

LONELINESS AMONG HOSPITALIZED ALCOHOL ABUSERS:
EXPLORATION AND TREATMENT

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CHAPTER I

INTRODUCTION

Overview

Loneliness is the subjective distress that results from the perception that one's interpersonal relationships are fewer or less satisfying than that which is desired (Peplau & Perlman, 1979). Whether or not it is the single most common human problem as Tanner (1973) has speculated, one survey of a representative American sample found that 26% of the respondents had been lonely within the preceding few weeks, with one in nine rating their loneliness as severe (Weiss, 1973). Changes in circumstances and fluctuations in mood states ensure that most individuals will feel lonely at some time in their lives, yet evidence suggests that the experience of loneliness often occurs under conditions that would appear to offer a ready solution to the problem. The conceptual distinction between loneliness and aloneness has been demonstrated repeatedly by studies that have found relatively isolated persons, such as the elderly and housewives, to be no more lonely than persons with greater opportunity for social contact (Paloutzian & Ellison, 1979; Perlman, Gerson, & Spinner, 1978).

The inverse relationship between degree of loneliness and age (Rubenstein, Shaver, & Peplau, 1979) and the identification of college students as the most lonely group (Seever, 1972) provide little insight

into the precipitating or maintaining factors of the phenomenon. Surveys of college students have found that from 26% to 75% of the individuals sampled considered loneliness to be a current problem (Brehm, 1979; Cutrona, 1982; Ferguson, date unavailable). It may be expected that, for many entering freshmen, college means the disruption of existing social networks and separation from family members, often for the first time. However, in spite of the communal nature of college life, proliferation of campus organizations, and access to similar others, loneliness appears to be a relatively stable experience among this population and has been documented as remaining rather consistent over a two-month period in two separate studies (Jones, Freemon, & Goswick, 1981; Russell, Peplau, & Ferguson, 1978). The persistence of loneliness is further supported by the findings of one study in which two-thirds of beginning college students who described themselves as lonely were still lonely after seven months (Cutrona, Russell, & Peplau, 1979).

Although loneliness is acknowledged to be a common experience and a chronic problem for some, much of the early literature on the subject was theoretically based, with empirical study being a relatively recent occurrence. Following is a brief discussion of selected theoretical approaches to the description and explanation of loneliness, succeeded by a more thorough presentation of the research literature.

Non-Empirical Approaches to Loneliness

Loneliness has been described variously as (1) a driving experience resulting from the inadequate discharge of the need for human intimacy (Sullivan, cited in Weiss, 1973), (2) the absence of a desired relationship (Moreno, cited in Wood, 1953), (3) estrangement from significant

others (Sadler, 1974), and (4) fear of being alone (Deutsch, 1967). Becker (1974) proposed that loneliness is an inevitable human condition because of the individual's reliance on others for personal validation. Since each person is unique and is unable to be completely understood by others, loneliness results as a consequence of incomplete validation. Five varieties of loneliness are suggested by Becker: (1) developmental - children's dependency on a succoring object in order to test their conditions of worth, (2) neurotic - over-attachment to a succoring object during adulthood, (3) maturational - the cultural identity crisis of adolescence, (4) social-environmental - societal patterns that separate people from each other, and (5) the extreme loneliness of psychosis.

Other authors have also theorized about typologies. Moustakas (1961), writing within an existential orientation, proposed two types of loneliness, one growth-enhancing and the other growth-inhibiting. The former, existential loneliness, he considered to be an integral part of human existence and a means of gaining self-awareness, increased interpersonal sensitivity, and inner strength. The latter, loneliness anxiety, Moustakas saw as the response to an unloving world and ending in the defensive inability to relate to others in an authentic manner.

Sadler (1974), drawing from the writings of a variety of psychological and sociological theorists, identified four distinct dimensions which can contribute to an individual's feelings of loneliness. In his conceptualization, one's perception of estrangement can result from any one or a combination of the following factors: (1) cosmic - estrangement from religion and/or nature, (2) cultural - the result of immigration or social alienation, (3) social - the result of role and/or

identity diffusion, and (4) interpersonal - a consequence of the need to love and be loved.

Beck and Young (1978) have also suggested four factors which they believe contribute to the experience of loneliness. Basing their understanding of the phenomenon on clinical experience and approaching it from a cognitive-behavioral stance, the authors assert that feelings of loneliness are based on beliefs that individuals hold about themselves and their relationships with others. The factors they propose are (1) constriction - the belief that one's emotions are "bottled up" inside, (2) exclusion - the belief that one is not accepted by a desired group, (3) alienation - the belief that one is different from others, and (4) feeling unloved - which can include the belief that the love one receives is conditional.

Although theoretically based, Weiss's (1973, 1974) attempts to develop a typology of loneliness have stimulated empirical investigation. In his original formulation, he proposed two distinct types of loneliness, social and emotional. Social loneliness was presented as the consequence of the loss of accustomed sources of interaction brought about by situational changes. Such experiences (resulting from geographic mobility, death, etc.) were conceptualized as being of brief duration, terminating spontaneously when new social networks were formed. In contrast, emotional loneliness was seen as having a more internal locus. Weiss likened it to the anxiety of childhood abandonment in which the individual remains hypervigilant to social cues in his/her restless search for a satisfactory relationship. Unlike social loneliness which results from the diminution of social contacts, emotional loneliness can occur within an environment that offers a number of opportunities

for interpersonal relationships to develop. Although research has not supported the differentiation of social and emotional loneliness as separate entities (Brennan & Auslander, 1979; Ferguson, date unavailable), Weiss's more recent formulation has been of greater utility. According to Weiss, an individual's combined relationships must satisfy six relational "provisions." A single relationship may meet more than one interpersonal need, but it is more likely that relationships will become somewhat specialized so that an individual must maintain a network of satisfying contacts in order to avoid becoming lonely. Within this network, the following provisions must be met: (1) social integration - a feeling of mutuality and sharing most commonly achieved through relationships with friends, (2) attachment - a sense of security and commitment derived from intimate relations with a romantic partner or spouse, (3) reliable alliance - the assurance of continuing sources of assistance, usually from family members, (4) guidance - a quality of encouragement often derived from a mentor, (5) reassurance of worth - positive feedback regarding personal competency that can be gained from relationships with co-workers and colleagues, and (6) opportunity for nurturance - the sense of being needed by others exemplified by the relationship with one's children. Although one study (to be discussed below) found Weiss's provisions to be relevant to the prediction of loneliness, it may be that the different provisions vary in importance at different stages of life.

Empirical Studies of Loneliness

Demographic Characteristics

As is the case with most areas of research, demographic features

have been explored for their possible relationship to loneliness. Although it is appealing to consider the identification of a reliable link between objective personal variables and the phenomenon in question, few such relationships have been found. Following is an overview of these findings.

Gender. In spite of the clinical lore which holds that women are more likely than are men to admit to emotional distress, most studies have failed to identify a consistent relationship between loneliness and gender. No such relationship has been found among college students (Goswick, 1978; Goswick & Jones, 1981b; Jones et al., 1981; Ross, 1979; Wood, 1979), members of the general community (Wood, 1978), divorced persons (Jones & Adams, 1978), or the elderly (Perlman et al., 1978). Brennan and Auslander (1979) observed that adolescent girls reported the experience of loneliness more than did adolescent boys, but this effect was not found by Goswick, Jones, McHale, and Brown (1981).

Age. Although college students and young adults have been identified as the loneliest single group of people (Seever, 1972) and it appears that loneliness declines with age (Rubenstein et al., 1979), the relationship between loneliness and age appears to be significant only when the entire lifespan is considered. In instances in which the range of ages has been more circumscribed (e.g., 10-15 years), the correlation between loneliness and age is negligible. No significant relationship has been observed in a combined sample of college students and individuals from the larger community (Wood, 1978), retired persons (Perlman et al., 1978), or members of adult singles clubs (Jones & Adams, 1978).

Marital and Family Status. Married persons appear to be less lonely than those who are not married (Ferrara, 1979; Wood, 1978).

However, the possibility of an interactive relationship between gender and marital status has been broached by Shaver and Rubenstein (1979b). The latter authors, in analyzing the results of a large newspaper survey, observed that married men were less lonely than were married women, whereas single men (including those who were separated, divorced, and widowed) were more lonely than were their female counterparts. For divorced individuals, loneliness was not correlated with the length of time that had passed since the divorce, the duration of the marriage, or current dating frequency. Little data exist regarding lonely persons' families of origin. However, Shaver and Rubenstein (1979a) found that the children of parents who had divorced, particularly within the child's first six years, were more lonely than were subjects whose parents had either remained married or had died. Birth order appears to be a nonsignificant factor (Wood, 1979).

Income, Employment, and Education. For adults, a consistent negative relationship has been identified between loneliness and income (Jones & Adams, 1978; Perlman et al., 1978; Rubenstein et al., 1979), although the single study to investigate the effect of employment on loneliness found that housewives were no more lonely than were working women (Paloutzian & Ellison, 1979). Failure to continue one's education was observed to be associated with loneliness in two studies (Rubenstein et al., 1979; Wood, 1978), but this effect was not found among senior citizens (Perlman et al., 1978).

Residence. Loneliness is unrelated to whether or not an individual lives alone (Ross, 1979; Rubenstein & Shaver, 1979; Wood, 1979) and to the size of the city in which one resides (Paloutzian & Ellison, 1979). However, Ross (1979) observed that, among college students, those who

lived in dormitories were less lonely and made more new friends than did students who lived off-campus.

Interpersonal Factors

Because loneliness is a phenomenon which is dependent on some component of social interaction for its presence or absence, a number of studies have examined various components of the interaction process. These projects are presented below under the general headings of Social Contacts, Social Skills, and Social Attitudes.

Social Contacts. Although it is intuitively reasonable to prescribe greater social activity as a solution to loneliness, empirical evidence suggests that this solution may not be highly effective. It does appear that lonely individuals spend more time alone (Brennan & Auslander, 1979; Hoover, Skuja, & Casper, 1979; Russell, Peplau, & Cutrona, 1980), but the relationship between loneliness and other quantitative measures of social contact is less direct. Loneliness does not appear to be associated with either frequency of contact with family members (Cutrona & Peplau, 1979; Wood, 1979) or students' distance from home (Cutrona & Peplau, 1979; Goswick, 1980). A more reliable relationship seems to exist between loneliness and involvement with a romantic partner. Lonely persons date less frequently (Hoover et al., 1979; Jones, Hansson, & Smith, 1979) and those not dating at all are more lonely than are persons dating even casually (Russell, 1982). Friendship also seems to be strongly implicated in the experience of loneliness. Although the literature is not entirely consistent, a negative relationship seems to exist between loneliness and both the number of friends (Cutrona & Peplau, 1979; Hockenbury, Jones, Kranau, & Hobbs,

1978; Jones et al., 1979; Wood, 1979) and the frequency of contact with them (Cutrona & Peplau, 1979; Perlman et al., 1978). However, despite the fact that Cutrona (1982) identified frequency of contact with friends as being more important in the alleviation of loneliness than contact with either family members or romantic partners, the combination of all three types of social contact accounted for only 15% of the variance in loneliness scores. It is apparent that the quantitative aspects of social interaction provide an insufficient explanation for the experience of loneliness. Indeed, it has been found that it is the qualitative characteristics of relationships that are much more strongly implicated in this experience (as will be discussed below).

Social Skills. Self-report measures of the social skills of lonely versus not lonely students have identified several areas in which lonely individuals appear to be less adept at interpersonal skills. Loneliness has been observed to be significantly and inversely associated with social risk-taking (Russell et al., 1979; Wood, 1979), ease of making friends (Seever, 1972), affiliative tendency (Russell et al., 1979), expressed inclusion and affection (Jones et al., 1981), and general indices of social skill (Ellison & Paloutzian, 1978). Lonely persons also tend to be more socially self-conscious (Jones et al., 1981), shy (Jones et al., 1981; Zimbardo, 1977), and introverted (Russell et al., 1979).

Although social reticence may directly affect the amount of interaction that takes place among individuals and may erroneously cause the reticent individual to appear aloof or disinterested in interpersonal contact, more subtle factors can influence the quality of interaction when it does occur. One study (Goswick, 1978) asked college students to indicate the likelihood with which they would choose various alternatives

to specified social situations (e.g., meeting an old friend for the first time in several years). Each situation was presented twice, once with a focus on one's own feelings and once with an other-directed response pattern. Although questionnaire responses indicated that all subjects were more likely to focus on their own reactions, lonely subjects reported a significantly higher degree of self-focus. This observation was further substantiated by a second study (Jones, Hobbs, & Hockenbury, 1982) in which subjects were videotaped during a discussion with a stranger. The authors found that, not only did lonely persons make more self-related statements, but they also asked fewer questions of their partners, changed the topic more frequently, and responded more slowly to their partners' statements.

Although the studies just discussed were directed toward the relationship between loneliness and social behavior, similar behavioral patterns have been observed among shy individuals. Zimbardo, Pilkonis, and Norwood (1975) suggested that shyness is accompanied by the following seven consequences: (1) self-consciousness and an excessive preoccupation with one's own reactions, (2) deficiency in thinking clearly and communicating effectively in the presence of others, (3) difficulty being appropriately assertive, (4) impaired capacity to create an accurate impression with others or to "sell" one's assets, (5) the likelihood that others will erroneously perceive the individual as snobbish or disinterested, (6) difficulty initiating contact with others, and (7) negative emotional correlates (e.g., depression, anxiety). To whatever extent shyness exists, whether as mild bashfulness or as a chronic fear of people, the shy person will be less likely to initiate or intensify contacts with others. Therefore, shyness may serve a causative function

in the onset and maintenance of loneliness.

A number of studies have reported a positive correlation between shyness and loneliness (Cheek & Busch, 1981; Jones et al., 1981; Zimbardo, 1977). One such project (Goswick & Jones, 1981), using a cross-lagged panel correlational analysis, investigated the relationship between loneliness and shyness over several weeks in two separate samples. In the first study, loneliness scores were found to increase over time, shyness scores remained stable, and shyness was determined to be causally implicated in the perpetuation of loneliness. However, in the second study, scores on both variables declined with time and no causal inferences were supported. The authors proposed an explanation for the divergent results based on the nature of the populations sampled. In the first study, subjects were enrolled in a large university and were recruited from large lecture courses. In the second study, subjects attended a small community college and were drawn from classes that were designed to increase interpersonal effectiveness through guided discussion, role-play, and sensitivity exercises. Although these studies do not make a controlled comparison between groups that do and do not receive systematic behavioral intervention, results do suggest the possibility that such intervention may allow the individual to become more comfortable in social interaction (i.e., less shy) and more amenable to rewarding social exchange.

Content analysis of subjects' descriptions of their lonely experiences has shown that three-fourths of the individuals attribute their problems to breakdowns in intimate interpersonal communications (Sermat, 1980). Lonely senior citizens also appear to want more people with whom they can discuss both personal and everyday matters and they report that

they are more willing to disclose intimate personal information than are senior citizens who are not lonely (Perlman et al., 1978). However, other studies (Chelune, Sultan, & Williams, 1980; Wood, 1979) have found that lonely individuals are less prone to self-disclose than are their less lonely counterparts.

Culbert (1970), in his discussion of the self-disclosure process, identified six dimensions by which the quality of the disclosure may be evaluated. First, the disclosure must be appropriate (matching the interaction's current mood, topic, and intensity) in order to elicit the most positive response from the other person. Second, there should be congruence between the sender's professed motivation and that which is inferred from the communication. Third, the timing of the disclosure affects its inferred meaning. Fourth, intentional disclosure is more impactful than is that which appears to be accidentally divulged. Sixth, there is a curvilinear relationship between the amount of disclosure and the quality of the interaction (i.e., the optimal degree of intimacy is probably just slightly more than that disclosed by the other person in order to lead the conversation into a more intimate level, but without violating the dimensions of appropriateness and timing). Two studies have addressed the relationship between dimensions of self-disclosure and loneliness. In support of the importance of an intermediate level of disclosure, Lombardo and Wood (1979) observed that moderate disclosers were more often included in activities with friends, were more satisfied with their relationships with others, and had higher expectations for success in establishing a relationship with someone to whom they were attracted. Similarly, Chelune et al. (1980) found that subjects in a role-play situation who were moderate disclosers and who

showed flexibility in adapting their communication to the style of their partner were less lonely than were subjects who deviated from the norm.

Whatever the effect of social skill on the development and maintenance of relationships, it often appears to operate in fairly subtle ways. Several studies (Goswick, 1978; Jones et al., 1981) have found that, in face-to-face interactions, lonely individuals are evaluated no more negatively than are those who are not lonely. However, lonely subjects quite often are less positive about others.

Social Attitudes. It has been observed consistently that loneliness bears little relationship to the quantitative aspects of social contact, but an equally reliable finding is that lonely persons are dissatisfied with the quality of their friendships, family relationships, and romantic situations (Cutrona & Peplau, 1979; Ferguson, date unavailable, Paloutzian & Ellison, 1979, 1982; Perlman et al., 1978; Wood, 1979). As compared to the meager 15% of the variance in loneliness scores accounted for by frequency of social contact, ratings of dissatisfaction with interpersonal relationships accounted for 42% of loneliness variance in the same study (Cutrona, 1982).

Just as loneliness is associated with negative attitudes about other specific individuals, lonely persons also appear to have negative attitudes about people in general and to be pessimistic in their expectations for future interpersonal success. Loneliness has been shown to be negatively correlated with the belief that the world is just, the belief that others are trustworthy and altruistic, and general acceptance of other (Jones et al., 1981). Loneliness has been associated with lower goals and expectations for end-of-year relationships among entering college students (Cutrona, 1982). Lonely students are pessimistic

about love, expressing the expectations that few people marry for love, that marriage is likely to be fraught with problems, and that marriage is likely to end with divorce. However, they simultaneously endorse a more idealized and unattainable concept of love and frequently believe that finding a boy/girlfriend is the only solution to their loneliness (Cutrona, 1982; Jones et al., 1979).

Intrapersonal Factors

Concomitant with the lonely state are a variety of negative affective, attitudinal, and personality characteristics. Russell et al. (1978) found that loneliness was correlated with low ratings of satisfaction and happiness, as well as feelings of boredom, emptiness, awkwardness, and unattractiveness. Paloutzian and Ellison (1982) identified similar feelings among a large sample of undergraduates who also reported feeling unloved, misunderstood, isolated, and frustrated. The emotions listed above appear to be universal, accompanying the experience of loneliness in adolescents (Brennan & Auslander, 1979) and among senior citizens as well (Perlman et al., 1978).

Lonely people are frequently depressed (Gerson & Perlman, 1979; Paloutzian & Ellison, 1979; Russell, 1982; Solano, 1980; Young, 1982). Although the two phenomena are conceptually similar and their effects are overlapping, they have been identified as separate constructs which may exist independently of each other (Horowitz, French, & Anderson, 1982; Russell, 1982; Young, 1982). Bragg (1979), in an investigation of the combined effects of loneliness and depression, found that both depressed and non-depressed lonely persons were less satisfied with their social situations than were non-lonely individuals. However, subjects

who were both depressed and lonely reported greater affective negativity and more nonsocial dissatisfaction than did their lonely counterparts who were not depressed. Perhaps contributing to the feelings of depression that often accompanies loneliness, lonely persons often perceive their lives as having little meaning or purpose (Jones et al., 1981; Paloutzian & Ellison, 1982; Perlman et al., 1978) and report less spiritual well-being (Ellison & Paloutzian, 1978).

Paloutzian and Ellison (1982), in an exploration of the relationship between loneliness and religious beliefs, found that loneliness was negatively correlated with having a personal religious commitment. Subjects who demonstrated an intrinsic religious orientation (i.e., those with internalized beliefs) were significantly less lonely than were persons with an extrinsic orientation (i.e., those who practiced their religion in self-serving ways or to meet the expectations of society). Moore and Sermat (1974) have also observed that loneliness is associated with characteristics that are suggestive of a lack of self-direction and/or personality integration. Their lonely subjects were found to have greater difficulty recognizing and acting on their own feelings, to be more influenced by external factors than by internal motivation, and to show less self-actualization than did subjects who were less lonely.

Low self-concept has been found to be another common correlate of loneliness (Paloutzian & Ellison, 1979; Rosenberg, 1965; Russell et al., 1978; Wood, 1979). One such study (Goswick & Jones, 1981) examined subcategories of self-concept and found that, although lonely and non-lonely subjects did not differ in their evaluations of themselves in the areas of family and moral/ethical self-concept, lonely subjects had significantly lower self-concepts in the physical, personal, and social areas.

Lonely students were also found to give themselves lower ratings of intelligence, friendliness, and attractiveness than did students who were not lonely, and they expected others to rate them similarly (Goswick, 1978; Sansone, Jones, & Helm, 1979). However, lonely subjects were not actually rated more negatively by others.

Summary of Empirical Findings and Explanatory

Concepts

Research has identified a constellation of factors which comprise what may be labeled the "loneliness syndrome." These factors (e.g., shyness, depression, social anxiety, poor self-concept, interpersonal negativity, and negative expectations for life in general) are predominantly internal phenomena and appear to exist somewhat independently of the individual's objective circumstances. Loneliness has not been found to be associated with gender, living arrangements, frequency of contact with family, or frequency of contact with casual friends. Although dating frequency and frequency of contact with close friends was significantly related to loneliness for college students, quantitative factors were not as important as qualitative ones (i.e., satisfaction with relationships). Dissatisfaction with one's important relationships can, of course, reflect an actual deficiency in relational quality. However, the overwhelming majority of the data suggests that lonely people are predisposed to dissatisfaction in their perceptions of themselves (e.g., low self-esteem, negative self-ratings), other people (e.g., low expectations for interpersonal success, low acceptance of others), and life in general (e.g., the belief that the world is unjust and has little meaning or purpose). The picture that has emerged of the lonely person

is such as to recommend some cognitive mechanism by which objective reality is distorted, preventing the person from recognizing and/or acting on social opportunities. Several potential explanations for this mechanism have proposed and are summarized below.

The first major investigative effort to identify the relative importance of quantitative versus qualitative factors in the experience of loneliness was the UCLA New Student Study, summarized by Cutrona (1982) and cited by a number of others (e.g., Peplau & Perlman, 1979; Russell et al., 1978). A large number of entering freshmen ($N = 354$) were questioned at the beginning of the academic year and seven weeks later. Approximately half of the subjects were contacted again after seven months. An extensive questionnaire was used to inquire about different types of relationships, objective and subjective factors, perceptions of others' relationships, comparisons with past relationships, and coping attempts. Writing from a social psychological perspective, the authors described the results in terms of attribution theory. According to their position, many situations (e.g., leaving home to attend school) may precipitate loneliness and a number of personal characteristics (e.g., insufficient social skill) may operate to impede the development of new relationships. However, one's beliefs about the causal locus of the situation (i.e., internal or external) and its perceived stability over time will affect the individual's emotions, behavior, and expectations for the future. Stable, internal attributions for interpersonal failure would be expected to be associated with negative emotions and more persistent loneliness. In support of this position, the students in the UCLA study who remained lonely at the end of the school year attributed their initial loneliness to personal characteristics (e.g.,

shyness and fear of rejection), whereas subjects whose loneliness was transient made initial attributions that also included situational factors. More recently, the dimension of controllability has been added to the attributional model, but this is currently under investigation.

Jones (1982) has suggested that problems in effective relating (whether because of unacquired skill, restricted experience, or interpersonal anxiety) may predispose an individual to loneliness and act to maintain that condition. In his social competence model of loneliness, Jones cites evidence to suggest that the way in which lonely persons interact with others is somewhat deviant from the manner that is typical for those who are not lonely. Lonely persons maintain a less intimate, less responsive, and more self-focused interpersonal style and they are not as facile in the delicate process of self-disclosure. As further support for his position, Jones observed that behavioral training in personal attention was of some benefit in reducing loneliness.

A third possible approach to the problem of loneliness is derived from self-theory and has been presented by Goswick and Jones (1979). From this perspective, individuals create their own phenomenological realities and behave in accordance with them. For persons who are emotionally healthy, there is a high degree of congruence between the phenomenal and objective worlds. Such individuals are open to experience and capable of assimilating information that contradicts their existing beliefs. Less healthy individuals tend to constrict the phenomenological field so that only those experiences that reaffirm and maintain the subjective reality are perceived and integrated. In support of this interpretation, several studies have demonstrated a significant discrepancy between the way lonely persons perceive themselves and the way in

which they are perceived by others (Goswick & Jones, 1979; Jones et al., 1981), even when a substantial period of time has elapsed in which the contrary evidence could be assimilated.

While the explanatory mechanisms described above have been derived from dissimilar theoretical orientations, they are not mutually exclusive. It is quite possible that some deficiency in social skill hinders the formation of satisfactory relationships and/or interferes with the replacement process when existing relationships are disrupted. The person who perceives the situation as unstable over time or as the result of factors that are external to him/herself is likely to respond with behaviors designed to rectify the problem of loneliness, whereas the individual who sees a stable, internal locus may become depressed and give up. Self-theory would suggest that attributions that are counterproductive to the alleviation of loneliness (e.g., that loneliness is the result of stable personality traits) are characteristic of a more pervasive negativity that also acts to minimize the awareness of social success.

Therapeutic Intervention

Although there is no question as to the need for identification of the characteristics that accompany loneliness or the mechanism(s) by which it operates, it is equally important to find ways in which the distress associated with loneliness can be reduced. Research in the area of loneliness has proliferated in recent years, but most of the available literature is explanatory in nature. Some suggestions have been made as to potential intervention strategies, but few controlled outcome studies have been reported.

Hockenbury, Hobbs, Jones, Hammersly, Wall, and Wells (1979) described one of the better-controlled intervention attempts. Based on behavioral principles, their approach was designed to increase the amount of personal attention shown in conversation (e.g., references to the other person's behavior or feeling). Subjects were college males with loneliness scores that were two and a half standard deviations above the normative mean for college students. Treatment and control subjects were assessed at the beginning and end of a three-week period using audiotapes of actual conversations with a stranger and a variety of self-report measures. The treatment group received a training procedure that included written descriptions and examples of personal attention, modeling tapes, behavioral rehearsal with a female experimenter, and practice instructions. The authors found that, whereas both the treatment and control groups increased the amount of attention paid to their conversational partner over the span of the experiment, only the treatment subjects demonstrated a significant decrease in self-reported loneliness, shyness, and self-consciousness. Despite the effectiveness of treatment, however, the treatment group's average loneliness score at the time of the post-test was still one standard deviation above the college mean.

Young (1982) has recommended modifying the principles of cognitive therapy, originally developed for the treatment of depression, to be applicable to the treatment of loneliness. Young suggested an individualized approach where the therapist and client work in a collaborative effort to relieve the client's distress. The process involves the creation of a list of problems which are then prioritized to reflect both the degree of distress and the ease of change. Highly structured

therapy sessions and homework assignments combine to confront the client with his/her irrational beliefs, self-defeating thought patterns, and maladaptive behaviors. Although Young has described several assessment instruments to be used in his cognitive therapy and has advocated his procedure's therapeutic utility, no objective data have been presented.

Statement of the Problem

Although the body of literature that exists regarding loneliness is relatively consistent, much of that which is known about the phenomenon is based on data collected from college students. This relatively narrow focus may be justified to some degree by the availability of that population and by the reliable finding that young adults are more prone to loneliness than are more mature individuals. However, the question must be raised as to the degree to which these findings can be generalized from one population to another. One example that argues for caution in generalizing the results is the observation that, although a reliable link exists between loneliness and shyness among young adults (Cheek & Busch, 1981; Goswick & Jones, 1981a), the same relationship does not appear when senior citizens are sampled (Perlman et al., 1978).

A second problem, in addition to that of limited generalizability, is that little data are available on other populations that would be considered to be "at risk" for problems with loneliness. Although some information has been obtained from such groups as the elderly (Perlman et al., 1978) and single adults (Jones & Adams, 1978), there are additional groups for which impairment in interpersonal relations is one of the defining characteristics. One such group is composed of persons who are dependent on or abuse alcohol. The current literature has shown

that loneliness is associated with increased alcohol intake (Jones & Adams, 1978; Sadler, 1974) and that lonely individuals often use alcohol as a means of coping with felt pressures or negative emotions (Perlman & Peplau, 1981). However, no information is available to clarify the way in which loneliness is experienced by those persons whose pattern of alcohol use has resulted in the label of "alcoholic."

The third problem with the area of loneliness is that there are few controlled studies that address the alleviation of the lonely state. While it is possible that one approach to treatment may be effective with all persons, it is equally likely that several procedures are feasible and/or that different modalities would be effective with different populations.

The present study addresses each of these three problems by (1) expanding the range of available knowledge about the experience of loneliness, (2) specifically focusing on a population with a high probability of impaired interpersonal relations (i.e., alcohol abusers), and (3) systematically evaluating the effectiveness of an existential/cognitive form of group therapy (i.e., Logoanalysis).

Rationale

According to the Diagnostic and Statistical Manual of Mental Disorders (3rd ed.), the diagnosis of alcohol abuse or dependence requires (1) a pattern of pathological alcohol use (e.g., daily use, repeated efforts to control drinking, amnesic periods) and (2) impairment in social or occupational functioning due to alcohol use for at least one month. By definition, persons who abuse alcohol run a high risk for impairment in their interpersonal relationships which may occur either as

a cause or effect of their drinking. Pattison (1979), in his discussion of alcohol treatment programs, has suggested that many "life variables" perpetuate alcoholism and has proposed that effective treatment must address whichever area(s) are dysfunctional for the individual. From Pattison's perspective, adaptive functioning is possible only when relative health is demonstrated in the areas of drinking activities, emotions, interpersonal relationships, vocational adjustment, and physical well-being. Although the findings are mixed in studies evaluating the efficacy of group therapies (Pattison, 1979), many such projects have defined success as abstinence from alcohol. Poley, Lea, and Vibe (1979) suggest that this relatively narrow definition of success is insufficient and that research should also evaluate the effect of treatment on other aspects of functioning (e.g., self-defeating ideas). The authors further recommend that specific treatments be assessed within specific settings, rather than assuming that a given approach will be equally effective in different types of programs or with different types of clientele.

In the present study, Logoanalysis (Crumbaugh, 1968, 1973; Crumbaugh & Maholick, 1964, 1969) was selected as the treatment modality for a number of reasons. First, Logoanalysis was designed as a means to assist individuals in the identification of a personal meaning in life and to find ways to live in accordance with that meaning. According to this philosophical orientation, a sense of meaning and purpose is possible to achieve under any circumstances, regardless of objective limitations. Lonely persons have been found repeatedly to perceive little life purpose and to demonstrate many of the negative emotions that the authors identify as accompaniments to this existential frustration.

Second, Crumbaugh and Maholick (1969) have created an assessment instrument (Purpose in Life Test) with which to measure an individual's sense of life meaning. The Purpose in Life Test has been shown to be adequate from a psychometric standpoint and has the additional advantage of having been used in previous research on loneliness (Paloutzian & Ellison, 1982). Third, Crumbaugh (1973) has outlined a series of exercises by which the therapy group can be structured. Fourth, although Logoanalysis is derived from existential philosophy, many of the exercises are quite similar to those reported to be successful by Young (1982) in his cognitive therapy with lonely people. Finally, Logoanalysis has been applied in an alcohol treatment program with some indications of successful outcome. Although its effect on loneliness per se has not been evaluated and data collection has not been systematic, Hutzell (personal communication, March, 1982) has observed that scores on the Purpose in Life Test have increased after participation in a daily two-week Logoanalysis group.

Scope of the Study

The present study was designed as an exploratory endeavor to (1) investigate the experience of loneliness among alcohol abusers and (2) to evaluate the effectiveness of an existential form of group therapy (Logoanalysis) within this population. In an attempt to accomplish these objectives, the study was conducted in two phases, baseline and experimental. The baseline phase employed a variety of self-report measures that have been useful in previous research (e.g., the relationship questionnaire used in the UCLA New Student Study) and which enabled a comparison between alcoholic subjects and other identified groups

(e.g., college students). The experimental phase examined the effectiveness of Logoanalysis as a means of alleviating loneliness by comparing the treatment group with control subjects.

Hypotheses and Research Questions

The following hypotheses were formulated on the basis of theories and available research discussed previously in the section of this chapter entitled Empirical Studies of Loneliness (see pp. 5-19). For clarity, they are divided below by the phase of the study.

Baseline Phase.

1. Loneliness will be significantly correlated with shyness and depression, and inversely related to purpose in life (Hypothesis 1).

2. Satisfaction with casual friendships will be more highly predictive of loneliness than will be the quantitative aspects of those relationships (Hypothesis 2).

3. Satisfaction with close friendships will be more highly predictive of loneliness than will be the quantitative aspects of those relationships (Hypothesis 3).

4. Satisfaction with romantic relationships will be more highly predictive of loneliness than will be the quantitative aspects of those relationships (Hypothesis 4).

5. Satisfaction with family relationships will be more highly predictive of loneliness than will be the quantitative aspects of those relationships (Hypothesis 5).

6. Satisfaction with close friendships will be more predictive of loneliness than will satisfaction with family or romantic relationships (Hypothesis 6).

7. What combination of adjustment/satisfaction measures (i.e., shyness, depression, purpose in life, overall relational satisfaction) will best predict loneliness (Research Question)?

Experimental Phase.

1. Subjects in the Logoanalysis group will show a significant decrease in loneliness scores as compared with control subjects (Hypothesis).

2. How will Logoanalysis affect the variables that accompany loneliness, i.e., shyness, depression, and purpose in life (Research Question)?

CHAPTER II

METHOD

Subjects

Subjects were recruited from a six-week inpatient alcohol treatment program at a large Veterans Administration neuropsychiatric hospital. All subjects were male. Participation was voluntary, subjects received no monetary compensation, and participation was documented in the patients' medical files on forms required by the hospital (see consent forms in Appendix A). Subjects were treated in accordance with the Ethical Standards of Psychologists (American Psychological Association, 1979).

Baseline Phase

Baseline information was provided by 56 men who were asked to participate in the study during routine intake interviews conducted at the time of admission to the alcohol treatment unit (following detoxification). Those individuals who agreed to participate were given questionnaire packets to complete at their own pace. Subjects ranged in age from 27-62 ($M = 39.91$).

Experimental Phase

Twenty men participated in the experimental phase of the study, 10 in the treatment group and 10 as no-treatment controls. The treatment

group consisted of subjects who ranged in age from 29-58 ($\underline{M} = 41.10$). Treatment subjects were voluntary participants in a daily therapy group which was conducted as a routine part of the alcohol treatment program. The group had an original enrollment of 14, but two subjects withdrew at the first group session when the explanation of the study was presented. Two additional participants did not provide complete information on the questionnaires and were dropped from the data analyses. The control subjects were volunteers from the general population of the alcohol treatment unit and were comparable to the experimental subjects in their program status (i.e., length of hospital stay). Control subjects ranged in age from 29-63 ($\underline{M} = 42.10$). All subjects took part in the regular unit program (i.e., required morning group, lectures, occupational therapy, etc.) and there were no restrictions placed on access to other voluntary treatment groups (e.g., assertiveness training, Alcoholics Anonymous readings group). Subjects in the control condition were given the opportunity to enroll in the experimental treatment group after the study was completed.

Materials

All subjects, in both the baseline and experimental phases of the study, completed the Revised UCLA Loneliness Scale, Social Reticence Scale, Self-Rating Depression Scale, and the Purpose in Life Test. Baseline subjects also responded to the Relationship Questionnaire. These instruments are described below and may be found in Appendix B.

Revised UCLA Loneliness Scale

The Revised UCLA Loneliness Scale (RLS), developed by Russell et

al. (1980), is a 20-item Likert-style instrument in which subjects are asked to indicate the frequency with which they experience the feelings and perceptions theoretically associated with loneliness. Statements refer to such experiences as perceived aloneness, social isolation, and disturbed interpersonal relations, with equal numbers of items worded in a positive and negative direction to control for response bias. The concurrent validity of the scale has been demonstrated by significant correlations with indices of depression, anxiety, and other negative states, as well as through its ability to identify those individuals reporting interpersonal estrangement (e.g., amount of time spent alone, number of activities with close friends). Although scores on the RLS have been reliably associated with such similar constructs as depression and self-esteem, a study designed to investigate the scale's discriminative validity found that the combination of social risk-taking, negative affect, and affiliative tendencies accounted for only 43% of the variance in loneliness scores (Russell et al., 1979). Internal consistency has been reported as .94 in two studies using 162 and 232 subjects. The RLS correlates quite highly ($r = .91$) with the original UCLA Loneliness Scale (Russell et al., 1978) which displayed a test-retest reliability of over .70 for a two-month period in two separate studies (Goswick, 1978; Russell et al., 1978). No significant effects for gender or social desirability have been observed.

Social Reticence Scale

Jones and Russell (1982) developed the Social Reticence Scale (SRS) as a measure of shyness. The 22-item instrument reflects the problem areas identified by Zimbardo (1977) in his discussion of shyness.

Subjects respond on a five-point scale to indicate the degree to which the statement is characteristic of them and item scores are summed to yield a single measure of shyness. Internal consistency of the SRS has been demonstrated by a coefficient alpha of .91, split-half reliability of .91, and by significant item-whole correlations. Criterion validity has been exemplified through significant correlations between scale scores and a single self-labeling item, behavioral indices of shyness (Jones & Russell, 1982), and a nine-item shyness measure (Cheek & Busch, 1981).

Self-Rating Depression Scale

The Self-Rating Depression Scale¹ (Zung, 1965) was selected to be the measure of depression for the study because of its brevity and its routine use in the hospital. The scale is composed of 20 items, ten worded in such a way as to suggest the presence of depression and ten symptomatically negative. In the development of the scale, items were based on the most commonly found characteristics of depression identified in the literature and representative statements gathered through interviews with depressed patients. Subjects respond on a four-point scale to indicate the frequency of occurrence for statements reflecting disturbance of affect, physiological functioning, psychomotor functioning, and cognitive functioning. Raw scores, obtained by summing the scores on individual items, may be converted to an SDS index with a possible range of 25-100. The SDS index is interpreted in the following manner: 50 or below - no significant depression, 50 to 59 - mild

¹Test contained in The Measurement of Depression by W. W. K. Zung, 1974. Copyright 1974 by W. W. K. Zung. Used by permission.

depression, 60 to 69 - moderate depression, 70 or above - severe depression. The SDS has been found to correlate significantly with other measures of depression, such as the Beck Depression Inventory (Zung, 1969) and the "D" scale of the MMPI (Zung, Richards, & Short, 1965), and has successfully distinguished patients with depressive disorders from those with other diagnoses (Zung, 1965; Zung et al., 1965). Internal consistency has been demonstrated by a split-half reliability of .73 (Zung, 1973).

Purpose in Life Test

The Purpose in Life Test² (PIL) is an attitude scale based on the principles of Logoanalysis and designed to measure the degree to which an individual perceives a meaning and purpose to his/her life (Crumbaugh & Maholick, 1969). The instrument is composed of 20 sentence stems which subjects complete on a seven-point scale which differs for each item, such as "I am usually...(1) completely bored - (7) exuberant, enthusiastic" and "Life to me seems...(7) always exciting - (1) completely routine." Responses indicating positive meaning in life are given alternate placement with those suggesting lack of meaning in order to control for right/left response biases. Construct validity has been shown by the test's ability to distinguish patient from non-patient groups and by the negative relationship between test scores and severity of psychopathology (Crumbaugh & Maholick, 1964). Significant negative correlations have also been found between PIL scores and indices of anomie, depression, ego-strength, and acting-out potential. Scores have

²Test available from the publisher. Copyright 1976 by Psychometric Affiliates. Used by permission.

been positively related to emotional stability, confidence, tranquility, and self-control. No consistent effects have been observed for gender, age, educational level, or intelligence. Split-half reliability has been reported to range from .81 ($N = 225$) to .85 ($N = 120$), Spearman-Brown corrected to .90 and .92, respectively (Crumbaugh, 1968; Crumbaugh & Maholick, 1964).

Relationship Questionnaire

The Relationship Questionnaire, found in Appendix B, was originally developed for use in the UCLA New Student Study (Cutrona, 1982; Cutrona & Peplau, 1979). The current version contains minor modifications of the original in order to make it more appropriate for a hospitalized adult population. For example, a phrase frequently found in the UCLA scale, "other college students," was changed to "other patients at this hospital." The questionnaire inquires about both quantitative and qualitative aspects of relationships with casual friends, close friends, romantic partners, and family members.

Procedure

Baseline Phase

Subjects participating in the baseline phase of the study were approached during routine intake interviews conducted by the psychology staff of the alcohol treatment unit. Interested persons were asked to read a brief description of the study and to sign consent forms (see Appendix A) before receiving the questionnaire packets. An opportunity for questions and/or withdrawal from the study was offered at that time. Participants completed the Revised UCLA Loneliness Scale, Social

Reticence Scale, Self-Rating Depression Scale, Purpose in Life Test, and the Relationship Questionnaire individually and at their own pace.

Questionnaires were anonymous, with age being the only identifying factor. Upon completion, materials were returned to the psychology staff and subjects received printed debriefing information (see Appendix C). Additional debriefing was provided by the staff if requested.

Experimental Phase

The experimental (treatment) group was created through voluntary enrollment in a two-week, daily group based on the principles of Logoanalysis. In the first group session, participants were given a verbal description of the group format, a printed description of the study, and consent forms. Those individuals who did not wish to participate were given the opportunity to withdraw (two did withdraw). Questionnaire packets, consisting of the Revised UCLA Loneliness Scale, Social Reticence Scale, Self-Rating Depression Scale, and Purpose in Life Test, were then distributed and completed in the group. Materials were numerically coded in order to protect patient anonymity. A second administration of the scales took place two weeks later at the end of the group program.

Experimental subjects attended the Logoanalysis group one hour a day for two weeks in addition to their usual treatment regimen. The group was conducted by a clinical psychologist (male) who offers the group on a periodic basis. Subjects were given a series of assignments (both in group and as homework) that is designed to assist them to (1) identify their personal values, (2) recognize activities through which those values can be satisfied, and (3) set realistic goals that are in

accordance with both their values and their available resources. Subjects completed their assignments independently and received feedback from the facilitator and other group members. The assignments that were used were based on recommendations made by Crumbaugh (1973) and may be found in Appendix D.

Control subjects were recruited from the general population of the alcohol treatment unit. Those who participated met in a group to receive an explanation of the study, sign consent forms, and respond to questionnaire materials. All materials were the same as for the experimental group and anonymity was protected by numerical coding. From the pool of control volunteers ($N = 16$), 10 subjects were selected whose scores on the Revised UCLA Loneliness Scale were equivalent to those of the experimental subjects. Those subjects completed the questionnaires a second time after an intervening period of two weeks.

Experimental Design and Analyses

In accordance with the differential purposes of the two phases of the study (baseline and experimental), different modes of analysis were used for each. The statistical procedures used with each phase are discussed below.

Baseline Phase

Data from the baseline phase of the study were used to provide descriptive and inferential statistics, and to identify the best combination of variables for the prediction of loneliness scores. A series of stepwise multiple regression analyses was employed for predictive statistics. The predictors used in each analysis are presented in Table I.

For all Statistics, a .05 level of significance was used.

TABLE I
STEPWISE MULTIPLE REGRESSION ANALYSES FOR
THE PREDICTION OF LONELINESS SCORES

Predictors

Analysis 1 - Casual Friendships

Number of friends
Frequency of contact
Satisfaction

Analysis 2 - Close Friendships

Number of friends
Frequency of contact
Satisfaction

Analysis 3 - Romantic Relationships

Degree of intimacy
Frequency of contact
Satisfaction

Analysis 4 - Family Relationships

Number of close family members
Frequency of contact
Satisfaction

Analysis 5 - Frequency of contact

Casual friends
Close friends
Romantic partners
Family members

Analysis 6 - Relational Satisfaction

Casual friendships
Close friendships
Romantic relationships
Family relationships

Analysis 7 - Adjustment/Satisfaction Measures

Shyness
Depression
Purpose in Life
Overall relational satisfaction

Experimental Phase

Data from the experimental and control groups were subjected to four two-way repeated measures analyses of variance (condition x time) in order to ascertain the effect of the Logoanalysis group on the measured subjective states (i.e., loneliness, shyness, depression, and purpose in life). A .05 significance level was used for each ANOVA.

Limitations of the Study

A large proportion of social scientific research has employed paper and pencil instruments in order to measure the variables of interest. However, these techniques have been the target of a number of criticisms on the following grounds: limited predictive ability, subjects' lack of self-awareness, response biases, and the lack of objectivity in measurement. It must be acknowledged that human attitudes and behaviors are greatly influenced by the contingencies and constraints of the situation and, therefore, are not totally the product of the individual (Hogan, DeSoto, & Solano, 1977; Mischel, 1968, 1977). However, in the assessment of subjective states (e.g., loneliness), the variable in question may be difficult to induce experimentally and/or a more external measurement technique (e.g., observer ratings of behavior) may be no more valid than the subject's self-report (Bem, 1967).

Lack of self-awareness and response biases may pose difficulties from a methodological standpoint. Bradburn (1969), in a review of the self-report literature, suggested that individuals may not be able or may choose not to tell the truth, or they may attempt to present themselves in a socially desirable manner. However, his review found self-report to be no less valid than any other measure of subjective states.

Guilford's (1967) classic studies of response sets identified a number of problem areas (e.g., individualistic interpretation of item wording, acquiescence, and falsification), yet he has also made suggestions for their minimization. The present study has attempted to follow Guilford's recommendations by (1) structuring the instruments sufficiently and providing adequate instructions, (2) using a fixed-alternative format, (3) placing no time limit on completion, (4) including positive and negative, duplicate, and reversed items, and (5) relying largely on Likert-style scales which have been shown to be superior to other types of scales in research on subjective states (Kerlinger, 1964; Likert, 1967; Tittle & Hill, 1970). The materials that were used in the present study have the additional advantage of prior successful application in loneliness research (Cutrona, 1982; Cutrona & Peplau, 1979; Russell, Steffen, & Salih, 1981).

A more cogent limitation of the study pertains to the practical constraints imposed by the setting in which it took place. It would have been desirable to test the effectiveness of any given therapeutic approach in greater isolation from other potential sources of influence. It also would have been preferable to have had the treatment group last for a longer period than two weeks, and to have the daily sessions be longer in duration. It must be acknowledged that these constraints were expected to reduce the demonstrated effectiveness of the Logoanalysis group. However, the aforementioned limitations were unavoidable because of the hospital structure, unit protocol, and the existing policies of the alcohol treatment unit.

CHAPTER III

RESULTS

In this chapter, the results of the analyses pertaining to the various hypotheses and research questions are presented. To facilitate this discussion, the two phases of the study are described separately.

Baseline Phase

Prior to the analyses that were the foci of the present study, several additional analyses were conducted. Not all subjects responded to all items, so there is some variation in the number of observations included in each analysis (range = 53-56 observations). The means and standard deviations for the variables of loneliness, shyness, depression, and purpose in life are presented in Table II. The mean loneliness score was found to be slightly higher than the averages typically reported for college students, but equal to or lower than those reported for various groups of "high risk" adults. Several studies have shown average loneliness scores for college students to range from 36.42 to 43.30 (Cutrona, 1982; Goswick, 1980; Goswick & Jones, 1981b; Russell, 1982), noticeably lower than averages observed for psychiatric inpatients (51.80), divorced adults (47.70), and adults who volunteered for a social skills workshop (56.80). Average shyness, depression, and purpose in life scores were also rather elevated. The mean shyness score was almost one standard deviation above the average score of 52.85 for

college men in the normative study conducted by Jones and Russell (1982), although representative scores for other populations have yet to be determined. The average depression score was at the upper end of the normal range described by Zung (1965), nearing the point where "minimal to mild depression" would be indicated. When individual scores were examined, the following distribution was observed: Normal - 52.73%, Minimal to Mild Depression - 34.55%, Moderate to Marked Depression - 10.91%, Severe Depression - 0.02% (percentages do not total 100% because of rounding errors). Crumbaugh and Maholick (1969) have also developed norms for the Purpose in Life Test and the mean score of the present sample fell within the range of scores which indicates "no meaning or purpose." On the basis of individual scores, 43.40% of the subjects demonstrated no meaning or purpose in life, 50.94% demonstrated a questionable sense of life purpose, and only 5.66% showed a definite purpose in life.

TABLE II
MEANS AND STANDARD DEVIATIONS FOR LONELINESS,
SHYNESS, DEPRESSION, AND PURPOSE IN LIFE
(BASELINE SUBJECTS)

Variable	<u>M</u>	<u>SD</u>
Loneliness ^a	46.11	8.54
Shyness ^b	63.71	17.02
Depression ^b	48.47	9.53
Purpose in Life ^c	91.53	17.69

^an = 56. ^bn = 55. ^cn = 53.

A correlational analysis was used to explore the degree to which loneliness was related to several of the other variables. As in the case of previous research (e.g., Wood, 1978; Jones & Adams, 1978), loneliness was unrelated to age, $r(54) = -.05$, $p > .05$. Table III presents the intercorrelations among loneliness, shyness, depression, and purpose in life. Results were supportive of Hypothesis 1 which predicted that loneliness would be significantly correlated with shyness and depression and inversely related to purpose in life. In addition, scores on the latter three measures were significantly correlated with each other.

TABLE III
INTERCORRELATIONS OF LONELINESS, SHYNESS,
DEPRESSION, AND PURPOSE IN LIFE
(BASELINE SUBJECTS)

Variable	2	3	4
1. Loneliness	.66 ^a	.59 ^a	-.59 ^b
2. Shyness	---	.59 ^c	-.59 ^b
3. Depression		---	-.72 ^d
4. Purpose in Life			---

Note. All correlations were significant at the .001 level.

^a $\underline{n} = 55$. ^b $\underline{n} = 53$. ^c $\underline{n} = 54$. ^d $\underline{n} = 52$.

Loneliness was found to be significantly correlated with many of the relational characteristics associated with casual friendships, close

friendships, and romantic relationships (see Table IV). Loneliness was negatively related to both the number of casual friendships and the degree of satisfaction with those friendships, but there was no significant relationship between loneliness and frequency of contact with casual friends. Significant inverse correlations were observed between loneliness and all of the characteristics associated with close friendships, suggesting that lonelier persons have fewer close friends, see close friends less often, and are less satisfied with those relationships. Loneliness was also negatively related to the degree of intimacy felt in romantic relationships, frequency of contact with romantic partners, and the amount of satisfaction experienced. None of the characteristics associated with family relationships was significantly related to loneliness, although the number of close family relationships, frequency of contact, and satisfaction with family ties were significantly correlated with each other. For example, the relationship between the number of close family members and the frequency of contact with them was quite high, $r(54) = .51$, $p < .001$.

Stepwise multiple regression analyses were conducted to determine which of the relational characteristics were most predictive of loneliness for each type of relationship. These results are presented in Table V. On the basis of previous research (Cutrona, 1982), it was hypothesized that satisfaction with each type of relationship would be more predictive of loneliness than would be the more quantitative relational aspects. However, satisfaction was found to be a significant predictor of loneliness for only casual friendships, confirming Hypothesis 2. However, the amount of variance in loneliness scores explained by satisfaction with casual friendships was rather small. Hypotheses 3,

TABLE IV
CORRELATIONS BETWEEN LONELINESS AND VARIOUS
RELATIONAL CHARACTERISTICS FOR
FOUR TYPES OF RELATIONSHIPS

Relational Characteristic	<u>r</u>
Casual Friends	
Number of friends ^a	-.32*
Frequency of contact ^b	-.13
Satisfaction ^c	-.38**
Close Friends	
Number of friends ^a	-.60***
Frequency of contact ^a	-.34**
Satisfaction ^a	-.49***
Romantic Relationships	
Degree of intimacy ^a	-.35**
Frequency of contact ^c	-.32**
Satisfaction ^c	-.27*
Family Relationships	
Number of close relationships ^d	-.18
Frequency of contact ^d	-.04
Satisfaction	-.16

^an = 54. ^bn = 53. ^cn = 55. ^dn = 56.

*p < .05. **p < .01. ***p < .001.

TABLE V
REGRESSION MODELS FOR THE PREDICTION OF LONELINESS

Predictor	Beta	R ²
Casual Friends ^a		
Satisfaction	-1.61	.16**
Close Friends ^b		
Number of friends	-2.98	.36***
Romantic Relationships		
Degree of intimacy	-1.02	.12*
Family Relationships ^c		
No predictors were significant		
Relational Satisfaction ^a		
Satisfaction with close friends	-1.58	.29***
Frequency of Contact ^d		
With romantic partners	-2.07	.14**
With close friends	-1.66	.23**
Adjustment/Satisfaction Measures ^d		
Shyness	0.22	.42***
Depression	0.34	.51***

Note. Betas are coefficients in the final model. R² reflects the amount of variance accounted for by each component together with those listed above in the same category.

^a_n = 52. ^b_n = 54. ^c_n = 56. ^d_n = 50.

*_p < .05. **_p < .01. ***_p < .001.

4, and 5 were not supported. When close friendships were examined, loneliness was best predicted by the number of close friends (accounting for 36% of the variance in loneliness scores). The degree of intimacy with romantic partners was also predictive of loneliness, but left 88% of the loneliness variance in question. None of the characteristics associated with family relationships met the criterion for inclusion in the regression model and this observation will be discussed in the next chapter.

Because of the possibility that relational satisfaction may summarize the more quantitative aspects of interpersonal life, two additional regression analyses were conducted to evaluate the degree to which qualitative and quantitative factors contribute to loneliness within the present population. Hypothesis 6 was confirmed by the observation that satisfaction with close friendships was the only significant predictor among the various satisfaction indices, accounting for 29% of the variance in loneliness scores. There was a certain amount of intercorrelation among the predictor variables which would explain why some were omitted from the final model. Intercorrelations ranged from .62 ($df = 51, p < .001$) for satisfaction with casual and close friendships to .10 ($df = 53, p > .05$) for satisfaction with romantic and family relationships. A somewhat surprising finding, given the results of previous studies (Cutrona, 1982), was that there was nearly as much of the variance in loneliness scores explained by the frequency of contact with significant others as there was by satisfaction with those relationships. Frequency of contact with romantic partners and close friends together accounted for 23% of the variance in loneliness scores. This observation may be a function of the situational contingencies with

which the present population were living. Possible explanations will be offered in Chapter IV.

A final regression analysis was conducted in order to determine which of the adjustment/satisfaction measures (i.e., shyness, depression, purpose in life, and total relational satisfaction) were most highly implicated in the experience of loneliness (Research Question). For this analysis, satisfaction scores for each of the four types of relationships were summed to produce an overall index of relational satisfaction. The results of this analysis (see Table V) indicated that shyness and depression together accounted for a much larger proportion of variance in loneliness scores (51%) than did any of the other regression models.

Experimental Phase

At the beginning of the experimental phase of the study, control subjects were selected on the basis of an equivalency between their loneliness scores and those of the experimental group. The two groups were found to be quite similar on all criterion measures (loneliness, shyness, depression, and purpose in life) prior to the instrumentation of the experimental conditions (see group means in Table VI). Independent t-tests conducted to determine the comparability of the two groups were all nonsignificant (see Appendix E, Table VII).

A two-way repeated measures analysis of variance (condition x time) was used to test the hypothesis that subjects in the experimental group would demonstrate a significant decrease in loneliness scores over time as compared to the subjects in the control condition. This hypothesis was not supported, $F(1,18) = 0.56$, $p > .05$. There was a tendency for all

loneliness scores to decrease with time, but this effect was also non-significant, $F(1,18) = 3.55$, $p = .07$. The ANOVA summary table may be found in Appendix E, Table VIII.

TABLE VI
MEAN SCORES ON THE CRITERION VARIABLES FOR
EXPERIMENTAL AND CONTROL GROUPS
AT TIME 1 AND TIME 2

Variable	Time 1		Time 2	
	Experimental	Control	Experimental	Control
Loneliness	43.80	43.70	40.10	42.10
Shyness	62.00	58.70	53.80	55.80
Depression	47.90	43.80	43.30	42.60
Purpose in Life	88.50	96.60	108.20	105.80

Note. All n 's equal 10.

The Research Question for this phase of the study inquired about what effect, if any, the experimental condition would have on the other criterion variables. Separate two-way repeated measures analyses of variance were conducted for shyness, depression, and purpose in life. No significant main or interaction effects were noted for shyness or depression (see summary tables in Appendix E, Tables IX and X, respectively). The analysis for purpose in life found a significant increase in life purpose scores for all subjects over time, $F(1,18) = 25.24$,

$p < .001$. There was a tendency for subjects in the experimental condition to demonstrate a greater increase in life purpose scores than did the control subjects, but the effect did not reach statistical significance, $F(1,18) = 3.33$, $p = .08$. The summary table may be found in Appendix E, Table XI.

CHAPTER IV

DISCUSSION AND SUMMARY

Baseline Phase

The baseline phase of the present study was designed as an exploratory endeavor to investigate loneliness and its accompanying factors among hospitalized alcohol abusers (a previously unexamined population). This population was considered to be at risk for the experience of loneliness, either as a cause for the development of maladaptive drinking patterns or as a consequence. Impairment of social functioning is one of the diagnostic criteria for determination of alcohol abuse (American Psychiatric Association, 1980) and the loneliness scores that were observed in this sample suggested greater loneliness than would be expected for similar persons in the general population. The present study did not make this comparison directly, of course, but inferences can be made by extrapolation from other research. The mean loneliness score for the alcohol group was noticeably higher than those observed for college students, even though loneliness tends to decrease with age as people learn to overcome their social inhibitions and/or develop more realistic expectations for their interpersonal relationships (Cutrona, 1982; Goswick & Jones, 1981a; Rubenstein et al., 1979). The loneliness scores of the present sample were found to be comparable to those of divorced adults, but somewhat lower than scores observed for psychiatric inpatients (Jones & Adams, 1978; Russell, 1982). The implication of

these findings may be explained by attribution theory, as it has been applied to loneliness.

Perlman and Peplau (1981) have proposed that loneliness is associated with the following perceptions: internal locus of causality, stability over time, and lack of controllability. The typical decrease in loneliness with age may occur as a function of the maturation process on the way in which attributions are made. Adolescents and young adults tend to be more self-conscious and less self-accepting than are older persons and, therefore, more inclined to make attributions of internal causality. Their relatively greater self-focus and idealism would lead them to identify flaws within themselves, see these flaws as enduring, and to feel little control over their ability to make significant personal changes. In addition, the social world of adolescents and young adults is somewhat more circumscribed than that of older persons, limiting their bases for social comparison. Thus, although there may be little objective reason for these individuals to feel lonely, their perceptual set predisposes them to negatively evaluate their interpersonal status.

In contrast, mentally healthy adults are more outwardly focused in that they readily consider situational factors in making attributions of causality. Also, social networks tend to broaden with age which would allow for greater variability in the quality of different relationships (i.e., less stable over time and across situations). The development of a sense of control over other aspects of one's life that accompanies the emancipation from parents (e.g., choice of residence, financial decisions, one's own family responsibilities) may generalize to feelings about social relationships as well. However, alcohol abusers, divorced

adults, and psychiatric inpatients are likely to experience greater loneliness than are either college students or adults in the general population because of actual disruption in their interpersonal relationships. The degree to which these "high risk" groups report feelings of loneliness, though, may be a function of differential perceptions. Although the specific characteristics (e.g., diagnoses, chronicity) of the psychiatric sample discussed by Russell (1982) are not known, it is quite possible that their mental status and situational demand characteristics would lead them to make internal causal attributions for their loneliness and to perceive themselves as having little control over their social lives. In comparison, divorced adults could easily identify an external cause for their loneliness (i.e., divorce) and observe variability over time and situations. Control, as reflected by whether or not the divorce was one's own choice, was not related to loneliness in one study (Jones & Adams, 1978). Alcohol abusers may perceive their interpersonal relationships in much the same way as divorced adults. Although the abuser's pattern of alcohol use may be linked directly to interpersonal problems and this connection is readily apparent to an observer, problem-drinkers are notorious for making attributions of external causality (Nathan, 1980). There may also be considerable variability in the number and quality of their relationships across time and situations. Few alcohol abusers fit the stereotype of the "skid row drunk" who is in a continuous state of inebriation (Mendelson & Mello, 1979) and most have periods of sobriety in which social relationships may function reasonably well. In addition, feelings of acceptance and belonging are often heightened by the use of alcohol itself, leading to a sense of social well-being when in the company of "drinking buddies."

Although the current study was concerned primarily with loneliness, other indices of adjustment were also examined. Subjects were found to be somewhat more shy than college males, although it is not known how the observed scores compare to adult men in the general population. It is likely that the participants were responding, in part, to their relatively recent entry into a new social milieu. However, some researchers have suggested that a lack of social skills in adolescence is a precipitating factor in the development of alcoholism and that alcoholics have difficulty coping with social pressures (studies summarized by Nathan, 1980). Therefore, shyness may be a dispositional characteristic of the alcohol abuser that contributes to the development of both maladaptive drinking patterns and loneliness. Depression was also evident, with almost half of the respondents demonstrating levels of depression that ranged from minimal to severe. The relative lack of a definite sense of life purpose in the sample was particularly noteworthy. Purpose in life, as it is defined by Crumbaugh (1973) requires the development of goals and an organized attempt at goal attainment. No systematic evaluation of goals or plans was conducted, but it was observed informally that some of the patients in the alcohol program were "drifters" and a number of others were unemployed. It may be expected that, for some, alcohol consumption (or the effects therefrom) becomes a goal in itself and that, for others, alcohol abuse interferes with progress toward more meaningful ends. Both depression and a sense of futility are likely, however, when drinking becomes enough of a problem that its effects are felt in many important areas (e.g., social, occupational).

Hypothesis 1 predicted that loneliness would be positively correlated with shyness and depression, and negatively related to purpose in

life. This hypothesis was confirmed by the observation of significant correlations in the predicted directions, as well as by significant intercorrelations among the latter three measures. Although these results are consistent with the findings of numerous other studies (e.g., Cheek & Busch, 1981; Goswick & Jones, 1981a; Paloutzian & Ellison, 1982; Young, 1982), it was expected that these indices would be particularly likely to covary within the present sample. Alcohol may be used as a coping mechanism in attempts to minimize anxiety or alleviate unpleasant feelings. In addition, it has been shown that alcohol abusers tend to have a relatively low tolerance for frustration (Ray, 1972). The anxiety that is associated with shyness is readily anesthetized by even one or two drinks, as exemplified by the observation that people become more outgoing and report feeling more relaxed at blood alcohol concentrations of only .02-.04 mgs. (Poley et al., 1979). Although many causal factors are implicated in the development and maintenance of alcohol abuse, it may be speculated that the relief of social anxiety and the temporary escape from feelings of depression would be highly reinforcing. However, for the problem-drinker, a vicious cycle results in which excessive alcohol use interferes with adaptive functioning to the point that it impairs relationships, disrupts productive activity, and sometimes becomes a goal in and of itself.

Tests of Hypotheses 2-6 met with mixed results and, because of the overlapping implications, they will be discussed together. Only Hypotheses 2 and 6 were supported. Relational dissatisfaction was found to be predictive of loneliness scores for casual friendships (Hypothesis 2), but not for close friendships, romantic relationships, or family relationships (Hypotheses 3, 4, and 5). However, when satisfaction was

considered across relational categories, it was the perceived quality of close friendships that was most predictive (confirming Hypothesis 6).

It is unclear why satisfaction was not more strongly represented in the regression models developed for the separate types of relationships, although satisfaction was significantly correlated with the other measures in most cases. It appears that many of the relational characteristics were so highly intercorrelated that, once a predictor was entered into the regression equation, there was little additional variance in loneliness scores to be explained by the various measures of satisfaction. When each relational category was examined separately, the regression model for close friendships was found to be much more explanatory of the variance in loneliness scores than were the models for any of the other types of relationships. This finding, coupled with the results of the analysis of satisfaction measures, would suggest that the various types of relationships are differentially implicated in the experience of loneliness.

To a considerable degree, loneliness appears to be determined by the nature of one's close friendships and casual friends, romantic partners, and family members are much less important. This interpretation is consistent with the literature. In the UCLA New Student Study (Cutrona, 1982), separate regression equations for friendships, dating relationships, and family relationships resulted in proportions of explained variance in loneliness scores that were almost identical to those of the present study. Goswick and Jones (1982) have also discussed the relative importance of peer relationships in the experience of loneliness among high school students. Components derived from questionnaire data (including items relating to peers, parents, and school)

were used to predict loneliness scores. With one exception, all of the significant predictor variables suggested problems with friendship formation. Parent-related items were not included. Similarly, Perlman et al. (1978) observed that, for elderly persons, loneliness was related to having fewer friends and less contact with them than that which was desired. Friendship-related factors are probably more salient to the perception of oneself as lonely than are aspects of one's family relationships because of the relatively greater ego-threat involved. Although family relationships differ in quality, most individuals are at least moderately secure in their ties with their families of origin. In spite of the fact that many families become dispersed over a large geographic area, some degree of contact is usually possible and/or a reasonable explanation for lack of contact is apparent (e.g., death). Also, the mere fact that these relationships exist would encourage a positive self-evaluation in the social comparison process. The same is not the case for friendships. Close friendships must be developed by the individual and their presence or absence (and the quality thereof) is more readily attributable to personal determinants.

A rather surprising observation in the present study was the similarity between the degree to which loneliness was explained by the frequency of contact with romantic partners and close friends as compared to satisfaction with close friendships. Cutrona (1982) observed a much larger discrepancy, reporting that frequency of contact and satisfaction accounted for 15% and 42% of the variance in loneliness scores, respectively. It is possible that the difference in the findings of the two studies is reflective of the conditions under which the two populations were living. Bem (1974) stated that individuals make attributions

about their internal states through observations of their overt behavior and the contingencies of their situations. For the college students, access to potential friends and dating partners was readily available. Also, the demand characteristics associated with the beginning of an academic year (e.g., the expectation that significant relationships are developed at college) would encourage attempts to establish these relationships. These factors would be likely to support the perception of relational quality as a determinant of loneliness. In contrast, the alcohol abusers could easily identify situational causes for their lonely feelings (i.e., being in the hospital and away from home). For the latter group, existing relationships were likely to be considered as more important than those that could be developed in the hospital (particularly since they knew they would be there for only six weeks). It is expected that the frequency of contact with significant others located away from the hospital would be especially salient as an index of the degree to which they were missed by others and of their importance to them. In support of this interpretation, Young (1979) has reported that lonely college students are characterized by perceived social deprivation, whereas lonely psychiatric outpatients are characterized by moderate levels of actual social deprivation.

The research literature is consistent in its identification of internal factors (i.e., cognitions and affective responses) as reliable concomitants of loneliness. The present study is no exception. The regression models developed from the various adjustment/satisfaction measures found loneliness to be best predicted by the combined effects of shyness and depression. This combination accounted for approximately half of the variance in loneliness scores, considerably more than that

which was explained by any of the models based on relational characteristics alone.

Shyness and the perceived number of close friends stand out as the most important determinants of loneliness when the predictive ability of each variable is considered across the regression models. Each of the explanatory concepts presented in Chapter I (see pp. 17-19) provides some understanding of why this is the case. The social competence model of loneliness proposed by Jones (1982) suggests that loneliness is the result of personal characteristics that interfere with the establishment of meaningful relationships. Shyness is one such characteristic which, by definition, would hamper the formation of new friendships. Because shyness is particularly apparent in unfamiliar situations (Zimbardo, 1977), shy individuals may focus their energies on relationships that are already established and, therefore, non-threatening (e.g., existing friendships, family relationships). By doing so, however, they may limit their circle of friends to one or two persons. Cutrona (1982) observed that subjects in the UCLA New Student Study used the process of social comparison to evaluate the quality of their own relationships. Extrapolating from her findings, it may be that shy individuals are likely to perceive themselves as lonely if their social lives are not as extensive as those of their peers, even if their existing relationships are quite satisfactory.

Attribution theory (Peplau & Perlman, 1979) also addresses the function of shyness in the experience of loneliness and suggests a mechanism by which the number of close friends is kept at a minimum. Jones and Russell (1982) have described the Social Reticeance Scale (used in the present study) as a measure of dispositional shyness, with higher

scores reflecting greater subjective discomfort and greater persistence across situations. In characterizing themselves as shy, people identify an explanation for their social status that is stable, internal, and likely to be perceived as uncontrollable. This sort of attribution would lead to low expectations for future interpersonal success and would decrease the likelihood of attempts to develop new friendships with others.

Experimental Phase

Logoanalysis was not found to be effective in the alleviation of loneliness, nor did it affect any of the other variables of interest in the present study. Some of the possible reasons for this outcome (e.g., the relatively brief period of time in which the group was conducted) were anticipated and were outlined in the section of Chapter II entitled Limitations of the Study (see p. 37). Another potential explanation for the failure to produce significant changes in loneliness scores is that the group's assignments may have been too broadly based. Although interpersonal relationships were discussed to some degree, many of the values identified by group members were nonsocial in orientation (e.g., achievement, change). Some group members did identify the goal of improving their relationships with others and a few wrote letters to significant others as a means of achieving their immediate goal. However, the group meetings ended before the success of this endeavor could be evaluated (i.e., whether or not they received a letter in return).

The identification of personal values, the development of goals that are consistent with those values, and the implementation of a plan by which goals can be attained are the means by which Crumbaugh (1973)

has suggested that people can achieve a greater sense of meaning and purpose in their lives. It is still a reasonable assumption that the enhancement of positive attitudes about life per se would generalize to one's perceptions of social relationships, particularly in light of the pervasive negativity typically found in lonely persons. However, because of the time-limited nature of the present study, only the first two steps of Crumbaugh's process were observed. Many of the subjects' long-range goals were not possible to attempt until after they left the hospital and it would have been informative to have reevaluated them after a longer period of time. It is recommended that any future efforts to determine the efficacy of Logoanalysis as a treatment for loneliness include the following: (1) exercises that address interpersonal relationships directly, (2) a longer period of time in which group sessions can be conducted, (3) a greater emphasis on immediately attainable goals, and (4) reevaluation of subjects after a greater length of time.

Summary

The present study accomplished its primary purpose, i.e., to contribute to the body of knowledge on loneliness and to explore the phenomenon within a previously unexamined population. It was observed that many of the factors known to accompany loneliness in other groups (e.g., shyness) were also present among hospitalized alcohol abusers. In fact, it was these self-perceptions that were most strongly implicated, playing a greater role in the experience of loneliness than either objective or subjective characteristics of any of the individuals' significant relationships.

It was observed further that close friendships were more relevant to the degree of loneliness reported by the alcohol abusers than were any of the other types of relationships investigated. This finding is also consistent with data obtained from other groups of people and can be understood by the combined explanatory mechanisms of social competence, social comparison, and the attributional process. The relative importance of contact with significant others was at variance with the research literature and may be a function of the situational characteristics of the group in question. Additional research is needed to determine the importance of this variable in other groups of similarly isolated individuals (e.g., those hospitalized for medical reasons, incarcerated persons).

Logoanalysis, as it was conducted here, was not found to be an effective treatment for loneliness. Possible reasons for this outcome were explored and suggestions were made for further study.

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APPENDIXES

APPENDIX A

CONSENT FORMS

Information about "Life and Relational Satisfaction," by Ruth Ann Johnson of Knoxville VA Medical Center.

The purpose of this study is to investigate patients' satisfaction with their lives and relationships with others, and to evaluate the effect of a type of group therapy (Logoanalysis) on that satisfaction. If you agree to participate in this study, you will be asked to fill out several questionnaires. You may also be asked to attend a therapy group that will meet one hour a day for two weeks.

Although there are no apparent physical risks, participation in this study may cause you to think more deeply about yourself, which some people find to be emotionally distressing. In the event that you become distressed, the psychologist on your ward would be available to discuss your feelings with you. At this time, it is not possible to predict whether or not you will benefit from your participation. However, you will have the benefit of knowing that you have helped to further the range of knowledge about patients at this hospital and, possibly, about treatment effectiveness. This may influence future treatment planning for other patients. There will be no monetary payment.

All information received from you will be confidential and identified only by a numerical code. Furthermore, since the purpose of the project is to examine the responses of groups of people, your information will be pooled with that obtained from others. You will not be personally identified in any published or oral presentation of the results.

You do not have to participate in this study. If you do volunteer and later decide you do not want to participate, you may withdraw at any time.

In the unlikely event you are injured as a result of your participation in this study, the KVAMC will furnish medical care as provided by Federal statute. Compensation for such injury may be available to you under the provisions of Title 38, United States Code, Section 351, and/or the Federal Tort Claims Act. For further information, contact the VA District Legal Counsel at 800-362-2222.

Do you have any questions at this point? If some questions do arise later, feel free to contact Dr. Hutzell (515-842-3101, Ext. 428) here at the hospital.

I, _____, certify that the above written summary was discussed and explained fully to me by _____ on this date.

Date

Signature

Or Subject's Legal Representative

I, _____, the _____ of _____
(relationship/legal status)
(Subject's name) _____, certify that the above written summary was discussed and fully explained to me by _____ on this date.

Date

Signature

**PART I-AGREEMENT TO PARTICIPATE IN RESEARCH
BY OR UNDER THE DIRECTION OF THE VETERANS ADMINISTRATION**

DATE

1. I, _____, voluntarily consent to participate as a subject
(Type or print subject's name)
in the investigation entitled _____
(Title of study)

2. I have signed one or more information sheets with this title to show that I have read the description including the purpose and nature of the investigation, the procedures to be used, the risks, inconveniences, side effects and benefits to be expected, as well as other courses of action open to me and my right to withdraw from the investigation at any time. Each of these items has been explained to me by the investigator in the presence of a witness. The investigator has answered my questions concerning the investigation and I believe I understand what is intended.

3. I understand that no guarantees or assurances have been given me since the results and risks of an investigation are not always known beforehand. I have been told that this investigation has been carefully planned, that the plan has been reviewed by knowledgeable people, and that every reasonable precaution will be taken to protect my well-being.

4. In the event I sustain physical injury as a result of participation in this investigation, if I am eligible for medical care as a veteran, all necessary and appropriate care will be provided. If I am not eligible for medical care as a veteran, humanitarian emergency care will nevertheless be provided.

5. I realize I have not released this institution from liability for negligence. Compensation may or may not be payable, in the event of physical injury arising from such research, under applicable federal laws.

6. I understand that all information obtained about me during the course of this study will be made available only to doctors who are taking care of me and to qualified investigators and their assistants where their access to this information is appropriate and authorized. They will be bound by the same requirements to maintain my privacy and anonymity as apply to all medical personnel within the Veterans Administration.

7. I further understand that, where required by law, the appropriate federal officer or agency will have free access to information obtained in this study should it become necessary. Generally, I may expect the same respect for my privacy and anonymity from these agencies as is afforded by the Veterans Administration and its employees. The provisions of the Privacy Act apply to all agencies.

8. In the event that research in which I participate involves certain new drugs, information concerning my response to the drug(s) will be supplied to the sponsoring pharmaceutical house(s) that made the drug(s) available. This information will be given to them in such a way that I cannot be identified.

I _____
NAME OF VOLUNTEER

HAVE READ THIS CONSENT FORM. ALL MY QUESTIONS HAVE BEEN ANSWERED, AND I FREELY AND VOLUNTARILY CHOOSE TO PARTICIPATE. I UNDERSTAND THAT MY RIGHTS AND PRIVACY WILL BE MAINTAINED. I AGREE TO PARTICIPATE AS A VOLUNTEER IN THIS PROGRAM.

9. Nevertheless, I wish to limit my participation in the investigation as follows:

VA FACILITY	SUBJECT'S SIGNATURE
WITNESS'S NAME AND ADDRESS (<i>Print or type</i>)	WITNESS'S SIGNATURE
INVESTIGATOR'S NAME (<i>Print or type</i>)	INVESTIGATOR'S SIGNATURE
<input type="checkbox"/> Signed information sheets attached. <input type="checkbox"/> Signed information sheets available at:	
SUBJECT'S IDENTIFICATION (<i>I.D. plate or give name - last, first, middle</i>)	
SUBJECT'S I.D. NO.	
WARD	

**AGREEMENT TO PARTICIPATE IN
RESEARCH BY OR UNDER THE DIRECTION
OF THE VETERANS ADMINISTRATION**

VA FORM 10-1086
SEP 1979

SUPERSEDES VA FORM 10-1086
JUN 1975, WHICH WILL NOT BE
USED.

APPENDIX B

QUESTIONNAIRE MATERIALS

RLS

INSTRUCTIONS: Indicate how often each of the following statements describes you. Circle one number for each.

	<u>NEVER</u>	<u>RARELY</u>	<u>SOMETIMES</u>	<u>OFTEN</u>
1. I feel in tune with the people around me.....	1	2	3	4
2. I lack companionship.....	1	2	3	4
3. There is no one I can turn to.....	1	2	3	4
4. I do not feel alone.....	1	2	3	4
5. I feel a part of a group of friends...	1	2	3	4
6. I have a lot in common with the people around me.....	1	2	3	4
7. I am no longer close to anyone.....	1	2	3	4
8. My interests and ideas are not shared by those around me.....	1	2	3	4
9. I am an outgoing person.....	1	2	3	4
10. There are people I feel close to.....	1	2	3	4
11. I feel left out.....	1	2	3	4
12. My social relationships are superficial.....	1	2	3	4
13. No one really knows me well.....	1	2	3	4
14. I feel isolated from others.....	1	2	3	4
15. I can find companionship when I want it.....	1	2	3	4
16. There are people who really understand me.....	1	2	3	4
17. I am unhappy being so withdrawn.....	1	2	3	4
18. People are around me but not with me..	1	2	3	4
19. There are people I can talk to.....	1	2	3	4
20. There are people I can turn to.....	1	2	3	4

SRS

INSTRUCTIONS: For each of the following statements, write in the number that best indicates how typical the statement is of you.

- 5--Very typical of me
- 4--Somewhat typical of me
- 3--Sometimes true, sometimes not true
- 2--Somewhat untypical of me
- 1--Very untypical of me

- ___ 1. I frequently have difficulties in meeting new people.
- ___ 2. I frequently feel depressed or sad.
- ___ 3. I have a hard time expressing my opinions to others.
- ___ 4. Even my friends don't seem to know me very well.
- ___ 5. Many people apparently think that I am unfriendly.
- ___ 6. It is difficult for me to think clearly in the presence of others.
- ___ 7. I am very self-conscious.
- ___ 8. It is difficult for me to make new friends.
- ___ 9. I frequently feel isolated from others.
- ___ 10. I have difficulty being assertive, even when it is appropriate or I need to be.
- ___ 11. Most people don't know what I'm really like.
- ___ 12. Many people may think I'm snobbish or bored because I'm not more outgoing.
- ___ 13. It is difficult for me to know what to say in a group.
- ___ 14. Frequently I am preoccupied with my own feelings and reactions.
- ___ 15. I frequently avoid or don't enjoy potentially good experiences.
- ___ 16. I often feel lonely.
- ___ 17. I usually keep quiet in groups, even when I have something to say.
- ___ 18. Even many of my friends don't know any of my true assets.
- ___ 19. I'm afraid many people think I am weak.
- ___ 20. I often have difficulty in communicating effectively.
- ___ 21. I wish that I wasn't so sensitive to my own thoughts and feelings.
- ___ 22. Basically I am a shy person.

RELATIONSHIP QUESTIONNAIRE

Casual Friendships: A casual friend is defined here as a person with whom you primarily share activities (such as TV, cards, details) and conversations center around these activities. Interactions are pleasant, but need not be regular or frequent.

The following questions concern casual friendships. Circle the one answer for each question that best describes your current situation.

1. How many casual friendships do you have currently?

None 1-2 3-4 5-6 7-8 9-10 11 or more

2. How many times during the past two weeks have you done something with a casual friend?

Never 1-2 3-4 5-6 7-8 9-10 11 or more

3. How satisfied are you with your current casual friendships?

Not At All								Very Satisfied
1	2	3	4	5	6	7	8	9

Close Friendships: A close friend is defined here as a person with whom you can really communicate and in whom you can confide about feelings and personal problems. The friendship is valued because of the warmth, caring, and emotional sharing it provides.

The following questions concern close friendships. Circle the one answer for each question that best describes your situation.

1. How many close friendships do you have currently?

None 1-2 3-4 5-6 7-8 9-10 11 or more

2. How many time during the past two weeks have you done something with a close friend?

Never 1-2 3-4 5-6 7-8 9-10 11 or more

3. How satisfied are you with your current close friendships?

Not At All								Very Satisfied
1	2	3	4	5	6	7	8	9

Romantic Relationships: The following questions concern your intimate relationships with others which are romantic or sexual in nature. ("Intimate" can refer to the sexual aspects of the relationship, or the emotional quality or intensity of the relationship.)

The following questions concern romantic relationships. Circle the one answer for each question that best describes your situation.

1. How intimate are your current romantic relationships?

Not Intimate At All									Very Intimate
1	2	3	4	5	6	7	8	9	

2. How often during the past two weeks have you spent time with someone you are involved with romantically?

Never 1-2 3-4 5-6 7-8 9-10 11 or more

3. How satisfied are you with your current romantic relationships?

Not At All								Very Satisfied
1	2	3	4	5	6	7	8	9

Family Relationships: A family member is defined here as a blood or adopted relative, such as parents, brothers, and sisters, or children. In this questionnaire, a wife is considered to be a romantic partner, so the following questions would not apply to her.

The following questions concern relationships with family members other than your wife.

1. How many family members do you currently feel close to?

None 1-2 3-4 5-6 7-8 9-10 11 or more

2. How many times during the past two weeks have had contact with members of your family?

Never 1-2 3-4 5-6 7-8 9-10 11 or more

3. How satisfied are you with your current family relationships?

Not At All								Very Satisfied
1	2	3	4	5	6	7	8	9

APPENDIX C

DEBRIEFING INFORMATION

About the Study

The study in which you have participated was designed to investigate the feelings and opinions of persons who enter an alcohol treatment program. Specifically, the project was intended to measure how the "typical" patient experiences feelings of loneliness, shyness, depression, and a sense of meaning or purpose in his life and how loneliness is tied to various aspects of the person's relationships with others. The study was conducted in two parts, one aimed at finding out about individuals' feelings in general and the other to assess how effective a certain form of group therapy is in helping patients feel more satisfied with themselves and their situations.

If you completed a series of questionnaires one time and answered questions about your relationships with casual and close friends, romantic partners, and family members, you were in the baseline portion of the study. The information you provided will be used to further understand the feelings and needs of individuals who enter alcohol treatment.

If you completed four questionnaires and participated in a Logoanalysis group, the information you provided will be used to see if that form of therapy is helpful in aiding people to become less lonely, depressed, shy, and/or to see a greater meaning in their lives. This information can be helpful in future treatment planning.

If you completed four questionnaires on two different occasions and did not participate in the Logoanalysis group, your information will be used for comparison with that from patients who did take the group. You may choose to enroll in the Logoanalysis group at a later time.

Because the study was designed to measure the responses of groups of people, it will not be possible to give you individual feedback on your scores, nor will your results be entered into your medical file. However, your participation will contribute to a better understanding of the needs to be served by the alcohol treatment program and can influence program development in the future.

If you have any further questions, you may feel free to address them to a member of the psychology staff.

Again, thank you for your participation.

APPENDIX D

LOGOANALYSIS GROUP ASSIGNMENTS

Assignments

Day 1

Group orientation
Questionnaire administration

Homework: "When you were five or six years old, what did you want to be when you grew up? Why?"

Day 2

List and discuss responses to homework assignment
Assignment: "If you could take a trip and money and distance were no object, where would you go? Why? Where would you not go? Why?"

Homework: "Who is your favorite movie star or character? Why? Who is your least favorite movie star or character? Why?"

Day 3

List and discuss responses to homework assignment
Assignment: "What type of job have you had that you liked the best? Why? What type of job have you not had, but thought you would like? Why?"

Homework: "What hobby have you enjoyed the most? Why? What type of hobby or recreational activity have you never tried that you think you would enjoy? Why?"

Day 4

List and discuss responses to homework assignment
Review values identified through assignments

Homework: "If you were king of the world, what changes would you make? Why?"

Day 5

List and discuss responses to homework assignment
Assignment: "What would you like people to say about you when you have died? Why?"

Homework: "What goals would you like to accomplish tomorrow, in the next six months, and within the next five years?"

Day 6

List and discuss responses to homework assignment
Compare match between values and goals

Homework: "What goals could you set that would satisfy the values that are not yet covered?"

Day 7

List and discuss responses to homework assignment
Assignment: "List the positive aspects of yourself or your personality. List the negative aspects."

Homework: "List the positive aspects of your situation or circumstances. List the negative aspects."

Day 8

List and discuss responses to homework assignment
Group provides feedback on lists of personal and situational aspects

Homework: "How can you use the positive aspects of yourself and your situation to help you reach your goals? What can you do to keep the negative aspects from preventing you from reaching your goals?"

Day 9

List and discuss responses to homework assignment
Group feedback
Assignment: "Set one goal that you plan to accomplish before the next group meeting."

Homework: "Follow through on your identified goal."

Day 10

Check on goal attainment
Summarize and answer questions
Readminister questionnaires

APPENDIX E

TESTS OF DIFFERENCES BETWEEN EXPERIMENTAL AND CONTROL SUBJECTS

TABLE VII
COMPARISON BETWEEN EXPERIMENTAL AND CONTROL
GROUP SCORES ON THE CRITERION VARIABLES
AT THE BEGINNING OF THE STUDY

Variable	<u>t</u>
Loneliness	0.02
Shyness	0.37
Depression	0.92
Purpose in Life	-0.88

Note. All n's equal 10. All tests are nonsignificant.

TABLE VIII
ANOVA SUMMARY TABLE FOR LONELINESS SCORES AS A
FUNCTION OF GROUP MEMBERSHIP AND TIME

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Between				
Group	9.02	1	9.02	0.06
Error	2875.25	18	159.74	
Within				
Time	70.22	1	70.22	3.55*
Group x Time	11.02	1	11.02	0.56
Error	356.25	18	19.79	

* $p < .10$.

TABLE IX
ANOVA SUMMARY TABLE FOR SHYNESS SCORES AS A
FUNCTION OF GROUP MEMBERSHIP AND TIME

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Between				
Group	4.22	1	4.22	0.01
Error	12,039.05	18	668.84	
Within				
Time	308.02	1	308.02	2.71
Group x Time	70.22	1	70.22	0.62
Error	2042.25	18	113.46	

Note. All F's were nonsignificant.

TABLE X
ANOVA SUMMARY TABLE FOR DEPRESSION SCORES AS A
FUNCTION OF GROUP MEMBERSHIP AND TIME

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Between				
Group	57.60	1	57.60	0.35
Error	2975.00	18	165.28	
Within				
Time	84.10	1	84.10	2.87
Group x Time	28.90	1	28.90	0.99
Error	528.00	18	29.33	

Note. All F's were nonsignificant.

TABLE XI
ANOVA SUMMARY TABLE FOR PURPOSE IN LIFE SCORES AS A
FUNCTION OF GROUP MEMBERSHIP AND TIME

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Between				
Group	81.22	1	81.22	0.12
Error	11,797.25	18	655.40	
Within				
Time	2088.02	1	2088.02	25.24**
Group x Time	275.62	1	275.62	3.33*
Error	1488.85	18	82.71	

* $p < .10$. ** $p < .001$.

VITA 2

Ruth Ann Johnson

Candidate for the Degree of

Doctor of Philosophy

Thesis: LONELINESS AMONG HOSPITALIZED ALCOHOL ABUSERS:
EXPLORATION AND TREATMENT

Major Field: Psychology

Biographical:

Personal Data: Born in Kansas City, Missouri, November 21, 1946, the daughter of James R. and Ruth Craig. Married to Gregory M. Johnson on June 12, 1982. Two sons, Jeffrey A. and David M. Goswick.

Education: Graduated from Glendale High School, Springfield, Missouri, in May, 1964; attended Southwest Missouri State University, Springfield, Missouri, January 1967-May 1968; received Associate of Arts degree in Sociology from Tulsa Junior College, Tulsa, Oklahoma, in December, 1973; graduated with honors from the University of Tulsa, Tulsa, Oklahoma, receiving Bachelor of Science degree in Psychology, May, 1976; received Master of Science degree in Psychology from Oklahoma State University, Stillwater, Oklahoma, May, 1980; completed requirements for Doctor of Philosophy degree in Psychology at Oklahoma State University, Stillwater, Oklahoma in May, 1984.

Professional Experience: Individual and family counselor at Family and Children's Service, Tulsa, Oklahoma, September 1975-May 1976; Lab instructor for Introduction to Experimental Psychology, University of Tulsa, Tulsa, Oklahoma, August 1976-May 1977; Psychological Associate at Bi-State Mental Health Clinic, Oklahoma State University Hospital, Stillwater, Oklahoma, August 1977-May 1978; Instructor for Psychology of Human Problems, Oklahoma State University, Stillwater, Oklahoma, January 1978-May 1979; Summer Intern for Alcohol Treatment Unit, El Reno Federal Correctional Institution, El Reno, Oklahoma, May 1978-August 1978; Psychological Associate at Psychological Services Center, Stillwater, Oklahoma, August 1978-August 1981; Instructor for Introduction to Psychology, Oklahoma State University, Stillwater, Oklahoma, August 1979-May

1980; Psychological Associate at University Counseling Service, Oklahoma State University, Stillwater, Oklahoma, August 1980-December 1980; Psychological Assistant at Connor Correctional Center, Hominy, Oklahoma, September 1980-August 1981; Psychology Intern at Knoxville Veterans Administration Medical Center, Knoxville, Iowa, September 1981-September 1982; Psychologist at Southeastern Iowa Mental Health Center, Burlington, Iowa, September 1982-present; Member Psi Chi National Honor Society in Psychology; Associate Member of Sigma Xi National Research Society, Member of Iowa Psychological Association; Associate Member of American Psychological Association.