# LONELINESS AS RELATED TO SELF-DISCLOSURE, SELF-ESTEEM AND SOCIAL ANXIETY IN ADOLESCENT CLIENTS

BY

ANITA LURETTE WEEKS

Bachelor of Arts
The University of Tulsa
Tulsa, Oklahoma
1979

Master of Arts
The University of Tulsa
Tulsa, Oklahoma
1981

Submitted to the Faculty of the Graduate College of the Oklahoma State University in partial fulfillment of the requirements for the Degree of DOCTOR OF PHILOSOPHY JULY, 1989

Thesis 1999D W395l cop 2

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Thesis Approved:

Judath E. Wobson

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Jounan M. Duyham

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Anita Lurette Weeks

July 1989

#### **PREFACE**

This study is concerned with loneliness as related to self-disclosure, self-esteem and social anxiety in adolescent clients. The primary objective is to determine whether measures of self-disclosure, self-esteem, social anxiety and gender are predictors of loneliness in middle and late adolescent clients.

The author wishes to express gratitude to the director of this study, committee Chairperson and major advisor, Dr. Al Carlozzi, for his invaluable guidance and assistance. Also, special thanks to other committee members, Dr. Judith E. Dobson, Dr. Brent Snow, Dr. Katye Perry and Dr. Bob Scott for their assistance in the finalization of this manuscript.

A special note of thanks is given to Dr. Katye Perry for her assisstance in data analysis. In addition, appreciation is extended to Dr. Bob Helm who acted as temporary committee member at the proposal meeting and Dr. Warren Jones of the University of Tulsa, Tulsa, Oklahoma for his support during the planning of this study.

Appreciation is also extended to my family and many friends for their understanding throughout the recent years. Finally, special gratitude is expressed to Anna Weeks, the author's mother, for her lasting support and encouragement.

# TABLE OF CONTENTS

Chapt	e <b>r</b> Pa	ge
I.	INTRODUCTION	1
	Self-Disclosure	3
	Self-Esteem	4
	Social Anxiety	5
	Loneliness in Adolescents	6
	Early Adolescents	7
	Middle Adolescents	7
	Late Adolescents	8
	Statement of the Problem	9
		10
	Research Questions	11
	Hypotheses	12
	Limitations	14
	Organization of the Study	15
ΙΙ.	REVIEW OF LITERATURE	16
	Early Studies on Loneliness	16
	Nature of Loneliness	18
	Antecedents of Loneliness	20
	Loneliness and Self-Disclosure	21
	Loneliness and Self-Esteem	23
	Loneliness and Social Anxiety	25
	Loneliness in Adolescence	27
	Loneliness: Gender Differences	29
	Loneliness: Age Differences	30
	Factors Contributing to Adolescent Loneliness.	30
	Self-Disclosure and Adolescents	32
	Self-Esteem and Adolescents	34
	Social Anxiety and Adolescents	34
	Summary	35
	•	
III.	METHOD	37
	Subjects	37
	Instruments	38
	The Self-Disclosure Inventory for Adolescents.	38
	The Rosenberg Self-Esteem Scale	43
	The State-Trait Anxiety Inventory	45
	The Revised UCLA Loneliness Scale	48
	Procedures	50
	Analysis	51

Chapter	age
IV. RESULTS	53
Hypothesis I	54
Hypothesis II	54
Hypothesis III	56
Hypothesis IV	57
Hypothesis V	57
Hypothesis VI	57
HYpothesis VII	59
Hypothesis VIII	60
Hypothesis IX	61
V. SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATION	•
Summary	65
Conclusions	69
Recommendations	76
REFERENCES	79
APPENDIXES	8,8
APPENDIX A - TABLES 1-12	89
APPENDIX B - CONSENT FORM	102
APPENDIX C - DESCRIPTION	<b>10</b>
APPENDIX D - SELF-DISCLOSURE INVENTORY FOR ADOLESCENTS.	105
milding by the bibolocolli inventori for incommontation	
APPENDIX E - ROSENBERG SELF-ESTEEM SCALE	105
	$\begin{smallmatrix}105\\107\end{smallmatrix}$
APPENDIX E - ROSENBERG SELF-ESTEEM SCALE	$\begin{array}{c} 105 \\ 107 \\ 124 \end{array}$
APPENDIX E - ROSENBERG SELF-ESTEEM SCALE	$105 \\ 107 \\ 124 \\ 126$

# LIST OF TABLES

Table								Pag	ge
1.	Descriptive	Statisti	ics		• • •			. 9	90
2.	Descriptive	Statisti	ics			• • •	• • •	!	91
3.	Descriptive	Statisti	ics				• • (	!	9 2
4.	Descriptive	Statisti	ics				• • •	!	93
5.	Descriptive	Statisti	ics				• • •	!	94
6.	Descriptive	Statisti	ics				• • •	!	9 5
7.	Descriptive	Statisti	ics				• •	!	96
8.	Descriptive	Statisti	ics				• •	:	9 7
9.	Descriptive	Statisti	ics				• •	:	98
10.	Descriptive	Statisti	ics	• •			• •		99
11.	Descriptive	Statist	ics				• •	1	00
12.	Descriptive	Statist	ics				• •	1	01
13.	Reliability	and Val	idity I	Data i	for SD	IA	• •	• •	40
14.	Simple Regre Effect Var		etween	Lone	liness	and e	ach I		5 5
15.	Simple Regre Interaction				liness	and	• •	!	58
16.	Multiple Reg and All Pr Gender Ef	redictor	Variat					d	6 2
17.	Multiple Reg Loneliness Self-Disc of Entrand for All Su	s with Solosure foce of Inc	ocial A or Spec depende	Anxiet cified ent Va	ty and d Orde ariabl	rs es,			64

#### NOMENCLATURE

intercept, constant а sample regression weight (slope) В F F test of statistical significance number of subjects in subgroup n number of subjects in study N probability level p simple correlation coefficient r independent variable Хj predicted, dependent variable Y

#### CHAPTER I

#### INTRODUCTION

"It isn't a pain. I don't think there is anything in physical pain that could really explain it. It is an ache that is deep, that you really feel, that is inside of you" (Weiss, 1979, p. 194). Loneliness, there have been many definitions proposed by different theorists in it's regard. And yet although people may describe it differently they seem to be quite familiar with this feeling state. Loneliness appears to know no boundaries, it is experienced by young children to elderly adults and occurs at any place and at any time.

While there have been a number of theoretical approaches proposed in regard to the study of loneliness, psychodynamic (Leiderman, 1969; Sullivan, 1953), phenomenological (Rogers, 1961), existential (Moustakas, 1961), sociological (Packard, 1972; Slater 1970), interactional (Weiss, 1973), general systems theory (Flanders, 1976), privacy, (Derlega & Chaikin, 1977), and cognitive (Peplau, Russell, & Heim, 1979) there has been one approach which has been applied to the understanding of loneliness to a much lesser degree. This approach is a social skills or social competence model. In this model

loneliness is conceptualized as an "... inability or disruption in the ability to relate to others in an effective and mutually satisfying manner" (Jones, 1982, p. 238).

According to Jones, (1982, chap. 15) there are several advantages to conceptualizing loneliness from the perspective of social competence. The first advantage is that a social skills model emphasizes the lonely person's problems in relating to others, and thus, is applicable across various environmental and social conditions. Secondly, social skill may influence the probability or severity of loneliness in various situations. Finally, social skill analysis may provide the possibility of identifying procedures that might be effective in reducing the severity or chronicity of loneliness.

Although psychology has long been interested in the study of loneliness (Fromm-Reichman, 1959; Sullivan, 1953), only recently, however, has it become the subject of substantial empirical research (Solano, Batten, & Parish, 1982). One reason for the renewed interest may be due to the realization that at present, loneliness is a widespread problem in the United States (Rubenstein, Shaver, & Peplau, 1979; Weiss, 1973). Another reason may stem from work on scale development which has recently produced several measures of loneliness that are reliable, valid and avoid social desirability problems (Loucks, 1980; Russell, Peplau, & Cutrona, 1980). However, no matter what the diverse reasons for examining loneliness may include it is apparent that many factors are available for exploration in this area.

Some of these areas consist of cognitive, motivational, affective, medical, behavioral and social to name a few. However, for the present study a more social model was examined utilizing specifically the topics of self-disclosure, self-esteem and social anxiety.

## Self-Disclosure

From a social skills perspective, one factor which may be of particular importance is self-disclosure. Research relating to self-disclosure has indicated that the ability to reveal one's feelings and thoughts to another is a basic skill for developing and maintaining normal social relationships (Altman & Taylor, 1973; Chaikin & Derlega, 1976; Jourard, 1971a). The lack of self-disclosure has often been associated with various personal and interpersonal maladjustment (Carpenter & Freese, 1979; Cozby 1973; Goodstein & Reinecker, 1974).

Research on loneliness also has suggested that difficulties with self-disclosure may be important. Sermat and Smyth (1973, p. 332) analyzed the statement of 300 people who were asked to report their feelings relating to their degree of loneliness. They found that "... individuals of all ages and backgrounds attribute their loneliness feeling above all to the lack of opportunity to talk about personal, important private matters with someone else." Horowitz and French (1979) reported similar findings using an open ended format, while Perlman, Gerson & Spinner (1978) found congruent results from elderly subjects using the same method. For female subjects, Chelune, Sultan, and Williams,

(1980) reported that loneliness was significantly related to an unwillingness to self-disclose to others in hypothetical situations.

In looking at loneliness and self-disclosure it is easy to postulate that other factors may be involved and contributing to the difficulties reported by lonely individuals. Therefore, attention is turned to another area related to loneliness.

### Self-Esteem

Another factor which appears to be linked to loneliness is that of self-esteem. According to Peplau, Miceli & Morasch (1982, p. 145) in a social competence model of loneliness, low self-esteem is often seen as "... part of a group of beliefs and behaviors that interfere with initiating or maintaining satisfying social relationships". In some cases, low self-esteem reflects an inaccurate assessment of the person's social skills. As Zimbardo (1977) points out, it is not uncommon for attractive, competent individuals to perceive themselves and their behavior as inept. In other cases, however, low self-esteem may reflect actual deficits in the skills necessary to begin or sustain social relations (Horowitz & French, 1979).

In general, low self-esteem often appears in an interrelated set of self-defeating cognitions and behaviors that impair social competence. Evidence that low self-esteem may be a causal factor in the lingering of loneliness comes from a longitudinal study conducted by Cutrona, Russell and Peplau (cited in Hansson & Jones, 1981). In this study,

researchers found that self-esteem was an important factor in whether new college students experienced transitory loneliness or persistent loneliness over a seven-month period. Students scoring high in self-esteem at the beginning of the new school year were significantly more likely to overcome their loneliness and to make a successful social adjustment at college than were students with low self-esteem.

#### Social Anxiety

Finally, one of the most common problems in the realm of social competence is that of social anxiety. Many people have thoughts expressing a fear of embarrassing themselves in front of others and of not knowing what to do or say. According to Sullivan (1953), the origin of anxiety is interpersonal. He traced psychological distress to sources in human interaction. In support of a social competence model, studies of social skill deficits substantiate the role of inadequate or unacquired social behaviors (Twentyman & McFall, 1975) as well as disruptive conditioned anxiety in dating (Curran, 1975). In regard to loneliness, it is Bowlby's (1973) contention that anxious attachment develops when a natural desire for a close relationship with another is accompanied by apprehension lest the relationship be If anxiety is transferred to the other person, the response may be a withdrawal from the relationship, enhancing feelings of loneliness. Using a sample of college students, Jones, Freemon & Goswick (1981) reported that loneliness is related to a pattern of personality dimensions and

self-reported behaviors which may be characterized as representing social inadequacy. They found that for both men and women, loneliness was positively correlated with social anxiety. Another study which links anxiety with loneliness is that of Jones' (cited in Russell, Peplau & Ferguson, 1978). In this study it was reported that the UCLA Loneliness Scales (Russell, Peplau & Ferguson, 1978) correlated significantly with the anxiety subscale of the Multiple Affect Adjective Checklist (Zukerman & Lubin, 1965). Other studies which link the UCLA Loneliness Scale to anxiety include Leiderman (1969), and Ortega (1969).

## Loneliness in Adolescents

Smith and Felice (1980, p. 38) suggest that the term "adolescence" refers to a youth's psychosocial growth. It is their contention that throughout this period, the adolescent is faced with psychosocial tasks over a wide time frame, that is from approximately 12 years of age to the early or mid twenties. In an earlier study, Felice and Friedman (1978), grouped these tasks into three phases of development; early, middle and late adolescent periods. In each of these three phases, the focus is on different psychosocial tasks that must be accomplished by the youth as he or she progresses toward adulthood. In a later study, Mahon, (1983) found that there are significant differences in loneliness among early, middle and late adolescents. The following sections delineate the psychosocial tasks involved in each stage and findings on loneliness associated with each.

# Early Adolescence

Research by Rubenstein, Shaver and Peplau (1979) suggested that loneliness may begin in early childhood. However, Sullivan (1953), contended that the awareness of loneliness emerges in the preadolescent phase of development and is probably related to the need to develop intimate relations and the inability to do so. Mercer (1979) defines this period of early adolescence as ages 12 to 14.

During the early period of adolescence there is a concern with establishing independence and becoming familiar with the human body (Felice & Friedman, 1978). In addition, the adolescent must form bonds with same-sex peer groups in which the need for conformity prevails. Blos (1962) found that boys form friendships that demand an idealization of the same-sex friend and that friendship plays an equally important role in the life of a girl. However, Lidz (1968) stated that girls are likely to develop "crushes" on boys earlier than, when boys become infatuated with girls. regard to loneliness, Mahon, (1983) found that early adolescents scored significantly higher on loneliness scales than middle and late adolescents. In addition, he found that 13-year-old girls exhibited significantly higher degrees of loneliness than 15-year-old females and 20-year-old females. Moreover, 13-year-old girls had higher mean loneliness scores than 20-year-old males.

### Middle Adolescence

Middle adolescence is defined by Mercer (1979) as ages
15 and 16. During the middle period of adolescence the main

task is the building of new and meaningful relationships with members of the same and opposite sex (Felice & Friedman. Adolescents become aware of family structure and life styles different from their own and this awareness encourages them to experiment with different styles and philosophies and to incorporate those that are compatible with their developing self-identity (Felice & Friedman, 1978). regard to gender, Lidz (1968) suggests that there are differing patterns of concern. The boy is discovering what he can achieve autonomously while continuing to participate in activities while the girl's concerns center on interpersonal relationships. The girl is more apt to assume responsibility than the boy and both sexes indulge in fantasy, although for the girl these fantasies appeared to occur more often (Lidz, 1968). In regard to loneliness, Mahon (1983) reports low loneliness scores for 15-year-old girls. Mahon (1983) attributes this to Lidz's statement (cited in Mahon, 1983) that girls in the middle adolescent period are actively engaged in developing and maintaining relationships. The girl uses her "... intellectual capacities to contemplate the subtleties of interpersonal relationships," (p. 72) which indirectly leads to her ability to empathize with others.

#### Late Adolescence

Late adolescence is defined by Mercer (1979) as the period which extends from 17 years until adulthood. The major tasks of the late adolescent period include the achievement of an ego identity and the development of the

capacity for intimacy (Lidz, 1968). In late adolescence, most individuals begin to develop close, intimate relationships with members of the opposite sex (Felice & Friedman, 1978). These relationships differ from previous relationships because they include the development of intimacy with caring (Felice & Friedman, 1978). In addition, the adolescent struggles with the development of a workable value system (Felice & Friedman, 1978). According to Josselyn (1971), it is during this period that chosen life tasks and goals are acquiring shape. Also during this period, Lidz (1968) states that the identity crisis affects men more than women. In regard to loneliness, Mahon (1983) reports that loneliness scores increase slightly when girls reach 20 years of age and that there is a general decline in loneliness scores for males across early, middle and late adolescence.

# Statement of the Problem

The study was designed to examine the following question: Is there a relationship between social competence (ie. self-disclosure, self-esteem and social anxiety) and loneliness in middle and late age adolescent clients: This question was based on the perspective that behaviors, attitudes and emotions commonly associated with loneliness in adults are conceptualized as manifestations of an inability or disruption in the ability to communicate with others in an effective and mutually satisfying manner (Phillips, 1978.)

# Significance of Study

In recent years empirical studies of loneliness have indicated that loneliness is very prevalent among young people (Russell, Peplau, & Cutrona, 1980). According to Bradburn, (1969) a national survey revealed that 26% of respondents reported having felt "... very lonely or remote from other people" during the past few weeks. In addition, loneliness has been linked to a variety of other serious individual and social problems, including alcoholism (Nerviano & Gross, 1976), suicide (Jacobs, 1971) and physical illness and overutilization of health care services (Lynch, 1976). However, to date, few studies have addressed loneliness in the younger adolescent population, more specifically, adolescents under the age of 18 (Mahon, 1983). Although empirical research on loneliness has been hampered by a variety of problems, such as a lack of appropriate measures for adolescents, one major hindrance is that loneliness, unlike areas such as aggression, competition and crowding, cannot be readily manipulated by researchers (Russell, Peplau & Cutrona, 1980).

Therefore, since little research has been done in the past using an adolescent psychiatric population, the purpose of this study was to explore the relationship between social competence (i.e. self-disclosure, self-esteem and social anxiety) and loneliness in adolescent clients hospitalized for psychiatric disorders. More specifically, the focus of this study was to determine the relationship between social competence (ie. self-disclosure, self-esteem and social

anxiety) and loneliness in middle and late adolescent male and female clients in an inpatient hospital setting. This middle and late adolescent distinction was made due to the fact that these two groups are usually combined in residential treatment and asked to relate to each other as peers, yet as Mahon (1983) points out, there may be significant differences in age groups in regard to loneliness.

In general, since little research has been done using an inpatient adolescent population, this study will hopefully contribute needed information regarding the relationship between loneliness and social competence to the loneliness literature in regard to psychiatric inpatients. In addition, this study may be viewed as distinct from many of those done previously in this area by its use of middle and late adolescent participants; ages 15 to 18.

### Research Questions

Based on prior research, the following questions appear cogent to the study of loneliness.

- 1. Can loneliness of middle and late adolescents be predicted using information regarding the subjects level of self-disclosure?
- 2. Can loneliness of middle and late adolescents be predicted using information regarding the subjects level of self-esteem?

- 3. Can loneliness of middle and late adolescents be predicted using information regarding the subjects level of social anxiety?
- 4. Is there a significant relationship between loneliness and the interaction between gender and age of adolescent clients?
- 5. Is there a significant relationship between loneliness and the interaction between gender, age and levels of self-disclosure?
- 6. Is there a significant relationship between loneliness and the interaction between gender, age and levels of self-esteem?
- 7. Is there a significant relationship between loneliness and the interaction between gender, age and levels of social anxiety?
- 8. Are there different predictors of loneliness for the middle and late adolescent groups?
- 9. Is there a significant relationship between loneliness and the interaction between gender and age with a combination of self-disclosure, self-esteem and social anxiety?

  Hypotheses

Because of the inconclusive findings of previous research studies which have examined loneliness, the following hypotheses have been formulated. An alpha level of

.05 is specified as needed in order to accept the following hypotheses.

Based on the research findings of Sermat & Smyth (1973), the following research hypothesis has been formulated:

1. There is an inverse relationship between self-disclosure, as measured by the Self-Disclosure Inventory for Adolescents (West & Zingle, 1969), and loneliness, as measured by the Revised UCLA Loneliness Scale (Russell, Peplau & Cutrona, 1980) in adolescent clients.

Based on the research findings of Russell & Peplau (cited in Hansson & Jones, 1981) the following research hypothesis has been formulated:

2. There is an inverse relationship between self-esteem, as measured by the Rosenberg Self-Esteem Scale (Rosenberg, 1965), and loneliness, as measured by the Revised UCLA Loneliness Scale (Russell, Peplau & Cutrona, 1980), in adolescent clients.

Based on the research findings of Jones, Freemon & Goswick (1981), the following research hypothesis has been formulated:

3. There is a positive relationship between social anxiety, as measured by the State-Trait Anxiety inventory (Spielberger, 1983) and loneliness, as measured by the Revised UCLA Loneliness Scale (Russell, Peplau & Cutrona, 1980) in adolescent clients.

As a logical progression from the testing of previous hypotheses, the following interactional hypotheses have been formulated.

- 4. There is no relationship between loneliness and the interaction between gender and age of adolescent clients.
- 5. There is no relationship between loneliness and the interaction between gender, age and self-disclosure.
- 6. There is no relationship between loneliness and the interaction between gender, age and self-esteem.
- 7. There is no relationship between loneliness and the interaction between gender, age and social anxiety.
- 8. There is no difference in the predictors of loneliness for the middle and late adolescent client groups.
- 9. Levels of self-disclosure, self-esteem and social anxiety and their interactive effects of gender and age among adolescent clients do not form a linear combination of predictors of their state of loneliness.

# Limitations

The sample of this study was limited to male and female adolescent clients, ages 15 to 18 who were hospitalized for psychiatric disorders at two private psychiatric facilities located in a large metropolitan area in the midwest. Typical presenting problems for these clients in both psychiatric facilities included the following; behavioral problems, substance abuse, family problems, low self-esteem, physical abuse, impulsive behavior, physical aggression, academic problems, runaway behavior and developmental disorders. The adolescent clients in the sample were volunteers who had written parental consent. Each was asked to complete four different scales in written form. Only those adolescents with adequate reading and comprehension ability were used in

the study. Because the sample of participants for this study was not randomly sampled and was drawn from only two private adolescent inpatient psychiatric treatment facilities, it is not necessarily representative of adolescent clients in other adolescent inpatient psychiatric treatment facilities or outpatient treatment settings.

Multiple regression was chosen as the most appropriate method of statistical analysis for the data collected in this research. As the assumptions for random sampling were not met, the multiple regression was used with caution and results must be reviewed with this in mind.

## Organization of the Study

Chapter I has presented an introduction to the study, statement of the problem, significance of the study, research questions, hypotheses, limitations, and organization of the study. Chapter II contains a literature review and summary. The methodology, instrumentation, procedures and analysis to be used in this study are presented in Chapter III. Chapter IV presents the results of the study, and Chapter V includes a summary, conclusions, and recommendations for future research.

#### CHAPTER II

#### REVIEW OF LITERATURE

Studies have shown that loneliness is a common and distressing problem for many Americans (Peplau & Perlman, 1982). In a poll of psychiatric patients, 80% claimed that the principle reason that they were seeking help was due to the feeling of loneliness (Rosenbaum & Rosenbaum, 1973).

Gaev (1976) reported that the experience of loneliness is common enough in all segments of the population to be termed a universal phenomenon. In addition, recent research indicates that there may be important developmental and sex trends in the experience of loneliness during adolescence (Mahon, 1983). Therefore, the following sections will include the early studies on loneliness, the nature of loneliness, antecedents of loneliness and loneliness as it relates to indices of social competence (ie, self-disclosure, self-esteem and social anxiety.

### Early Studies on Loneliness

In a comprehensive survey of the literature on loneliness Peplau, Russell, & Heim (1979) examined the growth of psychological work on loneliness. Of the 208 publications available in English from 1932 to 1977, only 6% were published before 1960 (Peplau & Perlman, 1982). These early

works were almost exclusively commentaries by clinicians based on their observations of patients. According to Peplau & Perlman, (1982) the most widely known from this period were the theoretical writings of Sullivan (1953) and Fromm-Reichmann (1959). Articles which examined special groups also were published. These included children (Bakwin,1942), adolescents (Collier & Lawrence, 1951), the elderly (Sheldon, 1948), wives of servicemen (Duvall, 1945), and alcoholics (Bell, 1956). It appears that a major emphasis among early theorists was in regard to distinguishing loneliness from such related states as solitude.

Although 64 new publications on loneliness appeared in the 1960's, many of the articles still relied on clinical observations. Empirical research became more prominent however, and several major projects investigated loneliness and social isolation among older adults (Blau, 1961; Lowenthal, 1964; Donson & Georges, 1967; Lopata, 1969; Tunstall, 1967). In addition, the Lonely Crowd was published in the 1960's (Reisman, Glazer, & Denney, 1961). This book examined the impact of a changing society on personal reactions and loneliness (Peplau & Perlman, 1982).

In the 1970's, an important work in regard to loneliness, was the publication <u>Loneliness: The experience of emotional and social isolation</u> (Weiss, 1973). According to Peplau and Perlman (1982), this book did much to stimulate interest in loneliness. In addition, research was further encouraged by the publication of an instrument to assess

loneliness - the UCLA Loneliness Scale (Russell, Peplau, & Ferguson, 1978).

According to Peplau and Perlman (1982), an early focus on loneliness dealt with the affective components of loneliness, although, this has recently been broadened to include the cognitions of lonely people as well as the behavior of lonely individuals. Therefore, Peplau and Perlman (1982) suggest that the time seems ripe for the development and empirical testing of more complex theoretical models of loneliness and of the processes that produce and maintain it.

## Nature of Loneliness

Although there have been many definitions of loneliness offered by scientists, there appear to be three general commonalities in these definitions (Peplau & Perlman, 1982). The first is that loneliness results from deficiencies in a person's social relationships. The second is that loneliness is a subjective experience; it is not synonymous with objective social isolation. The third is that the experience of loneliness is unpleasant and distressing.

Although there are many and varying definitions of loneliness which reflect differing theoretical orientations, there appear to be three major ways to conceptualize loneliness (Peplau & Perlman, 1982). The first approach examines needs for intimacy (Sullivan, 1953; Weiss, 1973; Fromm-Reichman, 1959). From this perspective, Fromm-Reichmann suggest that a universal need for intimacy "... stays with every human being from infancy throughout

life" (Fromm-Reichmann, 1959, p. 3). Similarly, Weiss (1973), suggests that loneliness may be part of our evolutionary heritage.

Another approach to conceptualizing loneliness examines cognitive processes concerning people's perception and evaluation of their social relations (Peplau & Perlman, 1982). Using this approach, one finds that loneliness results from perceived dissatisfaction with one's social relationships (Flanders, 1976; Sadler & Johnson, 1980). According to Peplau & Perlman (1979) and Sermat, (1978) a cognitive approach maintains that loneliness occurs when an individual perceives a discrepancy between two factors, the desired and the achieved pattern of social relations. In addition, Peplau & Perlman (1979) suggest that there is a continuum in social relations. At one extreme there is the distress of loneliness. At the other extreme there is the distress of "crowding" or "invasion of privacy" (Altman, 1975, p. 27).

The third major approach to loneliness examines social reinforcement as the main deficiency experienced by lonely people (Peplau & Perlman, 1982). Taking this approach, social relations are a particular class of reinforcement. The quantity and type of contact a person finds rewarding are a product of his or her reinforcement history. Not only can confiding in a friend be rewarding, but relationships can assume secondary reinforcer status (Peplau & Perlman, 1982). Periods of isolation can cause deprivation, thus enhancing

the subsequent reward value of social contacts (Peplau & Perlman, 1982).

## Antecedents of Loneliness

According to Peplau and Perlman (1982), there are two distinct classes of loneliness. The first has to do with events or changes that precipitate the onset of loneliness. These may be (a) changes in actual social relations or (b) changes in an individual's social needs or desires. An example of changes in actual social relations bringing on loneliness might include moving or the death of a loved one. This type of loneliness may be affected not only by the presence or absence of significant others, but also by the qualitative aspects of social relations. Thus if relationship satisfaction declines, loneliness may occur.

An example of changes in an individual's social needs or desires might be life-cycle changes. For instance, according to Sheehy (1976), midlife brings a renewed interest in friendship and many successful professional people gain an increased desire for social relations in addition to work. Other factors which may play an important role in an individuals' social need or desire for intimacy include situational changes, such as periods of stress.

The second class of loneliness has to do with factors that predispose individuals to become lonely or to persist in remaining lonely over time (Peplau & Perlman, 1982). For example, an individual's lack of social skills may make it difficult to develop or maintain satisfying social relationships. In addition, there are personal

characteristics that have been consistently linked to loneliness such as self-deprecation, low self-esteem, shyness, introversion, decreased willingness to take social risks and social anxiety to name a few (Peplau & Perlman, 1982).

Thus it is these personal factors which may predispose people to loneliness and make it harder for them to overcome loneliness when it does occur. The following sections will deal with three of these personal factors (ie. self-disclosure, self-esteem and social anxiety) as they relate to loneliness.

## Loneliness and Self-Disclosure

According to Jourard (1971a), the concept of self-disclosure has its roots in existential and phenomenological philosophy. To disclose means to show, to make known, or to reveal. Self-disclosure is the act of "... revealing personal information to others" (Jourard, 1971a, p. 2). Another definition of self-disclosure is provided by Cozby (1973) in which he simply states, "... self-disclosure may be defined as any information about himself which Person A communicates verbally to a Person B" (p. 73).

When looking at gender differences in self-disclosure, one finds inconsistencies in the literature. According to Jourard and Lasakow (1958), women disclose more than men. However, Erickson (1979) suggests that when questionaires other than the Jourard Self-disclosure Questionnaire (JSDQ) are used that there sometimes is a relationship found and other times there is not.

According to Berg and Peplau (1982), there are several reasons to believe that loneliness is associated with levels of self-disclosure. Lonely individuals often report that their relationships are superficial and that no one understands them well (Russell, Peplau & Ferguson, 1978). Contrary to popular belief, recent research has shown that loneliness is not synonymous with aloneness or social isolation (Peplau & Perlman, 1979). In addition, Cutrona, Russell, and Peplau (cited in Chelune, Sultan, & Williams, 1980) found no relationship between subjects' degree of loneliness and their dating status, number of friends, or frequency of contact with family.

According to Jourard (1971a) authentic self-disclosure is an important means for decreasing interpersonal distance between individuals. Similarly, Horowitz and French (1979) report that lonely individuals are characterized by inhibited sociability and have difficulty being friendly.

In a study of loneliness by Solano, Batten, and Parish (1982), the authors examined the hypothesis that feeling lonely is related to a self-perceived lack of self-disclosure to significant others. In this study 37 male and 38 female undergraduates rated themselves on the UCLA Loneliness Scale and the Jourard Self-Disclosure Questionnaire. Analyses revealed that for males and females, loneliness was significantly and linearly related to a self-perceived lack of intimate disclosure to opposite-sex friends. For females, loneliness was also associated with a perceived lack of self-disclosure to same sex friends. In addition, the

researchers investigated the relationship between loneliness and actual disclosure behavior. A total of 24 lonely subjects and 23 nonlonely subjects were paired with nonlonely partners in a structured acquaintanceship exercise. Both opposite-sex pairs and same-sex pairs were included in the design. Postexercise ratings by partners indicated that lonely subjects were less effective than nonlonely subjects in making themselves known. Analysis of the intimacy level in the conversations revealed that lonely subjects had significantly different patterns of disclosure than nonlonely subjects.

In a study by Mahon (1982), 209 volunteer students between the ages of 18 and 25 were used to study the relationships between self-disclosure, interpersonal dependency, life changes and loneliness. Respondents completed the Jourard Self-Disclosure Questionnaire, the Interpersonal Dependency Inventory, the Recent Life Change Questionnaire, and the Revised UCLA Loneliness Scale. Results revealed an inverse relationship between self-disclosure and loneliness. In addition, the data also supported the hypothesis that self-disclosure, interpersonal dependency, and life changes would account for greater variance in loneliness than any single variable alone. Loneliness and Self-Esteem

Another factor which appears to predispose an individual to loneliness is that of low self-esteem. The link between severe loneliness and low self-esteem is one of the most consistent findings of loneliness research (Moore & Sermat,

1974; Wood, 1978). According to Loucks (1980) loneliness was significantly correlated with low self-esteem and uncertainty of self-view. Low self-esteem is often seen as part of a package of "beliefs and behaviors that interfere with initiating or maintaining satisfying social relationships" (Peplau, Miceli & Morasch, 1982, p. 145). In some instances, individuals may interpret social interactions in self-defeating ways and they may be more likely to attribute social failure to internal, self-blaming factors (Ickes & Layden, 1978).

In experimental studies it is reported that low self-esteem individuals are especially responsive to a friendly confederate, but feel especially hostile toward a rejecting confederate. In addition, individuals with low self-esteem appear to interpret ambiguous social exchange in more negative ways than do people with high self-esteem (Jacobs, Berscheid, & Walster, 1971).

Zimbardo (1977) points out that low self-esteem may also affect an individual's social behavior. He suggests that individuals with low self-esteem are more likely to be more passive, persuasible and less popular. These people are overly sensitive to negative criticism, thinking it confirms their inadequacy. They also have difficulty accepting compliments.

In some cases, low self-esteem reflects an inaccurate assessment of an individual's social skills. According to Zimbardo, (1977) it is not uncommon for attractive, competent individuals to perceive themselves and their behavior as

inept. However, in other cases low self-esteem reflects actual deficits in the skill necessary to begin or sustain social relations (Horowitz, French, & Anderson, 1982).

Loneliness and Social Anxiety

Studies of loneliness suggest that there are great differences in individual vulnerability to loneliness (Weiss, 1979). According to Bowlby (1973), loneliness may be most acutely felt by those whose earlier lives left them with an inheritance of insecurity, and also by those whose recent experiences have made them doubt their own capacity to meet challenge. In addition, Weiss (1979) views anxiety as a major component of loneliness. Weiss (1979) suggests that the lonely person may feel the world to be threatening and the resources available for meeting its threats to be entirely inadequate. There may be nothing in a person's life to justify feelings of anxiety, but nevertheless there may be a foreboding that something awful is about to happen (Weiss, 1979).

The feelings that are part of loneliness often are accompanied by physical tensions that may express themselves in restlessness, in a need to keep busy, or in random, uncoordinated activity (Weiss, 1979). According to Loucks (1974), and to Perlman, Gerson and Spinner (1978), lonely individuals often feel anxious and describe themselves as tense, restless and bored. The present situation, whatever it is, is felt to be unsatisfactory (Weiss, 1979). Lonely people may walk aimlessly, drive without destination, or experience a compulsion to go where there are people, whether

they know them or not. Tension may be great enough to prevent easy sleep; lonely people commonly find that sleep is elusive and easily interrupted (Weiss, 1979).

According to Young (1982, p. 398), many people have a "... fear of embarrassing themselves in front of other people... These thoughts lead to social phobia, accompanied by many symptoms of anxiety. Sometimes clients interpret these anxiety symptoms as indications that they will lose control, go crazy, or have a heart attack." Socially phobic clients also may engage in "spectatoring" behavior which refers to a process in which clients cannot stop observing themselves while they are with others. Instead they focus on how poorly they are "performing" and are so self-conscious that they cannot participate in or enjoy social encounters (Young, 1982, p. 398).

According to Zimbardo (1977), for some extremely shy people, particular events may be threatening in a symbolic rather than literal way. Their shyness doesn't depend on a distressing personal experience with specific people or situations. Rather, they feel anxious because these people and situations represent unresolved, suppressed conflicts that started early in life (Zimbardo, 1977).

Yet other lonely individuals appear to lack appropriate social skills in their repertoire for handling certain situations. According to Young (1982), lonely individuals may report being ridiculed and rejected by others and yet may not know why. In a study by Jones, Hobbs and Hockenbury (1982), the relationship between social skill deficits and

loneliness was examined in two studies. The first study compared conversational behaviors of high-lonely and low-lonely college students during brief heterosexual interactions. The results of this study indicated that the two loneliness groups differed significantly in their use of a specific class of conversational behaviors termed partner attention, with high-lonely as compared to low-lonely subjects giving less attention to their partners. The second study examined the causal relationship between social skill and loneliness by directly manipulating the use of partner attention in a group of high-lonely males. For that group, increased use of partner attention during dyadic interactions resulted in significantly greater change in loneliness and related variables relative to interaction only and to no-contact control groups. Thus, findings suggest that loneliness involves behavioral manifestations of deficient social skill and that such deficits are causally linked to the feeling state of loneliness (Jones, Hobbs, & Hockenbury, 1982).

#### Loneliness in Adolescence

The following section deals with loneliness in adolescence. This includes: (a) the extent of loneliness in adolescents, (b) loneliness in regard to gender, (c) loneliness in regard to age and (d) factors contributing to adolescent loneliness. In addition, the major variables of interest (ie. self-disclosure, self-esteem, social anxiety) will be examined as they relate to an adolescent population.

According to Peplau and Perlman (1982) loneliness is an acutely painful and widespread problem among adolescents. Saks (1974) and Bleach and Clairborn (1974) reported that loneliness, along with drug addiction, pregnancy, and family problems, was among the most frequently mentioned problems of youth seeking help through a crisis center hot-line.

In a study based on self-reported loneliness across all age levels, Rubenstein and Shaver (1980) found that the incidence of loneliness peaked at adolescence and declined with increasing age. In a study by Brennan and Auslander (cited in Peplau & Perlman, 1982), over 9000 adolescents, ages 10 to 18, sampled from 10 U.S. cities, were examined on various scales of loneliness including social and emotional isolation, spiritual loneliness (or meaninglessness) and self-reported loneliness. This study estimated that about 10 to 15% of these adolescents were "seriously lonely," as defined by a pattern of simultaneously high scores on self-reported loneliness, emotional and social isolation, as well as other indicators of loneliness. (p. 271) Almost 45% suffered from somewhat less severe levels of chronic loneliness. Fifty-four percent of those interviewed agreed with the statement "I often feel lonely" (p. 272).

A study by Ostrov and Offer (1978) used responses to the statement "I am so very lonely" as the primary measure of loneliness. (p. 38) In this study there were over 5000 teenagers tested between the ages of 12 and 20, including males and females. This study included normal, disturbed and delinquent; and minority youths who came from various

metropolitan centers in the United States as well as in Australia and Ireland. Ostrov and Offer (1978) found that 22% of boys and 20% of girls aged twelve to fifteen years, eleven months, as well as 14% of boys and 12.3% girls aged sixteen to twenty, agreed with the self-report loneliness statement.

## Loneliness: Gender Differences

In a study by Brennan and Auslander (cited in Peplau & Perlman, 1982, p. 273), subjects were asked to respond to the item "I often feel lonely". In responding to this item girls gave a substantially higher rate of agreement than boys, 61.3% versus 46.5% respectively. Looking at other self-report questions indicating loneliness, girls also exceeded boys in the proportions of agreements. Reported boredom was 61% for girls whereas it was 47% for boys. Girls also scored higher than boys on questions dealing with isolation from teachers and from parents.

In a study by Mahon (1983), findings revealed that 13-year-old girls were significantly lonelier than 20-year-old boys, however, the authors found that there were no significant differences overall in loneliness between boys and girls. Similarly, Wood and Hannell (cited in Peplau & Perlman, 1982) found no clear differences between boys and girls in their study of loneliness. Therefore, it is apparent that there are no clearcut findings of gender differences in adolescence in relationship to loneliness.

## Loneliness: Age Differences

Although Brennan and Auslander (1979) found no clear differences for most measures of loneliness in three different age categories of 10 to 12, 13 to 15 and 16+, the researchers did find that older youth felt more strongly that their parents did not understand them and lacked interest in them, that there was no adult to talk to, and that their teachers did not understand them. According to Ostrov and Offer (1978), for both boys and girls, self-reported loneliness was more widespread in the younger age groups (below 16). Similarly, Mahon (1982) reported that there were significant differences in loneliness scores between early and middle adolescents as well as early and late adolescents. In this study early adolescence was operationally defined as 12 to 14 years of age, middle adolescence as 15 to 16 and late adolescence as 17 to adulthood. Finally, in a study assessing self-reported loneliness across all age groups, Rubenstein and Shaver (1980) found that the incidence of loneliness peaked at adolescence and revealed a decline with increasing age. However, due to the different age groups used in the various studies it is difficult to gain a clear understanding of age differences in the study of loneliness.

### Factors Contributing to Adolescent Loneliness

A review of the literature on adolescent loneliness reveals that there are three major classes of factors which contribute to adolescent loneliness (Peplau & Perlman, 1982). These three classes include: development changes, social

factors and personal traits. The following presents each of these three classes.

Developmental Change. According to Peplau and Perlman (1982), adolescence brings a complex set of developmental changes which appears to increase an individual's sense of isolation and need for affiliation, to introduce a sense of the ambiguity of future direction, and to disrupt the sense of personal identity. The primary purpose of this appears to be related to separation from the parents, separation from the preadolescent identity and the concomitant struggle for autonomy, individuation, and new modes of belonging.

Social Factors. Peplau and Perlman (1982), suggest that a large variety of social and cultural factors may contribute to the isolation and loneliness of many adolescents. Within this realm the authors include; inadequate and marginal social roles, excessive rejection and failure roles, excessive expectations, social comparisons within the adolescent culture, the struggle for independence, changing family structures, poor parent-child relations and limited opportunity to find worthwhile assignments.

Personal Traits. Finally, another class of variables that may affect the adolescent includes that of personal characteristics. Peplau and Perlman (1979) suggest that loneliness is increased by personal characteristics that undermine either the initiation, maintenance, or quality of relationships or that lead the person to adopt poor coping strategies in social situations or in response to deficient social relations. According to Ostrov and Offer (1978), most

normal adolescents have developed sufficient personal resources of self-esteem, trust, social skills, enough sense of continuity of self over time, and a clear idea of their own values to cope successfully with the challenges and possibilities of adolescence. On the other hand, adolescents who lack such personal resources may approach adolescent life with lower feelings of competence, greater insecurity, superficial relationships, anxiety, stronger feelings of vulnerability and fears of rejection. Therefore, it is three of these personal variables (self-disclosure, self-esteem and social anxiety) that will next be examined in regard to adolescence.

# Self-Disclosure and Adolescents

Patterns of self-disclosure between teenagers and their parents have been studied by Daluiso, 1972; Doster, 1976; Jourard, 1971a, 1971b; and Rivenbark, cited in Chelune, 1979. These investigations have usually involved non-clinical populations from high schools and colleges and generally have used questionnaires for assessing self-disclosure. Most investigators have reported that mothers received more disclosure from their children than fathers did (Daluiso, 1972; Jourard, 1971b; Komarovsky, 1874; Rivenbark, cited in Chelune, 1979). However, Wiebe and Williams (1972) found that this was true for female high school students only; males disclosed about equally to mothers and fathers.

In children, self-disclosure appears to increase when a child perceives the parent as nurturant and supportive (Doster & Strickland, 1969; Komarovsky, 1974). A child's

examined with respect to its influence on the child's disclosure patterns to parents. Doster (1976) reported that females who identified with their fathers disclosed more personal material to male interviewers than did females who identified most strongly with their mothers. In looking at the relationship between self-disclosure and family satisfaction, Abelman (1976) found that fathers relied more on a mutually disclosing relationship with their spouses, whereas mothers relied more on being confided in by their children for family satisfaction. Daluiso (1972) also reported that female children receive more disclosure from parents than males.

In general, there seems to be a consensus that late adolescents and college-age students disclose at least as much to friends as they do to family members (Jourard 1971a; Komarovsky, 1974; West & Zingle, 1969). While Jourard (1971a) found more disclosure to same-sex friends, Komarovsky (1974) found that male seniors in college preferred a female friend as the target of self-disclosure. Siblings generally receive less self-disclosure than parents or friends (Komarovsky, 1974; Lord & Velice, 1975).

In regard to loneliness, Mahon (1982) reported that there was an inverse relationship between self-disclosure and loneliness in a sample of 209 volunteer students between the ages of 18 and 25. In addition, data supported the hypothesis that self-disclosure, interpersonal dependency and

life changes would account for greater variance than any single variable alone (Mahon, 1982).

### Self-Esteem and Adolescents

Cross sectional investigations, have produced findings suggesting that self-esteem declines in early adolescence (Offer & Ostrov, 1984). Piers and Harris (1964) reported that sixth-graders scored lower than third-graders and tenth-graders on a 100-item self-description scale. Other investigators (Jorgenson & Howell, 1969; Katz & Zigler, 1967) have reported increasing divergence between real and ideal self-image as children mature into early adolescence. Therefore, this suggests that young adolescents see themselves as less like the person they desire to be than younger subjects do.

According to Wood and Hannell (cited in Peplau & Perlman, 1982), lonely adolescents are reported to have low self-esteem and stronger feelings of self-criticism. In addition, Brennan and Auslander (1979), suggest that lonely adolescents exhibit strong feelings of self-pity, unpopularity, and pessimism regarding being liked and respected by others.

### Social Anxiety and Adolescents

According to Steinberg (1983) anxiety states may be revealed with a boy or girl complaining of his or her fears and subjective distress, or from parents' and teachers' concern about what the adolescent cannot do; the young person may be afraid of joining in games, be excessively shy or avoid separating from familiar people. Anxiety may arise in

young people with no previous psychiatric problems, be precipitated by sudden loss or frightening events, be learned from a chronically anxious parent (Eisenberg, 1958) or appear to be an expression of long-standing environmental stresses, temperamental vulnerability, or both (Chess, 1973; Thomas, Chess & Birch, 1968).

According to Siegel, Siegel and Siegel (1974), anxiety increases as a lonely child grows older - unless some form of intervention occurs. And although it is recognized that some degree of anxiety serves as a strong motivational factor, an inordinate amount may initiate maladaptive psychological defense mechanisms such as denial ("I'm a good reader, but I'm not trying"), rationalization ("I don't have any friends, but it's not important to have friends"), or projection ("I can't play with them because they don't know how to play right") (Siegel, 1978, p. 66).

In regard to social anxiety and loneliness, there are several characteristics which have been implicated in the loneliness of adolescents. These include shyness, self-consciousness, inability to take social risk and poor communication and social skills (Konopka, 1966; Brennan & Auslander, 1979; Weiss, 1973; Zimbardo, 1977).

### Summary

Although there are a number of studies concerned with loneliness and separate measures of self-disclosure, self-esteem and social anxiety, there are few that deal with these measures as they relate to gender and middle and late

adolescence. In addition, due to differences in the age groups used in various studies, it is difficult to gain a clear understanding of age differences in the study of loneliness. Similarly, in the research available, it appears that there are no clearcut findings of gender differences in relationship to loneliness. Therefore, this study will contribute to the literature information regarding the relationship between loneliness and self-disclosure, self-esteem, social anxiety, gender and age.

## CHAPTER III

#### METHOD

This chapter provides a description of the sample used in the study, a description of the instruments and means by which data were collected, and the procedures followed in analyzing the data.

## Subjects

A total of 60 participants comprised the present study. The subjects ranged in age from 15 to 18 years. Adolescents 15 and 16 years of age were considered middle adolescence while 17 and 18 year old adolescents were considered late adolescence. Although 67 adolescents were asked to participate in the study, only 60 questionaires were actually utilized from these subjects due to missing or incomplete data. Of those that participated in the study, 22 were middle adolescence males, 8 were late adolescence males, 25 were middle adolescence females and 5 were late adolescence In regard to middle adolescence there were 47 females. subjects utilized which comprised 78.3% of the total number of subjects. In regard to late adolescence there were 13 subjects utilized which comprised 21.7% of the total number of subjects. Looking at gender there were 30 female subjects utilized which comprised 50% of the total number of subjects

and 30 male subjects utilized which also comprised 50% of the total number of subjects. All subjects resided at one of two private psychiatric hospitals located in a large metropolitan area in the midwest. Typical reasons for referral included; family problems, behavioral problems and substance abuse. Ideally, other information obtained from case history and records, such as diagnoses, prognosis, length of stay, etc. could have been utilized in this study, however, due to time considerations and a lack of access to current records, it was decided that only age and gender would be considered as factors of interest. A summary of the descriptive statistics is presented in Tables 1 through 12 in Appendix A.

## Instruments

The following is a description of the three instruments which were used to measure indices of social competence as well as the instrument which was used to measure loneliness. The Self-Disclosure Inventory for Adolescents (West & Zingle, 1969) was selected to assess self-disclosure in this study. The Rosenberg Self-Esteem Scale (Rosenberg, 1965) was chosen to assess the self-esteem of the participants and the State-Trait Anxiety Inventory (Spielberger, 1983) was chosen to assess the anxiety of participants. The Revised UCLA Loneliness Scale was chosen to assess the loneliness of participants (Russell, Peplau, & Cutrona, 1980).

# The Self-Disclosure Inventory for Adolescents

The Self-Disclosure Inventory for Adolescents (SDIA), (West & Zingle 1969), permits the analysis and description of adolescent self-disclosure in the manner suggested by Jourard

and Lasakow (1958) with reference both to content (aspect-of-self) and confidant (target-person) (West & Zingle, 1969). It consists of a set of 48 items selected by item analysis from an initial pool of 120 rigorously evaluated items (West & Zingle, 1969).

When responding to the inventory, the subject is required to read each item and circle one of a set of four response options to indicate the extent to which that topic becomes a focus of communication with a designated target (e.g., mother, father, friend of same sex, etc.) (West & Zingle, 1969). The given response options are n, h, s and o, representing the alternatives that the subject never, hardly ever, sometimes, or often discusses the particular topic with the specified target. These options are arbitrarily weighted 0, 1, 2 and 3 respectively in order to form a Likert-type scale.

The subject's disclosure score for a given aspect-of-self to a given target-person may vary from 0 to 24. This score consists of the sum of Likert weightings for each item of the aspect category in response to a single target. A score of zero indicates that the subject never discusses any items of the aspect category with the specified target. In contrast, a score of 24 indicates that the subject frequently discusses all eight aspect items with the target person in question. The extent to which the subject discusses a given aspect-of-self with a given target-person is then tabulated in cells.

Table 13
Reliability and Validity Data for SDIA

I	· II	III	IV	v
Table	SDIA Subscore	Test-	Split-	Correlation
I	Category	retest		with Rotter
Cell		liability	Reliability	Revealing-
Entry			•	ness Scores
·		N=50	N = 296	N=60
37 D	isclosure to mothers	.82*	.96*	.52*
	isclosure to fathers		.96*	. 22
	isclosure to friends		.97*	• 23
(1	male)			
40 D	isclosure to friends		•98*	.40*
	isclosure to teacher		•96*	.38*
	isclosure to counsel		•98*	.19
	isclosure of health	.81*	.89*	.57*
•	oncerns	<b>5</b> 0 <b>4</b>	0.0*	0.0+
	isclosure of self-	.76*	.92*	.39*
_	entered concern	.73*	.89*	.33*
	isclosure of boy-gir elations	.1 .13.	• 0 9 "	• 3 3 **
	isclosure of home-	.78*	.88*	.46*
	amily relations	• • •		
	isclosure of school	.78*	.92*	.48*
	oncerns			
48 D	isclosure of socio-	.84*	.83*	.46*
е	conomic concerns			
49 G	rand disclosure scor		.97*	• 5 2 <b>*</b>
	ircumspection or	.81*		
S	electivity index			

<sup>\*</sup>Significant at .01 level.

Note. From "A Self-Disclosure Inventory for Adolescents" by L. W. West and H. W. Zingle, 1969, Psychological Reports, 24, p. 439-445. Reprinted by permission.

Six marginal subtotals are then acquired which represent the degree to which the subject discusses all inventory items with the specified target-persons. Six marginal subtotals represent the degree to which the subject discusses a given aspect-of-self to all designated targets. The extent to which the subject discusses all items with all targets is given by a grand disclosure score.

## Reliability

A summary of data regarding the reliability and validity of the SDIA (West & Zingle, 1969), is presented in Table 13 (West & Zingle, 1969). A test-retest reliability coefficient of .84 for the grand disclosure score of the SDIA (West & Zingle, 1969) has been reported. These coefficients were computed for a sample of 50 adolescents (23 boys and 27 girls) comprising two grade 9 classes selected to be somewhat representative of the Edmonton school population with respect to ability, achievement and socio-economic status.

Split-half (odd-even) reliability coefficients were calculated for a sample of 296 ninth grade students (145 girls and 151 boys) comprising 12 classes selected to be somewhat representative of the Edmonton school population. These coefficients, corrected by use of the Spearman-Brown formula, are presented in column IV of Table 13. For the grand disclosure score of the SDIA (West & Zingle, 1969), a split-half reliability coefficient of .97 has been reported (West & Zingle, 1969).

## Validity

Since self-report measures are not easily validated, the SDIA's (West & Zingle, 1969) validity is considered from a theoretical standpoint. West & Zingle (1969) suggest that a subject who obtains high disclosure scores on the SDIA (West & Zingle, 1969) also will be more self-revealing when observed in a behavioral situation. Thus, behavioral measures of "revealingness" were used as criterion scores for investigating the validity of self-disclosure inventories. Using this approach, West & Zingle (1969) administered the Rotter Incomplete Sentence Blank (Rotter & Rafferty, 1950) to a sample of 60 adolescents, who comprised two ninth grade classes selected to be representative of the Edmonton school population. The Rotter Incomplete Sentence Blank (Rotter & Rafferty, 1950) allowed each subject to be as revealing or concealing as desired in response to a friendly investigator. Three judges independently scored the Rotter incomplete Sentence Blank (Rotter & Rafferty, 1950) protocols for revealingness using a three-point scale for each sentence completion. Scores assigned by the judges were pooled to form a composite score for each subject. Inter-rater reliability coefficients of .83, .77 and .87 were obtained from the judges. Correlations between Rotter revealingness scores and various subscores of the SDIA (West & Zingle, 1969) were computed and are presented in Table 13, Column V. The correlation of the SDIA (West & Zingle, 1969) grand score and the Rotter incomplete Sentence Blank (Rotter & Rafferty, 1950) was .52 p < .01, indicating that there was a

significant statistical relationship. It appears, therefore, that a significant portion of the variance of most SDIA (West & Zingle, 1969) subscores is accounted for, attributed to, or predicted from independent behavioral measures of revealingness (West & Zingle, 1969).

## The Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale (RSE) (Rosenberg, 1965), is a 10-item Guttman scale which is widely used in mental health research and is especially apt for adolescents (Barth, Schinke & Maxwell, 1983). Rosenberg (1965) reports scale characteristics of M = 1.89 and SD = 1.4 for adolescents.

The scale is based on "contrived items" according to Stouffer, Borgatta, Hays & Henry, (cited in Rosenberg, 1965). Scale Item I is contrived from the combined responses to items 3, 7 and 9. Scale Item II is contrived from the combined responses to items 4 and 5. Scale Items III, IV, and V are scored simply as positive or negative based on responses to items 1, 8 and 10, respectively. Scale Item VI is contrived from the combined responses to items 2 and 6. Respondents are asked to strongly agree, agree, disagree, or strongly disagree with each of the 10 items. An overall score is recieved by totaling the scores of Scale Items I through VI.

### Reliability

The reproducibility and scalability coefficients of .92 and .72 respectively, suggest that the items have satisfactory internal reliability (Rosenberg 1979). Using a

small college sample, Silber and Tippett (1965) reported a two-week test-retest reliability of r = .85.

## Validity

An examination of the items suggests that they also have face validity (Rosenberg, 1979). Evidence of construct validity has been examined by Rosenberg (1979), in that the measure conforms with theoretical expectations according to Cronbach & Meehl, (cited in Rosenberg, 1979). Convergent and discriminant validity of the RSE (Rosenberg, 1965) have been examined by Silber and Tippett (1965) and Tippett and Silber (1965) in accordance with the multitrait-multimethod framework of Campbell and Fisk (cited in Rosenberg, 1965). This study of 44 college students measured two traits (global self-esteem and stability of self-concept) by means of four different methods; the RSE (Guttman scale) (Rosenberg, 1965), the Kelley Repertory Test (a self-ideal discrepancy test), the Heath self-image questionnaire (a sum of 20 items dealing with self and social-ideal discrepancy), and a psychiatrist's rating (Rosenberg, 1965). One way to reveal the adequacy of the RSE (Rosenberg, 1965) is to show convergent validity with measures of the same concept based on different methods. correlations of RSE (Rosenberg, 1965) to the self-ideal discrepancy score was r = .67; to the self-image questionnaire, r = .83; and to the psychiatrist's rating, r = .83One criterion of discriminant validity is whether the .56. monotrait-heteromethod correlations are higher than the heterotrait-monomethod correlations. Although the RSE (Rosenberg, 1965) and stability of self-concept measures were

both based on Guttman scales (heterotrait-monomethod), their correlation was .53, which was lower than the monotrait-heteromethod correlations. The other criterion of discriminant validity is whether the monotrait-heteromethod correlations exceed the heterotrait-heteromethod correlations. The correlations between RSE (Rosenberg, 1965) and measures of self-concept stability, assessed by the self-ideal measure, the self-image questionnaire, and the psychiatrist's rating were r = .40, r = .34 and r = .21, respectively - considerably lower than the correlations of self-esteem measured by different methods.

Evidence of convergent validity is revealed by Crandall's finding (cited in Rosenberg, 1965) that the correlation of RSE (Rosenberg, 1965) and the Coopersmith Self-Esteem Inventory (Coopersmith, 1981) was .60. Thus, there is evidence of both convergent and discriminant validity for the RSE (Rosenberg, 1965).

### The State-Trait Anxiety Inventory

The State-Trait Anxiety Inventory (STAI-Y) (Spielberger, 1983), is based on a theoretical distinction between state anxiety and trait anxiety. State anxiety is defined as a transitory condition of perceived tension, apprehension, nervousness, and worry while trait anxiety refers to relatively stable individual differences in anxiety proneness (Spielberger, 1983). The STAI S-Anxiety scale (STAI Form Y-1) (Spielberger, 1983) consists of 20 statements that evaluate how respondents feel "right now, at this moment"

while the T-Anxiety scale (STAI Form Y-2) consists of twenty statements that assess how people generally feel. The STAI-Y S-Anxiety and T-Anxiety scales are printed on opposite sides of a single page test form. The STAI manual (Spielberger, 1983), presents norms for 424 high school students, 855 college students enrolled in introductory psychology courses, 1,838 working adults and 1964 military recruits. Norms are presented separately for the male and female students.

## Reliability

Reliability data for the STAI-Y are presented in the STAI manual (Spielberger, 1983). The stability coefficients for Form Y are based on two groups of high school students tested in classroom settings. Test-retest intervals included 30 days and 60 days. Test-retest reliabilities are reported for state (Form Y-1) and trait (Form Y-2) scores, separately by males and females, as follows- 30 day interval: .62 (males) and .34 (females) for state, .71 and .75 for trait; 60 day interval: .51 (males) and .36 (females) for state, .68 and .65 for trait. According to Spielberger (1983), relatively low stability coefficients are expected for the S-Anxiety scale because a valid measure of state anxiety should reflect the influence of unique situational factors that exist at the time of testing.

# **Validity**

Evidence of the construct validity of the T-Anxiety scale is provided in the STAI-Y manual, (Spielberger, 1983) by comparing the mean scores of various neuropsychiatric patient groups with those of normal subjects. All but one of

the neuropsychiatric patient groups had substantially higher T-Anxiety scores than the normal subjects, providing evidence that the STAI discriminates between normals and psychiatric patients for whom anxiety is a major symptom.

Evidence of the construct validity of the S-Anxiety scale is also provided in the STAI-Y manual, (Spielberger, 1983) by comparing the scores of military recruits in highly stressful training programs with those of college and high school students of about the same age who were tested under relatively nonstressful conditions. The mean S-Anxiety scores for the recruits were much higher than the college and high school students and their mean S-Anxiety scores were also much higher than their own T-Anxiety scores, suggesting that these subjects were experiencing a high state of emotional turmoil at the time of testing. In contrast, the mean S-Anxiety and T-Anxiety score for the students tested under relatively nonstressful conditions were quite similar. Further evidence of the construct validity of the STAI S-Anxiety scale is found in that the S-Anxiety scores of college students were significantly higher under examination conditions, and significantly lower after relaxation training, then when they were tested in a regular class period (Spielberger, 1983).

Concurrent validity of the STAI-Y is taken from the STAI-X which is the previous version of the STAI-Y.

According to Spielberger, (1983) when examining the correlations between forms X and Y, the resulting correlations ranged from .96 to .98 therefore, although Form

Y has superior psychometric properties, research based on Form X can be readily generalized to Form Y. Therefore, evidence of the concurrent validity of the Form X T-Anxiety scale is seen in correlations with the IPAT Anxiety Scale (Cattell & Scheir, 1963) and Taylor Manifest Anxiety Scale (Taylor, 1953) ranging from .85 to .73.

Convergent validity is seen with the STAI-X in that it correlates with other scales such as the Cornell Medical Index (Spielberger, 1983). In that the Cornell Medical Index correlated .70 with both the T-Anxiety and the S-Anxiety scales indicates that a large number of medical symptoms are associated with high STAI scores. Divergent validity is evidenced by the absence of a relationship between the STAI scales and the U.S. Army Beta intelligence test. In that the U.S. Army Beta Intelligence test correlated -.08 with S-Anxiety and -.03 with T-Anxiety scales indicates that the test is consistent with findings that the STAI is essentially unrelated to measures of intelligence or scholastic aptitude (Spielberger, 1983).

### The Revised UCLA Loneliness Scale

The Revised UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980) consists of 20 self-statements concerning an individual's satisfaction with his or her interpersonal relationships (Russell, Peplau, & Cutrona, 1980). The 20 statements, with half of the items worded positively and the other half worded negatively are answered on a 4-point scale for how often the subject feels the statement is true for himself or herself; high scores indicate greater perceived

loneliness. The possible range of scores on the scale is 20 to 80.

## Reliability

The Revised UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980) has internal consistency (alpha coefficient) of .94 (Russell, Peplau, & Cutrona, 1980). In a study by Mahon (1983), internal consistency reliabilities for the revised scale were computed for each of three adolescent groups. In this study, the coefficient alphas were: early adolescent group, .83; middle adolescent group, .86; and late adolescent group, .89.

### Validity

The concurrent validity of the Revised UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980) has been demonstrated by association of scores on the revised scale to measures of related current emotional states, such as feeling depressed, hopeless, abandoned, empty and isolated (all, r > .40) (Russell, Peplau, & Cutrona, 1980). Nonsignificant correlations were found between loneliness scores and such unrelated emotions as feeling surprised, creative, embarrassed and thoughtful. Scores on the revised scale were significantly correlated with scores on the Beck Depression Inventory (Beck, 1967) (r = .62) and the Costello-Comrey (Costello-Comrey, 1967) Anxiety (r = .32) and Depression (r = .55) scales (Russell, Peplau, & Cutrona, 1980).

The discriminant validity of the Revised UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980) was demonstrated by the intercorrelations of loneliness scores with other

measures of mood and personality. Loneliness scores were more highly correlated with a self-report of loneliness (.705) than with any of the following measures: introversion-extroversion, -.457; social self-esteem, -493; sensitivity to rejection, .276; assertiveness, -.342; anxiety, .359; depression, .505; social desirability, -203; lying, -.001; and affiliative tendency, -.452 (Russell, Peplau, & Cutrona, 1980).

### Procedures

Data were collected during the Fall 1985 and Spring 1986 academic semesters. Prior to data collection, the Self-Disclosure Inventory for Adolescents (West & Zingle, 1969), Rosenberg Self-Esteem Scale (Rosenberg, 1965), State-Trait Anxiety Inventory (Spielberger, 1983) and Revised UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980) were approved by the institutional review committees of the treatment facilities where data were collected. Consent forms were completed by a parent of each minor child and by the youngster who participated in the study. The consent form guaranteed each participant anonymity and ensured that data would be used for research purposes only. A copy of this consent form is presented in Appendix B. In addition, a brief written statement was given to participants which briefly described the manner in which information was to be collected and the time estimated for completion of all forms (approx. 40 minutes). A copy of this description is presented in Appendix C. All participants were individually given the brief written statement, Self-Disclosure Inventory

for Adolescents (West & Zingle, 1969), (see Appendix D),
Rosenberg Self-Esteem Scale (Rosenberg, 1965), (see Appendix
E) State-Trait Anxiety Inventory (Form Y) (Spielberger,
1983), and Revised UCLA Loneliness Scale (Russell, Peplau, &
Cutrona, 1980), (see Appendix F).

## Analysis

The study investigated the relationship between indices of social competence (i.e., self-disclosure, self-esteem and social anxiety, T-Anxiety) and loneliness in adolescent Multiple regression was used to determine the relationship between these indices of social competence and loneliness. Age and gender were included as covariates in order to determine their potential effects on the principle variables under investigation. More specifically, simple regression analysis was used to test hypotheses one through three with multiple regression used for hypotheses four through seven. Hypothesis eight utilized a t-test for significance between two independent means while hypothesis nine utilized multiple regression involving a stepwise procedure for the total sample. Due to the categorical variables, a Tukey's HSD test was used to calculate any significant a posteriori comparisons. In addition, strength of association measures like r<sup>2</sup> were utilized when appropriate.

Computations were completed utilizing the Statistical Package for the Social Sciences, SPSS-X (Nie, 1983) using an experiment-wise error rate of .05. Testing of the assumptions of multiple regression included: number of cases

and variables, outliers, multicollinearity and singularity, normality, linearity and homoscedasticity of residuals (Tabachnick & Fidell, 1983).

#### CHAPTER IV

### RESULTS

### Introduction

Presented in chapter IV are the results of the statistical analyses for the nine hypotheses formulated in this investigation. The major focus of the study was to determine if gender, age, and measures of self-disclosure, self-esteem and social anxiety are significant predictors of loneliness in an inpatient adolescent population.

The results of this study provide information on both the combined and the unique contributions of the independent variables in the prediction of loneliness in an inpatient adolescent population. Hypotheses one through three utilized simple regression analysis, while hypothesis four through seven utilized multiple regression analyses. Hypothesis eight utilized a t-test for significance between two independent means. For hypothesis nine, the relationship between loneliness and the independent variables of age, gender, self-disclosure, self-esteem and social anxiety was obtained by performing a multiple regression analysis for the total sample. Due to the categorical variables, a Tukey's HSD test was used to calculate any significant a posteriori comparisons. Strength of association measures like  $\frac{r^2}{}$  were

also utilized when appropriate. Computations were done using the Statistical Package for the Social Sciences (SPSS-X) (Nie, 1983).

Test of Research Hypotheses

# Hypothesis One

Hypothesis one states that there is an inverse relationship between self-disclosure, as measured by the Self-Disclosure Inventory for Adolescents (West & Zingle, 1969), and loneliness, as measured by the Revised UCLA Loneliness Scale (Russell, Peplau & Cutrona, 1980) in adolescent clients. A simple regression analysis was performed to test hypothesis one. The correlation coefficient was found to be significant at the .05 level (r = -.322); therefore, this research hypothesis that there is an inverse relationship between these variables was not rejected, suggesting that students who are more self-disclosing appear to be less lonely. The strength of association between these two variables, as indexed by r2, is .10. That is, 10% of the variance in loneliness is associated with the variance in self-disclosure. Table 14 presents the summary table for this analysis.

### Hypothesis Two

Hypothesis two stated that there is an inverse relationship between self-esteem, as measured by the Rosenberg Self-Esteem Scale (Rosenberg, 1965), and loneliness, as measured by the Revised UCLA Loneliness Scale

Table 14

<u>Simple Regression between Loneliness and each Main Effect</u>

<u>Variable (N=60)</u>

Variable	<u>r</u>	<u>r2</u>	т	SIG T*	INDIV <u>F</u> *
Age	.075	.006	_	_	
Gender	.232	.054	-	-	
Self-Dis	322	.104	-2.611	.0115 *	51.275
Self Est	.691	.477	-	-	
Social And	x .775	.601	9.272	.0000 *	87.004

<sup>\*</sup> probability level set at .05

(Russell, Peplau & Cutrona, 1980), in adolescent clients. A simple regression analysis was performed to test hypothesis two. The correlation coefficient was found to be significant at the .05 level ( $\underline{r}$  = .691). However, the direction of the relationship does not support the hypothesis which suggested an inverse relationship, therefore the hypothesis was rejected. When a measure of self-esteem was correlated with loneliness, the results were positive suggesting that students with higher levels of self-esteem also reported higher levels of loneliness. The strength of the association between these two variables as indexed by  $\underline{r}^2$ , is .48 indicating that 48% of the variance associated with loneliness is associated with the variance in self-esteem. Table 14 presents the summary table for this analysis. Hypothesis Three

Hypothesis three stated that there is a positive relationship between social anxiety, as measured by the State-Trait Anxiety Inventory (Spielberger, 1983) and loneliness, as measured by the Revised UCLA Loneliness Scale (Russell, Peplau & Cutrona, 1980) in adolescent clients. A simple regression analysis was performed to test hypothesis three. The correlation coefficient was found to be significant at the .05 level ( $\underline{r}$  = .775); therefore, this research hypothesis that there is a positive relationship between social anxiety and loneliness is not rejected, suggesting that students who are more socially anxious appear to be more lonely. The strength of association between these

two variables, as indexed by  $\underline{r}^2$ , is .60. That is, 60% of the variance in loneliness is associated with the variance in social anxiety. Table 14 presents the summary table for this analysis.

## Hypothesis Four

Hypothesis four stated that there is no relationship between loneliness and the interaction between gender and age of adolescent clients. A correlation coefficient of .159 was found to be non-significant at the .05 level; therefore, this research hypothesis that there is no relationship between loneliness and the interaction between gender and age of adolescent clients was not rejected. Table 15 presents the summary table for this analysis.

# Hypothesis Five

Hypothesis five stated that there is no relationship between loneliness and the interaction between gender, age and self-disclosure. A correlation coefficient of .111 was found to be non-significant at the .05 level; therefore, this research hypothesis that there is no relationship between loneliness and the interaction between gender, age and self-disclosure of adolescent clients was not rejected. Table 15 presents the summary table for this analysis.

### Hypothesis Six

Hypothesis six stated that there is no relationship between loneliness and the interaction between gender, age and self-esteem. A correlation coefficient of .352 was found

Table 15 Simple Regression between Loneliness and Interactional Variables (N=60)

Label	Variable	<u>r</u>	$\underline{\mathbf{r2}}$	
				· · · · · · · · · · · · · · · · · · ·
G x Age	X6	.159	-	
G x Age x SD	X13	•111	-	
G x Age x SE	X14	.352 *	.124	
G x Age x SA	X15	.304 *	.092	

<sup>\*</sup> probability level set at .05

G = Gender

Age = Age

SD = Self-disclosure SE = Self-esteem SA = Social anxiety

to be significant at the .05 level; therefore, this research hypothesis that there is no relationship between loneliness and the interaction between gender, age and self-esteem of adolescent clients was rejected. Table 15 presents the summary table for this analysis. However, after follow-up inspection, it is apparent that although a statistical correlation was achieved, this may not present an accurate representation of the relationship due to the disproportional representation between the middle and late adolescent groups. The majority of the subjects represented the middle adolescent category of subjects, 47; as comparted to the late age category which contained 13 subjects. Also, differences were even more diverse in terms of proportion when broken down by gender and age. Refer to Table 11.

## Hypothesis Seven

Hypothesis seven stated that there is no relationship between loneliness and the interaction between gender, age and social anxiety. A correlation coefficient of .304 was found to be significant at the .05 level; therefore, this research hypothesis that there is no relationship between loneliness and the interaction between gender, age and social anxiety of adolescent clients was rejected. Table 15 presents the summary table for this analysis. However, as in hypothesis six, after follow-up inspection, it is apparent that although a statistical significance was achieved, this may not present an accurate representation of the relationship due to the disproportional representation between the middle and late

adolescent groups. As in hypothesis six, the majority of the subjects represented the middle adolescent category of subjects, 47; as compared to the late age category which contained 13 subjects. Also differences were even more diverse in terms of proportion when broken down by gender and age. Refer to Table 12.

## Hypothesis Eight

Hypothesis eight stated that there is no difference in the predictors of loneliness for the middle and late adolescent client groups. An independent t test was performed for each of the predictors to determine whether or not there were any significant differences. For self-disclosure the critical value of t for  $\infty = .05$  for 60 -2 = 58 df was approximately 2.000. The value of t was 0.038. Therefore, since 0.038 < 2.000 (t Tabled) the difference between the middle and late groups in regard to self-disclosure was not significant resulting in failing to reject the null hypothesis. For self-esteem the critical value of t for  $\propto = .05$  for 60 - 2 = 58 df was approximately 2.000. The value of t was 0.516. Therefore, since 0.516 <2.000 (t Tabled) the difference between the middle and late groups in regard to self-esteem was not significant resulting in failing to reject the null hypothesis. For social anxiety the critical value of t for  $\infty = .05$  for 60 - 2 = 58 df was approximately 2.000. The value of t was 0.196. since 0.196 < 2.000 (t Tabled) the difference between the middle and late groups in regard to social anxiety was not

significant resulting in failing to reject the null hypothesis. Overall, this research hypothesis that there is no difference in the predictors of loneliness for the middle and late adolescent client groups was not rejected. Hypothesis Nine

Hypothesis nine stated that adolescent client levels of self-disclosure, self-esteem and social anxiety and their interactive effects of gender and age shall not form a linear combination of predictors for their degrees of loneliness. A stepwise multiple regression analysis was performed to determine the predictive contributions of self-disclosure, self-esteem and social anxiety and the interactive effects of gender and age. Utilizing the stepwise multiple regression procedure, the SPSS-X program excluded variables and combinations of variables which did not significantly increase the magnitude of the regression coefficient for loneliness in constructing a predictive equation. Of the variables which entered the equation, as seen in Table 16, a multiple correlation of .80 was obtained between these variables and the variable loneliness. The F ratio for all of the variables in the equation (which entered as social anxiety and then self-disclosure) was significant at the .01 level (F = 51.27, p < .01). Therefore, it appears that social anxiety and self-disclosure function as significant predictors of loneliness in adolescent clients. The strength of association measure  $\underline{\mathbf{R}}^2$  indicates that 64% of the variability in loneliness was accounted for by social anxiety

Table 16

Multiple Regression Analysis between Loneliness and All

Predictor Variables Including Age and Gender Effects (N=60)

Label	Variable	В	Beta	T	SIG T*
Age	<b>X1</b>			.748	.4576
G	X2			.659	.5134
SD	X3	015980	209166	-2.611	.0115 *
SE	X4			1.996	.0508
SA	X5	.662682	.742720	9.272	.0000 *
Age x G	X6			.529	•5989
Age x SD	X7			.492	.6245
Age x SE	X8			1.723	.0904
Age x SA	X9			.674	•5029
G x SD	X10			.430	.6689
G x SE	X11			.685	•4964
G x SA	X12			.858	.3945
Age x G x	SD X13			.188	.8516
Age x G x	SE X14			.616	.5407
Age x G x	SA X15			.748	.4573
(Constant)		16.442497			

\* probability level set at .05

Age = Age

G = Gender

SD = Self-disclosure Multiple R = .80171 SE = Self esteem R Square = .64274 SA = Social anxiety Adjusted R Square = .63021

/

and self-disclosure. Social anxiety contributed 60% of the variance while self-disclosure contributed 04%. Thus, these results do not support hypothesis nine, in that social anxiety and self-disclosure do contribute significantly to loneliness in adolescent clients and based upon the percent of variability, social anxiety contributes to a far greater extent than does self-disclosure. Therefore, as seen in Table 17, the resulting predictive equation for lonliness is; Loneliness = 16.44 + .663x1 + .016x2.

Multiple Regression Prediction Equation for Loneliness with

Social Anxiety and Self-Disclosure for Specified Orders of
Entrance of Independent Variables, for All Subjects (N=60)

Predictive Loneliness						
Y Loneliness				b1x1 .663x1		b2x2 .016x2

### CHAPTER V

## SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

## Summary

The primary purpose of this study was to determine if gender, age, and measures of self-disclosure, self-esteem and social anxiety are significant predictors of loneliness in an inpatient adolescent population.

The subjects in this study were selected from a population of 15 through 18 year-old inpatient adolescents. All of the subjects were inpatients from two major children's psychiatric facilities within a midwestern state in the United States. There was a total of 60 subjects (30 females, 30 males) who contributed data utilized in this investigation.

Test data consisted of the subjects' self-disclosure scores as measured by the Self-Disclosure Inventory for Adolescents (SDIA) (West & Zingle, 1969), the subjects' self-esteem scores as measured by the Rosenberg Self-Esteem Scale (RSE) (Rosenberg, 1965), the subjects' anxiety scores as measured by the state--Trait Anxiety Inventory (Form Y-2) (Spielberger, 1983), and additional descriptive data of gender and age which was obtained from patient records. Hypotheses one through three utilized simple regression

analysis, while hypothesis four through seven utilized multiple regression analyses. Hypothesis eight utilized a t-test for significance between two independent means. For hypothesis nine, the relationship between loneliness and the independent variables of age, gender, self-disclosure, self-esteem and social anxiety was obtained by performing a multiple regression analysis for the total sample. Due to the categorical variables, a Tukey's HSD test was used to calculate any significant a posteriori comparisons. Strength of association measures like  $\underline{r}^2$  were also utilized when appropriate.

The first hypothesis stated that there is an inverse relationship between self-disclosure and loneliness in adolescent clients. A simple regression analysis was performed to test hypothesis one. The results of this analysis indicated that the correlation between self-disclosure and loneliness was significant. This research hypothesis was not rejected.

The second hypothesis stated that there is an inverse relationship between self-esteem and loneliness in adolescent clients. A simple regression analysis was performed to test hypothesis two. The results of this analysis indicated that the correlation between self-esteem and loneliness was significant. However, the direction of the relationship did not support the hypothesis which suggested an inverse relationship. Therefore, this research hypothesis was rejected.

The third hypothesis stated that there is a positive relationship between social anxiety and loneliness in adolescent clients. A simple regression analysis was performed to test hypothesis three. The results of this analysis indicated that the correlation between social anxiety and loneliness was significant. This research hypothesis was not rejected.

The fourth hypothesis stated that there is no relationship between loneliness and the interaction between gender and age of adolescent clients. Since the correlation coefficient for this relationship was not significant at the .05 level, this research hypothesis was not rejected.

The fifth hypothesis stated that there is no relationship between loneliness and the interaction between gender, age and self-disclosure. Since the correlation coefficient for this relationship was not significant at the .05 level, this research hypothesis was not rejected.

The sixth hypothesis stated that there is no relationship between loneliness and the interaction between gender, age and self-esteem. A correlation coefficient was found to be significant at the .05 level, therefore this research hypothesis was rejected. However, after follow-up inspection, it is apparent that although statistical correlation was achieved, this may not present an accurate representation of the relationship due to the disproportional representation between the middle and late adolescent groups. The majority of the subjects represented the middle adolescent category.

The seventh hypothesis stated that there is no relationship between loneliness and the interaction between gender, age and social anxiety. A correlation coefficient was found to be significant at the .05 level, therefore this research hypothesis was rejected. However, as in hypothesis six, after follow-up inspection, it is apparent that although a statistical significance was achieved, this may not present an accurate representation of the relationship due to the disproportional representation between the middle and late adolescent groups. As in hypothesis six, the majority of the subjects represented the middle adolescent category.

The eight hypothesis stated that there is no difference in the predictors of loneliness for middle and late adolescent client groups. An independent t test was performed for each of the predictors to determine whether or not there were any significant differences. For each of the predictors the critical value of t for  $\infty = .05$  for 60 - 2 = .05 df was approximately 2.000. The value of t for self-disclosure, self-esteem and social anxiety respectively was 0.038, 0.515 and 0.196 none of which were significant or > 2.000. Therefore, the research hypothesis that there will be no difference in the predictors of loneliness for the middle and late adolescent client groups was not rejected.

The ninth hypothesis stated that adolescent client levels of self-disclosure, self-esteem and social anxiety and their interactive effects of gender and age shall not form a linear combination of predictors for their degrees of loneliness. A stepwise multiple regression analysis was

performed to determine the predictive contributions of self-disclosure, self-esteem and social anxiety and the interactive effects of gender and age. Utilizing the stepwise multiple regression procedure, the SPSS-X (Nie, 1983) program excluded variables and combinations of variables which did not significantly increase the magnitude of the regression coefficient for loneliness in constructing a predictive equation. Of the variables which entered the equation a multiple correlation was obtained between these variables and the variable loneliness. The F ratio for all of the variables in the equation was significant at the .01 level, therefore a significant relationship exists between loneliness, social anxiety and self-disclosure such that social anxiety and self-disclosure are the best predictors of loneliness in an inpatient adolescent client population. Thus, this research hypothesis was not rejected for all predictor variables however, it was rejected for social anxiety and self-disclosure since they do contribute significantly to loneliness in adolescent clients. addition, social anxiety contributes to a far greater extent than does self-disclosure.

#### Conclusions

Within the parameters and limits of this study, the following conclusions are proposed:

1. Based on statistical results, it is concluded that loneliness in middle and late adolescents can be predicted using information regarding the subject's level of

self-disclosure. It appears that there is an inverse relationship between loneliness and self-disclosure such that those adolescents who are more self-disclosing appear to be less lonely. Of the three variables analyzed as isolated predictors of loneliness, only two were of significance in the predicted direction. Self-disclosure was one of the two predictors. Therefore, these results suggest that for clinical application it might be helpful for psychologists and counselors to encourage self-diclosure in order to alleviate loneliness in their patients.

Based on statistical results, it is concluded that loneliness in middle and late adolescents can be predicted using information regarding the subject's level of It appears that there is a direct relationship self-esteem. between loneliness and self-esteem such that those adolescents who report higher self-esteem appear to be more lonely. Although this relationship did not occur in the direction predicted, it did achieve significance as a direct relationship. However, it should be noted that at each of the treatment facilities in which subjects were obtained, self-esteem groups were a part of documented treatment plans and weekly if not daily regimen. Therefore, it is unknown whether the awareness of, or knowledge gained in these groups had any effect upon self-esteem scores. In addition, this study did not take into consideration the subject's access to, motivation, or length of participation in these groups. Nor did it take into consideration the subject's length of stay since admission, all of which are of major impact to the subject's self-esteem. Therefore, due to the small number of subjects in this study and the lack of controls for treatment of self-esteem, the conclusions drawn from the data must be viewed cautiously and considered generalizable only to groups having the same characteristics as the groups utilized in this investigation.

- 3. Based on statistical results, it is concluded that loneliness in middle and late adolescents can be predicted using information regarding the subject's level of social anxiety. It appears that there is a positive relationship between loneliness and social anxiety such that those adolescents who report higher levels of social anxiety appear to be more lonely. Of the three variables analyzed as isolated predictors of loneliness, only two were of significance in the predicted direction. Social anxiety was one of the two predictors. Therefore, once again it appears that in terms of clinical significance it might be helpful for psychologists and counselors to aid their patients in becoming less socially anxious in order to alleviate loneliness.
- 4. Based on statistical results, it is concluded that there is not a significant relationship between loneliness and the interaction between gender and age of adolescent clients. When looking at gender and age differences, prior research reveals no clearcut findings. However, the present study would tend to support the studies of Wood and Hannell (cited in Peplau & Perlman, 1982) and Brennan and Auslander (cited in Peplau & Perlman, 1982) in that there was no

significant relationship between loneliness and the interaction between gender and age of adolescent clients. In terms of clinical implications this suggests that there is no one group such as late adolescent age males who can be targeted for special clinical intervention. It appears that both males and females as well as both age groups would be vulnerable to loneliness in an adolescent inpatient population. However, it also appears that most prior studies as well as this study have based their results on chronological age. Further investigation might suggest alternative results if age was measured in other terms such as emotional maturity or developmental age. If these measures were employed results might support the studies of Ostrov and Offer (1978) where they reported that for both boys and girls, self-reported loneliness was more widespread in the younger age groups (below 16) and Mahon's study (1982) where significant differences were found in lonliness scores between early and middle adolescents as well as early and late adolescents. Whereas the subjects used in his investigation were placed as inpatients, this factor of impaired emotional maturity or developmental delay would most likely have impacted results.

5. Based on statistical results, it is concluded that there is not a significant relationship between loneliness and the interaction between gender, age and self-disclosure. Although it appears that loneliness can be predicted using information regarding the subject's level of self-disclosure by itself, this study suggests that it cannot be predicted

when interacting with gender and age. This seems reasonable when looking at the previous results which failed to find any relationship between loneliness and the intraction between gender and age of adolescent clients.

- 6. Based on statistical results, it is concluded that there is a significant relationship between loneliness and the interaction between gender, age and self-esteem.

  However, as mentioned earlier, this may not present an accurate representation of the relationship due to the disproportional representation between the middle and late adolescent groups. The majority of the subjects represented the middle adolescent category. Also, differences were even more diverse in terms of proportion when broken down by gender and age. As mentioned earlier, it is also unknown what confounding effect the self-esteem groups, treatment strategies, etc. utilzed by subjects had on this variable.
- 7. Based on statistical results, it is concluded that there is a significant relationship between loneliness and the interaction between gender, age and social anxiety. However, as in hypothesis six, it is apparent that this may not present an accurate representation of the relationship due to the disproportional representation between the middle and late adolescent groups.
- 8. Based on statistical results, it is concluded that there is no difference in the predictors of loneliness for the middle and late adolescent client groups. As mentioned previously prior research reveals no clearcut findings in regard to age differences. However, this study would tend to

support the studies of Brennan and Auslander (1979) which revealed that there were no clear differences for most measures of loneliness in three different age categories. Clinical implications here suggest that age of the adolescent would make no difference when looking at each of the predictors of loneliness. Therefore, middle as well as late adolescents could be grouped together.

9. Based on statistical results, it is concluded that there is a significant relationship between loneliness and the interaction between gender and age with a combination of self-disclosure and social anxiety. When a stepwise multiple regression analysis was performed on the data, including the independent variables and their interaction terms the most significant predictor of loneliness was social anxiety, followed by self-disclosure. Approximately 64 percent of the variance of loneliness is accounted for by the contribution of these variables.

The results of this study provide partial support for the original research question which was to determine if gender, age and measures of self-disclosure, self-esteem and social anxiety are significant predictors of loneliness in an inpatient adolescent population. This study suggests that self-disclosure and social anxiety to a much greater extent are significant predictors of loneliness in this population in that adolescents who are more self-disclosing and less socially anxious tend to be less lonely. Implications for clinical applications seem apparent in that much of psychotherapy depends on the disclosing of personal

information and interaction within social groups as in group therapy. It seems reasonable to suggest that if individuals report feelings of loneliness that encouraging them to self-disclose to significant others and aiding them in feeling more comfortable in social groups would help them in alleviating their loneliness.

Finally, in examining loneliness in an adolescent population it is evident that there are still many problems in making an accurate assessment, even to the extent of assessing the incidence of adolescent loneliness. According to Brennan, (cited in Peplau & Perlman, 1982) to date there is no systematic epidemiological study of loneliness among adolescents that has used normal probability sampling of the national adolescent population. In addition, there is the difficulty of operationalizing loneliness for measurement purposes across different studies. Lastly, there is the problem that adolescent loneliness appears to be an extremely changeable and volatile phenomenon. According to Larson, (cited in Peplau & Perlman, 1982) adolescents reveal high variation in their self-reports of loneliness, depending partly on time and place. They were found to be more volatile than older subjects in their levels of self-reported loneliness, showing much higher scores for intra-individual variation in loneliness. However, despite these problems it is the intent of this investigation to present current findings and make recommendations for future research. It is the following recommendations which will conclude this investigation.

### Recommendations

- desirable to involve a larger sample of inpatient adolescents. If this were the case, the sample might yield results having greater generalizability. In this particular study subjects were selected from two highly similar inpatient environments within the same city, therefore the generalizable information is somewhat limited. A similar study involving adolescents from various hospital settings would yield more generalizable information regarding the prediction of loneliness. It would also be advisable to have an equal number of subjects in the middle and late age categories.
- 2. In addition, a study which utilized other variables of interest such as diagnosis, developmental age vs. chronological age, level of education, learning disabilities, state anxiety, urban vs. rural background, cultural background, parent involvement in treatment, patient motivation toward treatment, present length of stay, predicted length of stay, overall length of stay, and differential treatment modalities would allow further clarification of the complexity of loneliness.
- 3. In terms of clinical intervention, a study which investigated the effects of communication skills groups, self-esteem groups, and social skills groups using control groups as well would be helpful in assessing the role that each of these has to play in the perception of loneliness.

- Another recommendation which might be considered is that of using other measures or multiple measures in the evaluation process. Self-report measures which were used in this study have the problem of distortion or the alteration of a subject's response in light of their own motive or self-interest. An example of this distortion is that of social desirability and has been reported to be extremely pervasive on self-report measures (Kazdin, 1980). In addition, Edwards (1957) reported that inventories designed to measure specific psychiatric disorders and personality traits often correlate highly with measures of social desirability as well. Characteristically, self-report measures also tend to depend heavily upon verbal skills and may partly depend upon understanding the wording of an item and what endorsement of a particular response alternative means (Kazdin, 1980). According to Kazdin, (1980) interpreting items and responding appropriately may be related to intelligence, a characteristic currently defined primarily upon the basis of verbal skills. Therefore, he suggests that correlations between measures of intelligence and social desirability with the measure of interest are needed to clarify the interpretation of the latter measure (Kazdin, 1980).
- 5. Finally, an overall finding of this study was that loneliness may be predicted from self-disclosure and social anxiety indices in an inpatient population. The consistency of this finding across other populations such as outpatient,

community and educational populations is an area of warranted research.

The intent of this study was to provide further information and improved understanding in the area of loneliness as it relates to self-disclosure, self-esteem and social anxiety in an adolescent inpatient population. It is hoped that the results will contribute to this understanding of the contributing factors which are implicated in an individual's feeling of loneliness.

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APPENDIXES

APPENDIX A

TABLES 1-12

Table 1

<u>Descriptive Statistics</u>

<u>Measures of Loneliness Among Adolescent Clients By Age</u>

Statistics	Loneliness Age		
	Middle n=47	Late n=13	
Mean	42.851	41.000	
Variance	103.651	113.833	
Skewness	.999	.266	
Minimum	27.000	23.000	
S.E. Mean	1.485	2.959	
Kurtosis	.788	.127	
S.E. Skew	.347	.616	
Maximum	73.000	62.000	
Standard Deviation	10.181	10.669	
S.E. Kurtosis	.681	1.191	
Range	46.000	39.000	
SUM	2014.000	533.000	

Table 2

<u>Descriptive Statistics</u>

<u>Measures of Self-Disclosure Among Adolescent Clients By Age</u>

Statistics	Self-Disclosure		
	I	Age	
	Middle n=47	Late n=13	
Mean	406.298	401.231	
Variance	17680.822	20280.526	
Skewness	265	563	
Minimum	118.000	125.000	
S.E. Mean	19.396	39.497	
Kurtosis	380	301	
S.E. Skew	.347	.616	
Maximum	678.000	613.000	
Standard Deviation	132.969	142.410	
S.E. Kurtosis	.681	1.191	
Range	560.000	488.000	
SUM	19096.000	5216.000	

Table 3

<u>Descriptive Statistics</u>

<u>Measures of Self-Esteem Among Adolescent Clients By Age</u>

Statistics	Self-Esteem		
	Ag	;e	
	Middle n=47	Late n=13	
an	2.894	2.615	
riance	3.097	2.423	
ewness	.544	.608	
n i mum	0.000	1.000	
E. Mean	.257	432	
rtosis	-1.076	998	
E. Skew	.347	.616	
x imum	6.000	5.000	
andard Deviation	1.760	1.557	
E. Kurtosis	.681	1.191	
nge	6,000	4.000	
М	136.000	34.000	

Table 4

<u>Descriptive Statistics</u>

<u>Measures of Social Anxiety Among Adolescent Clients By Age</u>

Statistics	Social A	Anxiety	
	Age		
	Middle n=47	Late n=13	
lean	49.170	48.462	
ariance	120.970	181.603	
kewness	.136	.660	
inimum	26.000	30.000	
.E. Mean	1.604	3.738	
rtosis	775	412	
E. Skew	.347	.616	
aximum	70.000	74.000	
andard Deviation	10.999	13.476	
.E. Kurtosis	.681	1.191	
inge	44.000	44.000	
UM	2311.000	630.000	

Table 5

<u>Descriptive Statistics</u>

<u>Measures of Loneliness Among Adolescent Clients by Gender</u>

Statistics	Loneliness		
.*	Gender		
	Female n=30	Male n=30	
an	44.800	40.100	
riance	103.752	97.541	
cewness	.567	1.226	
nimum	28.000	23.000	
E. Mean	1.860	1.803	
rtosis	595	3.118	
E. Skew	.427	.427	
ximum	67.000	73.000	
andard Deviation	10.186	9.876	
E. Kurtosis	.833	.833	
nge	39.000	50.000	
M	1344.000	1203.000	

Table 6

Descriptive Statistics

Measures of Self-Disclosure Among Adolescent Clients By

Gender

Statistics	Self-Dis	sclosure	
	Gender		
	Female n=30	Male n=30	
Mean	394.933	415.467	
Variance	16213.030	20015.292	
Skewness	411	320	
Minimum	121.000	118.000	
S.E. Mean	23.247	25.830	
Kurtosis	334	431	
S.E. Skew	.427	.427	
Maximum	613.000	678.000	
Standard Deviation	127.330	141.475	
S.E. Kurtosis	.833	.833	
Range	492.000	560.000	
SUM	11848.000	12464.000	

Table 7

<u>Descriptive Statistics</u>

<u>Measures of Self-Esteem Among Adolescent Clients By Gender</u>

Statistics	Self-Esteem		
	Gend	ler	
	Female n=30	Male n=30	
an	3.167	2.500	
riance	3.385	2.328	
kewness	.129	1.124	
nimum	0.000	1.000	
E. Mean	.336	.279	
rtosis	-1.442	. 295	
E. Skew	.427	.427	
ximum	6.000	6.000	
andard Deviation	1.840	1.526	
E. Kurtosis	.833	.833	
nge	6.000	5.000	
M	95.000	75.000	

Table 8

<u>Descriptive Statistics</u>

<u>Measures of Social Anxiety Among Adolescent Clients By Gender</u>

Statistics	Social A	Anxiety
	Gend	ler
	Female n=30	Male n=30
an	51.533	46.500
riance	145.637	108.466
cewness	.068	.390
nimum	30.000	26.000
E. Mean	2.203	1.901
rtosis	-1.126	.087
E. Skew	.427	.427
x imum	74.000	70.000
andard Deviation	12.068	10.415
E. Kurtosis	.833	.833
nge	44.000	44.000
М	1546.000	1395.000

Table 9

Descriptive Statistics

Measures of Loneliness Among Adolescent Clients By Age x

Gender

Loneliness

Statistics

Age x Gender

	Middle females n=25	Middle males n=22	Late females n=05	Late males n=08
Mean	44.360	41.136	47.000	37.250
Varia	nce 107.740	98.123	98.500	97.071
Skewn	ess608	1.636	.844	.237
Minim	um 28.000	27.000	36.000	23.000
S.E.	Mean 2.076	2.112	4.438	3.483
Kurto	sis537	4.117	.508	.006
S.E.	Skew .464	.491	.913	.752
Maxim	num 67.000	73.000	62.000	54.000
STD D	DEV 10.380	9.906	9.925	9.852
S.E.	KURT .902	.953	2.000	1.481
Range	39.000	46.000	26.000	31.000
SUM	1109.000	905.000	235.000	298.000

Table 10

Descriptive Statistics

Measures of Self-Disclosure Among Adolescent Clients By

Age x Gender

# Self-Disclosure

Statistics

Age x Gender

M	Middle females n=25	Middle males n=22	Late females n=05	Late males n=08
				<del></del>
Mean	389.240	425.682	423.400	387.375
Varianc	e 13486.107	22576.703	35412.300	13960.554
Skewnes	346	409	-1.106	487
Minimum	121.000	118.000	125.000	196.000
S.E. Me	ean 23.226	32.035	84.157	41.774
Kurtosi	s439	352	1.456	-1.144
S.E. Sk	.464	.491	.913	.752
Maximum	559.000	678.000	613.000	521.000
STD DEV	116.130	150.225	188.182	118.155
S.E. KU	JRT .902	.953	2.000	1.481
Range	438.000	560.000	488.000	325.000
SUM	9731.000	9365.000	2117.000	3099.000

Table 11

Descriptive Statistics

Measures of Self-Esteem Among Adolescent Clients By

Age x Gender

Self-Esteem

Statistics

Age x Gender

Mid	ddle females n=25	Middle males n=22	Late females n=05	Late males n=08
Mean	3.160	2.591	3.200	2.250
Variance	3.557	2.539	3.200	1.929
Skewness	.115	1.139	052	1.120
Minimum	0.000	1.000	1.000	1.000
S.E. Mear	.377	.340	.800	.491
Kurtosis	-1.442	• 2 0 5	-2.324	1.106
S.E. Skew	· 464	.491	.913	.752
Maximum	6.000	6.000	5.000	5.000
STD DEV	1.886	1.593	1.789	1.389
S.E. KURT	.902	.953	2.000	1.481
Range	6.000	5.000	4.000	4.000
SUM	79.000	57.000	16.000	18.000

Table 12

<u>Descriptive Statistics</u>

<u>Measures of Social Anxiety Among Adolescent Clients By</u>

<u>Age x Gender</u>

#### Social Anxiety

Statistics

Age x Gender

	Middle females n=25	Middle males n=22	Late females n=05	Late males n=08
Mean	50.760	47.364	55.400	44.125
Varian	ce 139.857	98.719	194.300	144.411
Skewne	ss056	.282	.582	.941
Minimu	m 30.000	26.000	41.000	30.000
S.E. M	ean 2.365	2.118	6.234	4.249
Kurtos	is -1.291	.549	-1.975	.846
S.E. S	kew .464	.491	.913	.752
Maximu	m 69.000	70.000	74.000	67.000
STD DE	V 11.826	9.936	13.939	12.017
S.E. K	URT .902	.953	2.000	1.481
Range	39.000	44.000	33.000	37.000
SUM	1269.000	1042.000	277.000	353.000

APPENDIX B
CONSENT FORM

#### PATIENT CONSENT FORM

TITLE OF INVESTIGATION: LONELINESS AS RELATED TO

SELF-DISCLOSURE, SELF-ESTEEM AND

SOCIAL ANXIETY IN ADOLESCENT

CLIENTS

INVESTIGATOR: Anita Weeks,	Ph.D.	cand.
----------------------------	-------	-------

	I,	voluntarily	give	permiss	sion	to	have
my	child	consent to	part	icipate	in	the	study
nan	ned above.						

#### I understand:

- 1. the study is being done to investigate whether or not loneliness is related to self-disclosure, self-esteem or social anxiety in adolescents. The results from this study will be available to those who participate as well as staff members at Shadow Mountain Institute who are involved in this study.
- 2. approximately 30 minutes of my child's time will be required and will be spent in completion of a questionaire on loneliness, self-disclosure, self-esteem and social anxiety.
- 3. there are no known or direct benefits identified at this time in the study.
- 4. there are no know physical risks involved in the study. However, please be aware that questionaires such as this may or may not bring out thoughts and feelins about a particular subject. Therefore, please do not hesitate to ask questions or discuss any part of the project with the investigator should you feed the need.
- 5. should I decide not to participate, I (my child) will continue to participate in all regular therapies (ie., individual, family, group) which are part of my (child's) treatment plan.
- 6. although the results of the study cannot be predicted, all precautions have been taken. By signing this consent, I have not waived my of my legal rights or released this institution of liability. I understand that any data or answers to questions will remain confidential with regard to my (child's) identity. I may choose to withdraw (my child) from the study at any time without penalty.

7. should any problems arise with regard to the study, I may take them to Anita Weeks, Ph.D. cand., Shadow Moutain Institute, 6262 S. Sheridan Rd. Tulsa, OK 74133 (Tel. No. 918-492-8200), or Al Carlozzi, Ph.D., Department of Applied Behavioral Studies in Education, Oklahoma State University, 316 North Murray Hall (Tel. No. 405-624 6036) or to Donna Takacs, R.N.C., B.S.N., Director of Research Committee, Shadow Mountain Institute (Tel. No. 918-492-8200).

Date	Subjects's Signature
	the participation ofa in the scientific investigation
Date	Signature of subject's parent/guardian

APPENDIX C

DESCRIPTION

#### DESCRIPTION

Loneliness is a subjective experience which most people experience at some point in their life. However, the extent to which people feel lonely and the manner in which they deal with their loneliness varies from person to person. While many individuals deal with their loneliness successfully, others find great difficulty in coping. Therefore, the purpose of this study is to investigate those factors which may be related to loneliness. More specifically, the purpose of the present study is to investigate the relationship between loneliness and self-disclosure, self-esteem and social anxiety in adolescents.

The questionnaires your child will be given will consist of items pertaining to loneliness, self-disclosure, self-esteem and social anxiety. Your child is to read each item carefully and answer each honestly. They are not to put their name on any of the questionnaires which they will be given, as all responses are to be anonymous. Also, your child will be asked not to discuss this study with their peers as they may or may not be asked to complete it for themselves.

Please be aware that questionnaires such as this may or may not bring out thoughts and feelings associated with the topic of the questionnaire, therefore, please do not hesitate to discuss these thoughts and feelings that you or your child may have with the examiner (Anita Weeks, Ph.D. cand.) or with your child's individual therapist should you or your child feel the need.

It is our hope that studies such as this will aid in (1) making it possible to better define the factors related to loneliness and (2) ultimately putting into practice economical and feasible strategies for therapeutic interventon. I thank you and your child for your cooperation.

## APPENDIX D SELF-DISCLOSURE INVENTORY FOR ADOLESCENTS

Please read each item and circle one of the four response options to indicate the extent to which that topic becomes a focus of communication with each of the following: Mother, Father, Friend (male), Friend (female), Teacher, and Counselor.

1.	Which school sub	jects I 1	ike and which I d	lislike.	
	Mother:	Never	Hardley ever	Sometimes	Often
	Father:	Never	Hardley ever	Sometimes	Often
	Friend (male):	Never	Hardley ever	Sometimes	Often
	Friend (female):	Never	Hardley ever	Sometimes	Often
	Teacher:	Never	Hardley ever	Sometimes	Often
	Counselor:	Never	Hardley ever	Sometimes	Often
2.	My appetite.				
	Mother:	Never	Hardley ever	Sometimes	Often
	Father:	Never	Hardley ever	Sometimes	Often
	Friend (male):	Never	Hardley ever	Sometimes	Often
	Friend (female):	Never	Hardley ever	Sometimes	Often
	Teacher:	${\tt Never}$	Hardley ever	Sometimes	Often
	Counselor:	Never	Hardley ever	Sometimes	Often
3.	The way my paren	ts annoy i	me.		
	Mother:	Never	Hardley ever	Sometimes	Often
	Father:	Never	Hardley ever	Sometimes	Often
	Friend (male):	Never	Hardley ever	Sometimes	Often
	Friend (female):	Never	Hardley ever	Sometimes	Often
	Teacher:	Never	Hardley ever	Sometimes	Often
	Counselor:	Never	Hardley ever	Sometimes	Often

4.	Whether I am pop	ular with	the girls (boys	3).	
	Mother:	Never	Hardley ever	Sametimes	Often
	Father:	Never	Hardley ever	Sometimes	Often
	Friend (male):	Never	Hardley ever	Sometimes	Often
	Friend (female):	Never	Hardley ever	Sometimes	Often
	Teacher:	Never	Hardley ever	Sometimes	Often
	Counselor:	Never	Hardley ever	Sometimes	Often
5.	Whether I can af	ford to b	uy the things I	need.	
	Mother:	Never	Hardley ever	Sametimes	Often
	Father:	Never	Hardley ever	Sometimes	Often
	Friend (male):	Never	Hardley ever	Sometimes	Often
	Friend (female):	Never	Hardley ever	Sometimes	Often
	Teacher:	Never	Hardley ever	Sometimes	Often
	Counselor:	Never	Hardley ever	Sometimes	Often
6.	Whether my paren	ts unders	tand me.		
	Mother:	Never	Hardley ever	Sometimes	Often
	Father:	Never	Hardley ever	Sometimes	Often
	Friend (male):	Never	Hardley ever	Sometimes	Often
	Friend (female):	Never	Hardley ever	Sometimes	Often
	Teacher:	Never	Hardley ever	Sometimes	Often
	Counselor:	Never	Hardley ever	Sometimes	Often

7.	How well I get a	long with	my teacher	's.		
	Mother:	Never	Hardley ev	/er	Sometimes	Often
	Father:	Never	Hardley ev	/er	Sometimes	Often
	Friend (male):	Never	Hardley ev	/er	Sometimes	Often
	Friend (female):	Never	Hardley ev	ær	Sometimes	Often
	Teacher:	Never	Hardley ev	/er	Sometimes	Often
	Counselor:	Never	Hardley ev	ær	Sometimes	Often
<del>-</del>	The pains of any	o of the	things I ha			
8.	The price of some	e of the	tnings i na	ave.		
	Mother:	Never	Hardley ev	ær	Sometimes	Often
	Father:	Never	Hardley ev	ver	Sometimes	Often
	Friend (male):	Never	Hardley ev	ver	Sometimes	Often
	Friend (female):	Never	Hardley ev	ver	Sometimes	Often
	Teacher:	Never	Hardley ev	ver	Sometimes	Often
	Counselor:	Never	Hardley ev	ver	Sometimes	Often
9.	My posture.		<del></del>			
	Mother:	Never	Hardley ev	ver	Sometimes	Often
	Father:	Never	Hardley ev	ver	Sometimes	Often
	Friend (male):	Never	Hardley ev	ver	Sometimes	Often
	Friend (female):	Never	Hardley ev	ver	Sometimes	Often
	Teacher:	Never	Hardley ev	ver	Sometimes	Often
	Counselor:	Never	Hardley ev	ver	Sometimes	Often

10.	How I feel about	tests.			
	Mother:	Never	Hardley ever	Sametimes	Often
	Father:	Never	Hardley ever	Sometimes	Often
	Friend (male):	Never	Hardley ever	Sometimes	Often
	Friend (female):	Never	Hardley ever	Sometimes	Often
	Teacher:	Never	Hardley ever	Sometimes	Often
	Counselor:	Never	Hardley ever	Sometimes	Often
11.	The troubles I go	et into.			
	Mother:	Never	Hardley ever	Sometimes	Often
	Father:	Never	Hardley ever	Sometimes	Often
			•		
	Friend (male):	Never	Hardley ever	Sometimes	Often
	Friend (female):	Never	Hardley ever	Sometimes	Often
	Teacher:	Never	Hardley ever	Sometimes	Often
	Counselor:	Never	Hardley ever	Sometimes	Often
12.	My occupational	nlans for	the future.		
12.		-			24.
	Mother:	Never	Hardley ever	Sometimes	Often
	Father:	Never	Hardley ever	Sametimes	Often
	Friend (male):	Never	Hardley ever	Sometimes	Often
	Friend (female):	Never	Hardley ever	Sometimes	Often
	Teacher:	Never	Hardley ever	Sometimes	Often
	Counselor:	Never	Hardley ever	Sometimes	Often

13.	My height.				
	Mother:	Never	Hardley ever	Sometimes	Often
	Father:	Never	Hardley ever	Sometimes	Often
	Friend (male):	Never	Hardley ever	Sometimes	Often
	Friend (female):	Never	Hardley ever	Sometimes	Often
	Teacher:	Never	Hardley ever	Sometimes	Often
	Counselor:	Never	Hardley ever	Sometimes	Often
14	Things that get i	no womi o	d on molto mo	ofnoid	<del></del>
14.	mings that get i	ne worrie	d of make me	arraru.	
	Mother:	Never	Hardley ever	Sometimes	Often
	Father:	Never	Hardley ever	Sometimes	Often
	Friend (male):	Never	Hardley ever	Sometimes	Often
	Friend (female):	Never	Hardley ever	Sometimes	Often
	Teacher:	Never	Hardley ever	Sometimes	Often
	Counselor:	Never	Hardley ever	Sometimes	Often
15.	How my parents t	rest me.			
10.	now my parents t	reat me.			
	Mother:	Never	Hardley ever	Sometimes	Often
	Father:	Never	Hardley ever	Sometimes	Often
	Friend (male):	Never	Hardley ever	Sometimes	Often
	Friend (female):	Never	Hardley ever	Sometimes	Often
	Teacher:	Never	Hardley ever	Sometimes	Often
	Counselor:	Never	Hardley ever	Sometimes	Often

16.	16. The boy (girl) whom I like very much.							
	Mother:	Never	Hardley ever	Sometimes	Often			
	Father:	Never	Hardley ever	Sometimes	Often			
	Friend (male):	Never	Hardley ever	Sometimes	Often			
	Friend (female):	Never	Hardley ever	Sometimes	Often			
	Teacher:	Never	Hardley ever	Sometimes	Often			
	Counselor:	Never	Hardley ever	Sometimes	Often			
17.	How I feel about	my schoo	l marks.	· · ·				
	Mother:	Never	Hardley ever	Sometimes	Often			
	Father:	Never	Hardley ever	Sometimes	Often			
			•					
	Friend (male):	Never	Hardley ever	Sometimes	Often			
	Friend (female):	Never	Hardley ever	Sometimes	Often			
	Teacher:	Never	Hardley ever	Sometimes	Often			
	Counselor:	Never	Hardley ever	Sometimes	Often			
18	Whether I am in	love						
10.				~				
	Mother:	Never	Hardley ever	Sometimes	Often			
	Father:	Never	Hardley ever	Sometimes	Often			
	Friend (male):	Never	Hardley ever	Sometimes	Often			
	Friend (female):	Never	Hardley ever	Sometimes	Often			
	Teacher:	Never	Hardley ever	Sometimes	Often			
	Counselor:	Never	Hardley ever	Sometimes	Often			

19.	How much money I	have.				
	Mother:	Never	Hardley	ever	Sometimes	Often
	Father:	Never	Hardley	ever	Sometimes	Often
	Friend (male):	Never	Hardley	ever	Sometimes	Often
	Friend (female):	Never	Hardley	ever	Sometimes	Often
	Teacher:	Never	Hardley	ever	Sometimes	Often
	Counselor:	Never	Hardley	ever	Sometimes	Often
20.	What I talk abou	f on a da	te.			
	mat a tarr abou	· on a aa				
	Mother:	Never	Hardley	ever	Sometimes	Often
	Father:	Never	Hardley	ever	Sometimes	Often
	Friend (male):	Never	Hardley	ever	Sometimes	Often
	Friend (female):	Never	Hardley	ever	Sometimes	Often
	Teacher:	Never	Hardley	ever	Sometimes	Often
	Counselor:	Never	Hardley	ever	Sometimes	Often
91	My skin condition	n on comp	lovion	<del></del>		
41.	My Skill Collaition	n or comp	Texton.			
	Mother:	Never	Hardley	ever	Sometimes	Often
	Father:	Never	Hardley	ever	Sometimes	Often
	Friend (male):	Never	Hardley	ever	Sometimes	Often
	Friend (female):	Never	Hardley	ever	Sometimes	Often
	Teacher:	Never	Hardley	ever	Sometimes	Often
	Counselor:	Never	Hardley	ever	Sometimes	Often

22.	My ability to lea	arn at scl	nool.			
	Mother:	Never	Hardley e	ver	Sometimes	Often
	Father:	Never	Hardley e	ver	Sometimes	Often
	Friend (male):	Never	Hardley e	ver	Sometimes	Often
	Friend (female):	Never	Hardley e	ver	Sometimes	Often
	Teacher:	Never	Hardley e	ver	Sometimes	Often
	Counselor:	Never	Hardley e	ver	Sometimes	Often
00	Harry well I got a	1 am ar ar i 4 h	fother			
23.	How well I get a	long with	my lather	•		
	Mother:	Never	Hardley e	ver	Sometimes	Often
	Father:	Never	Hardley e	ver	Sometimes	Often
	Friend (male):	Never	Hardley e	ver	Sometimes	Often
	Friend (female):	Never	Hardley e	ver	Sometimes	Often
	Teacher:	Never	Hardley e	ver	Sometimes	Often
	Counselor:	Never	Hardley e	ver	Sometimes	Often
24.	Where I buy my c	lothes.				
	Mother:	Never	Hardley e	ver	Sometimes	Often
	Father:	Never	Hardley e	ver	Sometimes	Often
	Friend (male):	Never	Hardley e	ver	Sometimes	Often
	Friend (female):	Never	Hardley e	ver	Sometimes	Often
	Teacher:	Never	Hardley e	ver	Sometimes	Often
	Counselor:	Never	Hardley e	ver	Sometimes	Often

<b>25.</b>	. The things that make me feel sad or unhappy.					
	Mother:	Never	Hardley ever	Sometimes	Often	
	Father:	Never	Hardley ever	Sometimes	Often	
	Friend (male):	Never	Hardley ever	Sometimes	Often	
	Friend (female):	Never	Hardley ever	Sometimes	Often	
	Teacher:	Never	Hardley ever	Sometimes	Often	
	Counselor:	Never	Hardley ever	Sametimes	Often	
26.	Whether my paren	ts critic	ize me.			
200				a	004	
	Mother:	Never	Hardley ever	Sometimes	Often	
	Father:	Never	Hardley ever	Sometimes	Often	
	Friend (male):	Never	Hardley ever	Sometimes	Often	
	Friend (female):	Never	Hardley ever	Sometimes	Often	
	Teacher:	Never	Hardley ever	Sometimes	Often	
	Counselor:	Never	Hardley ever	Sometimes	Often	
<del>27.</del>	How weak or stro	ng I am p	hysically.			
	Mother:	Never	Hardley ever	Sometimes	Often	
	Father:	Never	Hardley ever	Sometimes	Often	
	Friend (male):	Never	Hardley ever	Sometimes	Often	
	Friend (female):	Never	Hardley ever	Sometimes	Often	
	Teacher:	Never	Hardley ever	Sometimes	Often	
	Counselor:	Never	Hardley ever	Sometimes	Often	

28.	My greatest faul	ts.						
	Mother:	Never	Hardley ever	Sometimes	Often			
	Father:	Never	Hardley ever	Sometimes	Often			
	Friend (male):	Never	Hardley ever	Sometimes	Often			
	Friend (female):	Never	Hardley ever	Sometimes	Often			
	Teacher:	Never	Hardley ever	Sometimes	Often			
	Counselor:	Never	Hardley ever	Sometimes	Often			
29.	29. Whether I need more or better clothes.							
	Mother:	Never	Hardley ever	Sometimes	Often			
	Father:	Never	Hardley ever	Sometimes	Often			
	Friend (male):	Never	Hardley ever	Sometimes	Often			
	Friend (female):	Never	Hardley ever	Sometimes	Often			
	Teacher:	Never	Hardley ever	Sometimes	Often			
	Counselor:	Never	Hardley ever	Sometimes	Often			
30.	What is proper s	ex behavi	or.		····			
	Mother:	Never	Hardley ever	Sometimes	Often			
	Father:	Never	Hardley ever	Sometimes	Often			
	Friend (male):	Never	Hardley ever	Sometimes	Often			
	Friend (female):	Never	Hardley ever	Sometimes	Often			
	Teacher:	Never	Hardley ever	Sometimes	Often			
	Counselor:	Never	Hardley ever	Sometimes	Often			

31.	Concerns about m	y health.				
	Mother:	Never	Hardley	ever	Sometimes	Often
	Father:	Never	Hardley	ever	Sometimes	Often
	Friend (male):	Never	Hardley	ever	Sometimes	Often
	Friend (female):	Never	Hardley	ever	Sometimes	Often
	Teacher:	Never	Hardley	ever	Sometimes	Often
	Counselor:	Never	Hardley	ever	Sometimes	Often
20	Man mintalan Aha			·	<del> </del>	-
32.	The mistakes tha	t i nave i	nace.			
	Mother:	Never	Hardley	ever	Sometimes	Often
	Father:	Never	Hardley	ever	Sometimes	Often
	Friend (male):	Never	Hardley	ever	Sometimes	Often
	Friend (female):	Never	Hardley	ever	Sometimes	Often
	Teacher:	Never	Hardley	ever	Sometimes	Often
	Counselor:	Never	Hardley	ever	Sometimes	Often
33.	How wealthy or p	oor my pa	rents are	2.		· · · · · · · · · · · · · · · · · · ·
		out my per				
	Mother:	Never	Hardley	ever	Sometimes	Often
	Father:	Never	Hardley	ever	Sometimes	Often
	Friend (male):	Never	Hardley	ever	Sometimes	Often
	Friend (female):	Never	Hardley	ever	Sometimes	Often
	Teacher:	Never	Hardley	ever	Sometimes	Often
	Counselor:	Never	Hardley	ever	Sometimes	Often
,						

34.	Whether I am dev	eloping no	ormally.			
	Mother:	Never	Hardley ev	ver S	Sometimes	Often
	Father:	Never	Hardley ev	ver :	Sometimes	Often
	Friend (male):	Never	Hardley ev	ver :	Sometimes	Often
	Friend (female):	Never	Hardley ev	ver :	Sametimes	Often
	Teacher:	Never	Hardley ev	ver S	Sometimes	Often
	Counselor:	Never	Hardley ev	ver :	Sometimes	Often
35.	How well I get a	long with	my mother.	•		
	Mother:	Never	Hardley ev	ver :	Sometimes	Often
	Father:	Never	Hardley ev	ver :	Sometimes	Often
	Friend (male):	Never	Hardley ev	ver :	Sometimes	Often
	Friend (female):	Never	Hardley ev	ver :	Sometimes	Often
	Teacher:	Never	Hardley ev	ver :	Sometimes	Often
	Counselor:	Never	Hardley ev	ver :	Sometimes	Often
36.	Questions and pr	oblems ab	out sex.			
	Mother:	Never	Hardley ev	ver :	Sometimes	Often
	Father:	Never	Hardley ev	ver	Sometimes	Often
	Friend (male):	Never	Hardley ev	ver	Sometimes	Often
	Friend (female):	Never	Hardley ev	ver	Sometimes	Often
	Teacher:	Never	Hardley ev	ver	Sometimes	Often
	Counselor:	Never	Hardley ev	ver	Sometimes	Often
				-		

37.	Aches and pains	I have ha	d.		
	Mother:	Never	Hardley ever	Sometimes	Often
	Father:	Never	Hardley ever	Sometimes	Often
	Friend (male):	Never	Hardley ever	Sometimes	Often
	Friend (female):	Never	Hardley ever	Sometimes	Often
	Teacher:	Never	Hardley ever	Sometimes	Often
	Counselor:	Never	Hardley ever	Sometimes	Often
38.	How I feel about	homework	•	·	
	Mother:	Never	Hardley ever	Sometimes	Often
	Father:	Never	Hardley ever	Sometimes	Often
	Friend (male):	Never	Hardley ever	Sometimes	Often
	Friend (female):	Never	Hardley ever	Sometimes	Often
	Teacher:	Never	Hardley ever	Sometimes	Often
	Counselor:	Never	Hardley ever	Sometimes	Often
39.	The responsibili	ties I ha	ve at home.		
	Mother:	Never	Hardley ever	Sometimes	Often
	Father:	Never	Hardley ever	Sometimes	Often
	Friend (male):	Never	Hardley ever	Sometimes	Often
	Friend (female):	Never	Hardley ever	Sometimes	Often
	Teacher:	Never	Hardley ever	Sometimes	Often
	Counselor:	Never	Hardley ever	Sometimes	Often

40.	40. How I behave at a party.								
	Mother:	Never	Hardley ever	Sometimes	Often				
	Father:	Never	Hardley ever	Sometimes	Often				
	Friend (male):	Never	Hardley ever	Sometimes	Of t en				
	Friend (female):	Never	Hardley ever	Sometimes	Often				
	Teacher:	Never	Hardley ever	Sometimes	Often				
	Counselor:	Never	Hardley ever	Sometimes	Often				
41.	41. How I earn my money.								
	Mother:	Never	Hardley ever	Sometimes	Often				
	Father:	Never	Hardley ever	Sometimes	Often				
	Friend (male):	Never	Hardley ever	Sometimes	Often				
	Friend (female):	Never	Hardley ever	Sometimes	Often				
	Teacher:	Never	Hardley ever	Sometimes	Often				
	Counselor:	Never	Hardley ever	Sometimes	Often				
42.	The embarrassing	situatio	ns I have been i	n.					
	Mother:	Never	Hardley ever	Sometimes	Often				
	Father:	Never	Hardley ever	Sometimes	Often				
	Friend (male):	Never	Hardley ever	Sometimes	Often				
	Friend (female):	Never	Hardley ever	Sometimes	Often				
	Teacher:	Never	Hardley ever	Sometimes	Often				
	Counselor:	Never	Hardley ever	Sometimes	Often				

43.	How to make (or	turn down	a date.	,		
	Mother:	Never	Hardley	ever	Sometimes	Often
	Father:	Never	Hardley	ever	Sometimes	Often
	Friend (male):	Never	Hardley	ever	Sometimes	Often
	Friend (female):	Never	Hardley	ever	Sometimes	Often
	Teacher:	Never	Hardley	ever	Sometimes	Often
	Counselor:	Never	Hardley	ever	Sometimes	Often
				· · ·		
44.	My bad habits.					
	Mother:	Never	Hardley	ever	Sometimes	Often
	Father:	Never	Hardley	ever	Sometimes	Often
	Friend (male):	Never	Hardley	ever	Sometimes	Often
	Friend (female):	Never	Hardley	ever	Sometimes	Often
	Teacher:	Never	Hardley	ever	Sometimes	Often
	Counselor:	Never	Hardley	ever	Sametimes	Often
45.	Whether my home	life is h	appy.			
	Mother:	Never	Hardley	ever	Sometimes	Often
	Father:	Never	Hardley	ever	Sometimes	Often
	Friend (male):	Never	Hardley	ever	Sometimes	Often
	Friend (female):	Never	Hardley	ever	Sametimes	Often
	Teacher:	Never	Hardley	ever	Sometimes	Often
	Counselor:	Never	Hardley	ever	Sometimes	Often

46.	Subjects I am po	orest in a	at school			
	Mother:	Never	Hardley	ever	Sometimes	Often
	Father:	Never	Hardley	ever	Samet imes	Often
	Friend (male):	Never	Hardley	ever	Sometimes	Often
	Friend (female):	Never	Hardley	ever	Sometimes	Often
	Teacher:	Never	Hardley	ever	Sometimes	Often
	Counselor:	Never	Hardley	ever	Sometimes	Often
47.	How I feel about	our car.		· · · · · · · · · · · · · · · · · · ·	<del></del>	
	Mother:	Never	Hardley	ever	Sometimes	Often
	Father:	Never	Hardley		Sometimes	Often
	Friend (male):	Never	Hardley		Sometimes	Often
	Friend (female):		Hardley		Sometimes	Often
	Teacher:	Never	Hardley		Sametimes	Often
	Counselor:	Never	Hardley	ever	Sometimes	Often
	·					
48.	Things I have do	ne about v	which I i	feel gui	lty.	
	Mother:	Never	Hardley	ever	Sometimes	Often
	Father:	Never	Hardley	ever	Sometimes	Often
	Friend (male):	Never	Hardley	ever	Sometimes	Often
	Friend (female):	Never	Hardley	ever	Sometimes	Often
	Teacher:	Never	Hardley	ever	Sometimes	Often
	Counselor:	Never	Hardley	ever	Sometimes	Often

## APPENDIX E ROSENBERG SELF-ESTEEM SCALE

Please circle the response which best describes you for each of the following statements.

On the whole, I am satisfied with myself.
 Strongly agree Agree Disagree Strongly disagree

At times I think I am no good at all.
 Strongly agree Agree Disagree Strongly disagree

I feel that I have a number of good qualities.
 Strongly agree Agree Disagree Strongly disagree

4. I am able to do things as well as most other people.

Strongly agree Agree Disagree Strongly disagree

I feel I do not have much to be proud of.
 Strongly agree Agree Disagree Strongly disagree

I certainly feel useless at times.
 Strongly agree Agree Disagree Strongly disagree

7. I feel that I am a person of worth, at least on an equal plane with others.

Strongly agree Agree Disagree Strongly disagree

8. I wish I could have more respect for myself.

Strongly agree Agree Disagree Strongly disagree

9. All in all, I am inclined to feel that I am a failure.

Strongly agree Agree Disagree Strongly disagree

10. I take a positive attitude toward myself.
Strongly agree Agree Disagree Strongly disagree

## APPENDIX F REVISED UCLA LONELINESS SCALE

OSRN

#### UCLA

#### DIRECTIONS:

For the following questions you are to circle the choice that best illustrates how often each of the statements would be descriptive of you.

- represents "I am  $\underline{often}$  this way." 0
- S
- represents "I am sometimes this way."
  represents "I am rarely this way."
  represents "I am never this way." R
- N

1.	I feel in tune with the people around me.	0	s	R	N
2.	I lack companionship.	0	s	R	N
3.	There is no one I can turn to.	0	s	R	N
4.	I do not feel alone.	0	s	R	N
5.	I feel part of a group of friends.	0	s	R	N
6.	I have a lot in common with the people around me.	0	s	R	N
7.	I am no longer close to anyone.	0	s	R	N
8.	My interests and ideas are not shared by those around me.	0	s	R	N
9.	I am an outgoing person.	0	S	R	N
10.	There are people I feel close to.	0	s	R	N
11.	I feel left out.	0	s	R	N
12.	My social relationships are superficial.	0	s	R	N
13.	No one really knows me well.	0	s	R	N
14.	I feel isolated from others.	0	s	R	N
15.	I can find companionship when I want it.	0	s	R	N
16.	There are people who really understand me.	0	s	R	N

17. I am unhapppy being so withdrawn.

18.	People are around me but not with me.	0	S	R	N
19.	There are people I can talk to.	0	s	R	N
20	There are neonle I can turn to	0	S	R	N

# APPENDIX G CORRESPONDENCE TO AUTHORS OF THE INSTRUMENTS

Dr. L. W. West Dept. of Educ. Psychology Univ. of Calgary 2500 Univ. Dr. NW, Calgary AB Can T 2N1N4

Dear Dr. West:

I am presently a Ph.D. candidate in Counseling Psychology at Oklahoma State University. In order to complete my dissertation I would like to use the Self-Disclosure Inventory for Adolescents as one of the data gathering instruments. In addition, I would like to reproduce the instrument and your correspondence and place each in the appendix of my dissertation if granted your permission. Thank you for your assistance with this important matter.

Sincerely,

Anita Lurette Weeks, M.A.

Conta Livelle Weeke, M. A.

Anita Lurette Weeks 5941 E. 72nd St. S. Apt. 2207 Tulsa, OK 74136 Dr. Morris Rosenberg Dept. of Sociology Univ. of Maryland College Park, MD 20742

Dear Dr. Rosenberg:

I am presently a Ph.D. candidate in Counseling Psychology at Oklahoma State University. In order to complete my dissertation I would like to use the Rosenberg Self-Esteem Scale as one of the data gathering instruments. In addition, I would like to reproduce the instrument and your correspondence and place each in the appendix of my dissertation if granted your permission. Thank you for your assistance with this important matter.

Sincerely,

Anita Lurette Weeks, M.A.

Intakurette Weeks M.A.

Anita Lurette Weeks 5941 E. 72nd St. S. Apt. 2207 Tulsa, OK 74136 Dr. Letitia Anne Peplau Psychology/1285 Tranz Hall Univ. of Calif. 405 Hilgard Ave. Los Angeles, CA 90024

Dear Dr. Peplau:

I am presently a Ph.D. candidate in Counseling Psychology at Oklahoma State University. In order to complete my dissertation I would like to use the Revised UCLA Loneliness Scale as one of the data gathering instruments. In addition, I would like to reproduce the instrument and your correspondence and place each in the appendix of my dissertation if granted your permission. Thank you for your assistance with this important matter.

Sincerely,

anta huette Weeker, M. A.

Anita Lurette Weeks, M.A.

Anita Lurette Weeks 5941 E. 72nd St. S. Apt. 2207 Tulsa, OK 74136

## APPENDIX H CORRESPONDENCE FROM AUTHORS OF THE INSTRUMENTS

#### UNIVERSITY OF CALIFORNIA, LOS ANGELES

**UCLA** 

BERKELEY · DAVIS · IRVINE · LOS ANGELES · RIVERSIDE · SAN DIEGO · SAN FRANCISCO



SANTA BARBARA . SANTA CRUZ

DEPARTMENT OF PSYCHOLOGY 405 HILGARD AVENUE LOS ANGELES, CALIFORNIA 90024-1563

April 7, 1988

Anita Lurette Weeks 5941 E. 72nd Street S., Apt. 2207 Tulsa, OK 74136

Dear Ms. Weeks,

I am pleased to learn of your interest in using the Revised UCLA Loneliness Scale for your dissertation. Since the scale was published in an APA journal, you do not need permission to use it for research purposes. I have enclosed a copy of the scale in the format that we've typically used. Most often, we've retyped the scale as part of a larger test booklet, and then xeroxed the entire booklet.

My very best wishes for your research.

Cordially,

Letitia Anne Peplau, Ph.D.

Letitia anne Peplan

Professor of Psychology

Enclosures

LAP/amw



FACULTY OF EDUCATION
Department of Educational Psychology

2500 University Drive N.W., Calgary, Alberta, Canada T2N 1N4

Telephone (403) 220-5651

April 12, 1988

Ms. Anita L. Weeks 5941 E. 72nd St. S. Apt. 2207 Tulsa, OK 74136 U.S.A.

Dear Ms. Weeks:

Thank you for your interest in the Self-Disclosure Inventory for Adolescents. You may reproduce the instrument in whatever quantities you require for gathering research data.

We have recently revised the instrument and now refer to the revised version as The Inventory of Communication Patterns for Adolescents (ICPA). I am enclosing herewith the following:

- a) a photocopy of an article describing the ICPA;
- b) a copy of the ICPA;
- c) a copy of our hand scoring form;
- d) a copy of the response form, and
- e) a copy of our profile form.

Feel free to reproduce any of this material <u>for your research</u> purposes. If you have any concerns or questions regarding the instrument and/or its usage, please do not hesitate to contact me in that regard. Good luck with your work!

Yours sincerely.

Lloyd W. West, Ph.D. Professor Emeritus

₩W/al

LWW/gl Enclosures



Dr. Morris Rosenberg Dept. of Sociology Univ. of Maryland College Park, MD 20742

Dear Dr. Rosenberg:

I am presently a Ph.D. candidate in Counseling Psychology at Oklahoma State University. In order to complete my dissertation I would like to use the Rosenberg Self-Esteem Scale as one of the data gathering instruments. In addition, I would like to reproduce the instrument and your correspondence and place each in the appendix of my dissertation if granted your permission. Thank you for your assistance with this important matter.

Sincerely,

anta Lurette Weeks, M.A.

Anita Lurette Weeks, M.A.

Anita Lurette Weeks 5941 E. 72nd St. S. Apt. 2207 Tulsa, OK 74136

dear Ma. Warks;

Cermission quented for the above requests.

monis Rosenburg Professor

## APPENDIX I COMMUNICATION WITH AUTHORS OF THE INSTRUMENTS

Table 13 was taken from:

West, L. W., & Zingle, H. W. (1969). A Self-disclosure inventory for adolescents. <u>Psychological Reports</u>, <u>24</u>, 439-445.

Permission to utilize Table 13 in this dissertation was granted by Dr. L. W. West by telephone on April 20, 1988.

### VITA

#### Anita Lurette Weeks

#### Candidate for the Degree of

Doctor of Philosophy

Dissertation: LONELINESS AS RELATED TO SELF-DISCLOSURE,

SELF-ESTEEM AND SOCIAL ANXIETY IN ADOLESCENT

CLIENTS

Major Field: Applied Behavioral Studies

Biographical:

Personal Data: Born in Henryetta, Oklahoma, November 2, 1955.

Education: Graduated from Okmulgee High School,
Okmulgee, Oklahoma, in May 1974; received Bachelor
of Arts Degree in Journalism from The University of
Oklahoma, Norman, Oklahoma, in May, 1977; received
Bachelor of Arts Degree in Psychology from The
University of Tulsa, Tulsa, Oklahoma, in May 1979;
received Master of Arts Degree in Clinical
Psychology from The University of Tulsa, Tulsa,
Oklahoma, in May, 1981; completed requirements for
the Doctor of Philosophy degree at Oklahoma State
University in July 1989.

Professional Experience: Practicum in Clinical Psychology, Tulsa Rehabilitation Center, Hillcrest Medical Center, Tulsa, Oklahoma, January - May 1980; Practicum in Clinical Psychology, Shadow Mountain Institute, Tulsa, Oklahoma, May 1980 - May 1981; Counselor, Shadow Mountain Insitute, Tulsa, Oklahoma, May 1980 - May 1981; Assessment and Treatment Coordinator, Shadow Mountain Institute, Tulsa, Oklahoma, May 1981 - September 1983; Practicum in Counseling Psychology, Tulsa Rehabilitation Center, Hillcrest Medical Center, Tulsa, Oklahoma, September 1983 - May 1984; Practicum in Counseling Psychology, Horizon Program, Tulsa, Oklahoma, September 1984 - May 1985; Internship in Clinical/Counseling Psychology, Shadow Mountain Institute, Tulsa, Oklahoma,

September 1985 - August 1986; Treatment Coordinator, Shadow Mountain Institute, Tulsa, Oklahoma, September 1986 - July 1989.

Professional Organizations: American Psychological Association, Oklahoma Psychological Association.