REFRAMING LONELINESS IN ADULT FEMALES WHO VARY IN
DEPENDENCY AND LOCUS OF CONTROL

THESIS

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Reframing in counseling offers the client a different framework for symptoms, thereby allowing the client a perspective that leads to change or no need for change. Using a loneliness measure as the dependent variable, 58 females underwent one of three treatments: positive reframing, self-control statements, or a waiting list control procedure. Two two-way analyses of covariance used an independent measure of dependency for the first analysis and a measure of perceived control for the second. Treatment type was the second dimension for each analysis. A significant interaction resulted for control by treatment $F(2, 51) = 3.24; p < .05$. A Newman-Keuls revealed significant differences for those who perceived themselves as in control, where reframing was more effective than either the control procedure ($q_r = 3.56; p < .05$) or those who perceived others as in control ($q_r = 3.21; p < .05$).
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REFRAMING LONELINESS IN ADULT FEMALES WHO VARY IN DEPENDENCY AND LOCUS OF CONTROL

The utilization of paradox in psychotherapy has become increasingly widespread in the last decade. Although the concept of paradox is not new, its use as a therapeutic tool is relatively recent. The Palo Alto group, as it is commonly referred to, first recognized the detrimental effects of paradoxical communications in their work on the double-bind (Bateson, Jackson, Haley, & Weakland, 1963). The result of these works led to the formulation of the therapeutic double-bind (Bateson, et al., 1963). This is a technique in which the client is encouraged to change by remaining unchanged, with the implication being that this directive is the procedure for change. Watzlawick, Beavin and Jackson (1967) described the therapeutic task as consisting of three parts: a) reinforcing the behaviors which the client expects to change; b) implying that this method is the way to change; c) thus creating a paradox in that the client has no choice but to change. If the client then complies with the directive, he/she can no longer claim to have no control over the symptom. If the client can will the symptom to occur, then he/she can control it. If the client does not comply with the
directive, then he/she must logically give up the symptom. Either way, change will occur.

Many early practitioners appear to have touched on this paradoxical principle previous to the Palo Alto group, although their techniques were not defined as paradox, per se. In 1928, K. Dunlap (1930) applied a method termed negative practice to problems such as nail-biting, enuresis and stammering. This entailed prescribing the symptom under certain specific conditions, in an effort to extinguish them. Alfred Adler (1959) often prescribed the symptom as well as predicted their occurrence. Victor Frankl was probably the first clinician to identify a paradox as therapeutic with his use of paradoxical intentions (Weeks, 1977; Soper & L'Abate, 1981). John Rosen (1953), in his work with patients suffering from a psychotic disorder, often exaggerated their psychotic symptoms for them. He also advocated taking the patients' metaphors literally, insisting that they do the same. This presumably made the distinction between metaphorical language and concrete reality even sharper (Rosen, 1953). Behavior therapy appears to have had its own use of paradoxical intervention in the form of implosion (Weeks & L'Abate, 1979).

A few attempts have been made to construct a theory of change based on paradoxical techniques. Perhaps the most well known explanation has been offered by Watzlawick,
Weakland and Fisch (1974). This theory involves a combination of Group Theory and the Theory of Logical Types. Group Theory entails four basic postulates: a) a group is composed of members which have one characteristic in common; b) members of the group may combine in various sequences, always to yield the same outcome; c) each group contains an identity member, which when combined with any other member will yield that member; and d) every member has its reciprocal, with which its combination will yield the identity member. Thus, changes within the group, according to this theory, will not change the essence of the group or the total outcome. At this point, Watzlawick, et al. (1974) utilizes the Theory of Logical Types. The main tenet of this theory concerns the fact that anything which is designated as all of a collection must not be a member of the collection itself. For instance, the word mankind refers to the class of all humans. Yet mankind cannot in itself be a human being. A paradox in communication occurs when this distinction in the classification of categories is overlooked.

Systematic change, from this perspective, can only occur with a shift of logical levels. Watzlawick, et al. (1974) called this second-order change. Change within the group level was referred to as first-order change. Thus, in a marriage, one member may try to overcome emotional distance by drawing closer to the spouse. The spouse,
sensing this move, automatically withdraws further, thus preserving the balance of the system. Within group theory, any change between members of the group will have no effect on the outcome or essence of the group.

A shift in logical levels, from the perspective of the group, will appear to be perplexing; possibly even absurd. Paradoxical directives are designed to implement second-order changes, and on the surface may appear illogical. Even the definition of a paradoxical directive is somewhat circular. Paradox, according to Watzlawick, et. al. (1967), first asserts something, asserts something about its own assertion, and these two assertions are mutually exclusive. Second-order change will be directed towards (what is considered from the group perspective) the solutions attempted with a given problem. Thus, the agoraphobic overcomes his anxiety not by avoiding the feared experience (which is the first-order solution), but by not avoiding it (Watzlawick, et. al., 1974).

Watzlawick et. al. (1974) provides some guidelines for formulating a successful paradoxical directive. Since second-order change (requiring a shift in logical levels) is applied towards the first-order solution, the important thing to know is what solutions have been and are currently being attempted by the client. These guidelines for change involve asking the question "what" as opposed to "why."

They are as follows: a) define the problem in concrete
terms; b) find what solutions have been attempted; c) make a clear, concise statement delineating the changes which are desired; and d) formulate and implement a plan designed to bring about the desired change.

Paradoxical techniques can be divided into two broad categories which include paradoxical directives and methods for reframing. Paradoxical directives involve techniques such as symptom prescription, negative practice, massed practice, implosion, applying covert rules overtly, and a host of other methods (Weeks & L'Abate, 1979; Raskin & Klein, 1976; Watzlawick, et al., 1974). All have in common a basic directive which involves intentionally repeating the symptom. Reframing, on the other hand, requires an effort to

...change the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and place it in another frame which fits the facts of the same concrete situation equally well or even better, and thereby changes its entire meaning.

(Watzlawick, et al., 1974, pp. 95).

Reframing or relabeling, as it is sometimes referred to, is viewed as an extension of paradoxical therapy in that it offers an implicit, rather than explicit, directive. The directive concerns once again maintaining the behavior and the implication that this is a way to change the behavior (Weeks, 1977).
Successful reframing serves to change the frame of reference from which the problem is viewed. This new frame will not be likely to carry the implication of unchangeability, as did the old frame (Watzlawick, et al., 1974). This aspect of paradox is particularly compatible with the dialectical approach to psychotherapy outlined by Weeks (1977). This approach considers change to be constant; human beings are therefore in a constant state of flux. The goal of dialectical therapy is to point out the client's strengths and assets, to see the positive in the negative. Like Gestalt therapy, it is recognized that every extreme has its reciprocal opposite. Positive and negative is a matter of perception and semantics, both of which can be manipulated. Relabeling a behavior which the client perceives as negative (thus calling it positive) may help the client gain a sense of mastery of control over the behavior, and even generate an expectation for change (Weeks, 1977).

There are as many ways to reframe as there are perceptions to reframe. Most commonly, positive reframing is utilized as opposed to negative reframing, although the latter does have its implications for clinical applications as well (Watzlawick, et al., 1974). One type of reframing developed by Erikson is the confusion technique (Erickson & Rossi, 1975). This involves making a series of illogical
or confusing statements, with one or two concrete statements interspersed throughout the message. This will cause the client to hang onto the concrete statements somewhat more tenaciously than he/she normally would. Another method of reframing in the literature, symptom redefinition, involves changing the clients' perceptions of a given affect, such as depression, by highlighting aspects of the affect that are not typically perceived and changing the experience (Raskin & Klein, 1976). For example, one might describe depression as a useful event for the client, in that it prompts his/her insights which might not otherwise occur.

Andolfi (1979) advocates applying reframing techniques first to the therapist's views of the therapist-client relationship. This involves the rejection of the medical model of curer and curee, and acceptance of an interactional relationship in therapy. This approach is not likely to be perceived as quite so threatening to the individual or to the family in therapy. When working with family systems and using reframing, it is important to remember to give a positive connotation to all the members' behaviors, so as not to threaten the natural homeostatic tendency of the family (Selvini, Lecchin, Prata, & Boscolo, 1978).

Very few studies have been conducted concerning client personality characteristics as they relate to the effectiveness of paradoxical interventions. Fischer, Anderson
and Jones (1981) have developed a classification of paradoxical interventions, and have attempted to outline various types and their effect on families with certain characteristics. They divided paradoxical techniques into three broad categories: a) redefining; b) escalation to a crisis; and c) redirection (changing an aspect of the symptom). Based on clinical experience, they have found that successful redefinition is best used with non-oppositional families with a rigid structure, who have time to reflect on the redefinition without being pressured by external problems. Using escalation appeared to be most helpful in families with vague styles, where there is much opposition and struggling for power, and where there is an immediate need for change. Redirection of a symptom, such as prescribing its occurrence only at a given time, is best used on overly compliant, passive families (Fischer, Angerson, & Jones, 1981).

If paradoxical interventions are to be successfully utilized, it will be helpful to know what kinds of situations call for a particular paradoxical intervention. Fischer, et al. (1981) have attempted to provide such guidelines in working with families. Yet no such systematic attempts have been made concerning the use of paradoxical interventions and individual clients. It may be that certain individual characteristics have differing effects
on the results of paradoxical interventions. It may be that the personality type of a client will be a factor in determining the amount of behavioral change effected when using various paradoxical interventions.

**Issues of Control and Interpersonal Dependency**

Reframing is an extension of the paradoxical directive, in that it implicitly prescribes the symptom while maintaining its occurrence as being the vehicle of change (Weeks, 1977). However, reframing a behavior as positive may have effects other than second-order change. With positive connotation comes a sense of increased mastery or control over the behavior (Watzlawick, et al., 1974). Behaviors seen within the realm of personal control are seen as amenable to change. Since a symptom is usually seen as something beyond one's personal control, reframing the symptom positively may make it more readily controllable and changeable.

It is possible that reframing will have its greatest effect then, on people who perceive all or most of their experiences as beyond the realm of personal control. The concept of perceived control is most often referred to as an internal or external locus of control. According to Social Learning theory, a person who has an external locus of control believes that most of his/her experiences are under the control of powerful others, luck, chance, etc.
(Joe, 1971). Using this dichotomy, Rotter (1966) developed a test designed to measure a person's generalized expectancies of control. As a result, a large amount of research has been generated concerning the attributes of persons with internal and external loci of control. For instance, it has been demonstrated that people externally oriented in their locus of control appeared to have a greater tendency to conform (Lefcourt, 1966), while people internally oriented in locus of control were more resistant to subtle suggestion than the externally oriented people (Rotter, 1966). Those who held an internal generalized expectancy for locus of control were shown to have a greater tendency to seek out information relevant to their situations, and to possess behavior patterns which were conducive to their personal control over the environment (Lefcourt, 1966). In a study relating locus of control to learned helplessness, Hirito (1974) found that subjects with an external locus of control were significantly more helpless than subjects with an internal locus of control. Locus of control was defined, in this case, as control over the occurrence of an aversive stimulus, rather than an assessment of generalized expectancies. In defense of such comparisons, Lefcourt (1980) examined the research on learned helplessness and concluded that locus of control was an adequate personality equivalent to the states of helplessness that have been examined in laboratory research (Lefcourt, 1980, pp. 248).
In her research on locus of control and its relationship to social action, Hanna Levenson (1972) found that the simple dichotomy of internal/external locus of control might not be adequate when certain behavioral variables are taken into account. In studies involving black youths, it was found that those who held an internal control expectancy were more likely to participate in social protest actions than were those who were more externally oriented (Gore & Rotter, 1963; Strickland, 1965). Yet later studies showed that black youths who were more externally oriented in their expectancies of locus of control were more willing to engage in protest action (Gurin, Gurin, Lao, & Beattie, 1969).

Based on these conflicting findings, Levenson (1972) hypothesized that Rotter's external dimension of locus of control could be divided into two categories: those people who believe that powerful others are in control, thus leaving room for change through action, and those people who believe chance, luck or fate control their destinies, thus leaving no hope for change through action. These categories, according to Levenson, would relate to very different belief systems, and thus should not be grouped together under the term of external control (Levenson, 1972).

The concept of locus of control deals specifically with expectations. That is, people are assumed to differ according to the degree that they perceive themselves as
having control over a situation. People will also differ with respect to their desires and/or needs for personal control. Based on his research on interpersonal behaviors, William Schutz (1966) constructed a questionnaire to assess individuals' interpersonal needs, feelings and behaviors. He described an interpersonal need in terms of its non-fulfillment; that is, a condition which, when unattained or unrealized, has undesirable consequences. An interpersonal need reflects a relationship between an individual and his social environment. In Schutz's view, each person has three interpersonal needs: inclusion, control, and affection. For each of these needs, an individual may range from deficiency to ideal, and finally, to a pathological extreme with regard to his/her response to the need. Responses to these needs, then, are reflected most objectively in one's behavior. The need for control is divided into two dimensions: a desire for control over others and the desire to be controlled by others. Each person's position on these two dimensions can range from high to low. For instance, on the dimension which involves the desire to be controlled, one person may strongly desire it (high) and another may strongly object to it (low). Finally, another may fall anywhere between these two extremes.

The person who prefers to be controlled by others has often been described as a dependent individual. The literature consistently characterizes dependent people as
those who expect or desire others to take on responsibility that realistically should be met by the dependent individual (Snyder, 1963; Goldin, Perry, Margolin, & Stotskey, 1972; Pakes, 1975; Hirschfeld, Klerman, Gough, Barret, Korchin, & Chodoff, 1977; Dietchman, 1978). William Snyder (1963), in his work with dependent clients, defined dependency in terms of "...behaviors involving the need for more help than the average person requires in meeting problem situations" (p. 3). Within the therapeutic context, this dependency might be demonstrated in a variety of ways. These include the client's request for specific suggestions on handling a particular matter, asking for assurance, or requesting that decisions concerning himself/herself be made by the therapist, to name a few. In handling such a client, Snyder (1963) organizes his therapeutic interventions around two broad objectives: a) first, change the client's attitude regarding his/her own ability to handle problems; and b) help the client obtain experience in handling such situations.

Paul Dietchman (1978) has described the passive dependent client in terms of anxiety, locus of control, and payoffs. Specifically, he suggested that persons who exhibit dependent behaviors may do so because of anxiety generated by risk-taking. Any form of action or decision entails a certain amount of uncertainty as to the outcome,
therefore creating uneasiness in individuals who have self-perceptions of incompetence. In addition, some people may have come to view their lives, including major decisions and experiences, as being externally controlled. Therefore, they would generally be more likely to relinquish control over situations rather than attempt to gain control.

Finally, Deitchman (1978) suggested that dependent behaviors are maintained by certain subjective payoffs for the client, which may come from individuals, professionals, or agencies with which the client is associated. He hypothesized that a person would continue to remain dependent as long as the perceived rewards for such behaviors were greater than the perceived rewards for independent behavior. Deitchman (1978) outlined several strategies that might be useful in dealing with passive dependent clients. These included: a) giving direction and support while at the same time helping the client to take small, incremental steps towards independence; b) educating the client by demonstrating appropriate responses to certain situations and preparing him/her for what might be expected in unfamiliar situations; and c) strongly supporting the client's risk-taking behavior rather than focusing only on success or failure (Deitchman, 1978).

In his work with dependent clients, Pakes (1975) advocated assessing the level of dependency a client has, and using this information to guide the therapeutic process.
For instance, using Winnicott's (1965) continuum of developmental stages of dependency, the adult client may range anywhere from extreme or double dependence (stage 1) to social sense with regard to dependency (stage 6). The former is undoubtedly representative of a severe disorder when present in an adult (as opposed to an infant) and requires that the therapist accept such dependency as well as the tremendous responsibility accompanying it. The latter represents a stage in which the client is essentially dependent upon himself/herself, thus leaving the therapist in the position of an "ally," offering to help the client help himself/herself.

All of the methods outlined above utilize a form of reframing. Synder (1963) defined one of his main objectives as changing the client's perception of his/her own abilities. Deitchman (1978) advocated focusing on the client's risk-taking behaviors rather than just on success or failure in a situation. The latter, particularly, is an excellent example of how one might positively reframe what is perceived as a failure. Yet the true effectiveness of reframing is unclear; other techniques (educating, providing tasks, etc.) are interspersed throughout these proposed approaches.

The purpose of this study is to compare the effects of positive reframing and self-control directives with individuals who are considered to be moderate to highly dependent. Since analogue studies of this nature are typically limited
to only a few sessions, the findings of this study may best be generalized to short-term counseling techniques (Strong, 1971). Dependency, in this study, will be defined as the expressed behavior of allowing others to control oneself. This definition is in agreement with Snyder's (1963) description of the dependent individual, as well as Deitchman's (1978) and Pakes' (1975). The dependent measure will consist of a general loneliness measure. Subjects will be chosen on the basis of pretest scores on this loneliness measure, as well as on the basis of pretest scores on the Beck Depression Inventory (BDI). This is to insure that subjects will be relatively lonely, yet not within the extremes of depression.

It is hypothesized that positive reframing will have a significantly greater effect on moderate to highly dependent subjects' perceived degree of loneliness than either the self-control directives or the waiting list control group. In addition, it is hypothesized that subjects who perceive powerful others as having control over them will have significantly lower loneliness scores after receiving reframing as opposed to the self-control or waiting list control techniques.

Method

Subjects

Fifty-eight female undergraduate subjects were recruited from various undergraduate courses at North Texas State
University. Most ranged in age from 17 to 25. Extra credit was given for their participation in the study. Subjects were asked to read and sign an informed consent agreement prior to their participation in the study (Appendix A).

**Counselors.** Two counselors were trained in techniques involving positive reframing and self-control directives (see Appendix B). Both counselors were approximately equally experienced having had at least two years practice in a mental health setting. Interviews were rated by independent observers to insure that the positive reframings or self-control directives offered by the counselors were approximately equivalent in number and proficiency. The two counselors conducted interviews under both experimental conditions.

**Instruments.** The revised UCLA Loneliness Scale (RULS; Russell, Peplau, & Cutrona, 1980; Appendix C) consists of 20 statements concerning feelings of interpersonal isolation as well as inclusion. Each statement was rated by the subjects on a scale of one to four ("never" to often). The RULS has been demonstrated to have a high internal consistency, with $r = .94$ for two separate samples (Russell, et al., 1980). Concurrent validity has been demonstrated with high scorers reporting lonely experiences significantly more than low scorers. Lonely experiences, in this case, consisted of the amount of time spent alone each day, social inhibition, feelings of being alone even in the
presence of others, and feelings of abandonment, emptiness and isolation. Russell, et al. (1980) also found this concurrent validity to be independent from the influence of other variables, such as negative affect and social risk-taking. Although Weeks, Michela, Peplau and Bragg (1980) reported high correlations between scores on the RULS and depression as measured by the Beck Depression Inventory (ranging from .613 to .701), they suggested that such correlations would have been much higher if a single construct were actually being measured. In addition, a structural equation analysis demonstrated that a casual relationship between loneliness and depression did not exist.

The Beck Depression Inventory (BDI; Beck, 1967; Appendix D) consists of 21 symptoms and attitudes characteristic of clinical depression. Each item has four alternative descriptions of feelings or behaviors, each alternative increasing in severity of such symptoms. The subjects' scores on each item, then, can range from zero to three. The BDI has been found to be quite reliable in assessing depression in clinical populations with a Spearman-Brown split-half coefficient of .93. Scores on the BDI have been related to clinical judgements of severity of depression in college populations (Bumberry, Oliver, & McClure, 1978).

The Fundamental Interpersonal Relations Orientations-Behavior (FIRO-B; Schutz, 1966; Appendix E) is a 54-item
test which measures three basic dimensions of interpersonal relationships. These dimensions include "control," "inclusion," and "affection." The control dimension assesses the degree to which a person desires to control or be controlled by others. The inclusion dimensions assesses the degree to which a person moves toward others. The affection dimension assesses the degree to which a person is available for emotional involvement with others. On each dimension, two scores are obtained; the "e" score represents the expressed, overt behaviors of the individual, and the "w" scores reflect the person's wanted behavior; that is, what he/she wants from other people. Thus, six scales are included in the FIRO-B, with nine items per each scale. The items themselves consist of statements concerning the subject's behaviors and desires. Each statement is rated by the subject on a scale from one to six ("never to "usually" and "nobody to "most people"). Cutoff points for each item were established by empirical research. For instance, on the wC (wanted, control) scale, a person who selects either a four, five, or six on question 18 receives one point for that scale. If the subject chooses a one, two, or three for that question, no point is scored. Thus, each scale score may range from zero to nine. Since the FIRO-B utilizes the Guttman scaling procedure, a measurement of internal consistency was provided by Schutz (1966) in terms of the test's reproducibility. These coefficients
ranged from .93 to .94 for all six scales of the FIRO-B. Test-retest reliabilities for a one month interval (a one week interval was used for "affection," wanted and expressed scales) ranged from .71 to .82 for all six scales, with the overall reliability being .76 (Schutz, 1968). Content validity for the measurement was assured by its use of the Guttman theory. The FIRO-B was designed as a refined extension to the previously existing measures of the FIRO-4 and the FIRO-5B3. Using these less refined measures, Schutz (1968) provides concurrent validation by demonstrating the discrimination of individuals with divergent political attitudes, as well as discrimination of persons choosing different occupations. Since the FIRO-B is a measure of one's interpersonal environment, such comparisons (i.e., occupations and political attitudes) are deemed appropriate (Schutz, 1968). As the present study focused primarily on issues relating to the wanted control (\(w^C\)) scale, it was administered along with two other scales on the FIRO-B (expresses inclusion and expresses affection), making a total of 27 items.

The Levenson Internal, Chance and Powerful Scales of locus of control (Levenson, 1972; Levenson, 1974; Appendix F) was developed as an extension of the Rotter Locus of Control Scale (Rotter, 1966). As was mentioned above, Levenson hypothesized that Rotter's dichotomy of internal-external control was not sufficient in explaining persons'
social behaviors. She extended Rotter's scale to include three dimensions with respect to locus of control: Internal (I), Powerful Others (P) and Chance (C). Each scale consists of eight items, arranged in a Likert format, with scores on each scale ranging from zero to 48. The entire measure consists of 24 statements, phrased so as to pertain only to the person(s) taking the test. Each statement is rated on a scale of one to six (strongly disagree to strongly agree). Item analysis of the statements indicated that all items significantly distinguished between high and low scorers for each scale (Levenson, 1972; 1974). Internal consistency for the I, P and C scales compared favorably to that of Rotter's I-E scale. Using the Kuder-Richardson formula, the coefficient alphas for each scale were as follows: I scale, .64; P scale, .77; and C scale, .78. Spearman-Brown split-half reliabilities were \( r = .62 \) for I scale; \( r = .66 \) for P scale; and \( r = .64 \) for C scale. Test-retest reliabilities for a one week interval were .64, .74, and .78, respectively (Levenson, 1972; 1974). In defense of the tripartate division of locus of control, Levenson (1974) points out that previous studies have demonstrated significant differences between the I scale \( (\bar{X} = 35.48) \) and both the P \( (\bar{X} = 16.65) \) and C \( (\bar{X} = 13.94) \) scales \( (t = 12.41, p < .001; t = 13.28, p < .001) \). Although the P and C scales were significantly correlated \( (r = .59, p < .01) \), both were negatively correlated with the I scale.
(r's = -.14 for the P scale and -.17 for the C scale). In addition, differences between the P and C scales were significant only for males.

Four questions were developed in order to clarify factors which may be related to loneliness (Appendix G). These factors included the relative temporary-permanence of perceived loneliness, degree of control over loneliness, geographical location as it relates to loneliness, and proximity of close friends. Each question has four alternative responses, which are hierarchically arranged in order of intensity with regard to the particular factor.

Procedure

Fifty-eight female undergraduate students were selected from courses offered at North Texas State University. They were invited to participate in a study concerning counseling methods for lonely people. All subjects read and signed an informed consent form prior to their participation in the study. A pretest packet was administered to all potential subjects which included an introduction to the study, the Revised UCLA Loneliness Scale (RULS), the Beck Depression Inventory (BDI), the Fundamental Interpersonal Relations Orientation-Behavior scales (FIRO-B, e, e^, and w scales), the Levenson Internal, Powerful Others and Chance locus of control scales and a questionnaire concerning social activities and relationships (Appendix H). The latter was used to guide the counselors during the interview session.
Those students whose scores on the RULS were at least one standard deviation above the mean for females (as established by Russell, et al., 1980), and students whose scores fell between eight and 21 on the BDI were selected to participate in the study. Scores on the BDI were used to rule out overly depressed subjects as well as subjects who expressed little depression.

The 58 qualifying subjects were randomly assigned to one of three groups: positive reframings, self-control statements, and a waiting list control group. The counselors interviewed approximately equal numbers of subjects under post-therapeutic conditions. Subjects were informed prior to the interviews that their counselor was considered an expert in dealing with problems of loneliness. Two sessions were administered to each subject, each lasting 30 minutes. Both sessions utilized the same therapeutic technique each time. For both techniques the first half of each interview consisted of reflective listening and information gathering on the part of the counselor. The last half of the interview was comprised of the actual administering of the randomly assigned technique. During this period three to five responses (either positive reframing or self-control statements) were given to each subject (Appendix B). The interviews were audio-taped and an independent rater was used in order to insure that the appropriate criterion for the responses had been met. The second interview was
given one week after the first, and consisted of reviewing the previous session as well as discussing the subjects' reactions and experiences during the preceding week. Again, three to five responses were given from the appropriate category, and were designed to reinforce the statements given the week before. Two weeks after the second interview, subjects reported for a followup in which they were again administered the RULS as well as the four questions in Appendix H. At this time subjects were informed as to the nature and conditions of the study. Those who desired further help with their problems associated with loneliness were referred to the Counseling and Testing Center at North Texas State University.

Analysis. An analysis of covariance was performed on the data which used the different scores of the pre- and post-test RULS as the dependent measure to compare the effect of the three techniques on subjects who scored low or high with regard to interpersonal dependency. Dependency was assessed using the FIRO-B "wants control" scale, with a scale score of four or greater considered to reflect moderate to high dependency. This cutoff point is consistent with those recommended by Ryan (1977) in his review of the FIRO-B. Scores on the BDI performed the function of covariate.

In addition, an analysis of covariance was performed which again used the different scores of the pre- and
post-test loneliness measure. But the independent measures were the three treatment techniques and the blocking variable of the perception of control from powerful others (high and low). Perception of control was measured by the Levenson Powerful Others Scale. Scores were dichotomized at the group mean so that those scoring 26 or greater were considered to be high with regard to perceiving powerful others as in control, and those scoring below 26 were considered to be low in such perceptions. Again, the scores on the BDI performed the function of the covariate.

Several correlation statistics were also performed to examine the relationship between loneliness and conditions such as perceived temporariness of lonely states, degree of control over loneliness, satisfaction in geographical location, proximity of close friends, and marital status.

Finally, post hoc analysis included comparisons of means among the three techniques using the Newman-Keuls method.

**Results**

A 2 X 3 analysis of covariance with scores on the FIRO-B as one independent variable (moderate-high dependency versus low dependency) and treatment groups as the other (positive reframing, self-control statements and waiting list control groups) yielded no significant main effects or significant interaction. Table 1 provides a breakdown of the sources of variation revealed in this analysis.
Table 1
Source Table for the FIRO-B by Group ANCOVA

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sums of Squares</th>
<th>Mean Square</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>BDI (covariate)</td>
<td>.876</td>
<td>.876</td>
<td>.019</td>
</tr>
<tr>
<td>Main effects, group</td>
<td>73.578</td>
<td>36.785</td>
<td>.719</td>
</tr>
<tr>
<td>Main effects, FIRO-B</td>
<td>37.368</td>
<td>37.368</td>
<td>.803</td>
</tr>
<tr>
<td>Interactions</td>
<td>93.279</td>
<td>46.640</td>
<td>1.002</td>
</tr>
<tr>
<td>Explained</td>
<td>193.712</td>
<td>32.285</td>
<td>.694</td>
</tr>
<tr>
<td>Residual</td>
<td>2373.179</td>
<td>46.533</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2566.891</td>
<td>45.033</td>
<td></td>
</tr>
</tbody>
</table>

In addition, Table 2 provides the observed and adjusted mean difference scores and standard deviations for each group at both levels of the FIRO-B.

The same factorial design, using scores on the Levenson Powerful Others scale (low versus high) in place of the FIRO-B did result in a significant interaction \((F (2, 51) = 3.24; p < .05)\) with no significant main effects. Table 3 shows the sources of variance for this analysis. The observed and adjusted mean difference scores, as well as the standard deviations, are also provided for each group at both levels of the Levenson Powerful Others scale in Table 4.

Finally, Table 5 provides the normative data for the Levenson scale as well as all frequencies in the Levenson by Group ANCOVA.
Table 2

Observed and Adjusted $\bar{X}$ Difference Scores and Standard Deviations for Both Levels of the FIRO-B Across Treatment Groups

<table>
<thead>
<tr>
<th></th>
<th>I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powerful Others Low</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>obs.</td>
<td>2.92</td>
<td>4.27</td>
<td>-1.11</td>
</tr>
<tr>
<td>adj.</td>
<td>2.94</td>
<td>4.27</td>
<td>-1.10</td>
</tr>
<tr>
<td>s.d.</td>
<td>6.86</td>
<td>7.99</td>
<td>5.06</td>
</tr>
<tr>
<td>Powerful Others High</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>obs.</td>
<td>4.71</td>
<td>2.28</td>
<td>3.60</td>
</tr>
<tr>
<td>adj.</td>
<td>4.71</td>
<td>2.25</td>
<td>3.61</td>
</tr>
<tr>
<td>s.d.</td>
<td>9.53</td>
<td>5.70</td>
<td>4.81</td>
</tr>
</tbody>
</table>

Note.  
I = Positive reframing  
II = self-control statements  
III = waiting list control

Table 3

Source Table for the Levenson Powerful Others Scale by Group ANCOVA

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sums of Squares</th>
<th>Mean Square</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>BDI (covariate)</td>
<td>.876</td>
<td>.876</td>
<td>.020</td>
</tr>
<tr>
<td>Main effects, group</td>
<td>69.894</td>
<td>34.947</td>
<td>.814</td>
</tr>
<tr>
<td>Main effects, Levenson</td>
<td>35.961</td>
<td>35.961</td>
<td>.838</td>
</tr>
<tr>
<td>Interaction</td>
<td>278.232</td>
<td>139.116</td>
<td>3.240*</td>
</tr>
<tr>
<td>Residual</td>
<td>2189.634</td>
<td>42.934</td>
<td></td>
</tr>
</tbody>
</table>

Note.  *p < .05.
Table 4

Observed and Adjusted \( \bar{X} \) Difference Scores and Standard Deviations for Both Levels of the Levenson Powerful Others Scale Across Treatment Groups

<table>
<thead>
<tr>
<th>Powerful Others</th>
<th>Obs. = 7.00</th>
<th>Adj. = 7.27</th>
<th>S.d. = 6.56</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Obs. = 4.67</td>
<td>Adj. = 4.87</td>
<td>S.d. = 8.02</td>
</tr>
<tr>
<td></td>
<td>Obs. = -0.36</td>
<td>Adj. = -0.27</td>
<td>S.d. = 5.43</td>
</tr>
<tr>
<td>High</td>
<td>Obs. = 0.50</td>
<td>Adj. = 0.43</td>
<td>S.d. = 7.69</td>
</tr>
<tr>
<td></td>
<td>Obs. = 2.73</td>
<td>Adj. = 2.21</td>
<td>S.d. = 6.13</td>
</tr>
<tr>
<td></td>
<td>Obs. = 3.75</td>
<td>Adj. = 3.79</td>
<td>S.d. = 4.56</td>
</tr>
</tbody>
</table>

Note.  
I = positive reframing  
II = self-control statements  
III = waiting list control

Post-hoc analysis using the Newman-Keuls method of mean comparisons revealed no significant differences among the three groups for subjects who scored high in the belief of the influence of powerful others. There was, however, a significant difference between the positive reframing group and the waiting list control group \( (q_r = 3.56; p < .05) \) for subjects who scored low on the Levenson variable of powerful others. In addition, the Newman-Keuls was used to analyze differences within each respective group across levels of the Levenson variable. The positive reframing group yielded the only significant difference between high and low on the Levenson variable \( (q_r = 3.21; p < .05) \).
Finally, in order to insure that subjects in the 2 X 3 ANCOVA were distributed evenly with regard to initial random assignment, scores on the RULS pretest were examined across the three treatment groups and at both levels of the Levenson variable. No significant differences were found.

The questions designed to clarify factors affecting loneliness were analyzed by correlational methods which partialled out certain variables to control for their influence. First, a correlational analysis was run on all four questions with pretest loneliness scores, partialling out post-test loneliness scores. No significant relationships were observed. Conversely, a correlational analysis was performed on the same four questions with the post-test scores, partialling out the pretest loneliness scores. A significant relationship was found on questions one and two \( (r = .348, p = .004; r = .324, p = .007, \text{ respectively}) \). Correlations were obtained in this manner in order to discern whether the attitudes reflected in the questions were affected by treatment.

Correlational analysis of marital status and changes in loneliness revealed a significant negative correlation between single and divorced people with changes in loneliness \( (r = -.31, p < .01) \) such that those who were divorced tended to show less improvement in loneliness. There was no significant relationship between married or single people and changes in loneliness. There was also a significant
negative correlation such that subjects who were divorced showed less improvement than all other subjects ($r = -.29$, $p = .012$).

**Table 5**

Normative Data for the Levenson Powerful Others Scale and Cell Frequencies for the Levenson by Group ANCOVA

<table>
<thead>
<tr>
<th>Levenson Variable</th>
<th>Total N = 58</th>
<th>Mean = 26</th>
<th>Median = 24.5</th>
<th>Variance = 56.316</th>
<th>Standard Deviation = 7.50</th>
<th>Range = 32 (10-42)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Levenson Powerful Others, Low</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive Reframing</td>
<td>= 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Control</td>
<td>= 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting List</td>
<td>= 11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Levenson Powerful Others, High</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive Reframing</td>
<td>= 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Control</td>
<td>= 11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting List</td>
<td>= 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Discussion

In review, two hypotheses were made concerning the results of this study. The first was that positive reframing would have a significantly greater effect on moderate to highly dependent subjects' perceived degree of loneliness than either the self-control statements or the waiting list control group. This hypothesis was not supported by the data. The second hypothesis predicted that subjects who perceived powerful others as having control over them would have a significant decline in loneliness scores when receiving positive reframing as opposed to self-control or waiting list control techniques. Again, the data did not support this hypothesis.

It is interesting to note that a somewhat opposite effect was observed with regard to the second hypothesis. Specifically, those subjects who scored low on the Powerful Others scale were the ones that yielded the significant results. Positive reframing was significantly more effective than the waiting list control technique. Within the positive reframing group, subjects who were low on Powerful Others improved significantly more than did subjects who were high on Powerful Others. Subjects who underwent positive reframing were asked to accept their state of loneliness as a positive and natural occurrence. Thus, a change of attitude was called for, imbedded within it an implicit symptom prescription. By pointing out positive
aspects of loneliness, the client is essentially receiving
the message that it is all right to be lonely, and therefore
they have "permission" to continue to be lonely. A change
in behavior is not required, as in the self-control
directive group, but a change in perception is required.
Those subjects who are internally controlled may be more
amenable to change because the change is perceived as
coming from within and is under their own control. Subjects
who do believe that powerful others control them may not
respond as well to techniques that require a change from
within. Since they tend to look to others to exert control
over them, they are unlikely to feel in control of them-
selves. They, therefore, may be less likely to change
their perceptions of loneliness.

This lack of flexibility in perceptions may be more
related to a general locus of control orientation rather
than specifically to the perception of control by powerful
others. Remembering that the Levenson Powerful Others
scale was developed from a more general measure of external
locus of control, one might suspect that it is this broad
characteristic of perceived locus of control in general
which mostly determines the subjects' responses to therapy.
The supposition that clients with an external locus of
control are generally less well-adjusted than clients with
an internal locus of control is not new to the field of
counseling. Therefore, even though subjects scoring high
on Powerful Others were not generally more depressed or lonely at the beginning of the study, they may have differed in other important characteristics from those who scored high on the Powerful Others scale.

Although the correlational analyses reveal a significant positive relationship between a high perceived degree of control over loneliness and improvement in loneliness, this appears to be due to the effect of treatment. Likewise, there was a significant relationship between perceiving loneliness as more temporary and improvement in loneliness scores, which also appear to be an effect of treatment. Thus, the various treatment techniques appeared to have changed subjects' perceptions of perceived degree of control over loneliness and/or perceived temporary-permanence of loneliness.

Recalling a significant correlation between change in loneliness scores and marital status, subjects who were divorced showed less improvement than subjects who were married or single. It is important to remember that this data was taken from a sample of undergraduate students. The distribution of the sample, then, would be undoubtedly skewed with regard to marital status, where the majority would be single, few would be married, and even fewer would be divorced. Therefore, any interpretation made regarding these correlations should be made with caution.
In summary, it would appear that further studies are needed in order to fully understand the relationship of perceived degree of control and therapeutic outcome. Based on these results, the differential effects of the three counseling techniques are less related to dependency than to locus of control in general. Perhaps a similar design using a general internal-external locus of control measure would explain the relationship more clearly.
Appendix A

Introduction and Informed Consent Agreement

This is a study concerning interpersonal problems, specifically those problems that most often result in feelings of loneliness. The purpose is to develop a better understanding of how certain thoughts and behaviors are related to loneliness.

You will be asked to complete several short questionnaires on three separate occasions during this study. In addition, you are being asked on two of these occasions to participate in two individual interview sessions with a counselor who is knowledgeable about problems associated with loneliness in college students. The interview sessions will be approximately 30 minutes each. The interview sessions will be audiotaped to confirm that appropriate procedures are being used by the person doing the interview. You will be identified by a code number and first name only (or pseudonym, if you prefer) on these tapes, and all information will be kept confidential to be used only for the purpose of this study. The total amount of your time needed will be two and one-half hours divided among three separate sessions (including this one) over a period of about one month.

The person you will meet with in the individual sessions is an expert in dealing with students who have experienced problems associated with loneliness. He will
Appendix A--Continued

explore with you further some of your responses to the materials you are completing today, and he will give you some feedback regarding your current situation. It is sometimes upsetting for people to reveal things about themselves. Remember that all answers given by you on this study are confidential, and you may withdraw your consent and discontinue participation at any time without penalty. Your name will be used only for purposes of contacting you during this study and you are asked not to place your name on any of the materials except the Contact form. If you have further questions, please ask the person who gave you your packet.

You will receive a minimum of one hour credit for your participation, and if you are involved in all phases of this study you will receive credit for three hours. You may receive credit by completing the enclosed form.

I have seen a clear explanation and understand the nature and purpose of the procedure and any possible discomfort or risks that might arise. I have also seen a clear explanation and understand the benefits to be expected. I understand that the procedure to be performed is investigational and that I may withdraw my consent at any time. With my understanding of this, having received this information and satisfactory answers to questions I
Appendix A--Continued

have asked, I voluntarily consent to the procedure designated in the paragraphs above.

Signed: ___________________________ Signed: ___________________________
  Subject                                           Witness

_________________________     __________________________
  Date                                               Date
Appendix B
Training Script

First Interview:

Purpose

Begin the first interview with an explanation of the purpose: "The purpose of these interviews is to explore your experiences with loneliness, to help you better understand your feelings, and to help you establish some control over your lonely feelings."

Permission to Take Notes and to Tape

"As you know from having read the Consent Form, this interview will be audiotaped for the purposes of this study. This taped interview will remain confidential, though, and will not be used for any purposes other than this study. Is it alright if I take some notes as we go along?"

Description of the Problem

"Well, now, your volunteering for this study suggests that you're concerned about problems associated with loneliness. Why don't you begin by describing when and where you feel lonely."

(Subject response.)

Cover various settings where loneliness occurs, individuals or groups it might occur around, events that trigger lonely feelings, thoughts associated with the loneliness and its possible causes, other feelings associated with loneliness, and the effects of feeling lonely on
Appendix B--Continued

interpersonal relationships (friendships and romantic involvement), self-concept, attitude toward school, etc.

Consider specific instances of loneliness, especially whether loneliness centers around degree of social involvement, quantity and quality of friendships, perception of, need for and degree of romantic involvement, separation from loved ones, and so on.

Closing

"Well, I see our time is up. Let me summarize what we have done today. We reviewed how loneliness has affected your life."

You may want to include some specifics here from the interview.

Then provide a statement which summarizes the responses you have given, such as:

(for positive reframe) - "We found that your loneliness seems to reflect a healthy sensitivity to feelings, an important need for and valuing of solitude, and the value of short-term sacrifice for the purpose of meeting more worthwhile long-term goals."

(for self-control) - "We have found that your loneliness seems to reflect a time in your life when social relationships have been harder to come by and your goals for relationships have been greater than what you have been able to attain thus far."
Appendix B--Continued

Responses

After 15 minutes give three to five responses from the same group of responses that were given last week (positive reframings or self-control statements), working them in when the timing and context seem right. Reinforce the responses with an example or two from the subject's own experiences.

Closing and Summary

"Well, I see our time is up. Let me summarize what we have done in our two sessions. We discussed how loneliness reflects... (positive reframing or self-control statement). I think you are beginning to understand your loneliness. It seems to me you are getting some understanding of the causes of your loneliness and are gaining greater control over them. When you experience loneliness I would suggest that you review what we have discussed here for yourself."

Referral

"I have enjoyed the brief time we have had together. I wish you success in working on this. Should you want to continue speaking to a counselor about your loneliness or any related problems, let us know at the final session, and we can refer you to another counselor."

"Now you need to go back to the person out front. She/He has forms for you to fill out, and you need to
Appendix B--Continued

schedule a session with us for the week after next. This will consist of only testing. Thanks again for being in the study." Escort the subject to the person out front.

Positive Reframings

1. A wonderful part of being lonely now is that it allows you to develop and discover more about yourself at a time when others may be so wrapped up in a relationship that they end up spending their time trying to be what someone else wants them to be.

2. This is a very exciting time for you even though excitement may not be what you are experiencing at this time. Some of man's most creative and insightful moments have come at times of solitude and loneliness.

3. Being lonely is part of learning a new way of being, enabling you to be more adaptable, to function in a new, more creative way.

4. Reflective thinkers on the world and how they fit in the world occasionally have periods that they describe as lonely times. It is a mark of increasing independence and individuality.

5. In my opinion, you are experiencing a period of preparation for involvement. It is part of human nature to withdraw periodically in order to reflect on past experiences as you reorganize your approaches to various aspects of life. This often happens to people entering
Appendix B--Continued

the new stage of life that comes during the college years. Some experience this time negatively while others recognize the need for these times of solitude and quiet reflection.

6. You have mentioned some problems associated with loneliness that you have had. While it may be important for you to be experiencing these difficulties at this time, in the future you may find that they are not as useful for you as you learn and discover what is needed from this time of loneliness.

7. Your personal growth is now being experienced as loneliness as you are moving away from dependence on your family and toward an exciting time of self-discovery, learning new ways to express your own uniqueness.

8. You are now in the process of discovering your own sense of individuality, that which makes you unique from others. That is a very exciting time in a person's development.

9. Just as there is value in companionship and sharing, you are discovering the values of growth associated with times of loneliness and solitude.

10. This is a time of freedom from the constraints of commitments, for contemplation and exploration.

11. Your loneliness appears to result from a sensitivity that most college-age people don't have. You are very
Appendix B--Continued

aware of the impact a meaningful relationship can have on a person and, consequently, are very cautious in taking that risk of becoming involved with someone.

12. From my perspective, your being alone shows a vital need for solitude and a basic valuing of being alone, a lack of fear of inner experiences and feelings.

13. What you have described is typical of individuals who tend to approach relationships more seriously and are willing to sacrifice the brief comfort of more casual acquaintances and wait for the less frequently occurring but more fulfilling relationships.

14. You are a reflective person who gives serious thought to the possible consequences before becoming involved with other people.

15. Pain is frequently necessary to bring about change. If it weren't for the pain you are currently experiencing, you wouldn't be taking the steps necessary to make changes in your life. Pain is a signal that change might be helpful. Loneliness then is the gateway for your discovering new ways of being.

**Self-Control Statements**

1. Leaving family and friends and starting a new life in college often results in feelings of loneliness. Time and continued efforts to meet new people inevitably yield positive results.
2. Sometimes we get so caught up in feeling badly about being lonely that we forget to remind ourselves about the good relationships that we do have.

3. Often loneliness results when a person's goals for their social relationships are a little higher than they need to be.

4. You may be able to gain a better feeling about your social relationships if you looked more closely at who you are comparing yourself to. Some people may be inappropriate comparison targets because they are uniquely gifted with looks, brains, talent, desirable physique, etc. I may look like Robert Redford, think like Einstein, dance like John Travolta, but if I set them up as standards to reach then I'm probably going to be disappointed.

5. Sometimes when we are looking for an important relationship we tend to set our standards very high. Frequently this results in passing over individuals who have potential for strong relationships because we tend to look for faults in them in order to avoid the risk and hassel involved in getting to know another person.

6. Letting go of an important relationship is very difficult to do. Often people fail to remind themselves that they still possess the same qualities it takes to develop other, worthwhile relationships.
Appendix B--Continued

7. Losing someone that has been so close to you can be very painful. It has been my experience that those who make the most successful recovery from this type of experience are the ones who allow themselves to remember the positive experiences they had in that relationship while taking the time that is necessary for the pain to abate. Through this you grow and develop, taking what you have learned as you move into other worthwhile experiences.

8. You may be feeling trapped. Initially you hesitated to meet people because you were in a totally new environment and weren't sure how others would react to you. So you went out less, leaving fewer opportunities to meet people. The fact that you weren't developing relationships reinforced an emerging feeling that maybe you didn't have what it took to make it socially in college. Now your fears have blossomed to the point that you are avoiding meeting people who interest you for fear of confirming some inadequacy you feel may already exist. Making the first move becomes increasingly difficult. But you probably know the sooner you make it, the sooner the abilities you already possess will surface and result in development of new relationships.
Appendix C

The Revised UCLA Loneliness Scale

Below are some statements that describe how people sometimes feel. Indicate how often you feel the way described in each statement by circling the most appropriate number. Circle one number for each.

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

1. I feel "in tune" with the people around me. 1 2 3 4
2. I lack companionship. 1 2 3 4
3. There is no one I can turn to. 1 2 3 4
4. I do not feel alone. 1 2 3 4
5. I feel part of a group of friends. 1 2 3 4
6. I have a lot in common with the people around me. 1 2 3 4
7. I am no longer close to anyone. 1 2 3 4
8. My interests and ideas are not shared by those around me. 1 2 3 4
9. I am an outgoing person. 1 2 3 4
10. There are people I feel close to. 1 2 3 4
11. I feel left out. 1 2 3 4
12. My social relationships are superficial. 1 2 3 4
13. No one really knows me well. 1 2 3 4
14. I feel isolated from others. 1 2 3 4
15. I can find companionship when I want to. 1 2 3 4
16. There are people who really understand me. 1 2 3 4

*Scoring on these items is reversed (i.e., 1 = 4, 2 = 3, 3 = 2, and 4 = 1).*
Appendix C--Continued

17. I am unhappy being so withdrawn.  
18. People are around me but not with me.  
19. There are people I can talk to\textsuperscript{a}.  
20. There are people I can turn to\textsuperscript{a}.  

\textsuperscript{a}Scoring on these items is reversed (i.e., 1 = 4, 2 = 3, 
3 = 2, and 4 = 1).
Appendix D

Beck Inventory

On this questionnaire there are groups of statements. Please read the entire groups of statements in each category. Then pick out the one statement in that group which best describes the way you feel today, that is, right now! Circle the number beside the statement you have chosen. If several statements in the group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

A. 0 I do not feel sad.
   1 I feel sad.
   2 I am sad all the time and can't snap out of it.
   3 I am so sad or unhappy that I can't stand it.

B. 0 I am not particularly discouraged about the future.
   1 I feel discouraged about the future.
   2 I feel I have nothing to look forward to.
   3 I feel that the future is hopeless and that things can't improve.

C. 0 I do not feel like a failure.
   1 I feel I have failed more than the average person.
   2 As I look back on my life, all I see is a lot of failure.
   3 I feel I am a complete failure as a person.

D. 0 I get as much satisfaction out of things as I used to.
Appendix D--Continued

1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.

E. 0 I don't feel particularly guilty.
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.

F. 0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

G. 0 I don't feel disappointed in myself.
1 I am disappointed in myself.
2 I am disgusted with myself.
3 I hate myself.

H. 0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weaknesses or mistakes.
2 I blame myself all of the time for my faults.
3 I blame myself for everything bad that happens.

I. 0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.
Appendix D--Continued

J. 0 I don't cry any more than usual.
   1 I cry now more than I used to.
   2 I cry all the time now.
   3 I used to be able to cry, but now I can't cry even though I want to.

K. 0 I am no more irritated now than I ever am.
   1 I get annoyed or irritated more easily than I used to.
   2 I feel irritated all the time now.
   3 I don't get irritated at all by the things that used to irritate me.

L. 0 I have not lost interest in other people.
   1 I am less interested in other people than I used to be.
   2 I have lost most of my interest in other people.
   3 I have lost all of my interest in other people.

M. 0 I make decisions about as well as I ever could.
   1 I put off making decisions more than I used to.
   2 I have greater difficulty in making decisions than before.
   3 I can't make decisions at all any more.

N. 0 I don't feel I look any worse than I used to.
   1 I am worried that I am looking old or unattractive.
   2 I feel that there are permanent changes in my appearance that make me look unattractive.
   3 I believe I look ugly.
Appendix D--Continued

O.  0  I can work about as well as before.
    1  It takes an extra effort to get started at doing
        something.
    2  I have to push myself very hard to do anything.
    3  I can't do any work at all.

P.  0  I can sleep as well as usual.
    1  I don't sleep as well as I used to.
    2  I wake up one to two hours earlier than usual and
        find it hard to get back to sleep.
    3  I wake up several hours earlier than I used to and
        cannot get back to sleep.

Q.  0  I don't get more tired than usual.
    1  I get tired more easily than I used to.
    2  I get tired from doing almost anything.
    3  I am too tired to do anything.

R.  0  My appetite is not worse than usual.
    1  My appetite is not as good as it used to be.
    2  My appetite is much worse now.
    3  I have no appetite at all any more.

S.  0  I haven't lost much weight, if any, lately.
    1  I have lost more than five pounds.
    2  I have lost more than ten pounds.
    3  I have lost more than 15 pounds.
        I am purposely trying to lose weight by eating less.
        Yes _____  No _____
Appendix D--Continued

T. 0 I am not more worried about my health than usual.
   1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
   2 I am very worried about physical problems and it's hard to think of much else.
   3 I am so worried about my physical problems that I cannot think about anything else.

U. 0 I have not noticed any recent change in my interest in sex.
   1 I am less interested in sex than I used to be.
   2 I am much less interested in sex now.
   3 I have lost interest in sex completely.
Appendix E

The FIRO-B

For each statement below, decide which of the following answers best applies to you. Place the number of the answer in the space at the left of the statement. Please be as honest as you can.


1. I try to be with people.
2. I let other people decide what to do.
3. I join social groups.
4. I try to have close relationships with people.
5. I tend to join social organization when I have an opportunity.
6. I let other people strongly influence my actions.
7. I try to be included in informal social activities.
8. I try to have close, personal relationships with people.
9. I try to include other people in my plans.
10. I let other people control my actions.
11. I try to have people around.
12. I try to get close and personal with people.
13. When people are doing things together I tend to join them.
15. I try to avoid being alone.
Appendix E—Continued

16. I try to participate in group activities.

For the next group of statements, choose one of the following answers:

1. Nobody  2. One or two people  3. A few people

17. I try to be friendly to people.

18. I let other people decide what to do.

19. My personal relations with people are cool and distant.

20. I let other people take charge of things.

21. I try to have close relationships with people.

22. I let other people strongly influence my actions.

23. I try to get close and personal with people.

24. I let other people control my actions.

25. I act cool and distant with people.

26. I am easily led by people.

27. I try to have close, personal relationships with people.
Appendix F

Levenson's Scales

For the following statements, circle the letter which you feel applied best to you.

<table>
<thead>
<tr>
<th></th>
<th>strongly disagree</th>
<th>disagree somewhat</th>
<th>slightly disagree</th>
<th>slightly agree</th>
<th>agree somewhat</th>
<th>strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Whether or not I get to be a leader depends mostly on my ability.</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
<td>e</td>
<td>f</td>
</tr>
<tr>
<td>2. To a great extent my life is controlled by accidental happenings.</td>
<td>a</td>
<td>b</td>
<td>c</td>
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<td>e</td>
<td>f</td>
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<tr>
<td>3. I feel like what happens in my life is mostly determined by powerful people.</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
<td>e</td>
<td>f</td>
</tr>
<tr>
<td>4. Whether or not I get into a car accident depends mostly on how good a driver I am.</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
<td>e</td>
<td>f</td>
</tr>
<tr>
<td>5. When I make plans I am almost certain to make them work.</td>
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<td>b</td>
<td>c</td>
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<td>e</td>
<td>f</td>
</tr>
<tr>
<td>6. Often there is no chance of protecting my personal interest from bad luck happening.</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
<td>e</td>
<td>f</td>
</tr>
<tr>
<td>7. When I get what I want, it's usually because I'm lucky.</td>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
<td>e</td>
<td>f</td>
</tr>
<tr>
<td>8. Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of power.</td>
<td>a</td>
<td>b</td>
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Appendix F--Continued

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</thead>
<tbody>
<tr>
<td>9.</td>
<td>How many friends I have</td>
<td>depends on how nice a person</td>
<td>I am.</td>
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<tr>
<td>10.</td>
<td>I have often found that what</td>
<td>is going to happen will</td>
<td>happen.</td>
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<tr>
<td>11.</td>
<td>My life is chiefly controlled</td>
<td>by powerful others.</td>
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<tr>
<td>12.</td>
<td>Whether or not I get into a</td>
<td>car accident is mostly a</td>
<td>matter of luck.</td>
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<tr>
<td>13.</td>
<td>People like myself have very</td>
<td>little chance of protecting</td>
<td>our personal interests when</td>
<td>they conflict with those of</td>
<td>strong pressure groups.</td>
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<td>a</td>
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<td>c</td>
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<tr>
<td>14.</td>
<td>It's not always wise for me</td>
<td>to plan too far ahead because</td>
<td>many things turn out to be a</td>
<td>matter of good or bad</td>
<td>fortune.</td>
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<td>a</td>
<td>b</td>
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<tr>
<td>15.</td>
<td>Getting what I want requires</td>
<td>pleasing those people above</td>
<td>me.</td>
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<td>c</td>
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<tr>
<td>16.</td>
<td>Whether or not I get to be a</td>
<td>leader depends on whether I'm</td>
<td>lucky enough to be in the</td>
<td>right place at the right</td>
<td>time.</td>
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<td>a</td>
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<td>c</td>
</tr>
<tr>
<td>17.</td>
<td>If important people were to</td>
<td>decide they didn't like me,</td>
<td>I probably wouldn't make</td>
<td>many friends.</td>
<td></td>
<td></td>
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</tbody>
</table>
Appendix F--Continued

18. I can pretty much determine what will happen in my life.

<table>
<thead>
<tr>
<th>strongly disagree</th>
<th>disagree</th>
<th>somewhat agree</th>
<th>slightly disagree</th>
<th>agree</th>
<th>somewhat strongly agree</th>
<th>strongly agree</th>
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<td>a</td>
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<td>c</td>
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</tr>
</tbody>
</table>

19. I am usually able to protect my personal interests.

<table>
<thead>
<tr>
<th>strongly disagree</th>
<th>disagree</th>
<th>somewhat agree</th>
<th>slightly disagree</th>
<th>agree</th>
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<th>strongly agree</th>
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<td>c</td>
<td>d</td>
<td>e</td>
<td>f</td>
<td></td>
</tr>
</tbody>
</table>

20. Whether or not I get into a car accident depends mostly on the other driver.

<table>
<thead>
<tr>
<th>strongly disagree</th>
<th>disagree</th>
<th>somewhat agree</th>
<th>slightly disagree</th>
<th>agree</th>
<th>somewhat strongly agree</th>
<th>strongly agree</th>
</tr>
</thead>
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<td>c</td>
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</tr>
</tbody>
</table>

21. When I get what I want, it's usually because I worked hard for it.

<table>
<thead>
<tr>
<th>strongly disagree</th>
<th>disagree</th>
<th>somewhat agree</th>
<th>slightly disagree</th>
<th>agree</th>
<th>somewhat strongly agree</th>
<th>strongly agree</th>
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<td>e</td>
<td>f</td>
<td></td>
</tr>
</tbody>
</table>

22. In order to have my plans work, I make sure that they fit in with the desires of people who have power over me.

<table>
<thead>
<tr>
<th>strongly disagree</th>
<th>disagree</th>
<th>somewhat agree</th>
<th>slightly disagree</th>
<th>agree</th>
<th>somewhat strongly agree</th>
<th>strongly agree</th>
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<td>a</td>
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<td>c</td>
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<td></td>
</tr>
</tbody>
</table>

23. My life is determined by my own actions.

<table>
<thead>
<tr>
<th>strongly disagree</th>
<th>disagree</th>
<th>somewhat agree</th>
<th>slightly disagree</th>
<th>agree</th>
<th>somewhat strongly agree</th>
<th>strongly agree</th>
</tr>
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</table>

24. It's chiefly a matter of fate whether or not I have a few friends or many friends.

<table>
<thead>
<tr>
<th>strongly disagree</th>
<th>disagree</th>
<th>somewhat agree</th>
<th>slightly disagree</th>
<th>agree</th>
<th>somewhat strongly agree</th>
<th>strongly agree</th>
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Appendix G

Please place an X by the appropriate numbers for the following statements.

The loneliness which I experience is best classified as:

___ 1. temporary
___ 2. somewhat temporary
___ 3. somewhat permanent
___ 4. permanent

I feel that I have:

___ 1. no control over my loneliness
___ 2. some control over my loneliness
___ 3. frequent control over my loneliness
___ 4. complete control over my loneliness

If I could live wherever I wanted to live, I would experience:

___ 1. the same degree of loneliness
___ 2. slightly less loneliness
___ 3. much less loneliness
___ 4. no loneliness

Most of my good friends are living:

___ 1. nearby (within visiting distance)
___ 2. within 100 miles of me
___ 3. within 200 miles of me
___ 4. over 200 miles away from me
Appendix H

General Information

Age: _____

Marital Status (circle one):  S   M   D

Classification (circle one):  Fr  So  Jr  Sr  Gr

During the past two weeks how often have you:

1 = not at all;  2 = occasionally;  3 = some;
4 = frequently;  5 = all the time

eaten alone?          1  2  3  4  5

done something with a friend?  1  2  3  4  5

gone out alone?  1  2  3  4  5

had a date?          1  2  3  4  5

stayed in on weekend evenings?  1  2  3  4  5

gone to social event (dance, club meeting, etc.)  1  2  3  4  5

felt lonely?          1  2  3  4  5

Are you currently going with someone or do you consider yourself to be romantically involved?  Yes ___  No ___

Are you currently living with your parents or guardians?  Yes ___  No ___

If no, how long (in months) have you lived away from your family?  ________

Approximately how many close friends would you say you now have?  ________

How attractive are you compared with others your age?  
(Circle one)
Appendix H--Continued

1. much more attractive
2. somewhat more attractive
3. about the same
4. somewhat less attractive
5. much less attractive

How likeable are you compared with others your age?

1. much more likeable
2. somewhat more likeable
3. about the same
4. somewhat less likeable
5. much less likeable

In your opinion, how much control do you have over the things that happen in your life?

1. almost total control
2. quite a bit of control
3. a moderate degree of control
4. a little bit of control
5. almost no control

Indicate how much you agree with each of the following.

1 = strongly agree; 2 = agree; 3 = disagree; 4 = strongly disagree

I feel my life has meaning and direction.  
I like most people I meet.  
I generally take a positive attitude toward myself.
Appendix H--Continued

On the whole, I am satisfied with myself. 1 2 3 4
At times I think I am no good at all. 1 2 3 4
I am introspective, I often examine my thoughts and feelings. 1 2 3 4
I am a shy person. 1 2 3 4
I am an independent person. 1 2 3 4
I am a friendly person. 1 2 3 4
I am a lonely person. 1 2 3 4
I always was a lonely person. 1 2 3 4
I always will be a lonely person. 1 2 3 4
Other people think of me as a lonely person. 1 2 3 4

When you feel lonely, what do you usually do about it?
Circle your most common reactions.

2. Nothing. 15. Listen to music.
3. Take a walk. 16. Watch TV.
4. Exercise. 17. Work on a hobby
5. Sleep. 18. Overeat.
6. Do housework. 19. Study or work.
7. Call a friend. 20. Cry.
9. Go shopping. 22. Spend money on myself.
11. Read the Bible or pray. 24. Take tranquillizers.
12. Drink or get "stoned". 25. Other--Specify:
13. Go to a movie, play, etc.
References


