A considerable amount of recent research converges on the conclusion that close personal relationships as well as less intimate social involvements are essential to psychological adjustment and well-being. In a sense, psychologists have simply documented something many people take for granted; specifically, that interpersonal commitments are more than commonplace in human experience, they are essential to life, growth, and happiness. In this context, an understanding of people who are socially isolated or whose relationships are in disarray assumes particular significance. Although there have been many conceptual approaches to interpersonal disruption and isolation, one concept that affords a unique perspective from which to study the role of relationships in health and well-being is the concept of loneliness.

We begin with a detailed review of the literature on loneliness, including issues of conceptualization and measurement. Next, in order to explore its determinants and consequences, we examine the individual differences and the demographic, developmental, interpersonal, and social correlates of loneliness. In addition, we examine the evidence concerning the association between loneliness and indices of psychological as well as medical complaints, and the patterns of coping that appear to emanate from feelings of loneliness. Also, we discuss the research on helping people who are lonely. Finally, we summarize all the literature with particular emphases on its self-defeating nature and other issues at the nexus of social and clinical psychology.

**BASIC ISSUES**

**Definition and Conceptualization**

Several definitions of loneliness have been suggested. For example, Sermat (1978) described loneliness as the experience associated with a discrepancy between the kinds of relationships one perceives that one has versus one's ideal. Peplau and Perlman (1982) defined loneliness as the unpleasant experience that derives from important
deficiencies (both qualitative or quantitative) in one's network of social relations. Sullivan (1953) conceived of loneliness as both unpleasant and motivating and as arising from an unmet need for interpersonal intimacy. By contrast, Moustakas (1961) conceptualized loneliness as an experience that inevitably arises from the "separateness" of human existence.

Despite such divergence, various definitions of loneliness typically share three points of emphasis (Peplau & Perlman, 1982). First, virtually all definitions imply that loneliness results from deficiencies in the lonely person's social relationships. Second, loneliness is seen as a subjective psychological phenomenon and is therefore not synonymous with solitude or aloneness. It is assumed that virtually everyone has at least minimal social contact. Third, loneliness is most often conceptualized as distressing and motivating. Even those theorists who posit a "creative potential" for loneliness (e.g., Moustakas, 1961) draw distinctions between such states and other forms of loneliness that are seen as debilitating.

Peplau and Perlman (1982) further argued that what distinguishes various models and definitions of loneliness is the nature of the interpersonal deficiencies that are assumed to give rise to it. For example, several of the earlier writers on the subject suggested that people have inherent and lifelong needs for intimacy and social contact, suggesting that loneliness occurs when intimacy and social contact are suboptimal (e.g., Lopata, 1969; Peplau & Perlman, 1982; Sermat, 1978). Furthermore, Peplau and Perlman (1982) characterized loneliness as an end-point on a continuum that includes suboptimal intimacy (i.e., loneliness) at one pole and feelings of privacy invasion at the other. Unfortunately, empirical research on loneliness has proceeded more or less independently of theorizing about it. Thus, with few exceptions, research agendas have not been guided by theoretical expectations and theories generally have not been informed by subsequent results (Jones, 1987; Weiss, 1987).

Measurement

Similarly, a wide variety of instruments and strategies have been used to measure loneliness. These have included Q-sort statements (Eddy, 1961), rating scales (e.g., Rubenstein & Shaver, 1982; Russell, Peplau, & Catrona, 1980; Russell, Peplau, & Ferguson, 1978), single-item self-labeling measures (Berg, Mellstrom, Persson, & Svamborg, 1981; Dean, 1962), protective techniques (Krulik, 1978) and interviews (e.g., Lowenthal, Thurner, & Chiribiga, 1975). A loneliness scale for children is available (Asher & Wheeler, 1985). Although most scales yield a single, global index of loneliness, multidimensional scales also have been devised (cf. Belcher, 1973; deJong-Gierveld, 1987; Scalice, Ginter, & Gerstein, 1984; Schmidt & Sermat, 1983; Young, 1982).

On the other hand, the UCLA Loneliness Scale (Russell, 1982; Russell et al., 1980; Russell et al., 1978) has been used much more frequently than any other measure, particularly in recent research. The UCLA scale contains 20 items assessing theoretically relevant experiences (e.g., dissatisfaction with one's relationships, feelings of being left out, etc.), but does not refer directly to loneliness. Research has strongly supported the utility of the UCLA scale as a measure of loneliness. For example, estimates of coefficient alpha have typically exceeded .90 and test-retest reliability has been found to be approximately .75 for two months and .60 for six months (Cutrona, 1982; Russell, 1982; Russell et al., 1978; Sarason, Sarason, Hacker, & Basham, 1985).

The validity of the UCLA scale has been established in a variety of ways. For example, UCLA scale scores have been found to predict self-selection into a loneliness treatment clinic, number of close friends, social support, amount of social contact, frequency of social activity, and social satisfaction. Scores from the UCLA scale also correlate in predicted directions with a variety of affective, personality, and self-reported behavioral variables (e.g., shyness, depression, anxiety, risk-taking, etc.), suggesting the construct validity of the scale (Jones, Freemon, & Goswick, 1981; Russell et al., 1980; Russell et al., 1978). Furthermore, the discriminant validity of the scale has been demonstrated. In one study, for example, UCLA scores were more strongly related to a self-labeling measure of loneliness than to measures of related constructs such as extraversion, social risk-
taking, and affiliative tendency (Russell et al., 1980). The divergence of loneliness and other similar constructs such as social support has been demonstrated also (Russell, Kao, & Cutrona, 1987). Finally, evidence generally supports the psychometric adequacy of alternative measures of loneliness as well, although far less information is available on these scales as compared with the UCLA scale (e.g., Schmidt & Serman, 1983).

THE PSYCHOLOGY OF LONELINESS

Much of what is known about loneliness concerns the psychological factors and processes with which it is reliably associated, including, for example, its developmental, self-concept, personality, cognitive, and emotional correlates. To some extent, such analyses suggest hypotheses regarding potential causes of loneliness, its development over the life-course, and the personal characteristics that may make some people more vulnerable to its occurrence. To a greater extent, these data shed light on the phenomenology of loneliness; that is, the emotions, thoughts, and beliefs experienced by people who are lonely.

Biographic Factors in Loneliness

Demographic Correlates

As is the case with most unpleasant psychological conditions, loneliness is associated with single marital status, and inversely related to income, socioeconomic status, and education (Bahrain & Harvey, 1979; Baum, 1982; Hanley-Dunn, Maxwell, & Santos, 1985; Wenz, 1977). Also, several studies have reported inverse correlations between loneliness and age (Schmidt & Serman, 1983). Other studies have found significantly greater loneliness among blacks and other minority ethnic groups (e.g., Cutrona, 1982) and among the unemployed (Hansson, 1986; Siassi, Crocetti, & Spiro, 1974).

However, some assessment of the demographic correlates of loneliness have resulted in nonsignificant findings. With respect to many demographic variables, the lack of significant findings is undoubtedly often due to inadequate sampling (i.e., groups that are too small and/or homogenous on the demographic variable in question). In addition, the relationship between loneliness and some variables may be nonlinear. For example, available evidence suggests that loneliness decreases with age from adolescence or early adulthood up to approximately the age of 80, after which there may be a sharp increase (e.g., Dean, 1962).

Two additional explanations for the inconsistencies in demographic correlates of loneliness may be relevant. First, several studies have indicated that it is satisfaction with one's life that predicts loneliness rather than demographic standing per se. For example, satisfaction with income (Horning, 1981) and housing (Woodward, Gingles, & Woodward, 1974) were found to be significantly related to loneliness whereas objective indexes of these variables were not. Second, there is evidence that demographic variables are better predictors of objective social isolation than the subjective state of loneliness. For example, Munichs (1964) compared loneliness and social isolation with several types of variables, including personal opinions and demographic, social, and personal characteristics, finding that whereas social isolation was related to some demographic and social variables, loneliness was exclusively related to personal characteristics, in particular being dissatisfied with life. Thus, it seems reasonable to conclude that broad demographic characteristics are related to loneliness, but that their contribution to its development is either modest or mediated by other psychological processes.

Gender Differences

Comparisons between gender and loneliness also have produced inconsistent findings with some studies finding women and girls more lonely (Kivett, 1979; Wenz, 1977), others finding men and boys more lonely (Avery, 1982; Berg et al., 1981; Franzoi & Davis, 1985; Schmitt & Kurdek, 1985), and yet other studies yielding nonsignificant gender differences (Russell et al., 1980). Borrys and Perlman (1985) have presented evidence suggesting that these inconsistencies can be explained as a function of the type of measure used to assess loneliness. First, they conducted a meta-analysis of the literature on gender differences in which either the UCLA scale (which does not contain the words lonely or loneliness) or a single-item measure was used. For the UCLA scale, only 4 of 28 studies (14.3%) showed a statistically significant gender effect and, in all four cases, male respondents yielded significantly higher loneliness scores. By contrast, in 9 of 11 (81.9%) single-item
surveys (for which the measure of loneliness was a sentence containing the words lonely or loneliness), women were found to have significantly higher scores. Subsequently, in ratings of lonely male and female hypothetical stimulus people, Borys and Perlman (1985) found that lonely men were evaluated significantly more negatively than lonely women by both male and female raters. Thus, these investigators concluded that women are more likely to directly acknowledge their loneliness because the negative social consequences for doing so are less severe.

Developmental Factors in Loneliness

Age of Onset

Sullivan (1953) argued that loneliness cannot occur until preadolescence, at which time individuals seek validation of self-worth through relationships external to the family, in particular peer relationships. More contemporary writers have suggested that loneliness may occur much earlier (e.g., Rubin, 1982), perhaps as early as infancy (Ellison, 1978). Available empirical evidence does indicate that loneliness may be reliably measured among peer-rejected children as young as seven and eight years of age (Asher, Hymel, & Renshaw, 1984; Asher & Wheeler, 1985).

Age Differences

As indicated earlier, loneliness appears to be most common among adolescents and young adults, declining thereafter except perhaps for people over the age of 80 (e.g., Dean, 1962; Lobdell & Perlman, 1986; Perlman, Gerson, & Spinner, 1978; Perlman, Locke, & Bond, 1985; Revenson & Johnson, 1984; Rubenstein & Shaver, 1982; Schmitt & Kurdek, 1985; Schultz & Moore, 1984). In addition, the psychological correlates of loneliness have been compared among various age cohorts in an effort to determine if loneliness is related to different factors at differing ages. Perlman (1988) has summarized this literature by noting three typical findings. First, certain personality and affective variables such as self-esteem, depression, social anxiety, and so forth tend to be associated with loneliness at all age levels. Second, loneliness is related to judgments of deficient social relationships regardless of age. Third, indexes of the quality of respondents’ relationships are better predictors of loneliness than are quantitative indicators at all ages. By contrast, what varies with age is the interpersonal domain that is most strongly related to loneliness. For example, the status of one’s peer relations as compared with family ties is more strongly related to loneliness among college-age adults, whereas the opposite is true of preadolescents (Perlman et al., 1985). Family relationships and, in particular, marital quality predicts loneliness among middle-aged adults better than relationships with friends and neighbors, whereas contact and satisfaction with friends and neighbors appear to be more important for loneliness among the elderly than is contact with family such as one’s adult children (Arling, 1976; Perlman et al., 1978; Perlman et al., 1985).

Parent-Child Relationships

Another area of investigation that has received attention concerns the potential influence of early experience (especially the type and quality of parent-child contact) on subsequent loneliness. For example, loneliness has been related to parental divorce at an early age for respondents (Shaver & Rubenstein, 1980). Also, several studies have shown that current loneliness is related to retrospective accounts of one’s parents as being cold, distant, nonnurturing, remote, punishing, absent, and lacking in warmth, guidance, emotional support, and encouragement (Bergenstal, 1981; Hojat, 1982; Paloutzian & Ellison, 1982). Furthermore, there is evidence for the cross-generational transmission of loneliness, that is, parents’ loneliness scores are significantly correlated with the loneliness scores of their adult children (Lobdell & Perlman, 1986), lending further credence to the notion that problems in parent-child relationships contribute to the subsequent development of loneliness among offspring.

Personality and Individual Differences

Self-Concept and Self-Esteem

Numerous studies have compared measures of loneliness with self-reported indices of individual differences, that is, self-concept, personality (especially social skill), emotions, and beliefs. For example, loneliness has been inversely related to measures of self-esteem in several studies (e.g., Jones et al., 1981; Russell et al., 1980), particularly social aspects of self-esteem (Goswick & Jones, 1981). In one study, loneliness was inversely related to certainty with regard to one’s self-
view (Loucks, 1980). Further evidence suggests that the convergence between measures of loneliness and self-regard is extensive and fundamental. For example, loneliness and self-esteem clustered together in a factor analysis of adjustment-related variables (Remondet, Hansson, Rule, & Winfrey, 1987) and the relationship between loneliness and self-esteem remains significant even when the statistical contributions of personality and social network variables are partialled out (e.g., Carpenter, Hansson, Rountree, & Jones, 1984). Also, loneliness is directly related to composite scores derived from factor analyses of self-descriptions, including, for example, factors labeled as self-deprecation (Rubenstein & Shaver, 1982) and inferiority feelings (Goswick & Jones, 1982).

**Personality and Social Skill**

Similarly, there is considerable evidence that loneliness is related to various dimensions of personality, particularly those involving social skill and confidence. For example, loneliness is strongly related to measures of shyness and social anxiety (Jones & Carpenter, 1986; Moore & Schultz, 1983) and inversely with extraversion and sociability (Hojat, 1982; Stokes, 1985). Lonely college students report having difficulty making friends naturally and with ease (Horowitz & French, 1979). Also, loneliness is inversely related to the various skills involved in dating, conflict resolution, and social initiation (Wittenberg & Reis, 1986), as well as attachment quality (Hecht & Baum, 1984), likeability (Moore & Schultz, 1983; Schultz & Moore, 1984), communication competence (Bell, 1985; Spitzberg & Canary, 1985), empathy (Franzoi & Davis, 1985), interpersonal competence (Sarason et al., 1985), social risk-taking (Moore & Schultz, 1983; Schultz & Moore, 1984), and assertiveness (Carpenter et al., 1984; Russell et al., 1980; Wittenberg & Reis, 1986), and directly related to attachment threat, (Hecht & Baum, 1984), avoidance of others (Jones, Cavert, Snider, & Bruce, 1985b), communicative apprehension (Bell, 1985; Zakahi & Duran, 1982), and sensitivity to rejection (Jones et al., 1985b; Russell et al., 1980). Loneliness has been consistently related to measures of both masculinity and femininity among both male and female respondents (Avery, 1982; Berg & Peplau, 1982; Jones, Carpenter, & Quintana, 1985a; Wittenberg & Reis, 1986). Thus, in sex role terminology, loneliness is inversely related to androgyny.

Additional personality constructs have been related to loneliness as well, typically with less consistent results, however. For example, contrary to expectation, public and private self-consciousness, defined as attention to the internal aspects of experience and awareness of oneself as a social object, respectively, were unrelated to loneliness in one study (Schultz & Moore, 1984). On the other hand, a longitudinal investigation of adolescents suggested that private self-consciousness may mediate the relationship between loneliness and self-disclosure. Franzoi and Davis (1985; Davis & Franzoi, 1986) used structural equation techniques to examine the causal relationships among loneliness, self-disclosure to peers and parents, and antecedent variables. They found that adolescents high in private self-consciousness were more willing to self-disclose to peers, resulting in reduced feelings of loneliness.

An even more complex pattern of results has emerged with respect to the relationship between loneliness and self-disclosure. Some researchers have reported significant inverse correlations (Wittenberg & Reis, 1986) and some have reported nonsignificant findings (Jones et al., 1981), whereas other researchers have found significant inverse correlations for women but not men (Berg & Peplau, 1982) for one cultural group, but not for another (Jones et al., 1985a), or for some targets of disclosure (e.g., peers, mother, father, strangers, etc.) but not others (Berg & Peplau, 1982; Franzoi & Davis, 1985; Solano, Batten, & Parish, 1982). One study even indicated a positive relationship between loneliness and self-disclosures among elderly respondents for high-intimacy topics only (Perlman et al., 1978).

**Emotions and Feelings**

Loneliness has also been extensively related to various emotional states and traits. In particular, loneliness appears to be strongly associated with the experience of depression, anxiety, and interpersonal hostility (e.g., Hansson, Jones, Carpenter, & Remondet, 1986; Jones et al., 1985a; Moore & Schultz, 1983; Perlman et al., 1978; Russell et al., 1978; Russell et al., 1980; Schultz & Moore, 1984). Furthermore, research has yielded direct correlations with such variables as tension, fatigue, confusion (Loucks, 1980), boredom, restlessness (Perlman et al., 1978; Rubenstein & Shaver, 1982; Russell et al., 1978), and emptiness (Perlman et al., 1978), and inverse correlations
with vigor or energy, and morale (Hansson et al., 1986; Loucks, 1980; Perlman et al., 1978). Check, Perlman, and Malamuth (1985) reported positive correlations between loneliness and hostility among male college students. Also, studies have supported the expectation of an association between loneliness and emotional arousal in general as reflected in emotionality scales and the composite score on the Profile of Mood States (Loucks, 1980).

Beliefs and Attributions

Loneliness also appears to be related to one's opinions about people, life, and society in a manner suggesting that lonely people subscribe to negative, cynical, and pessimistic views of relationships, specific other people, and people in general. Measures of loneliness have been inversely correlated with acceptance of others, beliefs in the trustworthiness, altruism, and favorability of human nature, and positive family and friendship attitudes (Jones et al., 1981; Jones et al., 1985a; Wittenberg & Reis, 1986). Similarly, loneliness has been found to be directly related to several dimensions of alienation including powerlessness, normlessness, and perceived social isolation (Jones et al., 1981; Jones et al., 1985a). Also, Check et al. (1985) found positive correlations between loneliness among male college students and anger toward women, acceptance of violence toward women, and subscription to adversarial sex beliefs.

Furthermore, there is an inverse relationship between loneliness and the tendency to find satisfaction and meaning in life. For example, loneliness consistently correlates inversely with measures of happiness, life satisfaction (Moore & Schultz, 1983; Perlman et al., 1978; Russell et al., 1978; Sadava & Matejic, 1987; Schultz & Moore, 1984), purpose in life (Baum, 1982; Jones et al., 1985a), spiritual well-being, and religiosity (Ellison & Paloutzian, 1979; Paloutzian & Ellison, 1982).

Hansson et al. (1986) reported that among a group of elderly respondents, loneliness was inversely related to beliefs about the safety of one's environment and predictability regarding what is likely to happen. Not surprisingly, then, loneliness has been found by several investigators to be positively correlated with externality, external locus of control, and the components of externality such as lack of choice and powerful others (Baum, 1982; Hansson et al., 1986; Jones et al., 1981; Jones et al., 1985a; Hojat, 1982; Schultz & Moore, 1984; Moore & Schultz, 1983).

Another consistently replicated pattern of findings concerns the role of causal attributions in the development and maintenance of loneliness. Peplau and her colleagues (Michela, Peplau, & Weeks, 1982; Peplau, Russell, & Heim, 1978; Peplau, Miceli, & Morasch, 1982; Peplau & Caldwell, 1978) have reported a series of studies in which participants who make internal and stable attributions (e.g., personality, attractiveness) as opposed to external and unstable attributions (e.g., lack of effort, impersonal social environments) for interpersonal difficulties are found to score higher on measures of loneliness. Moreover, these results have been replicated and extended by several other researchers (Anderson & Arnoult, 1985; Anderson, 1983; Dufon, & Perlman, 1986). Also, the tendency to make internal and stable rather than strategy and effort attributions has been found in longitudinal studies to predict subsequent loneliness (Cutrona, 1982; Shaver, Furman, & Buhmeister, 1985), and interventions that are directed toward changing attributional processes have been found to result in significant reductions in loneliness (Conoley & Garber, 1985).

Given the variety and magnitude of the correlations between loneliness and certain aspects of personality, self-regard, emotions, and beliefs, two central questions arise. First, it is likely that many of the personality correlates of loneliness are themselves correlated. Thus, which personality variables or combinations of variables best predict loneliness? Second, to what extent is loneliness determined by preexistent personality factors or to what extent does the development of loneliness result in the decline of social skill and confidence? Fortunately, there are preliminary data with which to address both issues.

Jones et al. (1985a) factor analyzed a large number of self-reported personality and attitudinal variables previously found to be associated with loneliness and then compared the resultant factor scores with scores on the UCLA Loneliness Scale using a hierarchical regression procedure. Two factors appeared to be most strongly and more or less equally related to loneliness in terms of the proportion of variance in loneliness scores explained. One composite variable, which was termed relational competence, included positively loaded scales such as masculinity and assertiveness and negatively loaded variables such as shy-
ness. The second factor, termed communality, contained variables such as empathy, self-esteem, self-disclosure, femininity, and trust, all of which were positively loaded. This basic pattern of results has been replicated by Wittenberg and Reis (1986). Thus, in general, loneliness appears to be related to individual differences associated with problems in initial interactions with strangers as well as problems in achieving intimacy with significant relational partners.

Regarding the issue of directionality, there is now sufficient evidence from longitudinal studies to tentatively favor the hypothesis that the personality correlates of loneliness precede and contribute to the development of loneliness rather than vice versa (e.g., Cheek & Busch, 1981; Jones & Moore, 1987; Shaver et al., 1985). Also, several studies have demonstrated that social skills training procedures and other intervention strategies designed to improve skills and reduce social anxiety not only do so but also result in at least short-term reductions in loneliness (Jones, Hansson, & Cutrona, 1984; Rook, 1984b).

**Stability and Change**

**Stability**

Despite initial expectations, research suggests that loneliness is a relatively stable characteristic. For example, test-retest correlations for the UCLA and other scaled measures of loneliness typically exceed .75 over a 1 to 2 month period (Belcher, 1973; Bradley, 1969; Hojat, 1983; Jones et al., 1985b; Jones & Moore, 1987; Russell, 1982; Russell et al., 1978; Russell et al., 1980; Sarason, Sarason, & Shearin, 1986; Weeks, Michela, Pеплау, & Bragg, 1980), with lower but substantial coefficients for longer periods of time, including 6 months (Cutrona, Russell, & Rose, 1986), 7 months (Cutrona, 1982), and 36 months (Sarason et al., 1986). Other studies indicate that whereas loneliness tends to be transitory in response to situational events (e.g., geographical mobility, beginning college, etc.) for people more vulnerable to loneliness (e.g., by virtue of shyness), loneliness initiated by situational factors tends to persist (Cutrona, 1982; Jones et al., 1985; Shaver et al., 1985). Even when loneliness in response to situational stressors, such as beginning college, dissipates among such people, they still tend to remain lonelier than the general population (Cheek & Busch, 1981). Not surprisingly, loneliness follow-

ing widowhood tends to persist until a romantic relationship is reestablished or the person remarries (Bahr & Harvey, 1979; Glick, Weiss, & Parkes, 1974). Also, it has been demonstrated that ratings of lonely people by others remain relatively stable over time despite continued interactions among participants (Jones et al., 1981).

**State versus Trait Loneliness**

Several studies have demonstrated the utility of distinguishing between loneliness that has persisted (i.e., chronic or trait loneliness) and loneliness of recent origin or brief duration (transitory or state loneliness). For example, trait as opposed to state lonely people yield more negative scores on various psychological dimensions such as self-esteem and hostility (Hanley-Dunn et al., 1985; Hojat, 1983) and the length of loneliness or loneliness chronicity appears to be more strongly related to dysfunctional styles of coping with loneliness, whereas transitory loneliness may be more closely associated with heightened affective arousal (Gerstein & Tesser, 1987; Jones et al., 1985b).

As would be expected, Shaver et al. (1985) found that chronic loneliness was more stable than state loneliness among first-year college students and that the relative stability of state loneliness was accounted for by the stability of trait loneliness. Also, although trait loneliness significantly predicted state loneliness, it did so best during periods of relative stability in respondents' lives as compared with periods of change. Finally, Shaver et al. (1985) reported that trait loneliness was more strongly related to respondents' levels of social skill, whereas state loneliness had more to do with current satisfaction with one's social network. Similarly, persistence of loneliness over time appears to be related to certain personality variables, particularly shyness, social anxiety, empathy, and sociability (Jones et al., 1985b).

**THE SOCIAL PSYCHOLOGY OF LONELINESS**

Loneliness refers to the status and quality of an individual's relationships and therefore much of the research on loneliness has involved assessments of the frequency and satisfaction with which respondents engage in various kinds of interpersonal activities. A smaller body of literature focuses on specific interpersonal and conversational behaviors associated with loneliness.
Relational Status and Interpersonal Contact

Quantitative Variables

Numerous studies have demonstrated that loneliness is related to deficiencies in intimate and social relationships. The connection between loneliness and one's relationships is more complex than was initially anticipated, however. Not surprisingly, greater loneliness is associated with being single, divorced, separated, and widowed (Bahr & Harvey, 1979; Guibrum, 1974; Rubenstein & Shaver, 1982; Woodward, Zabel, & Decosta, 1980) and there is evidence that the more recent the loss and the longer the prior marriage, the greater the loneliness following divorce, separation, or the death of a spouse (Bahr & Harvey, 1979; Hornung, 1981; Kivett, 1979).

Similarly, loneliness has been found to be inversely related to self-reported number of both casual and intimate friends (Jones et al., 1985a; Moore, 1974), having a steady dating or romantic partner among not married respondents (Jones et al., 1985a), the size and density of one's social support network (Dufton & Perlman, 1986; Jones & Moore, 1987; Levin & Stokes, 1986; Sarason et al., 1985; Sarason et al., 1986; Stokes, 1985), as well as receiving support from one's friends and family (Carpenter et al., 1984; Cotty & Young, 1981; Schmitt & Kurdek, 1985). Also, Levin and Stokes (1986) found an inverse relationship between loneliness and the proportion of the social network identified as confidants.

A similar pattern of relationships has emerged with respect to the connections between loneliness and contact with other individuals, groups, and organizations. On the one hand, loneliness has been found to be inversely related to frequency of contact with other people generally among college students (Cutrona, 1982), adolescents (Brennan, 1982) and the elderly (Berg et al., 1981; Kivett, 1979) as well as contact with friends, neighbors, family, and one's children (Arling, 1976; Berg et al., 1981; Brennan, 1982). Not surprisingly, loneliness has been found to be negatively correlated with dating frequency among adolescents and college students (Brennan, 1982; Cutrona, 1982; Hoover, Skuja, & Cosper, 1979; Jones et al., 1985a), as well as elderly widows (Glick et al., 1974). Also, people who participate in religious organizations and extracurricular school activities report themselves to be less lonely (Bahr & Harvey, 1979; Brennan, 1982; Evans, 1983; Hornung, 1981; Kivett, 1978). Finally, loneliness is often directly correlated with the self-report of spending time alone and more frequently engaging in certain "social" activities (e.g., eating) by oneself (Hoover et al., 1979; Munnichs, 1964; Russell et al., 1980), and living alone (Berg et al., 1981), and the frequency of problematic contact with significant others (Brennan, 1982; Rook, 1984a), and inversely correlated with frequency of receiving support from others (Brennan, 1982; Jones & Moore, 1987; Levin & Stokes, 1986; Stokes, 1985) and frequency of talking with friends and family on the telephone (Kivett, 1978).

Qualitative Variables

On the other hand, in several instances loneliness was found to be unrelated to such quantitative indicators of social support, friendship, and romantic status (e.g., Austin, 1983; Baum, 1982; Cotty & Young, 1981; Hoover et al., 1979; Kivett, 1979). The reason for this is likely that loneliness has less to do with the number of relevant relationships—given some minimal number—than one's satisfaction with such relationships. For example, several studies have used both quantitative and qualitative or satisfaction measures of relational status to predict loneliness, finding that the qualitative and satisfaction measures account for a larger proportion of the variance in loneliness scores (e.g., Hecht & Baum, 1984; Jones et al., 1985a; Rubenstein & Shaver, 1982).

Additional qualitative variables inversely associated with loneliness include satisfaction with the support received from the social network (Sarason et al., 1985; Sarason et al., 1986), helpfulness of the network (Schultz & Saklofske, 1983), closeness to parents, siblings, and friends (Sarason et al., 1985; Jones et al., 1985a; Hojat, 1982; Mishara, 1975; Lobdell & Perlman, 1986), and marital satisfaction (Lobdell & Perlman, 1986).

Other researchers have demonstrated that loneliness is related to the discrepancy between desired and perceived relational status (Perlman, 1985), lower attachment (Hecht & Baum, 1984), the presence of problematic social ties (Rook, 1984a), and that initial loneliness is a significant predictor of subsequent social support (Jones & Moore, 1987; Sarason et al., 1986). Williams and Solano (1983) reported that loneliness was related to the proportion of reciprocated friendship choices. Rook (1987) found that the relationship
between loneliness and self-reported reciprocity of interpersonal exchanges was U-shaped, that is, loneliness was related to giving more than one receives and receiving more than one reported giving. Also, Cutrona et al. (1986) found that social support and stress interacted to predict loneliness. Finally, children who listed friends rather than parents as "first comfort figures" scored highest on a measure of parental loneliness (Marcoen & Brumagne, 1985).

Interaction Diary Studies

Several studies have examined the relationship between loneliness and social contact more directly by requesting participants to record in diaries various aspects of their interactions with others immediately or soon after the occurrence of the interaction. Such research has produced several interesting findings. First, when alone both adolescents and single adults are more likely to report feeling lonely, and this is particularly so for adolescent and single adults who find themselves alone on Friday and Saturday evenings (Larsen, Csikszentmihalyi, & Graef, 1982). On the other hand, several studies failed to produce significant correlations between loneliness and the average number of interactions per day or the amount of time spent with others (Corty & Young, 1981; Hecht & Baum, 1984; Jones, 1981; Reis, Wheeler, Nazlek, Kernis, & Spiegol, 1985; Orchard, 1986), even though loneliness has been found to be directly related to the diversity (i.e., number of different people) of the respondent's actual interactional network (Jones, 1981). Instead, most of the significant findings have involved the quality of the interaction or various characteristics of one's interactional partners. For example, loneliness has been found to be inversely related to the emotional quality of the interaction as well as to the degree of acquaintance with members of the interactional network (Jones, 1981), and for both male and female respondents, the proportion of interactions with females or mixed-sex groups (Reis et al., 1985).

Interpersonal Perceptions of Self and Others

Perceptions Among Strangers

Another way of assessing loneliness in a social context is to examine its connections to others' impressions of the lonely person and the manner in which lonely people view other people. Several studies assessing interpersonal perceptions and loneliness among strangers have been reported (Bell, 1985; Jones et al., 1981; Jones, Sansone, & Helm, 1983; Solano et al., 1982). Typically, college students who do not know one another are placed in dyads or groups and told to engage in brief conversations after which they rate themselves and their partners (or fellow group members) on several relevant dimensions (e.g., quality of the interaction, interpersonal attraction, friendliness, etc.).

Such data may be examined from each of two perspectives: (a) the association between loneliness and ratings given and (b) the association between loneliness and ratings received. For ratings given, several studies have demonstrated that highly lonely as compared with less lonely participants tend to rate themselves as having been less honest, less open, and less friendly in both dyadic and group settings (Jones et al., 1981; Jones et al., 1983). In these studies, loneliness has been associated with more negative expected ratings (i.e., student's rating of how his or her partner or fellow group members will rate him or her) along the dimensions of honest, open, and friendly. Similarly, Bell (1985) found that highly lonely participants expected their partners to be less interested in continued interactions with them. Also, participants with higher loneliness scores tend to rate their partners more negatively and indicate less interest in continued interactions with their partners themselves, less interpersonal attraction for partners, and less interest in developing a friendship with their partner (Bell, 1985; Jones et al., 1981; Jones et al., 1983). Finally, it has been found that lonelier participants obtain less objective information about their partners during such interactions and that the above pattern of results remains stable despite continued interactions (Jones et al., 1981).

In other words, following brief interactions with strangers, lonely people rate themselves and their fellow participants negatively and expect negative ratings if not outright rejection from their fellow participants. Also, loneliness appears to involve getting to know others less well in initial interactions. This latter finding might be due to partners' revealing less information to lonely people or to lonely people paying less attention to their partners. Research on loneliness and actual interpersonal behavior favors the latter hypothesis.
Results regarding ratings received have been somewhat less consistent, although significant results have always been in the expected direction. Jones and his colleagues found only modest support for the expectation that the partners of lonely participants in these studies would rate them more negatively (Jones et al., 1981; Jones et al., 1983). Similarly, Sloan & Solano (1984) found no differences in communication satisfaction among partners of lonely as compared with partners of not lonely participants, and Chelune, Sultan, and Williams (1980) found no significant relationships between confederates’ ratings of participants’ social skills and participants’ self-rated loneliness.

On the other hand, Bell (1985) reported several inverse rating correlates of loneliness, including partners’ rating of participants’ desire for future interactions. Similarly, Spitzberg and Canary (1985) found that partners rated lonely participants as less socially competent. Gerson and Perlman (1979) found that transient loneliness was related to clarity in emotional expressiveness. Also, partners of lonely participants rate them as “liking themselves less” (Jones et al., 1983), as “less interested in future interactions” (Bell, 1985), and as “more difficult to get to know” (Solano et al., 1982).

Loneliness and Social Behavior

There is some evidence that loneliness is related to problematic conversational behaviors during interactions with strangers. For example, highly lonely as compared with less lonely college students have been found to talk less, ask fewer questions, change the topic more frequently, and to attend less to their interaction partners (Bell, 1985; Jones, Hobbs, & Hockenbury, 1982; Lemon, 1984; Sloan & Solano, 1984). Some studies have failed to confirm behavioral differences between low and highly lonely participants, however (Chelune et al., 1980; Orchard, 1986). In addition, Sloan and Solano (1984) reported that loneliness was associated with greater attention to one’s partner and Sarason et al., (1985) found a small but significant direct correlation between loneliness and ratings of the proportion of time spent looking at and listening to one’s interaction partner. Moreover, Vitkus and Horowitz (1987) demonstrated that lonely people do not lack social skills in the sense of not knowing what to do in such interactions. Instead, the problems lonely people have in this regard appear to involve the adoption of a passive role.

Examinations of loneliness in response to laboratory and hypothetical manipulations also suggest that lonely people often deviate from the social norm. For example, in two separate studies of responses to the influence of others, a gender by loneliness interaction was observed (Hansson & Jones, 1981). Specifically, highly lonely male participants conformed to and modeled others significantly less than both low lonely men and women, whereas highly lonely women modeled and conformed to a greater degree. This apparent tendency of lonely people to engage in social behaviors at variance with normative expectations has been found with respect to self-disclosure as well (Chelune et al., 1980; Solano et al., 1982). For example, Solano et al. (1982) found that highly lonely as contrasted with less lonely participants tended to select less intimate topics to disclose personal information to opposite as compared with same-sex strangers in an acquaintanceship exercise, a pattern of disclosure at variance with normative data among college students.

Furthermore, highly lonely as contrasted with less lonely participants have been found to be less willing to engage in social comparison with similar others regarding their opinions on controver-

Perceptions Among Ongoing Relational Partners

Only a few studies have examined interpersonal perceptions among ongoing relationships and almost all of these have focused on ratings received. These studies have generally indicated stronger correlations between self-ratings of loneliness and the perceptions of others. Two notable exceptions involved nonsignificant correlations between loneliness and ratings of popularity among Merchant Marine cadets (Eddy, 1961; Sisenwein, 1964). All other studies have resulted in at least some significant findings. For example, among college students, loneliness has been found to be inversely correlated with roommates’ ratings of social skills, disclosure, positive attributes, social self-esteem, and friendship (Williams & Solano, 1983; Wittenberg & Reis, 1986). Among children, loneliness is inversely related to ratings of one’s desirability as a playmate and popularity choices (Asher & Wheeler, 1985) and social sensitivity (Marcoen & Brumagne, 1985).
sial topics (Hansson & Jones, 1981), and to use coercive power strategies more frequently (which are typically less effective) in response to hypothetical scenarios calling for attempts to influence others (Gerson & Perlman, 1979).

External Factors in Loneliness

Environmental Factors

It has been widely assumed that stress and other situational factors that prevent or interfere with one’s relationships are major contributors to the experience of loneliness. This expectation is, of course, confirmed by research indicating that loneliness is related to such environmental and interpersonal factors as relative social isolation, lower social support, lower participation in organizations and social events, unattached marital and romantic status, less time spent with friends, family, and significant others, living alone, and so on. In addition, research more clearly focused on these issues suggests that stress is an important determinant of loneliness, particularly with respect to state loneliness or the initial onset of loneliness. For example, there is evidence that loneliness is directly related to the number of negative and problematic social ties that an individual has (Rook, 1984a) and to the number of recent negative events (Cutrona et al., 1986), and not to the number of positive events (Sarason, Shearin, Pierce, & Sarason, 1987) in a person’s life. Also, loneliness is related to the number of psychological problems experienced (Corty & Young, 1981) and to feelings of uncertainty associated with life changes (Jones et al., 1985a). Being in new situations that require the reestablishment of social ties also appears to result in loneliness (Brodkin, Shrier, Alger, Layman, & Buxton, 1983; Cutrona, 1982), but such increases appear to occur primarily for measures of state as opposed to trait loneliness (Shaver et al., 1985).

Several studies have confirmed that the onset of loneliness closely follows the loss of one’s spouse due to death or divorce. Divorced adults who feel rejected by their exspouses are more lonely than those who do not feel rejected (Woodward et al., 1980), and divorce apparently increases feelings of loneliness when the divorced person feels “out of place,” continues to have unpleasant interactions with the exspouse, as the date for the final divorce degree approaches, and, among women only, if she faces a financial problem, responsibilities, or decisions in the absence of a helpmate (Woodward et al., 1980). Widows are more lonely than their married cohorts (Bahr & Harvey, 1979; Lopata, 1969), but time since the death of the spouse is strongly and inversely correlated with loneliness among widows (e.g., Hornung, 1981; Hansson et al., 1986), suggesting that loneliness deriving from widowhood tends to dissipate with time.

Despite generally significant findings among the divorced and widowed, however, some researchers have argued that such groups are not particularly lonely, or at least not as lonely as one might expect, suggesting that the loss of an important relationship may not be the most critical external determinant of loneliness (e.g., Hornung, 1981; Woodward et al., 1980). Instead, how the relationship is terminated and whether the termination was anticipated may extensively modify the degree of loneliness following relational loss.

Similarly, loneliness has been related to perceptions of parental disinterest and rejection as well as peer rejection, disapproval, and being ignored or left out of social activities among children, adolescents, and college students (Asker & Wheeler, 1985; Brennan, 1982; Goswick & Jones, 1982; Greene, 1980; Hojat, 1982). Children and adolescents may also experience relational loss through the death of a parent or parental divorce, and such events are associated with greater loneliness among adults even when the loss occurred several years before, during the respondent’s childhood (Shaver & Rubenstein, 1980).

Several studies have indicated that loneliness is more likely to occur at certain times and seasons (e.g., at night, on weekends, in spring; Wenz, 1977; Woodward et al., 1980), and when lack of money, inadequate transportation, or time constraints interfere with one’s involvement with significant others (Kivett, 1979; Bahr & Harvey, 1979; Perlman et al., 1978). Surprisingly, loneliness also has been related to extraneous sources of threat and failure that are not inherently interpersonal, such as battle intensity among soldiers (Solomon, Mikulincer, & Hobfoll, 1986), failing an exam (Cutrona, 1982), and academic failure in high school and college (Brennan, 1982; Goswick & Jones, 1982).

Because of the diversity of situations and external factors associated with loneliness and because of the general lack of agreement among psycholo-
gists as to what a situation is, some researchers have used open-ended questions in an effort to determine the frequency and underlying structure of the situations that appear to lead to loneliness. For example, Cutrona (1982) asked college students what made them feel lonely. The percentage of respondents’ most frequent answers were as follows: (a) leaving home to go to college, 40%; (b) romantic break-ups, 15%; (c) problems with friends, 11%; (d) difficulties with school work, 11%; (e) family problems (e.g., parental divorce), 9%; and (f) isolated living situations, 6%. By contrast, Rubenstein and Shaver (1982) reported that two factors—being unattached and alienation—accounted for 67% of the variance of loneliness scores among adult respondents. Less common categories included forced isolation, being alone, and residential dislocation.

Relational Stress

The situational determinants of loneliness also have been investigated under the rubric of relational stress (Jones et al., 1985b). In one series of investigations, college students were asked what made them feel lonely in an open-ended response format. Respondents’ answers were used to generate items that were scaled for their “loneliness-elicit potential.” Subsequent analyses suggested that relational stress consists of the following kinds of events and situations: (a) emotional threats to relationships (e.g., arguments, failure); (b) social isolation (e.g., few friends, being left out); (c) social marginality (e.g., being with strangers or others with whom one has little in common); (d) and romantic conflict (e.g., romantic break-ups). Additional research indicated that these events and situations are considered threatening because, as is the case with stress generally, they are unpleasant but difficult to predict or control. Also, results indicated that relational stress situations (a) tend to last a relatively long time but are experienced relatively infrequently; (b) increase the desire to affiliate with others, but at the same time are associated with increased use of coping strategies that do not include other people; and (c) increase feelings of dissimilarity from others. Moreover, exposure to relational stress was found to predict loneliness concurrently as well as 2 months later. Finally, some of the psychological characteristics previously associated with loneliness were more strongly associated with relational stress (e.g., anxiety, sensitivity to rejection), whereas other characteristics were more strongly related to current or typical loneliness (e.g., self-esteem).

LONELINESS AND CLINICAL PSYCHOLOGY

Adjustment and Health

To the extent that loneliness is a transitory reaction to normal fluctuations in relationships and interpersonal encounters, it is primarily of interest to social psychologists. However, within clinical psychology there is a strong tradition of examining interpersonal conflicts and failures as major causes as well as consequences of classical syndromes of psychopathology (e.g., Sullivan, 1953). In addition, research directly focused on the construct of loneliness suggests, at least in general terms, important linkages between interpersonal dissatisfaction and problems in living.

Psychological Problems

Given the extensive pattern of correlations between loneliness and various negative psychological conditions, it is legitimate to ask to what degree loneliness implies adjustment problems of clinical significance. Several types of data are available with which to assess this issue. First, individuals undergoing psychological treatment, counseling, or imprisonment tend to have significantly higher loneliness scores; for example, psychiatric in-patients, prison inmates, hospitalized alcoholics, abusive parents, general hospital patients, suicide attempters, medical outpatients, and so forth (Carpenter et al., 1984; Kudoh & Nishikawa, 1983; Kugler & Hansson, 1988; Nerviano & Gross, 1976; Russell et al., 1978). On the other hand, it is difficult to determine whether there is some unique connection between loneliness and poor adjustment or whether individuals in these groups are simply experiencing extensive problems that might contribute both to their loneliness and their need for intervention. Also, in some instances such people are confined to hospitals and prisons and thus their loneliness may derive much from restricted interpersonal opportunities as from poor adjustment.

Second, a number of studies have reported significant correlations between loneliness and self-reported measures of putative clinical syndromes, including neurosis, personality disorder, rape potential, chronic depression, lack of personality in-
tegration, general maladjustment, suicide risk, drug and alcohol abuse, sleep disturbances, and so forth (Baum, 1982; Berg et al., 1981; Check et al., 1985; Corts & Young, 1981; Cutrona et al., 1986; Goswick & Jones, 1981; Hojat, 1982; Kudoh & Nishikawa, 1983; Levin & Stokes, 1986; Loucks, 1980; Reis et al., 1985; Shaver & Rubenstein, 1980; Stokes, 1985; Wenz, 1977). Also, loneliness has been related to practitioners' ratings of mental status and adjustment (Berg et al., 1981).

Although suggestive, these studies generally fail to disentangle the loneliness and adjustment issue and, in particular, none has established the point at which loneliness signals adjustment problems of clinical significance. Moreover, none of these studies attempted to differentiate between chronic and situational loneliness.

Medical Problems

It also has been found that loneliness is associated with the self-report of medical problems and complaints, including greater frequency of everyday medical symptoms and behaviors (e.g., more headaches, backaches, fatigue, use of sedatives, frequency of physician visits, health worries, lower medical compliance, poorer health habits; Carpenter et al., 1984; Reis et al., 1985), and global self-ratings of health (Baum, 1982; Berg et al., 1981; Kivett, 1978, 1979; Rook, 1984a). Also, both children and adults hospitalized with life-threatening illnesses indicate that they experience problems with loneliness (Carpenter et al., 1984; Dubrey & Terrill, 1975; Francis, 1972; Krulik, 1978). More important, loneliness has been found to be related to physician ratings of medical compliance, general health, and specific medical diagnoses (Berg et al., 1981; Carpenter et al., 1984; Reis et al., 1985) and the time since the onset of legal blindness (Evans, 1983). Also, prospective studies among the elderly indicate that initial loneliness predicts subsequent nursing home admissions and, once in a nursing home, mortality (Cutrona et al., 1986; Russell & Cutrona, 1985). Although health correlates are often the focus of gerontological research on loneliness, these relationships have been observed in a variety of populations, including college students (Reis et al., 1985).

One study suggested that the relationship between loneliness and health is mediated by locus of control (Schill, Toves, & Ramanaiah, 1980); specifically, the relationship between loneliness and self-rated health on a medical index was higher among internally as opposed to externally oriented respondents. Another study suggested that loneliness, but not actual amount of social contact, significantly predicted self-rated health among college students (Corts & Young, 1981). Several of these studies involved college students, a relatively healthy population, raising the question as to whether the strength of association between loneliness and health would be greater among older populations, in particular the elderly. Although this issue has not been extensively investigated, available evidence confirms higher correlations between loneliness and health among the elderly as compared with young adults (Schmitt & Kurdek, 1985).

Because single-item general health measures have been used in several studies and yet other studies have focused on a single medical population—all suffering from the same disorder—a major question in this area is with which medical problem is loneliness most closely associated? For college students, Reis et al. (1985) found that loneliness was related to actual diagnoses for nervous system and mental disorders and inversely with accidents, but among male participants only. By contrast, Berg et al., (1981) reported nonsignificant comparisons between loneliness and several types of physician-diagnosed illnesses (e.g., chronic bronchitis, hypertension, anginal pain, diabetes, congestive heart failure) among elderly Swedish participants. Berg et al. (1981) also found that lonely as contrasted with not lonely respondents reported greater fatigue, more negative health, and, for women only, greater consumption of hypnotic and sedative drugs and more frequent requests for medical advice. Thus, whereas it seems clear that loneliness is related to health, it is not yet clear which specific medical ailments may be involved.

Assuming a connection between loneliness and poor health, another issue concerns the physiological mechanisms that may account for such statistical relationships. Using psychiatric patients and medical students as participants, Kiecolt-Glaser and her associates have demonstrated that loneliness is associated with lowered immunocompetency (Kiecolt-Glaser, Speicher, Holliday & Glaser, 1984; Kiecolt-Glaser, Ricker, Messick, Speicher, Holliday, Garner, & Glaser, 1984). For example, in one study, subjects high as compared with low in loneliness had significantly higher and
abnormal levels of Epstein-Barr virus, which is the etiological agent responsible for mononucleosis. In another study, higher loneliness was associated with lower transformation levels of B lymphocytes, which means a greater vulnerability to manifesting the symptoms of Epstein-Barr virus.

**Coping with Loneliness**

Weiss (1974) suggested that loneliness results in two different and seemingly incompatible patterns of coping. First, what Weiss termed *searching* was defined as a frantic attempt to find those people or groups of people who would presumably alleviate one’s feelings of loneliness by restoring satisfying relationships. At the same time, however, the lonely person tends to be keenly vigilant to possible rejection or disinterest on the part of others, resulting in the pattern that Weiss termed *sensitivity*. Additional research suggests, however, that the coping styles associated with feeling lonely may be more complex than is suggested by Weiss’ dichotomy. In particular, several studies suggest that a common coping response to loneliness is avoidance or withdrawal from other people.

For example, Rubenstein and Shaver (1982) reported that the most common reactions to loneliness elicited in large surveys of adults included watching television (60%), listening to music (57%), calling a friend (55%), and reading (50%). Factor analyses of these responses resulted in four coping style clusters as follows: (a) sad passivity (e.g., crying, sleeping, sitting and thinking, doing nothing); (b) active solitude (e.g., studying, working, writing, listening to music, exercising); (c) spending money (e.g., shopping); and (d) social contact (e.g., calling a friend, visiting someone). Rubenstein and Shaver also reported that current loneliness was directly correlated with sad passivity factor scores and inversely correlated with social contact.

In a similar study among college students, Paloutzian and Ellison (1979) found several coping strategies associated with loneliness including (a) sensually oriented responses (e.g., drinking, taking drugs, sexual encounters); (b) religious responses (e.g., prayer, reading the Bible); (c) searching responses (e.g., going to a dance, driving around); (d) nonsocial diversions (e.g., keeping busy, reading, studying, working); (e) intimacy contact (e.g., talking to a close friend about one’s feelings; spending time with a close friend just to be together); and (f) passivity (e.g., sleep). Furthermore, these researchers reported that students who evaluated their social skills more positively reported themselves as less likely to engage in sensual or diversionary activities when lonely and somewhat more likely to engage in intimacy-oriented and religious activities. Also, participants who viewed their social skills more positively saw the sensual and diversionary reactions as less effective and the intimacy contact reactions as more effective in reducing one's feelings of loneliness.

Berke and Peplau (1976) asked college students which of four alternatives they would choose to alleviate their feelings of loneliness. Results indicated that most students said that they would try to change the situation (60%). Twenty-three percent of the respondents chose exerting greater effort (e.g., trying to be friendlier), 11% said they would passively wait for things to improve, and 6% suggested they would try to improve their ability to make new friends. Consistent with the attributional analysis of loneliness, Berke and Peplau also found that those students who attributed loneliness to internal qualities of the lonely person chose trying harder more frequently as the recommended strategy for coping with loneliness, whereas students attributing loneliness to situational factors more frequently chose changing the situation.

Other studies have found that lonelier respondents are more likely to indicate coping with loneliness by avoiding others, sensual and diversionary activities (Jones et al., 1985b), sensitivity to rejection (Russell et al., 1980), passivity (Dubrey & Terrill, 1975), and less likely to engage in active social functions (Evans, 1983; Moore & Schultz, 1983; Schultz & Moore, 1984). Not surprisingly, religious people are more likely to use religious coping responses such as prayer and reading the Bible (Carroll, 1984; Dutton & Perlman, 1986). Also, personality and social skill has been linked to coping styles in response to loneliness (Gerstein & Tesser, 1987; Jones et al., 1985b; Shaver et al., 1985), with higher levels of social skill associated with more active coping styles that involve approaches to other people. However, in a longitudinal study Cutrona (1982) found that overcoming loneliness among first-year college students was unrelated to social contact and coping strategies (e.g., joining social groups). Instead, students who overcome their loneliness tended to maintain high expectations for their relationships despite their initial loneliness and to attribute the causes
LONELINESS

of their initial loneliness to external and unstable factors (e.g., large impersonal social environments, a lack of effort). By contrast, students who failed to overcome their loneliness tended to revise their expectations for relationships downward, invoked internal and stable attributions for their loneliness (e.g., personality, physical attractiveness), and consoled themselves with thoughts of accomplishments in noninterpersonal areas of endeavor.

Therapeutic Intervention for Loneliness

Some research has been directed toward the efficacy of therapeutic interventions for loneliness (cf. Jones et al., 1984; Natale, 1986; Rook, 1984b). Although relatively few controlled studies have been reported thus far, several techniques have been investigated including group and individual psychotherapy (Evans, Werkhoven, & Fox, 1982; Gallup, 1981), social skills training (Jones et al., 1982; Orchard, 1986), pastoral counseling (Parsons & Wicks, 1986), cognitive therapy (Conoley & Garber, 1985; Orchard, 1986; Young, 1982), didactic groups (Weiss, 1974), network building (Anderson, 1984; Evans, 1983), and, among children, play therapy (Bolea, 1986). With one exception, these studies suggest the conclusion that various approaches result in significant reductions in loneliness both simultaneously and at follow-up (Jones et al., 1984). The one exception involved discussion groups for lonely widows, which appeared to fail because participants felt that loneliness was an appropriate form of grieving for the deceased spouse (Weiss, 1974). Otherwise, on the basis of current evidence it would appear that almost any form of intervention carries with it some chance of relieving feelings of loneliness.

Several considerations, however, argue against unrestrained optimism regarding therapeutic interventions of loneliness. For example, in the available studies, samples have been relatively small and homogenous, leaving open the question of generalization to diverse populations. Similarly, follow-up intervals have been relatively short; thus, it is not yet clear whether reductions of loneliness resulting from therapy are permanent. Also, when significant reductions in loneliness have been achieved, participants have tended to remain significantly more lonely than average (e.g., Jones et al., 1982).

Moreover, most people who feel lonely do not seek counseling or therapy for their problems and, as was the case with coping patterns characteristic of loneliness, there is evidence that greater loneliness is associated with greater reluctance to seek outside professional help (Paloutzian & Ellison, 1979). Thus, additional research is needed to determine the permanence of reductions in loneliness induced with therapy as well as on the strategies that are available to lonely people to reduce their loneliness on their own.

SUMMARY

To summarize, available evidence makes it clear that loneliness — conceptualized as either a temporary experience or an enduring characteristic — is unpleasant and indicative of serious interpersonal problems. Furthermore, in our view, although loneliness frequently occurs as a function of stressful situations and events, it also appears that certain individuals are particularly vulnerable by virtue of a constellation of dysfunctional personality traits, beliefs, and cognitive habits, in particular poor social skills and hostile, passive, and reticent interpersonal styles. Obviously, such persons may be more likely to develop serious and possibly pathological loneliness given extraordinary or persistent relational stress. Less obviously, we suspect that such people are also more vulnerable to loneliness in response to the interpersonal stressors of everyday life (e.g., geographical mobility, meeting strangers, developing new relationships, etc.). Furthermore, the evidence suggests that for some, loneliness becomes a chronic and persistent problem requiring clinical attention.

Ironically, the more serious loneliness becomes as a personal problem, the less likely it appears that the lonely person will take appropriate measures to alleviate his or her loneliness. For example, in interactions with strangers who potentially might become friends and companions, lonely people assume rejection that has not occurred and tend to behave in a passive and unresponsive manner. Their judgments of themselves and other people with whom they interact tend to be hostile and pessimistic. Similarly, when asked how to cope with loneliness, lonelier respondents indicate that they typically engage in activities that often do not involve other people (taking drugs, watching television), whereas less lonely respondents indicate that they seek out good friends for companionship and understanding. Furthermore, although a
variety of therapeutic modalities and approaches appear to afford effective treatment, lonelier respondents have been found to be less likely to seek professional forms of help and intervention. As a consequence, as loneliness intensifies, it appears that the capacity of lonely people to overcome their problems is lessened, which in turn increases the probability of loneliness that is chronic and of clinical significance.

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