



Evaluation of Effectiveness of Social Skills Training on the Reduction of Loneliness of single parents (led families) in Yazd, Iran

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ABSTRACT

Loneliness is the result of defect in individuals' social communications qualitatively and quantitatively, and also inaccessibility to close and desired relationships with others. So the aim of this research was to analyze effectiveness of social skills training on the reduction of loneliness in single parents (led families). The research design was quasi-experimental with pre-test post-test and control group. The research population was all the single parents (led families) supported by Komite Emdad institution. For this, 30 single parents (led families) aging from 35 to 55 were selected based on purposeful sampling method and were assigned to the two groups of experiment and control groups. Subjects of the experiment group went under eight sessions of 1.5 hours of training, while the subjects of the control group did not. Instrument used in this study was the Revised Questionnaire of Loneliness (UCLA). Data were analyzed with analysis of covariance (ANCOVA). The findings showed that social skills training results in the reduction of loneliness in single parents (led families) ($p < 0.05$). Social skills training results in the reduction of loneliness in single parents (led families). And using such trainings we can help single parents (led families) to feel less lonely.

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Introduction

Family with its important functions is one of the important principals of every society. In each society, individuals enter the public with different trainings from within the family. In this society women are stable parts whose insecurity results in the endangerment of the family and society (Ghorbani, 2005). The duration of joint life differs in each society. When women lose their spouse while they have children in the prime of their talent outbreak, besides social and economical problems, they may face some mental and emotional problems too. Their most important mental problems include social anxiety, independence, and specific life styles which cause them more social isolation and loneliness (Ghorbani, 2005).

Henrich and Gullon (2006) define loneliness as a dismal and common experience that makes people feel void, and alienated and has damaging effects on the person's social interactions, life style, and mental and physical health. These individual and social conditions have negative effects on their parental role which exceeds their maternal role (Jackson, 2007). People who feel lonely, will face some feelings of downcast and alienation and difficulty in their social interactions. Moreover, there are many mental disorders after it including self-narcissism, suicide, depression, anxiety, alcoholism, dependence, and hypochondria (Booth, 2000).

Therefore, loneliness arise problems in making sociable communications and their concern of unacceptability may affect their behavior and interfere their judgments. In such conditions, loneliness undermines peoples' motivation for effective participation in all social activities in the society (Rezvan khah, 2002). Nowadays, loneliness experience is a global problem and an an integral part of life that all people have experienced to

some extent. Ontologists believe that human being is originally lonely; since all the human efforts to communicate, verbally and nonverbally, finally ends and we are all alone at the end of the day (Gifford, Smith & Brownell 2003).

Sullivan (1935) believes that loneliness is the outcome of humans' deprive from intimacy. May (1985, according to Davarpanah, 2008) says that loneliness is the result of humans' alienation from the society and themselves. Hawkley et al. (2003) believe that loneliness is the result of high stress and too much negative emotions during social interactions.

Of course, these social and individual circumstances have negative effects on their maternal role which exceeds their parental role. So different research study schedules have been provided to instruct different skills like social skills to prepare and enable single parents (led families) in adapting to new life styles. They need some skills in facing different life disturbance and situations to help them in their adaptive behavior (international hygiene organization, according to Amiri, 2002). Johns, Crowley, and Guetzioe (2005) believe that social skills are patterns of acceptable social behavior that allow people gain social support acceptance and avoid socially irritating situations.

Generally, socially acceptable instructed behaviors are called social skills; behaviors with which a person can communicate without negative response outbreak. People with social skills can chose and display appropriate behavior in an appropriate time and place. Instructing social skills is to help individuals to avoid some behaviors and choose more acceptable ones (Aydogan et al. 2009).

In his research on the relationship between loneliness and social skills, Cutrona (2007) showed that loneliness correlate to defect in social skills and limited friendship. Peplau (2007)

believes that loneliness is the result of qualitative and quantitative defect in individual's social communication and inaccessibility to desired intimate relationship with others.

Inderbitson-Pisarok et al. (1992), Johns et al. (1981), Russell et al. (1980), Sullano and Koester(1989), have found loneliness in relation to defects in social skills(according to Henrich & Gullone, 2006).

According to what has been mentioned, the main concern of this research is to see how much loneliness is common among single parents (led families) and whether social skills training can reduce this feeling? Whether social skills training on loneliness, is affected by education factor? Whether there is a relationship between education and loneliness?.

Methods:

The research design was quasi-experimental with pre-test post-test and control group. The research population was all of the single parents (led family) in Yazd city. Therefore, 30 single parents (led families) aging between 35 to 55 were selected based on purposeful sampling method, and were assigned into control and experiment groups. Some of the criteria for inclusion in this research were: 1- being single parents 2- having no personality disorder background for the parent (using test of General Health Questionnaire,GHQ), 3- tending to attend training courses, and 4-having no pre-knowledge of social skills. Subjects of the experiment group went under eight sessions of 1.5 hours of training (two sessions a week), while the subjects of the control group did not.

Instruments:

The revised version of loneliness scale (UCLA): was used in order to evaluate single parents (led families) loneliness. The original version of this scale was administered by Russell Pillov & Ferguson in 1978 and was chosen between the scale questions of the Mysenvien 75 questions (1969). Russell Pillov & Cutrona (1980), the composers of the revised version of this scale, got the alpha coefficient of 96% in two studies for its reliability. According to Russell (1996), the test-retest reliability of this scale in a period of more than a year was 0.73. The reliability of loneliness questionnaire was computed using the test-retest method and Cronbach alpha by the researcher. The reliability coefficient outcome for the test-retest method was $r=0.75$ and Cronbach alpha was $r=0.87$

This scale includes 20 multiple choice questions, 10 of which are positively stated and 10 negatively. The items included: Never, Seldom, Sometimes, and Often, based on Likert scale. Scale scoring for positive questions (questions number 1, 4, 5, 6, 9, 10, 15, 16, 19, 20) was 4=Never, 3=Seldom, 2=Sometimes, 1=Often. and for the negatively stated questions(questions number 2, 3, 7, 8, 11, 12, 13, 14, 17, 18) was 1=Never, 2=Seldom, 3=Sometimes, 4=Often. In this scale the minimum score is 20 and the maximum is 80. In this research, the higher the score, the lonelier she feels.

Findings:

Table 1 shows the mean and standard deviation of loneliness in pretest and post-test of the control and experiment group, representing that the mean score for post-test of the experiment group($\bar{X}=31.3$), compared to the pre-test mean score of the same group ($\bar{X}=67.2$), has decreased after the training. While no changes have been reported for the mean score of the control group.

It has to be mentioned that the two groups in the pretest were homogeneous economically and socially.

In order to evaluate the effectiveness of the training on the experiment group, analysis of covariance (ANCOVA) was used. Firstly, the results of the BOX test for the presupposition of covariance test indicated that santroid equality in the experiment group and control has been proved by BOX test ($P=0.335$ and $F=1.131$). Also (Pillai effect = 0.46, and $F=12.7$, $P=0.001$).

The results of table 2, showed that covariance ($F=980.34$) on the level (0.01) is significant. The significance of F test means that social skills training has an effect on single parents (led families) loneliness and has reduced it. Eta square shows the interference was effect. It means that 97% of score variance of the post-test relates to the effect of the social skills training. High statistical power proves that the number of sample group is adequate to test the hypothesis.

Discussion:

The results of this research are congruent with the following studies. Cutrona(2007) shows that loneliness and defect in social skills relate to each other, and believes that people with chronic loneliness have more defects in social skills, compared to those with normal and lower loneliness, and also they have more limited friendships than others. According to Pilav et al. (2007), loneliness is a consequence of individual's qualitative and quantitative defect in social interaction and inaccessibility to desired and intimate relationships with others. Whitehouse and Durkin (2009) in a research on teenagers with symptoms of Asperger illustrated that increase in the level of loneliness relates directly to defects in their social interactions.

Asher & Parker (1993), describe defect in social skills, loss of intimate relationships with peers, and rejection of their peers as some of the factors causing loneliness. Solano, Cecilia & Koester (1989), analyzed the relationship between social skills defect, anxiety and their relationship with men and women loneliness. The results showed that both factors of defect in social skills and anxiety have significant but independent relationship with loneliness. Weiss (1970) believes that people who are unable to make communications feel lonely (Buchholz et al. 1999). One of the factors that correlate with loneliness and can cause variations and alienation from social communication is the variations and crises of middle-age, including separation and divorce, emptiness situation caused by the children leaving home, and may result in more loneliness. Liberman (1989) believes that factors like: loss of social ability in individuals' social functioning, loss of appropriate patterns, loss of learning opportunities, environmental stresses like strokes, and loss or sudden change in social environment and being exposed to no stimulating social environments, and environments with inadequate interactions can cause defects in social skills.

On sexuality difference and loneliness, men tend to conceal their feelings like loneliness rather than women. In a survey conducted in this field, researchers have analyzed loneliness in two groups of men and women for several times with different instruments. The results of these studies have proved that women tend to report their loneliness more intensely and longer. And men whose loneliness had been reported in early tests, tended to deny it or call it as trivial in later interviews. While women clearly indicated their loneliness in early tests and later interviews (Shenklat, Presler et al. 1994). Studies have also proved that reduction of loneliness, stress, and widespread social interactions depend on social skills and characteristics causing intimate relationships (Kaufman & Lorraine 1992).

Table 1. Descriptive statistic for experimental and control group in pre-test and post –test

| | Experimental | | Control | |
|-----------|--------------|-------------|-----------|-------------|
| | \bar{X} | S.deviation | \bar{X} | S.deviation |
| Pre test | 67.2 | 5.94 | 66.86 | 6.04 |
| Post test | 31.3 | 5.19 | 66.8 | 5.87 |

Table 2. The result of ANCOVA for comparison between experimental and control group

| source | Sum of squares | df | Mean squares | f | sig | Partial eta | Observed power |
|-----------------|----------------|----|--------------|---------|--------|-------------|----------------|
| Corection model | 10030.48 | 2 | 5015.24 | 514.118 | 0.0001 | .974 | 1 |
| intercept | 1.435 | 1 | 1.435 | .147 | .704 | .004 | .66 |
| pretest | 9563.348 | 1 | 9563.348 | 61.132 | 0.0001 | .694 | 1 |
| group | 263.386 | 1 | 9563.232 | 980.339 | 0.0001 | .973 | 1 |
| Error | 82520 | 27 | 9.755 | 82520 | 27 | - | - |
| Total | 10293.867 | 30 | - | - | - | - | - |

Burger (1997) believes that loneliness originates from loss of social skills and negative experiences of interactions with other people (according to Morahan – Martin 2003).

The most obvious factor in growth and survival of loneliness can be defects in social skill (weak social skills) and social alienation.

Finally we can say social skills training, is a schedule that provides activities for social adjustment for the individual to act adequately in his or her society and career. Of course, regarding the population, sampling, instruments, statistical method used, and study limits, data generalization should be done with cautious.

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