

Alienation and Quality of Life: An Empirical Study on Personal Predictors of Loneliness

Dr. Sandhya Gupta

Assistant Professor, Department of Psychology, Banasthali Vidyapith, Rajasthan (India)

Abstract: *The present article focuses on loneliness, alienation and quality of life. Loneliness is a passable forbearance. It is a poignant feeling occurs when an individual perceives that his or her convivial needs are not grappled by savor of one's social relationships. Perceptions of social quarantine often lead to withdrawal from immediate surroundings and it may or may not affect one's quality of life. Thus this study is aimed at exploring the relationship among loneliness, alienation and quality of life. The study was conducted on a sample of 100 (75 females and 25 males) of 18-21 years of age. The measures used were loneliness questionnaire by Hughes et al. (2004), quality of life by WHO (1996) and Sharma's alienation scale (1988). Multiple regression analysis revealed that high loneliness group was predicting alienation whereas loneliness did not predicted quality of life.*

Keywords: Loneliness, Alienation, Quality of life

1. Introduction

Loneliness is a puissant innervation encircling perceived dissatisfaction when one's social needs are not tumbled by the essence of interpersonal relationships. Thus, it is a reaction to perceived distress generating from desolation arising from discrepancies between ideal and perceived social relationships. Perennial loneliness leads to negativity, poor self-concept, fear of negative evaluation, social anxiety, lack of trust in others, feel less control over their lives, social withdrawal from the environment resulting in isolation.

A voluminous research work in loneliness displayed connections with psychopathology and individual differences (Ernst & Cacioppo, 1999). Personality research has shown that loneliness is associated with shyness (Schmidt & Fox, 1995), less extrovert (Upmanyu, Sengal & Upmanyu, 1994), high in conformity and low in dominance (Mehrabian & Stefl, 1995), faith in people (Crandell & Cohen, 1994), neuroticism, and depressive symptoms, as well as low self-esteem, pessimism, low conscientiousness, and disagreeableness (Hawkey & Cacioppo, 2007). Moreover, social rejection and geographic relocation (Hawkey & Cacioppo, 2007) are other factors responsible for loneliness. It has also been associated with alterations in the functioning of the cardiovascular, endocrine, and immune systems (Hawkey & Cacioppo, 2007). Accordingly, in younger adults, loneliness has been associated with early markers of disease processes (e.g., subtle alterations in blood pressure control mechanisms), whereas in older adults, loneliness has been associated with frank disease (e.g., elevated blood pressure) and dysregulation across multiple physiological systems (e.g., impaired immune functioning and elevated levels of stress hormones).

Loneliness is a subjective experience. Reactions to loneliness tend to variegate. Studies have exhibited individual differences, like social withdrawal, shyness, alienation, etc. (Ernst & Cacioppo, 1999). Alienation is a feeling of one's detachment or withdrawal from its immediate surroundings as a result of taxing environmental pressures. Thus, alienation can be defined as a crisis of

personal identity in which there is tension between the inner or 'true' self and the demands of external world (Nelson & O'Donohue, 2006). A considerable research work has been done in this area, which is usually concentrated on conceptual aspect of alienation. Moreover, a few studies were conducted in an organizational setting (Legge, 1995, 2001; Guest, 1999). Studies have also been conducted on dimensions of alienation – powerlessness (Kanungo, 1979; Geyer, 1996; Seeman, 1967; Wilson, 2002), meaninglessness (Kraut, 2010; Guyer, 1998; Taylor, 2005; Ritzer & Goldman, 2004), isolation (Walker, Burnham & Borland, 1989; Tajfel, Flament, Billig & Bundy, 1971; Turner, Brown & Tajfel, 1979) and self-estrangement (Rose, 1988; Ashforth & Humphrey, 1993).

Recently, the attention of researchers has been trapped by a construct, namely, quality of life. It is a multi-faceted concept encompassing material well-being (finance, income, housing quality, transport), physical well-being (health, fitness, mobility, personal safety), social well-being (personal relationships, community involvement), emotional well-being (positive affect, mental health, fulfillment, satisfaction, faith/belief, self-esteem), and productive well-being (competence, productivity). Besides, there are researchers who argue that objective life situation (e.g., literacy rate in a society) as well as subjective perceptions of an individual in evaluating one's objective living conditions (e.g., subjective satisfaction with one's life) are important dimensions to be considered (Shek & Lee, 2007).

WHO has defined quality of life as an individual's perceptions of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns. It is a wide concept influencing person's physical and mental health, autonomy, social relationships, and their relationship to their environment. Quality of life is a subjective appraisal. It is about a person's emotional state and personal life. People living in cities having good facilities (in terms of quality of living), may have bad quality of life because of circumstances (personal and professional problems). It may affect one's health (physical and mental health). A bulk of research work has been conducted on loneliness but

alienation and quality of life are relatively unexplored. All the three constructs are one's own perceptions and may have profound impact on his or her outlook toward self and the world and thereupon affect an individual's well-being. Thus, a study has been designed to explore these constructs in conjunction.

1.1 Objectives

- (I) To see the relationship of loneliness with alienation and quality of life.
- (II) To see the relationship of alienation with quality of life.

1.2 Problem

To examine whether there would be any relationship of high and low loneliness with alienation and quality of life among undergraduate students.

1.3 Hypotheses

- 1. Loneliness would be positively related with alienation and negatively with quality of life.
- 2. Alienation would be positively related with quality of life.

1.4 Variables

Predictor- Loneliness (high and low)

Criterion- Alienation and Quality of life

1.5 Sample

A random sample of 100 (75 females and 25 males) college going students, in the age range of 18 to 21 years, residing in Banasthali Vidyapith, St. Johns College, was taken. Random selection of participants was done by using Tippett's Table.

1.6 Measures

- 1. Loneliness questionnaire (2004). This questionnaire was developed by Hughes, Mary, Waite, Hawkley and Cacioppo. Participants responded to 3 items on a likert

scale ranging from 1 (never) to 5 (all the time). The reliability of the questionnaire is 0.72 and the validity is 0.70.

- 2. Quality of life questionnaire (1996). This questionnaire was developed by WHO. Participants responded to 26 items on a likert scale. The reliability of the questionnaire is 0.80 and the validity is 0.70.
- 3. Alienation questionnaire (1988). This questionnaire was developed by Dr. R. R. Sharma. Participants responded to 54 items on a likert scale ranging from 1 (agree) to 0 (disagree). The reliability of the questionnaire is 0.84 and the validity is 0.70.

2. Result Interpretation

Table 1: Median of grouping variable

Variable	Median
Loneliness	32

The median split technique (Table 1) was used for making two sub-groups of a variable, namely, loneliness. The median of loneliness is 32. Thus, scores below 32 were clubbed as low loneliness group and scores above 32 were considered as high loneliness group.

Table 2: Correlation Matrix

Variables	Loneliness	Alienation	Quality of life
Loneliness	1	0.45**	-0.12
Alienation	0.45**	1	-0.03
Quality of life	-0.12	-0.03	1

**p < 0.01 level

Table 2 gives a glance to the correlation among three variables- loneliness, alienation and quality of life. There is a highly significant positive correlation between loneliness and alienation ($r = 0.45, p < .01$) and insignificant negative correlation between loneliness and quality of life ($r = -0.12, p > .05$). Thus, the hypothesis (1) is partially accepted. Alienation is insignificantly and negatively correlated with quality of life ($r = -0.03, p > .05$). Thus, hypothesis (2) is rejected.

Table 3: Stepwise Regression Analysis for high and low loneliness groups in alienation

Variables	R	R ²	Adjusted R	SEm	Rsquare change	β value	B value	t	F	Sig
High loneliness group	0.21	0.04	0.03	8.77	0.04	0.21	3.646	2.87	4.301	0.05

The above table exhibits the results of multiple regression (stepwise) analysis where criterion variable was alienation. The multiple correlation (R) which is dependent on inter-correlations among predictor variables as well as to their correlations with the criterion variable was found to be 0.21. The value of R square change for high loneliness group is 0.04, indicating the power of the model changes with the addition or removal of high loneliness group from the model. R square of 0.04 indicates that 4% of the variance in alienation scores is to be accounted for by predictor variable, high loneliness group (individual contribution). The value of adjusted R was found to be 0.03, which shows that 3% variance in alienation scores is to be explained by the predictor variable (high loneliness group). Thus, high

loneliness group is strongly predicting the criterion variable, alienation. β value of 0.21, indicates that a change of one standard deviation in high loneliness group will result in a change of 0.21 standard deviations in alienation. The multiple regression equation states that every unit increase in high loneliness group led to increase in alienation scores by its coefficient of 3.65 with the value of constant is 14.58. The value of F is 4.30 ($p < .05$). This indicates that the R square is statistically significant, i.e., the effect of high loneliness group on alienation is significant. The t value indicated that high loneliness group is the ($t = 2.87, p < .05$) significant positive predictor of alienation. On the other hand, low loneliness group is excluded as it is not predicting the criterion variable, alienation. Likewise, neither high

loneliness group nor low loneliness group predicting the criterion variable, quality of life.

3. Discussion

The results of the study indicate positive correlation between loneliness and alienation. Loneliness is a complex set of feelings encompassing reactions to the absence of intimate and social needs (Ernst & Cacioppo, 1999). It has been associated with variety of individual differences, like, hostility, pessimism, social withdrawal, alienation, etc. (Ernst & Cacioppo, 1999). Feeling of loneliness is accompanied by negative emotions, often leads to withdrawal from the immediate surroundings and social withdrawal as well. Such people lack confidence and trust in self and others, feel little control over their life situations. In today's scenario, people like to interact with each other but at other times did not like to interact with others. When people are not interested in communicating with each other, for any reasons, they usually detach themselves from the surroundings. They remain indifferent to their immediate surroundings and generally withdraw from their environment when they feel loneliness.

Studies on loneliness and quality of life are skimpy. Previous few studies showed correlation between loneliness and quality of life (Ekwall, Sivberg & Hallberg, 2005). But finding of the present study is antipode to the results of the previous studies. Finding states that there is insignificant negative correlation between quality of life and loneliness. The probable reason could be that both loneliness and quality of life is the personal choice of an individual. It is not a mental state of a person which is generally forced or imposed by the stressful situation of life. People can live relatively solitary lives and not feel lonely, and conversely, they can live an ostensibly rich social life and feel lonely nevertheless (Hawkey & Cacioppo, 2010). According to WHO also quality of life is a subjective appraisal. It is about a person's emotional state and personal life. Therefore loneliness and quality of life is personal selection, which varies from one person to another. Thus, this reflection of personal choice exhibits the variance in setting and evaluation of quality of life. Thus it could be inferred that there are other factors which could influence quality of life apart from loneliness. In brief, it can be concluded that quality of life could be a moderating variable in loneliness but not the sole contributor.

4. Conclusion

In the present study, the results indicated significant correlation between loneliness and alienation and insignificant relation between loneliness and quality of life. Loneliness could be a moderating or mediating factor in the quality of life led by the people. This provides future line of research work to various researchers. Moreover, more research work could be done on loneliness as loneliness plays a major role in individual's life. It generally tends to attract negativities in life. Consequently, leading to problems, like, lowering of self-confidence, self-esteem, self-concept and so on. Further research work would help in understanding the relation among loneliness, quality of life and other variables in a better way, as these constructs

would mitigate one's well-being. Better understanding will aid in designing suitable intervention program.

References

- [1] Ashforth, B. E. & Humphrey, R.H. (1993). Emotional Labour in Service Roles: The Influence of Identity. *Academy of Management Review*, 18(1): 88-115.
- [2] Crandall, C. S. & Cohen, C. (1994). The personality of the stigmatizer: Cultural world view, conventionalism and self-esteem. *Journal of Research in Personality*, 28, 461-480.
- [3] Ekwall, A. K., Sivberg, B. S., & Hallberg, I. R. (2005). Loneliness as a predictor of quality of life among older caregivers. *Journal of Advanced Nursing*, 49(1), 23-32.
- [4] Ernst, J. M., & Cacioppo, J. T. (1999). Lonely hearts: Psychological perspectives on loneliness. *Applied and Preventive Psychology*, 1, 1-22.
- [5] Geyer, F. (1996). *Alienation, ethnicity, and post-modernism*. London: Greenwood Press.
- [6] Guest, D. (1990). Right Enough to be Dangerously Wrong. In G. Salaman (Ed.) *Human Resource Strategies*. London: Sage.
- [7] Guyer, P. (Ed.). (1998). *Kant's Groundwork of the Metaphysics of Morals: Critical Essays*. Lanham, MD: Rowman and Littlefield.
- [8] Hawkey, L. C., & Cacioppo, J. T. (2007). Aging and loneliness: Downhill quickly? *Current Directions in Psychological Science*, 16, 187-191.
- [9] Hawkey, 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.
- [10] Kanungo, R. N. (1979). The concepts of alienation and involvement revisited. *Psychological Bulletin*, 86(1), 119-138.
- [11] Kraut, R. (2010), "Aristotle's Ethics", The Stanford Encyclopedia of Philosophy E.N. Zalta (ed.). Retrieved from <http://plato.stanford.edu/archives/sum2010/entries/aristotle-ethics/>.
- [12] Legge, K. (1995). *Human Resource Management: Rhetoric and Realities*. London: Macmillan.
- [13] Legge, K. (2001). Silver Bullet or Spent round? Assessing the Meaning of 'High Commitment Management'/Performance Relationship. In J. Storey, (Ed.), *Human Resource Management: A Critical Text*. 2nd Edn., London: Thomson Learning.
- [14] Mehrabian, A., & Stefl, C. A. (1995). Basic temperament components of loneliness, shyness and conformity. *Social Behavior and Personality*, 23, 253-264.
- [15] Nelson, L. & O'Donohue, W. (2006). *Alienation, psychology and human resource management*. Proceedings of the 2nd Australian Centre for Research in Employment and Work (ACREW) Conference, Prato, Italy.
- [16] Ritzer, G. & Goldman, D. J. (2004). *Sociological theory*. New York, NY: McGraw-Hill.
- [17] Rose, M. (1988). *Industrial Behaviour*, London: Penguin
- [18] Schmidt, L. A., & Fox, N. A. (1995). Individual differences in young adult's shyness and sociability:

Personality and health correlates. *Personality and Individual Differences*, 19, 455-462.

- [19] Seeman, M. (1967). On the personal consequences of alienation in work. *American Sociological Review*, 32(2), 273-285.
- [20] Shek, D. T. L., & Lee, B. M. (2007). A Comprehensive Review of Quality of Life (QOL) Research in Hong Kong. *The Scientific World Journal*, 7, 1222-1229.
- [21] Taylor, R. S. (2005). Kantian personal autonomy. *Political Theory* 33(5), 602-628.
- [22] Tajfel, H., Flament, C., Billig, M. & Bundy, R. F. (1971). Social Categorization and InterGroup Behaviour. *European Journal of Social Psychology*, 1, 141-177.
- [23] Turner, J. C., Brown, B. J. & Tajfel, H. (1979). Social Comparison and Group interest in ingroup Favouritism. *European Journal of Social Psychology*, 9(1): 187-204.
- [24] Upmanyu, V. V., Sehgal, R., & Upmanyu, S. (1994). Factor analytic study of personality correlates of loneliness among Indian university students. *Psychological Studies*, 39, 28-33.
- [25] Walker, M., Burnham, D. & Borland, R. (1989). *Psychology*. 2 nd Edn. Brisbane: John Wiley.
- [26] Wilson, H.T. (2002). "Organizational theory." The Blackwell Dictionary of Modern Social Thought. William Outhwaite (Ed). Blackwell Reference Online.