

CONCEPT ANALYSIS: LONELINESS

by

Maureen Ann Brophy

A professional paper submitted in partial fulfillment
of the requirements for the degree

of

Master of Nursing

MONTANA STATE UNIVERSITY
Bozeman, Montana

March 1996

P378
B7922

ii

APPROVAL

of a professional paper submitted by

Maureen Ann Brophy

This professional paper has been read by each member of the graduate committee and has been found to be satisfactory regarding content, English usage, format, citations, bibliographic style, and consistency, and is ready for submission to the College of Graduate Studies.

April 3, 1994
Date

Shirley Sullivan Ph.D. L.N.
Chairperson, Graduate Committee

Approved for the Major Department

April 5, 1996
Date

Kathleen Chapey
Head, Major Department

Approved for the College of Graduate Studies

4/30/96
Date

R. Brown
Graduate Dean

STATEMENT OF PERMISSION TO USE

In presenting this paper in partial fulfillment of the requirements for a master's degree at Montana State University--Bozeman, I agree that the Library shall make it available to borrowers under rules of the Library.

If I have indicated my intention to copyright this paper by including a copyright notice page, copying is allowable only for scholarly purposes, consistent with "fair use" as prescribed in the U.S. Copyright Law. Requests for permission for extended quotation from or reproduction of this paper in whole or in parts may be granted only by the copyright holder.

Signature Maureen Brophy
Date April 1, 1996

ACKNOWLEDGEMENTS

My love and gratitude to my husband Bern, our girls Kellie and Britney, and to Barb and my family for all your support and understanding. I wouldn't have made it without you. My heartfelt thanks to Therese Sullivan, my mentor and friend, for your unwavering support and encouragement. Thanks to Karen and Judy for helping me to endure, stay on track, and have fun in the process.

TABLE OF CONTENTS

	Page
LIST OF TABLES	vi
ABSTRACT	vii
1. INTRODUCTION	1
2. REVIEW OF LITERATURE	4
Loss	5
Social Networks and Support	7
Health	13
Developmental Stage	15
Summary	19
3. METHODOLOGY	21
Project Design	21
Analysis of Data	25
Related Concepts	27
Antecedents	28
Attributes	31
Consequences	33
4. CONCLUSIONS	36
Evaluation of Results	36
Limitation	40
Implications	40
Antecedents	41
Consequences	42
Conclusions	43
Recommendations for Further Study	44
REFERENCES CITED	46

LIST OF TABLES

Table		Page
1.	Related Terms	27
2.	Antecedents of Loneliness	29
3.	Attributes of Loneliness	32
4.	Consequences of Loneliness	34

ABSTRACT

Loneliness is a universal phenomenon that can affect an individual progressing through the life cycle. It may be manifested in the adolescent who feels different from others, in the college student who is without support and away from home, in the adult with a disease process, or in the elderly who have little social support. Loneliness may be a factor that negatively influences a person's health. Therefore, a clear understanding of loneliness may help nurses in the provision of holistic health care to mitigate or prevent the health problems that are associated with the phenomenon.

The purpose of this concept analysis utilizing Beth L. Rodgers' (1993) Evolutionary View Method was (a) to clarify the meaning of the concept of loneliness by identifying a consensus, (b) to examine the historical or evolutionary background of the concept, and (c) to determine areas of agreement and disagreement in the use of the concept among diverse disciplines. The analysis was conducted in an inductive, descriptive manner.

The analysis revealed the attributes or real definition of loneliness as a subjective experience. It was a feeling of aloneness which was unpleasant and distressing resulting from the absence or perceived absence of meaningful relationships. The antecedents of loneliness were identified as loss, a sense of disconnectedness, inadequate social support, and poor self-esteem. The consequences identified were substance abuse, deviant behavior, suicide, depression and hopelessness, poor social skills, health problems, and poor self-esteem.

The results of this analysis revealed the current status of the concept. Loneliness was a complex, multifaceted experience caused by a host of events and situations. The expression of loneliness and quality of the experience differed among individuals and in various circumstances.

Most of the consequences associated with loneliness were negative and affected personal health. Nurses must be cognizant that loneliness may create a rippling effect in the individual, encompassing every aspect of life and leading to serious alterations in health.

CHAPTER 1

INTRODUCTION

Loneliness is a universal phenomenon that can affect an individual progressing through the life cycle. It may be manifested in the adolescent who feels different from others, in the college student who is without support and away from home, in the adult with a disease process, or in the elderly person with little social support. Loneliness may be a factor that negatively influences a person's health. Therefore, a clear understanding of loneliness may help nurses in the provision of holistic health care to mitigate or prevent the health problems that are associated with the phenomenon.

Some of the questions nurses have about the implications of loneliness are addressed in the literature. However, no collective agreement exists on a definition, the causal relationships, or the consequences of the concept. The concept has been described as one of the most pervasive human experiences, yet it is very difficult to define (Brage, Meredith, & Woodward, 1993).

The concept of loneliness has been examined by several disciplines such as nursing, social sciences, medicine, and education. In nursing literature, Peplau (1985) defined

loneliness as the unpleasant experience that occurred when a person's network of social relations was deficient, either quantitatively or qualitatively. Young (1982) identified three types of loneliness: transitional, situational, and chronic. In the sociology literature, Jones (1982) contended that loneliness resulted from a person's failure to learn social skills or a temporary disruption in the ability to use them to relate effectively to others. According to Weiss (1987), loneliness had two dimensions, emotional and social. Emotional loneliness was characterized by the absence of intimate relationships and social loneliness involved the lack of meaningful relationships.

Loneliness has been associated with various health problems. Negative alterations in health have been reported. Depression, eating disorders, alcoholism, suicide, and premature death through chronic disease have been associated with loneliness (Backenroth, 1993; Hoglund & Collison, 1989; Inderbitzen-Pisaruk, Clark, & Solano, 1992; Katona, 1994; Sugisawa, Liang, & Liu, 1994).

Loneliness may be a factor affecting the health of rural residents. They are a special population with unique needs resulting from long distances to health services, harsh weather conditions, self-employment, lack of insurance, lack of anonymity, and the perception that health care needs are secondary to work needs.

The incongruent multidisciplinary plethora of literature about loneliness and its potential negative impact on health points out the need for concept analysis to clarify its meaning as well as determine the commonalities and differences among disciplines. Analysis may provide a thorough understanding of the concept from a multidisciplinary perspective and help nurses design research to develop and plan strategies to avert the negative consequences of loneliness.

The purpose of this concept analysis was (a) to clarify the meaning of the concept of loneliness by identifying a consensus, (b) to examine the historical or evolutionary background of the concept, and (c) to determine areas of agreement and disagreement in the use of the concept among diverse disciplines.

CHAPTER 2

REVIEW OF LITERATURE

Loneliness was viewed in the literature as a complex phenomenon. Theoretical perspectives reported in the literature on the concept were diverse. However, several themes emerged. Identified themes were loss, social network and support, developmental stage, and health.

Historically, there has been disagreement among authors on the concept of loneliness and its causes. Some viewed it as a historic experience, a part of the life experience, inescapable to human beings, and not some social ailment. According to Mijuskovic (1990), human beings have been intrinsically and essentially lonely since the dawn of Western consciousness. Therefore, being human, sharing the experiences of living and dying, means being lonely (Rokach, 1988).

Other literature suggested that loneliness was a contemporary phenomenon. It resulted from an interplay of factors involving a person's response to specific needs, circumstances, and situations. Loneliness may also be the result of deficits in relational provisions.

Literature reviewed was retrieved from the following databases: Medline, CINAHL, Social Sciences, and ERIC.

Literature specific to four disciplines was then taken from each database. Literature relevant to medicine was retrieved from Medline, nursing literature was taken from CINAHL, sociology literature was taken from the Social Sciences, and educational literature was taken from ERIC. Major themes were identified and the disciplines were integrated under each theme.

Loss

Literature related to loss and loneliness in medicine was sparse. Dugan and Kivett (1994), in a study of very old rural residents, reported that the loss of an attachment figure, most likely a spouse or family member, was directly related to emotional isolation which resulted in loneliness.

Authors in the nursing literature reported that loss was a factor that contributed to the experience of loneliness. Loss may be precipitated by situational factors and change. Davidhizar and Shearer (1994) reported that situations interfering with the maintenance of human contact and intimacy, resulted in loneliness. Some of the situational factors and changes included death of family and friends, retirement from work, limited financial resources, limitations on travel, the perception of dependence on others, and role loss and change (Davidhizar & Shearer, 1994; Ryan, 1989).

The occurrence of loss may be related to advancing age (Chin-Sang & Allen, 1991; Valente & Aoyama, 1992; Walton, Shultz, Beck, & Walls, 1991). Loss has also been associated with an individual's diminished cognitive function which resulted in loneliness (Holmen, Ericsson, Anderson, & Winblad, 1992).

Bergman-Evans (1994) studied the caregivers of spouses with Alzheimer's disease. The authors found that causal factors of loneliness were loss of companionship, forced role change and the increased emotional burden of caregiving. The relationship of loss and loneliness was supported in a study of response to AIDS bereavement (Richmond & Ross, 1994). The feelings of desertion by family and friends were associated with intense feelings of loneliness.

A small number of studies published in the social sciences reported a relationship between loss and loneliness. Rokach (1989) in a factorial analysis of loneliness concluded that the loss of an important person or relationship was a common cause of loneliness. Bhatia and Desmond (1993) reported that with advancing chronological age the occurrence of losses increase in frequency. These losses included role changes, traumatic events, and loss through death.

Authors in the discipline of education reported a relationship between loss, change, and loneliness. Bullock

(1993) studied children and reported that several significant factors contributed to feelings of loneliness. These factors included the death of a parent or other significant person, the divorce of parents, the family moving to a new school or neighborhood, loss of a friend, loss of an object, possession or pet, or rejection by playmates.

There was concurrence among nursing, medicine, sociology and education in the literature that suggested loss was an antecedent of loneliness. Several authors studied loss through death, disease of spouse, or change. There was little information that focused on an individual's response to loss of function or independence. Change was identified with loss but focused mainly on the response of the spouse and not individual response to change in self. Loss through disease focused on the effect on the spouse and not the individual. Further study is warranted on the loss of cognitive function and its relationship to loneliness.

Social Networks and Support

Social networks and support were addressed across disciplines. The medical literature included numerous references which related social networks to loneliness. Dugan and Kivett (1994) in a study of very old rural adults found a relationship between social isolation and

loneliness. The authors concluded that infrequent contact with friends, children, siblings, and lack of participation in social groups were contributors to loneliness. Other authors supported the relationship between decreased sociability and loneliness. Lindgren, Svardsudd, and Tibblin (1994) did a comparison study of the elderly residing in their homes versus those residing in an institutional residence. Findings indicated that people residing in institutions were lonelier than those living at home.

In contrast, others suggested that loneliness was a cognitive assessment of the adequacy of one's social networks and support. Sugisawa, Liang, and Liu (1994) concluded that the perceived quality of a relationship was a more important indicator of loneliness than the quantity of relationships.

Backenroth (1993) described loneliness as a universal phenomenon that resulted from deficiencies in an individual's social networks or support system. Loneliness may be temporary or permanent, or it may be an unbearable state of existence. In a study of the deaf community, the author concluded that loneliness may result from personal or enforced choice. Personal choice involved temporary feelings of solitude that followed loss of some type. Enforced choice resulted from isolation due to the inability to communicate.

Green and Wildermuth (1993) studied self-focus and interpersonal needs as correlates of loneliness in college students. Loneliness in men was predicted by a lack of inclusion. Results indicated that men do not initiate social contact or that they lack social support. In women, loneliness was predicted by a lack of expressed affection. The study supported a relationship between social networks/support and loneliness.

Several salient nurse-authored studies addressed the influence of social networks on loneliness. Flett, Harcourt, and Alpass (1994) studied the impact of chronic lower leg ulcers in the elderly homebound client. Ulcer patients did not report significantly greater feelings of loneliness, dissatisfaction, or lack of close, satisfying relationships. The authors concluded that limited social contacts did not result in loneliness. Nor did they indicate that these patients were dissatisfied with their social network or the contacts available to them.

Other authors explored the relationship between loneliness and social networks. Some areas studied included imprisoned women, perceptions of elderly hospitalized patients, and the visually impaired. The authors concluded that the perceived quality rather than quantity of relationships was an important indicator of loneliness (Barron, Foxall, Von Dollen, Jones, & Shull, 1992, 1994;

Desmond, 1991; Mahon, Yarcheski, & Yarcheski, 1994; Ryan, 1989; Valente & Aoyama, 1991; Zack, 1991).

Davidhizar and Shearer (1994) concluded that loneliness was an unpleasant emotional state in which a person felt apart from and yet in need of others. Feelings of alienation and the inability to develop meaningful relationships may intensify the experience. Several authors concurred. They reported that loneliness can be conceptualized as a subjective response to a perceived discrepancy between desired and available relationships (Proffitt & Byrne, 1993; Walton, Shultz, Beck, & Walls, 1991; Zack, 1991).

Bergman-Evans (1994) studied the relationship between loneliness and the caregivers of spouses with Alzheimer's disease. The authors concluded causal factors of loneliness in this group were loss of companionship and forced social isolation due to caregiving demands. They reported that strengthening the caregiver's social support system was a means to alleviate loneliness. These results differed from other studies that found the quality rather than the quantity of social relationships was predictive of loneliness.

Authors from the sociology literature also discussed the lack of social support and its relationship to loneliness. In a factorial analysis of the concept, Rokach (1989) reported that relational deficits may be causal

antecedents of loneliness. These deficits were social alienation, inadequate social support, and troubled relationships. The author concluded that loneliness had two main characteristics: (a) it was unpleasant and distressing, and (b) it was a subjective experience that varied with people, conditions, causes, and consequences.

These findings were supported by several authors who reported that loneliness may be conceptualized as a subjective response to a perceived discrepancy between desired and available relationships and as a deficient social exchange of provisions and rewards. This discrepancy may have been related to limited opportunity for social contact (Ginter, Glauser, & Richmond, 1994; Lee & Whitbeck, 1987; Mullins, 1991; Mullins, Tucker, Longino, & Marshall, 1989; Rokach, 1988; Stewart, 1989).

Authors in education literature addressed social support and its effect on loneliness in a few studies. Leyser, Margalit, and Avraham (1988) studied the relationship between social support and loneliness in Israeli families with disabled children. These families were residing in a kibbutz or commune. Results showed that even though parents perceived themselves as respected members of the commune, many felt a sense of loneliness. These perceptions may have resulted from lack of meaningful relationships or lack of quality relationships. Brage, Meredith, and Woodward (1993) concurred that the absence,

or perceived absence, of satisfying interpersonal relationships was a causal factor in the experience of loneliness.

A significant relationship existed among nursing, medicine, sociology, and education in the literature between social support and the occurrence of loneliness. However, there was some disagreement among authors concerning the type of social support that was important as an antecedent of loneliness. Some authors postulated that social isolation or infrequent contact with friends led to loneliness. Others stressed that an individual's perception of the adequacy of relationships (quality versus quantity) was the important factor leading to loneliness. Relationships that were perceived as satisfying or meaningful, even if they were few in number, were more important in relation to loneliness than a large number of social contacts. This view supported the contention that an individual may be lonely, even in the midst of a crowd, if they were without a meaningful relationship.

Additional inquiry may be beneficial in order to clarify the relationship between the number and quality of relationships in the causal structure of loneliness. Research focused on a unifying theory may help to integrate research findings on social support.

Health

Loneliness was associated with various changes in health status. These changes may have been the antecedents or consequences of loneliness. Some of the reported changes in health were relatively mild, while others were severe and life threatening.

Medical research indicated that there was a significant relationship between loneliness, low self-esteem, and depression (Jackson & Cochran, 1991; Katona, 1994). Loneliness may become unbearable and result in alcoholism, psychiatric problems, and suicide (Backenroth, 1993). Loneliness was found to decrease natural killer cell activity in a study of women newly diagnosed with breast cancer (Fox, Harper, Hyner, & Lyle, 1994). Another study concluded that loneliness influenced the risk of dying through its effect on chronic disease, a person's functional status, and an individual's self-rated health (Sugisawa, Liang, & Liu, 1994).

Nursing literature indicated that loneliness was related to health. Loneliness has been reported as an unpleasant, even painful experience (Ryan, 1989; Valente & Aoyama, 1992). Other identified correlates of the relationship between health and loneliness were poor self-esteem, hostility, shyness, isolation, depression, and the

inability to function (Keil, 1990; Proffitt & Byrne, 1993; Ryan, 1989; Valente & Aoyama, 1992).

Most of the nursing literature focused on the negative effects of the concept on health. However, loneliness may act as a stimulus for a person to affect a positive change. In a study of adult hospitalized dying patients, Zack (1991) contended that loneliness had the potential of self-enabling confrontation and growth producing self-awareness.

There were few published studies in the sociology literature that reported a relationship between loneliness and health. However, some of the sociologists asserted that loneliness was related to low self-esteem and depression (Haines, Scalise, & Ginter, 1993; Mullins & Dugan, 1990; Vitkus & Horowitz, 1987).

A few educational studies addressed the relationship between loneliness and alterations in health. Studies involved loneliness in people with developmental disabilities, gifted adolescents, and the use of media gratification. The authors contended that loneliness may be a causal factor that resulted in lowered self-esteem, depression, and some physical problems (Canary & Spitzberg, 1993; Clegg & Standen, 1991; Page, 1991).

Developmental Stage

Individuals progress through developmental stages at different intervals. Personal vulnerabilities or characteristics acquired through development may be triggered by situational factors leading to loneliness. The majority of the literature associated with loneliness and developmental stage was found in the discipline of education.

Authors in educational literature addressed the relationship between developmental stage and loneliness. Dunstan and Nieuwoudt (1994) studied young children, peer relations, and loneliness. Findings concluded that lonely children had greater feelings of sadness and aloneness, few friends, poor peer acceptance, social incompetence and lacked quality friendships. Social failures within the peer group may cause poor self-esteem, foster the development of negative self-perceptions, and result in loneliness (Brage, Meredith, & Woodward, 1993; Rubin & Mills, 1988).

Several authors reported that the experience of loneliness in adolescence was related to feelings of dejection, isolation and alienation, and depression. (Brage, Meredith, & Woodward, 1993; Charlson, Strong, & Gold, 1992; Dahlberg, 1992; Haines, Scalise, & Ginter, 1993; Kunkel, Chapa, Patterson, & Walling, 1992; Woodward &

Kalyan-Masih, 1990). In the literature reviewed, these experiences were seen as consequential.

Loneliness has been studied in college students. Research demonstrated that college students were often shy, lacked assertiveness, perceived a lack of control, and thus became discouraged (Booth, Bartlett, & Bohnsack, 1992; Ponzetti, 1990). Some college students possessed irrational beliefs such as high self-expectations, personal frustration, overconcern, problem avoidance, and helplessness which resulted in loneliness (Hoglund & Collison, 1989). Another factor, poor quality of roommate relationship during the first semester of college, has been reported as a mitigating factor in experience of loneliness (Hawken, Duran, & Kelly, 1991).

In a study by Sundberg (1988), male and female college freshmen, both black and white, were looked at to determine whether or not there were sexual and racial differences in feeling of loneliness. Results indicated that loneliness was comprised of six factors: lack of ability or control; feelings of aloneness; self-pity, rejection, or lack of purpose; alienation; and isolation. White freshmen were more lonely, while black freshmen felt more isolated. The author concluded that lonely college students were socially unresponsive, inattentive, and unwilling to express dissatisfaction with their interpersonal networks.

Developmental stage and its relationship to loneliness was not strongly emphasized in the medical literature. However, in one study, Dunstan and Nieuwoudt (1994) examined the relationships among childhood friendships, interpersonal skills, behaviors, and self-concept. Findings concluded that children who had greater feelings of sadness, aloneness, and fewer friends were lonely.

Limited resources were found in nursing literature that related to loneliness and developmental stage. One study by Mahon, Yarcheski, and Yarcheski (1994) examined loneliness, differences in perceived social support, and the three stages of adolescence: early, middle, and late. Researchers expected to find that boys were more lonely than girls. Results showed no significant differences between boys and girls or their perceived levels of social support and loneliness across the three stages of adolescence.

Some of the sociologists addressed developmental stage and loneliness in the literature. In relation to developmental stage, Lunt (1991) reported that personal attributes related to unattractiveness were the internal causes of loneliness. These attributes included unpleasant personality and individual perception of physical unattractiveness. Also cited were temporary psychological states involving fear of rejection, shyness, lack of trying, and lack of knowledge. These personal

characteristics may be related to familial deficits that occurred early in the child's development and were triggered by some stressor, resulting in loneliness in the adult.

Renshaw and Brown (1993) examined the predictors of loneliness in middle childhood. The authors found that the predictors were social characteristics which included withdrawn social behavior, poor peer acceptance, few or no friendships, and an internal attributional style. Cassidy and Asher (1992) concurred, citing that lonely children were more shy, less prosocial, socially incompetent, and lacked quality friendships.

Two issues emerged from the literature regarding loneliness and developmental stage. The first issue was that developmental deficits may be related to less than ideal conditions in the home. Loneliness may result when the parents played a peripheral role in the child's development. This detachment may be a result of illness within the family, divorce, or separation due to poor parental relationships or employment. A lack of caring, of closeness within the family, and of love may produce lonely children as well as adults.

The second issue of development related to loneliness was a deficit in an individual's character. A personal fear of intimacy or a negative self-perception may result in loneliness. These personal vulnerabilities may be real or

perceived features that contribute to feelings of not belonging or lack of connectedness or feelings of being unimportant.

Summary

Despite the different perspectives found in the literature, some commonalities existed. Research revealed that the experience of loneliness was a subjective, unpleasant, meaningful reality to the person. Loneliness appeared to be related to a personal sense of inadequacy with the quality of social relationships. There was also an individual perception of lack of connectedness. Loneliness was identified as a construct in its own right. It could not be merged with related constructs such as shyness, introversion, or depression (Stephan, Fath, & Lamm, 1988). Although solitude was related to loneliness, it was separate from loneliness, as it involved a deliberate choice to be alone (Woodward & Kalyan-Masih, 1990).

In summary, there was a significant relationship between loneliness and health. The four disciplines reported that the health effects related to loneliness were adverse. The relationship between health-seeking behaviors and loneliness revealed a paucity of research. Individuals may present for health care with physical or psychological complaints and yet the underlying concern may be loneliness. Loneliness may be hidden in such complaints as

depression or anxiety. In order to understand loneliness and its development, research needs to focus on the clarification of these interrelationships.

Although most of the literature agreed that loneliness had a negative affect on health, one study identified a potential benefit from the experience of loneliness. It concluded that loneliness may be self-enabling, enlightening, and lead to growth through self-examination.

CHAPTER 3

METHODOLOGY

Project Design

The Evolutionary View of Concept Analysis was utilized to examine loneliness (Rodgers, 1993). This was an inductive, descriptive method of inquiry. There were nine elements included in the analysis of the concept.

- (a) Identify the concept of interest and associated expressions.
- (b) Identify and select an appropriate realm (setting and sample) for data collection.
- (c) Definition of terms.
- (d) Collect data regarding the attributes of the concept, along with surrogate terms, antecedents, and consequences.
- (e) Identify concepts related to the concept of interest.
- (f) Analyze data regarding the above characteristics of the concept.
- (g) Conduct interdisciplinary comparisons.
- (h) Identify a model case, if appropriate.
- (i) Identify hypotheses and implications for further research.

Some of the above steps may be carried out simultaneously throughout the investigation. Therefore, they are tasks to be accomplished rather than specific steps in the process (Rodgers, 1993).

(a) Identifying the concept of interest. Initially the concepts of social isolation and loneliness were identified by the researcher as areas of interest. Literature was selected from the following databases: CINAHL, ERIC, Medline, Social Sciences, General Sciences, and the Humanities.

(b) Identification and selection of an appropriate realm (setting and sample). In a literature-based analysis the setting refers to the time frame to be examined and the disciplines or types of literature to be included (Rodgers, 1993). Computerized databases were used to identify the indexed population of literature. The databases were then searched for each key word, social isolation and loneliness. The time period examined was 1982-1994.

All titles obtained in the search were reviewed by the author. Due to the large volume of material for each key word, one concept, loneliness, was chosen for analysis. Literature dealing with animal experimentation was removed from the analysis.

Each database was treated as a separate population to facilitate a more rigorous interdisciplinary comparison involving the concept of loneliness. According to Rodgers

(1993) at least 30 items from each database or 20% of the total population, whichever was greater, was needed to identify a consensus in the discipline and substantiate the conclusions of the researcher. Twenty percent of the total population was chosen as a sample from each database. The resulting samples were: CINAHL n=32; ERIC n=72; Social Sciences n=30; and Medline n=60. The sample was selected utilizing a table of random numbers. Sampling began in a vertical manner. The Humanities and General Sciences were omitted from the analysis due to inadequate amounts of literature for appropriate sample size.

(c) Definition of terms. The following definitions were consistent with Rodgers' (1993) Evolutionary View of Concept Analysis.

- (1) Attributes: Constitute the real definition, not a dictionary definition. These were the focus of concept analysis.
- (2) Antecedents: Situations, events, or phenomena that precede an example of the concept.
- (3) Consequences: Situations or events that follow an example of the concept.
- (4) References: Indicated the situation to which the concept was being applied.
- (5) Surrogate terms: An expression of the concept other than the word itself.

(6) Related concepts: These bear some relationship to the concept but they do not share the same attributes.

(d) Collection of data regarding the attributes, surrogate terms, references, antecedents, and consequences of the concept. Steps (d) and (e) were carried out simultaneously.

(e) Identify related concepts. Data were retrieved through interlibrary loan services. As the literature was received each item was assigned an identification letter to indicate the discipline and an item number within that discipline. Data were reviewed for content and recorded on a coding sheet. Data were organized and coded in the following categories: context of the concept use; historical or evolutionary background of the concept; areas of agreement and disagreement in the concept among diverse disciplines; attributes, antecedents, consequences, surrogate terms, and related concepts.

(f) Analyzing data regarding the characteristics of the concept. Upon completion of coding, each category of data (attributes, antecedents, consequences, and references) were organized to identify commonalities and major themes. Analysis was carried out according the content or thematic analysis.

(g) Conduct of interdisciplinary comparisons.

Following identification of major themes, articles from each database were reviewed in order to specify discipline. The major themes obtained from the disciplines were then compared.

(h) Identification of a model case. Since the Evolutionary View was inductive, a model case needed to be identified and not constructed. The model case provided an example of the concept that demonstrates its characteristics (attributes, antecedents, and consequences). The ideal model case should be generic enough to illustrate the concept clearly and in a variety of instances. If unable to find a model case, it was better not to provide one, rather than construct one that was not warranted. A model case was not able to be identified, and one was not constructed.

(i) Identification of implications for further research. This step emphasized the importance of further analysis and concept development rather than an endpoint following the analysis.

Analysis of Data

Utilizing Rodgers' Evolutionary View (1993) analysis was conducted in an inductive, thematic manner. Loneliness literature was selected from the databases of CINAHL, Medline, ERIC and Social Sciences. Twenty percent of the total population were chosen as a sample from each

database. Articles were reviewed from each database to identify disciplines. Data from the four disciplines of nursing, medicine, sociology and education were recorded under the categories of antecedents, attributes, and consequences. Initially data were reviewed separately by discipline, then data from each discipline were analyzed to identify major themes from the literature. Data were organized and reorganized until a coherent system of themes emerged for the concept. Word labels were selected to provide clear accurate descriptions for each aspect of the concept, using actual words obtained from the data when appropriate. Themes were developed to incorporate as much of the data as possible and to capture the dominant ideology.

Consistent with this approach of analysis, the focus was on the identification of a consensus in the literature which would reveal the current state of knowledge concerning the concept. Data were scrutinized to examine areas of agreement/disagreement among the four disciplines and to examine conceptual change over time. Surrogate terms were not identified in the literature.

Results from the concept analysis are reported in the following tables. These tables included the analysis for each discipline by antecedents, attributes, and the consequences of loneliness. The disciplines included were nursing, medicine, education, and sociology.

Frequency distributions were used to indicate the number of times the theme occurred, as well as the percentage of its occurrence in the literature. The total number of articles sampled per discipline were indicated below each discipline.

Related Concepts

There were similarities between related terms identified and the concept of loneliness. However, loneliness was a distinct phenomenon with its own attributes. Related terms cited in the literature were social isolation, aloneness, solitude, and depression (Table 1).

Table 1. Related Terms.

Related Terms	Nursing		Medicine		Education		Sociology	
	Total 32		Total 60		Total 72		Total 30	
	No.	%	No.	%	No.	%	No.	%
Social Isolation	10	31	2	3	12	16	5	16
Aloneness	3	9	2	3	2	2	1	3
Solitude	3	9	0	0	2	2	0	0
Depression	1	3	1	1	10	13	5	16

Social isolation was the most frequently occurring related term in nursing with an occurrence of 31%.

Aloneness, solitude, and depression were present less often at 9%, 9%, and 3%, respectively.

In the medical literature social isolation and aloneness were related to loneliness with a 3% occurrence. One percent indicated a relationship between depression and loneliness, although both were distinct concepts.

Related terms in education literature were a personal sense of social isolation, which accounted for 16%, and depression with a 13% occurrence. Other less frequently related terms were aloneness and solitude at 2%.

Sociologists found a 16% relationship between loneliness, social isolation, and depression. An individual's perception of being alone accounted for a 3% relationship with loneliness. Solitude was not identified as a related term in sociology.

Antecedents

Antecedents from the four disciplines were identified in the literature. They included loss, disconnection, poor health perception, deficient social support, discrepancy between the quality and quantity of relationships, depression, low self-esteem, poor social skills, and faulty beliefs (Table 2).

In nursing literature, loss referred to the absence of companionship or significant other and was the most frequent antecedent at 21%. Inadequate or deficient social

Table 2. Antecedents of Loneliness.

Antecedents	Nursing		Medicine		Education		Sociology	
	Total 32		Total 60		Total 72		Total 30	
	No.	%	No.	%	No.	%	No.	%
Loss	7	21	18	30	2	2	3	10
Disconnected- ness	5	15	7	11	8	11	14	46
Poor Health Perception	2	6	1	1	0	0	3	10
Inadequate Social Support	6	18	9	15	6	8	10	33
Quality Versus Quantity of Relationships	2	6	0	0	8	11	7	23
Poor Self- Esteem	2	6	2	3	3	4	5	16
Poor Social Skills	0	0	1	1	6	8	9	30
Faulty Beliefs	0	0	2	3	4	5	9	30

support and the lack of confiding relationships accounted for 18% of the sample as an antecedent of loneliness:

Fifteen percent of the sample indicated that the individual's feeling of disconnectedness, aloneness, or nonbelonging resulted in loneliness. Poor health perception, poor self-esteem, and lack of satisfaction with relationships each accounted for 6% in revealing antecedents.

Similar antecedents for loneliness were identified in the medical literature. Loss was the most frequent antecedent of loneliness at 30%, followed by inadequate social support at 15%, and feelings of disconnectedness at 11%. Occurring less in the literature were poor self-esteem and faulty beliefs at 3%, followed by poor health perception and poor social skills at 1%.

In education, the antecedents with the most frequent percentage of occurrence included disconnectedness and a lack of satisfaction with relationships at 11%. Inadequate social support and poor social skills occurred in 8% of the literature sample. Faulty beliefs were cited 5% of the time, followed by poor self-esteem at 4% and loss at 2%.

The most frequent antecedent from sociology was disconnectedness, which occurred in 46% of the literature. Inadequate social support, poor social skills, and faulty beliefs followed closely at 33%, 30%, and 30%, respectively. The individual's satisfaction with personal relationships was an antecedent in 23% of the literature. Poor self-esteem occurred in 16% of the sample, while poor health perception and loss accounted for 10% of the sample.

Additional antecedents were identified infrequently (1%-3%) in the literature. These citations were not included in the tables due to their low percentage of occurrence and their individualistic nature. Cited at 1% in

nursing literature were hopelessness, shyness, hostility, cultural differences, and poor spiritual being. Literature from medicine reported depression, anxiety, childhood personality characteristics, and declining health at 1%. In education being a teenager occurred in 2% of the literature, while ageism, developmental change, and personality traits were lesser occurring at 1%. Shyness, pessimism, fear of rejection, and unattractiveness each accounted for 3% of the antecedents in sociology.

Attributes

The attributes of loneliness were revealed following an analysis of the literature across the four disciplines. Attributes in the experience of loneliness were that it was a feeling of being alone, which was unpleasant and distressing to the individual. Further, it was a subjective experience where there was an absence, or perceived absence, of meaningful relationships. The quality of a relationship was more important than quantity of relationships (Table 3).

Data analyzed from the nursing literature indicated that the most frequent attribute of loneliness was the personal perception of deficient social relationships. This included an absence or perceived absence of satisfying interpersonal relationships. Results indicated an occurrence of 84% in nursing literature. Other nursing

Table 3. Attributes of Loneliness.

Attributes	Nursing		Medicine		Education		Sociology	
	Total 32		Total 60		Total 72		Total 30	
	No.	%	No.	%	No.	%	No.	%
Unattached Alone	13	40	5	8	7	9	8	26
Unpleasant Distressing	10	31	13	21	12	16	15	50
Subjective Experience	14	43	3	5	7	9	17	56
Deficient in Satisfying Relationships	27	84	9	15	19	26	21	70

attributes related to loneliness included a subjective experience (43%), feeling of aloneness (40%), that was unpleasant and distressing (31%) for the individual.

The attributes from medicine indicated that loneliness was an unpleasant, distressing experience (21%) in which interpersonal relationships were deficient or not satisfying (15%). The experience of loneliness was also perceived as a subjective response (5%) in which a person felt alone or lack of emotional attachment.

In the discipline of education the concept of loneliness was perceived as a deficiency of satisfying interpersonal relationships (26%) which was unpleasant and distressing to the person (16%). It was also perceived as

subjective and included feeling alone. Both these traits occurred in 9% of the literature.

A large percentage of the literature from sociology (70%) indicated that loneliness was the absence or perceived absence of satisfying relationships. These results were closely followed by attributes which included loneliness as a subjective (56%), unpleasant and distressing (50%) feeling. A personal sense of aloneness or the lack of emotional attachment occurred in 26% of the literature.

Consequences

Consequences of loneliness that were identified in the literature were substance abuse with delinquent behavior, suicide, depression, poor self-esteem, poor social skills, and health-related problems. The results are indicated in Table 4.

The most frequent consequences of loneliness referred to in the nursing literature were substance abuse, deviant behavior, and health problems. Substance abuse included excessive drug and alcohol use. Health problems that resulted from loneliness included eating problems, psychosomatic illness, mental health problems, lowered immune competency, and premature death. These consequences occurred in 25% of the literature.

Table 4. Consequences of Loneliness.

Consequences	Nursing		Medicine		Education		Sociology	
	Total 32		Total 60		Total 72		Total 30	
	No.	%	No.	%	No.	%	No.	%
Substance Abuse Deviant Behavior	8	25	4	6	12	16	6	20
Suicide	3	9	4	6	6	8	4	13
Depression Hopelessness	3	9	8	13	12	16	7	23
Poor Social Skills	3	9	4	6	10	13	6	20
Health Problems	8	25	12	20	2	2	6	20
Poor Self-Esteem	8	18	7	11	10	13	10	33

Poor self-esteem was also noted as a consequence of loneliness with an 18% occurrence. Other consequences were poor social skills, depression, and suicide, each occurring in 9% of the literature.

Medical literature reported that the most frequent consequences of loneliness were health-related problems (20%) which ranged from poor health to mental health problems to premature death. Depression and poor self-esteem occurred in 13% and 11% of the literature, respectively, as consequences. Substance abuse, suicide,

and poor social skills were lesser occurring consequences at 6%.

In education, substance abuse (16%), depression (16%), poor social skills (13%), and poor self-esteem (13%) occurred most frequently in the literature as consequences of loneliness. Suicide (8%) and health problems (2%), to a lesser degree, were also noted as consequences of loneliness.

Literature from sociology revealed that poor self-esteem was a consequence of loneliness in 33% of the literature. Other consequences were close in their number of occurrence: depression at 23%; substance abuse, poor social skills, and health problems at 20%; and suicide at 13%.

CHAPTER 4

CONCLUSIONS

Evaluation of Results

The purpose of this concept analysis utilizing Beth L. Rodgers' (1993) Evolutionary View Method was (a) to clarify the meaning of the concept of loneliness by identifying a consensus, (b) to examine the historical or evolutionary background of the concept, and (c) to determine areas of agreement and disagreement in the use of the concept among diverse disciplines. The analysis was conducted in an inductive, descriptive manner.

The evolutionary method emphasized that concept analysis was a basis for further inquiry and concept development, rather than an endpoint itself. "The results of analysis, therefore, do not provide the definitive answer to questions concerning what the concept is. Instead they may be viewed as a powerful heuristic, promoting and giving direction to additional inquiry" (Rodgers, p. 87, 1993). Interpretation sheds insight on the current status of the concept and generates implications for inquiry.

This method of analysis considers concepts as dynamic and time context dependent. The time period selected to

examine the historical or evolutionary background of the concept of loneliness was 1982-1994.

Research on loneliness in the 1980s was directed toward the development of a database regarding its causal factors and attributes, along with the various types and dimensions of loneliness. Jones (1982) contended that loneliness resulted from a person's failure to learn social skills or a temporary disruption in the ability to use them effectively. Loneliness was viewed as an unpleasant experience that occurred when a person's network of social relations was deficient in the number or in the quality of relationships (Peplau, 1985). Some authors linked loneliness to individual weakness or personal vulnerability.

Three types of loneliness were identified by Young (1982): transitional, situational, and chronic. Transitional loneliness may be mild and short in duration. Situational loneliness may be a response to circumstances such as personal trauma, change, or loss. Chronic loneliness may be severe and incapacitating to the individual.

Loneliness was seen as an emotional response or a social ailment. Weiss (1987) contended that loneliness had two dimensions, emotional and social. Emotional loneliness was characterized by the absence of intimate relationships.

Social loneliness involved the lack of meaningful relationships.

Loneliness was viewed as a subjective experience that differed qualitatively among people. Rokach (1989) concluded that loneliness had two major characteristics: that it was a painful and distressing experience, and that the nature of loneliness as a subjective experience was varied among different people, under many conditions, and with a multitude of causes.

In the early 1990s the concept of loneliness continued to evolve. Further study involved the individual's personal perceptions of the experience and the negative effects of loneliness on health. Loneliness was perceived by the individual as a realistic, unpleasant, subjective experience. Interpersonal deficits resulted from few or less than satisfying personal relationships.

Some authors conceptualized loneliness as a subjective response to a perceived discrepancy between desired and available relationships (Proffitt & Byrne, 1993; Walton, Shultz, Beck, & Walls, 1991; Zack, 1991). Others suggested loneliness was a cognitive assessment of the adequacy of one's social networks and support. Sugisawa, Liang, and Liu (1994) concluded that the perceived quality of a relationship was a more important indicator of loneliness than the quantity of relationships.

Recent research examined loneliness and its negative effect on personal health. Loneliness has been associated with various health problems. Negative alterations in health included depression, eating disorders, alcoholism, suicide, and premature death through chronic disease (Backenroth, 1993; Inderbitzen-Pisaruk, Clark, & Solano, 1992; Katona, 1994; Sugisawa, Liang, & Liu, 1994).

The analysis of the literature from the four disciplines of nursing, medicine, education, and sociology during the time period of 1982-1994 revealed a general consensus in the attributes or real definition. Although the frequency of the occurrence of the attributes varied across the disciplines, loneliness was defined as a subjective experience. It was a feeling of aloneness which was unpleasant and distressing resulting from the absence or perceived absence of meaningful relationships.

There was also consensus among the disciplines regarding the consequences of loneliness. The consequences identified were substance abuse, deviant behavior, suicide, depression and hopelessness, poor social skills, health problems, and poor self-esteem.

Some differences were found among the disciplines regarding the antecedents or causal factors of loneliness. The individual perception of poor health was not identified by education as an antecedent, and the quality versus the quantity of relationships did not appear in the literature

from medicine. Nursing did not address poor social skills or faulty beliefs as antecedents of loneliness. However, all of the disciplines identified loss, a sense of disconnectedness, inadequate social support, and poor self-esteem as antecedents of loneliness.

Limitation

This concept analysis focused on loneliness within the specific time frame of 1982-1994. The philosophical approach used in this concept analysis emphasized context and time. Both should be considered as factors in sample selection since historical variation may occur.

Implications

The findings of this analysis of the concept of loneliness have important implications for the profession of nursing. Knowing the signs of loneliness and designing appropriate nursing interventions could improve the quality of life for individuals and families and prevent or mitigate the serious consequences of loneliness.

The attributes or real definition that was revealed can be used to develop appropriate tools to assess the presence of loneliness. Other instruments could be designed to assess the risk of loneliness occurring in the individual and the family.

Antecedents

The antecedents identified among the four disciplines provide an important basis for the education of caregivers related to the events or situations which create the risk for loneliness in various age groups. Appropriate interventions should be developed to assist individuals or families who experience loneliness.

Loss of companionship or of a significant other and a sense of disconnection or aloneness were identified as major causal factors in the experience of loneliness. When an individual experiences losses or a sense of disconnection, the nurse should consider the potential for loneliness and assess the causative or precipitating factors as well as the person's coping skills and defense mechanisms. Appropriate nursing interventions to assist in adaptation should be developed. If indicated, referral should be made to appropriate support groups or counseling.

Inadequate social support was identified as a risk factor in the development of loneliness. When there is a perceived lack of social support the nurse should assist the patient in identifying the causative factors. The nurse should also assess for conditions that contribute to the patient's lack of support. Interventions may include examining the person's available resources, introducing the person to others with similar interests, promoting

participation in recreation or special interest groups, and providing positive reinforcement.

When poor self-esteem is identified, the individual should be assessed for the presence of loneliness. Assessment should include identification of the causative and contributing factors and evaluation of the individual's coping skills and locus of control. Designing appropriate nursing interventions may assist the person in improving feelings of self-worth and confidence.

Consequences

Recognizing the consequences associated with loneliness has important implications for nursing. Appropriate interventions should be designed to prevent or decrease the severity of negative consequences of loneliness. Identification of the consequences associated with loneliness may assist the nurse in promoting health and improving the quality of life for these individuals.

Substance abusers and people who demonstrate deviant behavior may be lonely. The phenomenon of loneliness could be identified through appropriate assessment. Counseling and specific treatment programs could be established for those individuals with substance abuse problems and those who exhibit deviant behavior.

When a person displays depression, hopelessness, or suicidal tendencies an assessment needs to be completed for

loneliness. The causes, contributing factors, and the person's coping skills should be assessed. Intervention can then be directed at helping the person to acquire or strengthen coping skills through appropriate counseling or inpatient intervention.

Consequential health problems that were associated with loneliness included psychosomatic illnesses and physiological or psychological illnesses. Understanding the relationship between loneliness and resulting health problems would allow the nurse to effectively intervene, thus alleviating or reducing the severity of the consequences.

Conclusions

Being human, sharing the experiences of living and dying, means being lonely (Rokach, 1988). Loneliness has been described as one of the most pervasive human experiences, yet it is very difficult to define (Brage, Meredith, & Woodward, 1993).

The results of this analysis revealed the current status of the concept. Loneliness was a complex, multifaceted experience, caused by a host of events and situations. The expression of loneliness and quality of the experience differed among individuals and in various circumstances.

Most of the consequences associated with loneliness were negative and affected personal health. Nurses must be cognizant that loneliness may create a rippling effect in the individual, encompassing every aspect of life and leading to serious alterations in health.

Recommendations for Further Study

(a) Continued concept development utilizing the evolutionary view should be undertaken examining the literature from different time periods.

(b) Research centered on loneliness as a concept has been conducted within the particular interests of each discipline. Research directed at identification of a unifying theory among disciplines may help to integrate the phenomenon of loneliness.

(c) Some studies have focused on developmental stage, personal characteristics, and loneliness. However, the relationships among these concepts were not clear. Further research is indicated to study the relationships among developmental variables, personal characteristics, and the occurrence of loneliness.

(d) There was a paucity of research that concentrated on the relationship between loneliness and individual health-seeking behaviors. Alterations in health were viewed consequentially in loneliness. Further study is required to

clarify the relationship between health-seeking behavior and loneliness.

REFERENCES CITED

- Backenroth, G. (1993). Loneliness in the deaf community: A personal or an enforced choice? International Journal of Rehabilitation Research, 16(1), 331-336
- Barron, C., Foxall, M., Von Dollen, K., Jones, P., & Shull, K. (1992). Issues in Mental Health Nursing, 13, 387-401.
- Barron, C., Foxall, M., Von Dollen, K., Jones, P., & Shull, K. (1994). Marital status, social support, and loneliness in visually impaired elderly people. Journal of Advanced Nursing, 19, 272-280.
- Bergman-Evans, B. (1994). Alzheimers and related disorders: Loneliness, depression, and social support of spousal caregivers. Journal of Gerontological Nursing, March, 6-16.
- Bhatia, A., & Desmond, R. (1993). Emotion, romantic involvement, and loneliness: Gender differences among inner states and choice of entertainment. Sex Roles, 28(11/12), 655-665.
- Booth, R., Bartlett, D., & Bohnsack, J. (1992). An examination of the relationship between happiness, loneliness, and shyness in college students. Journal of College Student Development, 33, 157-162.
- Brage, D., Meredith, W., & Woodward, J. (1993). Correlates of loneliness among midwestern adolescents. Adolescence, 28(111), 685-693.
- Bullock, J. (1993, September). Lonely children, Young Children, 53-57.
- Canary, D., & Spitzberg, B. (1993). Loneliness and media gratifications. Communication Research, 20(6), 800-821.
- Cassidy, J., & Asher, S. (1992). Loneliness and peer relations in young children. Child Development, 63, 350-365.
- Charlson, E., Strong, M., & Gold, R. (1992). How successful deaf teenagers experience and cope with isolation. American Annals of the Deaf, 137(3), 261-269.
- Chin-Sang, V., & Allen, K. (1991). Leisure and the older black woman. Journal of Gerontological Nursing, 17(1), 30-34.

- Clegg, J. A., & Standen, P. J. (1991). Friendship among adults who have developmental disabilities. American Journal of Mental Retardation, 95(6), 663-671.
- Dahlberg, W. (1992). Brilliance--the childhood dilemma of unusual intellect. Roeper Review, 15(1), 7-10.
- Davidhizar, R., & Shearer, R. (1994). It can never be the way it was. Home Health Care Nurse, 12(1), 43-46.
- Desmond, A. (1991). The relationship between loneliness and social interaction in women prisoners. Journal of Psychosocial Nursing, 29(3), 5-9.
- Dugan, E., & Kivett, V. (1994). The importance of emotional and social isolation to loneliness among very old rural adults. The Gerontologist, 34(3), 340-346.
- Dunstan, L., & Nieuwoudt, J. (1994). The relationship between indexes of childhood friendship and biographical, personality, and behavioral variables. The Journal of Genetic Psychology, 155(3), 303-312.
- Flett, R., Harcourt, B., & Alpass, F. (1994). Psychosocial aspects of chronic lower leg ulceration in the elderly. Western Journal of Nursing Research, 16(2), 183-192.
- Fox, C., Harper, P., Hyner, G., & Lyle, R. (1994). Loneliness, emotional repression, marital quality, and major life events in women who develop breast cancer. Journal of Community Health, 19(6), 467-481.
- Ginter, E., Glauser, A., & Richmond, B. (1994). Loneliness, social support, and anxiety among two South Pacific cultures. Psychological Reports, 74, 875-879.
- Green, V., & Wildermuth, N. (1993). Self-focus, other-focus, and interpersonal needs as correlates of loneliness. Psychological Reports, 73, 843-850.
- Haines, D., Scalise, J., & Ginter, E. (1993). Relationship of loneliness and its affective elements to self-esteem. Psychological Reports, 73, 479-482.
- Hawken, L., Duran, R., & Kelly, L. (1991). The relationship of interpersonal communication variables to academic success and persistence in college. Communication Quarterly, 39(4), 297-308.

- Hoglund, C., & Collison, B. (1989). Loneliness and irrational beliefs among college students. Journal of College Student Development, 30, 53-58.
- Holmen, K., Ericsson, K., Anderson, L., & Winblad, B. (1992, February). Subjective loneliness: A comparison between elderly and relatives. Nursing Science and Research in the Nordic Countries, 9-13.
- Inderbitzen-Pisaruk, H., Clark, M.L., & Solano, C. (1992). Correlates of loneliness in midadolescence. Journal of Youth and Adolescence, 21, 151-167.
- Jackson, J., & Cochran, S. (1991). Loneliness and Psychological Distress. The Journal of Psychology, 125, 257-262.
- Jones, W. H. (1982). Loneliness and social behavior. In L. A. Peplau & D. Perlman (Eds.), Loneliness: A sourcebook of current theory, research and therapy. New York: John Wiley & Sons.
- Katona, C. L. E. (1994). Approaches to the management of depression in old age. Gerontology, 40(supp. 1), 5-9.
- Keil, C. (1990). Conceptual framework of human-animal relationships: An empirical examination. Unpublished doctoral dissertation, University of Kansas.
- Kunkel, M., Chapa, B., Patterson, G., & Walling, D. (1992). Experience of giftedness: "Eight Great Gripes" six years later. Roeper Review, 15(1), 10-14.
- Lee, G., & Whitbeck, L. (1987). Residential location and social relations among older persons. Rural Sociology, 52, 89-97.
- Leyser, Y., Margalit, M., & Avraham, Y. (1988). Families of disabled children in the Israeli kibbutz: A community which provides for all needs. The Exceptional Child, 35(3), 165-177.
- Lindgren, A. M., Svardsudd, K., & Tibblin, G. (1994). Factors related to perceived health among elderly people: The Albertina project. Age and Ageing, 14(23), 328-333.
- Lunt, P. (1991). The perceived causal structure of loneliness. The Journal of Personality and Social Psychology, 61, 26-34.

- Mahon, N., Yarcheski, A., & Yarcheski, T. (1994). Differences in social support and loneliness in adolescents according to developmental stage and gender. Public Health Nursing, 11, 361-368.
- Mijuskovic, B. (1990). Child abuse and neglect, dependent personalities, and loneliness. Psychology, A Journal of Human Behavior, 27, 1-10.
- Mullins, L. (1991). Loneliness: Its effects on older persons in congregate housing. Sociology and Social Research, 75(3), 170-178.
- Mullins, L., & Dugan, E. (1990). The influence of depression, and family and friendship relations, on residents' loneliness in congregate housing. The Gerontologist, 30, 377-384.
- Mullins, L., Tucker, R., Longino, C., & Marshall, V. (1989). An examination of loneliness among elderly Canadian seasonal residents in Florida. Journal of Gerontology, 44, 580-586.
- Page, R. (1991). Indicators of psychosocial distress among adolescent females who perceive themselves as fat. Child Study Journal, 21, 203-213.
- Peplau, L. A. (1985). Loneliness research: basic concepts and findings. In I. G. Sarason & B. R. Sarason (Eds.), Social support: Theory, research, and applications (pp. 270-286). Boston: Marinus Nijhoff.
- Ponzetti, J. (1990). Loneliness among college students. Family Relations, 39, 336-340.
- Proffitt, C., & Byrne, M. (1993). Predicting loneliness in the hospitalized elderly: What are the risk factors? Geriatric Nursing, 14(6), 311-314.
- Renshaw, P., & Brown, P. (1993). Loneliness in middle childhood: Concurrent and longitudinal predictors. Child Development, 64, 1271-1284.
- Richmond, B., & Ross, M. (1994). Responses to AIDS-related bereavement. Journal of Psychosocial Oncology, 12(1/2), 143-163.
- Rodgers, B. L. (1993). Concept development in nursing: Foundations, techniques, and applications. Philadelphia: W. C. Saunders.

- Rokach, A. (1988). The experience of loneliness: A tri-level model. The Journal of Psychology, 122, 531-544.
- Rokach, A. (1989). Antecedents of loneliness: A factorial analysis. The Journal of Psychology, 123, 369-384.
- Rubin, K., & Mills, R. (1988). The many faces of social isolation in childhood. Journal of Consulting and Clinical Psychology, 56, 916-924.
- Ryan, M. (1989). The relationship between loneliness, social support, and decline in cognitive function in hospitalized aged men and women. Unpublished doctoral dissertation, University of Pennsylvania.
- Stephan, E., Fath, M., & Lamm, H. (1988). Loneliness as related to various personality and environmental measures: Research with the German adaptation of the UCLA loneliness scale. Social Behaviour and Personality, 16, 169-174.
- Stewart, M. (1989). Social support: Diverse theoretical perspectives. Social Science and Medicine, 28, 1275-1282.
- Sugisawa, H., Liang, J., & Liu, X. (1994). Social networks, Social support, and mortality among older people in Japan. Journal of Gerontology, 49(1), S3-S13.
- Sundberg, C. (1988). Loneliness: Sexual and racial differences in college freshmen. Journal of College Student Development, 29, 298-305.
- Valente, S., & Aoyama, D. L. (1992, October). Helping your patient overcome loneliness. Nursing, 71-73.
- Vitkus, J., & Horowitz, L. (1987). Poor social performance of lonely people: Lacking a skill or adopting a role? Journal of Personality and Social Psychology, 52, 1266-1273.
- Walton, C., Shultz, C., Beck, C., & Walls, R. (1991). Psychological correlates of loneliness in the older adult. Archives of Psychiatric Nursing, 5, 165-170.
- Weiss, R. (1987). Reflections on the present state of loneliness research. Journal of Social Behavior and Personality, 2, 1-16.

Woodward, J., & Kalyan-Masih, V. (1990). Loneliness, coping strategies and cognitive styles of the gifted rural adolescent. Adolescence, XXX, 977-988.

Young, J. E. (1982). Loneliness, depression, and cognitive therapy: Theory and application. In L. A. Peplau & D. Perlman (Eds.), Loneliness: A sourcebook of current theory, research and therapy (pp. 379-406). New York: John Wiley & Sons.

Zack, M. (1991). The experience of loneliness in adult, hospitalized, dying persons. Unpublished doctoral dissertation, Case Western Reserve University.