness and depressive symptoms have been sufficiently conflated in some measures of depressive symptoms, such as the CES-D (Radloff, 1977), items about feeling lonely are included. Elsewhere, researchers have outlined an evolutionary model of loneliness in which conditions of hardship, hunter-gatherers who had a genetic disposition to experience social pain from social separation (i.e., loneliness) may have been more likely to return to share their food, shelter, or defense with their family and allies to diminish the pain of loneliness.

A formal structural examination of the relationship between loneliness (as measured by the UCLA Loneliness scale; Russell et al., 1980) and depressive symptoms (as measured by the Beck Depression Inventory; Beck & Steer, 1987) was performed in a study of 2,525 young adults (Cacioppo et al., 2006). An oblique rotation was
performed following a principal-axis factor analysis to allow correlated factors. Results confirmed that the loadings of loneliness items on the depressive symptoms factor were very low (i.e., < 0.10), as were the loadings of depressive symptoms items on the loneliness factors (i.e., < 0.19). An additional factor analysis in which the number of factors was constrained to two again established a clear separation of the loneliness items and depression items into two distinct factors (Cacioppo et al., 2006). Weeks et al. (1980), Russell et al. (1980), and R. A. Bell (1985) similarly found loneliness and depressive symptoms to form two separable theoretical constructs using structural equation modelling in a study of undergraduate students. These data support the notion that loneliness and depressive symptoms are separable though correlated constructs, but the research to date on this question has been limited to undergraduate students or samples of convenience.

Further, Hypothesis 3 concerning the relationship between loneliness and hopelessness states that: “For both males and females there is a significant and positive relationship of loneliness and hopelessness”. The hypothesis failed to find support on the basis of the findings of the present study. These findings contradict the findings of Davis, Hanson, Edson, & Ziegler (1992) who found that lonely individuals tend to score high on negative intrapersonal traits like pessimism and low on positive intrapersonal traits like optimism. The current finding could be due to rather strong correlation between loneliness and global measure of depression in which hopelessness is one dimension of cognitive triad. It has been suggested that loneliness solely involves disaffection with interpersonal issues, whereas depression is a more global and heterogeneous condition involving concerns across multiple domains (Heinrich & Gullone, 2006). Also, many researchers have pointed to the interactional nature of depression, arguing that interpersonal factors, for instance loneliness, are critically involved in
the pathway from vulnerability to manifestations of depressive symptoms (e.g., Hammen, 1999; Joiner et al., 1999). Moreover, it can be speculated that depression related mechanisms that produce intrapersonal problems increase the risk of loneliness. For instance, loneliness could be related to interpersonal skills deficits associated with depression (Segrin & Abramson, 1994). Although depression has received less attention as an antecedent of loneliness than vice versa, the present study did indicate that higher levels of depressive symptoms predict higher loneliness in adolescence across time independent of cross-sectional relations and time effects. This finding was also reported by Cacioppo et al. (2006a) in a study with middle-aged and older adults, suggesting no age-related differences in the relationship between depression and loneliness across time. Clearly, one reason why depression may predict more loneliness is that several depression related mechanisms seem to produce an array of interpersonal problems (Joiner, 2000). Some depressed people repeatedly seek reassurance from their friends and family, which may generate negative interpersonal outcomes, such as rejection (Joiner et al., 1999b). In fact, it has been shown that people who report depressive symptoms are negatively evaluated by significant others only if they are excessive in reassurance seeking (e.g., Joiner, 1999). Also, depression is clearly associated with negative feedback seeking and interpersonal avoidance (Joiner, 2000) as well as impairments in social skills (e.g., impairments in paralinguistic behaviors, speech content, and facial expression; Segrin and Abramson, 1994). Moreover, negative appraisals and perceived social failures associated with depressive symptoms may make the negative aspects of interpersonal relationships more salient, increasing the risk of feeling lonely (Young, 1982). Finally, environmental reactions to depressed people may increase loneliness. People tend to hold a negative view of and behave and respond more negatively toward depressed people than non-depressed people, reflecting a withdrawal of social support and disruption of attachment (Sacco,
Also, the development of negatively biased and autonomous cognitive representations of depressed people in the minds of others may increase the risk of social deprivation (Joiner, 2000). Notably, the negative interpersonal consequences of depression suggests the importance of early identification and treatment, as there may be long term social consequences, for instance, loneliness.

**Loneliness and Locus of Control**

Control is important to psychological functioning. Decades of research in sociology, psychology, and education have demonstrated that a sense of control is a robust predictor of physical and mental well-being (Lachman & Burack, 1993; Fiske & Taylor, 1991; Lefcourt, 1981, 1982, 1983) and perhaps even longevity (Seligman, 1975). Both experimental and correlational studies have shown that across life span, from earliest infancy to oldest age, individual differences in perceived control are related to variety of positive outcomes, including health, achievement, optimism, persistence, motivation, coping, self-esteem, personal adjustment and success and failure in a variety of situations.

Being of primary concern for human functioning the construct of control has a pervasive influence on psychological theorization and practice and has proved to be one of the most productive areas of research and application. Control has been used as a key concept to diverse aspects of behaviour in normal populations, to explain deviant behaviours in marginal and abnormal people, and to formulate techniques to promote well being. It would not exaggerate to say that psychologists have developed an obsession for this construct. It may be discerned that the notion of personal control involving freedom, choice, autonomy, influencibility as subjectively felt or perceived by a person is thoroughly individual centered and has been developed in western cultural milieu. It is firmly rooted in a world view which
The results revealed the relevance of external orientation in loneliness only for male adolescents. The role of locus of control emerged to be irrelevant in the context of female adolescents. It implies that male adolescents with external orientation are lonelier than female adolescents. **It implies that the salience of locus of control in explaining loneliness is moderated by gender, leading to rejection of hypothesis 7.**

**Loneliness and Social Support**

Social support has been defined as “those social interactions or relationships that provide individuals with actual assistance or that embed individuals within a social system believed to provide love, caring, or sense of attachment to a valued social group and dyad “. (Lu, 1997). This definition eloquently encompasses the two major facets of social support that have dominated research in the last two decades: received social support and perceived social support. Received support refers to naturally occurring helping behaviours that are being provided, whereas perceived support refers to the belief that such helping behaviours would be provided when needed. In a nutshell, received support is helping behaviour that did happen, and perceived support is helping behaviour that might happen (Barrera & Ainley, 1986).

Social support refers to information or actions (real or potential) that lead individuals to believe that they are cared for, valued, or in a position to receive help from others when they need it (e.g., Heller, 1979). Social support has been conceptualized as a coping resource that affects the extent to which a situation is appraised as stressful (Lazarus & Folkman, 1984) and enables a person under stress to change the situation, to change the meaning of the situation, or to change his or her emotional reactions to the situation. Social support is associated with better psychological health in general and reduces
the negative psychological consequences of exposure to stressful life events.

Individuals with high levels of perceived social support appears to be more resistant to the adverse psychological effects of environmental stressors than do those with relatively low levels of perceived social support (Lepore, Evans, & Schneider, 1992). The negative effects of environmental stressors can be reduced when individuals have high personal control. Schmidt and Keating (1979) distinguished three forms of personal control: cognitive, behavioural, and decisional. The foregoing researchers believed that, even under high-density conditions, the stress of crowding may be reduced if one can attain one or more of the three forms of personal control. Individuals with high self-control appraise the stress situation differently from those with low self-control and different appraisal results in different psychological outcomes (Rosenbaum & Ben-Ari, 1985).

Supportive relationships have also been enlisted as potential risk or protective factors regarding the development of youth internalizing symptomatology in the face of life stressors (Starr & Davila, 2008; Farrell et al., 2006; Renouf, Kovacs, & Mukerji, 1997; DuBois, Felner, LaGreca & Fetter, 1995). Since children's peer relationships take on greater significance with age (Kingery & Erdley, 2007; Simmons et al., 1979), peer interactions may be particularly relevant for early adolescents' adjustment. For example, better adjustment (i.e., measures of neurotic and antisocial behaviors) has been found for adolescents reporting a better network of friends and transitioning between Grades 5-6 (Kingery & Erdley, 2007) and 6-7 (Pellegrini, 1994). Furthermore, significant associations have been noted for adolescent anxiety symptoms and various peer relationship variables, such as poor social competence (Bosquet & Egeland, 2006; Sma’ri, Pe’tursdo’ttir, & Porsteinsdo’ttir, 2001; Spence, Donovan, &

Adolescent anxiety has also been associated with support from parents (Zimmerman, Ramirez-Valles, Zapert, & Maton, 2000), various aspects of family characteristics (e.g., low cohesion, high conflict; Burt, Cohen, & Bjorck, 1988), and parent-child relationships (e.g., insecure attachments, Papini & Roggman, 1992). For example, Zimmerman et al. (2000) found adolescents who reported greater parent support to be less anxious over a six-month period. Similarly, research has found lower anxiety among adolescents who reported closer relationships with their parents regardless of autonomy levels (i.e., individuated and connected parent-child relationships), as compared with those who reported low closeness with parents and high autonomy (i.e., detached relationships; Delaney, 1996). Drawing from the attachment literature (cf. Bowlby, 1982), it is presumed that children who have secure attachments with their parents believe in the availability and support of their parents. These factors, in turn, are assumed to assist children through stressful life events and protect them from anxiety (e.g., Papini, Roggman, & Anderson, 1991). Schneider, Tomada, Normand, Tonci, and de Domini (2008) found better academic adjustment among those with greater parent support in an adolescent sample of Italian youth making the transition to the equivalent of middle school.

Stress can also lead to decreased support because others turn away from people under stress. Indeed, many stressful situations, particularly stigmatizing or strongly traumatizing events, seem to affect social relationships in a negative way, such as by alienating others, by depleting their resources or even by causing caregiver
burnout. Such circumstances may reduce the willingness or ability of others to provide support (Cohen – Silver, Wortman, & Crofton, 1990). There is also considerable evidence that interacting with depressed individuals is seen to be aversive.

In the context of the importance of social support concerning relationships that provide a sense of attachment to a valued social group and dyad, the present study included social support in its purview, to examine its relationship with loneliness which refers to perceived relational deficit. The results derived from regression analysis revealed that social support, though important, failed to show any relationship with loneliness as derived from the Revised UCLA Loneliness scale. As a consequence, hypothesis 6 which states that for both males and females, there is a significant and negative relationship of loneliness and social support was rejected. The obtained results seem to be contradictory in the context of the two constructs involved in the relationship. Social support refers to information or activities that lead individuals to believe that they are cared for, valued, or in a position to receive help from others when need it and loneliness refers to a perceived feeling of deficiencies in social relationships. In order to arrive at more meaningful conclusion regarding the role of social support, it would be desirable to include both unidimensional and multidimensional measures of loneliness as well as different facets of social support in the purview of any investigation. The present research included only unidimensional measure of loneliness and global measure of social support in its purview.

In a brief review of literature, Jones (1982) concluded that “there is little evidence to support the idea that lonely college students are socially isolated, and yet they act as if they are” (p.251). The authors also suggested that:
“the reasons for loneliness are not to be found so much in objective characteristics of the lonely person social milieu (e.g., number of available friends or amount of social contact) as they are in the way in which lonely people perceive, evaluate, and respond to interpersonal reality” (p.244).

**Loneliness and Anxiety**

Anxiety disorders are among the most prevalent mental health concerns reported by children and their parents (Verhulst, vanderEnde, Ferdinand, & Kasius, 1997; Fergusson, Horwood, & Lynskey, 1993; Beigel, 1991), with prevalence rates averaging about 12% (Cartwright-Hatton, McNicol, & Doubleday, 2006; Kessler, Bergländ, Demler, Jin, & Walters, 2005; Costello et al., 1988; Kashani et al., 1987). Moreover, an additional subset of children experience substantial subclinical anxiety and related problems—symptoms that frequently have an adverse impact on development and that may worsen over time (Ohannessian, Lerner, Lerner, & von Eye, 1999). Furthermore, once present, anxiety symptoms often persist into adulthood if treatment is not received (Bosquet & Egeland, 2006; Seligman & Ollendick, 1999; Ollendick & King, 1994; Ebata, Petersen, & Conger, 1990; Cantwell & Baker, 1989; Last, Strauss, & Francis, 1987). In addition, children and adolescents with anxiety concerns commonly experience concurrent academic (e.g., school avoidance), social (e.g., peer rejection, social incompetence), and emotional (e.g., low self-worth, depression) difficulties (Grills & Ollendick, 2002a; McGee, Fechan, Williams, & Anderson, 1992; Kovacs, Gatsonis, Paulauskas, & Richards, 1989). Adolescence has been noted as a particularly salient time for the development of anxiety (Hale, Raaijmakers, Muris, van Hoof, & Meeus, 2008; Kessler et al., 2005; Ohannessian et al., 1999; Kashani & Orvaschel, 1990). According to the most recent National Comorbidity Survey Replication (Kessler et al., 2005), the median age of onset for anxiety disorders (averaged across all anxiety disorder categories) is 11 years, with an
interquartile range (IQR) of 6-21 years. The most common anxiety disorder noted to develop in adolescence is Social Anxiety (median onset-13 years, IQR-8-15); however, the IQR for several additional disorders occurs during the childhood and early adolescent years (i.e., Specific Phobia-5-12, Separation Anxiety Disorder-6-10, Obsessive-Compulsive Disorder (OCD)-14-30, Agoraphobia without Panic-13-33). One relatively universal experience of early adolescence that has been purported to influence anxiety and related symptoms is the transition from elementary school to middle or junior high school. Increases in anxiety symptoms (Greene & Ollendick, 1993; Harter, Whitesell, & Kowalski, 1992; Blyth, Simmons, & Carlton-Ford, 1983), as well as declines in grades (Simmons & Blyth, 1987), intrinsic motivation (Harter et al., 1992), self-perceived academic competence (Harter et al., 1992), academic interests (Dotterer, McHale, & Crouter, 2009), and self-views (Eccles, Midgley, & Adler, 1984; Blyth et al., 1983; Harter, 1982; Simmons, Blyth, Van Cleave, & Bush, 1979) have all been reported following the transition to junior high/middle school. Researchers have suggested that young adolescents may be at increased risk for developing these psychosocial difficulties due to the various changes that occur in their learning environments (Eccles, Midgley, Wigfield, & Buchanan, 1993; cf. Eccles et al., 1984), along with other normative developmental experiences (cf. Simon et al., 2009). For example, Simmons and colleagues have suggested that it is the cumulative influence of major developmental changes (e.g., changing schools, dating, puberty, family changes) which occur during early adolescence that accounts for the increased anxiety (and other problems) often found in this age group (cf. Simmons et al., 1987). These researchers refer to an “arena of comfort” for coping with life change and note that: “If change comes too suddenly - that is, if there is too much discontinuity with prior experience - or if change is too early given children’s cognitive and emotional states, or if it occurs in too many areas of life at once, then individuals may experience considerable discomfort” (Simmons et al., 1987, p. 1231).
In particular, self-worth, self-perceived social acceptance, and self-perceived social support are all variables which may influence the onset and/or maintenance of anxiety symptoms in adolescents. Although various definitions of self-worth or self-esteem have been put forth, Harter (1988) conceptualizes global self-worth as, “a global judgment of one's worth as a person, rather than domain-specific competence or adequacy” (p. 3) and includes such aspects as the extent one likes oneself as a person and is happy with oneself. In general, self-worth has been well-linked to internalizing problems in youth. For example, higher levels of self-worth have been purported as a protective factor against the development of youth anxiety (Davey, Eaker, & Walters, 2003; LaGreca & Fetter, 1995; Compas, 1987; Ollendick, 1983). Unfortunately, self-worth has also been found to decrease at approximately the time when children enter junior high school (Wigfield, Eccles, Maclver, & Reuman, 1991). Thus, for young adolescents who show decrements in self-worth, anxiety symptoms may be more likely to occur. In contrast, maintained or improved self-worth may serve a protective role against the development of anxiety despite such stresses as transitioning to a new school.

In the context of the significance of anxiety, the current study included anxiety in its purview. To ascertain its importance from the viewpoint of loneliness, IPAT Anxiety Scale Questionnaire was used for measuring anxiety. The questionnaire is based on Cattell's second order factor of anxiety. In the current study the questionnaire was used for assessing different components anxiety namely, factor Q₃(-), C(-), L, O, Q₄. The results revealed that factor C(-) + emerged to be a positive predictor of loneliness for both male and female adolescents. Males and females scoring high on factor C(-) tend to score high on loneliness.

The factor C(-) refers to factor dynamic integration and maturity as opposed to uncontrolled disorganized, emotionally less stable. The pattern has been shown to exist among normal as well as in groups of
neurotics, and in the latter has been called by Eysenck (1953), "general neuroticism" though research now shows it to be characteristically low in all kinds of clinical disorders. In its positive sense it seems to be what the psychoanalysts has attempted to described by the notion of ego strengths and weakness. The C-person is easily annoyed by people, is dissatisfied with world situations, family, restrictions of life and his own health, and is unable to cope with life. He shows generalized neurotic responses in the form of phobias, psychosomatic disorders, sleep disturbances, and hysterical and obsessional behaviour.

The description of factor C(-) clearly reveals that an adolescent affected by feelings, emotionally unstable and changeable are likely to show more of relational deficit. The remaining four factors included in the second order factor of anxiety has emerged to be irrelevant from the viewpoint of loneliness.