The Experience of Loneliness Approached through the Perspective of Unifying Experiential Psychotherapy

Ileana-Brândușa Tănăsescu[i]
Faculty of Psychology and Educational Sciences, Psychology Department,
University of Bucharest, Romania

Abstract

Introduction: *This paper approaches the experience of loneliness and its adjacent types, aiming to define it, to distinguish between loneliness as a symptom or cause, to explore different causal perspectives, to describe ways of dealing with this experience and to find ways to intervene in the psychotherapeutic practice, by building and applying techniques from the method of Unifying Experiential psychotherapy, such as Art Therapy, Role Play, Creative Meditation, Drama Therapy, Writing Therapy, within a support and personal development group.*

Objectives: *The main objective was building and applying an intervention and personal development plan by using methods and techniques specific to Experiential Unifying psychotherapy, focused on the experience of loneliness.*

Methods: *The group consisted of 7 people, 2 men and 5 women, all aged between 20-25 years. It was assumed that after the devising and application of an intervention and personal development plan using methods and techniques specific to Unifying Experiential psychotherapy there would be statistically significant differences on the perceived level of loneliness among the participants of the support and personal development group – measured with SELSA-S, on the perceived level of anxiety and depression, and on personality trait scores of the Dependent, Narcissistic, Histrionic, Compulsive type (measured with MCMI-III).*

Results: *The hypothesis was not confirmed. However, taking into account the comparison between the mean of the measured pair-variables, it can be observed that the perceived level of loneliness, anxiety and depression, and the scores of the Dependent personality traits decreased, while the scores of Histrionic and Compulsive personality traits increased, according to research expectations.*

Conclusions: *Considering the existing pre- and post-test differences, the limits of the research must be defined – sample size (7 people), the number of sessions (10 meetings), the number of evaluations (pre- and post-test only) and the effects of establishing the state of emergency on the members of the support and personal development group. These issues can be considered in future research.*

Keywords: lonesomeness, aloneness, emotional isolation, social isolation, support and personal development group

[i] Corresponding author: Ileana-Brândușa Tănăsescu, MD, Faculty of Psychology and Educational Sciences, Psychology Department, University of Bucharest, Panduri 90, Sector 5, 050663, Bucharest, Romania, email: ileana.tanasescu95@yahoo.com.

I. Introduction

> *"Car enfin, quand on n'a plus personne à embrasser, et que la solitude équivaut à un travail que personne ne vous demande plus, la vie doit être triste." ("Because after all, when you have no one left to embrace, and loneliness equals a work that you do but no one asks you for, life must be sad.")* – Françoise Sagan (2017)

In her autobiographical book "Toxic" (2017, original edition in 1964) Françoise Sagan writes about her experience in a hospital following a car accident. Sedated and isolated, she observes the character of loneliness and compares it to *"a job you do but that no one asks you for"*, describing the effort, futility and lack of meaning, which leads to a strong feeling of sadness, all that is coming with loneliness.

During the preliminary interviews (held for the proper selection and evaluation of the prospective participants to the present study), the experience of loneliness was defined by the participants also as a *"state of tension, sadness"* (subject #21), a lack of belonging or of the *"possibility to share a feeling or experience"* (participant #19) or through *"a sense of not being understood"* (subject #16) and loneliness has been associated with sadness, anxiety, depression, insecurity, failure, and more. Although loneliness correlates, at least at the level of perception (and statistically), with states of anxiety and depression, loneliness is associated with depressive feelings, as shown by the research of McGaha & Fitzpatrick (2005) and Wei, Russell, & Zakalik (2005), but also with emotions such as sadness, anger, the causal feature between them not being established without asking how loneliness is defined and what its characteristics are.

Furthermore, given the link between anxiety, depression and loneliness, it is necessary to distinguish between loneliness as a symptom and loneliness as a present state and current challenge. Here several perspectives can be considered, such as the psychogenealogical one, in which a scenario is repeated, the psychoanalytic view, where loneliness could be the result of fixation in a stage of psychosexual development (for example, the Oedipal Complex), the Unifying Experiential perspective, which highlights the lack of autonomy and of identification with the gender-role identity. To continue, the theory of attachment cannot be neglected, which can indicate the absence of the capacity for emotional self-regulation, but also the patterns of relationships through which the individual works. The lack of know-how in human interaction also ought to be taken into account.

Despite the weight that the feeling of loneliness can put on the shoulders of any individual, the ways in which one succeeds to manage and live with it must be recognized and admired. Some choose to spend their time with activities and work (participants #10, #19, #14, #21), others avoid thinking about it (#15, #18), some find motivation to sit with people (#10, #15) and some end up sinking into it (#16), each person according to their own abilities.

Although there is no single ideal way to manage the feeling of loneliness, the adaptive or maladaptive behavior that each individual undertakes must be analyzed, the therapeutic intervention aiming to evaluate coping methods and help the individual to use their own resources, to find adaptive solutions and change the perspective on loneliness.

Last but not least, why the experience of loneliness? *"Loneliness – the disease of the century"* was a statement often encountered at the first meeting with various participants. Apparently, the experience of loneliness is a common phenomenon in today's society. However, what is the prevalence? In Europe, 7.2% of the population are socially isolated – those in this sample never meet friends or relatives, nor can receive help if needed (Eurostat, 2006). According to a report by the Mental Health Foundation in the UK (2010), loneliness can affect anyone at some point in their lives – 22% never feel alone, 11% often feel lonely, and 36% of those between the ages of 18 and 34 year old worry about this feeling, 42% are depressed due to loneliness, and 48% believe that people become more lonely. Cacioppo, Fowler & Christakis (2009) observed that people who feel alone share this feeling in their social networks and the spread of the feeling of loneliness is stronger than the spread of the perceived social connection. The experience of loneliness is "contagious".

Thus, this paper aims to define the experience of loneliness and its adjacent types, to distinguish between loneliness as a symptom or a cause, to explore different perspectives on it, to describe ways of managing this feeling and to find means to intervene in the psychotherapeutic practice, by building and applying a series of techniques from the Unifying Experiential psychotherapy method within a group intervention aimed at support and personal development.

1.1. The experience of loneliness – defining the concept

Weiss (1973) was among the first researchers to debate the topic of loneliness, addressing several possible definitions of this state. He believes that it can

describe conditions such as depression and grief/ longing, it can be a confrontation with oneself, a *"challenging period of awareness"* that leads to self-knowledge and personal development, or a process of separation and individualization. But he goes so far as to define it as an *"excessively unpleasant and impulsive experience of inadequate discharge of the need for human intimacy"*.

The type of loneliness he refers to is distinguished from both depression and mourning. If in loneliness the impulse to get rid of this state, to connect to a relationship prevails, in depression the feelings cannot be touched by a relationship. Although loneliness is a component of mourning/ longing, experiencing it is related to the loss of a relationship, not its absence, as is the case in loneliness.

Bowlby (1973) explains that the symptoms of loneliness are a mechanism for finding the closeness necessary for the survival of the species. These mechanisms are characterized as follows: by proximity, a state of well-being, pleasure is induced, while by distancing, one of distress and discomfort occurs, and with the distance appears the need to restore proximity.

Parkes (1973) considers that at the basis of the proximity search mechanism lies separation anxiety. His conceptualization describes the pulsing anxiety felt when alone and explains its specific symptoms.

In each phase of life, the individual develops relationships with certain people, their existence providing them with security, and their breakup causing anxiety and distress. Relationship development is necessary to reduce certain urges, such as those of food in childhood and those of sex in adulthood. The primary drive contains the need for food and sex, and the secondary drive describes the "dependence" in relationships (in the sense of being attached in relationships). Another theory states that fear teaches the individual which things are painful and how to avoid them. Thus, if food and sex attract and pain repels, people are agents that help maintain this transaction.

From the experiments of Lorenz (1935), it can be seen how the child seeks the proximity of an object or an individual, which is preferable to be known. Proximity-seeking behavior is attachment behavior that can be expressed through crying, shouting at, or following an elder or more dominant person. Complementary to the attachment behavior is that of care (in the parent-child relationship). In case of illness or emergency, any individual seeks the reassuring presence of those he knows and trusts and feels scared/ insecure and anxious if they are not available.

However, relationships not only have the role of reducing impulses, but also of ensuring safety and protection. Feeling safe and afraid of the unknown is a good guide to survival. Thus, a good strategy is to avoid isolation and maintain proximity in relation to something or someone known, minimizing possible dangers and maximizing the feeling of security.

Separation anxiety is defined by the awareness of the danger of loss. A child's reaction to separation and how it manages separation is considered a determining factor in personality formation. This anxiety is manifested by longing for the lost person, a specific feature of mourning. The impulse arising from longing is to search for and recover the lost object, a component of bereavement and an essential action for understanding the process. The individual needs to long for and seek in order to unlearn the attachment of the lost person.

It can be concluded that loneliness is not caused by the condition of being alone, but by the need for a relationship. *"It is the response to the absence of a certain type of relationship or the absence of a relational provision, […] an attachment"* (Weiss, 1973), and the main symptoms are instinctual anxiety and desire for the relationship – intimacy, or friendship. People develop relationships because this is their predisposition.

According to Weiss (1973), there are different types of loneliness – emotional loneliness (as an effect of emotional isolation), which can be compared to the distress felt by the child who is afraid of being abandoned by parents, and social loneliness (as an effect of social isolation), which can be associated with a state of boredom, the feeling of being excluded and marginalized.

1.2. The loneliness of emotional isolation and the loneliness of social isolation

Lopata (1969) describes several situations of loneliness in which emotional isolation can occur: loneliness as a desire to continue interaction with a person who is no longer available – the disappearance of the source of love, lack of identification with an object of love, loss of meaning given by the care offered in a relationship/ person, the lack of intimacy, the possibility of sharing important experiences for the individual, the lack of presence of a human being, the feeling of loneliness from a lack of autonomy or from managing everything alone, longing for a certain lifestyle or certain activities/ experiences lived with someone, alienation from others, loss of other relationships, inability to form new relationships, loneliness expressed in several of the forms mentioned above.

The feeling of loneliness caused by emotional isolation is described by the absence of a figure of attachment, an absence that begins to be felt, most likely, only in adolescence, when parents are fired from this role.

A secure attachment (during childhood) involves comfort and relaxation in the presence of the mother and anxiety in her absence. The process of maturing the secure attachment is characterized by increasing the tolerance to distance from all attachment figures, both primary and secondary, as long as they remain accessible. Accepting distance allows independence in actions. Thus, one can explain the specific anxiety of individuals facing loneliness. Along with emotional isolation comes the individual's distrust that he deserves to be loved and therefore that he will be loved. But this unrest can be catalytic.

The condition that prevents experiencing the feeling of emotional loneliness is the availability of an emotional attachment, of an authentic relationship (with another person) that offers the individual security and well-being.

The restless search without a clear target suggests that there is no particular figure that the individual wants to belong to, but a figure with a similar style of attachment. The pressure to search is quieted when the attachment is formed. However, attachments that develop out of a great need are risky, but as long as they last over time, they can be satisfying.

The symptoms of social isolation are similar, but also different compared to the ones of emotional isolation. In both cases there is a depressive restlessness and an indefinite dissatisfaction. However, anxiety and restlessness predominate in emotional isolation, while boredom and the feeling of exclusion appear in the social one.

Social isolation can be the consequence of a loss that has led to emotional isolation. Any change in social role can be a source of social isolation, whether it is job loss, separation, or relocation. Anything that leads to a loss of contact with those who share the same concerns can contribute to social isolation.

Interaction with other individuals is almost as important, if not as important, for well-being as attachment. It takes place a little later than the attachment in the child's life, but its absence can be a source of distress as great as the absence of attachment.

Peer relationship occurs for the first time between the ages of 1 and 2 years. Then it continues through the formation of friends and play until adolescence, when social involvement becomes essential for development. In the group of friends, the adolescent is validated, can express and define himself, once by identifying with other adolescents with whom he has something in common, but also by differentiating from them.

Just as children need parents to care for them and friends to play with, the adult also needs a figure of attachment to provide security, as well as a social system to challenge him.

Social integration provides the individual with support, an exchange of information that functions as an assessment of their own behaviors and, last but not least, the pleasure of interacting.

1.3. Loneliness – a context or a symptom?

If emotional loneliness is defined by the absence of an emotionally close attachment relationship, and social loneliness is defined by the absence of social integration relationships, what makes the individual experience the feeling of loneliness? Is the experience of loneliness dependent on a context, or is it a symptom caused by the individual's personality?

A move is a context, for example. Although moving can have benefits, it can also mean many losses – of social ties, family life patterns, security and source of income. These losses can contribute to the development of depression, by leading the person to experience feelings of helplessness and uselessness, lack of hope for the future, reduced ability to work or engage in other activities, loss of interest in family and friends, but also by idealization of "the lost home".

A study, presented in Weiss's book (1973), focused on situations that can contribute to experiencing feelings of loneliness. Among the individuals in such a context, there are: students (those who leave home, break away from their support system, and face the challenge of knowing themselves and building a new system), single people (those who do not choose their relationship status or who are divorced or widowed), the breakdown of a marriage (the stronger perception of the contrast between being alone and being in a relationship, but also confrontation for the first time with loneliness), the new spouse and the young mother/ father (who gives up the other roles she/he had and learns to manage the responsibilities specific to the new roles), prisoners and their families (isolating the prisoner from family and loved ones, but also discrimination to the family), persons in retirement (loss of utility, stimulus of work environment and environment), on the move (leaving comfort, a familiar environment, support system), elderly (who feel like strangers).

Even if personality can influence the motivation or the ability that makes the individual experience loneliness, by observing the socialization contexts one can identify the development points of the social life of the individual and changes can be made in it. Until a new support system is built, there is most likely a period of isolation, which shows that anyone can be vulnerable to loneliness at some point in their lives.

However, personality issues cannot be ignored and there are several perspectives that can contribute to the experience of loneliness. Taking as examples the cases of the participants in the present study's support and personal development group, the following can be observed:

#18: abandonment trauma caused by father's death, avoidant attachment, academic/ professional over-responsibility, masked depression;

#21: dependent personality, fusional relationship tendencies, depression, repetition of parental relationship scenario (which is abusive), separation trauma;

#14: depression, negative attitude, abandonment trauma caused by parental divorce, avoidant attachment, parentified child (responsible for his/her mother), lack of identification with the gender-role identity;

#9: abandonment trauma caused by parents leaving, emotionally neglected, avoidant attachment, denial of needs and self-isolation, inhibited/ covert anger;

#10: poor management of emotions, depression, emotionally abusive partnership, low self-esteem and self-confidence;

#12: masked depression, sense of duty towards the family of origin, identification and repetition of the life scenario of the participant's grandmother;

#8: low self-esteem and self-confidence, avoidant attachment, abandonment trauma caused by parents' departure;

#16: depression, anxiety, dependent personality, poor emotional self-regulation, identification with the female ego, social anxiety;

#19: depression caused by the death of the mother, mourning, low self-esteem and self-confidence, lack of autonomy;

#15: anxiety, poor emotional self-regulation, anxious attachment, fraternal rivalry.

Analyzing the profile of each participant, it can be stated that loneliness is not only contextual, but rather a symptom of a type of personality or attachment, of a role or life scenario taken, of a trauma of abandonment or separation, of lack of trust in itself or a low level of self-esteem, etc.

Thus, an assessment of the individual's situation is needed to determine whether it is a context or a symptom in order to be able to develop an appropriate intervention plan.

1.4. Ways of managing loneliness

The newly separated have several ways to manage this feeling. Very few are self-effective and manage to ignore it, others find in loneliness a medicine to relieve their pain, and for most, loneliness is a recurring pain for which they constantly seek relief through contact with others, either face to face, by phone or in writing, through self-indulgence and pampering, through alcohol, through involvement in several activities, by entering into a new relationship in order to not feel the emotional void left behind; whatever the way of management, the main element is the need to express and share, but also to be accepted.

During the interviews, the participants of the support and personal development group expressed different ways of coping with the experience of loneliness, both adaptive and maladaptive: denying the feeling of loneliness; identifying with the feeling of loneliness; undertaking loneliness and over-responsibility; distracting one's attention from loneliness; filling time; involvement in activities; interaction and relationships with other people, friends, family.

However, it is useful to differentiate between adaptive and maladaptive behaviors. Therefore, healthy strategies for managing loneliness of emotional isolation include:

- filling one's time with different activities (either individually or with other people) – distinguishing between leisure in order to avoid the feeling of loneliness versus in order to find a meaning;
- developing new roles and relationships;
- focusing on the social role.

And among the adaptive responses to reduce the feeling of loneliness caused by social isolation we may find:

- satisfying the need/ needs in existing relationships (although changing transactions within a relationship is not easy);
- accepting the temporality of isolation, the impossibility of building new relationships;
- building new relationships, which can be sustainable or additional, meant to satisfy a temporary need, but which can become sustainable.

1.5. Intervention on loneliness in the psychotherapeutic practice

The experience of loneliness is a deficit condition, a response to the absence of an unmet relational need. The deficit relates to one or more specific needs. It is not possible to compensate for this deficit. Individuals are unlikely to adapt to emotional or social isolation, as their lives may not be satisfactory even ignoring these deficits. But their perceptions and expectations may change over time.

Everyone is vulnerable to loneliness. If someone is experiencing emotional or social isolation, the first thing they can do is accept their emotion(s) and experience it/ them. Things can change and improve, even if not at the present moment – this aspect is important to consider. However, for considerable improvement it is necessary to end the isolation and resume the connections by developing new relationships, involvement in activities, belonging to one or several groups, aspects valid in themselves and not as goals.

From this perspective, an intervention plan in psychotherapeutic practice could include objectives such as:

- accepting the feeling of loneliness and understanding that it is temporarily present;
- exploring the experience of loneliness;
- awareness of personal resources in order to act and develop new relationships;
- development of own strategies for action and establishment of new relationships;
- identifying and distinguishing between personal and relational needs;
- awareness of maladaptive transactions;
- genuine interaction and involvement in existing relationships;
- finding meaning in life;
- autonomization;
- development of the masculine Ego/ feminine Ego;
- instilling hope and faith.

These are adapted after the evaluation, depending on the individual diagnosis of the client/ patient.

II. Methods

The methodology used in this research is an Unifying Experiential, phenomenological and clinical one, the intervention being evaluated quantitatively, by applying the SELSA-S and Millon psychometric tools before and after group participation, and qualitatively, by projective tests and self-evaluation of participants.

2.1. Research objectives

The main objective: Building and applying an intervention and personal development plan by using methods and techniques specific to Unifying Experiential psychotherapy, focused on the experience of loneliness.

2.2. Research hypotheses

Main hypothesis: We assume that following the devising and application of an intervention and personal development plan using methods and techniques specific to Unifying Experiential psychotherapy (post-test) there will be statistically significant differences in the perceived level of the experience of loneliness, of anxiety and of depression, and in the Dependent, Narcissistic, Histrionic, Compulsive personality traits among the participants of the support and personal development group. (H0)

General hypotheses:

1. We assume that there are statistically significant differences in the perceived level of the experience of loneliness on the romantic loneliness scale of the SELSA-S inventory pre- and post-test. The expectation is that it will be lower post-test. (H1)
2. We assume that there are statistically significant differences in the perceived level of the experience of loneliness on the family loneliness scale of the SELSA-S inventory pre- and post-test. The expectation is that it will be lower post-test. (H2)
3. We assume that there are statistically significant differences in the perceived level of the experience of loneliness on the social loneliness scale of the SELSA-S inventory pre- and post-test. The expectation is that it will be lower post-test. (H3)
4. We assume that there are statistically significant differences in the perceived level of the experience of loneliness on the sum of the loneliness scales of the SELSA-S inventory pre- and post-test. The expectation is that it will be lower post-test. (H4)
5. We assume that there are statistically significant differences in the perceived level of anxiety from the MCMI-III inventory pre- and post-test. The expectation is that it will be lower post-test. (H5)
6. We assume that there are statistically significant differences in the perceived level of depression from the

MCMI-III inventory pre- and post-test. The expectation is that it will be lower post-test. (H6)

7. We assume that there are statistically significant differences in the score of the Dependent personality trait from the MCMI-III inventory pre- and post-test. The expectation is that it will be lower post-test. (H7)

8. We assume that there are statistically significant differences on the score of the Narcissistic-type personality trait from the MCMI-III inventory pre- and post-test. The expectation is that it will be higher post-test. (H8)

9. We assume that there are statistically significant differences on the score of the Histrionic personality trait from the MCMI-III inventory pre- and post-test. The expectation is that it will be higher post-test. (H9)

10. We assume that there are statistically significant differences on the Compulsive personality trait score from the MCMI-III inventory pre- and post-test. The expectation is that it will be higher post-test. (H10)

2.3. Sample and Sampling

Following the marketing of the personal support and development group on the topic of the experience of loneliness on social networks, but also through academic and professional connections, 21 potential participants signed up. They were contacted by telephone and, depending on interest and availability, 13 of them were invited to the interview. During the interview, the motivation to participate in the group and the individual perception of loneliness were assessed through open-ended questions and the SELSA-S inventory, the subject's personality through MCMI-III, and the initial therapeutic relationship was established by getting participants acquainted with the subject, thus selecting 10 participants, of which 7 remained until the end of the intervention.

The initial sample consisted of 10 people, 2 men and 8 women, reaching 7 people, 2 men and 5 women, all aged between 20-25 years (coded as #18, #21, #14, #9, #10, #12, #8, #16, #19, #15).

2.4. Research model and methods – tools

As mentioned, the research model is a quasi-experimental one that aims at both quantitative research through the application of the SELSA-S and MCMI-III, and qualitative research expressed through observation, projective tests (Draw-a-Person test) and self-evaluation.

In the initial interview, participants answered 10 open-ended questions about loneliness, then completed two inventories: SELSA-S and MCMI-III. At the second evaluation, they filled out a feedback questionnaire and SELSA-S and MCMI-III. Also, at the first and last group meeting the projective test Draw-a-Person was applied.

The 10 questions focus on the motivation to participate in the group, the individual perception of loneliness, the context/ situation in which they feel alone, ways to manage loneliness and the benefit of the experience of loneliness.

SELSA-S (Social and Emotional Loneliness Scale for Adults − Short) is the short version of the multidimensional SELSA scale (DiTommaso & Spinner, 1993) and was created by DiTommaso, Brannen & Best (2004). It includes 15 items and measures the experience of loneliness on 2 levels – that of social isolation and that of emotional isolation (loneliness of family emotional isolation, loneliness of romantic emotional isolation), through a Likert scale from 1 (disagree) to 7 (strongly agree).

MCMI-III (Millon Clinical Multiaxial Inventory-III), created by Millon & Weiss (1994) and adapted in Romania by David (2010), is a psychological assessment tool that illustrates the interaction of Axis I and Axis II disorders, based on the DSM-IV classification system.

The feedback questionnaire qualitatively evaluates the intervention, the perspective on loneliness after participating at the group, the relationship with the trainer, the difference between the physical and the virtual/ online environment.

The Draw-a-Person test is a means by which different subconscious contents of the subject's personality can be expressed.

2.5. Intervention method and techniques

The intervention and personal development plan were based on the use of methods and techniques specific to the Unifying Experiential psychotherapy, taking into account the main theme, namely that of the experience of loneliness.

Unifying Experiential psychotherapy is a holistic approach to human development and transformation created by univ. prof. Iolanda Mitrofan, PhD (Mitrofan, 2004), which contains expressive-creative techniques. Among the techniques used in this study we mention: Art Therapy, Role Playing, Guided Meditation, Creative Meditation, Drama Therapy, Writing Therapy.

III. Results

The effects of both intervention and personal development plan were measured by calculating the pre- and post-test statistical differences. The formulated hypotheses were tested by applying the Wilcoxon non-parametric statistical test for dependent samples with repeated measurements.

General hypothesis H1 *(We assume that there are statistically significant differences in the perceived level of the experience of loneliness on the romantic loneliness scale of the SELSA-S inventory pre- and post-test. The expectation is that it will be lower post-test.)* is not confirmed (see Table 1). There are no statistically significant differences, but there are differences. As can be seen from Table 3, mean pre-test has a value of 25.29 and post-test 21.71, and looking at Table 2 SELSA-S Romantic 2 < SELSA-S Romantic 1.

General hypothesis H2 *(We assume that there are statistically significant differences in the perceived level of the experience of loneliness on the family loneliness scale of the SELSA-S inventory pre- and post-test. The expectation is that it will be lower post-test.)* was not confirmed (see Table 1). As can be seen from Table 3, mean pre-test has a value of 15.57 and post-test 14.86, and looking at Table 2 SELSA-S Social 2 > SELSA-S Social 1. Thus, the expectation that the perceived level of loneliness experience on the family loneliness scale of the SELSA-S inventory to be lower post-test was not met.

General hypothesis H3 *(We assume that there are statistically significant differences in the perceived level of the experience of loneliness on the social loneliness scale of the SELSA-S inventory pre- and post-test. The expectation is that it will be lower post-test.)* is not confirmed (see Table 1). There are no statistically significant differences, but differences have been noticed. As can be seen from Table 3, mean pre-test has a value of 20.71 and post-test 16.29, and looking at Table 2 SELSA-S Social 2 < SELSA-S Social 1.

General hypothesis H4 *(We assume that there are statistically significant differences in the perceived level of the experience of loneliness on the sum of the loneliness scales of the SELSA-S inventory pre- and post-test. The expectation is that it will be lower post-test.)* is not confirmed (see Table 1). There are no statistically significant differences, but there are differences. As can be seen from Table 3, mean pre-test has a value of 61.57 and post-test 53.43, and looking at Table 2 SELSA-S Total 2 < SELSA-S Total 1.

Table 1

Test Statistics[a]

	SELSA-S Romantic 2 - SELSA-S Romantic 1	SELSA-S Familial 2 - SELSA-S Familial 1	SELSA-S Social 2 - SELSA-S Social 1	SELSA-S Total 2 - SELSA-S Total 1
Z	-1.826[b]	-.423[b]	-1.261[b]	-1.577[b]
Asymp. Sig. (2-tailed)	.068	.672	.207	.115

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.

Table 2

Ranks

		N	Mean Rank	Sum of Ranks
SELSA-S Romantic 2 - SELSA-S Romantic 1	Negative Ranks	4[a]	2.50	10.00
	Positive Ranks	0[b]	.00	.00
	Ties	3[c]		
	Total	7		
SELSA-S Familial 2 - SELSA-S Familial 1	Negative Ranks	3[d]	5.50	16.50
	Positive Ranks	4[e]	2.88	11.50
	Ties	0[f]		
	Total	7		
SELSA-S Social 2 - SELSA-S Social 1	Negative Ranks	4[g]	4.13	16.50
	Positive Ranks	2[h]	2.25	4.50
	Ties	1[i]		
	Total	7		
SELSA-S Total 2 - SELSA-S Total 1	Negative Ranks	4[j]	4.50	18.00
	Positive Ranks	2[k]	1.50	3.00
	Ties	1[l]		
	Total	7		

a. SELSA-S Romantic 2 < SELSA-S Romantic 1

b. SELSA-S Romantic 2 > SELSA-S Romantic 1

c. SELSA-S Romantic 2 = SELSA-S Romantic 1

d. SELSA-S Familial 2 < SELSA-S Familial 1

e. SELSA-S Familial 2 > SELSA-S Familial 1

f. SELSA-S Familial 2 = SELSA-S Familial 1

g. SELSA-S Social 2 < SELSA-S Social 1

h. SELSA-S Social 2 > SELSA-S Social 1

i. SELSA-S Social 2 = SELSA-S Social 1

j. SELSA-S Total 2 < SELSA-S Total 1

k. SELSA-S Total 2 > SELSA-S Total 1

l. SELSA-S Total 2 = SELSA-S Total 1

Table 3

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles 25th	50th (Median)	75th
SELSA-S Romantic 1	7	25.29	10.372	10	35	15.00	31.00	35.00
SELSA-S Familial 1	7	15.57	7.231	6	24	7.00	16.00	22.00
SELSA-S Social 1	7	20.71	7.544	10	32	17.00	19.00	29.00
SELSA-S Total 1	7	61.57	8.979	48	77	57.00	63.00	65.00
SELSA-S Romantic 2	7	21.71	10.484	8	35	14.00	20.00	35.00
SELSA-S Familial 2	7	14.86	6.122	8	25	8.00	15.00	18.00
SELSA-S Social 2	7	16.29	4.889	9	22	11.00	17.00	20.00
SELSA-S Total 2	7	53.43	16.801	37	80	37.00	48.00	73.00

General hypothesis H5 *(We assume that there are statistically significant differences in the perceived level of anxiety in the MCM-III pre- and post-test inventory. The expectation is that it will be lower post-test.)* was not confirmed (see Table 4). There are no statistically significant differences, but there are differences. As can be seen from Table 6, mean pre-test has a value of 51.71 and post-test 50.14, and looking at Table 5 Anxiety.2 < Anxiety.1.

General hypothesis H6 *(We assume that there are statistically significant differences in the perceived level of depression from the MCMI-III inventory pre- and post-test. The expectation is that it will be lower post-test.)* is not confirmed (see Table 4). There are no statistically significant differences, but again there are differences. As can be seen from Table 6, mean pre-test has a value of 48.14 and post-test 42.71, and looking at Table 5 Dysthymia.2 < Dysthymia.1.

General hypothesis H7 *(We assume that there are statistically significant differences in the score of the Dependent personality trait from the MCMI-III inventory pre- and post-test. The expectation is that it will be lower post-test.)* was not confirmed (see Table 4). There are no statistically significant differences, but differences have been observed. As can be seen from Table 6, mean pre-test has a value of 55.86 and post-test 51.57, and looking at Table 5 Dependent.2 < Dependent.1.

General hypothesis H8 *(We assume that there are statistically significant differences on the score of the Narcissistic-type personality trait from the MCMI-III inventory pre- and post-test. The expectation is that it will be higher post-test.)* was not confirmed (see Table 4). There are no statistically significant differences, and as can be seen from Table 6, mean pre-test has a value of 43.71 and post-test 42.14; looking at Table 5, Narcissistic.2 < Narcissistic.1. Thus, it is not confirmed that the score of the Narcissistic personality trait in the MCMI-III inventory will be higher post-test.

General hypothesis H9 *(We assume that there are statistically significant differences on the score of the Histrionic personality trait from the MCMI-III inventory pre- and post-test. The expectation is that it will be higher post-test.)* was not confirmed (see Table 4). There are no statistically significant differences, yet there are differences. As can be seen from Table 6, mean pre-test has a value of 48.00 and post-test 51.71, and looking at Table 5 Histrionic.2 > Histrionic.1.

General hypothesis H10 *(We assume that there are statistically significant differences on the Compulsive personality trait score from the MCMI-III inventory pre- and post-test. The expectation is that it will be higher post-test.)* is not confirmed (see Table 4). There are no statistically significant differences, but there are differences. As can be seen from Table 6, mean pre-test has a value of 39.71 and post-test 42.43, and looking at Table 5 Compulsive.2 > Compulsive.1.

Table 4

Test Statistics[a]

	Dependent – Dependent	Histrionic – Histrionic	Narcisist – Narcisist	Compulsiv – Compulsiv	Anxietate – Anxietate	Distimie – Distimie
Z	−.734[b]	−.552[c]	−.674[b]	−.315[c]	−.542[b]	−.943[b]
Asymp. Sig. (2-tailed)	.463	.581	.500	.752	.588	.345

a. Wilcoxon Signed Ranks Test
b. Based on positive ranks.
c. Based on negative ranks.

Table 5

Ranks

		N	Mean Rank	Sum of Ranks
Dependent.2 – Dependent.1	Negative Ranks	4[a]	3.50	14.00
	Positive Ranks	2[b]	3.50	7.00
	Ties	1[c]		
	Total	7		
Histrionic.2 – Histrionic.1	Negative Ranks	1[d]	3.50	3.50
	Positive Ranks	3[e]	2.17	6.50
	Ties	3[f]		
	Total	7		
Narcisist.2 – Narcisist.1	Negative Ranks	4[g]	2.50	10.00
	Positive Ranks	1[h]	5.00	5.00
	Ties	2[i]		
	Total	7		
Compulsiv.2 – Compulsiv.1	Negative Ranks	2[j]	4.50	9.00
	Positive Ranks	4[k]	3.00	12.00
	Ties	1[l]		
	Total	7		
Anxietate.2 – Anxietate.1	Negative Ranks	3[m]	3.17	9.50
	Positive Ranks	2[n]	2.75	5.50
	Ties	2[o]		
	Total	7		
Distimie.2 – Distimie.1	Negative Ranks	5[p]	3.00	15.00
	Positive Ranks	1[q]	6.00	6.00
	Ties	1[r]		
	Total	7		

a. Dependent.2 < Dependent.1
b. Dependent.2 > Dependent.1
c. Dependent.2 = Dependent.1
d. Histrionic.2 < Histrionic.1
e. Histrionic.2 > Histrionic.1
f. Histrionic.2 = Histrionic.1
g. Narcisist.2 < Narcisist.1
h. Narcisist.2 > Narcisist.1
i. Narcisist.2 = Narcisist.1
j. Compulsiv.2 < Compulsiv.1
k. Compulsiv.2 > Compulsiv.1
l. Compulsiv.2 = Compulsiv.1
m. Anxietate.2 < Anxietate.1
n. Anxietate.2 > Anxietate.1
o. Anxietate.2 = Anxietate.1
p. Distimie.2 < Distimie.1
q. Distimie.2 > Distimie.1
r. Distimie.2 = Distimie.1

Table 6

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles 25th	50th (Median)	75th
Dependent.1	7	55.86	25.531	0	77	55.00	64.00	69.00
Histrionic.1	7	48.00	12.166	37	71	38.00	49.00	54.00
Narcisist.1	7	43.71	15.283	12	60	40.00	46.00	51.00
Compulsiv.1	7	39.71	17.114	17	68	23.00	43.00	47.00
Anxietate.1	7	51.71	16.997	26	78	40.00	50.00	63.00
Distimie.1	7	48.14	22.916	25	79	30.00	40.00	78.00
Dependent.2	7	51.57	21.509	14	75	33.00	55.00	69.00
Histrionic.2	7	51.71	22.470	18	83	38.00	49.00	68.00
Narcisist.2	7	42.14	20.538	12	76	32.00	37.00	55.00
Compulsiv.2	7	42.43	13.302	23	57	27.00	43.00	57.00
Anxietate.2	7	50.14	14.041	35	78	40.00	50.00	55.00
Distimie.2	7	42.71	23.106	15	70	20.00	35.00	66.00

IV. Discussions and conclusions

It can be concluded that the main hypothesis H0 *(We assume that following the construction and application of an intervention and personal development plan using methods and techniques specific to Unifying Experiential psychotherapy (post-test) there will be statistically significant differences in the perceived level of the experience of loneliness, of anxiety and of depression, and in the Dependent, Narcissistic, Histrionic, Compulsive personality traits among the participants of the support and personal development group.)* is not confirmed.

Altough not significant, there were some statistical differences. Taking into account the comparison between the mean and the measured pair variables pre- and post-test, it can be noted that the perceived level of experience of loneliness, anxiety and depression, and the scores of Dependent personality traits decreased, while the scores of Histrionic and Compulsive personality traits increased. The post-test mean on the romantic loneliness scale of the SELSA-S inventory decreased by 3.58 (mean pre-test 25.29, mean post-test 21.71), thus the perceived level of the experience of romantic loneliness was lower. The same applies to the scale of social loneliness, where mean pre-test has a value of 15.57 and post-test 14.86, which is also lower. Thus, the sum of loneliness scales of the SELSA-S inventory also decreased by 8.14 (mean pre-test 61.57, mean post-test 53.43). The mean scores of anxiety and depression within the MCMI-III Inventory diminished too. Anxiety mean pre-test has a value of 51.71 and post-test 50.14, while Dysthymia mean pre-test has a value of 48.14 and post-test 42.71. The mean of the Dependent scale was lowered – mean pre-test is 55.86 and post-test 51.57, and the mean scores of the adaptive personality (Histrionic and Compulsive) traits increased: the Histrionic personality trait mean pre-test has a value of 48.00 and post-test 51.71, and the Compulsive personality trait mean pre-test is 39.71 and post-test 42.43.

These observations and objections compel us to examine why these differences occur. The intervention was focused on instilling hope and faith, encouraged gaining autonomy, genuine interaction and involvement in existing relationships (even the ones within the group) and explored personal resources, in order to take action and develop new relationships. The positive effect of the intervention is supported by our phenomenological observations and by the feedback of the group members – one participant (#16) used his resources to make new friends (during isolation, even), others took up new hobbies (#8, #21), some found support within preexisting relationships (#15, #9), and another participant accepted her state and its presence (#10).

Whilst these arguments can be accepted, we must ask why the differences were not statistically significant and thus define the research limits. The research limits consist in the size of the sample − 7 people (a larger sample has a higher validity and statistical significance), the number of sessions − 10 meetings (a larger number of sessions over a longer period of time could ensure the sedimentation of the intervention within the personality of the individual), the number of evaluations − only two took place, pre- and post-test (a third test either during the intervention or at a period of time after finishing the intervention involves another quantification of the effect of the intervention) and the impacts of establishing the state of emergency, both direct − change and adaptation of the therapeutic framework (following the 2020's pandemic), transition from the physical setting to a virtual/ online setting, lack of physical contact between participants, difficulty in observing the nonverbal communication, and indirect − participants' perception of the new framework, adaptation to the new framework, state of emergency itself, its impact on the members, but also on the facilitator of the support and personal development group. These issues can be addressed in future research.

One of the main conclusions drawn from this research is that there are countless and different ways of perceiving and living with loneliness. And the reasons why an individual comes to feel this way are also varied. However, although loneliness can be challenging, as we learned from the experiences shared by the participants, a group can be the ideal place to explore this topic. It is the participation in the group and the exposure of the individual feeling of loneliness in front of other people who face this feeling, that makes the individual feel less alone and included. Basically, it helps them accept their experience.

Of course, if the group only has the effect of providing support during a period of loneliness, then the person will not be motivated to seek resources outside this circle. Thus, the Unifying Experiential Psychotherapy brings the individual within the group into *'here and now'*, transforms them into an observer of their own person and, through metaphorical challenges, puts them in contact with their own unconscious projections, psychodynamic/social transactions and their actual needs. On top of that, it encourages them to act freely and spontaneously, being able to develop an authentic relationship with themselves, but also with those around them, and facilitating the construction of their own universe of support and attachment.

References

Bowlby, J. (1973). Affectional bonds: Their nature and origin. In R. S. Weiss (1973), *Loneliness: The experience of emotional and social isolation*, p. 38-52. The MIT Press.

Cacioppo, J. T., Fowler, J. H., & Christakis, N. A. (2009). Alone in the crowd: The structure and spread of loneliness in a large social network. *Journal of Personality and Social Psychology*, *97*(6), 977-991. doi: https://doi.org/10.1037/a0016076.

David, D. (2010). *MCMI-III. Inventarul Clinic Multiaxial Millon – Manual tehnic (MCMI-III. The Millon Clinical Multiaxial Inventory – technical manual)*. Bucharest: O.S. Romania.

DiTommaso, E., Brannen, C., & Best, L. A. (2004). Measurement and validity characteristics of the short version of the social and emotional loneliness scale for adults. *Educational and Psychological Measurement*, *64*(1), 99-119.

DiTommaso, E., & Spinner, B. (1993). The development and initial validation of the Social and Emotional Loneliness Scale for Adults (SELSA). *Personality and Individual Differences*, *14*(1), 127-134.

Eurostat (2006). Social participation statistics. https://ec.europa.eu/eurostat/statistics-explained/index.php/Archive:Social_participation_statistics#Data_sources_and_availability.

Sagan, F. (2017). *Ich glaube, ich liebe niemanden mehr (Toxique).* Anaconda Verlag.

Lopata, H. Z. (1969). Loneliness: Forms and components. *Social problems*, *17*(2), 248-262.

Lorenz, K. (1935). Der Kumpan in der Umwelt des Vogels. Der Artgenosse als auslösendes Moment sozialer Verhaltungsweisen. *Journal für Tierpsychologie*, *5*, 235-409.

McGaha, V., & Fitzpatrick, J. (2005). Personal and social contributors to dropout risk for undergraduate students. *College Student Journal*, *39*, 287-297.

Mental Health Foundation (2010). *The Lonely Society?*. https://www.mentalhealth.org.uk/sites/default/files/the_lonely_society_report.pdf.

Millon, T., & Weiss, L. (1994). *MIPS: Millon Index of Personality Styles manual*. San Antonio, TX: Psychological Corporation.

Mohapl, P. (1984). Alexithymie. *Acta Universitatis Palackianae Olomoucensis, Facultas Philosophica, Pedagogica-Psychologica*, *22*, 99-108.

Mitrofan, I. (2004). *Terapia Unificării – abordare holistică a dezvoltării şi a transformării umane (Unification Therapy – a holistic approach to human development and transformation)*. Bucharest: SPER Publishing House.

Parkes, C. M. (1973). Separation anxiety: an aspect of the search for a lost object. In R. S. Weiss (1973), *Loneliness, the experience of emotional and social isolation*, p. 53-67. The MIT Press.

Wei, M., Russell, D. W., & Zakalik, R. A. (2005). Adult attachment, social self-efficacy, self-disclosure, loneliness, and subsequent depression for freshman college students: a longitudinal study. *Journal of Counseling Psychology*, *52*, 602-614. doi: 10.1037/0022-0167.52.4.602.

Weiss, R. S. (1973). *Loneliness: The experience of emotional and social isolation*. The MIT Press.