CHAPTER - II

Review of Literature
Each research is the outcome, in one way or the other, of previous work done in the area and in its own humble way also contributes to future research. Further, the work done by previous researchers helps to conceptualize and hypothesize phenomena, and through critical appraisal draw out information which may contribute with regard to decisions about in tools and methodology. With these broad objectives in mind, the researcher undertook literature search to obtain information and review the status of work being done in the area. The researcher was interested in studying certain variables in the context of the experience of loneliness. Loneliness is the phenomenon that has interested man from the beginning. Perhaps because loneliness is a behavior which contradicts the gregariousness so typical of the human species that it has been viewed with concern from the very beginning.

According to Weeks (1994) the concept of loneliness can be traced as far back as Aristotle, who proposed a model based on the reverse of loneliness, namely the ideal or idealized friendship. The central feature of this model was goodness and it could be characterized to some extent by enjoyment ability and utility and encouraging behaviours which enhanced enjoyment, and friendship would reduce loneliness. The authors point out that recent studies corroborated the essential concepts of the model with modern samples. Successful treatment of loneliness reduces the risk of more serious complications, increases social contacts, self-esteem and trust and reduces feelings of meaninglessness.
Dill and Anderson (1999) framed loneliness as an important interpersonal mediator between causal factors and depressive outcomes. Factors like shyness, attribution style, pressures of modern society and everyday problems are used to present a comprehensive description of loneliness. Treatment of shyness is visualized as an important factor in controlling loneliness and depression.

Green, Wildermuth, (1993) studied the relationship between loneliness in the context of self or other-focus and interpersonal needs in 44 male and 51 females on interpersonal contexts. There were sex differences in interpersonal needs. Loneliness in men was predicted by a lack of expressed inclusion and a desire for control from others, while loneliness in women was predicted by a lack of expressed affection. Results indicate that loneliness was unrelated to self-focus, other-focus, or the ability to elicit disclosure from others. Bhatia and Desmond (1993) also found that the concept of loneliness is different among males and females.

Ernst and Cacioppo (1999) studied the developmental social personality, clinical and counseling psychology literatures on loneliness. Chronic feelings of loneliness appear to have roots in childhood and early attachment processes. Chronically lonely individuals are more likely to be high in negative affectivity, act in a socially withdrawn fashion, lack trust in self and others, feel little control over success or failure and generally be dissatisfied with their relationships.
Loneliness has been associated with a variety of individual differences and is also a concomitant of more severe disorders. Although loneliness is associated with numerous negative outcomes, relatively few investigations have examined the efficacy of treatments aimed at alleviating or preventing loneliness.

Renshaw, Brown (1993) found that children who declined in peer acceptance, lost friends, and gained in internal-stable attributions showed increase in loneliness. Subgroup analysis indicated that children with no friends reported more loneliness than children with one or more friends. Low-status friendless children reported more loneliness than low-status children with one or more friends, and low-status friendless children reported more loneliness than average and high-status friendless children.

Cacippo, Ernst, Burleson, Mc-Clintock (2000) explained loneliness as a complex set of feelings encompassing reactions to unfulfilled intimate and social needs. Although transient for some individuals, loneliness can be a chronic state for others; loneliness is a major risk factor for psychological disturbances and for broad-based morbidity and mortality. The authors examined differences between lonely and socially embedded individuals that might explain differences in health outcomes. Satisfying social relationships were associated with more positive outlooks on life, more secure attachments and interactions with others, more autonomic activation when confronting acute psychological challenges. Those who were more chronically lonely were characterized by elevated mean salivary cortisol levels across the course of a day, suggesting more discharges of
corticotrophin-releasing hormone and evaluated-activation of the hypothalamic pituitary-adrenocortical axis. An experimental manipulation of loneliness further suggested that the way in which people construe their self in relation to others around them has powerful effects on their self-concept and possibly on their physiology.

Rokach and Heather (1997) recognized loneliness as a pervasive social problem. Authors tried to define and clarify the salient thoughts, emotions and behavior that comprise the experience of loneliness. As hypothesized, results suggested that loneliness is a multidimensional experience comprised of five clearly distinguished factors, i.e. emotional distress, social inadequacy, alienation growth, discovery interpersonal isolation and self-alienation.

In an interesting study Rotenberg (1998) studied stigmatization of loneliness and transitions in the loneliness state. College students judged hypothetical peers that represented two types of current loneliness (lonely vs. non lonely) and 2 types of transitions in loneliness (no-transition vs. transition). The author noticed that in transition condition, the peers were shown as changing over the course of leaving home and attending college (from being lonely to non lonely) or from being non-lonely to lonely. Students reported less acceptance of the lonely than non-lonely peers, and of the transition than no-transition peers. Results show that the students ascribed psychological functioning to the peers in the following order, from lowest to highest no-transition lonely, transition lonely, then transition non-lonely and no-transition non lonely. The more the college
students believed that the lonely and behavior of the transition lonely peer were not controllable by him/her, the more the students accepted the peer.

An extremely informative study conducted by Bell (1993) revealed that emotional loneliness is negatively correlated with the perceived similarity of one's ideas and interest to the ideas and interest of others. Results hint at the possibility that people who perceived that they have fairly dissimilar ideas and interest may have more difficulty in forming close friendships and may be more emotionally lonely.

In an interesting study of loneliness experienced by the therapist (analyst), Buechler (1998) describes the loneliness of the analyst as it is shaped by four factors: the loneliness of the patient, the patient's prevailing way of relating, the analyst stance regarding counter transference, and the nature of the other emotions requited in the analyst by working with the patient. It is suggested that the analyst's loneliness contributes to various forms of work-related stress and certain frequently observed treatment impasses.

Davidson (1995) explored the everyday loneliness experience of ten white middle class adolescent and adult females (aged 15-18 yrs.) using a feminist, grounded theory approach. The author found the complexity of phenomenon is evident in the fact that various combinations of disconnecting factors and intervening factors were found to influence the dimensions of loneliness (i.e. intensity and deviation.) The results indicate that the interaction of these factors
and various strategies used to manage loneliness (creating connections, emotion and creating actions) completed the non-linear process.

Saklofske Yackulic and Keely (1986) studied the relationship between the Eysenck major personality factors and responses to the Revised UCLA. Extraversion was negatively related to loneliness for both males and females. Further females showed a moderately high correlation between neuroticism and loneliness. Regression analysis indicated substantially stronger relationship between the Eysenck factors and loneliness for females than for males.

Essex and Nam (1987) studied the effects of both the quantity and the quality of relationships with a close family member and a close friend on loneliness across the different marital status groups of older women. Results show that 38.5% of the subjects reported that they were lonely sometimes or more often. Married women and never-married women were lonely the least frequently; formerly married women were lonely the most frequently. Findings suggest that frequency and source of loneliness are determined by feelings of desolation resulting from discontinuity or changes in women's major established sources of definition of self and everyday life.

Ryan and Peterson (1987) report that females complain of loneliness more than men, and those who have lost their spouse within the previous 5 years appear to be the loneliest, suggesting, that loss has more of an impact than isolation. Childless widows, those who have infrequent contact with their children,
and those without adequate transportation are among the loneliest of elderly people. A relationship between loneliness and physical incapacity, poor evaluation of health, and sensory deficits was also noted. Loneliness has been linked to patterns of depression and increased suicide rates among the elderly.

Long and Martin (2000) examined the effects of personality, attachment, and dimensions of family solidarity on the loneliness of oldest old adults (i.e., 85 years and older) and their adult children. Parent-child dyads were formed with data collected from 100 parents and their children. Results from path analyses indicated that oldest old adults' loneliness was reduced by affection both for and from their children. Although an anxious personality decreased affection, perceptions of attachment to children increased feelings of affection. In addition, parents and children who had anxious personalities were more likely to be lonely, whereas loneliness was decreased for those with an extraverted personality. Children's loneliness also was decreased by association with their parents and by the quality of their friendships. Perceptions of childhood attachment to parents increased current affection and association with and fulfillment of parents' expectations.

Levin and Stokes (1986) examined the relative contribution of loneliness models of relations between five individual difference variables and loneliness. According to authors, one model suggests that individual difference variables are related to loneliness through the mediation of social network variable. A second cognitive bias model, states that the same interpersonal, cognitive processes
influence both the individual difference variables and loneliness. The relations of self-esteem to neuroticism, and depression to loneliness were hypothesized to reflect the cognitive bias model, while extraversion and attitudes toward others reflect the mediation of social network variable. The second model helps to explain the correlation of the individual difference variable of loneliness.

Lourdes (1986) describes loneliness as a commonly encountered problem among the elderly and discusses the relationship of loneliness to social isolation, powerlessness, and decreased self-esteem. Loneliness is examined as an iatrogenic emotional problem.

Zakahi (1986) investigated the causal relationships among loneliness, perceptions of communication satisfaction, and communication competence. Subjects were asked to rate their roommates on communication competence and their own levels of communication satisfaction and loneliness. Results show that while loneliness was significantly related to both communication satisfaction and perception of partner's communication competence, there was no evidence to suggest that loneliness was responsible for such evaluations.

Kalliopuska (1986) tested the hypothesis that empathy is negatively related to the negative experience of loneliness and positively related to the positive experience of loneliness. Empathy was measured by an emotional empathy scale support for hypothesis, suggesting that objective loneliness is not necessarily subjective loneliness.
Fordham, Stevenson (1999) studied young children and showed that initial wariness on meeting a stranger, shyness that lasts into middle childhood may be indicative of concurrent problems and subsequent disorder. Adjustment problems of an internalizing nature, such as low self-esteem, loneliness, and anxiety may occur. Special significance has, however, been ascribed to preadolescent friendships as a means of validating self-worth and buffering against loneliness and anxiety. The main aim of the study was to examine associations between shyness and perceptions of friendship quality, and indices of adjustment related to internalizing problems. The study involved a sample of 8.4-10.6-year-olds (N = 50), preselected at 4.5 years to include a high proportion of shy children. Ratings of shyness to an unfamiliar adult had been made by different observers at 4.5 and 7 years, and at a later age by another observer, mothers, and teachers. Observer-rated shyness was highly consistent over time and was significantly correlated with mothers' and teachers' ratings, although both significantly underestimated children's shyness relative to observer ratings. Compared with the younger children (mean age of 9 years), observed shyness (a composite over all three age points) increased in salience for the older children (mean age of 10 years), becoming significantly correlated with trait anxiety as well as low global self-worth. Indeed, global self-worth took on a central role for the older children, showing significant correlations not only with observed shyness and internalizing problems (loneliness and anxiety), but also with perceptions of social acceptance and classmate support as well as friendship
quality, with a named "best friend". Thus by 10 years of age, aspects of peer relationships may influence and be influenced by global self-worth, with a possible buffering effect on any potential detrimental effects of shyness.

Another important concept being studied by the researcher is anxiety sensitivity. The phenomena refer to fear of anxiety sensations arising from the belief that these sensations harm the individual physically, socially, psychologically. It was hypothesized that this fear of anxiety sensations and belief in their negative outcomes may create in an individual the desire to desist from social contacts and generally withdraw himself/herself and therefore encourage lonely behaviour. Empirical studies relating to anxiety sensitivity were therefore also evaluated.

Literature search on anxiety sensitivity reveals that not much work has been done in the area. This is understandable. Although the concept of anxiety sensitivity was proposed in 1985 by Reiss and Mc Nally, the phenomenon was highlighted by Taylor in 1995. Therefore it has been studied at a lighted level. The present investigator has selected this variable for study in terms of its relevance, clearly indicated at theoretical level, for understanding loneliness. At the empirical level too some evidence is existing. Taylor (1995) while saying that anxiety sensitivity is factorially distinct from other fundamental fears; asserted that it is more strongly related to agoraphobia, i.e. fear of entering unfamiliar
situations. Davison and Neale (1998) say that, agoraphobic individuals are often clinging and dependent. Studies of the histories of severely impaired agoraphobic persons have shown that 50 percent of the patients exhibited separation anxiety in childhood, well before the onset of the agoraphobia (Gittelman and Klein, 1984). The association between childhood separation anxiety and agoraphobia is much stronger in women than in men. Perhaps, in some sense, agoraphobia is a delayed outbreak of childhood separation anxiety. This gives strength to our belief that anxiety sensitivity may be playing a role in the experience of loneliness.

Taylor, Fedoroff (1999) developed expectancy theory to explain how and why anxiety sensitivity could cause fear, anxiety, and panic and avoidance behavior. Loneliness can be conceptualized as a type of avoidance of persons.

Rabian, Peterson, Richters, Jensen (1993) found that children who score significantly higher on the childhood anxiety sensitivity index (CASI) are more often diagnosed as having anxiety disorder.

A study carried out by Borden and Lister (1994) examined the association of physiological sensations and cognitions in forty undergraduates with high and low levels of anxiety sensitivity by the anxiety sensitivity index. Anxiety sensitivity is proposed as an individual differences variable distinguishable from anxiety. It is suggested that individuals with high levels of anxiety sensitivity believe the
experiences of anxiety are harmful and monitor their physiological responses by focusing attention to their internal stimuli. In another study by Eifert, Zvolensky, Sorrell, Hopko (1999) examined the extent to which anxiety–related individual difference variables predict anxious responding when individuals experience aversive bodily sensations. The authors explored several psychological and behavioral predictors of response to a single twenty-five-sec inhalation of 20% carbon dioxide enriched air in 70 non-clinical undergraduate participants. Predictor variables included anxiety sensitivity, suffocation fear, heart-focused anxiety and breath-holding duration. Results obtained emphasize the role of “fear of fear” in producing heightened anxiety and panic symptoms.

Chorpita, Lilienfeld, (1999) explored the concept of anxiety sensitivity in children and adolescents as proposed by Loevingers. The collective evidence suggests mixed support at present for the validity of the clinical assessment of anxiety sensitivity in youths owing to a) a limited number of adequate measures b) insufficient data on construct validity c) a deficiency of knowledge regarding the potential influence of developmental factors on anxiety sensitivity and anxiety disorders. Limitations of the literature are summarized and suggestions for future research are provided.

Observations made by Asmundson, Norton (1995) found that high anxiety sensitivity subjects exhibited greater cognitive disruption and anxiety in response to chronic back pain, greater fear of negative consequences of chronic back pain, and greater negativity of affect than other groups. Groups did not differ in the
intensity of chronic back pain that they were experiencing. The proportion of high anxiety sensitivity subjects reporting current use of analgesic medication was significantly greater than the medium and low anxiety sensitivity subjects. Further the correlational analysis indicated significant associations between anxiety sensitivity and chronic back pain-related cognitive/affective variables that were independent of chronic back pain severity.

The relation of anxiety sensitivity to personality dimensions has received little attention. In a study conducted by Lilien S.O (1998) four-anxiety sensitivity indices were administered along with measures of personality, fears and panic attacks to 220 undergraduates. At the higher order level anxiety sensitivity was positively correlated with negative emotionality but was largely unrelated to either positive emotionality or constraint. At the lower order level, anxiety sensitivity was positively correlated with absorption and negative emotionality index. Most of the correlations were significant even among participants with no panic attack history. Anxiety sensitivity exhibited incremental validity above and beyond a number of personality variables, including absorptions and trait anxiety, in the prediction of fear and panic attack history. These findings are consistent with the hypotheses that a propensity toward immersion in sensory experiences is a diathesis for anxiety sensitivity and panic attack.

Cox, Endler, Swinson (1995) investigated the relationship between 23 specific panic attack symptoms and 16 items of the anxiety sensitivity index, (using a factor analytic procedure with 209 panic attack patients). A 5-factor
model resulted in 3 panic symptom clusters. The 5-factor model accounted for 50% of the variance. They found some overlapping between anxiety sensitivity and panic symptomatology. The cognitive pain symptom "fear of dying" loaded strongly on the anxiety sensitivity fear of physical sensation factor rather than on any of the panic symptom factors. These results demonstrate that anxiety sensitivity can be independent of panic.

Jasnoski, Bell and Peterson, (1994) investigated three potential indirect connections between adult panic attacks and childhood shyness, they found that childhood shyness together with a combination of anxiety and anxiety sensitivity was related to adult panic attacks.

Schmidt and Cook (1999) explored the concepts of anxiety sensitivity with panic disorder as proposed by G. J. Asmundson and colleagues, who had suggested that anxiety sensitivity may act as a risk factor for chronic pain, and a study by (W.E. Fordyce 1976) has demonstrated an association between anxiety sensitivity, avoidance behavior and pain. This study assessed whether anxiety sensitivity levels would be predictive of pain and anxiety during a brief pain induction task. The findings revealed that anxiety sensitivity appears to mediate the relationship between diagnostic status and pain. However, anxiety sensitivity appears to be only indirectly associated with pain through its contribution to anxiety.
Mc. Nally, (1999) emphasized the complementary strengths of the correlational and experimental traditions. Authors address studies conducted in the second tradition-namely experiment on threat-related cognitive biases in people characterized by high anxiety sensitivity. It was observed that panic patients commonly score high on the anxiety sensitivity index. Evidence for cognitive biases in panic disorder and anxiety sensitivity have been highlighted.

A study carried by Eysenck, (1997) proposed a new theory of trait anxiety, this being a 4- factor theory of anxiety. According to this unified theory, there are four sources of information, which influence the level of anxiety experienced. 1) External stimulation 2) Internal physiological activity 3) Internal cognitions 4) One's own behavior. The unified theory is essentially based on cognitive biases. It is also assumed that the various anxiety disorders depend on cognitive biases, and that the main anxiety disorder differs in terms of the source of information most affected by such biases.

Lilienfeld, Turner, and Jacob (1998) opine that the debate concerning the relation between anxiety sensitivity and trait anxiety has been constructive for the field and has suggested a number of important directions for future research. According to them, S. Reiss's commentary on anxiety sensitivity and trait anxiety contains several serious factual misstatements and logical errors. The authors suggest that future research on anxiety sensitivity – (i) must visualize this construct within the context of broader temperamental personality variables, (ii) explicitly recognize the bi-directionally of emotional and cognitive influences.
Keogh and Birkley (1999) defined anxiety sensitivity as a trait tendency to experience a fear of anxiety related sensations. Although closely associated with panic disorder, recent research suggests that anxiety sensitivity is related to a wider range of pathological conditions. It has been noted that anxiety sensitivity may play a role in mediating negative experience and sensations, associated with pain. Measure of pain threshold and tolerance were taken, as were self-reported measures of affective and sensory experiences. Gender differences were also investigated. As expected, gender was found to be associated with sensory pain. This effect was depending on levels of anxiety. High anxiety sensitivity females reported greater sensory pain than low anxiety sensitivity females. No effect of anxiety sensitivity sensory pain was found among males, misstatements and logical errors. The authors suggest that future research on anxiety sensitivity – (i) must visualize this construct within the context of broader temperamental and personality variables, (ii) explicitly recognize the bidirectionally of emotional and cognitive influences.

Zerbe (1995) found that women are more prone to anxiety.

Lewinsohn, Gotlib, Lewinsohn, Seeley (1998) studied gender difference in anxiety amongst adolescents, there was a preponderance of anxiety amongst females and interestingly even when psychosocial variables were statistically controlled, this difference came out clearly. Thus it follows that factors other than psychosocial, probably physiological factors play a greater role in the experience of anxiety. It is a hypothesis worth testing that women have higher anxiety
sensitivity than men. Psychosocial variables that were correlated with both anxiety and gender were identified. Statistically controlling for these variables did not eliminate the gender differences in prevalence or anxiety symptom means.

Another variable that formed part of our study was anger. Since the anger experience is an experience of negative affect, there appeared to be theoretical justification to study the various dimensions of anger amongst persons experiencing loneliness.

In an extensive review of literature, Begley (1994) examined association between expressed and suppressed anger with anxiety, depression and somatic complaints. The author found a direct relationship between suppressed anger (anger-in) and the three health complaints. In another study Duckro, Chibnall, Tomazic (1995) examined the relationship between anger expression, anger suppression, depression and headache related disability. A path analytic model indicated a direct relationship between depression and perceived disability. Anger suppression and anger expression each had a direct influence on depression but their effects on disability were mediated through depression.

Yarcheski, Adela, Mahon, Noreen and Yarcheski (1999) tested three theories explaining state anger each using hierarchical analysis of sets. These three theories lend to the development of explanatory theories of state anger scale and instruments measuring variables linked to stress theory, differential emotion theory and trait theory. Results indicated that the sets of variable used to
test all three theories explained a statistically significant portion of variance in state anger when entered first in the analysis. Comparatively, the trait theory variables explained more variance in state anger when entered first (41%) in the analysis than did the emotion theory variables when entered first (31%) in the analysis or the stress theory variable, when entered first (21%) in the analysis. All three theories provided theoretically sound and relevant explanations of state anger, although trait theory provided the most powerful explanation.

A study conducted by Iqbal, Ahmad, Shukla, Akhtar (1993) examined the influence of family system on anger. Subjects from joint families scored significantly higher on anger control than did nuclear family subjects. Males from nuclear families scored significantly higher on the anger-out dimension than did females from nuclear families.

Nunn and Thomas (1999) studied the role of self-esteem and gender in anger expression. Participants, who were screened for high or low self-esteem, were angered by a confederate. Men with low self-esteem exhibited anger-out reactions while women with low self-esteem exhibited anger-in responses. High self-esteem men and women did not differ in their anger responses. These findings support the hypothesis that low self-esteem men and women rely upon socialized sex role stereotypes when responding to anger.

Whitesell, Robinson and Harter (1993) exclaimed how variations in the event provoking anger, the level of anger reported in response to the event, and
the gender of the subject were related to choices and effectiveness ratings of three types of coping strategies: expressive, avoidant and approach. In the rumor situations, girls endorsed approach strategies more often and expressive strategies less often than boys. In the hit situation girls rated the expressive strategies more highly than did boys. Adolescents in the hit situation with high ratings of anger were more likely to endorse expressive strategies.

Mundal, (1993) studied the interactions of somatization, thoughts and social processes evolving from unrecognized, unexpressed, or repressed anger in women. Narratives containing themes of childhood abandonment, sexual abuse, self-hatred, addiction, interpersonal problem, and repetition of self-defeating patterns were given to facilitate interpretation of what it is like to experience anger as a woman. The most critical findings were the transformation of anger as lived by woman into socially acceptable pathology. Anger was left in silence and the possibilities for its expression were found in physiological disorders, substance abuse, self-deprecatations and affiliation problems, among other conditions.

Brody, Haaga, Kirk and Solomon (1999) compared 25 people who had recovered from a major depression with 25 who had never been depressed to assess in recovery. The concept of fear of expressing anger and its relations with self-silencing and anger attacks was explored. The major depression group significantly exceeded the never-been depressed group in the degree of reported holding anger-in and being afraid to express it. Also major depression subjects
were more likely to endorse attitudes consistent with silencing the self-theory, believing they must hide their feelings to preserve relationships. They were also more likely to have experienced an anger attack. Both silencing the self and a history of anger attacks were significantly correlated with fear of anger expression.

Berkowitz (1999) reviews how investigators concerned with the psychology of emotions define the concept of anger and concludes on the basis of in depth analysis of available research that the nature and origin of anger clearly calls for an eclectic approach to the understanding of this emotional state. Berkowitz (1993), Parrott (1993) propose that a theory of anger and more generally, emotion, which is based on the cognitive appraisal, approach, would offer a better explanation of the phenomena.

Ben-Zur and Breznitz (1991) investigated the effects of nine events dimensions on self-reported anger, using descriptions of everyday provocation. The descriptions were constructed according to predetermined dimensions by using several Cartesian designs. Results indicate that level of damage was the most influential dimension affecting judgment anger. Other dimensions such as intentionality and preventability of the damage also consistently increased the level of anger. Level of anger was sometimes elevated when the damage was unexpected or could not be corrected as well. Thus, three basic aspects of a harmful event; extent of damage, the cause of damaging act and the likelihood of damage occurances affected anger.
Zwerdling and Thorpe (1987) studied cognitive and affective responses to hypothetical situations involving interpersonal conflict in 36 high moderate, and low-anger. Data from self-report questionnaires and structured interviews indicate that high and moderate-anger groups scored significantly higher than low-anger subjects on a questionnaire measure of irrational thinking; high-anger subjects scored higher than low-anger subjects on general anxiety, suspiciousness, fear of negative evaluation, hostile, and criticism of themselves and others. Results support a relationship between irrational thinking patterns and anger.

Marris and Howard (1987) surveyed 477 male and 432 female on the incidence of frequent feelings of depression and anger of moderate and marked intensity, self-image, and perceptions of the quality of parenting. Analysis indicated that intense feelings of depression were more frequent in girls, whereas intense feelings of anger were more frequent in boys. A negative self-image that included a sense of incompetence was more characteristics of subject who were prone to feelings of depression than those who were prone to feeling of anger. Perceived acceptance by parents (particularly the mother) was negatively correlated with the frequency of feelings of depression and anger in both boys and girls.

Schultz, Izard and Ackerman (2000) examined the relations of care given depression and family instability to preschool aged children's (mean age 4.8 yrs.) anger attribution bias and emotion attribution accuracy on a test of emotional
situational knowledge. After controlling for age, gender and verbal ability, care given depression and family instability predicted children's anger attribution bias but not the overall accuracy of their emotion attribution. The children were also divided into groups low and high on teacher reports of aggression and groups low and high on teacher reports of peer rejection to examine the anger attribution bias of these groups. For boys but not girls, greater anger attribution bias predicted higher level of peer rejection. Results suggest that the misattribution of anger to others may be an important component of some children's early emotional and social difficulty.

Mook, Vandeerploeg and Kleyn (1990) investigated the interrelationship between trait anxiety, anger and depression in non-clinical, sub clinical and clinical samples. Results showed anxiety and depression to be highly correlated in students, adults, medical and psychiatric inpatients. The relationship of anger to both anxiety and depression, especially between anxiety and anger, was reported at the affective state level. Moreover partial correlations suggest the results on the anger-depression relationship to be mainly due to the medicating (causal) influence of anxiety. Results are discussed with reference to the discrepancy of distinctions commonly made between the constructs at the theoretical level and lack of such distinctions found at the empirical level.

Barfield, and Hutchinson (1989) describes a time-limited (6 wks.) group instituted to address anger control and expression with 10 emotionally disturbed boys (aged 13 to 18 yrs.) in residential or day treatment who identified anger as a
significant therapeutic issue and felt that anger expression had gotten in the way of personal goals. The groups offers a corrective and therapeutic experience that allows the member to work through angry feelings from past losses and traumas, as well as to continue to grow safely in a healthy consistent environment. Through conscious adaptation subjects learned to identify, measure and take responsibility for their anger. This suggests that group intervention can help children alter habitual maladaptive expressions of anger.

Fava (1998) studied a number of phenomenological studies, which have demonstrated the marked heterogeneity of unipolar depressive disorders. Recently subtype of depression has been identified characterized by the presence of irritability and anger attacks. These attacks are sudden spells of anger accompanied by symptoms of autonomic activation such as tachycardia, sweating, flushing, and tightness of the chest. They are experienced by depressed patients as uncharacteristic of them and inappropriate to the situations in which they occur. Approximately one third of depressed outpatients present with anger attack. Patients with unipolar depression and anger attacks frequently experience significant anxiety and somatic symptoms, and are relatively more likely to meet criteria for avoidant, dependent, borderline, narcissistic, and antisocial personality disorders than depressed patients without these attacks. Anger attacks subside in 53% to 71% of depressed outpatients treated with antidepressants, and the degree of improvement in depressive symptoms after antidepressant treatment is comparable in depressed patients
with and without anger attacks. In addition, the rate of emergence of anger attacks after treatment with antidepressants (6%-10%) appears to be lower than the rate with placebo (20%). Finally, antidepressants that affect serotonergic neurotransmission, known to be involved in the modulation of aggressive behavior in animals and humans, may be particularly effective in this subtype of depression, but further studies are needed to support this hypothesis.

Nuller and Vale (1997) also reported that severity of typical depressive symptoms was correlated with the intensity of anxiety. To some extent, role of anger in promoting depression which is marked by withdrawal symptoms, so clearly found in loneliness also is brought out by the studies quoted.

Competence is another variable which forms part of our study. Since competence is a socially desirable quality and incompetence is not, it was considered relevant to investigate if those who are lonely, i.e. socially withdrawn feelings of low competence.

Eraut (1998) studied the concept of competence reviewing the range of meanings, which have been ascribed to it and the circumstances which gave rise to these meanings. The author suggests a conceptual framework and set of definition appropriate to the concerns of the health and caring professions, their stakeholder and their clients. The author begins by examining how the term "competent" is used by the general public before embarking on a review of the more technical forms of usage. Some treat competence as a socially situated
concept, the ability to perform tasks and roles to the expected standards leaving its precise meaning to be negotiated by stakeholder in a macro or micro-political context. Others treat competence as individually situated, a personal capability or characteristic. This latter concept is labeled “capability” and has a vital relationship with socially defined competence.

In a study conducted by Walter, La Freniere (2000), naturalistic observation during free play was used to explore the role of effective expression and gender in preschooler’s social competence and sociometric status. The correlates of anger and distress were moderated by the gender of the child. Girl’s anger, but not distress was negatively related to peer rejection. In contrast boy’s anger and distress were both positively related to peer rejection. These findings confirm the relation between effective expression and social competence, but also indicate that theses relations may be different for boys and girls.

L’ Abate (1990) presented a theory that defines personality as a set of competencies in different and diverse settings. This theory of developmental competence, derived from assumptions of space and time, postulates two sets of abilities necessary and sufficient for functional family living: ability to love and ability to negotiate. The sets of skills derived from both abilities interact according to one’s developmental and structural priorities.

Cole, Peeke, Dolezal, Murray and Canzoniero (1999) studied and self-perceived competence and negative affect. Self-perceived competence consisted
of two higher order constructs: a well-behaved/good-student factor and an attractive/athletic/popular factor. Negative affect was operationalised as the common dimension underlying self-reports of depressive symptoms, anxiety symptoms, and negative emotions. Structural equation modeling revealed very high stability estimates for all constructs. Nevertheless, self-perceived competence in the attractive/athletic/popular domain predicted changes in NA. Conversely, NA predicted changes in self-perceived competence in the well-behaved/good-student domain.

McCauley, Lerner and Lerner (1999) conducted a longitudinal study to examine 75 young adolescents to explore whether self-competence predicts the emergence of gender differences in depression and anxiety. During both 6th and 7th grade, boys reported significantly higher levels of self-competence than did girls. The results obtained support the hypothesis that self-competence is partially responsible for the emergence of gender differences in depression and anxiety during early adolescence.

In study conducted by Cole, Martin, Peeke, Seroczynski, Fier (1999) a total of 807 third and sixth graders completed questionnaires about their academic competence, feelings of depression, and symptoms of anxiety, every 6 months for 3 years. Teachers provided objective measures of academic competence. Compared to teachers' ratings, boys overestimated and girls underestimated their academic competence. Gender differences first emerged in fourth or fifth grade and increased through eighth grade. Symptoms of
depression and anxiety were negatively associated with academic overestimation. Furthermore, controlling for depression and anxiety eliminated most of the gender differences in academic over- and underestimation. Finally, self-reported depression and anxiety predicted changes in the tendency to overestimate academic competence over time. Evidence of the reverse relation was much weaker.

Macrae, Bodenhausen and Milne (1998) hypothesized that competence in terms of mental control and cognitive self-focus would promote the spontaneous suppression of social stereotypes. Participants who were induced to experience heightened self-focus indeed produced less stereotypic descriptions of social targets. Further, authors demonstrated that self-focus produced reductions in stereotyping only among those participants whose personal standards dictated stereotype avoidance.

Wright and Busby (1997) studied self-esteem and emotional functioning in women. Significant correlations between emotional functioning, self-esteem, and self-reported relationship satisfaction were found using regression testing and path analysis. A significant negative relationship was noted between a woman's self-esteem and her withholding of verbalized displeasure or disagreement with her partner.

Kalimo, and Vuori (1990) describe the impact of conditions and personality, as assessed in adolescents, on competence and life satisfaction in
adulthood in women and men. Subjects with high life satisfaction and competence had favorable work conditions and more personal resources and personal support. Their coping strategies were problem focused, whereas subjects with less sense of well-being were emotion focused. Subjects of low competence the quality of home care, sports participation and self-esteem in youth predicted competence in adulthood.

Nowicki and Mitchell (1998) compared male and female children on social competence. The specific task was, children's ability to identify affect (emotion) in child and adult facial expressions and tones of voice. Results indicate that gender plays an important role in this association. For boys, accuracy in identifying low-intensity adult faces and to a lesser extent, low-intensity adult voices were related to social competence was being measured in interactions with other children or with adults. In contrast, for girls, the ability to read high-intensity expressions across child and adult faces and voices was more specifically related to social competence, depending on whether it was defined by interactions with children or adults. Social competence at this age seems to involve different types of nonverbal skills for boys and girls. Whether such differences exist at the adult level is an open question.

Bartle and Sabatelli (1997) explored the relationship between competence and emotional reactivity toward parents, taking gender differences into account. Interactions with parents were assessed with the Behavioral and Emotional Reactivity Index. Interpersonal competence in both same-sex friend
and dating partner relationships were measured using the Interpersonal Questionnaires. Results of a doubly repeated multivariate analysis of variance suggested that emotional reactivity towards parents was related to interpersonal competence in both same-sex friend and dating partner relationships regardless of gender.

Alicks, LoSchiavo, Zerbst and Zhang (1997) studied people who show competence in protecting themselves against unfavorable social comparisons. Sometimes, however, the unfavorableness of a comparison is too unambiguous to deny. In such circumstances, people may indirectly protect their self-images by exaggerating the ability of those who out perform them. Aggrandizing the out performers is conceived to be a construal mechanism that permits inferior performers to deflect the self-esteem threat of being out-performer's ability was demonstrated in a context in which sub learned they had been out performed by a confederate on a perceptual intelligence test. Subjects and observers ratings of the confederates intelligence showed that subjects consistently rated the confederate more favorably than did observers. Using a similar methodology in which subject out performed confederates. The study is indicative of a very crucial point namely should we define competence merely in terms of success in achieving a goal or the process and techniques used to achieve the goal should also be taken into consideration in terms of it being a healthy or non-healthy technique.
Kopponen and Pulkkinen (1999) studied behavioral characteristics indicative of competence to self-control of emotions and personality and social development. The study examined the relationships between the adult's emotion regulation strategies (ERSs) of Repair Maintenance and Dampening and concurrent personality characteristics. The question of the heterotypic continuity of the self-control of emotions, and of how the use of ERS might account for this was also examined. Correlational analysis multivariate analysis of variance and path analysis showed for men only, that low use of ERS relates to low self-control of emotions, where as high use relates to high self-control. Moreover, the self-control of emotions showed heterotypic continuity over a period of 28 years, which can partly be explained by the mediating role of ERS. Subjects with low Repair had characteristics indicating low-self control of emotions. Conversely, subjects with high Repair showed high self-control of emotions.

Daniels (1998) found that age was an important factor in determining the role of personal standards in self-esteem. It was observed that only older adolescents and adults felt that personal standards determined self-esteem. However all age groups felt that positive cognitions of the self influences one's internal reactions to events.

Thompson (1997) found that attributions of failure avoidant students in response to success and failure outcomes. Failure-avoidant students were found to attribute success externally. This extent attribution may be an important factor
in the development and maintenance of performance-limiting behaviour associated with fear of failure.

Bosson and Swaan (1999) found that people's specific feelings of self-competence, self-liking and the question for self-verification was important in determining perceived accuracy and choice of feedback which gives feedback to their self-esteem.

Cole, Martin, Peeke, Serozynski (1998) did a longitudinal study of the relation between negative self-evaluation errors and symptoms of depression. Childrens tendency to underestimate their competencies predicted increases in depression. Childrens depression scores predicted increase in the underestimation of self-competence over time in all grade levels. Gender differences and developmental differences in the cognitive errors associated with depression scores also emerged. Contrary to A.T.Beck's (1963, 1972) model, negative self-distortions appear to be more reflective than predictive of depression in children.

Meeks, Mendrick and Mendrick (1998) explored the importance of several communication-related variables including perspective-taking, self-disclosure conflict tactics and relational competence, as well as love attitudes in the predictions of relationship satisfaction. Findings reveal that self and partner communication variables, and love orientation was significant predictors of relationship satisfaction.
Capps and Marian (1996) studied self-competence and emotional understanding in non-standard children with autism and observed extremely interesting results. Children who perceived themselves as socially less competent demonstrated strong intellectual capacities, greater understanding of others emotional experiences, and better access to their own emotional experiences. Parents also reported that these children were more adaptive and socially competent.

Redmond (2000) investigated the effects of cultural distance on the amount of stress, the handling of stress, and competence as reported by international students attending a U.S. university. Cultural distance was defined by Hofstede's four dimensions of cultural variability: power, uncertainty avoidance, masculinity and individualism. Intercultural communication competence was operationalized as six competencies: language competence, adaptation, social decentering, communication effectiveness, social integration and knowledge of the host culture. Results show the intercultural competencies differed between those respondents from cultures closest to the U.S. in cultural values and those furthest. Adaptation was the most prevalent skill related to both the amount of stress and the handling of stress regardless of cultural value. Finding adaptation to vary in its level of contribution to predicting stress is reasonable, since cultural differences are inextricably linked to cultural value distance.
It can be seen from the above exposition that in recent years work relating to loneliness and various dimensions of behaviour that can contribute to it, has been going on. It is an area worth exploring particularly because of its implications on mental health.

There appears to be a great need to understand the experience of loneliness in terms of factors like anxiety sensitivity, anger direction, and competence.

The researcher has therefore framed the following broad research questions, which may be probed. Since high, moderate and low loneliness groups are being studied in context of anxiety sensitivity, competence and anger and four dimensions of anger (anger-in, anger-out, anger-control, anger-total) have been considered, many sub question will be formulated out of each major research question. Further, it was felt that the phenomena should be explored in the total sample and also in the two gender groups. Since the variables under study have not been explored in context of each other to a sufficient degree, subgroups formed on the basis of high, moderate and low scores on anxiety sensitivity, anger dimensions and feelings of competence also needed to be studied, therefore research questions in that context have also been framed.
Our broad research questions are:-

1. Do people experiencing high, moderate and low amount of loneliness differ on anxiety sensitivity, various anger dimensions and competence?

2. Do males experiencing high, moderate and low amount of loneliness differ on anxiety sensitivity, various anger dimensions and competence?

3. Do females experiencing high, moderate and low amount of loneliness differ on anxiety sensitivity, various anger dimensions and competence?

4. Do people experiencing high, moderate and low amount of anxiety sensitivity differ on loneliness, various anger dimensions and on competence?

5. Do people experiencing high, moderate and low amount of anger-in differ on loneliness, anxiety sensitivity and competence?

6. Do people experiencing high, moderate and low amount of anger-out differ on loneliness, anxiety sensitivity, and competence?

7. Do people experiencing high, moderate and low amount of anger-control differ on loneliness, anxiety sensitivity and competence?

8. Do people high, moderate and low on anger-total differ on loneliness, anxiety sensitivity and competence?

9. Do people experiencing high, moderate and low amount of competence differ on loneliness, anxiety sensitivity, and on various anger dimensions?