

Concept Analysis of Loneliness With Implications for Nursing Diagnosis

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PURPOSE. *This study aims to explore the concept of loneliness using Walker and Avant's concept analysis framework. In addition, the overlap and potential confusion of the factors related to the nursing diagnoses Social Isolation and Risk for Loneliness were noted and discussed.*

DATA SOURCES. *A literature review was conducted by searching Google, CINAHL, PsychINFO, and MEDLINE databases using the keywords "loneliness," "concept analysis," and "loneliness concept analysis" in the title. Only those sources that directly addressed loneliness were used (27).*

DATA SYNTHESIS. *Dictionary definitions, various uses, and critical attributes were identified; model, borderline, related, and contrary cases were developed; and antecedents, consequences, and empirical referents were determined. Data were evaluated and summarized to reach conclusions and recommendations.*

CONCLUSIONS. *The authors concluded with a recommendation that Loneliness replace Social Isolation as the primary nursing diagnosis in the NANDA International taxonomy.*

Search terms: *Concept analysis, loneliness, social isolation*

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Walker and Avant (1995) explain that a concept analysis is an attempt to describe a category of information, a concept, and clarify its meaning. They relate that the goal is to analyze the concept well enough to determine what the defining characteristics of the concept are. In addition, since concepts are used in nursing diagnoses and to build theories, it is important to strive to gain a good understanding of concepts in general. Lastly, Walker and Avant relate that definitions of concepts can change over time with changes in knowledge; therefore, concept analyses are tentative.

Method

The concept of *loneliness* was analyzed using the Walker and Avant (1995) methodology, the aim of the analysis is presented, followed by the uses of the term *loneliness*. After determining the use of loneliness in nursing, the critical attributes and relevant case studies are discussed, followed by the antecedents and consequences of loneliness. Finally, the empirical referents and conclusion are presented to further elucidate the concept of loneliness. Each step is explained further as it was addressed.

To begin this clarification process, the uses of the term *loneliness* were explored. In Google, CINAHL, PsychINFO, and MEDLINE databases, a search was conducted using the keywords "loneliness," "concept analysis," and "loneliness concept analysis" in the title. Several categories of sources emerged, including religious uses, a business use, psychological uses, nursing/medical research uses, and research involving the relationship of loneliness and people with disabilities.

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Only one concept analysis of loneliness was found; however, it was focused on how loneliness related to the dying patient (Brown & McKenna, 1999). Therefore, the authors concluded that a general concept analysis of loneliness is needed in the literature.

Aims of the Concept Analysis

Before embarking on this concept analysis, it was important to determine the aims to guide the process. The first aim was to produce an operational definition of loneliness that can be used in research. The operational definition can also be used to help clarify nursing diagnoses. There is some discrepancy in the North American Nursing Diagnosis Association International (NANDA International) diagnoses of Risk for Loneliness versus Social Isolation. The second aim of this study was to help to clarify the use of the Risk for Loneliness diagnosis. Although this analysis concerns loneliness, similar concepts are mentioned when relevant, in order to help with comparison and differentiation. In addition, since the aging population is growing rapidly in the United States, and they, along with other populations, are at high risk for loneliness, nurses need to understand the concept (McInnis & White, 2001). Rubenstein and Shaver (1982) reported that "each month 35 million Americans feel lonely or excluded" (p. 43). Ernst and Cacioppo (1999) reported that "socio-demographic predictions regarding loneliness, based on prevalence rates, indicated that during each month of the year 2000, 29 to 70 million Americans will feel lonely" (p. 43).

Uses of Loneliness and Related Concepts

Dictionary

The dictionary definition of *loneliness* is (a) the state of being alone in solitary isolation; (b) sadness resulting from being forsaken or abandoned; and (c) a disposition toward being alone (*Roget's II: The New Thesaurus*, 1995). The definition of *isolation* is (a) the noun, the

quality or state of being alone (one synonym is loneliness); (b) the verb, the act of isolating something, setting something apart from others; (c) a feeling of being disliked and alone (*American Heritage Dictionary of the English Language*, 2000). Social marginalization may be a clearer description than social isolation, as described above in "the verb," since it implies more strongly, according to some authors, that an outside influence or process is setting aside a person or group against their will based on irrelevant conditions, such as age, illness, gender, or race (Ebersole, 2002; Vasas, 2005). These differences and similarities are discussed again as they relate to other issues of loneliness.

Uses in Business

Cooper and Quick (2003) discussed that people who climb the corporate ladder may find themselves "lonely at the top." They stated that these businessmen were accustomed to having close mentors all along the way, and when they found that they had more experience and knowledge than everyone else, they become more susceptible to loneliness, unless they could find some way to replace these important relationships.

Uses in Religion

It is relevant to include religious uses since religion is important to many people and a source of support during periods of loneliness. Chodron (2000), a Buddhist nun, explained that loneliness can cause heartache and a need for companionship. She explained that the need for resolution and certainty in life is the worst kind of loneliness. Furthermore, to prevent loneliness, humans need to learn to find contentment in uncertainty and ambiguity. She then compared loneliness to enlightenment. She explained that loneliness is viewed as a negative state, but through meditation, one can stop being afraid of it and accept ultimate uncertainty.

In the Google search, one site quoted from the Bible (In Touch Ministries, n.d.). There are several verses that addressed loneliness. Isaiah 41:10 says: "Do not

fear, for I am with you; do not anxiously look about you, for I am your God." Matthew 28:20 states: "... I am with you always, even to the end of the age." A number of verses compare loneliness with fear, along with a desire for material things to satisfy that fear. Hebrews 13:5 says: "Make sure that your character is free from the love of money; be content with what you have; for He Himself has said, 'I will never desert you, nor will I ever forsake you.'" The common thread here is that even if one is alone, or feels alone, one is not, for God is with us always.

Uses in Research With Individuals With Disabilities

A study of people with visible physical disabilities and loneliness proposed that loneliness was due to lack of social interaction (Hopps, Pepin, Arseneau, Frechette, & Begin, 2001). The authors explained further that they found a negative association between loneliness and the level of physical ability, social skills, and social anxiety. Hopps et al. cited two theories of loneliness to guide their study. Peplau and Perlman's (1982) definition of loneliness is a cognitive theory in which loneliness is insufficient quality and quantity of relationships and Weiss's (1973) interactionist theory that states there are two types of loneliness: social and emotional. Social loneliness was related to lack of social interaction, and emotional was related to lack of quality in a relationship or loss of a relationship.

Bauminger, Shulman, and Agam (2003) related loneliness to social isolation in a study of loneliness in children with autism. They reported in their results that children with autism interacted socially half as often as nonautistic children and reported higher degrees of loneliness. The authors attributed the higher degrees of loneliness to be possibly due to the children's limited understanding of the relationship between social interaction and loneliness. It is not clear why the authors did not discuss whether the feelings of loneliness in these children could have been caused by a lack of quality in their present relationships. It is very possible that the children with autism in this

study understood that they interact differently than do children without autism and that the loneliness is due to difficulty in finding relationships on the same level as other children.

Uses in Psychology

Akerlind and Hornquist (1992) suggested that social support research focuses on the level of social interaction, which is external, but loneliness research focuses on internal, negative feelings about relationships. This perspective supports the idea that loneliness is separate from social isolation, and that people who feel lonely do not always lack social interaction. However, Alpass and Neville (2003) used a combination of quality and quantity of relationships, implying that lack of relationships in general includes lack of "close" relationships, which leads to loneliness.

Carnegie Mellon University (n.d.) addressed loneliness on their Web page and explained that students may be lonely if they are alone but do not want to be, have lost past relationships, have no "close" relationships, or are feeling unlovable. The Web page clarified further that a person's perceptions about loneliness can make it worse; for example, if he or she is feeling weak or abnormal and no one else feels the same way.

Adams, Sanders, and Auth (2004) conducted a study on the relationship between loneliness and depression in the elderly in independent living retirement communities. In their literature review, they used Blazer's (2002) definition: "loneliness is a response to a discrepancy between desired and achieved levels of social contact" (p. 315).

Another way of defining loneliness is by the precipitating factors. Ponizovsky and Ritsner (2004), in their study of loneliness in immigrant populations, stated that loneliness due to social isolation is a normal reaction to "loss, abandonment, and lack of social support resulting from dissatisfaction with the current social relation provisions" (p. 409). They defined symptomatic loneliness as a secondary condition of depression and supported it with several

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studies that found a significant correlation between loneliness and depression.

Uses in Nursing

The NANDA International diagnosis Risk for Loneliness is defined as "At risk for experiencing vague dysphoria" (2005, p. 115). Related to NANDA International's definition, Carpenito-Moyet defined Risk for Loneliness as "a state in which a person is at risk for experiencing discomfort associated with a desire or need for contact with others" (2006, p. 465). An author's note by Carpenito-Moyet informed the reader that this diagnosis was added in 1994 and that a similar diagnosis is Social Isolation. But, she added, Social Isolation is an incorrect diagnosis since it is a cause, not a response. She also stated that "loneliness is a subjective state that exists whenever the person says it does and perceives it as imposed by others" (p. 466). She separated loneliness from "aleness," which may not be a negative state; from solitude, which is a positive state; and from grief, which is due to a painful loss. Carpenito-Moyet also said that a lonely person often views the outside world as being very social and interactive and that he or she is the only one who feels lonely.

The NANDA International diagnosis for Social Isolation is defined as "aleness experienced by the individual and perceived as imposed by others and as a negative or threatening state" (2005, p. 183). Carpenito-Moyet stated that the definition is a "state in which a person or group experiences or perceives a need or desire for increased involvement with others but is unable to make that contact" (2006, p. 734). In addition, Carpenito-Moyet recommends deleting the diagnosis of Social Isolation from the NANDA International list because it is a precipitating factor, not a response, the latter being essential in nursing diagnoses. NANDA International listed Social Isolation as a risk factor for the Risk for Loneliness, which appears to support Carpenito-Moyet's contention.

McInnis and White (2001) conducted a phenomenological study on loneliness in the elderly and found two prevalent themes: "... the situational perspective such as loss of a close relationship, and personality characteristics in which one's view of the environment and inability to initiate social contact explains loneliness" (p. 135). Conversely, De Jong Gierveld (1998) explained loneliness as feeling socially isolated, and as if these two concepts are equal, defining each other.

The definition used in this concept analysis is Peplau and Perlman's (as cited in Hopps et al., 2001) definition in which "loneliness is the perceived difference between the quality and quantity of relationships that the person has, and what s/he wants."

Critical Attributes

The review of the literature on loneliness produced some common themes. These themes were used to determine the critical attributes which are those characteristics that identify the occurrence of the concept (Walker & Avant, 1995).

The critical attributes of loneliness derived from this analysis are:

1. A subjective state in which one has a feeling of psychological discomfort;
2. A feeling of dissatisfaction with present quantity and/or quality of relationships; and
3. A feeling of being unable to increase the quantity and/or quality of relationships to the level the person desires

The authors of the present review concluded that these critical attributes encompassed the definitions and uses of loneliness in this review. The feeling of psychological discomfort may be dissatisfaction, fear, sadness, negative thoughts, or uneasiness. The inability to increase quantity and/or quality relationships includes those definitions that define loneliness as having a perspective of being abnormal in their ability to create relationships. This attribute also

includes those who feel that their loneliness has been imposed by others (the elderly, the very ill, and the disabled), since they also feel they are unable to increase the quality and/or quantity of relationships, not because of an innate inability, but because others avoid them. They have been separated from society because of their circumstances. They are at risk for Loneliness as a result of being socially isolated. This supports Carpenito-Moyet's assertion that social isolation is not a response, but a cause or precipitating factor (2006).

By creating cases, the instance of the concept and instances that are not included in the concept can be visualized, thereby facilitating understanding of what the concept is and is not (Walker & Avant, 1995). As the authors describe, a model case is one that has all of the critical attributes of the concept and is obviously an example of the concept.

Model Case

A 30-year-old woman presents with a chief complaint of "feeling very sad most evenings and weekends" when she is alone. She has recently moved to Los Angeles, California, for a new job where she gets along well with her coworkers, and enjoys her work. She has one friend from work and they go out together one or two nights per week and have a "nice time," but she would like to have more friends. She states that she "doesn't connect" with anyone in a meaningful way like she used to with her mother and her close friend Jean. She speaks to Jean and her mother on the phone weekly but states, "I'll never find anyone like them. I can be myself with them, say anything, do anything, and I know they will always love me."

Discussion

The model case has all of the critical attributes of loneliness, including psychological discomfort, which she describes as sadness when she is alone, dissatisfaction

with her present relationship status, and a desire to increase the quantity and quality of her relationships. However, she feels she is unable to do so because her most important relationships are too far away and she will not be able to create new ones.

Borderline Case

A borderline case contains some, but not all, of the critical attributes of a concept (Walker & Avant, 1995). This exercise helps to clarify similarities and differences between related concepts.

A writer lives alone in a rural area. She sees her daughter once a week and has lunch with a friend once a month. The remainder of her time is spent researching and writing. She feels very close to her daughter and expresses often how much she enjoys having so much time to herself to write. But she also tells her daughter she is sometimes very frustrated with her landlord because he does not repair things in her apartment and things are constantly breaking down.

Discussion

The borderline case has one of the critical attributes of loneliness, psychological discomfort, but it is not related to lack of companionship. In addition, this case has one of the risk factors for loneliness: social isolation. What is missing, however, is dissatisfaction with her present relationship status and a desire or inability to increase the quality and/or quantity of relationships. It is important to remember that many lonely people will not discuss their loneliness due to shame, pride, or other factors. One can be fairly confident that the writer is being honest because she is close to her daughter and she repeatedly expressed her enjoyment of being somewhat secluded, without being asked.

Related Case

A related case has none of the critical attributes but is related in some way (Walker & Avant, 1995). This

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type of case also helps to clarify the meaning of concepts. Many concept analyses will offer an instance of the concept, without the critical attributes. This is possible for concepts that have several meanings. Since loneliness has only one general meaning, and it cannot exist without the subjective feeling of inadequate relationships, it is impossible to show an instance of the concept without including the critical attributes. The following case is not an instance of loneliness, but is somewhat related, and it helps to clarify what loneliness is and is not.

An adult man with intellectual disabilities lives in a rural area with his elderly mother. He has a few friends who visit him two or three times a week and he occasionally walks to their house in the neighborhood to visit them. He keeps busy helping his mother and neighbors with chores. He and his mother state that he is content with the friends that he has and he does not feel lonely or sad. He has not had a medical or dental exam in years and they are unaware of any services for the disabled.

Discussion

The related case has none of the critical attributes of loneliness; there is neither psychological discomfort, dissatisfaction with present relationship status, nor a desire to increase the quality or quantity of relationships. He is isolated from community services, however, as he does not have access to health care, social activities, or employment opportunities. A more accurate description of this scenario might be marginalization. He is unable to gain access to services to assist him in meeting his basic needs due to his disabilities.

Contrary Case

A contrary case helps to clarify understanding of a concept by examining an example of what the concept absolutely is not (Walker & Avant, 1995).

A 30-year-old married mother of three young children works 2 days per week at the library. She is involved

in the local Parent–Teacher Association. Her mother, with whom she is very close, watches the children when she works at the library and also one evening per week so she can go out with her friends or her husband. She states that she is happy and content with her social life and relationships.

Discussion

The contrary case has none of the critical attributes of loneliness (psychological discomfort, dissatisfaction with the status of present relationships, and the inability to increase the quality and/or quantity of relationships to desired level). In addition, the woman is socially active, has close relationships and ample support, and expresses her gratitude for her friends and family.

Antecedents

Determining the antecedents helps clarify the meaning of the concept by examining the related social context. Antecedents are events that must happen before the concept can be identified (Walker & Avant, 1995). Using one of McNnis and White's (2001) reported causes of loneliness, "lack of and/or loss of significant relationships" as the antecedent encompasses the different causes of loneliness used in the literature of this analysis. The authors have added the word "perceived" since loneliness is a subjective experience. Following are examples from the literature.

In the definition of loneliness, "sadness from being forsaken or abandoned" (*Roget's II: The New Thesaurus*, 1995), the antecedent is the ending of a relationship that the person who is lonely did not want to end. In the definition for the verb "being isolated," "setting something apart from others; closing off" (*American Heritage Dictionary of the English Language*, 2000), the antecedent is a connection to others which is now absent. The act can result in loneliness if the person feels psychological discomfort due to the loss.

Ponizovsky and Ritsner (2004) described loneliness as being due to relationships being "deficient in some

way, either quantitatively or qualitatively" (p. 409). They added that it is very common among new college students who are not socially active, the elderly living alone, and immigrants. In addition, they described two main antecedents: social isolation and depression. Again, this supports Carpenito-Moyet's idea that social isolation is a cause of loneliness, not a response. Their study focused on immigrants who suffered from social isolation. They also agreed with Chodron (2000) in her idea that one can avoid loneliness by being "connected" to one's inner self (and/or God) and feeling self-sufficient. Lacking these abilities, one can suffer from low self-esteem, distrust of people, and, eventually, loneliness.

As previously mentioned, Cooper and Quick (2003) view the loneliness in success as being attributable to the loss of mentors when a person reaches the top of the business hierarchy. McInnis and White (2001) wrote that the elderly are at risk for loneliness because of their declining physical health, which may result in social isolation and then loneliness. In their findings, they described antecedents of loneliness as lack of or loss of meaningful relationships, the anticipation of the loss of loved ones through their own death, and the "actual or fear of dependency" (p. 132). Alpass and Neville (2003) agreed with these causes.

Hopps et al. (2001) reported in their study that physical dependence, limited social skills, and social anxiety are significantly associated with loneliness. In contrast, Drageset (2004) reported in her study that dependency with activities of daily living is positively associated with decreased levels of loneliness. Activities of daily living are skills such as bathing, dressing, brushing hair, and using the bathroom. She attributed her findings to the increased social contact needed for assistance with activities of daily living, especially from healthcare workers. This study was done in Norway. Lehtinen, a Finnish psychologist, describes Scandinavian people as very private (personal communication, December 22, 2005). Most areas are sparsely populated and the people are very careful not to intrude on each other's privacy. Social networks in

Scandinavian countries are not as extensive as they are in the United States. She also mentioned that they have some of the highest suicide rates of the world. This difference in culture could account for the different results in this study.

Bauminger et al. (2003) assumed that decreased social interaction causes loneliness in autistic children. They did not address emotional loneliness: the lack of quality in relationships.

Ebersole (2002) attributed loneliness to social isolation caused by stress, illness, and death. She adds that people facing these challenges are neglected by others, which may or may not be intentional. For example, loved ones may unknowingly alienate a dying person because they are having difficulty facing their own fears of loss.

Carpenito-Moyet (2006) elaborated details for the NANDA International diagnosis of Risk for Loneliness. Carpenito-Moyet's related (or risk) factors (or possible antecedents) include pathophysiological, treatment-related, situational, and maturational factors that can be summarized as fear of rejection related to psychological or physical illness; therapeutic isolation; situational factors such as death of significant others, divorce, relocation, and limited social skills; and maturational factors such as a child in protective isolation or the elderly experiencing loss of usual contacts. The NANDA International diagnosis Risk for Loneliness is comprised of a definition, "at risk for experiencing vague dysphoria," and four risk factors: affectional deprivation, social isolation, cathetic deprivation, and physical isolation (2005).

All of the prior examples have the common antecedents of a perceived lack of and/or loss of significant relationships.

Consequences

Determining the consequences of the occurrence of a concept helps to identify relationships and to guide further research on the concept (Walker & Avant, 1995). Chodron (2000) stated that loneliness can cause

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one to seek relief through material things such as food or alcohol. As previously mentioned, she suggests engaging in meditation to become comfortable with being alone as this will lead to enlightenment, or acceptance of uncertainty or change.

Several authors agreed that loneliness can cause depression (Adams et al., 2004; Alpass & Neville, 2003; McInnis & White, 2001). Other consequences include low self-esteem, suicide, alcohol and drug abuse, "physical health problems and poor immune system functioning" (Hopps et al., 2001, p. 43).

Empirical Referents

Determining the empirical referents helps with instrument development because these are phenomena whose presence demonstrates occurrence of the concept, and can be measured (Walker & Avant, 1995).

The only way to measure or identify loneliness is by the expression of psychological discomfort, dissatisfaction with present relationship status, and perceived inability to increase quantity or quality in relationships to the desired level. Loneliness is generally studied through surveys, usually self-report but occasionally by report of significant others. A well-known tool is the UCLA Loneliness Scale (Russell, 1996). This tool consists of 20 items with four possible answers of "never, rarely, sometimes, or always." This scale assesses for both of the critical attributes of loneliness as it asks questions regarding psychological discomfort and level of satisfaction with present relationship status (i.e., "How often do you feel left out?"). It also assesses the inability to increase the quantity of relationships (i.e., "How often do you feel that you lack companionship?" and "How often do you feel you can find companionship when you want it?"); and it assesses the perceived quality of relationships (i.e., "How often do you feel there are people you can turn to?" and "How often do you feel there are people who really understand you?") There are additional tools available but this one is useful here to provide an example of how the critical attributes of loneliness can be measured.

Since the patient may be reluctant to express loneliness, the caregiver may need to look for the possible risk factors (antecedents) suggested in the reviewed literature, including age (elderly, young adult), recent relocation, recent death of significant other, gradual loss of important relationships over time, disabilities (intellectual or physical), serious illness, or depression. Although none of these is required for one to have a diagnosis of Loneliness, the presence of any of these can serve as a red flag to alert caregivers to further assess for Loneliness.

Conclusions

This analysis, based on a review of the literature on the concept of loneliness, leads to the conclusion that loneliness can be defined as a subjective experience in which a person feels psychological discomfort and an inability to increase the quality and/or quantity of relationships to the person's desired level. Loneliness occurs following a perceived lack of and/or loss of significant relationships and can contribute to several physical and psychological health problems. Populations at risk for loneliness include the elderly, young college students, the seriously ill, the disabled, those who experience significant loss, and those who are isolated.

As for the aim of clarifying the use of the nursing diagnosis Risk for Loneliness as opposed to Social Isolation, it can be said that almost all of the literature in this analysis uses social isolation as a possible cause of loneliness. The only instance where Social Isolation might qualify as a response is when a person has been set apart from society against his or her will. In this case, marginalization might be a clearer description as it is more easily differentiated from loneliness than is the definition of Social Isolation. It is recommended that concept analyses of social isolation and marginalization be completed to address this issue thoroughly. An additional research area revealed by this analysis is that of appropriate interventions for those who experience loneliness.

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References

- Adams, K. B., Sanders, S., & Auth, E. A. (2004). Loneliness and depression in independent living retirement communities: Risk and resilience factors. *Aging & Mental Health, 8*, 475–485.
- Akerlind, I., & Hornquist, J. (1992). Loneliness and alcohol abuse: A review of evidence of an interplay. *Social Science and Medicine, 34*(4), 405–414.
- Alpass, F. M., & Nevill, S. (2003). Loneliness, health, and depression in older males. *Aging & Mental Health, 7*, 212–216.
- American Heritage Dictionary of the English Language* (4th ed.). (2000). "Isolation." Retrieved November 1, 2005, from <http://answers.com/topic/isolation-4>
- Bauminger, N., Shulman, C., & Agam, G. (2003). Peer interaction and loneliness in high-functioning children with autism. *Journal of Autism & Developmental Disorders, 33*, 489–508.
- Blazer, D. G. (2002). Self-efficacy and depression in late life: A primary prevention proposal. *Aging & Mental Health, 6*(4), 315–325.
- Brown, R., & McKenna, H. P. (1999). Conceptual analysis of loneliness in dying patients. *International Journal of Palliative Nursing, 5*(2), 90–97.
- Carnegie Mellon University (n.d.). *Loneliness*. Retrieved November 12, 2005, from <http://studentaffairs.cmu.edu/counseling/documents/lonely.htm>
- Carpenito-Moyet, L. J. (2006). *Nursing diagnosis: Application to clinical practice* (11th ed.). Philadelphia: Lippincott Williams, & Wilkins.
- Chodron, P. (2000). Six kinds of loneliness. *Shambhala Sun Online*. Retrieved November 8, 2005, from http://shambhalasun.com/archives/features/2000/july00/pema7_00.htm
- Cooper, C. L., & Quick, J. C. (2003). Abstract. The stress and loneliness of success (Abstract). *Counseling Psychology Quarterly, 16*(1), 1–7.
- De Jong Gierveld, J. (1998). A review of loneliness: Concepts and definitions, determinants and consequences. *Reviews in Clinical Gerontology, 8*, 73–80.
- Drageset, J. (2004). The importance of activities of daily living and social contact for loneliness: A survey among residents in nursing homes. *Scandinavian Journal of Caring Science, 18*, 65–71.
- Ebersole, P. (2002). Loneliness, compassion, and nursing. *Geriatric Nursing, 23*, 236–7.
- Ernst, J. M. & Cacioppo, J. T. (1999). Lonely hearts: Psychological perspectives on loneliness. *Applied & Preventive Psychology, 8*, 1–22.
- Hopps, S. L., Pepin, M., Arseneau, I., Frechette, M., & Begin, G. (2001). Disability related variables associated with loneliness among people with disabilities. *Journal of Rehabilitation, 67*(3), 42–49.
- In Touch Ministries. (n.d.). *God's promises: Loneliness*. Retrieved November 11, 2005, from http://www.intouch.org/myintouch/exploring/promises/loneliness_94057.html
- McInnis, G., & White, J. H. (2001). A phenomenological exploration of loneliness in the older adult. *Archives of Psychiatric Nursing, 15*, 128–139.
- NANDA International. (2005). *Nursing diagnoses: Definitions & classification 2005–2006*. Philadelphia: Author.
- Peplau, L. A., & Perlman, D. (Eds.) (1982). *Loneliness: A sourcebook of current theory research and therapy*. New York: Wiley.
- Ponizovsky, A. M., & Ritsner, M. S. (2004). Patterns of loneliness in an immigrant population. *Comprehensive Psychiatry, 45*, 408–414.
- Roget's II: The New Thesaurus* (3rd ed.). (1995). "Loneliness." Retrieved November 8, 2005, from <http://answers.com/topic/loneliness>
- Rubenstein, C., & Shaver, P. (1982). *In search of intimacy*. New York: Delacorte Press.
- Russell, D. W. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment, 66*(1), 20–41.
- Vasas, E. B. (2005). Examining the margins: A concept analysis of marginalization. *Advances in Nursing Science, 28*, 194–202.
- Walker, L., & Avant, K. (1995). Concept analysis. In *Strategies for theory construction in nursing* (3rd ed., pp. 37–54). East Norwalk, CT: Appleton & Lange.
- Weiss, R. S. (1973). *Loneliness: The experience of emotional and social isolation*. Cambridge, MA: MIT Press.