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## ABSTRACT

Since there appears to be a connection between substance use (and abuse) and loneliness it is of theoretical and clinical interest to explore the differences of coping with loneliness which drug users employ. The present study examined the manner in which MDMA (Ecstasy) users in comparison with non-MDMA (Non-Ecstasy) users and the general population cope with loneliness. Results reveal that drug users, in particular those who consume Ecstasy, so indeed cope with the distressing effects of loneliness differently. Both the effects of MDMA and the atmosphere in consuming this drug seem to help in endorsing most of the coping strategies of loneliness in this study. Since research indicated that users do not choose their drug of choice randomly but are exposed to the appropriate drug, the one which fulfills their particular needs, it appears that Ecstasy fulfills the needs and mediates the negative effect which loneliness causes and in turn, how one copes. The present study may indicate a need to address loneliness and strategies of coping with it, especially when counseling Ecstasy abusers in their teens or early adulthood years. (GCP)

## Coping with loneliness: young adult drug users

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## Coping with loneliness: Young adult drug users

Ami Rokach & Tricia Orzeck

Recent studies suggest that a large proportion of the population are frequently lonely. Loneliness has been linked to depression, anxiety and interpersonal hostility, to drug and alcohol abuse, to an increased vulnerability to health problems, and even to suicide. Rook (1988) observed that loneliness results from the interaction of person factors and situational constraints. That interaction is closely associated with the changing circumstances which one encounters growing up- from cradle to grave.

While there has been little theory development regarding the impact of drug use in adolescence and young adulthood on later life, it has commonly been observed that the use of various substances interferes with, or impairs, physical, psychological or emotional functioning. Although drug consumption is a way of “fitting in” and joining one’s peers recreationally, different substances effect the individual differently and are consumed to fulfill, at times, opposing needs (i.e. “uppers” vs. “downers”).

Young adults who are frequent users of a variety of drugs were observed to be alienated, unable to invest in meaningful personal relationships, and experience a significant alienation from the “love and work” that precedes a sense of satisfaction and meaning to life. In general, they feel troubled, inadequate, mistrustful, and lonely. Since there appears to be a connection between substance use (and abuse) and loneliness it is of theoretical and clinical interest to explore the differences of coping with loneliness which drug users employ. The present study examined the manner in which MDMA (Ecstasy) users in comparison to non-MDMA (Non-Ecstasy) users and the general population cope with loneliness.

MDMA’s reported popularity derives from reports about its effect as a mood elevator, as enhancing communication and intimacy, and for contributing to improved interpersonal relationships and increased self-esteem. Given the subjective effects of MDMA in promoting “togetherness”, it is likely taken by individuals who feel socially isolated and perhaps unable to feel a sense of belonging in other ways. The locations in which the drug is most popularly consumed, namely at Raves and parties, are also conducive to a feeling of oneness. A lonely

individual who attends a Rave and takes MDMA may find himself suddenly surrounded by hundreds of 'friends', most of whom are also taking the same drug, wearing similarly styled clothing, and seeking connection with others.

In this unique atmosphere of Rave parties and subjective feelings associated with MDMA, it would follow that the ways in which Ecstasy users cope with loneliness is quite different from other population groups. The present study compared the *beneficial* coping strategies of loneliness in MDMA users to those of non-MDMA drug users, and to the general population. Counseling of adolescents and young adult drug users may indicate to the client the beneficial strategies which he or she may use [possibly instead of drugs] to cope with and overcome loneliness.

### Participants

Eight hundred and eighteen participants volunteered to answer the loneliness questionnaire. A total of 275 men and 543 women comprised the sample. One hundred and six participants were regular users of MDMA, 88 used other substances (such as alcohol, Marijuana, Speed, Cocaine, or Heroin) and 624 participants were not from amongst the self-identified drug users (see Table 1).

### The Loneliness Questionnaire

All items for the questionnaire were written by the senior author and based on Rokach's previous research on loneliness. The questionnaire has 34 items which describe a variety of *beneficial* coping strategies. The instructions requested that participants reflect on their previous experiences of loneliness and endorse the items which described the coping strategies that were most helpful to them. The items in the questionnaire were grouped, by factor analysis, into six factors: Factor 1, Reflection and acceptance (accounted for 14% of the variance) = being by one's self to become acquainted with one's fears, wishes and needs; and consequently, accepting one's loneliness and it's resultant pain; Factor 2, Self-development and understanding (5%) = the increased self-intimacy, renewal, and growth which are often the results of active participation in organized focused groups or of receiving professional help and support; Factor 3, Social support network (4%) = the re-establishing of social support network which can help one feel connected

to and valued by others; Factor 4, Distancing and denial (3%) = denial of the experience and pain of loneliness by alcoholism, drug abuse, and other deviant behaviours; Factor 5, Religion and faith (3%) = the need to connect to and worship a divine entity. Through affiliation with a religious group and practising its faith one can gain strength, inner peace, and a sense of community and belonging; and Factor 6, Increased activity (3%) = active pursuit of daily responsibilities as well as fun-filled solitary or group activities, thus maximizing one's social contacts (See appendix A for sample items). Each of the six factors comprised a subscale and participants' scores are the sum of items which they endorsed in each subscale. Kuder-Richardson internal consistency reliabilities were calculated and yielded the following alpha values:  $F_1 = .65$ ;  $F_2 = .43$ ;  $F_3 = .54$ ;  $F_4 = .66$ ;  $F_5 = .62$ ;  $F_6 = .57$ . K-R alpha for the 36 item questionnaire was .73.

## RESULTS & DISCUSSION

A MANCOVA yielded significant differences in the beneficial coping strategies amongst the three subgroups ( $F_{(12, 1066)}=16.20$ ;  $p<.001$ ). ANCOVA's were then calculated in order to examine in more detail those differences. Results of the present study indicate that overall Ecstasy users had the highest mean subscale scores on all but the Reflection and acceptance and the Religion and faith subscales where the general population had the highest, while the non Ecstasy users had the lowest mean scores. Results of the present study confirmed that the coping strategies employed by Ecstasy users are significantly different than those employed by Non-Ecstasy users and the general population (see Table 2).

Drug users, in particular those who consume Ecstasy, do indeed cope with the distressing effects of loneliness differently. Both the effects of MDMA and the atmosphere in consuming this drug, seem to help in endorsing most of the coping strategies of loneliness in this study. Since research indicated that users do not choose their drug of choice randomly but are exposed to the appropriate drug, the one which fulfills their particular needs, it appears that Ecstasy fulfills the needs and mediates the negative affect which loneliness causes and in turn, how one copes. The present study may indicate a need to address loneliness and strategies of coping with it, especially when counseling Ecstasy abusers in their teens or young adulthood years.

**Table 1: Demographics**

Population	N <sup>1</sup>	Marital Status			Education			Age		
		Single	Married	Divorced	M	SD	M	SD	M	SD
Ecstasy Users	106	86 (81%)	20 (19%)	—	13.42 (10-20)2	2.14	22.05 (15-30)	3.78	F <sub>(1,104)</sub> =0.73	
Men	56	50	6	—	13.30	2.10	21.75	3.92		
Women	50	36	14	—	13.56	2.20	22.38	3.63		
									F <sub>(1,104)</sub> =0.38	
Non-Ecstasy Users	88	73 (83%)	14 (16%)	1 (1%)	13.68 (10-20)	2.23	23.02 (15-30)	4.60	F <sub>(1,86)</sub> =1.24	
Men	33	26	7	—	13.64	1.92	22.73	4.49		
Women	55	47	7	1	13.71	2.41	22.60	4.65		
									X <sup>2</sup> <sub>(1,2)</sub> =1.64	
General Population	624	557 (89%)	56 (9%)	7 (2%)	14.46 (10-20)	2.56	21.84 (15-30)	2.92	F <sub>(1,622)</sub> =0.78	
Men	186	160	20	6	13.38	3.05	22.00	3.56		
Women	438	399	36	1	14.91	2.17	21.77	2.60		
									F <sub>(1,620)</sub> =50.58**	
Total	818	716 (88%)	90 (11%)	8 (1%)	14.24	2.50	22.00	3.27	F <sub>(2,540)</sub> =14.36***	
Men	275	236	33	6	13.39	2.76	22.16	3.79		
Women	543	482	57	2	14.67	2.25	21.91	2.98		
									X <sup>2</sup> <sub>(1,4)</sub> =22.42**	

<sup>1</sup> N's and percentages may not add up due to missing data. <sup>2</sup> in parenthesis = range  
 .05 \*\* p<.001 \*\*\* p<.005  
 X<sup>2</sup><sub>(2,1)</sub> (gender by group) = 20.25\*\*\* F(2,115) (educ by group) = 8.87\*\*  
 X<sup>2</sup><sub>(2,2)</sub> (marstat by group) = 3.08 F(2,139) (age by group) = 1.80

**Table 2: Comparing Mean Subscale Scores of Loneliness Coping Strategies by Group**

Population	N <sup>1</sup>	Reflection and acceptance		Self-development and understanding		Social support network		Distancing and denial		Religion and faith		Increased activity	
		M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Ecstasy Users (EC)	106	2.28	1.86	0.34	0.72	2.77	1.63	2.53	1.40	0.23	0.57	1.93	1.63
Men	56	1.91	1.79	0.30	0.63	2.52	1.60	2.63	1.48	0.16	0.50	1.88	1.70
Women	50	2.70	1.87	0.38	0.81	3.06	1.63	2.42	1.31	0.30	0.65	2.00	1.58
MANCOVA <sup>2</sup> F <sub>(6,99)</sub> =1.41		F <sub>(1,104)</sub> =4.93		F <sub>(1,104)</sub> =0.30		F <sub>(1,104)</sub> =2.98		F <sub>(1,104)</sub> =0.56		F <sub>(1,104)</sub> =1.57		F <sub>(1,104)</sub> =0.15	
Non Ecstasy Users (NEC)	88	2.70	1.93	0.23	0.52	2.16	1.84	1.35	1.44	0.32	0.72	1.66	1.47
Men	33	2.82	2.04	0.24	0.68	1.79	2.00	1.91	1.57	0.30	0.81	1.91	1.49
Women	55	2.64	1.88	0.22	0.42	2.38	1.73	1.02	1.25	0.33	0.67	1.51	1.45
MANOVA F <sub>(6,11)</sub> =3.54**		F <sub>(1,86)</sub> =0.18		F <sub>(1,86)</sub> =0.04		F <sub>(1,86)</sub> =2.20		F <sub>(1,86)</sub> =8.60**		F <sub>(1,86)</sub> =0.02		F <sub>(1,86)</sub> =1.54	
General Population (GP)	620	3.00	1.76	0.33	0.70	2.07	1.59	0.78	1.18	0.76	1.18	1.44	1.41
Men	184	2.89	1.67	0.50	0.94	2.13	1.66	1.36	1.65	0.68	1.09	1.43	1.34
Women	436	3.06	1.80	0.27	0.55	2.05	1.55	0.54	0.81	0.79	1.22	1.44	1.45
MANCOVA <sup>2</sup> F <sub>(6,11)</sub> =8.41***		F <sub>(1,620)</sub> =1.72		F <sub>(1,620)</sub> =5.89**		F <sub>(1,620)</sub> =1.57		F <sub>(1,620)</sub> =30.41***		F <sub>(1,620)</sub> =0.62		F <sub>(1,620)</sub> =0.60	
Total	814	2.88	1.81	0.32	0.70	2.17	1.64	1.68	1.18	0.64	1.10	1.52	1.46
Men	273	2.68	1.78	0.42	0.94	2.17	1.70	0.76	1.07	0.53	0.99	1.58	1.45
Women	541	2.98	1.82	0.27	0.55	2.18	1.61	1.07	1.38	0.70	1.14	1.50	1.47
MANCOVA <sup>2</sup> -3 groups		F <sub>(2,815)</sub> =6.77***		F <sub>(2,815)</sub> =10.24***		F <sub>(2,815)</sub> =3.74***		F <sub>(2,815)</sub> =44.02***		F <sub>(2,815)</sub> =5.42***		F <sub>(2,815)</sub> =3.18**	
F <sub>(1,2,1062)</sub> =16.2***		EC & GP		All		EC & NEC; EC & GP		All		GP & NEC; EC & GP		EC & GP	
Bonferroni		Sig. Diff.		Sig. Diff.		Sig. Diff.		Sig. Diff.		Sig. Diff.		Sig. Diff.	
MANCOVA <sup>2</sup> Men		F <sub>(2,272)</sub> =7.04**		F <sub>(2,272)</sub> =2.01		F <sub>(2,272)</sub> =2.10		F <sub>(2,272)</sub> =13.27***		F <sub>(2,272)</sub> =7.59**		F <sub>(2,272)</sub> =3.14	
F <sub>(1,2,538)</sub> =6.98***		EC & GP, NEC & EC		EC & GP		EC & GP		EC & GP		EC & GP		EC & GP	
Bonferroni													
MANCOVA <sup>2</sup> Women		F <sub>(2,540)</sub> =2.07		F <sub>(2,540)</sub> =1.16		F <sub>(2,540)</sub> =9.73***		F <sub>(2,540)</sub> =96.86***		F <sub>(2,540)</sub> =7.51**		F <sub>(2,540)</sub> =3.36*	
F <sub>(1,2,1064)</sub> =15.62***		EC & GP		EC & GP		EC & GP		All		EC & GP		EC & GP	
Bonferroni													

<sup>1</sup>Ns may not add due to missing data.  
<sup>2</sup>Marital status, age, gender, and education were covaried.  
<sup>3</sup>Marital status, age, gender, and education were covaried.  
<sup>4</sup>Age was covaried.



## Appendix A

### Coping with Loneliness - Sample Items

#### *Factor 1 : Reflection and acceptance*

- I came to accept how I felt (.59)\*
- I turned loneliness into a time for reflection (.61)
- I came to view being alone as an opportunity to think things through and set new goals for myself (.64)
- I tried to focus on what really mattered to me I life (.59)

#### *Factor 2: Self-development and understanding*

- I sought professional help from a medical doctor (.57)
- I actively sought to make new friends at social groups I attended (.40)
- I enrolled in personal development seminars (.51)
- I went back to work after years of being at home (.41)

#### *Factor 3: Social support network*

- I renewed old friendships (.49)
- I spent time at places where I knew there would be a lot of people (.45)
- I went to more parties and social functions (.63)
- I correspond with friends/family more frequently (.42)

#### *Factor 4: Distancing and denial*

- I denied to myself that anything was wrong (.48)
- I purposely built walls around myself (.55)
- I avoided social functions (.40)
- I drank alcohol to excess (.58)

#### *Factor 5: Religion and faith*

- I sought answers to my problems in prayer (.75)
- My attendance at religious services increased (.68)



I felt strengthened and comforted by my faith in God (.76)

I actively sought to make friends at my church (.56)

*Factor 6: Increased activity*

I took up a new hobby (.51)

I got a part-time job (.42)

I took up a new sport (.46)

I immersed myself in work (.53)

\*The factor loading of the item.

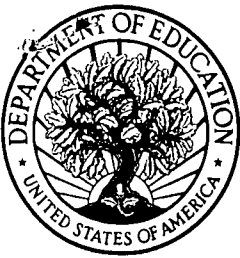
## **Coping with loneliness: Young adults drug users**

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