L O N E L I N E S S

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Chapter 21

Perspectives on Helping the Lonely

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As interpersonal and systems theories have gained popularity within the psychological community, therapists have increasingly focused on the social relations of individuals seeking help. Family therapists have developed strategies for helping marriages suffering from conflict and poor communication. Specific interpersonal problems such as sexual dysfunction and lack of assertion have similarly been a focus of clinical intervention and research. But other, perhaps less obvious, relational problems have received little attention from clinicians. Loneliness, the painful experience of deficits in one's social relations, has been a neglected problem.

Several factors may have contributed to the neglect of loneliness as a focus of clinical investigation. First, loneliness has not always been regarded as a separate entity; rather it has been seen as overlapping with other forms of psychological distress. Only recently has research begun to identify the unique aspects of loneliness that distinguish it from other phenomena, most notably depression and anxiety (Bragg, 1979a; Russell, Peplau, & Cutrona, 1980; Weeks, Michela, Peplau, & Bragg, 1980). Second, loneliness may not have seemed "exotic" enough to attract the attention of those more interested in psychopathology than in problems of personal adjustment. Professional prejudice against commonplace disorders may be increased by the fact that most people develop ways of coping with loneliness without professional intervention (Lopata, Heinemann, & Baum, Chapter 19). Third, early sociological analyses (Riesman, Glazer, & Denney, 1961; Slater, 1970) located the causes of loneliness in problems of the society, such as geographic mobility and the American ethic of individualism, rather than in the personality of lonely individuals. From the sociological perspective, reducing loneliness requires societal changes rather than psychotherapy.

As this volume attests, the neglect of loneliness as a focus for clinical

investigation is beginning to change. This chapter reviews research and theory relevant to helping lonely people. We stress "relevant to" because little work has directly attempted to develop or assess interventions for loneliness. The major goal of this chapter is to provide an organizing "road map" for researchers and practitioners interested in reducing loneliness. The chapter does not present a specific model of intervention for loneliness but rather discusses theoretical and pragmatic issues that arise in undertaking intervention as a goal. The chapter is organized in six sections: We first discuss characteristics of lonely individuals that clinicians may want to evaluate. The second section addresses several basic questions about the nature of social deficits and discusses implications for defining the goal of treatment. We next discuss problems that lead to social deficits. The fourth section reviews research on specific treatment strategies. The fifth section explores how people cope with their loneliness, and a final section addresses prevention of loneliness through community-based intervention and social change.

CHARACTERISTICS OF LONELY CLIENTS

To be most helpful to lonely individuals, it is important to know what the experience of loneliness is typically like and which individuals are most apt to feel lonely. This task is complicated by the fact that loneliness is not a unitary phenomenon. For many individuals, loneliness occurs in response to disruptive life changes, including widowhood, divorce, and moving, each of which raises unique treatment issues. For example, the alleviation of loneliness that follows the death of a spouse or close friend often entails resolution of grief as a prerequisite to formation of new social bonds (Lopata et al., Chapter 19). Loneliness in response to divorce, in contrast, may require attention to feelings of interpersonal inadequacy and insecurity about re-entering the social "marketplace" (Weiss, 1975). For other individuals, loneliness may be a lifelong problem not precipitated by recent social loss or disruption. An example is the painfully shy student who was friendless in high school and remains socially isolated in college.

Young (Chapter 22) suggests that chronicity is an important dimension on which lonely people differ. *Chronic loneliness,* in his view, results from long-term deficits in the individual's ability to relate to others, whereas *situational loneliness* results from a major disruption of the individual's pattern of social relationships. *Transient loneliness* refers to the occasional feelings of loneliness that most people seem to experience from time to time. Chronicity is an important diagnostic dimension, since it has direct implications for etiology and intervention. Chronically lonely individuals, for example, may benefit most from desensitization of social anxiety or from social skills training. Situationally lonely individuals, in contrast, may benefit most from reassurance and assistance in identifying social contexts in which new relationships can be explored.

Lonely individuals also differ in the extent to which they use the *self-label*

of loneliness. Loneliness researchers have primarily studied people who identify themselves as lonely on self-report questions or loneliness scales (Russell, Chapter 6). In clinical settings, however, even severely lonely individuals may not necessarily recognize or discuss loneliness as a problem. Feared stigma may lead some clients to avoid the label "lonely" even with their therapists. Fromm-Reichmann suggested that "Even mild . . . states of loneliness do not seem to be easy to talk about" (1959, p. 6). Early clinical papers on loneliness emphasized that individuals may guard themselves against the pain of loneliness by denying the experience. "Often loneliness is not felt; instead the person has a feeling of unexplained dread, or desperation, or of extreme restlessness. These feelings [precipitate] automatic actions that force other persons to come into contact with the lonely individual" (H. E. Peplau, 1955, p. 67). For example, H. E. Peplau (1955) described one patient whose severe drinking required nursing care—thus providing the social contact he actually needed. It has been suggested that loneliness leads some individuals to abuse alcohol or drugs even though they may not recognize or describe themselves as lonely. The astute clinician must therefore be prepared to infer the presence of loneliness from other signs and cues.

In addition to differences in the duration and recognition of loneliness, lonely individuals also differ in specific affective, cognitive, and behavioral characteristics highlighted briefly below.

Affective Patterns

Loneliness is almost always an aversive experience, although research has identified considerable variation in the specific emotions associated with loneliness. For example, Rubenstein and Shaver (Chapter 13) identified four clusters of feelings: desperation, depression, impatient boredom (which included anger), and self-deprecation. Although these feelings were common among lonely adults, no single feeling was reported by more than 60% of the individuals in the study. Young (Chapter 22) suggested that variations in how people cope with loneliness influence whether they feel sad and depressed, or anxious and afraid, or angry and bitter.

Probably of greatest importance for clinicians is the common association of loneliness and depression. Empirical investigations have frequently found significant and substantial correlations between loneliness and depression (Bradburn, 1969; Bragg, 1979a; Young, Chapter 22). Conceptually, depression is a more general and global experience than loneliness (Horowitz, French, & Anderson, Chapter 12). Depression can be triggered by the sorts of changes in one's social relations that often lead to loneliness (e.g., divorce or widowhood), but depression can also result from nonsocial events (e.g., loss of one's job, flunking out of school, illness) that may be unrelated to loneliness.

Recent studies conducted at UCLA have examined loneliness and depression among college students. Results demonstrate empirically that loneliness and depression are overlapping but distinct experiences (Russell, Peplau, &

Cutrona, 1980; Weeks, Michela, Peplau, & Bragg, 1980). Bragg (1979a and b) has proposed what appears to be a useful distinction between the *depressed lonely* and the *nondepressed lonely*. He compared groups of lonely students matched on the severity of their loneliness, but differing in depression as measured by Beck's (1961) inventory. Results supported the view that depression reflects a more global pattern of negativity and dissatisfaction. Whereas the depressed lonely and nondepressed lonely were equally dissatisfied with their social relationships, the depressed lonely were significantly more dissatisfied with nonsocial aspects of their lives such as their schoolwork, employment, finances, or health. The depressed lonely also felt significantly greater anxiety and anger than did the nondepressed lonely. Bragg concluded that different types of intervention may be appropriate for these two types of loneliness. With severely depressed lonely patients, psychotherapy or psychopharmacological treatment aimed specifically at reducing depression may need to precede efforts to deal directly with loneliness as a problem.

In light of evidence linking risk of suicide to severe depression (Pokorny, 1964) and to social isolation (Becker, 1974; Colson, 1973), practitioners should be especially careful to monitor indications of suicidal intent among depressed lonely clients. It may be helpful to note in this regard that severely depressed patients are more likely to attempt suicide after they have begun to improve (Keith-Spiegel & Spiegel, 1967).

Cognitive Patterns

Cognitive processes that cause or accompany loneliness have been the subject of considerable research and speculation. Three issues seem most relevant to clinical intervention.

In helping lonely clients, it is useful to know how lonely individuals interpret their social situation. Peplau and her co-workers (Peplau, Miceli, & Morasch, Chapter 9; Peplau, Russell, & Heim, 1979) have stressed the importance of personal accounts or explanations that lonely people develop to interpret their social problems. Peplau speculated that as loneliness persists over time, lonely people often start to blame themselves for their social failure, thus increasing the risk of depression and perhaps decreasing efforts to improve their social relations. Young (1978) also believes that to understand why lonely people feel and act as they do, we must learn about their view of themselves and their relationships. His cognitive therapy for loneliness (detailed in Chapter 22) emphasizes the distortions, automatic thoughts, and assumptions of lonely people.

Another common pattern may be for lonely people to focus excessively on themselves and their internal experiences. Weiss (1973) proposed that lonely people are hyperalert and vigilant to threat. Thus they may be anxious in social settings and oversensitive to minimal social cues, resulting in a "tendency to misinterpret or exaggerate the hostile or affectionate intent of others" (p. 21). Jones (Chapter 15) reviewed evidence that lonely people interact

in more self-focused ways, making more self-statements during conversations, asking fewer questions of their partner, changing the topic more often and responding more slowly. Perlman and his associates (Florentine, Perlman, & McIntyre, 1979; Gerson & Perlman, 1979) found that lonely people show difficulty in concentrating on tasks, and may actually perform more poorly than nonlonely people in situations requiring focused attention.

Finally, clinicians should be aware that lonely people often evaluate themselves and other people negatively. Jones (Chapter 15) suggests that attitudes of cynicism and interpersonal mistrust, along with a tendency to devalue new acquaintances, may contribute to the persistence of loneliness among individuals. There is also strong evidence that loneliness is often accompanied by low self-esteem (Peplau et al., Chapter 9). Given the cultural emphasis on having successful social relationships, it is understandable that lonely people who have recently gone through a divorce or who have not developed close friendships may think of themselves as "failures" (Gordon, 1976). Research is needed to clarify whether these negative perceptions are a direct result of loneliness or whether they stem from the depression and anxiety that frequently accompany loneliness. In either case, effective approaches to helping the lonely may need to address not only the painful emotions of loneliness, but also cognitive patterns that can exacerbate the experience of loneliness.

Behavior Patterns

Little research has focused on the actual behavior of lonely individuals, and most of the available studies (reviewed in Jones, Chapter 15) have been limited to college students. Data suggest, however, that for some lonely people, poor social skills are an issue. What is less clear is whether faulty social skills are the initial cause of loneliness or whether they are a result of being lonely, reflecting perhaps a lack of motivation or lack of opportunities to interact socially.

Three patterns have been tentatively identified. First, as mentioned earlier, Jones (Chapter 15) found that the verbal interactions of lonely people were self-focused and unresponsive. Second, Solano and Batten (1979) found that lonely students were more extreme than nonlonely students in their disclosure of personal information; in some instances the lonely students disclosed significantly more information, in other situations they disclosed significantly less. Third, loneliness is related to self-reports of being shy and reluctant to take social risks (Jones, Freemon, & Goswick, 1981).

Implications for Assessment

We have described characteristics of lonely individuals that clinicians may wish to assess, including the client's history of loneliness (chronic or situational), emotions associated with loneliness (anger, sadness, etc.), thoughts associated with loneliness (beliefs about the causes of loneliness, cognitive

distortions, negativity), self-esteem, social skills, and means of coping with loneliness (particularly denial or substance abuse). Clinicians should also be alert for signs of coexisting clinical disorders, such as depression or anxiety.

Although we have emphasized dimensions along which lonely clients may differ, the one feature common to all lonely individuals is the experience of a deficit in their social relations. In the next section we examine how clinicians' conceptual perspectives on social deficit affect the goals and methods of intervention.

UNDERSTANDING SOCIAL DEFICITS

If the common denominator in the experience of loneliness is a perceived deficit in social contact, then the antidote to loneliness might seem relatively straightforward—increase social contact. Yet the implementation of this very general recommendation rests on implicit assumptions and value judgments about the functions of social contact and the desirability of various types of social relationships. In order to be helpful to lonely clients, it is useful to have a framework for conceptualizing social deficit. In this section we examine social deficits by asking a set of very basic questions: What is the nature of social deficit? What kinds of social contact alleviate loneliness? Can nonsocial activities help alleviate loneliness?

What Is the Nature of Social Deficit?

When a person is lonely, just what is it that he or she is actually missing— what is the nature of the social deficit? Three different answers to this question have been proposed.

One of the earliest answers, provided by Sullivan (1953), emphasized *human needs.* Sullivan viewed loneliness as a response to the "inadequate discharge of the need for human intimacy" (1953, p. 290). He went on to explain rather generally that intimate relations provide, among other things, an opportunity for consensual validation of personal worth. Sullivan used a biologically oriented language of human needs.

More recent analyses of social contact have borrowed the language of social exchange theory (Homans, 1974) and have attempted to specify more precisely important classes of *social exchanges* or *rewards.* Table 21.1 summarizes some of the taxonomies of social exchanges that have been proposed by different theorists. Most of these taxonomies have not been validated empirically, yet they represent important attempts to make operational the significant rewards or provisions derived from social contact and, by implication, to specify what it is that lonely people miss.

An unanswered question is whether all exchange deficits are related to loneliness. For example, lacking someone to turn to for guidance or for tangible assistance may not be related to feeling lonely, whereas lacking someone with whom to engage in informal interactions or to exchange reas-

Table 21.1.   Theoretical Taxonomies of Social "Exchanges" or "Rewards"

Theorist	Term	Taxonomy
Brim (1974)	Social relationship content	Assistance, value similarity, concern, trust, desired interactions
Caplan (1974)	Social support	Mobilization of personal resources, sharing of tasks, provision of tangible aid (e.g., money, materials, skills) and cognitive guidance
Cobb (1976, 1979)	Social support	Communicated caring (emotional support, esteem support, network support), instrumental support or counseling, active support or mothering, material support
Fischer (1978)	Social exchanges	Instrumental exchange (aid), social exchange (sociable interaction), personal exchange (advice, consolation)
Flanders (1976)	Features of emotional intimacy	Frequent interactions, informal interactions, self-disclosure, touching, favorable accumulation of rewards over time, reciprocity, feelings of closeness
Foa and Foa (1974)	Interpersonal resources	Love, status, information, money, goods, services
Kahn (1979)	Social support	Expression of positive affect, affirmation of another's behavior or views, symbolic or material aid
Lopata (1978, 1979)	Social support	Economic support, service support, social support (social activities), emotional support (relational sentiments, self-feeling states)
Weiss (1969, 1974)	Social provisions	Attachment, social integration, opportunity for nurturance, reassurance of worth, reliable alliance, guidance

surances of worth may be strongly related to feeling lonely. Loneliness researchers have seldom specified essential social exchanges or provisions and therefore offer few guidelines for inferring which among a set of possible provisions are actually related to loneliness. An exception in this regard is Weiss's work. Weiss (1973) distinguished two kinds of loneliness: emotional loneliness based on the lack of an intimate partner, and social loneliness based on the lack of ties to a social community. Thus, although Weiss (1974) identifies a set of six social provisions, he hypothesizes that two (attachment and social integration) are most important in producing loneliness.

A third approach to the question of what lonely people lack emphasizes the *status* associated with valued *social roles.* The idea here is that people may want certain social statuses for their own sake. Gordon (1976) argued that we live in a "couple culture," in which success is measured not only in terms of material possessions but also in terms of achieving certain types of relationships. For the young adolescent this may mean having a "best friend";

for the teenage girl it may entail having a "boyfriend." For adult Americans, considerable social status has traditionally been attached to marriage. Stein (1976) discussed the "cultural imperative" of marriage and cited such novels as *Sheila Levine Is Dead and Living in New York* by Gail Parent and *Looking for Mr. Goodbar* by Judith Rossner as reinforcing the cultural stereotype that unmarried people are failures in the marriage market. Because of social pressures and rewards associated with certain roles, individuals who fail to measure up to cultural expectations may feel dissatisfied and lonely, even if they derive many essential relational provisions from other types of relationships. Stein (1976) suggested that social scientists may share the bias that everyone "should" be married. It may be important in helping the lonely for therapists to examine both their own values about social roles and those of the client.

What Kinds of Social Contact Can Alleviate Loneliness?

Another issue concerns the desirability of different approaches to overcoming social deficits. For example, even if two therapists agreed on the importance of a particular social exchange, such as confiding personal problems, they might recommend different strategies for overcoming this deficit. One strategy might involve increasing the frequency of confiding in other people, regardless of who the others are, whereas a very different strategy might involve developing a confidant relationship with one particular person. In this section we contrast two theoretical positions on this issue, each of which has somewhat different implications for treatment.

One perspective, grounded in behavioral theory, emphasizes the benefits of rewarding *social events* or outcomes (e.g., going to a movie with someone, having a conversation), independent of the type of relationship in which they occur. Young (1978) suggested that people experience loneliness when they fall below a "threshold level" of social reinforcement based on prior experiences. One treatment implication of this perspective is that lonely clients may be helped by encouraging them to increase their frequencies of positive social events, whether the events involve a relationship with one other person or multiple relationships. Another implication is that having numerous social experiences of one type may compensate for the lack of others. For example, from this perspective, a high level of social recreation might compensate for a low level of intimate self-disclosure.

In contrast to this view, some theorists argue that certain types of *social relationships* are essential for psychological well-being. In fact, the capacity to develop and maintain an intimate relationship is in itself often considered an index of psychological health. Brain (1976) suggested that friendships should be elevated to a status similar to that ascribed to love relationships. Lowenthal and Haven (1968) have documented the importance of confidant relationships for psychological well-being. The treatment implication of this perspective clearly differs from the social event perspective; treatment should

focus on helping the client to establish particular types of social relationships, such as love relationships, friendships, or confidant relationships. An extension of this perspective asserts not only that particular types of relationships should be established but also that they should be expressed through specific social roles, such as boyfriend-girlfriend or spouse. Treatment guided by this perspective would thus encourage lonely clients to establish social ties likely to culminate in culturally sanctioned role relationships.

From this relationship perspective, different types of social contact are not interchangeable. Weiss (1973), for example, argued, "It is not possible for an individual to compensate for the absence of one relational provision by increased acquisition of others" (p. 227). No single relationship can supply all essential social provisions, and so each individual must have both an attachment figure and a network of friends for optimal adjustment. Deficiencies in these different types of relationships will result in either emotional or social loneliness. Treatment in some cases may thus focus not only on particular dyadic relationships but also on the lonely client's *social network*.

Can Nonsocial Activities Help Alleviate Loneliness?

While this idea might intuitively seem far removed from the concerns of the lonely client, several potential benefits of rewarding solitary activities can be identified. First, the capacity to be alone is thought to enhance the capacity for intimacy. Improving one's capacity to be alone should thus improve one's capacity to be intimate with others. Young (Chapter 22) suggested that many lonely people are actually afraid of being alone and that, paradoxically, once they overcome their fears of aloneness they can often initiate friendships more easily. Moreover, the act of initiating activities that do not depend upon the availability or cooperation of others might increase lonely clients' sense of personal control (Peplau et al., 1979).

Second, preliminary research supports the value of increasing the frequency of enjoyable activities, including nonsocial activities, as a component of the treatment of depression (Lewinsohn, Biglan, & Zeiss, 1976). Activity-oriented approaches are based on the view that mood and activity are causally related, and on evidence that depressed individuals typically engage in low levels of reinforcing activities (MacPhillamy & Lewinsohn, 1974). Increasing the frequency of satisfying solitary activities may be a particularly helpful supplementary strategy for improving the morale of clients who are both lonely and depressed.

Finally, if encouraging lonely clients to develop enjoyable solitary activities seems only "second best," it should be remembered that social contact entails personal costs as well as rewards (Homans, 1974). Establishing a love relationship is not always the panacea that some individuals expect (Lederer & Jackson, 1968). A realistic appraisal of the costs as well as the rewards associated with social interaction may offer lonely clients a more balanced perspective on the relative merits of social and nonsocial activities.

Implications for Treatment

We recommend caution in defining relationship formation as *the* goal of intervention with lonely clients. We wish to underscore the potential value of conceptualizing social deficits in terms of specific social rewards or exchanges that are lacking. From the standpoint of treatment, such a conceptualization expands the range of acceptable treatment goals to include a focus on social events as well as on social relationships.

While lonely individuals are most likely to say that they need "one special person" (Rubenstein & Shaver, Chapter 13) or "a romantic partner" (Cutrona, Chapter 18), their views do not necessarily represent psychologically sound treatment goals. For example, even though Weiss (1973) believes that the only way to relieve loneliness is to form new relationships, he cautions that the "campaign for an attachment figure" is difficult and fraught with risks, including the risks of social embarrassment and of making hasty or troublesome partner choices. Moreover, having such relationships does not necessarily protect one against feeling lonely, particularly when important social exchanges are not provided through the relationship. For example, some lonely people may not take the time to plan satisfying activities with their friends or partners.

Young (Chapter 22) has recently developed a model of treatment that begins by having the lonely client engage in enjoyable solitary activities, followed by having the client develop casual social relationships and later working toward the development of an intimate, long-term relationship. A *succession* of different goals within treatment may represent a viable alternative to defining "finding someone special" as the only goal of treatment. This idea is consistent with several of the specific models of intervention described later.

PROBLEMS IN DEVELOPING SATISFYING RELATIONSHIPS

The preceding section examined essential elements of satisfying social relationships that if lacking can lead to loneliness. This section considers specific problems that lead to social deficits.

There is no single universal problem leading to loneliness; many potential problems can cause social deficits. It is useful to distinguish problems concerning the initiation of new relationships, the maintenance of satisfying relationships over time, and the dissolution of relationships (Levinger, in press).

Initiating Relationships

For many lonely people, a central problem is how to develop new relationships—how to find a confidant, make new friends, fall in love. Anthropologists suggest that this problem may be greater for Americans than for members of other cultures, in which there is less freedom of choice about social relations. Brain (1976) discussed cultures in which arranged marriages and even ar-

ranged friendships guarantee that everyone has those social ties considered essential by the culture. He commented:

> We have overrated the necessity of choosing our friends and wives. We decry arranged marriages . . . Choice is the thing! However, this freedom of choice often means that it is never made—hence the frustrated spinsters, the friendless and the lonely. (p. 19)

Several specific problems may arise in initiating new relationships.

Social Opportunities

Although Americans are allegedly free in their choice of companions, many constraints affect the initiation of new relationships. Some constraints are very basic—time, distance, and money. The impoverished student who carries a full course load and a heavy employment schedule may have little time for sleep, let alone making friends. The firespotter who lives in a remote part of the forest has few opportunities to meet people. The single parent on a tight budget may not be able to afford the babysitters who would permit time to socialize.

Constraints can also limit a person's "pool of eligibles"—the set of people whom we consider appropriate as friends or lovers. We tend to be attracted to people who are similar to us in interests, values, and background (Rubin, 1973). Hence the match between a person and his or her social environment is important. People who are "different" from those around them—the only Black family in a neighborhood, the one old person in the apartment building—may have fewer opportunities to start relationships (cf., Blau, 1961). An example of such constraints comes from studies of the impact of sex ratios on remarriage among older adults. Because men tend to die at considerably younger ages than women, the older population is composed disproportionately of women (see Chapter 20 by Peplau, Bikson, Rook, & Goodchilds). Not surprisingly, older widowers are much more likely to remarry than are older widows. In understanding the roots of loneliness, it is essential to acknowledge the impact of social opportunities. Sometimes the most effective intervention for loneliness may be to encourage individuals to change their social environment—change jobs, move to a new area, join a new group—rather than to change themselves.

Personal Problems

Successful initiation of relationships may be hampered by poor social skills, social anxiety, and self-defeating perceptions. For some individuals, the lack of social skills is a serious problem. Among the relevant skills may be self-presentation (both appearance and demeanor), social assertiveness (overcoming shyness, taking the initiative), dating roles (as prescribed in various communities and age groups), and communication skills. A second problem may arise because lonely people are often anxious. For some people anxiety may lead to the avoidance of social interactions. But probably more often, lonely people seek companionship despite their fears (Sullivan, 1953). In such

cases anxiety may interfere with effective social functioning. Finally, cognitive factors may be important. Individuals may have unrealistic standards for "eligible" companions, distorted perceptions of themselves and their interactions, or low self-esteem.

Maintaining Satisfactory Relationships

People can be lonely even with relationships. Just as being alone does not necessarily imply being lonely, so too being married or having friends is no certain guarantee of avoiding loneliness. We know relatively little about the loneliness that occurs *within* the context of relationships. Three possible problems include separation, restricted networks, and the quality of relationships.

Separation

Physical separation from family and friends is a fairly common occurrence in American society. Such events as moving to a new community, going away to summer camp or to college, or spending extended periods in such institutions as hospitals or the military all affect social relationships. Separation reduces the frequency of interaction, makes the satisfactions provided by relationships less available, and may raise concerns that the relationship will be weakened by absence. Evidence that physical separation puts people at risk for loneliness is readily available. For example, Weiss (1973) and Weissman and Paykel (1974) described the difficulties experienced by corporate wives forced to move by their husband's work. Duvall (1945) discussed the loneliness of servicemen's wives during wartime.

Restricted Networks

People may benefit most from having a fairly rich and diverse social network, including ties to friends, a loved partner, and family (Weiss, 1974). From this perspective, a person can be lonely despite having some relationships if other important relations are lacking. Thus the lonely housewife may be very satisfied with her marriage, but miss the companionship of female friends. In such cases it would be important for a therapist to explore deficiencies in a person's entire social network, and not assume that a lonely married person necessarily has a troubled marriage.

The Quality of Relationships

Loneliness can result not only from the absence of relationships, but from dissatisfaction with the quality of existing relationships. Indeed beyond some nominal threshold for the quantity of a person's social relations, qualitative dissatisfactions appear to be the more important determinant of loneliness (Cutrona, Chapter 18). We know little about those features of relationships that are critical in preventing feelings of loneliness. Issues of communication, empathy, and "feeling understood" may be of central importance. To the extent that competition and conflict inhibit open self-disclosure, they may be

linked to loneliness as well. Goode (1961) described such a family relationship: "The atmosphere is without laughter or fun, and a sullen gloom pervades the household. Members do not discuss their problems or experiences with each other, and communication is kept to a minimum" (p. 441). This situation illustrates what Levinger (1979) called "empty shell" marriages—relationships that provide few satisfactions to the marital partners but persist because of children or other barriers to divorce.

Termination of Relationships

Ultimately all social relationships end, either through the death of one partner or through breakup or divorce. When relationships end, people often experience not only loneliness, but grief as well. Weiss (1973) distinguished between these two experiences. Grief is "the syndrome of shock, protest, anger, and painful, searing sadness, which is produced by traumatic loss" (p. 16). In contrast, loneliness is a reaction to the absence rather than the loss of the loved person. Studies of reactions to relationship dissolution have focused on family relationships, especially marriage, rather than on friendship. This reflects the assumption that the loss of close kin is more traumatic, and the fact that the ending of friendships is not marked by formal transitions as in widowhood or divorce. Several discussions of the special problems of divorce (Goode, 1961; Levinger & Moles, 1979; Weiss, 1975) and widowhood (Lopata, 1979, Chapter 19; Parkes, 1972) are available.

INTERVENTION STRATEGIES

Given the many factors that can cause a person to feel lonely, loneliness may become an issue in any psychotherapy context. Discussion in this section is limited to those instances in which some form of social deficit is a primary presenting problem. The treatment of social deficits that are secondary to such serious psychopathology as schizophrenia (Schein, 1974) is not addressed, although some of the intervention strategies described here may have broad application. Furthermore, this section focuses only on treatment strategies that attempt to increase or improve social contact; strategies for increasing involvement in enjoyable solitary activities are not discussed, although they may often be beneficial to lonely clients.

The design of systematic interventions for loneliness is new. Early writings by clinicians such as Fromm-Reichmann (1959) and Sullivan (1953) were intended primarily to sensitize therapists to loneliness as a significant and neglected clinical problem. These authors recommended that therapists take the initiative in acknowledging their clients' loneliness. Therapists were also encouraged to be alert for traces of their own loneliness. Since the publication of these early papers, additional books and articles have analyzed loneliness from a psychodynamic framework.

Most psychodynamic analyses suggest that loneliness can only be treated successfully through an intensive therapist-client relationship. One task of therapy from this viewpoint is for the clinician to understand the meaning of the client's communications by sharing the client's experience of loneliness (Burton, 1961; Fromm-Reichmann, 1959; Hobson, 1974). Leiderman (1969) suggested that self-object differentiation is a crucial treatment issue, since the yearning for another individual that is experienced as loneliness reflects incomplete or undifferentiated self-object representations. Other psychodynamic formulations emphasized fear of intimacy or fear of rejection (Gaev, 1976), and such defenses against loneliness as overeating (Fromm-Reichmann, 1959) and substance abuse (Bell, 1956; Gaev, 1976). The psychodynamic approaches have thus far generated little research. Systematic description and evaluation of psychodynamically based treatments are needed.

The remainder of this section discusses the few intervention strategies relevant to loneliness that are available. Much of this work is behaviorally oriented and problem-focused. The discussion is organized around the problems of initiating relationships, maintaining satisfying relationships, and ending relationships.

Initiating Relationships

Approaches aimed at helping people to form new relationships include social skills training, cognitive-behavioral therapy, and shyness groups.

Social Skills Training

Research described earlier suggests that some lonely people lack skills needed to initiate and maintain social interaction (Jones, Chapter 15). Social skills deficits have also been cited as a cause of heterosexual dating anxiety, a significant problem, particularly among adolescents and young adults (Martinson & Zerface, 1970). According to the skills deficit hypothesis, socially anxious individuals may have never learned appropriate behaviors or may have learned inappropriate behaviors (Bandura, 1969).

Considerable research has focused on programs to improve social skills. In a recent review Curran (1977) concluded that experimental investigations support the effectiveness of social skills training as a treatment for dating anxiety. These training programs draw upon behavioral techniques such as modeling, role playing, self-observation (using videotape methods), and homework assignments. Clients are taught skills such as initiating conversations, speaking fluently on the telephone, giving and receiving compliments, handling periods of silence, enhancing physical attractiveness, nonverbal methods of communication, and approaches to physical intimacy. Training is usually conducted in groups and lasts less than 10 weeks.

In a typical session, the therapist might show a group of clients a videotape of a model starting a conversion inappropriately. The group would then discuss ways in which the model could have performed better. Following

this, another videotape would be shown in which the model performed more effectively. Each client might then role play starting a conversation while other group members observed. Such role plays are sometimes videotaped so that clients can see exactly what they did. The session might conclude with the therapist giving homework assignments, such as starting a conversation with a stranger, to be done before the next session.

In a recent therapy analogue study, Jones, Hobbs, and Hockenbury (1980) evaluated an intervention to increase personal attention among lonely college students. A group of lonely students was taught to increase personal attention (e.g., topic continuation, questions, references to the other person) shown to a stranger in a series of dyadic interaction tasks. Training consisted of modeling, practice interaction, and feedback. Compared with two control groups of lonely students who did not receive instruction in personal attention, these trained students reported less loneliness, less self-consciousness, and less shyness at the end of the study.

Research indicates that social skills training is also helpful for socially isolated children (Asher & Renshaw, 1980; Gottman, Gonso, & Schuler, 1976; Keller & Carlson, 1974; Oden & Asher, 1977). Such programs use behavioral techniques comparable to those employed with adults. Many of these programs have been developed for use in school settings. Oden and Asher (1977) cautioned researchers and practitioners to conduct interventions in ways that do not stigmatize children, for instance, by inviting nonisolated as well as isolated children to participate.

The particular skills emphasized in social skills training programs have been chosen largely on the basis of their face validity, rather than on the basis of empirical studies identifying important skill components in social relationships. The importance of various skills is likely to be a function of the duration of the relationship (Curran, 1977) and the type of relationship, such as friend, co-worker, or intimate partner (Oden & Asher, 1977). Existing social skills training programs appear to place greatest emphasis on skills needed to initiate relationships. This is a necessary starting point for socially anxious or isolated individuals; yet skills for "deepening" relationships and for managing problems that arise in relationships are also important. Assertion, conflict resolution, and appropriate self-disclosure may be particularly important in this regard. Future research might seek to identify specific skills that facilitate the transition to more intimate relationships (Levinger & Snoek, 1972).

Cognitive-Behavioral Therapy

Recently a number of cognitively oriented therapies have been developed to help clients recognize and correct self-defeating thought patterns (Beck, Rush, Shaw, & Emery, 1979; Mahoney, 1974; Meichenbaum, 1977). In a particularly promising development, Young (Chapter 22) has recently designed a cognitive-behavioral model for treatment of loneliness. Since this therapy model is described in detail in the next chapter, only its key features will be discussed here. It should be noted that cognitive-behavioral techniques have

relevance to problems of improving and ending relationships as well as initiating relationships.

A critical feature of the cognitive-behavioral model is teaching clients to recognize automatic thoughts and to regard them as hypotheses to be tested rather than as facts. For example, in new situations, socially anxious lonely clients may automatically think "I'll make a fool of myself" and as a result may avoid such situations. The therapist would encourage the client to test this thought empirically by inquiring how many times the client has actually behaved foolishly in the past, by asking the client to estimate how many people would actually bother to evaluate the client's behavior, by having the client keep a record of "foolish behavior" for a specific period, and so forth. Through this process of testing automatic thoughts, clients often discover inconsistencies in their assumptions and alternative interpretations that may have been overlooked.

Peplau et al. (1979) emphasized that lonely individuals' self-defeating thoughts can result from common errors in evaluating the causes of behavior. People may underestimate the role of situational causes of loneliness and overestimate the importance of personal factors. People may also underestimate the changeability of causes of loneliness, leading to feelings of hopelessness and self-blame. For example, Peplau et al. suggested that physical appearance and social skills can be improved to a greater extent than most lonely people assume. Thus clinicians may want to help lonely clients reexamine beliefs about the factors that led to their loneliness.

Glass, Gottman, and Shmurak (1976) successfully used cognitive-behavioral techniques in conjunction with social skills training for socially anxious college men. Participants first observed a model who verbalized self-critical thoughts in a difficult social situation, such as a man handling a telephone conversation with a woman who did not remember his name. The model was then coached by the therapist and reenacted the situation making positive self-statements. In comparison with subjects who received only social skills training, those who received cognitive modification as well were significantly more skillful in novel social situations—that is, those in which they had not been trained. Learning how to cope with negative self-evaluations is a technique that individuals can practice on their own and apply in new situations.

Shyness Groups

A link has frequently been suggested between loneliness, shyness, and the inhibition of social risk-taking. Pilkonis and his colleagues (Pilkonis & Zimbardo, 1979; Pilkonis, Heape, & Klein, 1980) recommend small-group therapy as the preferred treatment for shyness. They draw upon social skills training techniques and recommend having two co-therapists who can model interpersonal behavior for group members. Pilkonis and Zimbardo (1979) suggest that shy people need to develop more adequate general response styles in addition to specific social skills. In particular, they argue that shy people need to learn to "restructure" social encounters that arouse anxiety

because of their ambiguity. As an example of such restructuring, they suggest that shy people develop their "own agendas" for social interactions, such as getting to know as much as possible about another person in a conversation. Presumably having a specific agenda distracts the shy person from her or his anxiety.

Maintaining Satisfying Relationships

Virtually no research has addressed loneliness that occurs in the context of ongoing relationships. Our discussion is designed primarily to call attention to this problem.

Certain qualities of social relationships, such as conflict or poor communication, that may be associated with loneliness seem best treated within marital or couples therapies (Gurman & Rice, 1975; Jacobson & Margolin, 1979; Stuart, 1980). Marital enrichment programs (Olson, 1976; Otto, 1976; Patterson, Hops, & Weiss, 1975) may also be useful in enhancing primary relationships. Psychodynamic formulations that stress fear of intimacy, fear of commitment, and overdependency represent an alternative way to conceptualize the sources of loneliness in ongoing relationships.

For some individuals who have a satisfying primary relationship, loneliness may be linked to having a limited network of social relations. Given the widespread belief that a mate should satisfy most of one's social needs (Gaev, 1976; Lederer & Jackson, 1968), it may be easy to assume that married or "coupled" individuals are never lonely. Thus, while we recommend that clinicians always evaluate the primary relationship of a lonely client, we also urge attention to social network deficiencies that may cause or exacerbate loneliness.

Ending Relationships

Loneliness that results when a significant social relationship ends differs from loneliness due to the lack of relationships or to problems in existing relationships. Weiss and his colleagues (1975; 1976) have developed programs to deal with loneliness due to marital separation and bereavement.

Seminars for the Separated

This program (Weiss, 1976) was developed to alleviate feelings of marginality, confusion, and self-doubt that follow marital separation. Seminars for the Separated involve eight weekly meetings of approximately 30 men and women who have recently separated from their spouses. Each meeting begins with a 45-minute lecture given by a staff member, followed by small group discussions of five to eight people. The lectures cover such topics as the emotional reactions accompanying separation, the impact of separation on relationships with children, and starting to date again. Each meeting concludes with an opportunity for participants to socialize over refreshments.

While there are no published studies evaluating the effectiveness of this treatment approach, participants' evaluations of the program are reported to have been positive. Benefits of the program are attributed to several factors. First, the information provided through the lectures reportedly helped participants to understand puzzling and sometimes disturbing emotional reactions. Weiss gives the example of a woman who was disturbed by her impulse to attempt a reunion with her former husband and who reported relief when she learned through the seminar that such feelings are common and reflect the persistence of attachment feelings despite hostility toward the former spouse. Contact with a group of similar, supportive others apparently reduced participants' feelings of marginality and also provided an opportunity to practice socializing with members of the opposite sex. Finally, Weiss stresses the group's value in simply getting members moving again and initiating steps to improve their lives.

Seminars for the Bereaved

In attempting to generalize his group treatment approach to the recently bereaved, Weiss (1976) encountered unexpected problems. For example, whereas explanations of the nature of separation distress were comforting to the newly separated, comparable explanations of grief were experienced by the bereaved as painful. In contrast to the separated, the bereaved were more ambivalent about overcoming their distress, since they saw their pain as testifying to the intensity of their feelings for the deceased spouse. Weiss reports that the bereaved were also less self-doubting than the separated, and as a result were quick to resent clumsy or awkward attempts to help. Thus the bereaved were less tolerant of fellow group members whose mode of participation in the group differed from their own (e.g., who were more talkative), suggesting a need for careful screening of group members to ensure compatibility. Finally, whereas contact between the sexes had been an important benefit for the separated, Weiss found that the mourning process of widows and widowers differed enough that having both sexes together in one group was detrimental.

Weiss's (1976) description of the working assumptions that guided development of the two programs and the problems encountered in their implementation is useful to practitioners who anticipate developing similar group interventions. Weiss concludes that "any program intended to help people in transition will have to be responsive both in content and in format to the characteristics of the particular transition with which it deals" (p. 225).

SELF-HELP STRATEGIES OF LONELY PEOPLE

The discussion up to this point has focused on how professionals might help lonely people. Yet most lonely individuals do not seek professional help. For example, among a sample of new college students (Cutrona, Chapter 18),

only 9% said they had ever talked to a counselor or therapist about ways to overcome their loneliness during the first year at college. Similarly, Lopata, Heinemann, and Baum (Chapter 19) report that few widows turned to the clergy for guidance, and even fewer consulted doctors or therapists. In a large-scale survey of Americans (Gurin, Veroff, & Feld, 1960), only 2% of respondents said they would seek professional help to handle "worries" or "periods of unhappiness." This section reviews research on how people cope with loneliness.

What Lonely People Say They Do

Available data about typical coping strategies for loneliness are based exclusively on self-reports. Two studies (Paloutzian & Ellison, Chapter 14; Rubenstein & Shaver, Chapter 13) asked people what they do when they "feel lonely." The most common responses included reading, watching television, listening to music, eating, and calling a friend. In interpreting these findings, it should be noted that the wording of the questions emphasized immediate responses that people might use to alleviate or divert attention from feelings of loneliness. A complete analysis of naturally occurring responses to loneliness ought to consider not only immediate responses to feelings of loneliness, but also longer-range strategies people use to improve their social life. In addition, it may prove useful to examine not only behavioral responses, but also cognitive strategies that are used to cope with loneliness.

More comprehensive information about coping strategies is provided by a study of new students at college conducted by Cutrona, Peplau, and Russell (described in Chapter 18). Toward the end of their first year at college, 162 students were asked about a diverse set of cognitive and behavioral strategies that they might have used to cope with loneliness during the school year. As can be seen in Table 21.2, students used a wide range of behaviors when they felt lonely. Students commonly tried behaviors that might improve their social life such as being friendlier to others, helping someone else, or improving their physical appearance. Students may also have tried to counteract the potentially negative impact of loneliness on self-esteem by engaging in nonsocial activities in which they were skilled. Many students reported that when they were feeling lonely they worked hard to succeed at some activity or did something they were good at. Students said they were more likely to distract themselves by mental and physical activities than by using drugs or alcohol.

Students also used cognitive strategies for alleviating loneliness (See Table 21.3). Cognitive approaches were used for problem solving (e.g., thinking about the causes of their loneliness and what they could do to overcome it), and for distraction (deliberately thinking about other things). Students also bolstered self-esteem by thinking about good aspects of themselves and their social relationships. Least popular were changing one's goals for social relationships or thinking about the benefits of loneliness.

Table 21.2. Behavioral Strategies College Students Used to Cope with Loneliness [a]

Strategy	Never	Sometimes	Often
Tried harder to be friendly to other people (such as making an effort to talk to people in your classes, etc.)	2%	62%	36%
Taken your mind off feeling lonely through some mental activity (such as reading a novel, watching TV, going to a movie, etc.)	6%	60%	34%
Worked particularly hard to succeed at some activity (such as studying extra hard for an exam, putting extra effort into practicing an instrument, pushing yourself on an athletic skill, etc.)	7%	53%	40%
Done something helpful for someone else (such as helping a classmate with homework, doing volunteer work, etc.)	7%	64%	29%
Done something you are very good at (schoolwork, athletics, artwork, etc.)	7%	66%	27%
Taken your mind off feeling lonely through some physical activity (such as jogging, playing basketball, shopping, washing the car, etc.)	12%	51%	37%
Tried to find new ways to meet people (such as joining a club, moving into a dorm, going to dances, etc.)	18%	64%	18%
Done something to make yourself more physically attractive to others (going on a diet, buying new clothes, changing your hairstyle, etc.)	20%	61%	19%
Done something to improve your social skills (such as learning to dance, learning to be more assertive, improving conversational skills, etc.)	25%	66%	9%
Talked to a friend or relative about ways to overcome your loneliness	40%	45%	15%
Taken your mind off feeling lonely by using drugs or alcohol	74%	25%	1%
Talked to a counselor or therapist about ways to overcome your loneliness	91%	6%	3%

[a] Strategies are listed in order of frequency.

The New Student Study also asked students about things they had done "in order to meet other people" during their first year at college. Many students (61%) reported that they selected a group living situation such as a dorm or sorority at least in part as way of meeting people, and 31% said they had joined a club or organization for this purpose. Other popular ways to meet people included starting a conversation with a stranger on campus ("for example, in a class, in the library or waiting in lines"), used by 90% of students, and going regularly to a particular place or "hangout" on campus (82%). Most students also went to campus social gatherings such as dances (83%), and many joined organized recreational activities (40%). These results suggest that college students use a variety of tactics for improving their social life; most students appear to use many strategies in combination. Little is currently known about the factors that predispose in-

Table 21.3. Cognitive Strategies College Students Used to Cope with Loneliness [a]

Strategy	Never	Sometimes	Often
Thought about things you could do to overcome your loneliness	4%	52%	44%
Reminded yourself that you actually do have good relationships with other people	7%	33%	60%
Tried to figure out why you were lonely	7%	54%	39%
Thought about good qualities that you possess (such as being warm, intelligent, sensitive, self-sufficient, etc.)	7%	68%	25%
Told yourself that your loneliness would not last forever, that things would get better	10%	38%	52%
Thought about things you can do extremely well (excelling at schoolwork, athletics, artwork, gourmet cooking, etc.)	10%	47%	23%
Told yourself that most other people are lonely at one time or another	11%	56%	33%
Taken your mind off feeling lonely by deliberately thinking about other things (anything other than your loneliness)	13%	61%	26%
Told yourself that you were over-reacting, that you shouldn't be so upset	14%	62%	24%
Thought about possible benefits of your experience of loneliness (such as telling yourself that you were learning to be self-reliant, that you would grow from the experience, etc.)	21%	42%	37%
Changed your goals for social relationships (such as telling yourself that it is not that important to be popular; that at this point in your life it's all right not to have a boyfriend or girlfriend, etc.)	22%	55%	23%

[a] Strategies are listed in order of reported frequency.

dividuals to use some coping strategies rather than others; this appears to be an important direction for future research.

Effectiveness of Coping Responses

The question of greatest concern to lonely people themselves is undoubtedly which coping activities are most successful. Paloutzian and Ellison (Chapter 14) asked college students to rate the effectiveness of 23 coping responses. The activities perceived as most effective were talking to or spending time with a friend, thinking alone, listening to music and (among their highly religious sample) praying. In considering the effectiveness of coping responses, it is again useful to distinguish between tactics aimed at short-term distractions and those that lead to increased satisfaction with one's social life. Whereas reading a mystery novel may effectively blot out the pain of loneliness for an evening, it is not likely to improve a deficient social network.

The New Student Study addressed this issue by comparing students who continued to be lonely throughout their first year at college with students who overcame their loneliness during the school year (see Cutrona, Chapter 18). Students who were no longer lonely in May had not merely reconciled themselves to impoverished social relations; rather they reported that they had developed more satisfying relationships. The greatest benefits seemed to come from developing friendships, rather than dating relationships, although both contributed to decreasing loneliness. Students who remained lonely continued to be dissatisfied with their social relations. Analyses comparing factors that distinguished students who were successful versus unsuccessful led to some surprising results. No clear pattern was found linking reduction of loneliness to any of the behavioral or cognitive strategies listed in Tables 21.2 and 21.3. Students who continued to be lonely reported doing many of the same activities as students who recovered from loneliness. What did distinguish the two groups were initial differences in attitudes and self-views. When they first arrived at college, students who were ultimately successful in developing satisfying relations had higher self-esteem and higher expectations for future relationships, and were less likely to attribute their loneliness exclusively to themselves.

Available information about self-help strategies does not provide a clear set of guidelines for effective coping with loneliness. Several issues deserve further research attention. First, we need to know more about how people actually cope with loneliness. Self-report data may provide only a partial picture of what lonely people actually do; in some cases people may be unaware of the patterning of their own responses to loneliness. Second, we need to know more about the combination of different coping responses. For example, watching television may be ineffective as a sole solution to loneliness, but individuals who are actively engaged in the sometimes risky business of meeting new people may find that a distracting evening of TV renews their energies. Third, we need to know more about how and where individuals can best meet other people. College students can "hang out" in the library or cafeteria and bump into other young people who are likely to share at least some of their interests and concerns. But where can isolated homemakers, middle-aged singles, or elderly widows turn to meet friends and lovers? Studies of the relative effectiveness of established organizations with goals not directly related to friendship (e.g., churches, the Sierra Club, adult education classes) versus the "singles business" (e.g., dating bars, photo dating services, singles apartment complexes) would be useful. Fourth, data suggest the central importance of friends in alleviating loneliness. Although Americans tend to idealize "love" relationships as the solution to all problems, it may be that the single-minded search for a romantic partner to the exclusion of developing friendships is a particularly risky self-help approach. Finally, most people are successful in overcoming occasional bouts of loneliness. Hopefully future research will shed light on this process of adjusting to changes in our social lives, so that we can all make social transitions more easily.

PREVENTION OF LONELINESS

In thinking about the prevention of loneliness, it is important to beware of common but fallacious beliefs. It is frequently asserted, for example, that the increased geographic mobility of modern society has made loneliness epidemic. In fact, empirical evidence indicates that rates of mobility have remained relatively stable from 1800 to present (Fischer, 1977; Thernstrom, 1973). And Rubenstein and Shaver's (Chapter 13) survey of Americans of all ages found no relationship between current loneliness and how frequently an individual had moved during his or her lifetime. Although the immediate impact of moving is often to disrupt social relations and produce loneliness, these effects are typically short-lived. Loneliness caused by geographic mobility is probably no more common today than it was a century ago. Similarly, it is wise to be wary of nostalgic beliefs in the alleged "decline in community" attributed to modern urban living (Fischer, 1977). The point is that prescriptions for loneliness cures must be based on accurate diagnosis of the problems, rather than on cultural myths.

Among the sociocultural factors that we suspect contribute to loneliness are the social stigma associated with being alone (either spending time by oneself or being unmarried) and the cultural preoccupation with love relationships (Brain, 1976; Gordon, 1976). We would call for greater acceptance of lifestyles other than traditional marriage. We urge that the pressure to "achieve" love relationships be relaxed and that other forms of social relationships, particularly friendships, be given greater status.

Changes in specific social institutions, such as schools or college dormitories, might also reduce the incidence of loneliness. Hallinan (1979) found, for example, that structural characteristics of elementary school classrooms affected children's friendliness and popularity. Social psychology provides many clues about ways to promote friendly relations by changing the structure of social interactions, rather than by changing individuals. Research on interpersonal attraction (Huston & Levinger, 1978; Rubin, 1973) and on social contact theory (Amir, 1969) emphasizes that opportunities for informal social contacts—chatting in the laundromat of an apartment building, having a common lunch room at work—can set the stage for the beginning of new relationships. The development of relationships is further fostered when people, sometimes out of necessity rather than choice, work together to accomplish important, shared goals. Such cooperative interdependence presumably characterizes satisfying relationships with family and friends. In contrast, competition is often a barrier to satisfying relationships.

These general principles have many practical implications. For example, the transition to college should be easier for students assigned to live in small, cooperative housing units where they work together to prepare meals and care for the residence, than for students assigned to large impersonal buildings. An innovative intervention for school children based on these principles was developed by Aronson and his associates (1978). Aronson argued that elementary schools are often competitive, unfriendly places. Concerned especially

about the impact of such an environment on minority children, Aronson suggested that "It would be valuable if the basic process could be changed so that children could learn to like and trust each other not as an extracurricular activity but in the course of learning their reading, writing, and arithmetic" (p. 23). To this end, he and his colleagues developed a new instructional method, the "Jigsaw Classroom" technique, in which children form small learning groups. In the groups each child has a different piece of information about the lesson; mastering the material requires learning from other children and in return teaching them about your own part of the assignment. Thus cooperation is the rewarded pattern. Evaluation studies indicated that children in the Jigsaw Classrooms showed greater liking for each other and greater self-esteem than children in traditional classrooms. Although the intervention was not designed to reduce loneliness, a consequence of the restructuring of classroom instruction was to reduce social isolation and increase friendliness.

Other kinds of community-based intervention could be developed, ranging from preventive social skills training for children (Sugai, 1978) to programs for groups known to be at high risk for development of loneliness, such as children of divorced parents (Shaver & Rubenstein, 1980).

CONCLUSION

This chapter has raised many issues concerning the nature of loneliness and strategies for intervention. Three themes from this discussion are worth highlighting.

First, the diversity of factors that lead to loneliness should be matched by a diversity of intervention strategies. We have suggested that strategies for reducing loneliness are based on implicit assumptions about the important provisions of social contact. In particular, the common assumption that securing a primary relationship (e.g., love relationship) provides an antidote to loneliness should be carefully examined. We have suggested that friendships, social networks, and solitary activities provide alternative foci for intervention.

Second, controlled investigations of the effectiveness of intervention strategies for loneliness are sorely needed. Such research should be extended to include evaluation of the self-help "interventions" employed by lonely people.

Third, helping the lonely sometimes involves changing the situation rather than the person. Loneliness may often represent a mismatch between the person and the environment. In working with lonely people we should guard against the tendency to blame them for their loneliness. The design of environmental intervention techniques that do not stigmatize the lonely individual provides a creative challenge to loneliness researchers.

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