Strategies of Coping with Loneliness throughout the Lifespan

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There is a great diversity in the available strategies for coping with loneliness. The present study examined the influence of age and gender on coping with loneliness. Seven hundred and eleven participants from all walks of life volunteered to answer an 86 item yes/no questionnaire, reflecting on the *beneficial* coping strategies, which they have used to deal with the pain of loneliness. Four age groups were compared: youth (13–18 years old), young adults (19–30 years old), adults (31–58 years old) and seniors (60–80 years old). Within and between gender comparisons were also done. Results revealed that loneliness is approached and dealt with more effectively by the adult group, and that women appear to cope better than men do with loneliness.

INTRODUCTION

Being alone does not necessarily mean being lonely. Loneliness may entail geographical aloneness or social isolation, but more than that it reflects the aversive and painful experience of not belonging, not feeling connected to others, or valued by them (Russell, et al., 1984; West, Kellner & Moore-West, 1986). Aloneness, if it is planned, wanted or welcomed could result in solitude which may enhance one's knowledge of one's self, and be a path to greater meaning (Andre, 1991). Loneliness, in contrast, is a painful experience that is commonly not embraced and which has consequences that are detrimental to one's emotional, physical, and spiritual well being (Ernst & Cacioppo, 1998; McWhirter, 1990).

Recent studies suggest that a large proportion of the population feel lonely frequently (Rokach & Brock 1995). Ornish (1998) stated at the very beginning of his book *Love & Survival*: "Our survival depends on the healing power of love, intimacy, and relationships. Physically. Emotionally. Spiritually. As individuals. As communities. As a culture. Perhaps even as a species." (p. 1). And indeed, loneliness has been linked to depression, anxiety, and interpersonal hostility (Hansson et al., 1986), to an increased vulnerability to health problems (Jones et al., 1990), and even to suicide (Cutrona, 1982).

Rook (1988) observed that loneliness results from the interaction of person factors and situational constrains. That interaction is closely associated with the changing circumstances, which one encounters growing up—from cradle to grave.

Adolescence has been described as a period of "storm and stress" (Arnett, 1999). It is a difficult period of life (Buchanan et al., 1990) characterized by conflicts with parents (Lawson, Coy & Collins, 1998), mood disruption including extreme emotions

(Larson & Richards, 1994), increased substance abuse (Johnston, O'Malley & Bachman, 1994), heavy reliance on peers and vulnerability to peer pressure (Arnett, 1999) and risky behavior (Arnett, 1999) which was described by Hall (1904) as "a period of semicriminality" (Vol. 1, p. 404).

Young adulthood is a period, which in some way accentuates the changes that the adolescent has encountered (Hatcher, Trussell, Stewart & Stewart, 1994) but it lacks the sharp mood swings and frequent conflicts which are characteristics of the youth. During their 20's young adults in the Western culture break away from their family and prepare themselves for life vocationally, academically, and socially (Coon, 1992). Around the age of 30 many people experience a minor life crisis (Coon, 1992). Questions about the essence of life and the wavering assurance about previous choices are at the heart of that crisis. Adults during their third to fifth decades often strive to reach the height of their vocational experience (Coon, 1992), attend to their nuclear family as well as family of origin and experience the birth, growth, and striving for independence of their offspring (Steinberg & Levine, 1997; Smetana, 1988) as well as deal with "the daily hassles of life" (Arnett, 1999). Middle age is characterized by declining vigor, strength, and youthfulness (Coon, 1992), as well as letting go of one's unrealistic dreams and aspirations. While women experience menopause, men pass through a climacteric, and so both genders experience physiological changes (Coon, 1992). The elderly frequently suffer from a variety of chronic ailments (Roy, 1986), death of friends or a spouse (Rabasca, 1999), and social isolation to varying degrees (Delisle, 1988).

Those changing circumstances, life events, and opportunities undoubtedly effect the manner in which people experience, evaluate, and cope with life's demands. It therefore stands to reason that the essence of the experience of loneliness [as well as the manner in which different age groups approach and cope with it] would differ at various stages in life (Rokach & Brock, 1998).

The present study is, in essence, a phemomenologically based study. Rather than be diagnostic in nature and attempt to measure levels and intensity of coping with loneliness (as others have done), it aims at understanding, explaining, and highlighting the strategies used to cope with loneliness in the different stages of the lifecycle.

METHOD

Participants

Seven hundred and eleven participants volunteered to answer the loneliness questionnaire. Seventy percent of the sample were men and 30% were women. The sample was recruited in urban Canadian centres. In an attempt to overcome the methodological difficulty of other studies which relied solely on college students (see Vincenzi & Grabosky, 1987), participants were recruited from all walks of life (see Procedure for a more detailed description).

The average age of all participants was 32.26 years with ages ranging between 13 to 80. The mean level of education (i.e., last grade completed) was 11.56 with a range of formal education reported to be of 1 to 20. Fifty-six percent of the participants were

TABLE 1
Demographics

Population	N^{11}	Martial Status			Education		Age	
		Single	Married	Divorced/Separated Widowed	M	SD	M	SD
Youth	106	98 (93%)	1 (0.9%)	4 (4%)	9.37 (7-14)[1]	1.45	15.42 (13-18)	1.44
men	43 (40%)[11]	37	1	2	9.00	1.28	15.40	1.57
women	63 (60%)	61	0	2	9.60	1.52	15.43	1.36
		$X^2_{(1,2)} = 1.83$			$F_{(1,101)} = 4.34*$		$F_{(1,98)} = 0.01$	
Young Adult	255	181 (71%)	53 (21%)	20 (8%)	12.08 (1-20)	2.55	24.04 (19-30)	3.49
men	191 (75%)	129	43	18	11.33	2.37	24.55	3.48
women	64 (25%)	52	10	2	14.17	1.79	22.53	3.11
		$X^2_{(1,2)} = 4.78$			$F_{(1,242)} = 76.52***$		$F_{(1,253)} = 17.00***$	
Adults	314	113 (36%)	96 (31%)	105 (33%)	11.95 (3-22)	2.82	40.28 (31-58)	7.17
men	248 (79%)	99	68	81	11.41	2.71	39.96	7.23
women	66 (21%)	14	28	24	14.05	2.21	41.48	6.89
		$X^2_{(1,2)} = 9.12*$			$F_{(1,292)} = 48.66***$		$F_{(1,312)} = 2.37$	
Seniors	36	3 (8%)	12 (33%)	21 (59%)	11.29 (2-18)	3.31	67.33 (60-80)	5.58
men	19 (53%)	1	10	8	10.42	2.03	67.00	5.44
women	17 (47%)	2	2	13	12.40	4.26	67.71	5.88
		$X^2_{(1,2)} = 677**$			$F_{(1,32)} = 3.20$		$F_{(1,34)} = 0.14$	
Total	711	395 (56%)	162 (23%)	150 (21%)	11.56	2.75	32.26	13.62
men	501 (70%)	$X^2_{(2,3)} = 85.89***$			$F_{(3,469)} = 11.84*$		$F_{(3,494)} = 624.11****$	
women	210 (30%)	$X^2_{(2,3)} = 128.21$			$F_{(3,198)} = 63.32*$		$F_{(3,203)} = 763.63****$	

[1] range * = p<.05 **p<.01 ***p<.001 ****p<.0001
[11] Ns and percentage may not add up due to missing data.
$X^2_{(1,3)}$ sex by culture = 64.30*
$X^2_{(2,3)}$ marital status by population = 189.22*
$F_{(3,671)}$ education by population = 30.14*
$F_{(3,701)}$ age by population = 1253.98*

single, 23% married, and 21% have had a relationship but were no longer in it due to separation, divorce, or death of a spouse. Table 1 provides a more detailed breakdown of gender, age, education, and marital status within each age group.

Procedure

Participants were asked to reflect on the coping strategies that they used and which they found to be beneficial and to endorse those items which described it. They took approximately ten minutes to answer the questionnaire.

Adolescents participated in the study either in between or after classes, or were recruited in community centres where they attended extra curricular activities. Community centres also provided an opportunity to recruit participants from other age groups. In addition, young adults were recruited in a local university and during evening classes, which were offered by the local parks and recreation department. Both, young adults and the adults were recruited from community centres, special interest groups (i.e., alcoholics anonymous, Parent Without Partners, and a variety of extra curricular courses). Seniors were recruited in community centres, groups for the bereaved and alone, and from centres for the aged. Participants took part in the study on a volunteer basis and were assured of anonymity.

The Loneliness Questionnaire

All items for the questionnaire were written by the author and based on Rokach's previous research on loneliness (Rokach, 1990). The study yielded a theoretical model of coping with loneliness as reported by five hundred and twenty-six (526) participants who were asked to describe the strategies which they employed in coping with loneliness and which proved to be beneficial to them. The present items were chosen from those descriptions and were modified to provide clarity and gender neutrality. The draft was first reviewed by six psychologists and two psychology students for any items or instructions, which lacked in clarity, relevance, or content. The questionnaire was then constructed, incorporating this feedback. The questionnaire has 86 items, which describe a variety of *beneficial* coping strategies. The general instructions request that participants reflect on their previous experiences of loneliness and endorse the items, which describe the coping strategies that were most helpful to them.

Principal components factor analysis with varimax rotation was applied to the data with .40 being the minimum score for an item to load on a given factor. The factor analysis procedure, using the SPSS program, extracted the principal components and the factor matrix was subjected to a varimax rotation. The items contributing to the factors were then examined for their meaning. Six factors could be assigned meaning, and each accounted for sufficient amount of the variance (at least 3%) to support statistical meaningfulness. The remaining factors accounted for 1 or 2 percent of the variance and so were ignored. Accordingly, repetitions of the varimax rotations were limited to six factors each, to permit the results to be restricted to the most robust factors. Factor 1, Reflection and acceptance (accounted for 14% of the variance) =

being by one's self to become acquainted with one's fears, wishes, and needs; and consequently, accepting one's loneliness and the resultant pain. Factor 2, Self-development and understanding (5%) = the increased self-intimacy, renewal, and growth which are often the results of active participation in organized focused groups or of receiving professional help and support. Factor 3, Social support network (4%) = the re-establishing of social support network which can help one feel connected to and valued by others. Factor 4, Distancing and denial (3%) = denial of the experience and pain of loneliness by alcoholism, drug abuse, and other deviant behaviors. Factor 5, Religion and faith (3%) = the need to connect to and worship a divine entity. Through affiliation with a religious group and practicing its faith one can gain strength, inner peace, and a sense of community and belonging. Factor 6, Increase activity (3%) = active pursuit of daily responsibilities as well as fun-filled solitary or group activities, thus maximizing one's social contacts. Each of the six factors comprised a subscale and participants' scores are the sum of the items which they endorsed in each subscale (for a more comprehensive description of the questionnaire and how it was developed, the reader is referred to Rokach & Brock, 1998). Kuder-Richardson internal consistency reliabilities were calculated and yielded the following alpha values: $F_{(1)}=.88$; $F_{(2)}=.67$; $F_{(3)}=.75$; $F_{(4)}=.77$; $F_{(5)}=.79$; $F_{(6)}=.63$. K-R alpha for the 86–item questionnaire was .94 (See appendix A for sample items).

RESULTS

Table 1 illustrates the breakdown of gender, age, marital status, and educational levels within each population group. Participants were divided into four distinct age groups, in accordance with Erikson's (1963) psychosocial stages. Namely, the *youth* ranged in age from 13 to 18 years, *young adults* 19 to 30, *adults* 31 to 58 and *seniors* were those 60 to 80 years old.

Age ($F_{(3,701)}=1253.98$; p<.0001) was, naturally, significantly different for the four age groups. Education ($F_{(3,671)}=30.14$; p<.0001) was similarly significantly different amongst the four groups, with young adults reporting the highest mean (12.08), and the adolescents the lowest mean (9.37). Marital status differed significantly amongst the age groups ($x^2_{(2,3)}=189.22$; p<.0001). Ninety three percent of the youth were single whereas, for example 59% of seniors were alone due to separation, divorce, or spousal death. The composition of the age groups was also significantly different in gender distribution ($x^2_{(1,3)}=64.30$; p<.0001). The highest percentage of males was in the adult population (79%), while the adolescents had the highest percentage of females (60%).

Table 2 compared the mean subscale scores of participants in each age group. ANCOVAs were performed for each of the six subscales across age groups. Significant differences were found in all but Social support network and the Increased activity subscales. A comparison of men across age groups indicated significant differences only in Reflection and acceptance and in the Religion and faith subscales. Women differed significantly on all but the Social support network and the Religion and faith subscales.

TABLE 2
Comparing mean subscales scores of loneliness coping strategies by age group

Age Groups	N	Reflection acceptance		Self-development and understanding		Social support network		Distancing and denial		Religion and faith		Increased activity	
		M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Youth[1]	106	7.21	4.08	1.59	1.05	3.73	2.23	2.46	1.70	1.98	1.04	2.04	1.30
Men	43	6.89	4.48	2.07	1.33	3.92	2.25	3.08	1.96	1.84	1.07	2.07	1.41
Women	63	7.42	3.83	1.21	0.54	3.92	2.22	1.89	1.20	2.07	1.03	2.03	1.22
		$F_{(1,95)}$ = .39		$F_{(1,32)}$ = 6.54**		$F_{(1,82)}$ = 1.00		$F_{(1,52)}$ = 7.30**		$F_{(1,46)}$ = 0.54		$F_{(1,65)}$ = 0.20	
Young adults[2]	255	9.16	4.80	1.96	1.26	3.88	2.30	3.57	2.31	2.31	0.96	2.32	1.25
Men	191	9.64	4.83	2.06	1.30	4.00	2.34	3.78	2.33	2.31	0.97	2.47	1.28
Women	64	7.72	4.42	1.35	0.81	3.50	2.16	2.48	1.93	2.28	0.94	1.56	0.70
		$F_{(1,241)}$ = 7.53**		$F_{(1,135)}$ = 5.55*		$F_{(1,211)}$ = 1.81		$F_{(1,186)}$ = 8.43**		$F_{(1,96)}$ = 0.03		$F_{(1,158)}$ = 13.00**	
Adults[3]	314	9.31	5.20	2.41	1.55	3.58	2.09	3.45	2.36	2.49	1.05	2.38	1.29
Men	248	9.18	5.18	2.43	1.56	3.57	2.08	3.47	2.31	2.52	1.08	2.30	1.27
Women	66	9.81	5.31	2.37	1.55	3.60	2.16	3.34	2.60	2.38	0.94	2.73	1.35
		$F_{(1,299)}$ = 0.70		$F_{(1,212)}$ = 0.04		$F_{(1,251)}$ = 0.01		$F_{(1,212)}$ = 0.10		$F_{(1,170)}$ = 0.55		$F_{(1,196)}$ = 3.32	
Seniors[4]	36	9.06	5.20	2.15	1.08	3.00	1.65	2.07	1.33	2.46	1.02	2.14	1.36
Men	19	11.69	5.30	2.36	1.21	2.89	1.53	2.38	1.41	2.73	1.19	2.60	1.65
Women	17	6.59	3.79	1.92	0.90	3.15	1.86	1.67	1.21	2.23	0.83	1.75	0.96
		$F_{(1,31)}$ = 10.20**		$F_{(1,24)}$ = 1.07		$F_{(1,29)}$ = 0.19		$F_{(1,12)}$ = 0.97		$F_{(1,22)}$ = 1.44		$F_{(1,20)}$ = 2.28	
Total	711	8.94	4.95	2.18	1.42	3.67	2.17	3.34	2.28	2.36	1.03	2.30	1.28
Men	501	9.26	5.05	2.26	1.44	3.69	2.19	3.55	2.29	2.42	1.07	2.36	1.30
Women	210	8.18	4.62	1.89	1.30	3.63	2.15	2.61	2.11	2.25	0.95	2.11	1.21
	4 Populations[5]	$F_{(3,670)}$ = 4.28**		$F_{(3,407)}$ = 5.22**		$F_{(3,577)}$ = 1.83		$F_{(3,466)}$ = 4.99**		$F_{(3,338)}$ = 3.37*		$F_{(3,443)}$ = 1.30	
	Men[6]	$F_{(3,471)}$ = 4.46**		$F_{(3,308)}$ = 1.60		$F_{(3,410)}$ = 2.27		$F_{(3,360)}$ = 1.67		$F_{(3,232)}$ = 2.91		$F_{(3,329)}$ = 1.04	
	Women[6]	$F_{(3,195)}$ = 4.15*		$F_{(3,95)}$ = 5.86***		$F_{(3,163)}$ = 0.58		$F_{(3,102)}$ = 3.34*		$F_{(3,102)}$ = 0.62		$F_{(3,110)}$ = 6.23*	

*p<.05 **p<.01 ***p<.001 ****p<.0001

[1]Education was covaried.
[2]Education and age were covaried.
[3]Education and marital status were covaried.
[4]Marital Status was covaried.
[5]Age, education, gender and marital status were covaried.
[6]Age, education and marital status were covaried.

DISCUSSION

Larson (1990) aptly noted that "periods of solitude, whether brief moments or extend seclusion, have a range of functions and meanings in the human lifecycle" (p. 155). However, he added, spending too much time alone—which may occur at any stage in life—may bring about loneliness. Focusing on the aging process which we all go through, Brown (1996) observed that aging concerns all humans "because of our unique ability to have an awareness of ourselves and others and to conceptualize the future as well as the past and present" (p. 1). Nexhipi (1983) noted that loneliness occurs at all ages and the relationship between age and loneliness is a curvilinear one, whereby the young and the old are especially prone to feelings of loneliness (see also Ernst & Cacioppo, 1998).

The present study investigated the experience of loneliness across the life span, by examining how it is coped with during adolescence, young adulthood, middle age, and the later years. To the best of my knowledge, no other research addressed the phenomenology of loneliness and its various facets and compared it across different age groups. Loneliness is a distressing and painful multidimensional experience which is universal among all humans, and as a unique subjective experience, is affected by one's personality, history, and background (Rokach & Brock, 1997). Results of the present study confirmed that coping with loneliness, is indeed, different throughout the life cycle. In this study, I examined each of the six subscales as participants from the different age groups endorsed it.

West, Kelner, and Moore-West (1986) observed that a large portion of the population reported having experienced loneliness. Research shows that loneliness is not experienced exclusively by the adult population but that its prevalence transcends throughout many age groups (Marceon & Brumagne, 1985; Rokach & Belpulsi, 1999). Hartog (1980) keenly observed that

> we struggle against loneliness even before we know the adversary. As children, we sense we are alone when we discover that our parents are not omniscient and all-powerful. As adolescents we discover our own mortality and this intensifies our awareness of loneliness. As adults we come to realize that we are not merely alone within our bodies, but alone in the world. (p. 1)

It thus highlights and further explains the results of the present study. Overall, it was found that age groups differed in the strategies they used to cope with loneliness except on the Social support network subscale.

The Social support network subscale depicted the reestablishment of social support network, of connecting with others, and utilizing their support in dealing with loneliness and other life difficulties. Not only, as Ornish (1998) put it, our survival depends on others' support, acceptance and love, but Berkman (quoted in Ornish, 1998) observed that support is "about being embedded in the whole social system—in a society, in a community, in relationships—that is important...it is an interrelationship that

is both giving and taking, which is what love is about, what intimacy is about" (p. 196). Moreover, Ornish (1998) reports that group support, such as Alcoholics Anonymous, or specific illness-related groups could not only help heal isolation and loneliness but prolong life and improve its quality. Unlike, for instance, Acceptance and reflection, which would require a certain level of intellectual ability and maturity, or Religion and faith, which may not appeal to atheists, social support is beneficial and helps in coping with loneliness regardless of one's age or gender.

It is widely accepted by laymen and researchers alike that rebuilding one's social network and establishing close relationships are among the most effective ways of coping with loneliness. Blieszner (1988) observed that having a support network, which may be constituted in a variety of ways from attending impersonal social events to being involved in deeply personal relationships, provides the feeling that one belongs and is loved and valued. Weiss (1974) described a well-functioning social support network as one which encourages feelings of attachment, social integration, opportunities to be nurturant, reassurance in one's worth, and guidance from the people who form that network. And because relationships tend to be specialized and each typically fulfils a different need, a variety of relationships are necessary to avoid the distress of loneliness. The items that comprised Factor 3 suggested relational diversity ranging from increased time spent with people to re-establishing relationships with friends and family members to initiating romantic connections. There is no other cluster of strategies aside from Increased activity whose usefulness has been endorsed so enthusiastically, transcending age and gender.

The Increased activity subscale addressed the active pursuit of daily responsibilities as well as fun-filled solitary or group activities, thus maximizing one's social contacts. Working, pursuing a new hobby, engaging in sports or working/volunteering part time are activities which were included in this subscale. The present results indicate that the usefulness of being active and involved in the community, engaging in activities that may either open the door to new friendships, or allow the person to engage in a satisfying solitary activity, can be beneficial regardless of age or gender.

The distress of loneliness has been described as "paralyzing hopelessness and unalterable futility" (Fromm–Reichman, 1959 in Rokach 1988b, p. 540). Such immobilization in response to the pain and anxiety of loneliness is akin to the shock that one experiences following a traumatic event, i.e., death of a loved one, or being involved in a car accident (Rokach, 1988a). The coping strategies identified as helpful in Factor 6, Increased activity, appeared to counteract the immobilization associated with loneliness. Rather than be immersed in pain, helplessness and sadness, participants of the present study reported that they actively pursued not only their daily responsibilities, but leisure and fun-filled solitary or group activities as well, thus creating new opportunities for social contacts. Increasing their repertoire of rewarding activities may be useful to the lonely for several reasons. First, it may decrease their dependence on others for experiencing satisfaction, and may consequently increase their sense of personal control (Rook & Peplau, 1982); second, pleasurable and satisfying activities may aid in lifting the sadness or depression that often accompany loneliness (Fuchs &

Rehn, 1977; Lewinsohn, Biglan & Zeiss, 1976). Since women are commonly known to be able to make social contacts and relate to others even on a superficial manner better than most men can, young adult women, indeed scored higher on this subscale. However, in other age groups, no significant differences were found.

The Reflection and acceptance subscale focused on using the opportunity of being by oneself and becoming aware of one's fears, wishes, and needs as the most salient means of coping with loneliness. The present results indicated that the youth had the lowest score while adults scored the highest on this subscale. Intuitively, this result was expected. The youth have been described as going through a tumultuous period (Arnett, 1999) which Hall (1904), and consequently the public at large, termed the "storm and stress" stage of life. During adolescence the youngster searches and establishes his or her identity (Coon, 1992), he or she frequently engages in conflicts with parents (Laursen, Coy & Collins, 1998; Smetana, 1988), has to deal with physical changes (Dworetzky, 1991), mood disruptions (Arnett, 1999; Larson & Richards, 1994), and with risk behaviors and its consequences (Hall, 1904; Johnston, O'Mally & Bachman, 1994) in addition to being overwhelmed by such unprecedented (in previous generations) problems as changing family structures, pollution, and overcrowding to name just a few. It is little wonder then, that during that period of time, very few adolescents will stop their hectic schedules, retreat from their search for companions and social acceptance, in order to engage in such solitary, reflective activities, which are philosophical in nature. They do not have the time or the maturity to do so.

Adults scored highest on Reflection and acceptance. Most probably as a result of having accumulated along their lives maturity, experience, and wisdom, they have gained the ability to accept their fate in a calmer manner (Coon, 1992). Having frequently experienced marital disharmony or divorce, loss of loved ones, the demands of child rearing and the guidance that children so dearly need but may refuse to accept, (Roediger, Capaldi, Paris & Polivy, 1991), they may have attained the ability to look into themselves, search for *their* truth, and accept loneliness as an inevitable part of life.

Moustakes (1972) and Mayer Gaev (1976) described loneliness as including a feeling of inner void, a detachment from one's self, and an alienation from one's core identity. As such, Reflection and acceptance, maintains that one cannot deal effectively with loneliness without having an encounter with one's self that involves a direct and straightforward facing of one's loneliness. Such an encounter requires a willingness to experience fear, anger, agony, and/or disillusionment. Loneliness may also precipitate a "joyous experience of self-discovery, a real meeting of self-to-self...it includes a sense of harmony and well-being...[and a way] of advancing life and coming alive in a relatively dead or stagnant world" (Moustakes, 1972; p. 21).

Andre (1991) referred to this coping strategy as "positive solitude" which he described as the antidote to the, sometimes, desperate attempts of some people to "find someone." Contemporary belief holds that being alone is related to unhappiness, depression, and failure; consequently, the ability to think positively about being alone— and to be content living alone—is not well developed in North America. "A particularly pernicious belief is that the ultimate way to cure loneliness is to find relation-

ships. Alone, it is assumed, people cannot really conquer their loneliness; perhaps they can adjust to it, but they will never be truly happy" (Andre 1991; p. xix). The author believes that "only when we learn to live alone, and even to love alone—when we face our alienation, our vulnerability, our creativity, our uniqueness, our humanity, and our desires—will the problems of finding others and finding community become less urgent" (p. xix).

Self-development and understanding is a cluster of coping strategies which encompasses increased self-intimacy, renewal, and growth, and often is the result of active participation in organized focus groups (i.e., Alcoholics Anonymous, Parents Without Partners, dating clubs, etc.) and of receiving professional help and support from the clergy. The present results indicated that Youth scored the lowest, while Adults scored the highest on this subscale. Reviewing the coping strategies that are clustered in this subscale, it becomes apparent why Youth would have the lowest score. They mostly attend school which they often dislike, they focus on gaining a respected standing amongst their peers, are busy preparing for a future career (Coon, 1992; Mitchell, 1971; Nexhipi, 1983) and will hardly have any inclination, time or resources to enroll in personal development courses, seek professional/clerical guidance, or attend focus groups. Groups that usually cater to older persons deal with issues that adolescents have not yet met.

Adults in their 40's and 50's have attained greater stabiliy in their occupational lives, have often reached their goals, or, as coon (1992) observed, gained the "feeling that the die is cast and that former decisions can be lived with" (p. 431). Their children are often at an age where they do not require close parental supervision, and there are those who need to address "the empty nest," once the children are grown and leave home (Rubin cited in Dworetzky, 1991). It, thus, stands to reason that being at such a stage in their lives, Adults would have the motivation and resources to do so, and be open to engage in Self-understanding and development.

Considerable diversity appears to exist among the coping strategies of the lonely (Rook, 1988), and as such people differ in their readiness to recognize or admit (to themselves and to others) that they are in pain due to feeling lonely (Booth, 1983; Rook & Peplau, 1982). Feared stigma and loneliness anxiety—defending against the fear of experiencing loneliness (see Moustakes, 1972)—may result in attempts to deny the experience either outright or by distancing oneself from the pain, feelings of failure, and from the restlessness and desperation which loneliness entails (Rook, 1988). The factor distancing and denial, addressed this issue and confirmed the connection found between loneliness and alcoholism, drug abuse and other behavioral disorders or deviant behaviors (Rook, 1984). The present results indicated that seniors had the lowest, while young adults had the highest scores on this subscale. Late adulthood (60 years or older) is a period of personal adjustment. Seniors face the need to adjust to physical changes that begin to interfere with daily activities and to retirement or reduced income. Perhaps most difficult of all is adjusting to the inevitable death of friends, relatives, or that of a spouse (Dworetzky, 1991; Kastenbaum & Durkee, 1964; Serock, Seefeldt, Jantz & Galper, 1977). Facing such an adjustment,

seniors are not apt to support, nor will reality by and large encourage, denial. Similarly, distancing from others to prevent being hurt, or engaging in antisocial or substance abuse behaviors are not a viable option for the elderly.

The young adults, striving to establish themselves professionally and socially (Coon, 1992) usually start families of their own after having broken the ties with their own families (Doherty & Jacobson, 1982; Dworetzky, 1991), and take on civic responsibilities while also needing to find congenial social groups (Havinghurst, 1953; Roediger, Capaldi, Paris & Polivy, 1991). Being under such internal and external pressures, striving to achieve so much, and devoting their time and resources to attain all those goals, its plausible that they would tend, more than the other groups, to deny their loneliness. Alternatively, they may engage in short term beneficial behaviors such as substance abuse, lest they get in touch with the distress and pain of loneliness. For if they did, they would have to devote valuable time and resources to dealing with a personal experience, which society may not recognize and which they therefore may not wish to spend time on resolving.

Rokach (1988b) noted that "in our limitless and awesome universe, which humans have not fully grasped, under harsh social conditions and high personal expectations, a feeling of self-alienation, emptiness and a sense of meaninglessness are almost inevitable" (p. 243). Religion and faith, appear to confirm such feelings as it suggests that individuals need to feel connected to and/or worship a divine entity, God, or a Supreme Being. Through affiliating with religious groups and practicing their faith, individuals gain strength, inner peace, and a sense of community and belonging.

Andre (1991) suggested that one may successfully deal with loneliness by finding solace, that "emotional experience of a soothing presence. In a turbulent world solace calms us. In the face of adversity it gives us composure" (p. 108). Andre observed that ritual is an important source of solace, in that it provides rewarding connection to the past and the future, and anchors the individual to time and space. Thus, Religion and faith may not only provide the person with connectedness to other worshippers but with the solace that comes from feeling related to a protective and powerful Supreme Being.

The present results indicate that while adolescents scored the lowest, adults scored significantly higher than them, but not significantly different from young adults and seniors. As mentioned in the preceeding pages, adolescents by-and-large do not see Religion and faith—with its demands on their valuable time and limited resources—as a viable solution to loneliness. Most often, the sense of connectedness comes from one's peer group to which the adolescent can relate to in a more concrete, immediate, and direct manner, without divine intervention (Newman, 1982). The rest of society seems to realize the value of spirituality, faith, and religious rituals, and derive a variety of benefits from it, including coping with loneliness (Hafen, Karren, Frandsen & Smith, 1996; Ornish, 1998). To highlight this point, Hafen et al. (1996) quote an Arabian proverb which suggests that "He who has health has hope; and he who has hope has everything" (p. 443). Overall the present results indicated that adults, those in the age group of 31–58, scored highest on all six subscales. It appears that the "prime of life period" also best equips the individual to cope with loneliness.

Examining gender scores within each age group indicated that youth males scored significantly higher than females on Self-development and understanding and Distancing and denial. With the North American emphasis on greater self-understanding and expression of women's needs (Rokach & Sharma, 1996) one would expect the opposite results on, at least, the Self-development and understanding subscale. As the pressures in our society, mainly upon men, increase to succeed and achieve, to be accepted and gain respectability (Dworetzky, 1991) so adolescent boys who are greatly dependent on their peer approval (Geary, 1998; Mitchell, 1971) may resort to engaging in antisocial activities (see Hall, 1904) or abuse a variety of substances in order to both dull the pain of loneliness and gain social respectability.

Young adult women scored higher then men on all subscales, although on Social support network and Religion and faith, those differences were not statistically significant. Both genders are under pressure to achieve vocational competence, create a family, raise children, and deal with their respective families of origin (Coon, 1992). However, it appears that women, particularly at this age group, seem to cope better with loneliness. Having been socialized to express themselves more freely than men, and to be more inwardly directed and aware of themselves and their needs (Rokach & Sharma, 1996; Weitenberg & Reis, 1986), it may be that women do not employ better or more coping strategies at this age, but simply are more sharply tuned to observe the benefits and gains which they derived from the coping strategies they did utilize.

No gender differences were observed in the adult population. It is possible, that due to advanced age and life experiences, men "catch up" with women's ability to reflect and be aware of their inner self and thus can utilize and appreciate the benefit of the coping strategies as much as women do. Gender differences in the golden years are evident in the present sample only in relation to Reflection and acceptance. Larson (1990) observed that "the old spend more time alone and appear to be more comfortable alone than younger age groups" (p. 175). Peplau (quoted in Hafen et al., 1996) suggested that especially after loss of a spouse, older women cope better with loneliness. I found no other studies on loneliness in old age that can help to explain the gender differences, which were found in Reflection and acceptance.

An examination of the pattern of coping skills of the genders across age groups indicated significant differences for men on Reflection and acceptance and Religion and faith. Women differed significantly on all but Social support network and Religion and faith. It thus appears that the use and benefit of Social support network and Religion and faith may be characterized by gender-neutrality. Thus, it is suggested that the appeal of these two clusters is universal, and both are helpful in coping with and lessening the pain of loneliness.

The hurried, pressured, confused, and conflicted adolescent males had the lowest scores on Reflection and acceptance, while the senior men, those whose rich life experiences, their mellowing conduct, and the imminence of death—scored the highest. It is suggested that their advanced age, accumulated wisdom, and acceptance of life's hurdles have also enhanced their ability to cope with loneliness; coping which was aided by reflecting on their lot in life, and accepting the inevitable (Coon, 1992;

Delisle, 1988; Larson, 1990). A similar trend has been noted in the Religion and faith subscale, and as was previously noted, the growing numbers of seniors who attend religious services and who engage in spiritual endeavors helps explain this trend.

Adult women scored the highest on Reflection and acceptance, Self-development and understanding, Distancing and denial and Increased activity. It appears that coping with loneliness is at its most beneficial state during middle adulthood, just as is the case with adult males. With careers well established, marriages stable (or divorces settled), children grown up and often out of the house, women at that stage in their lives may have the time, motivation, financial resources, and wisdom (that has been accumulated through their life experiences) to engage in a variety of activities, and use the coping strategies that will help them maximize their ability to lessen the pain of loneliness (Coon, 1992; Dworetzky, 1991; Roediger, Capaldi, Paris & Polivy, 1991).

Rook's (1988) assertion that considerable diversity appears to exist with respect to the various coping strategies used by the lonely has been demonstrated by the present study. It was found that there is a significant age-by-gender effect in the utilization of the coping strategies. Both genders in the adult age group appear to use and benefit most from the majority of the coping strategies and women by-and-large outdo men in their ability to deal with the pain of loneliness and lessen its devastating effects.

Future research is needed to expand on the present, exploratory study using a larger senior group. The influence of familial relations, health, cultural background, and socio-economic levels affect one's ability to cope with loneliness and need to be examined as well.

NOTE

REFERENCES

Andre, R. (1991). *Positive solitude: A practical program for mastering loneliness and self-fulfillment*. NY: HarperCollins.

Arnett, J. J. (1999). Adolescent storm and stress, reconsidered. *American Psychologist, 54(5)*, 317–326.

Blieszner, R. (1988). Individual development and intimate relationships in middle and late adulthood. In: R. M. Milardo (Ed.) *Families and social networks*, (pp. 147–167). Newbury Park, CA: Sage.

Booth, R. (1983) Toward and understanding of loneliness. *Social Work, 23*, 116–119.

Brown, A. S. (1996). *The social processes of aging and old age*. Upper Saddle River, NJ: Prentice Hall.

Buchanan, C. M., Eccles, J. S., Flanagan, C., Midgley, C., Feldlaufer, H., & Harold, R. D. (1990). Parents' and teachers' beliefs about adolescents: Effects of sex and experience. *Journal of Youth and Adolescence, 19*, 363–394.

Coon, D. (1992). *Introduction to psychology: Exploration and application* (6th ed.). New York; West publishing.

Cutrona, C. E. (1982). Transition to college: Loneliness and the process of social adjustment. In: L.A. Peplau & D. Perlman (Eds.), *Loneliness: A sourcebook of current theory, research and therapy*. (pp. 291–309), New York: Wiley – Interscience.

Delisle, M. A. (1988). What does solitude means to the aged? *Canadian Journal of Aging, 7(4)*, 358–371.

Doherty, W. J. & Jacobson, N. S. (1982). Marriage and the family. In B. B. Wolman (Ed.) *Handbook of developmental psychology* (pp. 667–680). Englewood Cliffs, NJ: Prentice Hall.

Dworetzky, J. P. (1991). *Psychology* 4th Ed., New York: West Publishing Co.

Erikson, E. H. (1963). *Childhood and society*. New York: Norton.

Ernst, J. M. & Cacioppo, J. T. (1998). Lonely hearts: Psychological perspectives on loneliness. *Applied and Preventive Psychology, 8*, 1–22.

Fromm-Reichman, F. (1959). Loneliness. *Psychiatry, 22*, 1–15.

Fuchs, C. Z. & Rehn, L. P. (1977). A self-control behavior therapy program for depression. *Journal of Consulting and Clinical Psychology, 45*, 206–215.

Geary, D. C. (1998). *Male female: The evolution of human sex differences*. Washington, D.C.: American Psychological Association.

Hafen, B. Q., Karren, K. J., Frandsen, K. J. & Smith, N. L. (1996). *Mind/body health: The effects of attitudes, emotions, and relationships*. Toronto, ON: Allyn & Bacon.

Hall, G. S. (1904). *Adolescence: Its psychology and its relation to physiology, anthropology, sociology, sex, crime, religion and education* (Vols. I & II). Englewood Cliffs, NJ: Prentice Hall.

Hansson, R.O., Jones, W. H. Carpenter, B. N., & Remondet, I. (1986). Loneliness and adjustment to old age. *International Journal of Aging and Human Development, 24*, 41–53.

Hartog, J. (1980). The anatomization. In J. Hartog, R. J. Audy, & Y. A. Cohen (Eds.) *The anatomy of loneliness* (pp. 1–12). New York: International Universities Press.

Havinghurst, R. J. (1953). *Human development and education*. New York: Longmans.

Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (1994). *National survey results on drug use from the Monitoring the Future study*, 1975–1993 (NIH Publication No. 94–3810). Washington, DC: U.S. Government Printing Office.

Jones, W.H., Rose, J., & Russell, D. (1990). Loneliness and social anxiety. In H. Leitenberg (Ed.). *Handbook of social and evaluation anxiety* (pp. 247–266). New York: Plenum.

Kastenbaum, R. & Durkee, N. (1964). Young people view old age. In R. Kastenbaum (Ed.) *New thoughts on old age*. (pp. 237–250). New York: Springer Publishing.

Larson, R. W. (1990). The solitary side of life: An Examination of the time people spend alone from childhood to old age. *Developmental Review, 10*, 155–183.

Larson, R. & Richards, M. H. (1994). *Divergent realities: The emotional lives of mothers, fathers, and adolescents*. New York: Basic Books.

Laursen, B., Coy, K. C., & Collins, W. A. (1998). Reconsidering changes in parent-child conflicts across adolescence: A meta-analysis. *Child Development, 69*, 817–832.

Lewinsohn, P. M., Biglan, A., & Zeiss, A. M. (1976). Behavioral treatment of depression. In. P. O. Davidson (Ed.), *The behavioral management of anxiety, depression and pain* (pp. 91–145). New York: Brunner/Mazel.

Marceon, A. & Brumagne, M. (1985). Loneliness among children and young adolescents. *Developmental Psychology, 21*, 1025–1031.

Mayer Gaev, D. (1976). *The psychology of loneliness*. Chicago, IL: Adams Press.

McWhirter, B. T. (1990). Loneliness: A review of current literature with implications for counseling and research. *Journal of Counseling and Development, 68(4)*, 417–422.

Mitchell, J. J. (1971). *Adolescence: Some critical issues*. Toronto: Holt, Rinehart and Winston of Canada.

Moustakes, C. E. (1961). *Loneliness*. Engleood Cliffs, NJ: Prentice Hall

Moustakes, C. E. (1972). *Loneliness and love*. Englewood Cliffs, NJ: Prentice Hall.

Newman, B. M. (1982). Mid-life development. In B. B. Wolman (Ed.) *Handbook of developmental psychology* (pp. 617–635). Englewood Cliffs, NJ: Prentice Hall.

Nexhipi, G. (1983, Feb. 17). *Loneliness in childhood and adolescence*. A paper presented at the 36th annual convention of the Ontario Psychological Association, Toronto, Canada.

Ornish, D. (1998). *Love & survival: The scientific basis for the healing power of intimacy*. New York: HarperCollins.

Rabasca, L. (1999). Happiness may increase with age. *American Psychological Association Monitor*, p. 11.

Roediger, H. L., Capaldi, E. D., Paris, S. G., & Polivy, J. (1991). *Psychology* (3rd ed.). New York: HarperCollins

Rokach, A. (1988a). The experience of loneliness: A tri-level model. *Journal of Psychology, 122*, 531–543.

Rokach, A. (1988b). Theoretical approaches to loneliness: From a univariate to a multidimensional experience. *Review of Existential Psychology and Psychiatry, 19*, 225–254.

Rokach, A. (1990). Surviving and coping with loneliness. *Journal of Psychology, 124*, 39–54.

Rokach, A. & Belpulsi, F. (1999). An exploratory study of loneliness as experienced by HIV/AIDS and cancer patients and the general population. *Psychology: A Journal of Human Behavior, 36*, 2-16

Rokach, A. & Brock, H. (1997). Loneliness: A multidimensional experience. *Psychology: A Journal of Human Behavior, 34(1)*, 1–9.

Rokach, A. & Brock, H. (1998). Coping with loneliness. *Journal of Psychology, 132(1)*, 107–127.

Rokach, A. & Sharma, M. (1996). The loneliness experience in a cultural context. *Journal of Social Behavior and Personality, 11(4)*, 827–839.

Rook, K. S. (1984). The negative side of social interaction: Impact on psychological well-being. *Journal of Personality and Social Psychology, 46*, 1097–1108.

Rook, K. S. (1988). Toward a more differentiated view of loneliness. In S. Duck (Ed.) *Handbook of personal relationships: Theory, research and intervention* (pp. 571–589). Toronto: John Wiley & Sons.

Rook, K. S. & Peplau, L. A. (1982). Perspectives on helping the lonely. In L. A. Peplau & D. Perlman (Eds.) *Loneliness: A sourcebook of current theory, research and therapy* (pp. 351–378). NewYork: Wiley-Interscience.

Roy, R. (1986). A psychosocial perspective on chronic pain and depression in the elderly. *Social Work in Health Care, 12(2)*, 27–36.

Russell, D. Cutrona, C. E., Rose, J. & Yurko, K. (1984). Social and emotional loneliness: An examination of Weiss's typology of loneliness. *Journal of Personality and Social Psychology, 46(6)*, 1313–1321.

Serock, K., Seefeldt, C., Jantz, R. K., & Galper, A. (1977). As children see old folks. *Today's Education, 66(2)*, 70–73.

Smetana, J. G. (1988). Concepts of self and social convention: Adolescents' and parents' reasoning about hypothetical and actual family conflicts. In M. Gunnar & W. A. Collins (Eds.), *Minnesota Symposium on Child Psychology* (Vol. 21, pp. 79–122). Hillsdale, NJ: Eribaum.

Steinberg, L. & Levine, A. (1997). *You and your adolescent: A parents' guide for ages 10 to 20*. New York: Harper Perennial.

Vincenzi, H. & Grabosky, F. (1987). Measuring the emotional/social aspects of loneliness and isolation. *Journal of Social Behavior and Personality, 2*, 257–270.

Weiss, R. S. (1974). The provisions of social relationships. In Z. Rubin (Ed.), *Doing unto others* (pp. 17–26). Englewood Cliffs, NJ: Prentice Hall.

West, P.A., Kellner, R. & Moore-West, M. (1986). The effect of loneliness: A review of the literature. *Comprehensive Psychiatry, 27*, 351–363.

Wittenberg, M. T. & Reis, H. T. (1986). Loneliness, social skills, and social perception. *Personality and Social Psychology Bulletin, 12*, 121–130.