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ASSOCIATION OF LONELINESS AND PERCIVED SOCIAL SUPPORT AMONG DRUG ADDICTS

by

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CERTIFICATE OF APPROVAL

It is certified that the Research Thesis titled "Association of Loneliness and Perceived Social Support among Drug Addicts" carried out by Fatima, Reg. No. BSP193069, under the supervision of Ms. Ayesha Aneeq, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of BS Psychology.

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Association of Loneliness and Perceived Social Support among Drug Addicts

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“I would like to express my heartfelt gratitude to Allah, the Almighty, for granting me the strength, knowledge, and guidance throughout this thesis journey and secondly to my sister and parents, whom unwavering love and support have been the foundation of my academic journey. This work is dedicated to you, for believing in me every step of the way."

DECLARATION

It is declared that this is an original piece of my own work, except where otherwise acknowledged in text and references. This work has not been submitted in any form for another degree or diploma at any university or other institution for tertiary education and shall not be submitted by me in future for obtaining any degree from this or any other University or Institution.

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Table of Contents

Contents

List of Figures

List of Table

Abstract

Loneliness has long been studied as failure to develop social bonds and has negative effect on mental wellbeing. Researches shows that humans have an ultimate desire to fit in, and they spend much of their time creating and maintaining strong social bonds. People who fail to develop social bonds fall into loneliness which has negative effects on health and mental wellbeing, little is known about how it affects people with substance abuse. The use of drugs significantly grew over the past few decades, affecting many people and leading to serious psychological issues. The aim of present study was to explore the association between loneliness and perceived social support among drug addicts. Cross-sectional research design was implemented and purposive sampling technique was used. Sample was collected from rehabilitation centers and hospitals from Rawalpindi and Islamabad. For data analysis, IBM SPSS-21 (Statistical Package for the Social Sciences) was used. Correlation analysis was used to determine the relationship between variables. Result of current study showed that loneliness is negatively associated with perceived social support among drug addicts.

Keywords: drug addiction, loneliness, perceived social support.

Chapter: 1 Introduction

People have used different drugs since the earlier times, different plant extracts have been utilized as a pain reliever. The use of drugs significantly grew during the modern and industrial eras, upsetting many people and leading to serious psychological and environmental issues. People use to have such ingredients as food which cause dangerous dependence and used to alter the system of the body and brain function. Moreover, when these chemicals are misused, they alter the physical and mental characteristics of a person (Chudary et al., 2022). Furthermore it can also have exceptional social, mental, and physical impacts. (Zaidi, 2020)

Drug Addiction

Drug addiction is referred to as "moral failing" as it was for the Victorians (The Victorian era in British history was the time of Queen Victoria's rule), as a "disease" in the terminology of Alcoholics Anonymous, or as "substance use disorder" as it is currently classified in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013). A neuropsychiatric disorder known as drug addiction is defined by persistent desire to take the drug despite the side effects (Zou et al., 2017).

Meanwhile many surveys on drug usage in the general population generally reveals that older people comparatively take less drugs than young people. Data indicates that drug use rises among people between the ages of 18 and 25. For most drug types and in most nations, this is the general condition that is seen. (United Nations on Drugs and Crime, 2018)

A developmental stage, young adulthood is associated with high rates of susceptibility to addiction and risky behavior. Substance use starting at this age can lead to long-term health problems and can continue into older adulthood (LePine et al., 2022). According to Best et al.,

(2011) People who struggle with drugs are more prone to loneliness brought on by social rejection and stigma.

Loneliness

Loneliness is an unpleasant emotion that results from the belief that one's social needs are not being met by the quantity or quality of their social contacts (Hawkley et al., 2010). Humans invest a lot of time and effort forming and maintaining strong social ties because they have a deep-seated need to fit in. (Gabriel, 2021).

From mild to severe, there are many different types of loneliness; the more extreme forms of loneliness are of greater concern to both social scientists and the general public. One can distinguish between emotional and social loneliness, the latter of which happens when a person doesn't have a close relationship with a specific person, such a spouse or parent. When a person lacks companions or a sense of community, they are socially lonely. The development of dependable paper-and-pencil tools to measure loneliness has contributed to the rapid growth of research on loneliness during the past ten years. Loneliness is most common among adolescents and young adults, while it is less common among older age groups (Peplau, 2022).

Furthermore, according to an insightful analysis of how drug addiction benefits the addict. He responds to a journalist's query on how he became so addicted to heroin after being depending on it for more than ten years and having an abusive childhood due of his father (Proudfoot, 2017).

No one wants to live a life as an addict, he claimed, but because of the unpleasant thoughts and memories that people have, and because there aren't many things that can give them sensations strong enough to replace those feelings, thoughts, and memories, it can be very challenging for

them to let them go once they find them. He claimed that because they are unable to handle their consciousness, narcotics provide them with a great deal of relief (Evening Standard, 2011).

This mindset of addicts that is brought on by abuse or loneliness in their lives leads to continue until it is not replaced by some other strong helpful feelings on which they can rely. In adult population, drinking and smoking are linked to loneliness (Greene et al., 2018).

Social and cognitive theories of loneliness have had the greatest impact on efforts to better comprehend the determinants and causes of loneliness. For instance, according to the theory of attribution (Peplau, 1985), lonely persons tend to adopt an internal and stable attribution style in an effort to explain why they're lonely; in other words, they think their loneliness is caused by an inherent flaw they can't change (stable) (Vanhalst et al., 2015). Despite the fact that these theories have been put up to explain why people get lonely, only a small number of studies have used them to explain addiction.

When a person does not have the appropriate number of friends, they become socially lonely, which can make them feel bored, excluded, and marginalized. (Gierveld et al., 2006). According to one of the researches, social support is a vital component for the process of treating drug addiction and preventing relapse (Zaidi, 2020).

Perceived Social Support

An important and powerful psychological tool that helps people deal with stress and negative emotions is social support. Researchers discovered that people with assistance from their family, friends, or professions showed better levels of pleasure or life satisfaction (Brannan et al., 2013).

There are often two kinds of social support: perceived and actual support from others (Oh et al., 2014). The actual help that a person gets from others is known as received social support. The subjective evaluation of perceived social support from friends, family, and others includes emotional experience and the formation of attitudes. (Melrose et al., 2015). Perceived social support is more significant than received social support, according to Oh et al. (2014), when it comes to promoting subjective well-being and predicting and evaluating individual mental health.

Even though some of the various components of social support are similar, each one reflects a distinct aspect of this construct. Some of these aspects are: structural social support (such as the person's social network's size and scope and the frequency with which they interact with others); practical social assistance (i.e., the belief that social cooperation have been valuable in tending to close to home or instrumental necessities); emotional and social support (behavior that makes a person feel at ease and gives them the impression that other people love, respect them); maternal social (providing guidance or counsel to help people with their present issues).

Family, community, state, national, and international systems, among others, can maintain these elements of social support. Social support appears to be connected to psychopathology through a variety of psychological and behavioral factors, including incentive to adopt healthy behaviors and reduce harmful ones (Southwick el al., 2016).

In case of those, who struggle with drug abuse may establish and keep connections that serve their needs and encourage their continued substance abuse, but after getting recovered, their social needs are likely to change (e.g. toward their social circle). When abstaining from substances, it may be necessary to stay away from individuals and settings that encourage continued substance use and make an effort to get in touch with those that encourage recovery (Best, et al., 2011).

Relationships are considered fundamental to treatment preservation as well as recovery outcomes (Haslam et al., 2019). Furthermore, a study proven that social support is strongly correlated with happiness, quality of life, and mental health. (Liang and Guo, 2015).

Literature Review

Addiction can cause exceptional social, psychological, and physiological problems for the individuals bearing it. Drug misuse is a chronic and pervasive lifestyle condition that poses difficult healthcare challenges. Communities, families, and individuals are all impacted by the psychiatric, mental, and physical effects of drug addiction (Zaidi, 2020).

It is a significant issue in today's society that costs millions of lives while wasting national assets on its treatment and prevention (Bahadori Khosroshahi & Khanjani, 2017). Drug abuse damages society and jeopardizes its safety and is linked to serious biological, psychological, and social issues (Salehi & Abdi, 2019)

According to World Health Organization (2019), Around 270 million people, or 5.5% of the world's population between the ages of 15 and 64, took psychoactive drugs in the preceding year, and it is believed that 35 million people suffer from drug use problems (resulting in dangerous patterns of drug use or drug dependency).

Drug addiction is becoming common in Pakistan at an alarming rate. 7.6 million People misuse drugs, it is a significant problem with wide-ranging consequences. Alcohol and drug abusers face two difficulties in society. Pakistan are drug users, 78% of whom are men and 22% of whom are women, according to the UN Office on Drugs and Crime (UNDOC) and UN reports. The risk variables, however, that are raising susceptibility to addiction, are mainly unknown.

Despite all government efforts, the ratio of the substance abuse problem has increased rather than decreasing (Mustafa & Makhdoom, 2021).

Drug abuse has destroyed people's ability to use both mental and physical abilities, in short destroying their lives. Drug use is a serious issue with extensive effects and has increased crime rates throughout society (Peerzada, 2001).

Moreover, social roles and drug usage are related. For the most of American history, men were notably more likely than women to engage in casual drug use, alcohol consumption, and drug prescriptions (McClellan, 2017).

Humans can exhibit differences between gender and sex in addiction and relapse. In the vulnerable people, females take drugs more quickly than males do, and stressful situations are more likely to cause relapse. Men and women respond to substances of abuse differently depending on several sociocultural influences. In people, treatment-seeking barriers include embarrassment, continued interpersonal abuse, and a lack of social support prevent girls' and women's recovery (Becker et al., 2017).

People who abuse drugs or alcohol encounter two challenges in society. Firstly, they have to cope up with their primary symptoms of their serious condition and seek treatment. Second, their illness is heavily stigmatized, which has a detrimental effect equally on their physical and mental health. (Barry et al., 2014).

One of the studies employed drug checking in number of European countries with purpose of giving targeted preventive messages to recreational drug users. In this method drug users are encouraged to join in a conversation about prevention and harm reduction because they learn the

test results that is, they get information about the specific substances they are using, it is more personalized than mass media efforts that are being used (Brunt, 2017).

According to Taheri et al. (2016), addiction is an undesirable social phenomena that has negative effects on the addict, his family, and the community as a whole. To determine the elements influencing the propensity for drug usage, they carried out a study. A quantitative content study of 32 patients who visited an Iranian facility for addiction treatment in Shahin Shahr was done. There were four main categories for the data: 1) factors from the environment (like hanging out with drug users and attending friendly gatherings), 2) family factors (such as having a drug addict in the family, feeling disconnected from family, also family matters and disputes), 3) individual factors (like being attracted to the wrong sex, having money, being an athlete, being curious and energetic, being young and ignorant, and being sick), and 4) factors from the social environment (like having a disease). The findings suggested that environmental and family factors were frequently found to influence the tendency for drug misuse.

According to Nikmanesh, Baluchi, and Motlagh (2017), Drug addiction is a medical problem that calls for both primary and secondary therapies. From a psychiatric standpoint, the first step in prevention is to warn them about the potential financial, psychological, and bodily consequences of drug usage. Later, secondary prevention, such as therapeutic follow-up tests, may be started to prevent relapse.

Illegal drug use is the health condition that is stigmatized the most worldwide, and alcoholism is the fourth most stigmatized ailment. (Crisp et al., 2005). People with substance use disorders frequently suffer from loneliness, which is problematic. (Ingram et al., 2020). One of the studies showed that addict group after remission from addiction, when went back to a socially

organized community had a lower risk of drug use. Furthermore it was seen that family bonds sheltered individuals from drug abuse. (Liu, L., & Visher, C. A., 2021).

Loneliness and excessive substance use likely to be connected, according to the limited study that has been done in this area, but the specifics of this connection are yet unknown. The association between substance use and loneliness is probably reciprocal, as substance use may temporarily numb the effects of loneliness such bad emotions or boredom (Itzick et al., 2019).

For instance, after feeling lonely, people may use drugs as a coping mechanism, a way to socialize and get the approval of other drug users, or as a way to manage their emotions. Others, however, might experience social segregation and loneliness as a result of interpersonal strife brought on by addiction. Therefore, individuals who use substances to an extreme level may be more disposed to loneliness (Dingle et al., 2015).

Moreover, stress brought on by loneliness is probably a factor in substance abuse. For instance, loneliness intervened the relationship between stress and alcohol consumption in a sample of heavy drinking gay males (Kuerbis et al., 2017). Loneliness among young individuals predicted higher stress levels, which were linked to more alcohol and prescription medication usage (Segrin et al., 2018).

According to Wang et al. (2021), examined the relationship between social support, loneliness, and cognitive performance in methamphetamine addicts. The results showed that among drug addicts, lower levels of perceived social support were substantially correlated with higher degrees of loneliness. Furthermore, loneliness was found to be associated with poorer cognitive function in this population.

A Guangdong Fangcun Brain Hospital study with 110 participants used a questionnaire to examine how loneliness and low self-worth mediated the association between social support and personal well-being in drug addicts. In drug abusers, perceived social support was found to be strongly connected with self-worth and life happiness, but inversely correlated with loneliness. (Cao & Liang, 2020).

According to Khalatbari et al. (2015), investigated the association between loneliness, perceived social support, and quality of life among individuals undergoing methadone maintenance treatment. The findings revealed a notable negative correlation between loneliness and perceived social support, indicating that higher levels of loneliness were associated with lower levels of perceived social support. Moreover, perceived social support mediated the association between loneliness and quality of life among drug addicts in treatment.

Moreover, a study explored the relationship between social support, loneliness, and depressive symptoms in people with opioid use disorders. According to the findings, lower levels of perceived social support were substantially correlated with higher degrees of loneliness. Additionally, among drug addicts, loneliness and perceived social support were revealed to be predictors of depressed symptoms (Tang et al., 2018).

People who have a habit of doing drugs or alcohol to dull the agony of social isolation may eventually experience minimal benefit; as they develop a tolerance for the drug, they may also have less analgesic benefits or even increased sensitivity while dealing with social isolation. Therefore, although substance use (regardless of how moderate) may be a useful method of managing isolation distress in the short term, it has the potential to develop into a habit and result in addiction (Wesselmann & Parris, 2021). One of the findings of the study says that 79% of the

316 people getting treatment for substance abuse problems said they often felt lonely. Additionally, 69% of participants in this study agreed with the description that, "loneliness has been a serious problem for me." (Ingram et al., 2018)

According to one of the qualitative studies, majority of participants admitted to feeling lonely at the time of the interviews. Even though several participants claimed they weren't lonely right now, they talked extensively about their past encounters. There were four major themes found: the value and authenticity of connections, unhelpful interpersonal behaviors, the role of loneliness in drug use, and unhelpful thoughts that make people feel alone (mistrust, a belief that they don't have enough support, a low sense of self-worth, and a fear of being judged harshly). (Ingram et al., 2020).

Additionally, it appears that loneliness increases the likelihood of substance abuse in patients with various psychopathologies. For instance, loneliness in people with schizophrenia or schizoaffective disorder who are not depressed is predicted to be accompanied by a diagnosis of drug misuse or dependence as well as a higher level of drug use (Tremeau et al., 2016).

Social support is a significant part of psychology and has developed a major research focus in recent years (Yi et al., 2016). Numerous variables, including personality, self-control, self-esteem, loneliness, and cognition, have been shown in studies to have an impact on a person's subjective well-being, but perceived social support has a disproportionately big effect (Liang, 2015). It was found that perceived social support was highly linked with a range of representative measures that measure subjective well-being (Halstead et al., 2017).

Social support is a helpful and effective strategy in struggle towards addiction. Social support has been discovered to give patients a sense of belonging, security and safety (Horvath et

al., 2019). The ability to rely on social support is vital for dealing challenges. Relationships that offer a medium for talking about important issues, social acceptance, direction, a sense of belonging, or physical support in the form of noticeable objects can be considered as key external resources of the socio-relation system in which an individual is surrounded (Baron, 2015).

Perceived support has revealed to be a comparatively good predictor of mental health than objectively measured social support. (Nguyen et al., 2016). And so, in present study, social support will be evaluated by measuring subjective insights of social support from three important sources (family, friends, and significant other). An individual displayed a lesser amount of social pressure, anxiety, despair, and loneliness and more self-discipline, hope, self-worth, and life satisfaction, when more perceived social support they received from friends, family, and others (Martnez-Mart & Ruch, 2017).

According to a study investigating the relationship between loneliness, social support, and substance use patterns among individuals with substance use disorders. The findings revealed that higher levels of loneliness were significantly associated with lower levels of perceived social support. Moreover, loneliness was found to be related to more severe substance use patterns among drug addicts (Bruguera et al., 2020)

According to Haug et al. (2021), conducted a study on people receiving treatment for opioid use disorder to determine the connection between loneliness, social support, and quality of life. According to the findings, perceived social support and loneliness were inversely correlated, meaning that greater degrees of loneliness were linked to lower levels of perceived social support. Additionally, it was discovered that drug addicts with lower levels of perceived social support and loneliness had lower quality of life.

According to Brown et al. (2020), examined how perceived social support mediates the link between loneliness and drug addicts' mental health outcomes. The results showed that perceived social support played a role in mediating the relationship between loneliness and mental health outcomes, indicating that increasing perceived social support could help reduce the detrimental effects of loneliness on mental health in drug addicts.

Experienced communities, peer groups and families can be effective relapse prevention support. Organizations that offer social, emotional, and spiritual support have also been identified as useful sources. Furthermore, social media has connected people who might not feel comfortable meeting in public settings, particularly underprivileged communities. These elements attest to the notion that social support, both physical and digital, is helpful in giving drug addicts a feelings of purpose and lowering feelings of social isolation (Zaidi, 2020).

Furthermore, according to Smith & Davis (2014), examined the association between loneliness, perceived social support, and relapse among drug addicts. The results indicated that high levels of loneliness were predictive of greater risk of relapse, whereas greater perceived social support acted as a protective factor against relapse among drug addicts.

Adequate support can be a source to accomplish life goals, deal with difficulties, and increase well-being (Wiegel et al., 2016). A study’s findings conducted in KPK, Pakistan demonstrates how understanding the parent-child tie can help prevent drug misuse. It also demonstrates how poor communication between parents and children can result in antisocial conduct. It also demonstrates how using rewards and punishment can help reduce the drug abuse problem. The family role declarations and the recovery of drug misuse are closely related (Jan et al., 2016).

A study was conducted using cross sectional design, in order to investigate their hypothesis in two independent groups consisting of socially isolated populations entering alcohol and substance use disorders treatment program, they performed secondary correlational analyses with pre-existing data. Male prisoners who use drugs as Sample 1 and men who mostly use methamphetamine and have sex with men as Sample 2. According to the study's findings, social support is important for successful addiction treatment and for delaying the onset of alcohol and other substance use disorders. The relationship between social support and drug use in these populations has been less thoroughly studied than in general substance-using populations. People who are socially stigmatized are more prone to experience social isolation and alcohol and substance use disorders (Rapier et al., 2019).

According to Chen et al. (2017), conducted a longitudinal study investigating the bidirectional relationship between loneliness and perceived social support among drug addicts. The findings demonstrated that initial levels of loneliness predicted lower levels of subsequent perceived social support, and conversely, lower levels of perceived social support predicted higher levels of subsequent loneliness. This bidirectional relationship highlights the complex interplay between loneliness and perceived social support among drug addicts.

According to Shulman et al. (2020), examined the link between psychological discomfort, social support, and loneliness in those getting treatment for substance use disorders. The findings showed a negative correlation between loneliness and perceived social support, indicating that among drug addicts, higher degrees of loneliness were linked to lower levels of felt social support. Furthermore, loneliness and less perceived social support were also associated with greater levels of psychological discomfort.

Another study was conducted a cross-sectional study to investigate the relationship between social support perception, loneliness, and suicide thoughts in people with substance use disorders. The results showed a substantial inverse relationship between perceived social support and loneliness. Loneliness and a weaker perception of social support have also been found to be risk factors for suicidal thoughts among drug addicts (Pan et al., 2019).

The social support system for drug and alcohol addicts is deficient. One third of alcohol and drug users engage in problematic suicidal behavior, putting them at risk for suicide. (Hussein, H. A., 2022) which shows that social support can be important for drug addiction intervention.

Furthermore, reduced time spent misusing alcohol and drugs prior to treatment and reduced relapses are only two of the reassuring addiction-related outcomes that have been linked to higher levels of social support (Atadokht et al., 2015).

According to studies, number of variables, including social and personal ones, affect drug use. These include cultural influences like peer pressure or the influence of friends or family, as well as interpersonal problems like low self-esteem, high anxiety, frustration, a lack of self-control, and a need for sensations (Mohammadi et al., 2011).

The presence of a drug addict in the family, interactions between parents and teenagers, parental control aspects, the adolescent's personal traits, emotional functioning, and social attachment are some of the social and cultural factors that influence the propensity for drug use. Additional social and cultural dimensions include the sociocultural domain, the peer and friend domain, the adolescent's individuality, emotional functioning, and social attachment. (Bashirian et al., 2012).

Jokhio, et al. (2016) suggested that drug users would perform worse than normal adolescents on the So (Socialization) Scale of the California Psychological Inventory (CPI). Drug abusers scored lower than average teenagers, according to the mean differences. Thus, the study's mean differences have proven to be supportive of the study's hypothesis. This study was carried out in Sindh, Pakistan, to learn more about the antisocial behavior and socialization traits of drug users and healthy teenagers.

According to Chudary et al. (2022), drug users' perceptions of social support significantly and favorably influenced the connection between quality of life and suicidal ideation.

Rationale

Researches show that drug addiction has caused people to do harmful things i.e. theft and drug dealing etc. it is the root cause of a lot of crimes, to avoid the unpleasant feelings of loneliness people go after drugs which cause them permanent damage (World Drug Report, 1997; Ayodele et al., 2018).

There are few number of studies on the relationship of loneliness and drug addiction (Cao & Liang, 2020; Ingram et al., 2020; Liu, L., & Visher, C. A., 2021) but there hasn't been much research done in Pakistan on relationship between drug addiction, loneliness and perceived social support.

Social support has been discovered to give patients a sense of belonging, security and safety (Horvath et al., 2019). Significant research have revealed a strong connection between social support and wellbeing, quality of life, and mental health (Liang & Guo, 2015). The purpose of present study was to examine the association between loneliness and perceived social support among drug addicts.

Study Objectives

- To examine the association between loneliness and perceived social support among drug addicts.
- To investigate the association between demographic variables (age, family system, education and occupation) with loneliness and perceived social support among drug addicts.

Hypotheses

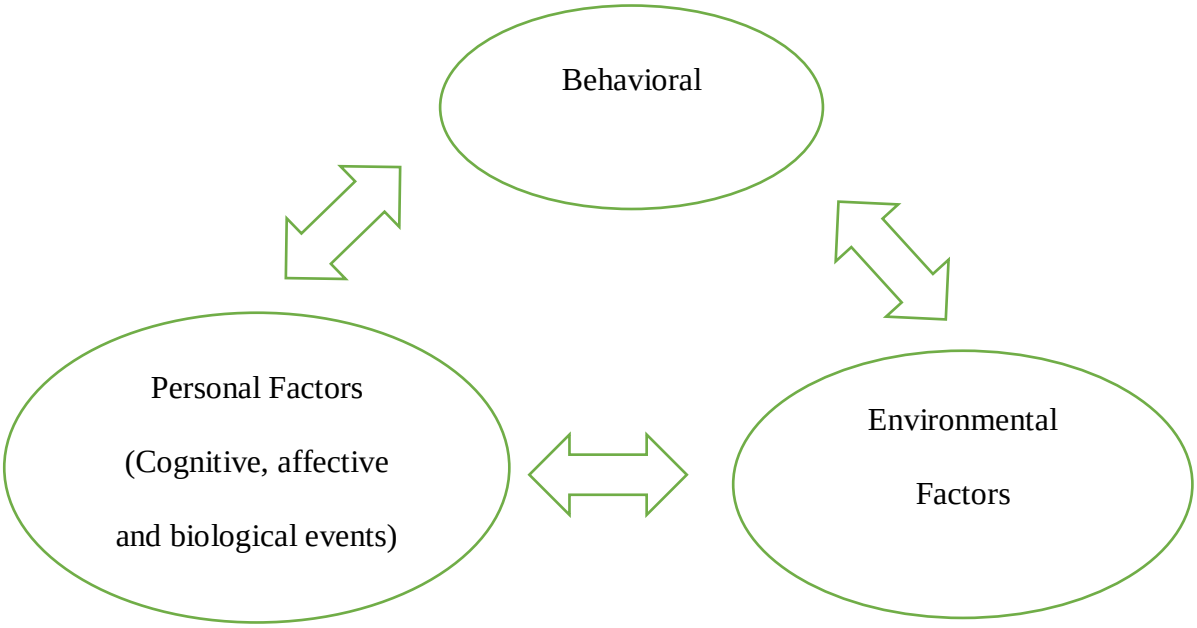
- Loneliness will be negatively associated with perceived social support among drug addicts.
- Demographic variables (age, family system, education and occupation) will have negative relationship with loneliness and positive relationship with perceived social support among drug addicts

Theoretical Framework

Social Learning Model of Addictive Behaviors

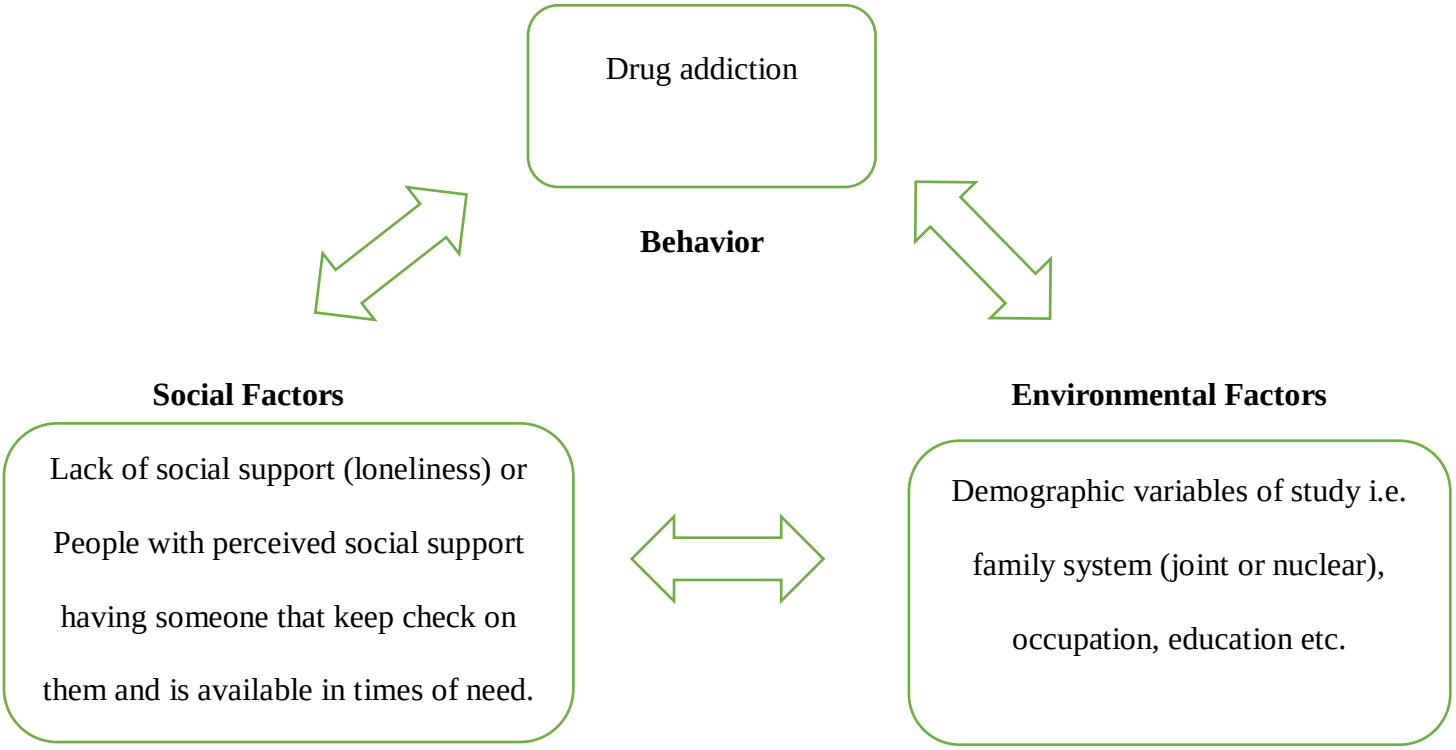
According to Albert Bandura (1977) social learning model, using drugs or alcohol are learnt behaviors and such behaviors carry on because of differential reinforcement from other individuals or environment, from thoughts and feelings, and from the direct consequences of drug use. Keeping this model in view, current study explains that lack of friends or other people, including family, to go to in times of need to give you a support can cause loneliness which can be considered as an environmental factor that can be present in people with drug addiction (behavior). People with perceived social support (individual factors) having someone to look after them and check on them from time to time are less likely to be among drug addicts as the model explains that behavior are adopted from other individuals or environment.

Original Model



Social Learning Theory- Albert Bandura 1977

Current Study's Model



Theoretical Framework of the current study using Social Learning Model

Chapter 2: Methodology

Research Design For the current study cross-sectional research design was used and correlational analysis was done to find out the relationship between variables.

Ethical considerations Ethical consideration was held in account by asking for consent for the agreement of persons and valuing the privacy of participants in the study. The topic of research was explained to them briefly. According the guidelines of American Psychological Association's (APA -7), voluntary and informed consent was obtained from participants before their involvement in the study. Participants was provided with information about the study's purpose, procedures, potential risks or benefits, and their right to withdraw at any time. Privacy of participants was protected by ensuring the confidentiality of their personal information and data. Identifiable information was kept secure and only accessed by authorized individuals. All, American Psychological Association's (APA-7) ethical requirements was considered.

Participants/ Sample Purposive Sampling technique was used. Sample included male young adults from age range 18 to 25 years. A sample of 200 participants were included which was calculated using G-power version (3.1) selecting medium effect size (0.3) and α (0.05), β (0.95).

Inclusion Criteria

- Drug addicts living in rehabilitation centers from past 3 months were part of this study.
- Drug addicts with no cognitive impairment were part of this study.
- Participants with age range between 18 to 25 years (young adults) were included because studies have shown that individuals in this age range tend to have larger social networks compared to other life stages. These networks include family, friends, romantic partners,

and acquaintances from educational institutions, workplaces, and social activities (Luong et al., 2011).

- Only male participants was included because in Pakistani society women are less likely to go to rehabilitation centers if they develop drug addiction. (Female Drug Use in Pakistan, 2010)

Exclusion Criteria

- People with disorders other than drug addiction were not included in the study as it could significantly confound the relationship between loneliness and perceived social support among drug addicts.
- Drug addicts having below middle school education were not part of this study as they could not read the questionnaires that were needed to be solved by participants.
- Individuals who have received extensive or specific types of treatment for substance abuse in the past were excluded, as their experiences and support networks may differ significantly from those who have not undergone such treatments. This exclusion criterion helps control for potential confounding factors related to prior treatment experiences.

Measures/ Instruments

For assessing loneliness and perceived social support, following instruments were used for data collection:

UCLA Loneliness Scale

The UCLA Loneliness Scale (Version 3) was created by psychologist Daniel Russell in 1996 and consists of 20 items that assess how frequently a person feels distant from others. The scale

has shown high internal consistency, which indicates that the items within the scale are strongly correlated. The Cronbach's alpha coefficient, a measure of internal consistency, for the UCLA Loneliness Scale is typically around 0.90, suggesting a high level of reliability and test-retest reliability over a one-year period (r = 0.73) have both been used to demonstrate the reliability of the UCLA loneliness scale (version 3).

The scale has demonstrated good construct validity, which means that it measures the intended construct of loneliness. It has been found to correlate positively with other measures of loneliness and negatively with measures of social support, indicating that it effectively captures feelings of social isolation.

While the UCLA Loneliness Scale was originally developed in English, Urdu translation has been done and validated (Anjum & Batool, 2016). UCLA loneliness scale's Urdu translated version was used in current study.

Multidimensional Scale of Perceived Social Support

The Multidimensional Scale of Perceived Social Support (or "MSPSS") was developed by Zimet and colleagues in 1988. MSPSS contains three sub-scales: Family, Friends, and Significant Others. It is a brief survey tool used to assess how well someone feels supported by friends, family, and a significant other. The MSPSS consists of 12 items, with four items dedicated to each source of support. Participants are asked to rate their agreement with statements regarding the availability, adequacy, and satisfaction of support received from each source. The scale is typically scored on a 7-point Likert-type scale, ranging from "very strongly disagree" to "very strongly agree."

The scale has shown strong internal consistency, with Cronbach's alpha coefficients typically ranging between 0.85 and 0.94 for the total scale. The reliability coefficients for the

subscales (family, friends, and significant other) are generally satisfactory as well. The MSPSS has good construct validity, meaning that it effectively measures perceived social support. It has been found to correlate positively with other measures of social support and negatively with measures of loneliness, depression, and anxiety, indicating its ability to capture the intended construct.

Although the MSPSS was originally developed in English, it has been translated into various languages, including Urdu, to accommodate different cultural contexts. Urdu translated version was used in current study as it was suitable for current study's population.

Procedure

Current study identified the association between loneliness and perceived social support among drug addicts. Participants were selected through purposive sampling. Data was collected from rehabilitation centers and psychiatry wards of hospitals in Rawalpindi and Islamabad. Proper briefings was given about the nature of the study. Demographic sheet and informed consent was given to participants. Instruments' Urdu version were given to the participants after their agreement for the research.

Data analyses

For data analysis, IBM SPSS-21 (Statistical Package for the Social Sciences) was used. Correlation has been used to determine the relationship between variables.

Chapter 3: Results

The relationship between loneliness and perceived social support among drug addicts was explored for the sample of 200. The demographic variables among the targeted sample were; Age, education, family system and occupation. To examine the relationship among constructs multiple statistical analyses were applied using SPSS-21. The internal consistency of the used scale was obtained by Cronbach's alpha reliability coefficient. Correlation was calculated to determine the relationship between the variables of current study. Independent t-test was computed for demographics of family system, to find out the difference between two family systems i.e. nuclear and joint. One-way ANOVA was used to investigate differences.

Demographic Characteristics of Sample

The sample of the study consists of 200 drug addicts. Sample included male participants only. The participants of study were selected from rehabilitation centers. The demographic characteristics of participants are shown below in table 1.

Table 1

Sociodemographic Characteristics of the Participants (N=200)

Variables	*Categories*	*f*	*%*
Age	18	16	8
	19	14	7
	20	23	11
	21	26	13
	22	23	11.5
	23	37	18.5
	24	26	13
	25	35	17.5
Education	Below Metric	34	17
	Metric	51	25.5
	College	58	29

	Undergraduate onwards	57	28.5
	Working	131	65.5
Occupation	Student	46	23
	Jobless	23	11.5
Family System	Nuclear	68	34
	Joint	132	66

Table shows demographic variables and their frequency and percentage. These variables include age, education, occupation and family system. It shows that age group 25 yrs. has highest frequency (35) with percentage of 17.5% meanwhile age group of 19 yrs. has lowest frequency (14) with the percentage of 7%. The tables also shows that the highest number of respondents had a qualification of college level with percentage of 29%, then those with bachelor's level (or above) were at 28.5%, meanwhile 25% respondents were at metric level and the least number of respondents was 17% from below metric. The highest reported occupation was the working category with percentage of 65.5% while 23% were from student category and the least respondents were jobless with percentage of 11%. The table also shows that the highest number of respondents were living in joint family system with percentage of 66% meanwhile nuclear family system respondents were at 34%.

Figure 1

Distribution of participant's age N=200

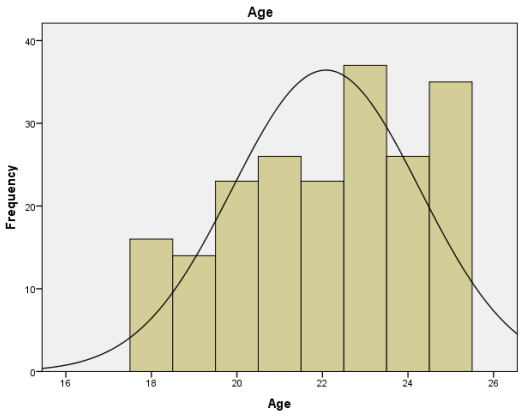


Figure 2

Distribution of participant's education N=200

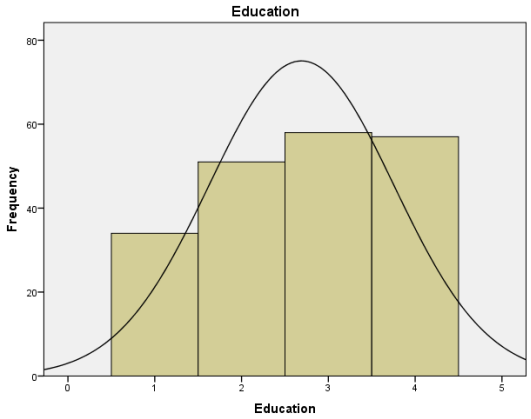


Figure 3

Distribution of participants occupation N=200

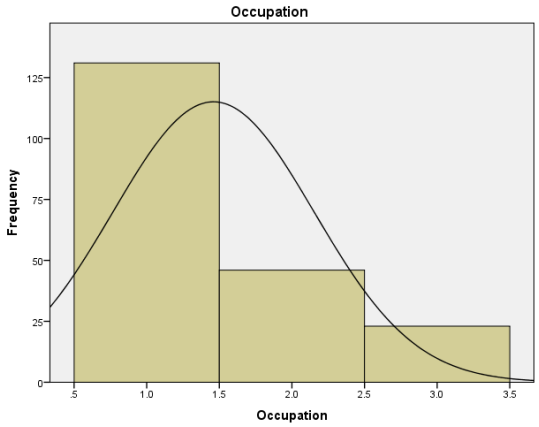
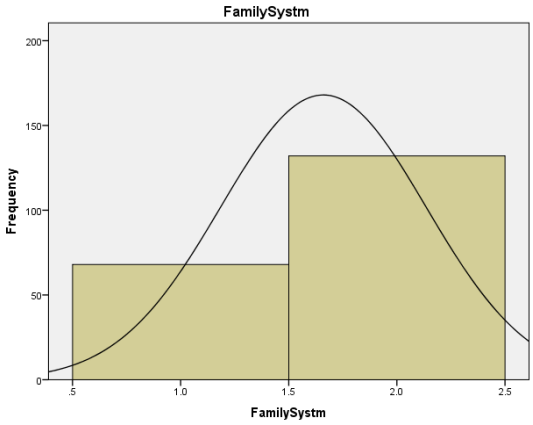


Figure 4

Distribution of participant's Family System N=200



Reliability of Scales

Reliability of both scales, UCLA Loneliness Scale and Multidimensional Scale of Perceived Social Support was found by using Cronbach's alpha reliability test.

Table 2

Psychometric properties of UCLA loneliness scale and multidimensional scale of perceived social support MSPSS (N=200)

	M	*SD*	*Range*		*α*
			Actual	*Potential*	
UCLA	23.43	12.00	.81	1.29	.87
MSPSS	52.17	16.33	3.86	4.66	.88

Note: UCLA= UCLA Loneliness Scale, MSPSS= Multidimensional Scale of Perceived Social Support, M= Mean, SD= Standard Deviation, α= *Cronbach's Alpha.*

The table indicates the alpha reliability, mean, standard deviation and range. The reliabilities of UCLA Loneliness Scale and Multidimensional Scale of Perceived Social Support were .878 and .884 respectively, which shows that scales have good reliability.

Descriptive Statistics

This section of results is based on descriptive statistics of the scales used in the study for the administration. The variables of the study were tested as normal based on difference between mean and median along with the values of skewness, kurtosis and analyzed whether the histograms are normally distributed or not.

Table 3

Normality test of UCLA Loneliness Scale and Multidimensional Scale of Perceived Social Support (N=200)

Scales	*M*	*SD*	*Skewness*	*Kurtosis*	*K-S*
UCLA	23.45	12.01	-.04	-.30	.00
MSPSS	4.35	1.36	-.17	-.28	.07

Note: UCLA= UCLA Loneliness Scale, MSPSS= Multidimensional Scale of Perceived Social Support, M= Mean, SD= Standard Deviation, K-S= Kolmogorov–Smirnov test statistic ($p<.05$ or .00)

Figure 5

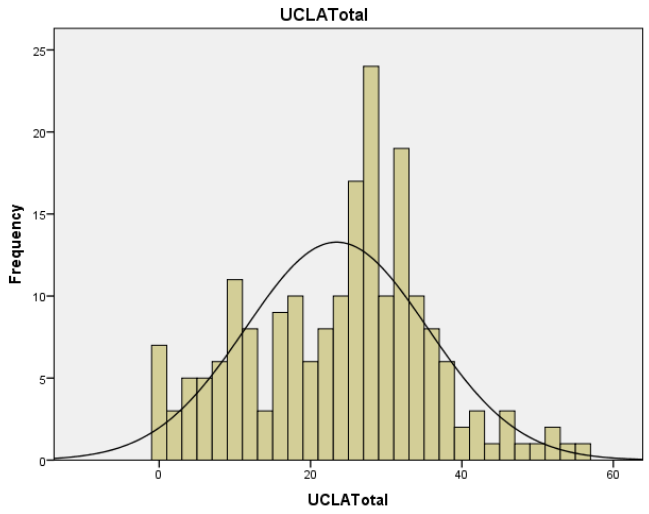
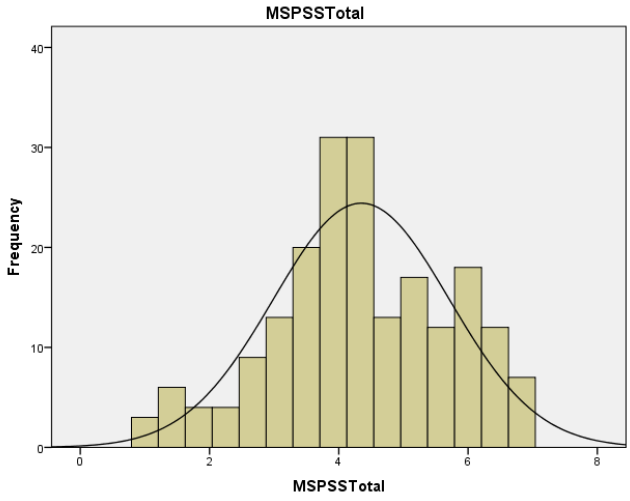


Figure 6



Independent T-test Analysis

To explore the difference between the mean values of scales UCLA Loneliness Scale and Multidimensional Scale of Perceived Social Support independent analysis was done.

Table 4

Comparison of Study Variables with Family System (N=200)

	Nuclear		***Joint***		***t***	***p***	***d***
	M	***SD***	***M***	***SD***			
UCLA	25.07	10.21	22.61	12.79	1.37	.01	.21
MSPSS	4.13	1.15	4.46	1.44	-1.65	.00	.25

Note: UCLA= UCLA Loneliness Scale, MSPSS= Multidimensional Scale of Perceived Social Support, M= Mean, SD= Standard Deviation, ($p<.05$ or .00).

The table shows that there is significant difference across family system with the scales. The t-value of 1.379 suggests that there is a difference between the means of the Nuclear family system and Joint family system in terms of the UCLA scale scores. The p-value of 0.017 indicates that this difference is statistically significant at a certain level of significance (usually $\alpha = 0.05$). The effect size (d-value) of 0.21 suggests a small effect.

The t-value of -1.657 suggests that there is a difference between the means of the Nuclear family system and Joint family system in terms of the MSPSS scale scores. The p-value of 0.003 indicates that this difference is statistically significant at a certain level of significance (usually $\alpha = 0.05$). The effect size (d-value) of 0.25 suggests a small to medium effect.

In both scales, the p-values are less than the significance level of 0.05, indicating that there is sufficient evidence to reject the null hypothesis. This means that there is a statistically significant difference between the means of the two groups on both scales. The effect sizes (d-values) suggest

small effects in both cases, indicating that the differences observed between the groups are relatively modest.

One-way ANOVA

It was used to compare means for demographic variables i.e. education and occupation to determine whether there was statistical evidence that the associated population means are statistically different.

Table 5

Mean, Standard Deviation, and One-Way Analysis of Variance in Education (N=200)

Scales	***Education***								***F***	***η2***
	Below Metric		***Metric***		***College***		***Undergraduate onwards***			
	M	***SD***	***M***	***SD***	***M***	***SD***	***M***	***SD***		
UCLA	22.12	14.05	23.57	12.56	24.28	11.84	23.28	10.52	.23	.48
MSPSS	4.14	1.28	4.50	1.43	4.21	1.35	4.47	1.34	.82	.90

Note: UCLA= UCLA Loneliness Scale, MSPSS= Multidimensional Scale of Perceived Social Support, M= Mean, SD= Standard Deviation.

Table shows that there is no significant difference across education with the scales (UCLA Loneliness Scale and Multidimensional Scale of Perceived Social Support). The F-value of 0.23 suggests that there is not a significant difference between the means of the education categories on the UCLA scale. The p-value of 0.87 indicates that this lack of significant difference is not due to chance. The degrees of freedom (df) value of 199 represents the degrees of freedom associated with the F-distribution. The effect size (η^2) of 0.48 suggests that the proportion of variance in the UCLA scale scores explained by the education categories is relatively small.

The F-value of 0.82 suggests that there is not a significant difference between the means of the education categories on the MSPSS scale. The p-value of 0.48 indicates that this lack of significant difference is not due to chance. The degrees of freedom (df) value of 199 represents the degrees of freedom associated with the F-distribution. The effect size (η^2) of 0.90 suggests that the proportion of variance in the MSPSS scale scores explained by the education categories is relatively large.

In both scales, the p-values are greater than the significance level of 0.05, indicating that there is no sufficient evidence to reject the null hypothesis. This means that there is no statistically significant difference between the means of the education categories on both scales. The effect sizes (η^2 values) suggest relatively small proportions of variance explained by the education (categories) on the UCLA scale and relatively large proportions of variance explained on the MSPSS scale.

Table 6

Mean, Standard Deviation, and One-Way Analysis of Variance for Occupation (N=200)

Scale	***Occupation***						***F***	***η2***
	Working		***Student***		***Jobless***			
	M	***SD***	***M***	***SD***	***M***	***SD***		
UCLA	22.82	12.67	24.13	9.32	25.65	13.0	.64	.80
MSPSS	4.51	1.43	4.09	1.10	3.93	1.27	2.94	1.71

Note: UCLA= UCLA Loneliness Scale, MSPSS= Multidimensional Scale of Perceived Social Support, M= Mean, SD= Standard Deviation.

Table shows that the F-value of 0.64 suggests that there isn't a significant difference among the means of the occupation categories on the UCLA scale. The p-value of 0.52 indicates that this lack of significant difference is not due to chance. The degrees of freedom (df) value of

199 represents the degrees of freedom associated with the F-distribution. The effect size (η^2) of 0.80 suggests a relatively large proportion of variance in the UCLA scale scores explained by the occupation categories.

The F-value of 2.94 suggests that no significant difference is present among the means of the occupation categories on the MSPSS scale. The p-value of 0.05 indicates that this difference is marginally significant at a certain level of significance (usually $\alpha = 0.05$). The degrees of freedom (df) value of 199 represents the degrees of freedom associated with the F-distribution. The effect size (η^2) of 1.71 suggests a relatively large proportion of variance in the MSPSS scale scores explained by the occupation categories.

In summary, on the UCLA scale, there is no significant difference between the means of the occupation categories. However, on the MSPSS scale, there is a marginally significant difference between the means of the occupation categories. The effect sizes (η^2 values) suggest relatively large proportions of variance explained by the occupation categories on both scales.

Correlation Analysis for Scales and Demographic Variables

To measure the relation among variables of the study correlation was computed.

Table 7

Correlation between UCLA loneliness scale and MSPSS and study's demographic variables (N=200)

Variables	*M*	*SD*	*1*	*2*	*3*	*4*	*5*	*6*
Age	22.08	2.19	-	.233**	-.104	.017	.078	.026
Education	2.69	1.06		-	.188**	-.080	.026	.047
Occupation	1.46	.69			-	-.026	.080	-.166**
Family system	1.66	.47				-	-.098	.117*
UCLA	23.45	12.01					-	-.332**
MSPSS	4.35	1.36						-

Note: UCLA= UCLA Loneliness Scale, MSPSS= Multidimensional Scale of Perceived Social Support, M= Mean, SD= Standard Deviation, **p<.01, *p<.05

Table shows correlation between two scales UCLA Loneliness Scale and Multidimensional Scale of Perceived Social Support and the demographic variables i.e. age, education, occupation and family system of the study. The correlation between age and education indicates positive and statistically significant relationship. The correlation between age and occupation shows negative but it is not statistically significant. The correlation between age and family system shows non-significant weak positive relationship. The correlation between age and the UCLA Loneliness Scale shows a weak and non-significant positive relationship between age and loneliness.

The correlation coefficient between age and the MSPSS shows a quite weak and non-significant positive relationship. The association between education and occupation shows a positive and significant relationship between education and occupation. It suggests that higher levels of education are associated with higher occupational status.

The correlation between education and family system shows non-significant negative weak relationship. The correlation between education and the UCLA Loneliness Scale shows a quite weak and non-significant positive relationship. The correlation between education and the MSPSS shows a weak and non-significant positive relationship. The correlation between occupation and family system indicates a weak and non-significant negative relationship.

The correlation between occupation and the UCLA Loneliness Scale shows non-significant weak positive relationship. The correlation between occupation and the MSPSS indicates a negative and statistically significant relationship. The association between family system and the UCLA Loneliness Scale indicates a non-significant weak negative relationship. The association between family system and the MSPSS Scale indicates a positive and significant relationship. The correlation between the UCLA Loneliness Scale and the MSPSS indicates a negative and statistically significant relationship.

Chapter 4: Discussion

The purpose of present study is to investigate the association between loneliness and perceived social support among drug addicts. Drug addiction causes significant biological, psychological, and social issues, negatively impacts society, and threatens public safety (Hajiyan et al., 2013). There are limited number of studies on the relationship of loneliness and drug addiction (Cao & Liang, 2020; Ingram et al., 2020; Liu, L., & Visher, C. A., 2021) but there is even lesser research done in Pakistan on relationship of loneliness and perceived social support among drug addicts.

According to the Taheri et al. (2016), drug use typically starts between the ages of 20 and 24, highlighting the critical role that families and educational institutions play in influencing drug use tendencies. Some actions, such as parents making proper plans for their kids' leisure time and teaching them how to surround themselves with good people, can prevent addiction in young people. Other actions include teaching young people life skills in schools, colleges, or military installations with the aim of enhancing their self-confidence and self-esteem.

Furthermore, substance use disorders impair brain processes, lower quality of life, and negatively impact social connections. They are also linked to decreased closeness, increased insecurity, conflicts, psychiatric issues, and suicide ideation. According to a study, people express their emotions through misbehavior, substance abuse, psychiatric discomfort, and suicide (Zimet et al., 1988).

Previous research have investigated the link between social connections and depression in the general population or older persons (Gariepy et al., 2016; Santini et al., 2015). Another research examined the connection between social networks and support and early psychosis in individuals

with first episode psychosis and in samples from the general community, however no prospective studies were included (Schwarzbach et al., 2014). To our knowledge, there are not enough researches which gives the evidence regarding the association between loneliness and perceived social support among drug addicts, there is a systematic review which is to a certain degree close to this topic (Cao & Liang, 2020) but current study is cross-sectional design and provide useful evidence about how loneliness and perceived social support are associated with each other among drug addicts.

Furthermore, present study focuses on drug addicts in rehabilitation centers and the loneliness and perceived social support were measured using two scales UCLA Loneliness Scale and Multidimensional Scale of Perceived Social Support.

The UCLA loneliness scale appears to be the most popular. By removing the word "lonely," the scale takes an indirect method to gauging loneliness, which has been observed to produce different responses than a direct one (Shiovitz-Ezra & Ayalon, 2012). According to Ingram et al. (2020), younger persons and those with drug use issues may experience greater levels of loneliness. Instead of focusing on a single substance use pattern in the current study, we expanded our research to include those who struggle with substance use.

The other scale used was Multi-dimensional Scale of Perceived Social Support (MSPSS) it’s a widely used scale which consist of items such as “I have friends with whom I can share joys and sorrows”. Measures of perceived social support provide a subjective evaluation of the nature or sufficiency of social assistance (Zimet et al., 1988). People's perceptions of the quantity and quality of support they may receive from their relationships and social contacts are referred to as perceived social support (Dour et al., 2014).

Additionally, number of factors include interpersonal and social factors that have an impact on drug use. These include societal factors like the influence of peers, acquaintances, or family members, as well as interpersonal issues like low self-esteem, high anxiety, frustration, limited self-control, and sensation-seeking. (Mohammadi et al., 2011).

According to Chudary et al. (2022), findings showed a strong negative link between social support and suicidal ideation in people with drug use disorders as well as a significant favorable relationship between perceived social support and quality of life. Result shows that perceived social support is crucial in reducing psychological discomfort, which is a major contributor to suicide ideation, and improving quality of life. Further research demonstrates that patients who receive social support have a lower risk of suicide and higher levels of quality of life than patients who don't. In another study, the connection between social support and stress was investigated.

In another study, it shows that American and Australian students are protected against the tendency of drug use by their participation in religious activities, their degree of support, and their relationships with their parents (Ashakzari, 2012). The findings showed a negative association between social support and a major predictor of stress levels among substance abusers. The understanding of social support was acknowledged as a beneficial parental source for lowering stress levels as well as for controlling and mitigating the negative effects of stress (Turner et al., 2013).

Correlation analysis showed that there is negative significant association between loneliness and perceived social support among drug addicts, hence hypothesis is proved. The hypothesis was that loneliness will be negatively associated with perceived social support among drug addicts. The results were in keeping with previous studies on the addicted population, which

found that perceived social support was negatively correlated with loneliness among drug addicts and favorably correlated with self-esteem and life satisfaction (Cao & Liang, 2020) and similar findings were made in other populations who weren't addicted (Marshall et al., 2014).

The independent t-test was applied on demographic variable i.e. Family system (joint and nuclear). The table shows that in UCLA loneliness scale the t-value is positive and the mean of the Joint family system is lower than the mean of the Nuclear family system, it suggests that the Joint family system is negatively associated with the UCLA scale. In other words, individuals from the Nuclear family system tend to have higher scores on the UCLA scale compared to those from the Joint family system.

Meanwhile in MSPSS, since the t-value is negative and the mean of the Joint family system is higher than the mean of the Nuclear family system, it suggests that the Joint family system is positively associated with the MSPSS scale. This means that individuals from the Joint family system tend to have higher scores on the MSPSS scale compared to those from the Nuclear family system. In summary, based on the data, the Joint family system is negatively associated with the UCLA scale and positively associated with the MSPSS scale hence hypothesis is accepted. The hypothesis of study stated that joint family system will be negatively associated with loneliness and positively associated with perceived social support.

'Occupation' was a demographic variable for which a one-way analysis of variance was used. The interpretation of the data led to the conclusion that, whereas occupation was only marginally statistically linked with scores on the MSPSS scale, it was not significantly connected with scores on the UCLA scale.

Therefore, occupation appears to have a positive association with the MSPSS scale, implying that individuals in different occupational categories may have varying levels of perceived social support. However, there is no significant association between occupation and the UCLA scale, indicating that occupation does not significantly influence individuals' loneliness levels as measured by the UCLA scale. In this case the current study's hypothesis is not totally proved which said that Occupation is negatively associated with loneliness and positively associated with perceived social support. The findings of one of the studies, imply that drug use is highly correlated with unemployment and family dissolution. Additionally, it was noted that the most common causes of the tendency for drug misuse were unemployment and being estranged from one's family (Mehrazma et al., 2013)

One-way Anova was also applied on the demographic variable education. Table displayed no significant difference across education with the scales UCLA Loneliness Scale and Multidimensional Scale of Perceived Social Support. In both scales, the p-values are greater than the significance level of 0.05, indicating that there is no sufficient evidence to reject the null hypothesis. This means that there is no statistically significant difference between the means of the education categories on both scales. The effect sizes (η^2 values) suggest relatively small proportions of variance explained by the education (categories) on the UCLA scale and relatively large proportions of variance explained on the MSPSS scale.

Conclusion

The present study used correlation to examine the association between loneliness and perceived social support among drug addicts. It has been proven statistically that loneliness is negatively associated with perceived social support among drug addicts. Demographic variables

of study was also computed using t-test and Anova. Future studies can broaden the age range of participants and can add participants of other genders too, as this study only included male participants.

Limitations/ Recommendations

- In current study only men were part of the study, therefore all genders can be included in future research.
- In this study age range of 18 to 25 years was taken which can be extended in future.
- Sample was collected from rehabilitation centers and hospitals from Islamabad and Rawalpindi which eliminated drug addicts who does not visit rehabilitation centers or hospitals, therefore area of sample collection can be broadened for future research.
- This was a quantitative research, qualitative research can be performed in future by interviewing individual about the perceived social support and lack of social support in their lives.
- For further research, investigating the longitudinal effects of social support on drug addiction recovery or exploring the specific mechanisms through which different demographic variables influence loneliness and perceived social support could be useful.

Implications

This study can be useful for apprising the development of treatment and intervention strategies for drug addicts as understanding the association between loneliness and perceived social support can help in designing programs that address these factors and promote positive social connections, which may contribute to recovery and overall well-being.

As this study examined the demographic variables like family system, education, and occupation, it can shed light on the specific support systems that may influence loneliness and social support among drug addicts and can guide efforts to develop targeted support interventions, such as family therapy programs or educational and vocational support services.

Loneliness and a lack of social support can be risk factors for relapse among drug addicts (Hosseinbor et al., 2014). This study findings, determine that people having loneliness have less perceived social support which can help the development of relapse prevention programs that specifically target these factors by enhancing social connections, building a supportive network, and teaching coping skills to combat loneliness, relapse rates may be reduced, leading to improved treatment outcomes.

The implications of this study can also extend to the development of policies and programs at the societal level. For example, understanding the role of family system and education can help policymakers design strategies to strengthen family support networks, improve educational opportunities, and enhance social integration, thereby reducing loneliness and improving social support among drug addicts.

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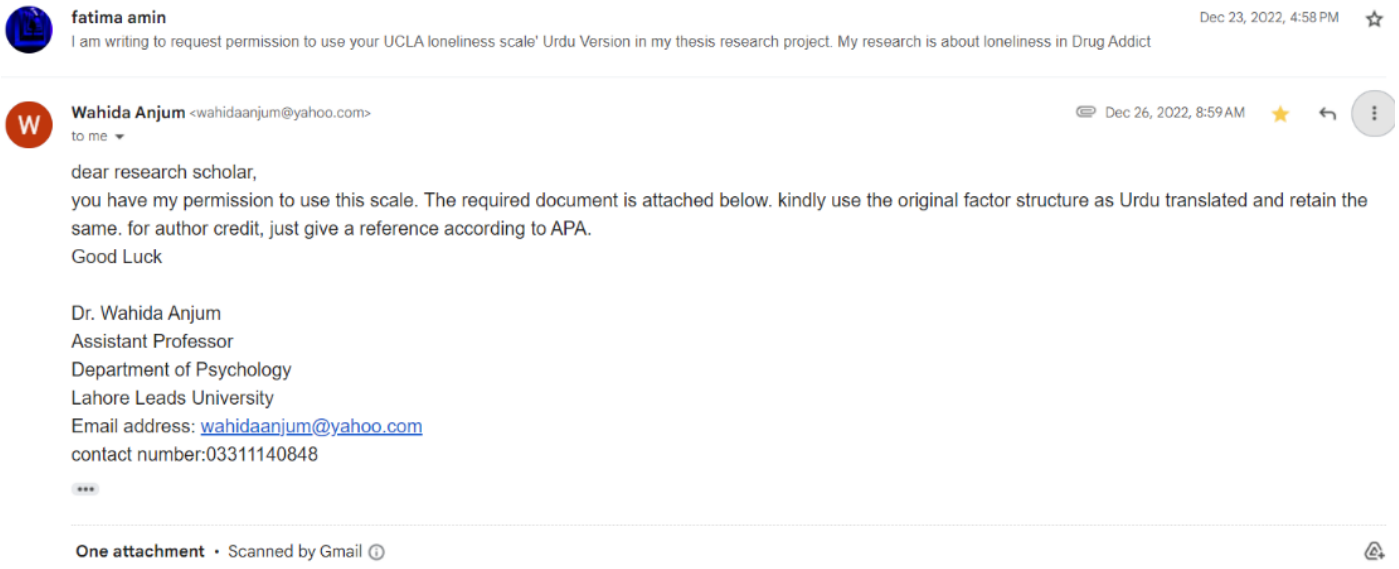
Appendices

Authors Permissions

UCLA Loneliness Scale (Urdu Version)



fatima amin Dec 23, 2022, 4:58 PM
I am writing to request permission to use your UCLA loneliness scale' Urdu Version in my thesis research project. My research is about loneliness in Drug Addict

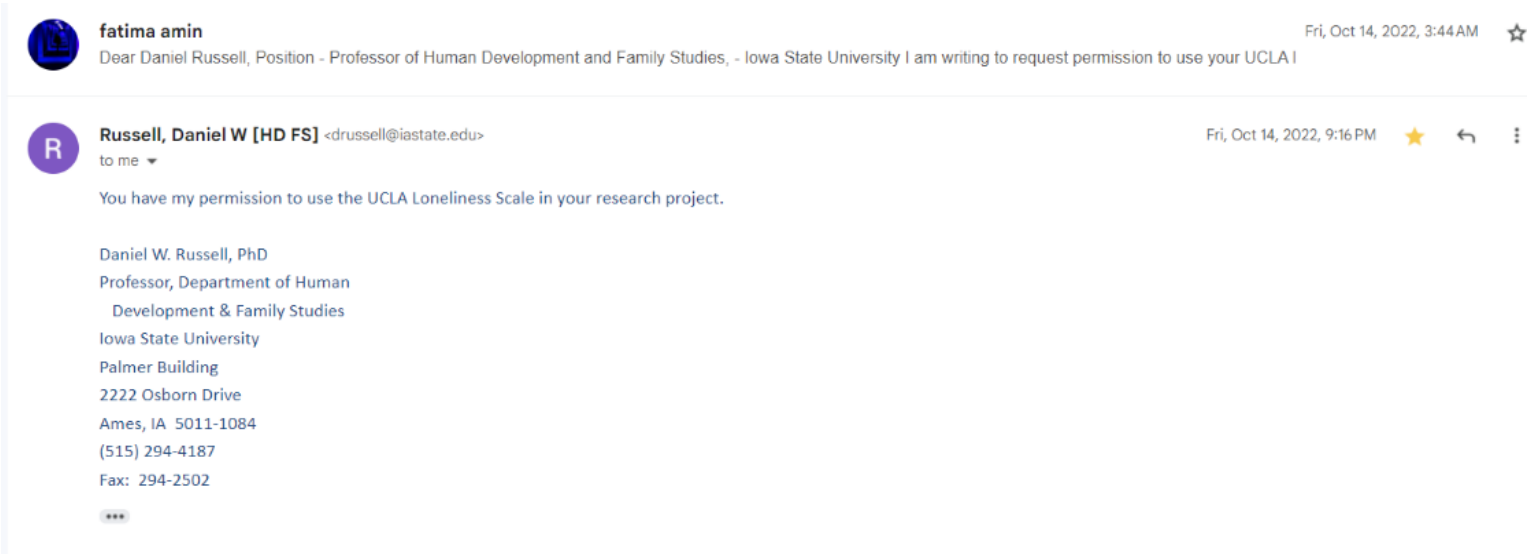
Wahida Anjum <wahidaanjum@yahoo.com> Dec 26, 2022, 8:59 AM
to me

dear research scholar,
you have my permission to use this scale. The required document is attached below. kindly use the original factor structure as Urdu translated and retain the same. for author credit, just give a reference according to APA.
Good Luck

Dr. Wahida Anjum
Assistant Professor
Department of Psychology
Lahore Leads University
Email address: wahidaanjum@yahoo.com
contact number:03311140848

One attachment • Scanned by Gmail

UCLA Loneliness Scale



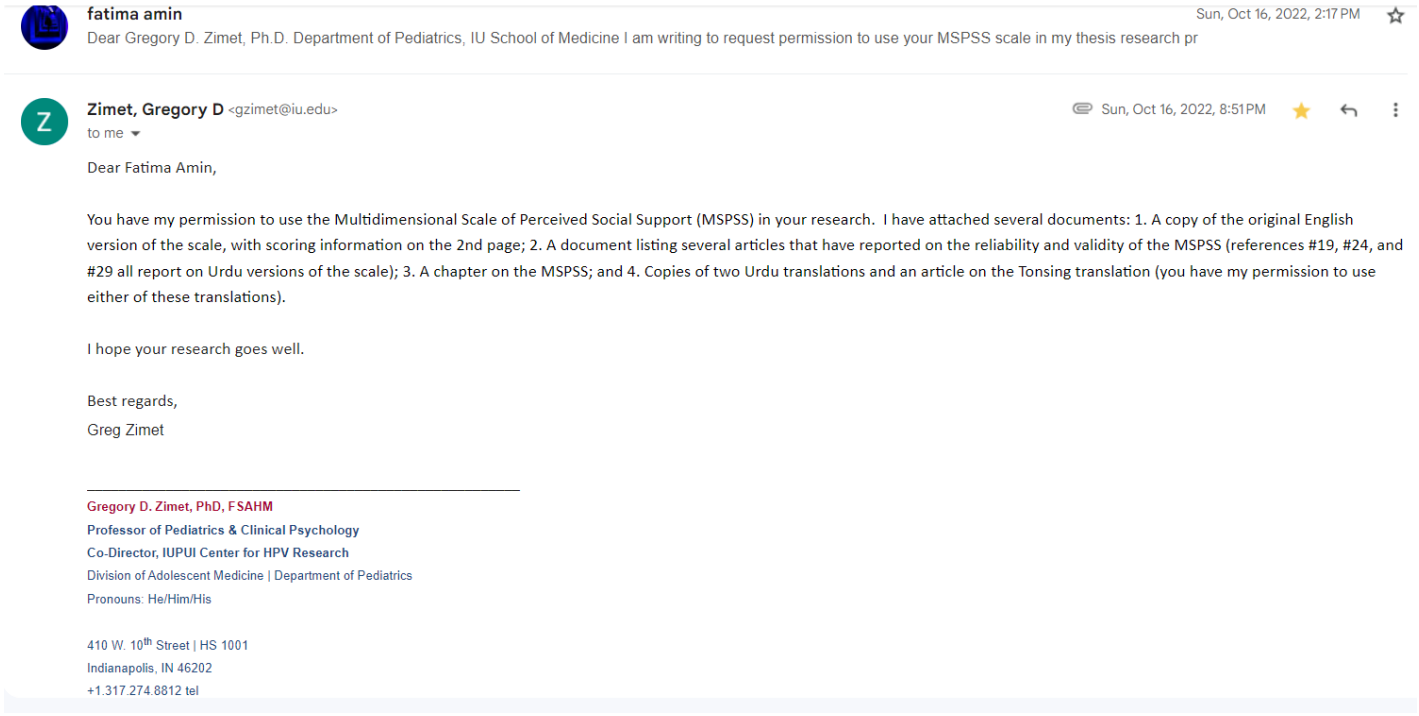
fatima amin Fri, Oct 14, 2022, 3:44 AM
Dear Daniel Russell, Position - Professor of Human Development and Family Studies, - Iowa State University I am writing to request permission to use your UCLA l

Russell, Daniel W [HD FS] <drussell@iastate.edu> Fri, Oct 14, 2022, 9:16 PM
to me

You have my permission to use the UCLA Loneliness Scale in your research project.

Daniel W. Russell, PhD
Professor, Department of Human
Development & Family Studies
Iowa State University
Palmer Building
2222 Osborn Drive
Ames, IA 5011-1084
(515) 294-4187
Fax: 294-2502

Multi-dimensional Scale of Perceived Social Support



fatima amin Sun, Oct 16, 2022, 2:17 PM

Dear Gregory D. Zimet, Ph.D. Department of Pediatrics, IU School of Medicine I am writing to request permission to use your MSPSS scale in my thesis research pr

Zimet, Gregory D <gzimet@iu.edu> Sun, Oct 16, 2022, 8:51 PM

to me

Dear Fatima Amin,

You have my permission to use the Multidimensional Scale of Perceived Social Support (MSPSS) in your research. I have attached several documents: 1. A copy of the original English version of the scale, with scoring information on the 2nd page; 2. A document listing several articles that have reported on the reliability and validity of the MSPSS (references #19, #24, and #29 all report on Urdu versions of the scale); 3. A chapter on the MSPSS; and 4. Copies of two Urdu translations and an article on the Tonsing translation (you have my permission to use either of these translations).

I hope your research goes well.

Best regards,

Greg Zimet

Gregory D. Zimet, PhD, FSAHM
Professor of Pediatrics & Clinical Psychology
Co-Director, IUPUI Center for HPV Research
Division of Adolescent Medicine | Department of Pediatrics
Pronouns: He/Him/His

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Bsp193069 - Fatima (2)-14-54

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Emotion Regulation and Well-Being, 2011.

Multidimensional Social Support Scale (Urdu Version)

		بہت غیر زیادہ متفق	زیادہ غیر متفق	معمولی سا غیر متفق	درمیانہ	معمولی سا متفق	زیادہ متفق	متفق بہت زیادہ
.1	ایک خاص شخص ہے جو ضرورت کے وقت میرے ارد گرد موجود ہے۔							
.2	ایک خاص شخص ہے جس کے ساتھ میں اپنی خوشیاں اور غم بانٹ سکتا/سکتی ہوں۔							
.3	میرا خاندان واقعی میری مدد کرنے کی کوشش کرتا ہے۔							
.4	میں جذباتی مدد اور حمایت ضرورت کے وقت اپنے خاندان سے حاصل کرتا/کرتی ہوں۔							
.5	ایک خاص شخص ہے جو درحقیقت میرے لئے سکون کا ذریعہ ہے۔							
.6	میرے دوست واقعی میری مدد کرنے کی کوشش کرتے ہیں۔							
.7	اپنے دوستوں پر انحصار کر سکتا/سکتی ہوں جب چیزیں غلط ہوں۔							
.8	یں اپنے مسائل کے متعلق اپنے خاندان سے بات کر سکتا/سکتی ہوں۔							
.9	میرے دوست ہیں جن کے ساتھ میں اپنی خوشیاں اور غم بانٹ سکتا/سکتی ہوں۔							
.10	زندگی میں ایک خاص شخص ہے جو میرے احساسات کا خیال رکھتا ہے۔							
.11	میرا خاندان فیصلہ کرنے میں میری مدد کے لئے رضا مند ہے۔							
.12	میں اپنے مسائل کے متعلق اپنے دوستوں سے بات کر سکتا/سکتی ہوں۔							

Multidimensional Social Support Scale (English)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**
Circle the "2" if you **Strongly Disagree**
Circle the "3" if you **Mildly Disagree**
Circle the "4" if you are **Neutral**
Circle the "5" if you **Mildly Agree**
Circle the "6" if you **StronglyAgree**
Circle the "7" if you **Very Strongly Agree**

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1. There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2. There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
3. My family really tries to help me.	1	2	3	4	5	6	7
4. I get the emotional help & support I need from my family.	1	2	3	4	5	6	7
5. I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6. My friends really try to help me.	1	2	3	4	5	6	7
7. I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8. I can talk about my problems with my family.	1	2	3	4	5	6	7
9. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11. My family is willing to help me make decisions.	1	2	3	4	5	6	7
12. I can talk about my problems with my friend		2	3	4	5	6	7

UCLA Loneliness Scale

Scale:

INSTRUCTIONS:

Indicate how often each of the statements below is descriptive of you.

C indicates "I often feel this way"

S indicates "I sometimes feel this way"

R indicates "I rarely feel this way"

N indicates "I never feel this way"

1. I am unhappy doing so many things alone	O S R N
2. I have nobody to talk to	O S R N
3. I cannot tolerate being so alone	O S R N
4. I lack companionship	O S R N
5. I feel as if nobody really understands me	O S R N
6. I find myself waiting for people to call or write	O S R N
7. There is no one I can turn to	O S R N
8. I am no longer close to anyone	O S R N
9. My interests and ideas are not shared by those around me	O S R N
10. I feel left out	O S R N
11. I feel completely alone	O S R N
12. I am unable to reach out and communicate with those around me	O S R N
13. My social relationships are superficial	O S R N
14. I feel starved for company	O S R N
15. No one really knows me well	O S R N
16. I feel isolated from others	O S R N
17. I am unhappy being so withdrawn	O S R N

18. It is difficult for me to make friends O S R N

19. I feel shut out and excluded by others O S R N

20. People are around me but not with me O S R N

UCLA Loneliness Scale (Urdu Version)

مندرجہ ذیل بیانات کے مطابق مخصوص صورت حال کا تصور کریں اور درج ذیل میں دیئے گئے 0 تا 3 کے پیمانے میں سے مناسب ہندسے کا انتخاب کیجیے۔ یاد رکھیں ان میں سے کوئی غلط یا درست جواب نہیں ہے۔

0	1	2	3
میں نے کبھی ایسا محسوس نہیں کیا	میں بہت کم ایسا محسوس کرتا/ کرتی ہوں	میں کبھی کبھار ایسا محسوس کرتا/ کرتی ہوں	میں اکثر ایسا محسوس کرتا / کرتی ہوں۔

1) میں ناخوش ہوں کہ مجھے بہت سے کام اکیلے ہی کرنا پڑتے ہیں۔	0	1	2	3
2) مجھ سے بات کرنے والا کوئی نہیں ہے۔	0	1	2	3
3) میں اس قدر تنہا ہونا برداشت نہیں کر سکتا/ سکتی۔	0	1	2	3
4) مجھے دوستوں/ساتھیوں کی کمی رہتی ہے۔	0	1	2	3
5) مجھے لگتا ہے کہ کوئی بھی مجھے اچھی طرح نہیں سمجھتا۔	0	1	2	3
6) مجھے دوسروں کے فون یا پیغام کا انتظار رہتا ہے۔	0	1	2	3
7) کوئی نہیں جس سے میں بات کر سکوں۔	0	1	2	3
8) میری مزید کسی سے کوئی قربت نہیں۔	0	1	2	3
9) میرے آس پاس والے میرے جیسے خیالات اور دلچسپیاں نہیں رکھتے۔	0	1	2	3
10) مجھے لگتا ہے کوئی مجھے اپنے ساتھ شامل نہیں کرتا۔	0	1	2	3
11) میں بالکل تنہا محسوس کرتا/کرتی ہوں۔	0	1	2	3
12) میں اپنے اردگرد کے لوگوں سے بات نہیں کر پاتا/پاتی۔	0	1	2	3
13) میرے سماجی تعلقات سطحی ہیں۔	0	1	2	3
14) مجھے دوستی کی شدید کمی محسوس ہوتی ہے۔	0	1	2	3
15) کوئی بھی مجھے اچھی طرح نہیں جانتا/جانتی۔	0	1	2	3
16) میں خود کو دوسروں سے الگ تھلگ محسوس کرتا/کرتی ہوں۔	0	1	2	3
17)۔میں تنہا چھوڑ دیے جانے سے ناخوش ہوں۔	0	1	2	3
18) میرے لیے دوست بنانا مشکل ہے۔	0	1	2	3
19) مجھے لگتا ہے کہ مجھے سب نے ہر بات سے علیحدہ کر دیا ہے۔	0	1	2	3
20) لوگ میرے آس پاس تو ہیں لیکن میرے ساتھ نہیں ہیں۔	0	1	2	3