A Study of Predictors of Social and Emotional Loneliness among Female College Students

Dr. Neha Pandeya1*  

ABSTRACT
This study examined the predictors of social and emotional loneliness among college students. This study examined only female students (n = 300). The following tests were administered: Social and Emotional Loneliness Scale, Experiences in Close Relationships, Self rating Depression Scale and IPATs Anxiety scale. The average age of participants was 22.23 (SD = 1.25). Results revealed that for social loneliness, avoidant attachment, depression and factor C(-) (Ego Weakness, lack of ego strength) emerged as salient predictors. On the other hand for family loneliness, avoidant attachment and depression emerged as saline predictors whereas for romantic loneliness, avoidant attachment, anxious attachment and depression emerged as salient predictors. The present results expand the literature on attachment by presenting evidence that anxious and avoidant females experience loneliness differently.

Keywords: Loneliness, Attachment and Depression

The ultimate basic concern of human existence is the need for belongingness and relatedness which is a driving force behind human relationships. One of the fundamental human motivations is the desire for enduring intimate relationships (Spielman et al., 2013). In contrast, failure to establish and sustain a committed intimate relationship during young adulthood may have serious negative implications for well-being, both concurrently and later in the life span (Kiecolt-Glaser & Newton, 2001).

Attachment and Loneliness
In attachment theory, Bowlby (1973, 1980) described the quality of affectional bonds that develop between children and their primary caregivers, emphasizing these early relationships with caretakers, as a great influence on adolescent relationships. Weiss (1973) described emotional and social loneliness. The first, is the deficit of intimate attachment relationships and the second, the absence of a social network. Research has shown a strong relationship between attachment styles and loneliness (DiTommaso et al. 2003; DiTommaso and Spinner

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Researchers (Griffin and Bartholomew 1994; Simpson and Rholes 1997) suggested a two dimensions model for attachment in adults: avoidance and anxiety. Avoidant people invest less in their relationships and try to be psychologically and emotionally independent. Those with an anxiety attachment style fear being rejected and abandoned. They also want others to be with them and available, all the time. As a result, they may develop a negative evaluation that leads them to feel lonely. In terms of psychological morbidity, individuals with avoidant and anxious attachment styles are likely to suppress emotional responses, to show relational distress, feelings of unworthiness, excessive worry (Bogdan-Raque et al. 2011), and depressive symptoms (Besser and Priel 2003; Wei et al. 2003).

Fujimori et al. (2017) examined influences of attachment style, family functions and gender differences on loneliness in Japanese university students. Stepwise multiple regression analyses were employed to examine relationships between loneliness as the dependent variable, and gender, attachment style and family functions as independent variables. Results showed that gender differences significantly influenced loneliness. Furthermore, loneliness was positively influenced by avoidant and ambivalent attachment styles and negatively influenced by stable attachment style and family cohesion. A significant interaction was also observed between secure attachment style and family cohesion.

Periera (2014) conducted a study to explore the mediating effects of relationship satisfaction, prayer for a partner, and morbidity in the relationship between attachment and loneliness, infidelity and loneliness, and psychological morbidity and loneliness, in college students involved in a romantic relationship. Results showed that relationship satisfaction mediated the relationship between avoidance attachment and loneliness and between infidelity and loneliness. Physical morbidity mediated the relationship between anxious attachment and psychological morbidity. Psychological morbidity mediated the relationship between anxious attachment and physical morbidity.

Erozkan (2011) investigated the predictive role of attachment styles on loneliness and depression. The sample consisted of 652 (313 females; 339 males) university students. Data were collected by using the relationship scales questionnaire, UCLA-R loneliness scale, and Beck depression inventory. To analyze data, Pearson product-moment correlation analysis and multiple regression analysis was employed. Attachment styles were found to be significantly correlated to loneliness and depression. A significant relationship was also found between loneliness and depression. A significant effect of attachment styles on loneliness and depression was detected.

METHOD
Sample
The participants in the study were 300 females in the age range of 19 to 25 years (M=22.23 years, SD=1.25) randomly selected undergraduate and postgraduate students studying in different departments of Panjab University, Chandigarh.
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**Instruments**

Experiences in Close Relationships. The Experiences in Close Relationships (ECR; Brennan, Clark, & Shaver, 1998) is a measure of adult attachment composed of two, orthogonal dimensions: Avoidance and Anxiety. The instrument consists of 36 items on a 7-point Likert scale anchored by disagree strongly and agree strongly. The ECR produces a score for each dimension. The Cronbach's α for the Avoidance dimension is .94 and for the Anxiety dimension is .91. An attachment categorization can also be computed based on the four-category model of attachment (Bartholomew & Horowitz, 1991). The four categories are (a) Secure, composed of low anxiety and low avoidance; (b) Dismissing, low anxiety and high avoidance; (c) Preoccupied, high anxiety and low avoidance; and (d) Fearful, high anxiety and high avoidance. In their comparative analysis of four common attachment measures, Fraley, Waller, and Brennan (2000) found that the ECR had the best psychometric properties.

Social and Emotional Loneliness Scale. The Social and Emotional Loneliness Scale (SELSA; DiTommaso & Spinner, 1993) is distinguished from the UCLA Loneliness Scale in the underlying theoretical orientation. The UCLA claims a single factor structure, but the SELSA is based squarely on Weiss's (1973) theory of two orthogonal factors comprising loneliness. The SELSA has 37 items split into two scales, 23 emotional items and 14 social items (range 14-9). The emotional scale is further subdivided into two subscales, 12 romantic items (range 12-84) and 11 family items (range 11-77). All items are rated on a 7-point Likert scale (strongly disagree to strongly agree). Cronbach α for the three subscales range from .89 to .93. Correlations with other loneliness measures demonstrates convergent and discriminant validity.

Measure of Depressive Symptoms: Zung Self – Rating Depression Scale (Zung,1965) is intended to map complex behavioural changes, cognitive processes and their affective concomitants. The 20 – items scale covers affective, psychological, and somatic features. Of the 20 – items used 10 are worded symptomatically positive and ten symptomatically negative. The scale appears well balanced with equal number of positive and negative statements. The items were worded in a positive as well as negative direction in order to break any tendency towards response set. The subject indicates the frequency with which he experiences the symptom or feeling described (i.e., a little, some, good part, or most of the time), with numerical values ranging from 1 to 4 for positive statements and 4 to 1 for negatively worded items, respectively. The maximum possible ZSRS score is 80, while a score of 20 indicates the complete absence of depressive symptoms. A number of other authors, especially TankaMatsumi & Kameoka (1986), Gabrys & Peters (1985 have also found that the scale possesses adequate psychometric characteristics.

IPAT Anxiety Scale Questionnaire (Cattell & Scheier, 1963) The IPAT Anxiety Scale Questionnaire was developed from extensive research and practice (Cattell, 1956, 1957, 1959, Cattell & Scheier, 1961) as a means of getting clinical anxiety information rapidly, objectively and in a standard manner. The second order anxiety factors are especially robust and replicate well across many diverse populations (Karson & o’Dell, 1977). The reliability and validity of the questionnaire have been found to be satisfactory by the authors. The
questionnaire has also been used extensively in India and found useful. The studies have found scale measures to be fairly reliable (Upmanyu & Singh, 1984; Upmanyu, Gill, & Singh, 1982; Hundal, Sudhakar, & Sidhu, 1972).

**Procedure**
Informed consent was taken from each participant along with socio demographic background information. The administration of tests was conducted in small groups and prior permission was sought from respondents it was explained to them that the data collected will be used only for research purpose.

**RESULTS**

*Table 1, Inter correlation Matrix (Bivariate Correlations)*

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Loneliness</td>
<td></td>
<td>1</td>
<td>.40**</td>
<td>.30**</td>
<td>.56**</td>
<td>.44**</td>
<td>.34**</td>
<td>.23**</td>
<td>.29**</td>
<td>.15*</td>
<td>.18*</td>
</tr>
<tr>
<td>Family Loneliness</td>
<td>-</td>
<td>1</td>
<td></td>
<td>.44**</td>
<td>.56**</td>
<td>.58**</td>
<td>.35**</td>
<td>.19**</td>
<td>.22**</td>
<td>.21**</td>
<td>.21**</td>
</tr>
<tr>
<td>Romantic Loneliness</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td></td>
<td>.23**</td>
<td>.39**</td>
<td>.38*8</td>
<td>.23**</td>
<td>.21**</td>
<td>.19**</td>
<td>.10</td>
</tr>
<tr>
<td>Anxious Attachment</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td></td>
<td>.45**</td>
<td>.20**</td>
<td>.21**</td>
<td>.16*</td>
<td>.09</td>
<td>.34**</td>
</tr>
<tr>
<td>Avoidant Attachment</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td></td>
<td>.19**</td>
<td>.11</td>
<td>.23**</td>
<td>.10</td>
<td>.18**</td>
</tr>
<tr>
<td>Depression</td>
<td>-</td>
<td>-</td>
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<td>-</td>
<td>-</td>
<td>1</td>
<td></td>
<td>.12</td>
<td>.31**</td>
<td>.19**</td>
<td>.09</td>
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<tr>
<td>C(-) Ego Weakness, lack of ego strength</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td></td>
<td>.23**</td>
<td>.22**</td>
<td>.30</td>
</tr>
<tr>
<td>L (Suspiciousness or Paranoid insecurity)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td></td>
<td>.29**</td>
<td>.37**</td>
</tr>
<tr>
<td>O (Guilt proneness)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td></td>
<td>.19**</td>
</tr>
<tr>
<td>Q3 (Defective integration, lack of self sentiment)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>-</td>
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<td>1</td>
<td></td>
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</tr>
<tr>
<td>Q4 (Frustrative tension or Id pressure)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>-</td>
<td>-</td>
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<td>1</td>
<td></td>
</tr>
</tbody>
</table>

p≤ .05 *, p≤ .01 **
Table 2: Stepwise Regression Analysis

<table>
<thead>
<tr>
<th>Variables</th>
<th>Social Loneliness</th>
<th>Family Loneliness</th>
<th>Romantic Loneliness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>β</td>
<td>β</td>
<td>β</td>
</tr>
<tr>
<td>Anxious attachment</td>
<td>.21**</td>
<td>.18**</td>
<td>.13**</td>
</tr>
<tr>
<td>Avoidant Attachment</td>
<td>.35**</td>
<td>.16**</td>
<td>.19**</td>
</tr>
<tr>
<td>Depression</td>
<td>.25**</td>
<td>.12**</td>
<td>.</td>
</tr>
<tr>
<td>Factor C(-)</td>
<td>.36**</td>
<td>.10</td>
<td>.06</td>
</tr>
<tr>
<td>O</td>
<td>.10</td>
<td>.12**</td>
<td>.04</td>
</tr>
<tr>
<td>Q3</td>
<td>.05</td>
<td>.08</td>
<td>.08</td>
</tr>
<tr>
<td>Q4</td>
<td>.08</td>
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<tr>
<td>L</td>
<td>.08</td>
<td>.08</td>
<td>.08</td>
</tr>
</tbody>
</table>

Notes: $R^2 = .32$ for step 1, $R^2 = .36$ for step 2 for social loneliness, $R^2 = .39$ for step 3 for social loneliness; $R^2 = .27$ for step 1, $R^2 = .33$ for step 2, $R^2 = .35$ for step 3 for family loneliness; $R^2 = .29$ for step 1, $R^2 = .31$ for step 2, $R^2 = .34$ for step 3 for romantic loneliness.

All three types of loneliness were predicted by anxious and avoidant attachment, depression and factor C(-). The percentage of variance explained by anxious and avoidant attachment styles was 32% for social loneliness in step 1 and in step 2, after depression was added, the percentage of variance increased to 36%. In step 3, with addition of second order anxiety factors the accountable percentage of variance increased to 39%. For Family Loneliness, in step 1 anxious and avoidant attachment was entered as independent variables, followed by addition of depression in step 2 and second order anxiety factors in step 3. In step 1 the proportion of variance contributed by anxious and avoidant attachment style was 27%, and in step 2 was 33%, step 3 was 35%. For romantic loneliness, the percentage of variance contributed was 29% and it improved to 34% when depression was added in 2nd step and in step 3rd the proportion of variance increased to 34%.

**DISCUSSION**

Throughout the ages human beings have demonstrated a need for interpersonal bonds and interaction with others..... sense of belonging has been proposed to be a basic human need(Hagerty, Williams, & Oe, 2002). Loneliness 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, 1999).

In view of high prevalence of loneliness among adolescents the present study was developed to identify the psychological predictors of social and emotional loneliness by including in its purview depression, anxious and avoidant attachment styles, anxiety factors namely defective integration, lack of self sentiment, ego weakness, suspiciousness or paranoid insecurity, guilt proneness and frustrating tension or id pressure.
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Two types of loneliness, social loneliness and emotional loneliness, were identified by Weiss (1973). They can coexist or occur independently. “Emotional loneliness results from the loss or lack of a truly intimate tie (usually with spouse, lover, parent or child), whereas social loneliness results from the lack of a network of social relationships with peers” (Green, Richardson, Lago, & Schatten-Jones, 2001, p. 281).

Results revealed that for social loneliness, avoidant attachment, depression and factor C(−) emerged as salient predictors. On the other hand for family loneliness, avoidant attachment and depression emerged as salient predictors whereas for romantic loneliness, avoidant attachment, anxious attachment and depression emerged as salient predictors. Results are in line with research evidence where researchers have found positive associations between attachment related anxiety and loneliness, and between attachment-related avoidance and loneliness (Wei, Russell, & Zakalik, 2005; Wei, Shaffer, Young, & Zakalik, 2005). In conjunction with the different social support seeking behaviours observed among anxious and avoidant individuals, it appears that although both groups of people are inclined to experience loneliness, only those with avoidant attachments withdraw socially (Larose & Bernier, 2001).

Those with a negative model of self, preoccupied and fearful individuals, have higher levels of depression than those with a positive model of self, secure and dismissing individuals. The findings that the preoccupied and fearful groups have higher levels of depression than the secure and dismissing groups are consistent with research with both university student and clinical samples. The insecure attachment styles appear to increase one’s vulnerability to depressive symptoms (Bifulco et al., 2002; Reinecke and Rogers, 2001), and to increase the likelihood that an individual will become depressed (Difilippo and Overholser, 2002; Scott and Cordova, 2002; West and George, 2002). Haaga et al. (2002) found that attachment style affects depression and suggests that insecure attachment is a stable factor for vulnerability to depression and not an artifact of current sad mood. The insecure attachment styles are conceptually similar to the personality styles described by Blatt (1974) and Beck (1983) as vulnerability factors for the onset and maintenance of depression, one style focusing on interpersonal concerns and the other on achievement concerns. In sum, there is evidence that depressed persons have difficulties in their relationships with both intimates and nonintimates, and are generally less engaged in social activity. Undoubtedly, these patterns of problematic interpersonal functioning are complex and stem from a number of sources—for example attachment styles. (Erozkan, 2011)

In the context of the significance of anxiety, the current study included anxiety in its purview. The results revealed that factor C(−) emerged to be positive predictor of loneliness for both male and female adolescents. Females scoring high on factor C(−) tend to score high on social loneliness. The factor C(−) refers to factor dynamic integration and maturity as opposed to uncontrolled disorganized, emotionally less stable. The description of factor C(−) clearly reveals that female adolescents affected by feelings, emotionally unstable and changeable are likely to show more of relational deficit. The remaining four factors included in the second
order factor of anxiety has emerged to be irrelevant from the viewpoint of social and emotional loneliness.

**CONCLUSION**

The current study findings clearly indicate that loneliness shall be regarded as a multidimensional construct and this needs and warrants clinician’s attention. As attachment and depression have emerged to be salient predictors, therapists shall focus on assessment of attachment styles for better understanding of perceived dissatisfaction with relationship as this could further lead to cognitive dysfunctioning and physical morbidity.

**LIMITATIONS**

The Limitations of the study are only female sample has been taken into purview. So, for future studies male sample can also taken into purview so that gender differences can be explored. Longitudinal studies can be conducted to assess the relational deficit at different stages. More psychosocial variables and measures of cognitive dysfunction can be considered to have a better picture of predictors of social and emotional loneliness.

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**Conflict of Interests:** The author declared no conflict of interests.

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