

**Role of Social Connectedness, Loneliness, Interpersonal Support in**

**Hopelessness among Adults**



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IN HOPELESSNESS AMONG ADULTS**

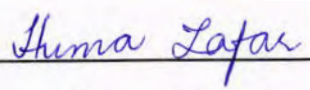
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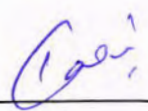
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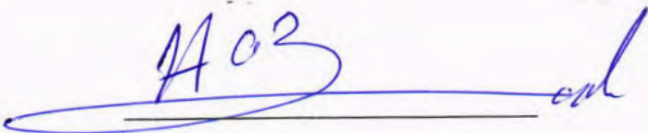
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### **List of Abbreviations**

<b>FELDA</b>	<b>Federal Land Development Authority</b>
<b>SCS</b>	<b>Social Connectedness Scale</b>
<b>UCLA</b>	<b>University of California Los Angeles</b>
<b>LSNS-R</b>	<b>Lubben Social Network Scale- Revised</b>
<b>PTSD</b>	<b>Post- Traumatic Stress Disorder</b>



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## **Abstract**

The aim of the present study was to investigate the role of social connectedness, loneliness, interpersonal support in hopelessness among adults. The present research sample (N=500) comprised of male and female adults. The sample was selected by purposive sampling method. Participants were approached at different areas of Rawalpindi and Islamabad. Data was collected using Social Connectedness Scale –Original (Lee & Robbins, 1995) to assess social connectedness, UCLA Loneliness Scale -Version 3 (Russell & Cutrona, 1996) to assess loneliness, Lubben Social Network scale- Revised (Lubben, 2002) to assess interpersonal support, and Hopelessness scale of Depression Hopelessness Scale (Mills and Kroner ,2003) to assess hopelessness. Psychometric properties of scales revealed satisfactory reliability for the study sample. Results indicated that social connectedness was positively correlated with interpersonal support and both social connectedness and interpersonal support negatively correlated to loneliness and hopelessness whereas as loneliness positively correlated with hopelessness among adults. Increase in interpersonal support leads to decrease in hopelessness and interpersonal support significantly predicts hopelessness among adults. Results indicated that males had more interpersonal support and social connectedness than females and there were significant differences between middle and later phases of adulthood in loneliness, so there was a remarkable role of loneliness and lack of social connectedness and interpersonal support in increasing hopelessness among adults.

## Chapter 1

### Introduction

Lack of social connectedness in life is a form of an unpleasant experience. It creates in people a need to appraise their relations. Also, the mental health consequences of lack of social belongingness can be quite adverse. Research has shown that humans need bonding with other people in order to remain sane and for functioning in an effective manner (Moller, 2003; Vincke & Heeringen, 2002).

Social connectedness and interpersonal support are fundamental components of human life. A network of positive social relationships provides a source of support, meaning and guidance which can influence Adults, Loneliness is distress and painful emotional experience that occur as a result of breaking close relationships or lack of interpersonal support and social connectedness is interlinked with loneliness, a person emotionally disables to contact with social environment and remain isolated from real world as well feel negative emotions prevailing distress and sadness feelings. Lack of interpersonal support and social connectedness and plays a significant role in creating hopelessness in early and middle adulthood as well but later adulthood considered as the most common age to experience lack of interpersonal support, social connectedness, loneliness and hopelessness, the idea of social Connectedness has been central to psychology and sociology. It has been thoroughly explored in the relevant literature (Beller & Wagner, 2017; Blaney & Downey, 2014; Dong, Chang, Wong & Simon, 2013; Herrera, 2009; Smithson, 2011), so this study explored the role of social connectedness, loneliness, interpersonal support in hopelessness among adults of all three phases of adulthood i.e. early, middle and later adulthood.

## **Social Connectedness**

It can be defined as an attribute of the self which serves as a reflection of the varying cognitions marked by enduring interpersonal closeness and association with the social world (Chen & Feeley, 2015). Another definition views it as a psychological state of feeling close and bonded with different members of the society. It is also viewed as a measure of how people come close to one another and interact (Costanzo, 1992). It is an integral component of mental wellbeing which is based on the idea that man is a social animal and cannot function adequately in isolation (McNair, 1992). It is viewed as a construct as well as a mental state which forms the core of optimal functioning (Wilmoth, Price, Turner, Blaney & Downey, 2014). Social connectedness is an interaction an individual has with a network of people and relationships and benefit experienced by an individual as well as society from that meaningful social connection (Quigley & Thornley, 2011).

With these definitions into focus, it has been identified that an aspect that is quite common in these definitions is the impact on mental health. It has been identified that social connectedness is an inevitable need required for achieving effective functioning. Research has shown that the lack of social connectedness can lead to adverse and highly negative consequences for individuals. The effects in this regard can last for a long time. In addition, there is a growing body of evidence to document the physical consequences of living in isolation. With these findings into focus, it is important to explore social connectedness in relation to loneliness.

## **Loneliness**

Loneliness is viewed as a complex emotional response to isolation. The lack of social bonds and the lack of interpersonal relations trigger this emotional response (Leary, 1990).

Loneliness is a subjective experience that is unpleasant for an individual and creates a discrepancy between a desired amount and available amount of companionship and emotional support in one's environment (Blazer, 2002). It is also defined as a construct that is seen at times when there is a lack of connections and communication among individuals. It is a complex emotional and psychological state that is marked by the discrepancy between one's achieved and desired levels of social interaction (Badoux & Mendelsohn, 1994). Thus, it can be said that the loneliness is somewhat different from social isolation.

It is also defined as a complex psycho-physiological state which encompasses lack of proper social connection, insufficiencies in interpersonal domains, the inability to bond with someone and the inability to feel connected (Lee & Robbins, 1995). Another perspective defines it as a transient state in which an individual becomes disconnected with the environment and tends to focus his or her energies towards the inside while feeling inadequacies in achieving proper social functioning. It can also be defined as a subjective experience marked by social isolation (Crick, Grotpeter & Rockhill, 1999).

Perceived social isolation is tantamount to feeling unsafe, and this sets off implicit hyper vigilance for social threat in the environment. Unconscious surveillance for social threat produces cognitive biases: relative to less lonely people, lonely individuals see the social world as a more threatening place, expect more negative social interactions, and remember more negative social information. Negative social expectations tend to elicit behaviours from others that confirm the lonely persons' expectations, thereby setting in motion a self-fulfilling prophecy in which lonely people actively distance themselves from would-be social partners even as they believe that the cause of the social distance is attributable to others and is beyond their own control. This self-reinforcing loneliness loop is accompanied by feelings of hostility, stress,

pessimism, anxiety, and low self-esteem and represents a dispositional tendency that activates neurobiological and behavioural mechanisms that contribute to adverse health outcomes (Cacioppo et al., 2006).

### **Interpersonal Support**

Interpersonal support is defined as the processes involved in interactions among individuals which leads to improved coping, high self-esteem and competence in terms of the use of physical and psycho-social resources (Lakey & Orehek, 2011). It is also viewed as the support an individual receives from other people, especially from the ones who hold a great deal of significance in the individual's life (Gaudin, Polansky, Kilpatrick & Shilton, 1993). Another definition is that the level of emotional, financial, spiritual and interpersonal support that one gets from friends and family. They are also defined as the activities that are offered by peers, parents and other members of the community aimed at facilitating relationships (Kalichman, Sikkema & Somlai, 1996).

It is evident that these definitions views interpersonal support as being a bi-directional measure and a set of activities. There are some differences in the definitions but there is an agreement among researches that the lack of interpersonal support can lead to adverse mental and physical health consequences. It is an established fact that during a life crisis and also in day to day events, humans constantly need support from others. This support provides them a means to relate and belong to a group. Research has shown that this need is inherent in individuals and that humans cannot function effectively without it. It is critical to examine the importance of interpersonal support, however, in relation to loneliness and social connectedness.

## Hopelessness

It is defined as a mental state in which an individual does not expect good things to happen. There are also those researches who have defined it as a being a reaction or a symptom of major depression and acute stress (Roscoe & Cohen, 1999). Hopelessness referred as the inability to express positive expectations about the future (Khormaie, Farmani & Soltani, 2017). Definition classified hopelessness as an adverse reaction to acute and chronic psychological conditions which results in an impairment to function positively and to ensure an optimistic movement in life (Choi, 2009). The definitions discussed have shown that hopelessness can be an emotional state, an acute reaction and a problem in itself that should be treated effectively.

The research in terms of social connectedness and how it is related with loneliness, interpersonal support and hopelessness has been quite broad. Past studies have provided numerous insights for exploring new perspectives on this area (Beller & Wagner, 2017; Dong, Chang, Wong & Simon, 2013; Herrera, 2009; Smuithson, 2011; Wilmoth et al., 2014). A number of themes have been identified for assessing the relationships between these constructs. What follow is an analysis of these themes and an exploration of the literature. It has been identified from the themes that there is a negative association between social connectedness, loneliness and hopeless. Also, gender differences have been seen in terms of the relationships of social connectedness with hopelessness and loneliness. Also, interpersonal support is viewed as being positively associated with social connectedness while having a negative association with hopelessness and loneliness.

### **Social Connectedness and Loneliness**

There are a number of studies that have assessed the relationship between social connectedness and loneliness. Social connectedness and loneliness could be linked with negative consequences in terms of mood and wellbeing. The data for the study was collected from a university in Dublin. The results had shown that social connectedness negatively predicted loneliness. Also, a negative relationship was reported between the two constructs. It was also found that the mental health consequences of both problems can range in the short to long run (Golden et al., 2009).

The relationship between depression, loneliness and social connectedness was assessed. The results had shown that there is a positive association between loneliness and depression. On the other hand, social connectedness was reported as being negatively associated with depression. The findings have shown that social connectedness can be beneficial in terms of overcoming the negative consequences of different psychological conditions. The research on this area has also shown that both constructs predict each other. In other words, the direction of the relationship between the two is marked by reverse causality (Singh & Mishra, 2009).

### **Social Connectedness and Interpersonal Support with Gender**

Studies have explored how social connectedness and interpersonal support are related to one another. It has been found that social connectedness in the elderly decreases as they age. These findings are significant for the western cultures and civilizations in which the elderly are often termed deprived and isolated segments of the society (Wilmoth et al., 2014). Other studies have documented that a high score on interpersonal support is positively associated with social connectedness (Dong, Chang, Wong & Simon, 2013; Herrera, 2009; Smithson, 2011). It has also



been found that women tend to score high on social connectedness and interpersonal support in the elderly population in comparison to males. A critical analysis has shown that the findings in terms of gender differences are mixed and need further exploration (Moller, Fouladi, Mccarthy & Hatch, 2003).

There was a strong relationship found between interpersonal support and social connectedness among adults of Bandar Abbas Iran. Study was conducted to investigate the quality of interpersonal support and social connectedness among adults of Iran and found that social connectedness and strong interpersonal support were very necessary for successful aging and good mental health of elderly. As little attention was given to these concept in eastern countries, so this study successfully depicted the essence of social connectedness and interpersonal support which are the two most important concepts for good and successful aging among elderly people of Iran (Amirkhosravi, 2015).

Social connectedness and interpersonal support varies more by gender than any of the other demographic characteristic and results of the study indicated that women have more good and meaningful relationship as well as large quantity of people in their life and more interpersonal support as compared to men, As men were more tent to had connections with only few people and gained less interpersonal support in their life (Silvana, Silva & Vettore, 2013).

### **Social Connectedness and Hopelessness**

Many studies have shown that social connectedness negatively predicts hopelessness. A number of studies from among these have explored how social connectedness can be beneficial in preventing higher rates of suicides (Chen & Feeley, 2015; Fassberg et al., 2012). The variations seen in western and eastern cultures in terms of suicide are different. A major theme

that has been identified in most of the studies is the lack of interpersonal support for individuals in the western cultures. In comparison, individuals in the eastern culture score high on social connectedness due to the presence of collectivist cultures and societies. It is important to understand that both factors have been linked with suicidal ideation (Chen & Feeley, 2015; Fassberg et al., 2012). Low scores on these factors in the long run can lead to a wide range of adverse consequences. There is also evidence to show that the use of clinical interventions can be beneficial in improving the mental health of individuals experiencing suicidal ideation. However, the long term success of the interventions depends upon how social connected these individuals become following treatment (Chen & Feeley, 2015; Fassberg et al., 2012).

There are also a number of developmental issues related to the two factors. It has been reported that an individual's level of social connectedness tends to vary with life. Initially, humans learn the need of social connectedness in schools, families and in the neighbourhood. However, their needs and preferences change somewhat as they begin to move towards their professional lives. Negative experiences with friends and family shape their learning about social relations (Hill, 2006). There are also certain crises in life that lead individuals to think about living in isolation or avoiding contact with other. Life continues to progress with these variations. However, at the end of life, most humans do feel the need of social connectedness. In addition, there are a number of crises in which individuals consider and feel the need of receiving support from others or belonging to a group (Person, Bartholomew, Addiss & Borne, 2007). Hopeless results when one is not able to think positively about the prospects of future life. Also, it leads to suicidal ideation at times when there is a lack of social connectedness. Nonetheless, this does not mean that social connectedness can prevent such crisis from occurring at all times. There have been a large number of cases in which individuals preferred to end their

lives despite of the large scale availability of interpersonal support. These findings indicate that hopeless is a complex emotional state and reaction and that it is not clear how social connectedness is beneficial in preventing hopeless from leading to suicide (Rew, Seehafer, Thomas & Yockey, 2011).

Hopelessness is the pessimistic expectation of an individual towards one's future (Shin, 2002). Rate of ending one's life and suicidal attempts vary over life span which considerably highlighting the influence of hopelessness as people connections and relationships with significant others decreased and as loneliness increased then these may create hopelessness among adults and which can lead an individual to end one's life and attempts suicide in return and these protective factors prevailed throughout the lifespan (Daniel & Goldstonb, 2009).

Lack of social connectedness contributed to many negative behaviors like hopelessness and increased risk for suicidal thoughts across lifespan and there were difficulties at three developmental periods during which suicidal behavior is prevalent in adolescence and young adulthood, middle adulthood and older adulthood and result findings indicated presence of all those negative behaviors like hopelessness and increased risk for suicidal thoughts if there was lack of social connectedness at any phase of life (Daniela & Goldstonb , 2012 ).

### **Interpersonal support and loneliness**

Interpersonal support is process of a proper and meaningful interaction among relationships which improved one's belongingness, self-esteem , level of competence and coping ability through perceive or actual exchange of psychosocial or physical resources(Gottlieb, 2000). The relationship between interpersonal support, loneliness and health outcomes was assessed. The results had shown that there was a negative relationship between interpersonal

support and loneliness and loneliness was associated with higher odds of poor mental health and interpersonal support with good mental health (Coyle & Dugan, 2012).

A study which aimed to investigate a role of interpersonal support and depression in quality of life among elderly people of rural Federal Land Development Authority (FELDA) conducted in Malaysia. The results of this study indicated that people of FELDA community have very good interpersonal support network in both information and emotional support form and also very good quality of life as well which decreased the rate or prevalence of depression among these elderly citizens. Mendieta, Martín and Jacinto (2013) had assessed a relationship between interpersonal support and loneliness and its impact on wellbeing. The study included 2042 participants from Malaga City (Spain) who were aged between 18 and 95 years. Results indicated that all three types of interpersonal support i.e. partner support, family support, and support from friends, respectively, significantly decrease romantic loneliness, family loneliness, and social loneliness and in turn loneliness had negative impact on subjective wellbeing(Ibrahim, 2013).

### **Interpersonal support and Hopelessness**

A study conducted on Dublin Adults lived in a community in which interpersonal support and loneliness was closely related to increased rate of depressive mood and hopelessness and poor wellbeing. The study revealed that loneliness is associated with all concepts of wellbeing, depressed mood and hopelessness and these were independently negatively correlated with interpersonal support (Golden et al., 2009).

### **Interpersonal support predicts Hopelessness**

Lack of interpersonal support was a strong predictor of depression, hopelessness and suicidal intent and this study focussed both on quality and quantity of interpersonal support which in turn increased the risk factor of increased the risk of suicidal risk and hopelessness and also had a strong impact on rehabilitation of spinal cord injury adults and results indicated that lack of interpersonal support increased suicidal intent and hopelessness as well as declined psychological well-being of the selected participants which in turn also effected the rehabilitation and recovery of spinal cord injury adults (Beedie & Kennedy, 2002) .

### **Social Connectedness in Self-Psychology Theory**

According to the perspective of the self-psychology theory, a sense of social connectedness develops in the earlier stages of life and continues to impact the individual in the later segments. In the span of childhood, parent-child associations and interactions provide a sense of belongingness, security and likeness for one another. In the ages of adolescence, affiliations with peers and memberships in different groups shape this construct. In adulthood, the aggregate for such experiences is incorporated in the relationships. All of these experiences become integrated in the sense of self of the individual. The knowledge gained by an individual in this regard shapes his or her self-concept. Most individuals have a stable sense of social connectedness that becomes dysfunctional at the time when an individual becomes isolated and this in turn leads to negative psychological consequences. This theory will be employed in terms of exploring and assessing the variable of social connectedness (Harter, 1999).

### **Social Disengagement Theory**

This theory states that aging is an inevitable process and that as individuals continue to age they become more and more disconnected with the social systems. The theory also states that

it is natural and acceptable for older adults to show withdrawal from different segments of the society. It also states that this disengagement results due to the lack of reduced physical activity and the reduced levels of interaction with new people. The varying perceptions of the society towards the elderly are another important factor that has an impact on the level of social connectedness of older adults (Hochschild, 1975).

### **Loneliness as a Social Deficiency: A Theoretical Perspective**

The theory states that isolation is a form of social deficiency. It results due to a number of personal, affective and behavioural personality traits and manifestations. These traits and measures serve as predisposing and precipitating factors that contribute to the development of this emotional state. All individuals have a tendency to increase their level of social contact and to minimize the effects of social deficiencies. Also, an individual's attribution style whether internal or external shapes his or her tendency to experience loneliness. The theory also states that loneliness should be viewed as an outcome rather than a causal factor itself. It has been argued that the lack of social relations, the inability to share one's life with others, the inability to form close relations, psychological problems and other related factors contribute to the development of the loneliness (Peplau & Perlman, 1979).

Human beings are thoroughly social creatures. Indeed, human survival in difficult physical environments seems to have selected for social group living. Consider that the reproductive success of the human species hinges on offspring surviving to reproductive age. Social connections with a mate, a family, and a tribe foster social associative behaviours (e.g., altruism, cooperation) that enhance the likelihood that utterly dependent offspring reach reproductive age, and connections with others at the individual and collective levels improve our chances of survival in difficult or hostile environments. These behaviors co-evolved with

supporting genetic, neural, and hormonal mechanisms to ensure that humans survived, reproduced, and cared for offspring sufficiently long that they, too, could reproduce. Human sociality is prominent even in contemporary individualistic societies (Hawkley, 2010).

### **Relational Regulatory Theory of Interpersonal Support**

This theory has been designed to assess the perceived effects of interpersonal support and mental health. It has been found that perceived social and interpersonal support has direct effects on the mental health of individuals. The relationship is mediated by individuals who are required to regulate their emotions through ordinary and shared conversations. In order to cope with stress, they should be able to achieve effective regulation of their emotions. In case of non-regulation or lack of regulation, individuals tend to experience negative psychological consequences such as hopelessness, isolation, stress, depression etc. The main mechanism explaining the association is relational in nature. In other words, the factors identified in the theory are dependent upon one another (Lakey & Orehek, 2011).

Interpersonal support has been linked to mental and physical health of an individual and stress and coping interpersonal support theory predicts that supportive actions that were objectively observable lessen the influence of stress by promoting coping and adaptive appraisals. According to relational regulation theory there was a strong link between mental health and perceived support regardless of stress and this theory reflects the idea that mental health is maintained and increased through activities like mutual activities and consequential conversations and the concept of perceived interpersonal support depict those processes. The concept of types of people and action which considered as supportive vary from recipient to recipient Life span theory vividly describes how interpersonal support basically emerges through process of attachment emerges in childhood and develops in tandem with features of adaptive

personality i.e. low hostility and high optimism. Both Interpersonal support and adaptive personality promote good health through advanced coping that in turn lessen stress (Lakey, 2013).

### **Life Span Theory**

This theory emphasizes the link between interpersonal support and mental health. More specifically, it is focused on assessing the differences in perceived and received interpersonal support. The theory states that interpersonal support is subject to a development throughout the varying phases of the life span especially during the spans of the childhood. It develops alongside the varying adaptive personality components and traits including low hostility, higher levels of optimism and varying forms of social and coping skills. The level of support an individual receives has an impact on his or her development in mental, behavioural and emotional domains (Uchino, 2009).

### **Learned Helplessness Theory: A Theoretical Perspective on Hopelessness**

Developed and theorized by the founder of positive psychology Seligman (1975), is a state in which an organism is forced to bear the adverse and negative stimuli. It is unable to avoid these emotions and feelings and has learned that it cannot do anything to overcome them. The theory is based on the idea that prior learning can lead to a drastic change in different forms of human and animal behaviours. Also, it is due to these negative expectations that other consequences of helplessness might follow, thus creating more problems for the individual experiencing them. So it can be said that hopelessness is a learned human reaction marked by feelings of insufficiency, inability to have a positive outlook about the future and the lack of positive anticipation about the upcoming events and prospects in life (Seligman, 1975).



Weiner (1986) proposed a detailed account of the attribution approach to learned hopelessness. His attribution theory includes the dimensions of globality /specificity, stability/instability, and internality/externality. A global attribution occurs when the individual believes that the cause of negative events is consistent across different contexts. A specific attribution occurs when the individual believes that the cause of a negative event is unique to a particular situation. A stable attribution occurs when the individual believes the cause to be consistent across time. Unstable attribution occurs when the individual thinks that the cause is specific to one point in time. An external attribution assigns causality to situational or external factors, while an internal attribution assigns causality to factors within the person.

The review of literature on this topic has been performed in a chronological manner. The studies documenting the relationship between social connectedness, loneliness, interpersonal support and hopelessness in adults are quite extensive. The literature spans across many decades. It is important to gain an understanding of the literature starting from the 1990s in order to gain deeper insights into the phenomena being explored. Leary (1990) studied the relationship among social connectedness, isolation, anxiety, jealousy and low self-esteem. The sample size for the study was 350 adults from different localities and regions. The results had shown that social exclusion and a lack of social connectedness leads to negative mental health consequences. The reactions to social exclusion include: isolation, anxiety, jealousy and low self-esteem. Also, there is a negative and predictive association among these factors in relation to social connectedness.

A study was conducted to find out the relationship between social connectedness and the physiological consequences. More specifically, the focus was on determining the relationship between social connectedness and how a lack of this factor leads to a raising in blood pressure in adults. The results had shown that social isolation and exclusion in adults can result in an

increase in blood pressure. Also, forming social connection and associations can be an effective mechanism for gaining control over this problem. However, the researchers had stated that the relationships established are not causal in nature. Also, the sample size was limited due to which the findings can be question for external validity (Bland, Krogh, Winkelstein & Trevisan, 1991). The researcher had established that socialization that is achieved developmentally is advantageous in terms of increasing the level of adaptive individuation. The findings had shown that socialization and social connectedness can be seen as protective factors for an individual for combating the different situations in life. The availability of such forms of support during the later segments of life can result in positive mental health consequences (Costanzo, 1992).

A study was conducted to explore how parent-child attachment styles and interactions during early childhood shape their sense of social connectedness. Also, the relationship between social connectedness and psychological wellbeing was studied. The sample size was 435 and included adults from different localities of the state of Michigan. The findings showed that social connectedness is learned and that it is positively associated with psychological wellbeing. However, as the study was quantitative and descriptive in nature, the findings cannot be seen as expressing causality. Social connectedness has been identified as a causal factor behind wellbeing in a number of studies but there is also evidence to show that it is rather an outcome of other mental states (Raja, Mcgee & Stanton, 1992).

A sample of African American adult women was selected in therapy. The women in question were seeking therapeutic interventions for overcoming depression and other psychological problems. One common factor identified in these women is the lack of social connectedness. Semi-structured interviews were conducted with the participants. The findings had shown that social connectedness is itself an independent psychological and social state that

contributes towards worsening of the effects of depression and other mental health problems. The provision of therapies centred on increasing the interpersonal support and connectedness of adults can lead to better mental health consequences. Also, social connectedness provides the desired levels of support and guidance needed for facing the negative situations in life. In addition, the study had shown that interpersonal support and social connectedness contribute towards minimizing the effects of isolation and hopelessness, two core after effects of major depression (McNair, 1992).

The relationship among social connectedness, isolation and psychological wellbeing for young adults was studied. The sample included 400 university students. The findings had shown that social connectedness positively predicts psychological wellbeing and has a negative impact on isolation. It has been found that psychological wellbeing is a major contributing factor with life satisfaction. The study in question showed a wide range of positive mental health effects of social connectedness on young adults. The researchers also explored how social connectedness results in improvements in wellbeing and limit isolation. It was found that social connectedness is a means for bonding with people and for perspective taking. It is by identifying with a group and with other people that an individual is able to find the support and association needed for dealing with different mental health problems (Resnick, Harris & Blum, 1993).

Gaudin, Polansky, Kilpatrick and Shilton (1993) studied a sample of neglectful families. The main aim of the study was to investigate the relationship among depression, loneliness and social connectedness in these families. The results showed that social connectedness helps in overcoming the mental consequences for individuals belonging to neglectful families. It was also found that there is a negative association between depression and social connectedness. More specifically, it was seen that individuals who scored high on social connectedness reported lower

scores on hopelessness. However, the study did not find any gender differences in the sample. Both males and females from neglectful families reported similar levels of hopelessness. The researchers also stated that it is unclear whether social connectedness is a causal factor behind depression or vice versa. This raises the need of exploring predictive and causal relations between social connectedness and mental health conditions.

Badoux and Mendelsohn (1994) had studied the relationship between social connectedness, interpersonal support and subjective wellbeing. The study was comparative in nature as it conducted a comparative analysis of American and French adults. Also, gender differences were studied in the investigation. The findings had shown that social connectedness scores of French individuals were higher in comparison to Americans. It was also seen that French Men and women were more socially connected and had higher scores on subjective wellbeing in comparison to their American counterparts. The results also show that culture has an important role to play in terms of determining the level of social connectedness experienced by individuals. The study has shown that social connectedness is also culturally learned and that civilizations and societies that promote collectivist living and thinking contribute towards the promotion of mental and physical wellbeing of its members.

Wolman, Resnick, Harris and Blum (1994) have studied the emotional wellbeing of adults with chronic conditions. The role of social connectedness and its outcomes for individuals with chronic conditions were studied. The findings showed that social connectedness helps in promoting emotional wellbeing of individuals. When an individual is diagnosed with a chronic condition, it is quite a challenging time. The availability of friends, families and other loved ones provides a comfort to the individual. The lack of support during this time can worsen the progression of the disease. It was also found that the onset and progression of chronic conditions

is somewhat slowed down due to interpersonal support. These individuals also report low scores on hopelessness. This is an indication that the presence of social bonds are a protective mechanism. This study had shown that there are also a number of positive physical health consequences of social connectedness.

Lee and Robbins (1995) attempted to explore the constructs associated with social connectedness and interpersonal support. The main focus was on measuring belongingness and its effects on mental health of adults. The findings showed that social connectedness and interpersonal support are closely associated with one another. The categories that emerged from data reduction techniques showed that both constructs can be linked together and have mutually inclusive categories. The findings showed that high scores on social connectedness lead to positive effects on mental wellbeing. It opens up the thinking of an individual towards the positive sides of life. This is an indication of a positive frame of mind and low scores on hopelessness. The study also recommended that future studies should use large sample sizes aimed at collecting more generalized data and for development of indigenous scales of measurement for social connectedness.

Forte, Barrett and Campbell (1996) had studied the patterns of social connectedness and how they are related with sharing grief. The main focus was on assessing how social connectedness is beneficial for individuals during times of sorrow. It has been found that individuals who have strong social bonding and a large social circle are better able to face the consequences associated with loss of someone. Social connectedness provides a broader perspective in life to individuals and allows them to deal with the psychological consequences of grief. The findings also showed that grief due to the loss of a partner can lead to isolation especially for individuals in their later adulthood. The lack of support during this time and the

communication gap created due to the loss of one's partner can be quite challenging. Social connectedness can help in overcoming this grief, in filling the communication gap and in providing hope for the future.

Kalichman, Sikkema and Somlai (1996) studied hopelessness, social connectedness and loneliness in individuals diagnosed with HIV. It was aimed at studying those who attended interpersonal support groups and those didn't. The findings had shown that those patients who attended interpersonal support groups scored low on isolation and were more socially connected. These individuals also displayed lower scores on hopeless. The results showed that social connectedness and interpersonal support are a means for minimizing the negative effects of chronic conditions such as HIV. The presence of social connections, social bonds and others has a therapeutic effect. There is also research evidence to show the treatment effects are more positive for those individuals who have high social connectedness. However, it is not known exactly how these social constructs influence the physiology of individuals suffering from life threatening conditions and diseases.

Dollinger, Cook and Robinson (1999) had studied the different correlates of autobiographical individuality. The main aim of the study was to conduct a qualitative exploration of adults who experiencing loneliness and lack of interpersonal support. The results had shown that the presence of social connectedness and interpersonal support limits individuation. It is seen in the sense that it allows individuals to shift the focus from the inside towards the outside. Also, positive effects are seen in terms of the mental health of individuals. Another major theme identified from the analysis was social connectedness. This is an indication that social connectedness, social relations, support services and other related factors provide a

new means to individuals to look at their lives. Their autobiographies also tend to be more diverse than those who live in isolation.

Crick, Grotpeter and Rockhill (1999) explored how social connectedness contributes to the wellbeing of parents and their children. A quantitative design was used in the study. The sample included 105 couples and their children. It was found that parents who scored high on social connectedness had children who were more social. It was also found that these parents are less hopeless in comparison to others. The children prefer to replicate the lives and models of their parents especially at the time when they are successful. However, the researchers identified that social connectedness also means that an individual is going to make more social comparisons. This can lead to the development of inadequacies and feelings of inferiority. The comparisons made by parents and their children tend to be economic, social and cultural in nature. The results showed that social connectedness has a second side as well i.e. the negative side. The both positive and negative effects of social connectedness and interpersonal support need to be studied in an effective manner for assessing how they correlate with loneliness, hopeless and other related factors.

Roscoe and Cohen (1999) investigated the role of social connectedness, hopelessness and cognitive disorders in influencing the decisions of individuals with Alzheimer's disease to pursue physician assisted suicide. The focus was also on documenting the level of social relations, interpersonal support and other factors. A sample of 57 caregivers and patients with the disease were studied. The results showed that individuals who scored high on social connectedness were more optimistic about their recovery prospects. However, there were some individuals who despite of scoring high on social connectedness wanted to pursue physician assisted suicide. This shows that social connectedness alone is not enough for preventing hopeless about chances of

future recovery in individuals afflicted with debilitating diseases and conditions. The study recommended that the literature on this area needs to be extended for providing more insights and a better understanding of the positive effects of social connectedness and interpersonal support.

Rew, Seehafer, Thomas and Yockey (2001) aimed to study the correlates of resilience in a sample of homeless adults. Data collection was done using the relevant instruments for exploring the constructs of social connectedness, interpersonal support and loneliness. A number of other constructs were also assessed in the study. The results showed that homeless adults tend to develop a higher level of resilience in case they are provided with options for accommodation by the government and when they are supported by the masses. However, the level of resilience in the sample was quite low. It has also been seen that the differences in the level of resilience of homeless individuals are variable changing from one country to the next. The overall economic conditions of countries also determined the level of hopelessness and isolation and other mental health effects. So it is evident that social connectedness alone does not determine the level of resilience and that there are potentially many other variables that explain the positive mental health effects.

Vincke and Heeringen (2002) used a sample of Lesbian and Gay couples in order to document their social connectedness, interpersonal support and hopelessness. The sample included 82 Lesbian and Gay couples. The findings showed that the provision of low social connectedness and higher levels of interpersonal support predicted their level of hopelessness. As these individuals are stereotyped and subject to mistreatment at a large scale even in some developed regions, they have to endure a wide range of social and psychological consequences. Also, in case of interpersonal support, hopelessness was seen in a large number of couples. This



shows that interpersonal support has a secondary role to play in terms of determining hopelessness in adults. The data on such couples is growing. Many countries and regions have passed laws legalizing such relations. However, it is still unclear whether social connectedness and interpersonal support can create better mental health prospects for these individuals.

Moller, Fouladi, Mccarthy and Hatch (2003) had studied young adults and the role of interpersonal and interpersonal support in helping them overcome the experiences associated with breakups. Social connectedness measure was used for determining the level of interpersonal support. The results showed that social connectedness positively impacts many coping mechanisms used for dealing with such experiences. The availability of individuals to connect with provides an effective means for coping for such individuals. In addition, it was found that social connectedness is a protective mechanism against such experiences. It also contributes towards protecting the individual from other negative conditions in life.

Vanderhorst and McLaren (2005) studied how social connectedness predicts depression and level of suicidal ideation in older adults. A community sample of 110 older adults was assessed using the interpersonal support scale and social connectedness scales. The results showed that few social and interpersonal support and services were linked with higher levels of depression as well as higher levels of suicidal ideation. It is an indication that social connectedness provides the social and cognitive resources needed for dealing with depression, suicidal ideation and other adverse consequences. Another secondary finding was that social connectedness has a negative predictive impact on hopelessness.

Fitzpatrick, Piko, Wright and LaGory (2005) had studied a sample of adolescents and adults who had been exposed to violence. An assessment was done to determine the level of traumatic experiences and the impact on mental health. The role of social connectedness was

determined as being facilitative for overcoming mental health problems for these individuals. The availability of youth and interpersonal support services and other programs aimed at trouble youth were identified as being advantageous in terms of their mental health. It was also seen that social connectedness negatively predicted depressive symptoms in these individuals. Another core variable assessed in the study was social capital. Measurements of the construct were performed separately. The measurement scales for determining interpersonal support allowed for a comparison of the two measures and a means for determining their convergent validity.

Donald, Dower, Correa-Velez and Jones (2006) explored risk and protective factors in patients who had attempted suicide. The population included young adults who had attempted suicide. The role of social connectedness was explored in the study and how it contributed towards their recovery. The findings had shown that social connectedness did predict the level of recovery for such patients. It was also found that interpersonal support services and other forms of interpersonal support contributed towards their recovery prospects. It was also found that social connectedness is an effective mechanism for providing a means to cope with the different psychological problems in young adults who pursue suicide. The study also identified how the lack of such forms of support is a contributing factor behind suicide. It was also found that the causal factors behind suicide in young adults are numerous and the availability of social connectedness and its positive effects depend upon the reasons for which suicide was attempted.

Hill (2006) used a sample of American Indians for assessing their level of social connectedness and the impact on mental health. It has been found that for Indians moving to America and trying to integrate them into a new culture was a major challenge. Initially, they did face a number of problems in making adjustment to the new culture. It was also observed that cultural shock is a negative mechanism that impacts the mental health of individuals. However,

the degree of social connectedness they develop with time allows them to combat with the cultural chock and other negative experiences associated with moving to a new culture.

Benda (2006) had explored homeless substance abusers and how interpersonal support services contributed to their treatment and re-hospitalization. Another aim of the study was to explore the gender differences in homeless substance abusers. The study used a 2 year follow up measure. The survival models used for the purpose of analysis showed that social connectedness contributed towards allowing homeless individuals to pursue different treatment options and to cope with the physical and mental health effects of leaving substance abuse. It was also found that the individuals had experienced cognitive impairment, aggression, physical health problems etc. Social connectedness provided them with a means of overcoming all of these problems and issues.

Person, Bartholomew, Addiss and Borne (2007) had explored the role of social connectedness in helping women deal with chronic lymphedema. The sample size included 28 Dominican women. Interviews and focused groups were used for data collection. The results had shown that interpersonal support, interpersonal support and support groups in addition to the support from healthcare provide contribute towards their betterment. Also, their levels of hopelessness at the time of diagnosis were high. A number of them had thought about suicide. However, the provision of interpersonal support helped them in overcoming these negative emotional and psychological states. It was also found that social disconnected exacerbates a wide range of negative consequences for adult women living with the disease in question. Social connectedness was found to be a protective and facilitating factor that transcends their physical deformities and disability. The researchers had suggested that future research needs to be done in order to assess the impact of intact social connectedness towards the development of resiliency

and coping and how these measures can be incorporated into psychological therapeutic interventions.

Herrera (2009) had conducted a study on racial discrimination, social connectedness and hope. The main focus was on assessing the predictors of future orientation in adults who face racial profiling and discrimination. The sample size included 151 adults who were members of racially discriminated segments of the society. Results showed the protective role of social connectedness. It successfully mediated the relationship between racial discrimination and future orientation. In other words, it can be said that social connectedness had an impact on hopefulness in these individuals.

Choi (2009) used a sample of 174 depressive patients to study the impact of social connectedness on depressive symptoms. The sample included members of low income groups. The findings showed that higher levels of social connectedness allowed them to deal with the negative effects of economic depression. Also, it helped them in dealing with a number of social and psychological problems. On this basis, it can be said that social connectedness serves to protect individuals from all forms of negative life experiences and changing economic and social circumstances.

Margalit (2010) researched that loneliness is a major source of distress in children and adults. It is seen a noteworthy developmental problem that can negatively influence the short and long term relations of children and adults. It was also explored how social connectedness was being developed using social media websites like Face book, Twitter etc. It was found that though these mediums provide an effective means for social connectedness and a means for overcoming isolation, it did not contribute towards reducing the level of hopelessness. It was also

found that social connectedness can be achieved through a number of means but the benefits vary depending upon the mediums and measures used for achieving social connectedness.

Cho and Haslam (2010) studied the role of social connectedness in helping immigrants overcome their psychological problems and traumas. The immigrant population targeted was from Mexico, Syria, Iraq, India and Africa regions. Data was collected using social connected scales and beck depression inventory. The results had shown that the negative experiences of immigrants from the past and the present were mediated by their level of social connectedness. It was observed that social connectedness and the level of integration that was offered to them allowed them to overcome a wide range of psychological problems including major depression. It was also found that individuals who were more socially connected were more hopeful about their chances of success and survival in the United States. It also allowed them to overcome the traumas and uncertainties they had faced in their homelands.

Smithson (2011) explored the relationship between social connectedness, interpersonal support, meaning in life and psychological wellbeing. The midlife crisis faced by adult women was assessed in the study. The data collection was done from a major metropolitan city. The results showed that social connectedness and wellness scores were higher for women who were educated and belonging to middle and high income groups. For women with low income groups, level of social connectedness did not contribute much towards their tendency to deal with the problems associated with depression and other psychological problems. However, it was found that there is some connection between social connectedness and how efficiently these women were able to deal with their midlife crisis. The study provided implications for the provision of counselling services for women facing midlife crisis.

Sar, Gokturk, Tura and Kazaz (2012) studied the role of internet in helping individuals in overcoming loneliness and hopelessness. The researchers had hypothesized that the internet served as a means for social connectedness for these individuals. It also provided them with the level of interpersonal support they needed for dealing with their psychological issues. The sample for the study included 154 elderly individuals. Results showed that social media websites and other internet links helped them in interacting with people with whom they can identify with. These websites provided them a source of social connectedness and helped them in overcoming their loneliness and other problems. The presence of a number of important and friendly individuals in their lives helped them in dealing with the crisis of later life. Another important finding to consider is that social connectedness is an effective measure for providing opportunities and means for coping. The lack of such sources limits the chances of recovery for these individuals. Another important aspect to consider is that the internet provides interpersonal support for these individuals but the levels of communication and the quality of relations they have are comparatively limited in comparison to their face to face relations. This finding shows that social connectedness based on face to face communication and relationship dynamics is more facilitative and positive for dealing with mental health problems.

Fassberg et al. (2012) conducted a systematic review on the role of social connectedness and other social factors in terms of limiting suicidal behaviour in adults. The databases used for study selection were numerous. The samples for the study belonged to Canada, USA, UK, and Russia, Germany, Hong Kong, India and some other parts of the world. The majority of social factors that were conceptualized in the study were viewed as being positive indices of social connectedness. The results showed that limited social connectedness is closely associated with suicidal ideation. The study raised the need of launching treatment and support programs for

these individuals. As the findings are based on the review of 33 studies, they have implications for a large number of developed and developing regions of the world. It can be said that it is a universal phenomenon that social connectedness limits loneliness and hopelessness in adults. More specifically, the following social factors were identified: marital status, living arrangement, social circles, religion, frequency of social contact, lower levels of social integration, loneliness, relationship discord etc.

Dong, Chang, Wong and Simon (2013) studied social determinants, negative health outcomes and other effects of depression in Chinese adults. The growth in the presence of the elderly across the world has raised the need of exploring and investigating their health needs. One core health need is social connectedness. The study used a community based participatory research approach for data collection. Questionnaires and semi-structured interviews were given to 78 community dwelling Chinese older adults. The findings showed that depressive symptoms were common in these individuals. It was also found that lack of interpersonal support, suicidal ideation, family conflicts, financial problems and other related problems were common among these individuals. It was also seen that social connectedness contributed towards the mental health and wellbeing of these individuals. Another major finding was that individuals scored high on perceived interpersonal support and social connectedness was less lonely, less depressed and was able to effectively cope with their problems.

Tatlilioglu (2013) studied the importance of providing cognitive behaviour psycho-education to adults experiencing problems of social isolation and loneliness. A randomized control trial was conducted for studying the impact of the online counselling intervention in improving the feelings of loneliness, isolation and level of social connectedness. The sample included 129 individuals who were subject to the treatment. The control group included 100

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The lack of interpersonal support contributed towards increasing loneliness. It was also found that social strain and lack of interpersonal support contributed towards the development of psychological problems for these individuals. Social strain was found as having direct and indirect effects on loneliness and isolation. Individuals who had sufficient levels of interpersonal support reported more hopefulness about their remaining segments of life. In addition, interpersonal support positively predicted the level of wellbeing in these individuals.

Adamczyk (2016) studied loneliness and perceived social and interpersonal support for young adults. The sample was selected from Poland. The sample size was 315 including 167 women and 148 men. The findings showed that the single relationship status was associated with higher levels of loneliness. Also, it was found that these individuals received lower levels of family support. It was also seen that gender predicted the level of loneliness and isolation. For women, loneliness was lower in comparison to men. The duration of remaining single was also identified as being an important factor behind loneliness. It is clear that loneliness in early adulthood corresponds to problems in life during the later segments of life. On the other hand, higher levels of interpersonal support are correlated with higher psychological wellbeing.

Poerio, Totterdell, Emerson and Miles (2016) stated that people are interested in replenishing their social connectedness through regression from time to time. The researchers studied the effects of daydreaming about significant others and how it contributed towards overcoming their loneliness. Loneliness was induced in a sample of 126 participants. They were asked to daydream about a significant other, day dream about a non-social scenario or were given a control task. The findings showed that social day dreaming contributed towards the development of social connectedness in the participants assigned to the experimental group. It was also seen that daydreamers behaved in a more pro social manner. The findings showed that



the use of daydreaming about the significant others and forming more positive social relations can help in overcoming loneliness among adults. However, it is critical to note that daydreaming alone cannot account for the role of social connectedness achieved through realistic interpersonal relations and experiences.

Beller and Wagner (2017) studied the differential effects of living alone, quality of social networking, size of the social connections and their impact on physical, mental and cognitive health. Data was collected from 767 adults living alone. Data collection was done using a specialized questionnaire for measuring their social connectedness, social network size, intensity and level of interactions etc. The findings showed that social connectedness contributed towards reduced loneliness. Also, it was seen that adults who lived in isolation and had a limited social network had more psychological and physical health problems. The cognitive health of individuals who were more socially connected differed from adults who lived alone and experienced loneliness. The findings suggest that interpersonal support should be aimed at increasing the size and quality of social networking for older adults keeping in view the positive mental and physical benefits of social connectedness.

### **Social Connectedness, Loneliness and Hopelessness**

Research on this area has also been extensive. Many studies have shown that social connectedness helps in reducing loneliness and can also decrease hopelessness (Kalichman, Sikkema & Somlai, 1996). There is also research evidence to show that social connectedness results and predicts in lower levels of loneliness and depressive symptoms. It has also been found that social connectedness opens up an individual's mind to the wide range of possibilities in life. This happens often when starts paying attention to the problems of other people and gets to know

about the different strategies and measures they use to combat the challenges in life (Dollinger, Cook & Robinson, 1999).

It can be said that one is able to overcome loneliness and hopelessness through social learning which provides the required level of cognitive and emotional resources for overcoming these problems. It is critical to note that human reactions to loneliness and hopelessness are socially learned. In the same manner, getting rid of such feelings and looking for the positive prospects in life despite of deficiencies in these domains is also socially learned. However, the type of learning depends upon a number of environmental, developmental and genetic factors. The nature and nurture debate is highly relevant to this context as reported in past studies. It is important to conduct a thorough analysis of the literature for gaining new insights about the problem being explored (Vincke & Heeringen, 2002).

A study was conducted in order to explore social connectedness and interpersonal support in sense that a state of social connectedness and interpersonal support is basically a situation that many people experience at a certain point in their lives with a significant impact on their health and well-being. The perception of considering one's social environment totally based on type and quality of relationship a person had and a person feel sense of loneliness when one's desired quality and quantity of acquired relationship has not been fulfilled and those feelings makes a person hopeless i.e. bleak concept of one's future (Caspi et al.,2006).

When a person has inadequate social connections or social connectedness has been perceived as unfulfilling then it arise subjective feelings of distress i.e. loneliness (Tomaka, Thompson & Palacios, 2006). Loneliness is basically a situation which has a strong risk factor for having depression (Cornwell & Waite, 2009). Loneliness is a state that actually varies with age but it has strong connection with depression across whole lifespan (Hoeksema & Ahrens,

2002). As the nature and quality of loneliness may varies at different life stages as the needs of social connectedness shift in focus (Qualter et al., 2015).

Transition period from adolescence to adulthood is a very critical and sensitive period in terms of attachments and bonding with close relationships and especially to romantic relationships and as isolation which gives an essence of loneliness is very prevalent if someone didn't have strong interpersonal support and social connection at that stage of life and the result findings indicated that loneliness which can be conceptualized as an emotional state occurs due to lack of appropriate social connections and support from closed one's (Hawthorne , 2008).

Hardi (2009) conducted a study in America at Duke university in order to explore a concept of increased rate of loneliness and sharp decline of social connectedness and interpersonal support network among Americans and the findings evident that over the past 20 years American adults face a significant decline in interpersonal support system and about half of participants reported that they have very few people both inside and outside their family with whom they are continuously connected and when the data was compared with the data that was gathered in 1985 the situation at yet is much worse and results also indicated that there is a risk factor for those who have less social connectedness and interpersonal support network of having depression and particularly hopelessness which increased the vulnerability of various forms of addiction among adults.

Loneliness is basically an emotion, a subjective state and involves how a person perceived one's social contact and it varies on individual and community level i.e. on individual level it is considered as number of connections a person has with others and on community basis it is consider as a sense of social cohesion and if it lacks and a person feels lonely then it may

proceed to depression and hopelessness in one's life (Lunstad, 2010). Girgin and Günseli (2009) conducted a study with an aim to investigate the factors which creates hopelessness among university adults in Turkey and results indicated that loneliness and limited number parental support and friends largely contributed to severity of hopelessness.

### **Interpersonal support, Social connectedness along with loneliness and hopelessness in Pakistan**

To live in a nuclear family system is a predictor to experience hopelessness due to loneliness and which also had a strong impact on presence of depression among adults and results indicated that depression was more prevalent among adults and specifically among elderly population (Taqui, Itrat, Qidwai & Qadri, 2007). Jibeen (2016) had conducted a study in order to find out a relationship between lack of interpersonal support and certain psychological problem i.e. loneliness and hopelessness. Study examined the cultural orientation regarding perceived interpersonal support and psychological problems among 912 undergraduate students (age 19–26) studying at COMSATS Institute of Information Technology, Lahore, Pakistan. Results of the study indicated that low level of peer and familial support was closely related to depression and they felt subjective loneliness which in turn strongly influenced their mental health. Hina and Amphora (2012) conducted a study to explore relationship between life satisfaction and hopelessness among adults. Sample of the study consisted of 300 people (adult men (142), women (158) from four different cities of Pakistan. Their age ranged between 18 to 40 years and all of them were employed. Results indicated that level of hopelessness was much higher in men as compared to adult women.

An analysis of the literature in a chronological manner from the 1990s till 2017 has shown that social connectedness is a major and positive contributing factor towards optimal

psychological functioning. It has been seen that social connectedness, interpersonal support and other related factors contribute towards reducing loneliness and hopelessness in the adult population. This finding has been significant and universal keeping in view the large number of countries that were assessed in the review. The literature included studied from USA, UK, India, Pakistan, China, Hong Kong, Romania, Russia, Germany, Poland, Norway, Iran and other parts of the world. It is clear that social connectedness and the need to belong to a group are universal. Also, the negative effects of loneliness and other related problems are universal. Another finding is that social connectedness helps individuals in combating the consequences and symptoms of depression, acute stress, PTSD, anxiety disorders etc. Gender differences have also been seen in terms of the level of social connectedness, loneliness, interpersonal support and hopelessness. Older men tend to score high on loneliness, hopelessness and on other related constructs due to lower levels of social connectedness. However, the studied reviewed did not establish a causal relation between social connectedness and loneliness as well as hopelessness for adults.

## **1.2 Rationale**

The aim of the present study was to investigate role of social connectedness, loneliness, interpersonal support in hopelessness among adults. Need of connectedness with others was fundamental and when it reduced in anyone's life then it leads to hopelessness and substantially increased the risk for dangerous incidents like suicide. Loneliness considered as the strongest predictor of hopelessness and suicidal attempts. Lack of Social connectedness plays a central role in increasing hopelessness in adults and increased the risk of suicide because lack of interpersonal support and social connectedness transcends them emotionally and makes them feeble to handle their extreme pessimistic approach towards one's life (Joiner, 2005; Joiner & Van, 2008).

Currently, there were limited studies that have documented the importance of social connectedness, interpersonal support and loneliness in influencing the level of hopelessness. There were most of the findings that evident that social connectedness and interpersonal support level were different for males and females and this study aims to investigate that notion as a book *The changing position of women in Family and Society* Eugen (1983) explained the cross cultural differences in social connectedness in males and females and revealed that females of Pakistan were lack in social connectedness and seek less interpersonal support in making especially important decisions in life than men whereas women of other western world seek more social connectedness and interpersonal support than men, so mixed literature on that concept leads me to investigate that notion in present study.

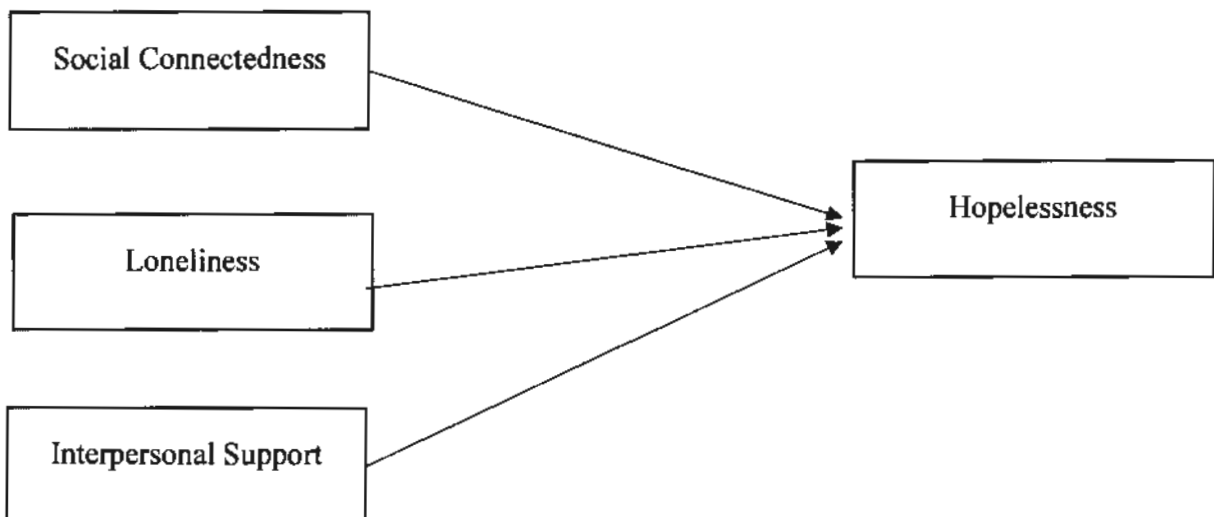
Middle age seemed to be very dramatic phase of life in which everything seems to be very labile and constrained and this is the phase of life in which possibilities and freedom seems to contract whereas pressures from all sides expands day by day. The disappointments and anxieties regarding family, work and health which increased day by day and accelerate stress and pressures in person's life which may increase the level of uncertainty, so these pressure made that era of midlife more precarious so that particular uncertainty regarding crisis of family, home, job and pensions made thing more worse and it seems like people of middle age caught between regrettable past and hopeless future (Cohen, 2015).

According to Saleem (2012) young and middle adulthood was a very sensitive time period and that age group is responsible to take Pakistan further ahead and to progress in all fields as well and that age group is more prone to experience hopelessness now a days due to lack of bonding among interpersonal relationships and loneliness , so the focus was not only elderly ,who accepted the chronological age of 65 years (WHO, 2002) but also early and middle

adulthood must be in focus in order to investigate role of social connectedness, loneliness and interpersonal support in increasing level of hopelessness among adults.

A transition from adolescent to early adulthood as well as from early to later adulthood both involved number of challenges in person's life which involves joblessness, marital conflicts, struggling with parenthood and lack of opportunities available in a country like Pakistan, so increased in lack of social connectedness, lack of interpersonal support and loneliness increased hopelessness among early and middle adulthood (Amico, Mechling, Kempainen, Ahern & Jackson, 2016). As the focus of interest was also to examine social connectedness and interpersonal support in both gender i.e. male and female of Adult age as literature evident that women had much good social connectedness and interpersonal support than men, so this study focused to investigate social connectedness and interpersonal support differences on the basis of gender among adults of twin cities of Pakistan i.e. Islamabad and Rawalpindi. The depressive symptoms of loneliness, hopelessness and suicidal ideations were more prevalent in later adulthood than middle adulthood, so the aim of this study was to investigate the differences in the level of loneliness independently in middle and later adulthood Fiske, Wetherell & Margaret, 2009).

#### **Hypothesized Model**



## Method

### Objectives

Following were the objectives of the study:

- To investigate the relationship among social connectedness, loneliness, interpersonal support and hopelessness in adults.
- To explore the gender differences in terms of social connectedness and interpersonal support.
- To study demographic properties of the present study.
- To study an impact of interpersonal support on hopelessness and differences in loneliness between middle and later adulthood.

### Hypotheses

- There would be a negative relationship between social connectedness and loneliness among adults.
- Interpersonal support would be negatively correlated with loneliness among adults.
- Interpersonal support and social connectedness would have positive relationship among adults.
- Social connectedness negatively correlated with hopelessness among adults.
- There would be a positive relationship between loneliness and hopelessness among adults.
- Interpersonal support negatively correlated with hopelessness among adults.



- Interpersonal support would be a predicting factor of hopelessness among adults.
- There would be significant gender differences on interpersonal support and social connectedness in adults.
- Level of loneliness would be different in middle and later adulthood.

### **Operational Definitions**

**Adulthood.** It is the change that occurred in both psychological and biological domains of human life and which started by the end of adolescence and ends till one's life (Hayflick, 1998). Phases of adulthood was operationalized in terms of Erick Erikson (1968) division of adulthood i.e. early adulthood (20- 34 years) , middle adulthood(35-55 years) and later adulthood (55+ years).

**Social Connectedness.** It refers to an individual's interaction with network of people and benefits experienced by an individual from these relationships as well as from society due to that meaningful social connection (Quigley and Thornley, 2011). Social Connectedness was operationalized in terms of Social connectedness scale - Original (Lee & Robbins, 1995).

**Loneliness.** It is a subjective experience that is totally unpleasant for an individual and vividly creates a discrepancy between amounts that is desired and available for companionship and emotional support in one's existing environment (Blazer, 2002). Loneliness was operationalized in terms of UCLA Loneliness scale (Russell and Cutrona, 1996).

**Interpersonal Support.** It is a process of meaningful and proper interaction among interpersonal relationships and as wells as frequency of interactions with those relationships which basically improve one's sense of belongingness. (Gottlieb, 2000). Interpersonal Support was operationalized in terms of Lubben Social Network scale- Revised (Lubben, 2002).

**Hopelessness.** It is basically an individual's pessimistic expectation towards one's future (Sahin, 2002). Hopelessness was operationalized in terms of Hopelessness scale (Mills and Kroner, 2003).

## **Instruments**

**Demographical Profile Sheet.** A demographic datasheet was created to collect the data from the participants. It consists of those variables which are related to the characteristic of the sample population as used in the research study. This datasheet included information about gender, age, education, occupation, family type and marital status.

**Social Connectedness Scale –Original.** SCS –Original was developed by Lee & Robbins (1995), this scale was used to measure social connectedness in adults. This scale has eight items. It is a self-report paper pencil version questionnaire. Its name reflects inverse relationship between the item content that is negative direction and direction of rating system that is from 1 = agree to 6 = disagree. Thus the more score were higher the more sense of social connectedness it reported. The instrument has a potential range of 8- 48. Items of the scale is summed and higher scores indicate more connectedness to others. Internal consistency of the Social Connectedness scale – Original is (Cronbach's Alpha = .91).

**UCLA Loneliness Scale -Version.** UCLA Loneliness scale was developed by Russell and Cutrona (1996); this scale was used to measure subjective feelings loneliness in adults. This scale has twenty items. It is a self-report paper pencil version questionnaire. Participants rate each item as Never, Rarely, Sometimes, and always ranging from 1 to 4. The score are summed together and higher score indicates greater degree of loneliness. The instrument has a potential

range of 20-77. Internal consistency of the UCLA Loneliness scale- Version 3 is (Cronbach's Alpha = .93).

**Lubben social network scale – Revised.** Lubben Social Network scale- Revised was developed by Lubben (2002), this scale was used to measure Interpersonal support received by family and friends in adults and it measures frequency and support received by respondents from interpersonal support network. This scale has 12 items. It is a self-report paper pencil version questionnaire. LSNS -R has equally weighted items with responses ranges from 0-5. The score are summed together and higher score indicates greater degree of interpersonal support. The Score ranges between 0- 60. Internal consistency of the LSNS-R is (Cronbach's Alpha = .78).

**Depression Hopelessness Scale (2003).** Depression Hopelessness Scale was developed by Mills and Kroner (2003), this scale has three subscales which comprised of Depression scale (17 items), Hopelessness scale (10 items) and Critical item Checklist (12 items). All items are answered in two categories True/False. In this study hopelessness subscale was used to measure hopelessness in adults and higher scores indicates respondents belief that one's future is bleak and feeling that life is overwhelming as well as their situation is totally hopeless . This scale has 10 items. It is a self-report paper pencil version questionnaire. Hopelessness scale has dichotomous responses True/ false the score are summed together and higher score indicates greater degree of hopelessness. The Score ranges between 0- 10. Internal consistency of the Hopelessness is (Cronbach's Alpha = .76).

### **Participants**

In the present research, the sample consisted of 500 Adults both males and females with the age range from 20 years to 90 years. The sample of the study was selected by using purposive

sampling method. The sample included Adults of all three phases i.e. early, middle and later adulthood of twin cities i.e. Rawalpindi and Islamabad.

**Inclusion Criteria.** Adults with the age range from 20 years to 90 years who are residents of twin cities of Pakistan i.e. Islamabad and Rawalpindi were included in the sample. Participants who were active and willing to participate were requested to be the part of this study.

**Exclusion Criteria.** Residents of cities of Pakistan other than twin cities of Pakistan i.e. Islamabad and Rawalpindi were not included. Those participants, who were neither willing to participate nor active and were in hurry, were not the part of this study. Participants who were beyond the age range were not included.

### **Procedure**

This research study was carried out in twin cities i.e. Islamabad and Rawalpindi. First of all, permissions were taken from the authors of the scales for this study. After taking permission, the study was conducted by approaching the residents of sector I-8, I-10 and satellite town of twin cities of Pakistan i.e. Islamabad and Rawalpindi which include various sectors, private and public sectors of twin cities. The Participants were briefed about the objectives of study and assured about the maintenance of confidentiality of their responses that would be used only for research purpose. Participants were given informed consent to ensure their willingness to participate in study. After that, they were requested to fill the questionnaires by giving response to each item of every questionnaire. All their queries were addressed at that time and they were encouraged to provide as accurate information as they can. Finally, questionnaires were collected and they were thanked for their cooperation. At the end scoring and analysis was done.

**Ethical consideration**

Ethical consideration was fundamental in every phase of a good study process, so in order to meet its demands Permission from the authors of social connectedness scale, Lubben social network scale-Revised, UCLA loneliness scale- Version 3 and hopelessness scale was taken in order to fulfil the ethical demands and confidentiality of participants was maintained by making their identity anonymous and all the information collected was securely stored and carefully managed.

## RESULTS

Table 1

*Frequency distribution regarding demographic variables (N=500)*

Respondent's Characteristics	Categories	f (%)
Age	Early adulthood	217(43.4)
	Middle adulthood	126(25.2)
	Later adulthood	157(31.4)
Gender	Male	246(49.2)
	Female	254(50.8)
Marital Status	Single	163(32.6)
	Married	281(56.2)
	Separated	17(3.4)
	Divorced	20(4.0)
	Widowed	19(3.8)
Family type	Nuclear	218(43.6)
	Extended	282(56.4)
Educational level	Matriculation	43(8.6)
	F.A/F.sc	59(11.8)
	B.A/B.sc	132(26.4)

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	MA/M.sc/BS	178(35.6)
	Professional degree	85(17.0)
	Doctorate degree	3(0.6)
Occupation	Working	265(53.0)
	Non-working	235(47.0)
Occupation Type	Public sector	126(25.2)
	Private sector	124(24.8)
	Health care	19(3.8)
	Carer	72(14.4)
	Student	104(20.8)
	Retired	55(11.0)

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Table 1 shows the frequency distribution of all the variables involved i.e., age, gender, marital status, family type, educational level, occupation and occupation type of adults. There are 49.2% male and 50.8% female amongst the total of 500 respondents. Above mentioned table shows that the majority of respondents which is 43.4% lie in the age group of early adulthood whereas 25.2% of whole sample lies in the age group of middle adulthood and 31.4% of respondents lies in the age group of later adulthood. Furthermore majority of respondents i.e., 56.2% are married, 32.6% of respondents are single, 3.4% are separated, 4.0 % are divorced and 3.8% are widowed amongst the total 500 respondents.

According to the above tabulated frequencies there are 56.4% participants who belongs to extended family type whereas 43.6% among them belongs to nuclear family type. There are 35.6% majority with masters degree that is considered as majority , 26.4% as bachelor degree, 17.0 are having professional degree, 11.8% as intermediate , 8.6 % with matriculation whereas only 0.6 % respondents are having doctorate degree.

The above provided table exhibits that 53.0 participants are working whereas all rest 47.0% are non-working. As elaborating occupational type majority of 25.2% participants belongs to public sector, 24.8% belongs to private sector, 20.8% are students, 14.4% are carers, 11.0% are retired, and 3.8% of total respondents belong to health care sector among the total of 500 participants.



**Table 2**

*Psychometric properties of Social connectedness scale, Lubben social network scale, UCLA loneliness scale and hopelessness scale (N=500)*

Scales	N	M	SD	$\alpha$	Score Range		Skewness	Kurtosis
					Potential	Actual		
Social connectedness Scale	8	31.0	9.0	0.89	8-48	8-48	-0.19	-0.65
UCLA loneliness Scale	20	46.9	9.1	0.80	20-77	20-77	-0.16	1.32
Lubben social network Scale	12	32.1	9.8	0.86	1-57	0-60	-0.51	0.37
Hopelessness Scale	10	3.9	2.8	0.77	0-10	0-10	0.35	-0.95

Table 2 shows the psychometric properties of Social connectedness scale, Lubben social network scale, UCLA loneliness scale and hopelessness scale which shows that all the scales show the skewness of Social connectedness scale, Lubben social network scale, UCLA loneliness scale and hopelessness scale is within range of +1 to -1 which indicates that the data of all variables is normally distributed.

Chronbach alpha reliability of Social connectedness scale, Lubben social network scale, UCLA loneliness scale and hopelessness scale is satisfactory and appropriate to use on the sample of this study.

**Table 3**

*Pearson's correlation coefficient of Social connectedness, loneliness, Interpersonal support and Hopelessness (N=500)*

Variables	1	2	3	4
1. Social connectedness	-	-0.39**	0.25**	-0.53**
2. Loneliness		-	-0.26**	0.44**
3. Interpersonal support			-	-0.35**
4. Hopelessness				-

\*\* $p < .01$

Table 3 noted that Social connectedness is positively correlated to interpersonal support with its correlation coefficient i.e., 0.25 a significant value with reference to  $p < 0.01$  level. But social connectedness is negatively correlated to loneliness with correlation coefficient at -0.39 which is also significant at the level  $p < 0.01$ . Here exists another negative correlation between Social connectedness and hopelessness which is significant at level 0.01 with its coefficient of correlation at -0.53. In the case of Loneliness, there exists negative correlation (-0.26) and positive correlation (0.44) with the variables Interpersonal Support and Hopelessness. Moreover interpersonal support variable has a significant negative correlation (-0.35) with the variable Hopelessness.

**Table 4**

*Simple linear regression analysis to test an Impact of Interpersonal support on hopelessness among Adults (N=500)*

Variable	Model		
	Hopelessness		
		95% CI	
	B	LL	UL
Constant	7.192 <sup>***</sup>	6.40	7.98
Interpersonal support	-0.101 <sup>***</sup>	-0.12	-0.07
R <sup>2</sup>	.12		
F	71.78 <sup>***</sup>		

*Note. CI = confidence interval.*

<sup>\*\*\*</sup> $p < .001$

In Table 4, linear regression analysis is used to find out the impact of interpersonal support on hopelessness among adults. As shown, interpersonal support ( $\beta = -0.35$ ,  $p < .001$ ) negatively predict hopelessness among adults. The value of  $R^2$  indicated that interpersonal support explained a total of 12% variance in hopelessness. The above stated prediction is significant as F (71.78) at  $p < .001$ .

**Table 5**

*Mean, Standard Deviations, and t-values of social connectedness and interpersonal support among adult males and females (N=500)*

	Males		Females		<i>t</i> (498)	95% CI		<i>Cohen's d</i>
	(n=246)		(n=254)			<i>LL</i>	<i>UL</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
Social connectedness	32.57	8.17	29.51	9.65	3.82**	1.48	4.63	.34
Interpersonal support	33.45	9.02	30.94	10.47	2.86***	0.78	4.22	.25

*Note. CI = confidence interval, M = mean, SD = standard deviation, LL = lower limit, UL = upper limit*

*\*\*\*p < .001, \*\*p < .01*

Above table 5 showed the gender difference in Social connectedness and interpersonal support. Table shows that there are significant gender differences in Social connectedness and interpersonal support. Scores revealed that males ( $M=32.57$ ,  $SD=8.17$ ) have more social connectedness than females ( $M=29.51$ ,  $SD=9.65$ ) and males ( $M=33.45$ ,  $SD=9.02$ ) have more interpersonal support than females ( $M=30.94$ ,  $SD=10.47$ ).

**Table 6**

*Mean, Standard Deviations, and t-values of loneliness between middle and later adulthood (N=283)*

	Middle adulthood (n=126)		Later Adulthood (n=157)		<i>t</i> (281)	95% CI		<i>Cohen's d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		<i>LL</i>	<i>UL</i>	
	Loneliness	47.96	7.14	45.69		9.35	2.25**	

*Note. CI = confidence interval, M= mean, SD= standard deviation, LL= lower limit, UL= upper limit*

**\*\**p* < .01**

Above table 6 showed the difference between middle and later adulthood in loneliness. Table shows that there are significant difference in loneliness between middle and later adulthood. Scores revealed that middle adulthood ( $M=47.96$ ,  $SD=7.14$ ) have more loneliness than later adulthood ( $M=45.69$ ,  $SD=9.35$ ).

## DISCUSSION

The main purpose of this study was to investigate the role of social connectedness, loneliness and interpersonal support in hopelessness among adults. Relationship between social connectedness, loneliness, interpersonal support and hopelessness has been investigated and results of this study were significant with the hypothesized relationships. There were male and female respondents included in the study in order to investigate the gender differences in social connectedness and interpersonal support. Participants of all phases of adulthood were selected in order to find out the concept of role of social connectedness, loneliness and interpersonal support in hopelessness among adults of all three phases i.e. early adulthood, middle adulthood and later adulthood. Loneliness is a prevailing factor in middle adulthood rather than only later adulthood as many researchers conducted on only later adulthood so this study also focused on the difference in experiencing loneliness between middle and later adulthood.

The first hypothesis stated the correlation of social connectedness and loneliness was supported by the results. Study was conducted in order to study support received from interpersonal relationships and how it was associated with loneliness and to find their impact on physical and mental health among older adults and found that support that was received by interpersonal relationships and loneliness negatively correlated with each other as social isolation is a factor that was positively and strongly correlated with loneliness among older adults but it may not detected their impact on mental and physical health of older adults (Coyle & Dugan, 2012). Another similar study reported that Subjective happiness partially mediated the relationship between social connectedness and loneliness whereas there was a significant negative correlation between social connectedness and loneliness, reliable measures were

selected in order to study the link between loneliness and social connectedness and its relationship mediated with increase of subjective happiness and study significantly proved that relationship between loneliness and social connectedness was negative whereas subjective happiness partially mediated the relationship between them (Satici, Uysal & Deniz, 2016).

Social connectedness was phenomenon which means to have increased number of social connections and social isolation was opposite to that concept that means to have less number of social connections and over the past two decade that phenomenon was studied in relationship with loneliness and it gave as much importance due to the fact that its association between them and also with well being and health outcomes of adults so this study was conducted not only to explore relationship among participants level of social connections, loneliness, well-being and health outcomes but also to address that problem in order to increased public health outcomes and wellbeing as the results indicated that there is a negative correlation between social connectedness and loneliness so by increasing the number of healthy social connection adult will have positive health outcomes and sue to decrease in loneliness adults increased their wellbeing (Conacher, 2017). There was a negative correlation between social connectedness and loneliness and it was believed in past that only increasing the number of social connection loneliness decreased but present study revealed that to decrease loneliness there was not only a need to quantitatively increased the number of social connections but also improve that quality of social connections as well and suggested number of ways to increase loneliness as found by investigating from adult population of Australia by using reliable measures, study findings suggested that older adults improved their social connections by not only focussed on number of social connection but also focussed on quality of those social bonds so past experiences also foster that betterment of social connectedness quality as well older adults also kept in focus

choice, autonomy, enablement and independence in order to increase social connectedness and decrease loneliness from their life (Kelly, Witham & Gerathy, 2015).

The second hypothesis stated the correlation of interpersonal support and loneliness was supported by the results. Interpersonal support negatively correlated with loneliness as the loneliness in an individual increased this would happen due to lack of interpersonal support in one's life, another concept added to that is nostalgia, as the study findings indicated that nostalgia mostly experienced when a person felt lonely and nostalgia indirectly increased interpersonal support by connecting interpersonal relationships and which automatically decreased the sense of loneliness and those findings had implications not only in social and personality psychology but also in clinical, health and developmental psychology as well (Zhou, Sedikides, Wildschut, & Gao, 2008).

Another similar study reported that Loneliness is major problem in almost 50% of adult cancer patients in Turkey but high interpersonal support combat cancer related mortality very successfully, so study was conducted to investigate relationship between loneliness and interpersonal support in adult cancer patients, cross-sectional, descriptive and correlation design was used and 144 adult cancer patients were selected as a sample in this study, measure used in this study were reliable and data analysis of Pearson's correlation test indicated that there was a moderately negative correlation between loneliness and interpersonal support which suggested that to reduce the loneliness in cancer patients interpersonal support must be increased (Yildirim & Kocabiyik, 2010). A study was conducted in order to study the relationship among interpersonal support, loneliness, physical activity and quality of life of adults living in South Korea and findings suggested that intervention of physical activity increased quality of life especially older adults of South Korea and loneliness automatically decreased if interpersonal



support increase in one's life which suggested that loneliness and interpersonal support negatively correlated with each other and study also revealed that by increasing interpersonal support mechanisms in physical activity quality of life was also improved in return and loneliness had negative relationship with quality of life whereas quality of life had positive relationship with interpersonal support (Kang, Park, & Wallace, 2016). Social provisions and personality and environmental resources considered as important effects on loneliness among adults, as the study kept in focus other important factors that was to investigate relationship of personality and interpersonal support with loneliness and results revealed negative relationship between interpersonal support and loneliness and other findings suggested that neuroticism and extraversion significantly predicted loneliness (Zhang, 2015).

The third hypothesis stated the correlation of interpersonal support and social connectedness was supported by the results. Social connectedness and interpersonal support had not only an association with each other but also had a strong association with proper social network structure and health status of adults as well. Study was conducted by selecting a sample of older adults and found that large number of social network which were in close proximity with participants were positively correlated with social connectedness, so it suggested that interpersonal support had a positive correlation with social connectedness, other findings suggested that health status positively associated with social connectedness but negatively correlated with interpersonal support (Ashida & Heaney, 2008).

Another similar study reported that relationship of interpersonal support and social connectedness in addition to collective self esteem and psychological well being has been studied among sample of 218 adults and also kept in focus mental health of lesbian, gay and bisexual adult population and results of the study indicated that interpersonal support and social

connectedness positively correlated with each other and also contributed significantly to collective self esteem and psychological wellbeing of lesbian gay and bisexual adults and the study also suggested that as the social connectedness and interpersonal support in the participants increased mental health status of the selected population also increased (Detric & Lease, 2007). Social connectedness and interpersonal support has been studied in military and civilian college adult population in addition to their association with health categories i.e. psychological, physical and stress related health and the study selected participants with age range of 18-59 with different relationship status and reliable measures were used in order to study the required variables, so the findings indicated positive correlation of social connectedness with interpersonal support and study findings provided a clear notion that social connectedness and interpersonal support is a powerful and pervasive human need because it also depicted with important health implication as well (Raley, 2017).

Social connectedness and interpersonal support from variety of social networks which involved network density and number with which participants had a close proximity were positively correlated with each other among adults whereas other factors which included health status had a strong association with social connectedness but no association was reported with interpersonal support, so study suggested that in order to improve older adults health status it needs to be important to increase their social engagement and connectedness with people around them (Ashida & Heaney, 2008).

The fourth hypothesis stated the correlation of social connectedness and hopelessness was supported by the results. Age group considered to be at stake to experience hopelessness was youth of urban areas so the study was conducted to explore relationship between social connectedness, hopelessness and subsequent violent behaviour among them and results findings

indicated strong relationship between social connectedness and hopelessness whereas another finding indicated that those participants who had stronger connections with their mother and significant others at time of early adolescents were less hopeless in future and showed had less violent behaviours (Stoddard, Henly, Sieving & Bolland, 2011).

Another similar study stated that rate of suicidal attempts and death by suicide increased day by day which used to vary considerably over whole life span which prompted by influence of risk, contextual and protective factors at different times in developmental, hopelessness and lack of social connectedness considered as very important factors which have been significantly associated with suicidal thought among adults and present study aimed to explore the relationship between social connectedness and hopelessness and highlighted those developmental periods during which suicidal behaviour is mostly prevalent and findings suggested that it was mostly prevalent in late adolescents, early, middle and later adulthood and this may be due to decreased in social connectedness which intend to increased hopelessness in those developmental periods which resulted to increased the incidence of suicidal thoughts in those developmental periods (Daniel & Goldston, 2012).

The fifth hypothesis stated the correlation of loneliness and hopelessness was supported by the results. Chronic and life threatening diseases like cancer creates hopelessness in those patients because of change in the life style of both patient and their family. So study was conducted in cancer patients of turkey 188 cancer patients were selected and data was collected by using reliable measures and findings indicated that there was a positive relationship between loneliness and hopelessness as those cases who experienced loneliness were experienced more hopelessness in their lives and as the interpersonal support increased in their lives level of both hopelessness and loneliness decreased so it was found that strong interpersonal support not only

decrease loneliness and hopelessness from cancer patients lives but also increase their wellbeing (Pehlivan, Ovayolu, Ovayolu, Sevinc, & Camci, 2012).

Another similar Study was conducted that lead people to end their life , suicide probability and reasons that made people clinging to life were investigated and to describe the relationship o these variable with hopelessness and loneliness was the purpose of this study, so adolescents and adults till age 65years were take and results revealed that the findings indicated that there was a positive relationship between loneliness and hopelessness and age group between 15-25 years reported fewer reasons for living and more probability of suicide in their life than older ages. Loneliness also considered as significant predictor of hopelessness among adults and on the other hand loneliness and hopelessness were found to be strong predictors of suicidal probability in both adolescents and adults (Batigun, 2005). A Study was conducted to explore the predictive role of attachment styles on loneliness, depression and hopelessness among university students of Kenyan that involved both males and female participants and result found that loneliness and depression symptoms specifically hopelessness positively correlate with each other and significant effect of attachment styles also found on loneliness and depression (Daniel, 2013).

The sixth hypothesis stated the correlation of interpersonal support and hopelessness was supported by the results. Interpersonal support and depressive symptoms such as hopelessness and suicidal ideation considered as most important factors in stress- interpersonal support model which used to explore in this study which was conducted in united stated on Asian international students and the result findings indicate that there was a significant negative relationship between interpersonal support and depressive symptoms i.e. hopelessness and suicidal ideations whereas interpersonal support and problem solving skill decreased depressive symptoms

explored in this study specifically i.e. hopelessness and suicidal ideations . This study also revealed that hopelessness is a factor that indirectly affecting suicidal ideations among Asian international students in USA (Yang & Clum, 1994).

Another similar study was conducted to explore the role of précised and more defined concept of interpersonal support and its role as adaptive inferential feedback which protects against depression as well as fully expanded hopelessness and results indicated a significant negative relationship of good interpersonal support with depression and hopelessness and also found that adaptive inferential feedback with stress and cognitive risk significantly predict hopelessness and depressive symptoms and also reported that interpersonal support considered as an important factor in the aetiology of both hopelessness and depression (Panzarella, Alloy & Whitehouse, 2006).

The seventh hypothesis stated an impact of interpersonal support on hopelessness was supported by the results. Depression, hopelessness and suicide elevated in spinal cord injury adult population evident by researches which has been documented and majority of suicidal attempts occurred within 12 months onset, interpersonal support has been linked with depression and suicidal intent so this study also aimed to explore both quality and quantity of interpersonal support on the levels of depression and hopelessness, and also kept in focus indirect indicator of suicidal risk in spinal cord injury patients, so reliable measures were used in order to investigate selected variables by selecting fifty three individuals who have had spinal cord injury , both males and female were part of this study. Regression analysis revealed that high quantity and quality of interpersonal support revealed low level of hopelessness and depression and low quantity and quality of interpersonal support significantly predict more hopelessness and depression in spinal cord injury patients. High level of interpersonal support also had a great

impact on psychological wellbeing of spinal cord injury patients which also enlightened the importance of interpersonal support in successful rehabilitation of those spinal cord injury patients (Beedie & Kennedy, 2002).

Another similar study was conducted on adult breast cancer patients because patients with breast cancer mostly experience hopelessness very deeply and interpersonal support plays very important role in reducing hopelessness so in order to investigate the phenomenon of impact of interpersonal support on hopelessness 85 breast cancer patients were selected to investigate the phenomenon. And the finding of the study on the basis of responses on reliable measure by participants revealed that there was a great impact of interpersonal support on hopelessness so higher level of interpersonal support revealed low hopelessness in breast cancer patients (Oztunc, Yesil, Paydas, & Erdogan, 2013).

The eighth hypothesis stated the gender differences in social connectedness and interpersonal support was supported by the results. Study was conducted on college student who were adults and study was focussed on to examine the effect of social connectedness, social appraisal of college climate and perceived stress of college men and women and result findings indicated that men had more sense of positive social connectedness and pure bonds which decreased sense of perceived stress from them as compare to women where as men more negatively appraised the campus climate as compared to college women so significant differences found in social connectedness, perceived stress and campus climate appraisal between college men and women ( Lee, Keough, & Sexton, 2002). There was a significant difference in social connectedness between adult men and women as defined by the study which was conducted on adult men and women and also revealed that this difference was present due to in the construct of social connectedness, for men social connectedness means something that

should be based on relationships that emphasized forms of social comparison and reassurance of worth and opportunity for nurturance whereas for women social connectedness was something that emphasized forms of physical proximity and intimacy among relationships (Lee & Robbins, 2000).

Study was conducted in order to examine gender differences in interpersonal support among older men and women. So the study investigated both qualitative and quantitative differences of interpersonal support between older men and women and the results revealed significant differences between older men and women and qualitative measures showed that the difference between older men and women was due to the fact that men were more satisfied and had more support from their family and close friends when in need than women and women had larger number of their friends group support in every situation because of having connectedness with larger number of people than men (Antonucci & Akiyama, 1987).

Another similar study was conducted on adults of Germany in order to investigate the role of interpersonal support and depression in health complaints and results indicated that there was a significant difference between adult men and women interpersonal support level and results also revealed that women who belongs to young adulthood experienced more interpersonal support and level of interpersonal support lowered down in middle and later adulthood whereas men experienced equal interpersonal support throughout their adulthood. Men above age 45 years had more interpersonal support had lowest level of depression and health complaints and women of this age had lower interpersonal support and it increases the level of depression and health outcomes (Knoll & Schwarzer, 2002). There was a strong relationship between interpersonal support and psychological distress so study was conducted to find its differences between adult men and women and significant differences were found and

findings suggested more family support in men than women and negative correlation found between interpersonal support and psychological distress in both men and women (Cramer, 1991). Interpersonal support considered as very important factor in increasing or decreasing stress in an individual so study was conducted in order to explore which form of support was mostly present and effective for both men and women and findings indicated tangible support considered as most important in decreasing stress in adults and research found that there was a significant difference in interpersonal support between men and women, higher interpersonal support more effectively reduced stress and better acceptance of life in men than women (Janowski et al., 2012).

The ninth hypothesis stated the difference in loneliness between middle and later adulthood was supported by the results. In most of the contemporary western societies loneliness was a concept mostly considered as particularly associated with older adults and much less attention has been given to different age adulthood phases so a study was conducted to find out relationship of loneliness with different risk factors in order to examine the variation across age groups. poor health was more associated with loneliness in young and middle adulthood but not later life where as depression was associated with loneliness equally in all adulthood phases so the study findings indicated that there is a need of interventions to control those risk factors which effected now all phased of adults of United Kingdom (Victor & Yang, 2012).A study was conducted which reported that older adults reported lower level of loneliness and it was conducted to find out different in jut middle and later adulthood and results also indicated that loneliness and age each moderated by daily relationships between affect and social events significantly so loneliness largely depend on the factor that hoe much a person involved in social



exchanges, loneliness largely affect that how an individual experienced social exchanges in both age groups (Russell, Bergeman & Scott, 2012).

Another Depression is the most widely studied mental disorder among middle age adults now a day. Middle adulthood was a phases that was surmounted with a lot of changes and transitions. So social aspects of mental health must be kept in focus while study midlife change outcomes that linked with depression, so 3,000 middle ages adults were assessed for depressive symptoms and loneliness in middle adulthood and the result findings indicated that 46% of adults scored above cut off and as the loneliness was assessed findings indicated that 66% of participants scored above cut off score and the findings vividly illustrated that susceptibility of depression and loneliness among middle aged adults (Willis & Marin, 2005).

Transition and adaptations to changes considered as most important factor in middle adulthood and lacking emotional ways to cope with those transitions and altering personal goals were the most important challenge at this stage of life and unable to cope with those changes would lead to mental health disorders among which depressive symptoms and feelings of loneliness was very common and some would lead to substance abuse and males of middle adulthood mostly involved in marijuana and cocaine were separated, divorced and widowed who were experiencing loneliness at great cost (Blazer & Wu, 2009).

## **Conclusion**

The present study revealed that social connectedness, loneliness and interpersonal support play an important role in hopelessness among adults. Social connectedness, loneliness, interpersonal support and hopelessness were found to be associated in many ways. Social connectedness negatively correlated with loneliness and hopelessness among adults whereas

social connectedness was positively correlated with interpersonal support among adults and as the interpersonal support increased loneliness and hopelessness decreased in return among adults. With an increase in loneliness level increase in hopelessness also occurred in adults. Social connectedness and interpersonal support levels were different for males and females and there was proved to be significant difference in loneliness between middle and later adulthood. All hypotheses hence proved and all results were significant.

### **Limitations and Suggestions**

1. The data was collected only from Islamabad and Rawalpindi due to limited resources.
2. Another limitation of this study was that data was collected only from literate individuals and those belong to higher socio- economic status so there is a possibility of variations in results, if data was collected from the illiterate and lower socio-economic status individual as well.
3. The sample size can be increased.
4. Data can be collected from different cities across Pakistan so that the results can be generalized.
5. Data can be collected from individual from lower socio-economic status as well.
6. Elderly people from old homes can be added for further study.

### **Implications**

1. The findings of this study hence proved a significant role of social connectedness, loneliness, interpersonal support in hopelessness among adults who belongs to all three phases of adulthood i.e. early, middle and later adulthood rather than only

- elderly adults on which most of the researches were conducted and very few of them focussed the other two phase i.e. early and middle adulthood.
2. According to observer newspaper Sara Iqbal (2017) gave a statistics that Pakistan was a country where more than 50% of population comprised on people who are between 16-30 years of age and youth of Pakistan plays a very important role in keeping a nation on the direction of prosperity through their active contribution, but in the midst of crunching tie Pakistan was facing many challenges and issues such as terrorism, economic crisis, target killing and joblessness so most of Pakistan's youth finding ways to go abroad and settled there instead of taking their country out of whirlpool and those who managed to go they went and those who failed in that process they get caught in the darkness of hopelessness. According to Journal of Pioneering Medical Sciences (2014) nearly 50 % of Pakistani population living below poverty line and it left a deep mark on the lives of Pakistani youth in countless ways because poverty breeds problems like loneliness, lack of social connectedness or social isolation which makes our youth hopeless and results to end their lives or got clinical depression.
  3. Middle age consider to be an age of responsibilities, insecurities and doubts as most of the life pressures makes a person dissatisfied because of contraction of possibilities and freedom and increase in disappointments and anxieties of work, family and poor health and there seems to have no escape from all those responsibilities so as adult of middle age constantly build their relationships on shaky foundations and compromise quality of intimacy they end up in loneliness and feeble social connectedness which makes themselves hopeless regarding their situation and at the end mid –life adult caught between regrettable past and hopeless future.

4. It was believed that interpersonal support plays a very important role to increase one's ability to deal with stressors of life so as literature also evident that good interpersonal support enables a person to decrease hopelessness from one's life.
5. Social connectedness and interpersonal support differences are there in males and females as defines in this study and it enables people to get to know regarding sudden increase in social connectedness and interpersonal support for men than women and to warn out these gaps in future to makes our society more prosper.
6. It considered as important to not only address older adults as most of the studies were conducted to find out the relationship of social connectedness, loneliness and interpersonal support in hopelessness among elderly population which this study rejected that idea and prove that those variables were very vividly and noticeable present in other two phases of adulthood i.e. early and middle adulthood which gives a new perspective to society that those important aspects were not restricted to one age group but it is dramatically increased in early and middle adulthood as well.
7. The findings of this study was not only helpful to increase awareness in social domains but it also extends to clinical domains as well because by improving social connectedness, loneliness and interpersonal support those practitioners reduced hopelessness from society which later leads to many chronic conditions like suicidal attempts and clinical depression as well.
8. To deal with improved social connectedness and interpersonal support and decreased loneliness which reduced the occurrence of hopelessness not only in older adults but also in young and middle adulthood as explored in the present study leads to optimism and passion and increased adults motivation for future achievements and

success which is not only healthy for adults themselves but also vital for prosperity and success of Pakistan as well.

9. The findings of this study successfully reported the role of social connectedness, loneliness, interpersonal support in hopelessness among adult of all three phases i.e. young, middle and later adulthood.

## REFERENCES

- Adamczyk, K. (2016). An investigation of loneliness and perceived social support among single and partnered young adults. *Current Psychology, 35*(4), 674-689.
- Ashida, S., & Heaney, C. A. (2008). Differential associations of social support and social connectedness with structural features of social networks and the health status of older adults. *Journal of Aging and Health, 20*(7), 872-893.
- Ashida, S., & Heaney, C. A. (2008). Differential associations of social support and social connectedness with structural features of social networks and the health status of older adults. *Journal of Aging and Health, 20*(7), 872-893.
- Ashida, S., & Heaney, C. A. (2008). Differential associations of social support and social connectedness with structural features of social networks and the health status of older adults. *Journal of Aging and Health, 20*(7), 872-893.
- Antonucci, T. C., & Akiyama, H. (1987). An examination of sex differences in social support among older men and women. *Sex roles, 17*(11), 737-749.
- Amirkhosravi, N., Adib-Hajbaghery, M., Lotfi, M. S., & Hosseinian, M. (2015). The Correlation of Interpersonal support and Social Participation of Older Adults in Bandar Abbas, Iran. *Journal of gerontological nursing.*
- Badoux, A., & Mendelsohn, G. A. (1994). Subjective well-being in French and American samples: Scale development and comparative data. *Quality of Life Research, 3*(6), 395-401.

- Blank, K. (2009). Older adults & substance use: new data highlight concerns. *Substance Abuse & Mental Health Service Administration (SAMHSA)*.
- Blazer, D. G., & Wu, L. T. (2009). The epidemiology of at-risk and binge drinking among middle-aged and elderly community adults: National Survey on Drug Use and Health. *American Journal of Psychiatry, 166*(10), 1162-1169.
- Batigun, D. (2005). Suicide probability: a study on reasons for living, hopelessness and loneliness. *Turkish Journal of Psychiatry, 16*(1).
- Beedie, A., & Kennedy, P. (2002). Quality of social support predicts hopelessness and depression post spinal cord injury. *Journal of Clinical Psychology in Medical Settings, 9*(3), 227-234.
- Brown, S., & Day, A. (2008). The role of loneliness in prison suicide prevention and management. *Journal of offender rehabilitation, 47*(4), 433-449.
- Beller, J., & Wagner, A. (2017). Disentangling Loneliness: Differential Effects of Subjective Loneliness, Network Quality, Network Size, and Living Alone on Physical, Mental, and Cognitive Health. *Journal of Aging and Health, 0898264316685843*.
- Benda, B. B. (2006). Survival analyses of social support and trauma among homeless male and female veterans who abuse substances. *American Journal of Orthopsychiatry, 76*(1), 70-79.
- Bland, S. H., Krogh, V., Winkelstein, W., & Trevisan, M. (1991). Social network and blood pressure: a population study. *Psychosomatic medicine, 53*(6), 598-607.

- Caspi, A., Harrington, H., Moffitt, T. E., Milne, B. J., & Poulton, R. (2006). Socially isolated children 20 years later: risk of cardiovascular disease. *Archives of Pediatrics & Adolescent Medicine, 160*(8), 805-811.
- Cacioppo, J. T., Hawkley, L. C., Ernst, J. M., Burleson, M., Berntson, G. G., Nouriani, B., & Spiegel, D. (2006). Loneliness within a nomological net: An evolutionary perspective. *Journal of research in personality, 40*(6), 1054-1085.
- Cacioppo, J. T., Hughes, M. E., Waite, L. J., Hawkley, L. C., & Thisted, R. A. (2006). Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. *Psychology and aging, 21*(1), 140.
- Cacioppo, J. T., Hawkley, L. C., & Thisted, R. A. (2010). Perceived social isolation makes me sad: 5-year cross-lagged analyses of loneliness and depressive symptoms in the Chicago Health, Aging, and Social Relations Study. *Psychology and aging, 25*(2), 453.
- Caetano, S. C., Silva, C. M., & Vettore, M. V. (2013). Gender differences in the association of perceived interpersonal support and social network with self-rated health status among older adults: a population-based study in Brazil. *BMC geriatrics, 13*(1), 122.
- Chen, Y., & Feeley, T. H. (2015). Social support, social strain, loneliness, and well-being among older adults An analysis of the Health and Retirement Study. *Journal of Social and Personal Relationships, 31*(2), 141-161.



- Cho, Y. B., & Haslam, N. (2010). Suicidal ideation and distress among immigrant adolescents: The role of acculturation, life stress, and social support. *Journal of youth and adolescence, 39*(4), 370-379.
- Choi, N. G. (2009). The Integration of Social and Psychologic Services to Improve Low-income Homebound Older Adults' Access to Depression Treatment. *Family & community health, 32*(1), S27-S35.
- Costanzo, P. R. (1992). External socialization and the development of adaptive individuation and social connection. *Psychosomatic medicine, 53*(6), 598-607.
- Cornwell, E. Y., & Waite, L. J. (2009). Social disconnectedness, perceived isolation, and health among older adults. *Journal of health and social behavior, 50*(1), 31-48.
- Substance Abuse.*
- Coyle, C. E., & Dugan, E. (2012). Social isolation, loneliness and health among older adults. *Journal of Aging and Health, 24*(8), 1346-1363.
- Crick, N. R., Grotpeter, J. K., & Rockhill, C. M. (1999). A social information processing approach to children's loneliness. *Loneliness in childhood and adolescence, 153-175.*
- Coyle, C. E., & Dugan, E. (2012). Social isolation, loneliness and health among older adults. *Journal of aging and health, 24*(8), 1346-1363.
- Conacher, A. (2017). Scottish Public Health Network Social Isolation & Loneliness: What is the Scope for Public Health Action? Alison McCann Phil Mackie.

- Cramer, D. (1991). Social support and psychological distress in women and men. *Psychology and Psychotherapy: Theory, Research and Practice*, 64(2), 147-158.
- Detrie, P. M., & Lease, S. H. (2007). The relation of social support, connectedness, and collective self-esteem to the psychological well-being of lesbian, gay, and bisexual youth. *Journal of Homosexuality*, 53(4), 173-199.
- Daniel, S. S., & Goldston, D. B. (2012). Hopelessness and lack of connectedness to others as risk factors for suicidal behavior across the lifespan: Implications for cognitive-behavioral treatment. *Cognitive and Behavioral Practice*, 19(2), 288-300.
- Daniel, K. (2013). Loneliness and depression among university students in Kenya. *Global Journal of Human-Social Science Research*, 13(4).
- Daniel, S. S., & Goldston, D. B. (2012). Hopelessness and lack of connectedness to others as risk factors for suicidal behaviour across the lifespan: Implications for cognitive-behavioural treatment. *Cognitive and Behavioural Practice*, 19(2), 288-300.
- D'Amico, N., Mechling, B., Kemppainen, J., Ahern, N. R., & Lee, J. (2016). American College Students' Views of Depression and Utilization of On-Campus Counselling Services. *Journal of the American Psychiatric Nurses Association*, 22(4), 302-311.
- De Jong-Gierveld, J., & Havens, B. (2004). Cross-national comparisons of social isolation and loneliness: introduction and overview. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 23(2), 109-113.

- Dollinger, S. J., Cook, C. A., & Robinson, N. M. (1999). Correlates of autophotographic individuality: Therapy experience and loneliness. *Journal of Social and Clinical Psychology, 18*(3), 325-340.
- Donald, M., Dower, J., Correa-Velez, I., & Jones, M. (2006). Risk and protective factors for medically serious suicide attempts: a comparison of hospital-based with population-based samples of young adults. *Australian and New Zealand Journal of Psychiatry, 40*(1), 87-96.
- Dong, X., Chang, E. S., Wong, E., & Simon, M. (2013). The perceptions, social determinants, and negative health outcomes associated with depressive symptoms among US Chinese older adults. *The Gerontologist, 52*(5), 650-663.
- Fässberg, M. M., Orden, K. A. V., Duberstein, P., Erlangsen, A., Lapierre, S., Bodner, E., ...& Waern, M. (2012). A systematic review of social factors and suicidal behavior in older adulthood. *International journal of environmental research and public health, 9*(3), 722-745.
- Fitzpatrick, K. M., Piko, B. F., Wright, D. R., & LaGory, M. (2005). Depressive symptomatology, exposure to violence, and the role of social capital among African American adolescents. *American Journal of Orthopsychiatry, 75*(2), 262.
- Forte, J. A., Barrett, A., & Campbell, M. H. (1996). Patterns of social connectedness and shared grief work: A symbolic interactionist perspective. *Social Work with Groups, 19*(1), 29-51.

- Gaudin Jr, J. M., Polansky, N. A., Kilpatrick, A. C., & Shilton, P. (1993). Loneliness, depression, stress, and social supports in neglectful families. *American Journal of Orthopsychiatry*, 63(4), 597.
- Girgin, G. (2009). Evaluation of the factors affecting loneliness and hopelessness among university students in Turkey. *Social Behavior and Personality: an international journal*, 37(6), 811-817.
- Golden, J., Conroy, R. M., Bruce, I., Denihan, A., Greene, E., Kirby, M., & Lawlor, B. A. (2009). Loneliness, interpersonal support networks, mood and wellbeing in community-dwelling elderly. *International journal of geriatric psychiatry*, 24(7), 694-700.
- Harter, S. (1999). *The construction of the self: A developmental perspective*. Guilford Press.
- Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: a theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine*, 40(2), 218-227.
- Hawthorne, G. (2008). Perceived social isolation in a community sample: its prevalence and correlates with aspects of peoples' lives. *Social psychiatry and psychiatric epidemiology*, 43(2), 140-150.
- Herrera, D. E. (2009). Perceived racial/ethnic discrimination, hope, and social connectedness: examining the predictors of future orientation among emerging adults. *Australian and New Zealand Journal of Psychiatry*, 40(1), 87-96.
- Hill, D. L. (2006). Sense of belonging as connectedness, American Indian worldview, and mental health. *Archives of Psychiatric Nursing*, 20(5), 210-216.

- Hochschild, A. R. (1975). Disengagement theory: A critique and proposal. *American Sociological Review*, 553-569.
- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: a meta-analytic review. *PLoS Med*, 7(7), e1000316.
- Hombrados-Mendieta, I., García-Martín, M. A., & Gómez-Jacinto, L. (2013). The relationship between interpersonal support, loneliness, and subjective well-being in a Spanish sample from a multidimensional perspective. *Social indicators research*, 114(3), 1013-1034.
- Ibrahim, N., Din, N. C., Ahmad, M., Ghazali, S. E., Said, Z., Shahar, S., ... & Razali, R. # (2013). Relationships between interpersonal support and depression, and quality of life of the elderly in a rural community in Malaysia. *Asia-Pacific Psychiatry*, 5(S1), 59-66.
- Jibeen, T. (2016). Perceived interpersonal support and mental health problems among Pakistani university students. *Community mental health journal*, 52(8), 1004-1008.
- Janowski, K., Steuden, S., Pietrzak, A., Krasowska, D., Kaczmarek, Ł., Gradus, I., & Chodorowska, G. (2012). Social support and adaptation to the disease in men and women with psoriasis. *Archives of dermatological research*, 304(6), 421-432.
- Joiner, T.E. (2005), *Why People Die by Suicide* , Harvard University Press, Cambridge, MA.
- Joiner, T.E. Jr and Van Orden, K.A. (2008), "The interpersonal-psychological theory of suicidal behavior indicates specific and crucial psychotherapeutic targets", *International Journal of Cognitive Therapy* , Vol. 1 No. 1, pp. 80-89.

- Kalichman, S. C., Sikkema, K. J., & Somlai, A. (1996). People living with HIV infection who attend and do not attend support groups: a pilot study of needs, characteristics and experiences. *AIDS care*, 8(5), 589-600.
- Khormaie, F., Farmani, A., & Soltani, E. (2017). Investigating the prediction role of patience as a moral construct and personality characteristics in the hopelessness of university students. *Medical Ethics Journal*, 8(28), 167-199.
- Kang, H. W., Park, M., & Wallace, J. P. (2016). The impact of perceived social support, loneliness, and physical activity on quality of life in South Korean older adults. *Journal of Sport and Health Science*.
- Knoll, N., & Schwarzer, R. (2002). *Gender and age differences in social support: A study of East German migrants* (Vol. 327, pp. 198-210). Amsterdam: IOS Press.
- Lee, R. M., Keough, K. A., & Sexton, J. D. (2002). Social connectedness, social appraisal, and perceived stress in college women and men. *Journal of Counseling & Development*, 80(3), 355-361.
- Lee, R. M., & Robbins, S. B. (2000). Understanding social connectedness in college women and men. *Journal of Counseling & Development*, 78(4), 484-491.
- Lakey, B., & Orehek, E. (2011). Relational regulation theory: a new approach to explain the link between perceived social support and mental health. *Psychological review*, 118(3), 482.
- Lakey, B. (2013). Social Support Processes in Relationships. *Oxford Handbooks Online*. doi:10.1093/oxfordhb/9780195398694.013.0032.

- Leary, M. R. (1990). Responses to social exclusion: Social anxiety, jealousy, loneliness, depression, and low self-esteem. *Journal of Social and Clinical Psychology, 9*(2), 221-229.
- Lee, R. M., & Robbins, S. B. (1995). Measuring belongingness: The social connectedness and the social assurance scales. *Journal of counseling psychology, 42*(2), 232.
- Lupri, E. (1983). *The Changing position of women in family and society: a cross-national comparison*. Leiden: Brill.
- Margalit, M. (2010). Loneliness Conceptualization. In *Lonely Children and Adolescents* (pp. 1-28). Springer New York.
- Mattson, M., & Hall, J. G. (2011). Linking Health Communication with social support. *Junker Shutter stock, 23*(4), 22-45.
- McNair, L. D. (1992). African American women in therapy: An Afrocentric and feminist synthesis. *Women & therapy, 12*(1-2), 5-19.
- Moller, N. P., Fouladi, R. T., McCarthy, C. J., & Hatch, K. D. (2003). Relationship of attachment and social support to college students' adjustment following a relationship breakup. *Journal of Counseling & Development, 81*(3), 354-369.
- Nolen-Hoeksema, S., & Ahrens, C. (2002). Age differences and similarities in the correlates of depressive symptoms. *Psychology and aging, 17*(1), 116.
- Oztunc, G., Yesil, P., Paydas, S., & Erdogan, S. (2013). Social support and hopelessness in patients with breast cancer. *Asian Pacific Journal of Cancer Prevention, 14*(1), 571-578.

- Pehlivan, S., Ovayolu, O., Ovayolu, N., Sevinc, A., & Camci, C. (2012). Relationship between hopelessness, loneliness, and perceived social support from family in Turkish patients with cancer. *Supportive Care in Cancer, 20*(4), 733-739.
- Panzarella, C., Alloy, L. B., & Whitehouse, W. G. (2006). Expanded hopelessness theory of depression: On the mechanisms by which social support protects against depression. *Cognitive Therapy and Research, 30*(3), 307-333.
- Peplau, L. A., & Perlman, D. (1979, June). Blueprint for a social psychological theory of loneliness. In *Love and attraction: An interpersonal conference* (pp. 101-110). Pergamon Press New York.
- Person, B., Bartholomew, L. K., Addiss, D., & van den Borne, B. (2007). Disrupted social connectedness among Dominican women with chronic filarial lymphedema. *Patient Education and Counseling, 68*(3), 279-286.
- Poerio, G. L., Totterdell, P., Emerson, L. M., & Miles, E. (2016). Helping the heart grow fonder during absence: daydreaming about significant others replenishes connectedness after induced loneliness. *Cognition and Emotion, 30*(6), 1197-1207.
- Qualter, P., Vanhalst, J., Harris, R., Van Roekel, E., Lodder, G., Bangee, M., ... & Verhagen, M. (2015). Loneliness across the life span. *Perspectives on Psychological Science, 10*(2), 250-264.
- Quigley R and Thornley L (2011). Literature review on community cohesion and community severance: Definitions and indicators for transport planning and monitoring. Wellington: Quigley and Watts Ltd.



- Raja, S. N., McGee, R., & Stanton, W. R. (1992). Perceived attachments to parents and peers and psychological well-being in adolescence. *Journal of youth and adolescence, 21*(4), 471-485.
- Resnick, M. D., Harris, L. J., & Blum, R. W. (1993). The impact of caring and connectedness on adolescent health and well-being. *Journal of Paediatrics and Child Health, 29*(s1).
- Rew, L., Taylor-Seehafer, M., Thomas, N. Y., & Yockey, R. D. (2001). Correlates of resilience in homeless adolescents. *Journal of Nursing Scholarship, 33*(1), 33-40.
- Retrieved from:<http://www.healthtalk.org/peoples-experiences/mental-health/young-> Retrieved from:[adults-experiences-depression-us/depression-and-transitions-adulthood](http://www.healthtalk.org/peoples-experiences/mental-health/young-adults-experiences-depression-us/depression-and-transitions-adulthood)
- Retrieved from:<http://www.pakistantoday.com.pk/author/ch-shoaib-saleem>
- Retrieved from: <http://middleadulthood.weebly.com/mental-health.html>
- Retrieved from: <https://www.psychologytoday.com/blog/the-depression-cure/200907/social-isolation-modern-plague>
- Retrieved from:<https://www.lap-publishing.com/catalog/details/store/tr/book/978-3-659-22631-1/correlational-study-of-life-satisfaction-and-hopelessness-among-adults?locale=tr>
- Retrieved from: <https://www.theguardian.com/commentisfree/2015/jul/14/midlife-lonely-isolated-social-media>)
- Roscoe, L. A., & Cohen, D. (1999). Cognitive attributions, depressive symptoms and hopelessness as predictors of perceived desirability of physician-assisted suicide in Alzheimer's caregivers. *American Journal of Alzheimer's Disease, 14*(3), 165-171.

- Raley, M. J. (2017). Social Connectedness and Social Support in a Military and Civilian College Population: Associations with Psychological, Physical and Stress-Related Health Outcomes.
- Russell, A., Bergeman, C. S., & Scott, S. B. (2012). Daily social exchanges and affect in middle and later adulthood: the impact of loneliness and age. *The International Journal of Aging and Human Development*, 74(4), 299-329.
- Rockville, M. D. (2009). Substance Abuse and Mental Health Services Administration. *Center for Substance Abuse Treatment*.
- Satici, S. A., Uysal, R., & Deniz, M. E. (2016). Linking social connectedness to loneliness: The mediating role of subjective happiness. *Personality and Individual Differences*, 97, 306-310.
- SOCIAL ISOLATION AND LONELINESS AMONG OLDER AUSTRALIANS - ACSA.  
(n.d.). Retrieved August 7, 2017, from <http://www.bing.com/cr>.
- Stoddard, S. A., Henly, S. J., Sieving, R. E., & Bolland, J. (2011). Social connections, trajectories of hopelessness, and serious violence in impoverished urban youth. *Journal of youth and adolescence*, 40(3), 278-295.
- Sue, D., Sue, D. W., Sue, D. M., & Sue, S. (2013). *Essentials of understanding abnormal behavior*. Cengage Learning.
- Şar, A. H., Göktürk, G. Y., Tura, G., & Kazaz, N. (2012). Is the Internet use an effective method to cope with elderly loneliness and decrease loneliness symptom?. *Procedia-Social and Behavioral Sciences*, 55, 1053-1059.

- Seligman, M. E. (1975). *Helplessness: On depression, development, and death*. WH Freeman/Times Books/Henry Holt & Co.
- Settersten, R. A., Ottusch, T. M., & Schneider, B. (2015). Becoming Adult: Meanings of markers to adulthood. *Emerging Trends in the Social and Behavioral Sciences: An Interdisciplinary, Searchable, and Linkable Resource*.
- Singh, A., & Misra, N. (2009). Loneliness, depression and sociability in old age. *Industrial Psychiatry Journal*, 18, 51-55.
- Singh, S. D. (2015). Loneliness, depression and sociability in old age. *The International Journal of Indian Psychology, Volume 2, Issue 2, No. 2, 73*.
- Smithson, K. L. (2011). The relationship among social connectedness, meaning in life, and wellness for adult women in Levinson's mid-life transition stage.
- Tatlilioglu, K. (2013). The effect of cognitive behavioral oriented psycho education program on dealing with loneliness: An online psychological counseling approach. *Education*, 134(1), 101-109.
- Taqi, A. M., Itrat, A., Qidwai, W., & Qadri, Z. (2007). Depression in the elderly: Does family system play a role? A cross-sectional study. *BMC psychiatry*, 7(1), 57.
- Tomaka, J., Thompson, S., & Palacios, R. (2006). The relation of social isolation, loneliness, and interpersonal support to disease outcomes among the elderly. *Journal of aging and health*, 18(3), 359-384.
- Thomas R. Prohaska; Lynda A. Anderson; Robert H. Binstock (5 April 2012). Public Health

- for an Aging Society. JHU Press. pp. 249–252. ISBN 978-1-4214-0535-3. Retrieved 16 September 2012.
- Uchino, B. N. (2009). Understanding the links between social support and physical health: A life-span perspective with emphasis on the separability of perceived and received support. *Perspectives on psychological science*, 4(3), 236-255.
- Umberson, D., & Montez, J. K. (2010). Social relationships and health a flashpoint for health policy. *Journal of health and social behavior*, 51(1 suppl), S54-S66.
- Victor, C. R., & Yang, K. (2012). The prevalence of loneliness among adults: a case study of the United Kingdom. *The Journal of psychology*, 146(1-2), 85-104.
- Vanderhorst, R. K., & McLaren, S. (2005). Social relationships as predictors of depression and suicidal ideation in older adults. *Aging & mental health*, 9(6), 517-525.
- Vanhalst, J. (2012). Loneliness in Adolescence: Developmental Course, Antecedents, and Consequences.
- VanderWeele, T. J., Hawkey, L. C., Thisted, R. A., & Cacioppo, J. T. (2011). A marginal structural model analysis for loneliness: implications for intervention trials and clinical practice. *Journal of consulting and clinical psychology*, 79(2), 225.
- Vincke, J., & Van Heeringen, K. (2002). Confidant support and the mental wellbeing of lesbian and gay young adults: A longitudinal analysis. *Journal of Community & Applied Social Psychology*, 12(3), 181-193.
- Victor, C., Scambler, S., Bond, J., & Bowling, A. (2000). Being alone in later life:loneliness,

social isolation and living alone. *Reviews in Clinical Gerontology*, 10(04), 407-417.

Victor, C. R., & Yang, K. (2012). The prevalence of loneliness among adults: a case study of the United Kingdom. *The Journal of psychology*, 146(1-2), 85-104.

World Health Organization (WHO). (2012). Depression. A Global Public Health

Concern Developed by Marina Marcus, M. Taghi Yasamy, Mark van Ommeren, and Dan Chisholm, Shekhar Saxena. *WHO Department of Mental Health and Substance Abuse*.

Wilmoth, J. D., Adams-Price, C. E., Turner, J. J., Blaney, A. D., & Downey, L. (2014).

Examining social connections as a link between religious participation and well-being among older adults. *Journal of Religion, Spirituality & Aging*, 26(2-3), 259-278.

Wolman, C., Resnick, M. D., Harris, L. J., & Blum, R. W. (1994). Emotional well-being among adolescents with and without chronic conditions. *Journal of Adolescent Health*, 15(3), 199-204.

Yildirim, Y., & Kocabişik, S. (2010). The relationship between social support and loneliness in Turkish patients with cancer. *Journal of clinical nursing*, 19(5-6), 832-839.

Yang, B., & Clum, G. A. (1994). Life stress, social support, and Problem-Solving skills predictive of depressive symptoms, hopelessness, and suicide ideation in an Asian student population: A test of a model. *Suicide and Life-Threatening Behavior*, 24(2), 127-139.

Zhou, X., Sedikides, C., Wildschut, T., & Gao, D. G. (2008). Counteracting loneliness: On the restorative function of nostalgia. *Psychological Science*, 19(10), 1023-1029.

Zhang, Y. (2015). *Personality, social support, and loneliness among centenarians: A comparison between self-and proxy reports*. Iowa State University.

## **Annexure A**

### **Consent form**

Dear Participant

I am MS Scholar in the Department of Psychology at International Islamic University Islamabad.

I am conducting a research study to explore role of social connectedness, loneliness, interpersonal support in hopelessness among adults. I am requesting your participation. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. If at any time you discontinue the survey, your results will be discarded.

The results of the research study may be published, but your name will not be used. Return of the questionnaire will be considered your consent to participate.

Thank you.

Sincerely,

Anika Asghar

anika.asgharI@hotmail.com

Department of Psychology

International Islamic University

Islamabad.

### Demographic data sheet

**Instructions:** Please provide a response for each of the following questions:

**1. What is your age?**

20-34  35-55  56-90

**2. What is your sex?**

Female  Male

**3. What is your marital status?**

Single  Married  Separated  Divorced  Widowed

**4. Family Type**

Nuclear  Extended

**1. Educational level**

Matriculation  F.A/F.sc  B.A/Bsc  MA/M.sc /BS  Professional Degree

Doctorate Degree

**2. Occupation**

Working  Non-Working

**3. Occupation type**

Public sector  Private sector  Health care  carer  student  Retired



## Annexure B

### The Social Connectedness Scale

Circle the answer that shows how much you agree or disagree with each of the following statements.

	Strongly agree	Agree	Mildly Agree	Mildly Disagree	Disagree	Strongly Disagree
1. I feel disconnected from the world around me.	1	2	3	4	5	6
2. Even around people I know, I don't feel that I really belong.	1	2	3	4	5	6
3. I feel so distant from People.	1	2	3	4	5	6
4. I have no sense of togetherness with my Peers.	1	2	3	4	5	6
5. I don't feel related to anyone.	1	2	3	4	5	6
6. I catch myself losing all sense of connectedness with society.	1	2	3	4	5	6
7. Even among my friends, there is no sense of brother/sisterhood.	1	2	3	4	5	6
8. I don't feel that I participate with anyone or any group.	1	2	3	4	5	6

## Annexure C

### UCLA Loneliness Scale- Version 3

Instructions: The following statements describe how people sometimes feel. For each statement, please indicate how often you feel the way described. Here is an example:

How often do you feel happy?

If you never felt happy, you would respond "never"; if you always feel happy, you would respond "always".

NEVER (N)	RARELY (R)	SOMETIMES(S)	ALWAYS (A)	
1	2	3	4	
				(N) (R) (S) (A)
1. How often do you feel that you are "in tune" with the people around you?	1	2	3	4
2. How often do you feel that you lack companionship?	1	2	3	4
3. How often do you feel that there is no one you can turn to?	1	2	3	4
4. How often do you feel alone?	1	2	3	4
5. How often do you feel part of a group of friends?	1	2	3	4
6. How often do you feel that you have a lot in common with the people around you?	1	2	3	4
7. How often do you feel that you are no longer close to anyone?	1	2	3	4
8. How often do you feel that your interests and ideas are not shared by those around you?	1	2	3	4
9. How often do you feel outgoing and friendly?	1	2	3	4
10. How often do you feel close to people?	1	2	3	4
11. How often do you feel left out?	1	2	3	4

12. How often do you feel that your relationships with others are not meaningful? 1 2 3 4
13. How often do you feel that no one really knows you well? 1 2 3 4
14. How often do you feel isolated from others? 1 2 3 4
15. How often do you feel you can find companionship when you want it? 1 2 3 4
16. How often do you feel that there are people who really understand you? 1 2 3 4
17. How often do you feel shy? 1 2 3 4
18. How often do you feel that people are around you but not with you? 1 2 3 4
19. How often do you feel that there are people you can talk to? 1 2 3 4
20. How often do you feel that there are people you can turn to? 1 2 3 4

## Annexure D

### LUBBEN SOCIAL NETWORK SCALE – REVISED (LSNS-R)

**FAMILY:** Considering the people to whom you are related by birth, marriage, adoption, etc...

1. How many relatives do you see or hear from at least once a month?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

2. How often do you see or hear from the relative with whom you have the most contact?

0 = less than monthly 1 = monthly 2 = few times a month 3 = weekly 4 = few times a week

5 = daily

3. How many relatives do you feel at ease with that you can talk about private matters?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

4. How many relatives do you feel close to such that you could call on them for help?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

5. When one of your relatives has an important decision to make, how often do they talk to you about it?

0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always

6. How often is one of your relatives available for you to talk to when you have an important decision to make?

0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always

**FRIENDSHIPS:** Considering all of your friends including those who live in your neighbourhood...

7. How many of your friends do you see or hear from at least once a month?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

8. How often do you see or hear from the friend with whom you have the most contact?

0 = less than monthly 1 = monthly 2 = few times a month 3 = weekly 4 = few times a week  
5 = daily

9. How many friends do you feel at ease with that you can talk about private matters?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

10. How many friends do you feel close to such that you could call on them for help?

0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

11. When one of your friends has an important decision to make, how often do they talk to you about it?

0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always

12. How often is one of your friends available for you to talk to when you have an important decision to make?

0 = never 1 = seldom 2 = sometimes 3 = often 4 = very often 5 = always

## Annexure E

### DHS Scale

#### HOPELESSNESS SUBSCALE

Please answer all of the questions. Circle either T (True) or F (False).

True False

- |  |      |
|--|------|
| 1. My future seems bleak.                            | T/ F |
| 2. I can't see how my circumstances will get better. | T/ F |
| 3. Life is too hard for me right now.                | T/ F |
| 4. My future will be mostly happy.                   | T/ F |
| 5. No matter what I do, things don't get better .    | T/ F |
| 6. I am certain I can make something of myself.      | T/ F |
| 7. Most times things don't seem to go my way.        | T/ F |
| 8. It is hard for me to see myself being happy.      | T/ F |
| 9. I feel my situation is hopeless.                  | T/ F |
| 10. I don't think I will amount to anything.         | T/ F |