

# Coping with loneliness among shift- working extreme professionals: could a family be a coping resource during life transitions?

Kryukova, Tatiana L.  
Kostroma State University, Russia  
Kostroma, Russia  
tat.krukova44@gmail.com

**Abstract.** The paper contains an overview of stress-coping research concerning loneliness experience (Cacioppo et al.; etc.). Stress-coping research data concerning loneliness experience is large: Cacioppo, Fowler, Christakis. Emotional deprivation, lack of a close partner and subjective loneliness are connected not only with personality traits, but also with real relationships having impact on coping choice. A new special focus is made on social-psychological determinants of loneliness in close (marital) relationships, influencing coping process. Spouses of extreme shift-work professionals are more likely to experience deprivation in partnership through regular absence of a partner/husband/wife at home (it is especially true for women). It could be mentioned that they are better understood only by others who were in the same situation. Loneliness is a great accompanying stressor in these couples, who have difficulties in coping with it. Rather often they deny it, demonstrating strong ego-defense mechanisms more than coping efforts. The aim of the study is to analyze different kinds on loneliness experience in relationships and coping with it in connection with cognitive-behavioral transition / change. It is suggested that close family relationships may be or may be not a factor of personal resource's system of a worker. Much of the understanding of becoming and being lonely comes from qualitative research in which in-depth interviews and narratives reveal the process and dynamics of this major life transition. Method. Cognitive-emotional evaluation measures (UCLA, coping scale - CISS, Marital relationships' inventories. Samples we used are older (n1=158; av. age = 49.4) and younger spouses in ordinary and shift-workers' families (N2=84; av. age =29.1). Findings reflect the mixed results concerning whether adaptation / adjusting to shift work as a life change and the following loneliness is more difficult for men or women. Among the results there are: the lonelier a person considers oneself, the less productive coping strategies he/she adopts. More maritally satisfied and thus less lonely people use different coping with loneliness: they prefer active coping, while lonely and less satisfied with their relationships choose self-blaming and denial. Conclusion: Life changes, especially concerning extreme professional shift-work, give rise to a multi-level stress in the important spheres of job and close relations, marital included. Loneliness, hard longing for personal autonomy, emotional instability is negative outcomes in this situation. This triggers coping through cognitive-behavioral efforts, different in productivity and effectiveness. A modern family could not be a constant coping resource during life transitions.

**Keywords:** adaptation, loneliness, coping, extreme professionals, a family, coping resources

## I. INTRODUCTION

Everyday life of modern people of any age require the so-called liberalization of loneliness (eds. Blanchard, Anthony, 2013), i.e. to refuse stereotyping it – exclusively negative perception of loneliness as a result of ageing or illness as well as conscious behavioral strategies based on new interpretations. On the one hand, loneliness discourages a person to enter a society; on the other, it gives vast possibilities for self-reflection, better understanding of meaningful life problems, and enhances the development of socially valuable personal traits (Weiss, 1973; Kryukova, 2016).

## II. OVERVIEW

The analysis of classic and new studies within cognitive and social psychological frameworks shows that the period of significant research on the issue in Western psychology is lengthy. This is related both to a deeper understanding of social influence of Western individualistic culture on an individual and to the efforts to find application fields for obtained results. While associating loneliness with cultural context – collectivism / individualism, the researchers do not consider people living in collectivistic cultures lonelier any more (it was found out that elderly people from Finland and Germany feel least lonely while these countries are considered the most individualistic in Europe) (Dykstra, 2009). The attention is focused on both traditionally mentioned – the age, cultural, and socio-psychological ones – and new aspects of loneliness issue – the transmission of loneliness (Cacioppo, Patrick, 2008). Coping with anxiety strategies caused by loneliness such as «sad passivity» and distancing or denial (unhealthy behaviors such as exaggerated consumption of medication, alcohol and drug abuse, self-induced isolation, attempted suicide, turning to crime or denying loneliness altogether); active solitude (study or work, write, listen to music, exercise, walk, work on a hobby, go to a movie, read and play music) are as ambivalent as the phenomenon of loneliness itself (Cacioppo, Fowler, & Christakis, 2009). Lonely people's coping efforts often result in a growing feeling of loneliness, involving the pain of loneliness as the need to protect oneself (eds. Pierce, Sarason, Sarason, 1996). Chicago research team headed by J. Cacioppo (Chicago Center for Cognitive and Social Neuroscience) identified that people who perceived themselves as lonely didn't not

feel satisfied with their lives. They were at high risk of cardiovascular diseases, obesity, hypertension, and Alzheimer's disease. Emotional, cognitive, and behavioral consequences of loneliness induce others to experience it either: loneliness is contagious; it causes weaker social contacts with the others - lower the level of satisfaction with other people and oneself (Cacioppo & Patrick, 2008; Cacioppo et al., 2009). An indirect correlation between subjective loneliness and the size of social network is identified. It is stated that loneliness involving high neuroticism and hostility determines one's low immune response to the flu.

Our review reveals that, the state of loneliness is always perceived as a dual dialectical problem – the one of a subject's existence resourcefulness and his inferiority at the same time. Clinical psychology and cognitive behavioral therapy contribute greatly to its better understanding (A. Beck; D. Burns; A. Ellis) trying to modify non-adaptive cognitive processes concerning evaluation of one's loneliness, the Self, and one's relationships with the others. The researchers most often associate loneliness with negative individual states – stress and tension, the sense of ill-being that manifest themselves clearly in one's relationships (De Jong Gierveld, Dykstra, and Schenk, 2013), including those with one's closest people (Hawkey, et al., 2013). The cognitive behavioral approach focuses on the importance of personal believes, social representations and attitudes in the determination of the lonely people's behavior (Manis, 2008). The discrepancy between individual loneliness and the number of social connections in real life (in a social network) is well described in social psychology. The worsening sense of one's loneliness and other high level negative states related to economic crisis, wars, migration, and failed policy of multiculturalism are also examined. Russian psychological science has a few original and representative studies on loneliness (see a review in: Kryukova, 2016). Still there are practically no works about loneliness and coping with it in a family which is a risk factor for both an individual and a family as a whole.

Having identified family, social, and romantic loneliness researchers examine it longitudinally. One of the most well-known studies (Cacioppo et al., Chicago, 2002-2012) is identifying the impact loneliness has on social cognitions, emotions, personal processes, subjective well-being, and health. It was demonstrated that perceived (subjective) loneliness for healthy people is a more important predictor of negative consequences for their health than real (objective) social isolation.

### III. A CURRENT STUDY

*Loneliness* in our study is considered as a perceived deficiency in one's social and interpersonal relationships which are defined as non-satisfying the needs; the result of one's cognitive emotional assessment of their social contacts, relationships (a social network) which are inadequate in terms of quality or small (a few) in terms of quantity. The new aspect is a research of coping with loneliness as a life change and cognitive-behavioral transition. *Coping* is understood as adaptive behavior aimed at a person's active interaction with stress or

difficult life situation through conscious actions, adequate to personal traits and a situation in question. This adaptive conscious behavior is meant for two ways in a situation – either to change it (if it is controllable), or adapt to it (if it is out of one's control) (Kryukova, 2010). *The aim* of the current research is to understand the relationship between negative feeling of loneliness and the efforts to cope with it as cognitive-behavioral transition.

### IV. METHOD

Series of empirical studies involved about 7 particular samples (the total number of respondents is 567). The following scales in Russian adaptation were used: De Jong Gierveld/van Tilburg *Loneliness Scale – LS*; modified *UCLA Loneliness Scale*, 1980; *Brief COPE* questionnaire, 1997, *Subjective Well-Being Scale (SWS)*, Perrudet-Badoux et al., 1988, *Ways of Coping Questionnaire (WCQ)*, Lazarus, Folkman, 1988 (Kryukova, Ekimchik, 2018); a semi-structured interview; marital relationships' inventories by A. Volkova, 1985; Levkovitch & Zuskova (Ilyin, 2003). The generalized independent experts' assessment from medical (psychiatric) doctors and psychologists (councilors) who face loneliness as a request in their practice has enormously contributed to the results' verification. Statistical analysis: was performed by SPSS Statistics 19.0.

### V. RESEARCH RESULTS

A hypothesis is that relational deficiency is subjective, i.e. perceived and is often distorting the real picture of person's social life. Our objectives have been: 1) to study cognitive evaluation of one's loneliness level and coping efforts empirically; 2) to examine possible variants of personal determination of loneliness evaluation and the choice of coping ways with regard to respondents' generational, gender, cultural, and socio-demographic characteristics. These phenomena have been examined among family members (children-parents, husbands-wives), younger and senior adults; 3) to study loneliness situational and contextual factors in particular life situations: a spouse's extreme shift work; after the birth of the second child in a family, romantic partner's adultery, the loss of a pet – a long-time family member (a dog, cat, and others) and productive / non-productive strategies of respondents' coping behavior; 4) to study loneliness coping resources and the correction of its inadequate evaluation. A number of hypotheses have been tested out: the ones about the relations between a subject's social network size and the level of loneliness as well as subjective evaluation of loneliness and coping strategies; about the quality of close relationships (marital), loneliness, and coping strategies, and others.

**Study1.** We tested the hypotheses that there exist strong ties and differences between loneliness level and coping strategies in men and women of different age. It is the more so in a special context of life transition from collectivistic culture into more individualistic one in post-totalitarian society. *Participants* are three groups of

628 people aged 15 – 89. The first group included adolescents (15-17); the second group - adults 35-56; the third - elderly people living either with their families, or by themselves, or in a nursing home 75-89. *Measures. UCLA; LO; CISS; CDS (Cognitive Distortions Scale);* an interview. *Results* have suggested that: 1. Personal evaluations of loneliness level and coping strategies choice are strongly interrelated. The evaluations bear a number of subjective cognitive distortions related to thinking errors – both towards the magnification and minimization, even the denial of loneliness. Gender and age differences in both cognitive evaluation of loneliness and coping strategies are identified. More than 50% of the older sample report high to moderate levels of situational and chronic loneliness. 2. Respondents of all ages (9-90 years old) give much importance to loneliness in a family, or family loneliness, when the members seek attachment, support, and unity but families cannot satisfy these needs. There are differences in the intensity of family loneliness between: a) children - parents: adolescents and young adults living in the family more often and intensively suffer from loneliness; yet, adolescents overestimate particularly family loneliness due to their high egocentrism; parents – the elderly in families born in the USSR are dissatisfied with their place, a weaker leading position and often overestimate their own loneliness in a family; older persons are more likely to experience a partner's loss through widowhood than a divorce (this is especially true for women). They underline that are not understood by others. The following loneliness concerning the life change is a great stressor to cope with; b) men in families are more likely to admit and accept their loneliness (coming to terms with it as an inevitable thing); c) women are more lonely and suffer from their husbands' shift work and more than one month physical absence from the family life; under these circumstances, men more often deny their loneliness and avoid the problem; d) generally, spouses in relatively well-functioning families with children (av. 15-18 year marital experience) under normative life circumstances hardly admit their loneliness, lower, or deny its level; high expectations about one's interpersonal relationships and the need to express feelings determine women's stronger tendency towards it. The American studies consider a marriage to be protective from loneliness (Cacioppo, Hawkley; Dykstra). Overall, modern Russian family as a sustainable social network doesn't prevent people neither from stress and tension in their interpersonal relationships, nor from subsequent loneliness. The differences in general and emotional types of loneliness identified between married / single people suggest that the former are lonelier. 3. Based on our data, the personal determinants of high loneliness are: *gender, age*, the level of *subjective well-being*, the level of *egocentrism*, the type of *attachment, jealousy*, and strong *anxiety* increase the pain from loneliness in relationships. 4. The *situational* determinants of loneliness are the following: after the first child's birth (loneliness and non-productive coping increase among men), after the second child's birth – those increase among both spouses a year after the

birth; a spouse's adultery; a pet's as a long-time family member's loss (most often – of a cat and a dog); a husband's shift work causing long (up to 45 days) absence from a family. 5. *The lack of trust, jealousy*, and *frustration* at the gap between expected and real relationships are prevailing among partners and spouses with high subjective loneliness. 6. There is no relevant correlation between the size and density (the number of one's contacts) of respondents' social networks and their loneliness. This supports the hypothesis about the cognitive-subjective evaluation of one's loneliness importance and its understanding as a deficiency of social contacts. Nevertheless, most lonely people (av. age of sample1 = 24. 5; av. age of sample 2 = 73.4) neither consider 1-2 social network contacts their closest people, nor use «my best friend»; their attitude to all the so-called friends, i.e. all «they just communicate with» is ambivalent with a shift to the negative. 7. The level of subjective loneliness determines one's coping strategies: loneliest people prefer non-productive coping strategies like *escape-avoidance, confrontation* (aggressive efforts), *venting one's negative emotions*, and *self-absorption*. 8. Teens tend to seek social support against acute loneliness, especially in a family; they feel better in their Internet contacts and in a virtual network.

**Study 2** was devoted to loneliness problems in the families, where one spouse was engaged in extreme shift work: in all there were 84 people or 42 couples (19 - 53 yrs old, av. age 29.1), both married women (50%) and men (50%). 85.7% of the total sample of families belonged to the problematic type (Korneeva, Simonova, et al., 2013). It can be stated that the main conflict areas of open and closed conflicts coincided: financial problems, family role structure and the ways they solved family conflicts. The conflicts concerned: “being informed/awareness” 61.9%, “leisure time” 57.1%, “communicative culture” 47.6%, “emotional comfort” 38.1%, “contents of communication” 38.1%, “cognition” 33.3%. In the marital relationships, according to wives, there was no sufficiently informative discussion of problematic situations: the wife lacked explanations of existing problems from her spouse. According to the husband, a conflict situation often passed through an insult and ignorance on the part of the wife. There was also an inadequacy in discussing conflict situations and problem areas of family relationships, spouses do not sufficiently discuss problems and ways of settling the conflict. In the families of shift workers a boycott of a partner was a frequent way out of a conflict situation, and both spouses used this tactic. The study of hidden conflict zones also confirmed the identified problem areas of family relations of shift-work specialists. High personal autonomy attitudes of spouses were associated with the periodic absence of one of the spouses due to professional employment. Loneliness was more often stated by the wives. For the male sample, a wife's appearance didn't matter much; women, on the contrary, attached great importance to their outlook, they were hurt by the spouse's indifference. The level of support from the husband, according to his wife, was insufficient. A

husband's own assessment of the “support” indicated its optimal level. In families of shift-work professionals, a characteristic transfer of functions to the wife - educational and household duties was mentioned; the role of the “host-hostess” was also, in the opinion of the wife, her duty. No wonder more often than not spouses admit loneliness, if at all, as an unsolvable problem.

## VI. CONCLUSIONS

1. A feeling and state of loneliness is an ambivalent and complex phenomenon since it implies a great range of emotions and sub-states; it depends on many factors. 2. The main *aim* of the research has been achieved – correlations between subjectively evaluated loneliness and the efforts to cope with it have been confirmed; the factors distinguishing people with successful coping from those with unsuccessful strategies are described. 3. The hypothesis that relational deficiency is subjective, i.e. the perceived and often distorting the real picture of one's social life, was mostly confirmed. The results proving that relationship between one's loneliness level and the coping efforts in different samples have been received: the elderly; adolescents and adults; spouses, respondents with different level of trust and love for their partners, etc. 4. The loneliness level determines coping strategies choice and vice versa. More lonely people are «trapped» in this feeling and prone to choose *escape-avoidance* and *self-absorption* and plunge into depression and suicidal thoughts. They often need social support and professional care. 5. Findings reflect results concerning that adaptation / adjusting to loneliness especially in a family demands serious and difficult cognitive-behavioral transition from a person. 6. The general idea that family could be a constant coping resource during life transitions is not sufficiently confirmed.

## VII. ACKNOWLEDGEMENT

Research has financial support of Russian Foundation for Basic Research, project 18-013-01005

## REFERENCES

- [1] Aging in a community (2013). Eds. J.M. Blanchard, B. Anthony. Chapel Hill, NC: Second Journey Publications.
- [2] Cacioppo, J. T., and Patrick, W. (2008). *Loneliness: Human nature and the need for social connection*. New York, London: W.W. Norton & Company.
- [3] Cacioppo, J. T., Fowler, J. H., & Christakis, N. A. (2009). Alone in the crowd: The structure and spread of loneliness in a large social network // *J. of Personality and Social Psychology*, 97, 977-991.
- [4] De Jong Gierveld, J., Dykstra, P.A., Schenk, N. (2013). Living arrangements, intergenerational support types and older adult loneliness in Eastern and Western Europe // *Demogr. Res.*, 27: 167–200.
- [5] Dykstra, P.A. (2009). Older Loneliness: myths and realities // *Eur. J. Ageing*. 6: 91-100.
- [6] Handbook of Social Support and the Family (1996). Eds. G.R. Pierce, B.R. Sarason, I.G. Sarason. Plenum Press, New York.
- [7] Hawkey, L.C., De Jong Gierveld, J., Dykstra, P.A., Schenk, N. (2013). Aging and loneliness: Downhill quickly? // *Current Directions in Psychological Science*, 2007, 16, 187-191.
- [8] Manis, M. (2008). Cognitive social psychology and attitude change // *Personality and Social Psychology Bulletin*, 34, 248-259.
- [9] Russell, D., Peplau, L.A., Cutrona, C.E. (1980). The Revised UCLA Loneliness Scale: Concurrent and Discriminate Validity Evidence // *J. of Personality and Social Psychology*. 39, 472–80.
- [10] Weiss, R.S. (1973). *Loneliness: The experience of emotional and social isolation*. Cambridge, MA: MIT Press.
- [11] Ilyin, E.P. (2003). *Differential psychophysiology of a male and a female*. Saint Petersburg: Piter (in Rus.).
- [12] Kryukova, T.L. (2010). *Psychology of coping behavior*. Kostroma: Kostroma Nekrasov State University (in Rus.).
- [13] Kryukova T.L. Coping with loneliness psychology. *Psikhologicheskie Issledovaniya*, 2016, Vol. 9, No. 49, p. 1. (in Rus., abstr. in English). Retrieved from: <http://psystudy.ru/index.php/eng/2016v9n49e/1340-kryukova49e.html>
- [14] Kryukova T.L., Ekimchik, O.A. (2018). *Stress and coping psychodiagnostics in close relationships: Manual of tests and measures*. Kostroma: Kostroma State University (in Rus.).
- [15] Korneeva, Ja.A., Simonova, N.N., Degteva, G.N., Dubinina, N.I. (2013). *Shift-workers` adaptation strategies in the Far North. A Man`s Ecology*. (9):9–16 (in Rus.). Retrieved from: <https://cyberleninka.ru/article/n/strategii-adaptatsii-vahtovyh-rabotnikov-na-kraynem-severe>