CHAPTER V
SUMMARY
Loneliness is as natural and integral a part of human being as are joy, hunger, and self-actualisation. Humans are born alone, they experience the terror of loneliness in death, and often much loneliness in between (Rokach, 1988; Moustakas, 1961).

Moustakas (1961) and Rolheiser (1979), among others, maintain that loneliness is at the core of every person's ordinary life experience. Mijuskovic (1979) and Rokach (1987) suggest that loneliness is not a modern day social ailment but rather a condition that human beings have experienced since the dawn of time. Those who view loneliness as a historic rather than a contemporary phenomenon suggest that being human – sharing the experience of living, being and dying – means being lonely; there can be no escape from, or transcendence beyond, loneliness so long as man exists. Although loneliness is recognised as a socially prevalent phenomenon that has been described consistently as very painful, distressing, and disturbing, a lonely individual is commonly regarded as "deviant, as someone who is spoiled or generally undesirable" (Perlman & Joshi, 1989, p.63).

This universally recognized and experienced phenomenon gained the attention of researchers in the 1970's (West, Kellner, & Moore-West, 1986). In other words, loneliness is an experience that received active empirical investigation in the 1970s, based on theoretical developments beginning in the 1950s and 1960s. In a review article, Marangoni & Ickes
(1989) cogently sorted out the many theoretical approaches that serve as the foundation for the explanation of why people become lonely. Those approaches can be broadly categorized as (a) the social needs approach (Bowlby, 1969; Fromm-Reichmann, 1959; Sullivan, 1953) and the social-support perspective (Weiss, 1973), (b) the behavioural/personality approach (Horowitz & des French, 1979; Russell, Peplau, & Ferguson, 1978), and (c) the cognitive-processes approach (Dykstra, 1990; Jones, 1982).

Although research on loneliness has increased in the past two decades, no consensus has been reached concerning a definition of the construct (Medora & Woodward, 1986). Seligman (1983) described loneliness as one of the most poorly understood of all psychological phenomenon. DeJong – Gierveld (1987) considered loneliness multidimensional and defined it as a lack of opportunity to have a relationship with others on an intimate level. According to Peplau and Perlman, “Loneliness is the unpleasant experience that occurs when a person's network of social relations is significantly deficient in either quality or quantity” (1982, p. 4). According to Peplau and Perlman (1982), the three essential characteristics of loneliness are (1) that it results from deficiencies in social relationships, (2) that it represents a subjective experience (that is, it is not necessarily synonymous with social isolation as one can be alone without feeling lonely or lonely when in a group of
people), and (3) that it is unpleasant and emotionally distressing. Despite differences in conceptualisation, there is a general consensus among researchers on three fundamental characteristics of loneliness experience. First, loneliness experience is subjective, aversive and detrimental to psychological well being; second, loneliness is inevitable and a pervasive phenomenon in contemporary society; and third; loneliness is distinct from social isolation.

Past research has shown that loneliness is a relatively common experience in adolescence. In fact, data from national surveys (Brennan, 1982; Ostrov and Offer, 1978) indicate that between 20 and 50% of adolescents experience some degree of loneliness. Adolescents are particularly vulnerable to loneliness due to the increased importance of friendship during this developmental stage. Loneliness is powerfully experienced in adolescence as a result of an increased need for intimacy and self-disclosure, which may only be satisfied by close relationships with same and opposite sex peers (Brennan, 1981). The importance of friends and peer group involvement increases with age and peaks during the tenth grade (Bell, 1981). Weiss (1973) argues that it is not until adolescence that individuals begin to scan their social worlds for non-familial attachments. They may experience unsatisfactory relationships
with peers or become involved in broken love affairs that could result in loneliness.

These findings suggest that painful deficits in one’s social attachments have severe implications for psychological functioning and adjustment that may require professional intervention. The incidence of adolescent loneliness is high enough that the development of appropriate intervention and treatment programmes seems warranted. Nevertheless, more empirical research on this topic is required before programmes can be adequately designed. It is essential because of the pervasiveness of loneliness in adolescence. Although a number of writers have thought and written about loneliness as a typical and painful experience during adolescence, surprisingly little is known about the personality characteristics of young people from non-clinical samples who experience loneliness. Thus the present study was designed to study more comprehensively about adolescent loneliness by including in its purview a wide range of variables, namely depression, locus of control, perceived stress, state and trait anger, social support and coping in a single study.

Phase I

The main objectives of phase I are:

1. To examine the relationship of loneliness with perceived stress.
2. To examine the relationship of loneliness with state and trait anger.
3. To examine the relationship of loneliness with social support.
4. To examine the relationship of loneliness with locus of control.
5. To examine the relationship of loneliness with depressive tendencies.

Hypotheses

On the basis of literature in different areas of psychopathology, the following hypotheses are formulated:

1. It is hypothesised that loneliness will be positively related to perceived stress.
2. It is hypothesised that loneliness will be more markedly related (positively) to trait anger than state anger.
3. It is hypothesised that loneliness would be negatively related to different indices of social support.
4. It is hypothesised that person's with external orientation will be more lonely than person's with internal orientation.
5. It is hypothesised that loneliness would be positively related to depressive tendencies.

Phase II

In the phase II of the present study, coping with loneliness would be examined in relation to important parameter's revealed by phase I of
the study. The present study will not use any standardised questionnaire on coping. Instead, following Rubenstein & Shaver (1980) the 300 respondents would be asked to endorse as many responses as applicable to the statement, "when I am lonely I usually ......"

The subjects would be provided a list of 25 alternative ways of coping with loneliness. It is hypothesised that male and female adolescents would employ different coping strategies to deal with loneliness.

(A) Sample

The subjects were drawn from Senior/Senior Secondary Government and Public Schools located in Chandigarh. Participants were 300 adolescents comprising of 150 males and 150 females. The age of 150 males and 150 females ranged from 15 to 18 years. The variables of marital status, employment status, and urbanism were controlled since all the subjects were unmarried, unemployed and belonged to urban area. The majority of the subjects were from upper middle/middle class families. To be more precise, subjects were similar in age, education, income, marital status, employment status and area of residence. The characteristics of these subjects are similar to those of large segments of population, and this should enhance the generalisability of the findings.
(B) Measures

The following measures were used:

(a) Measures of Loneliness:
    Revised UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980).

(b) Measures of Depressive Symptoms:
    Zung Self-rating Depression Scale (Zung, 1965)

(c) Measures of Locus of Control:
    Internal-External Scale (Rotter, 1966).

(d) Measures of Perceived Stress:

(e) Measures of Social Support:
    The Social Support Questionnaire (Sarson, Sarson, Shearin, & Pierce, 1987).

(f) Measures of Anger:
    The State - Trait Anger Scale (Speilberger, Jacobs, Russell, & Crane, 1983).

ADMINISTRATION OF TESTS

The following tests were administered in random order, requiring four different sessions.

1. Revised UCLA Loneliness scale
2. Zung Self-rating Depression scale

3. Internal-External Scale

4. The Social Support Questionnaire

5. A Global Measure of Perceived Stress

6. The State-Trait Anger Inventory

The tests were administered in small groups of 10 to 15 participants. The doubts of the participants were removed before permitting them to fill out different questionnaires. The instructions for different tests were read aloud to the groups and the instructions in typed form were also provided to the subjects.

The general testing conditions were satisfactory. Efforts were made to establish rapport with the participants in order to elicit reliable and authentic information. Participants were told that the information was being collected purely for research purpose. They were also assured that the information to be collected would remain strictly confidential and presented only in a form in which no person could be identified. The promise of privacy appears to have gone a long way in establishing psychological rapport because a large number of participants contacted the investigator later on and enquired about their performance on different measures. Co-operation of principals and teachers of different schools also helped in eliciting reliable information from the participants.
Despite the task being tedious, participants showed keen interest in filling out different questionnaires.

**Scoring of the tests**

The tests were scored by following the procedures suggested by the authors of different tests.

The Revised UCLA Loneliness Scale was scored for a global measure of loneliness. The measures of depressive symptoms were obtained by scoring Zung Self-rating Depression Scale. The Social Support Questionnaire was scored for two measures of social support pertaining to quantity and satisfaction. Rotter’s Internal-External Scale and Global Measure of Perceived Stress were scored for one measure each concerning locus of control and perceived stress respectively.

The State-Trait Anger Inventory was scored for two components referring to state and trait anger.

Thus as a result of scoring different tests eight measures as mentioned below were obtained:

(a) One measure of loneliness.
(b) One measure each of locus of control, perceived stress and depressive symptoms.
(c) Two measures of social support.
(d) Two measures of state-trait anger.
ANALYSIS

The following analyses were done:

(a) To examine the nature of frequency distributions of different measures, the following statistical measures were obtained:

(i) Mean

(ii) Median

(iii) Standard deviation

(iv) Skewness and

(v) Kurtosis

(b) Intercorrelations among different variables.

(c) t-test of significance was applied to compare males and females on different measures.

(d) Step wise regression equation involving one measure of loneliness, one measure of locus of control, one measure of perceived stress, two measures of social support, one measure of depression and two measures of anger was formulated.

Conclusion

Today's Indian youth is certainly more estranged. If for no other reason, the limited advice or guidance from parents and teachers, parental role confusion, rejection of parents as role models, unmotivated and uninspiring teachers are responsible for value erosion in the society,
and corruption at various levels are some of the major causes for emptiness among the young. While adolescents strive for independence, their need for dependence may still be present, and this often is completely overlooked and unfulfilled. There is no security worth the name available to adolescents.

As a result adolescent experiences loneliness and despair based on feeling of being unprotected and incapable of sharing their problems with peers or parents. Thus they suffer in silence or make use of certain acts like drug abuse in order to cope with stressful situation to deal with loneliness.

Adolescents interact with health care professionals in a variety of settings and for a variety of reasons. When adolescents seek health care for symptomatology for which there is no organic basis, health care professionals should give adequate consideration to psychological processes, such as loneliness and introspectiveness, that might be contributing to their symptom patterns and ultimately to their less positive perceived health status. Conversely, when adolescents seek health care for psychological counselling, and verbally express feelings of loneliness, health care professionals should assess subjective health parameters in these youngsters, such as those found to be influenced by loneliness in this study, so that comprehensive care can be provided. Because the
experience of loneliness bears some relationships to developmental changes that take place during adolescence, it is likely that the problem of loneliness in adolescents will persist. Thus, it is important that health care professionals be mindful of the consequences of loneliness in adolescents, especially those that have been found to diminish their total sense of psychological vitality, as identified in this study. It is equally important that health care professionals be conversant with theories that have been found to have the greatest explanatory power in relation to loneliness in adolescents, so that interventions designed to alleviate loneliness and its consequences are scientifically based.

Furthermore, several issues are in need of clarification and resolution, including replication of research findings, cross-validation, relationships within the sub-categories of loneliness, and the relationship among these measures in children. Based on the assumption that childhood and adult psycho pathology are continuous, an examination of the nature of this in children might help to clarify the relationship in adults.