

## Causal Models of Iranians' Social and Emotional Alienation Mediated by Psychological Symptoms

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### ABSTRACT

Loneliness is a very unpleasant state of being that can have serious individual and social consequences. Researches have shown that in western society, 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. Since loneliness in terms of social and emotional alienation with regard to increasing rates of phenomena such as longer singlehood period, divorce, unemployment and so on, more or less is becoming an almost common way of Iranian life, in this research has been tried to identify the predictive patterns of these two specific problems based on personal aspects, internalized psychological symptoms; so that by achieving these predictive patterns based on psychological problems specific to Iranian people, the way towards rethinking and providing solutions on the basis of Iranian culture would be open. Based on the findings of this study, the predictive patterns of social alienation are produced by various interactions among three pervasive psychological symptoms: paranoia, depression and anxiety. These patterns are generated by the different interactions of more number of symptoms for emotional alienation, which are disturbed and poor interpersonal relationships, anxiety, phobia, rumination and rigidity in the terms of obsession. Furthermore, the contribution of each of these symptoms is not static and changes based on the type of involving interaction, it should be mentioned that there are some types of symptoms' interactions, which are capable to reduce the probability of these alienations. Thus, it can be concluded that the patterns of social and emotional alienations for Iranian people are less relevant to interpersonal hostility and they reflect their fears of others, inability to communicate properly with others and being paranoid towards others and keeping distance from them.

**KEYWORDS:** Social Alienation, Emotional Alienation, Psychological Symptoms.

### 1. INTRODUCTION

Alienation is a feeling of uneasiness or discomfort of a person, which reflects his exclusion or self-exclusion from social and cultural participation. It is an expression of non-belonging or non-sharing, an annoying awareness or perception of unpleasant difference with others [1].

Most explanations of the social patterns of distress refer to alienation in one or more of its forms. On the most general level, alienation is any form of social detachment or separation. Although alienation may be defined in terms of objective social conditions, studies of distress more commonly follow Seeman's [2] classic definition of alienation in terms of expectation [2]. He described five major types of alienation: powerlessness, meaninglessness, normlessness, sociological isolation, and self-estrangement; He pointed out that the third variant of the alienation theme, normlessness, is derived from Durkheim's description of "anomie" which refers to the sense of separation from a group or isolation from the standards of the group [3]. Jaco writing on "the Social Isolation Hypothesis," has shown that residential areas with the highest schizophrenic rates are those characterized by anonymity, spatial mobility, a smaller percentage of voting, low social participation, greater unemployment, fewer memberships in lodges and fraternal organizations, more job turnover, fewer visits with friends, etc. Halmos related social mobility to psycho-neurosis and schizophrenia. Kohn and Clausen found a relationship between social isolation and mental disease [4]. To describe the fifth theme of alienation, self-estrangement, Seeman took advantage from the Fromm's definition in "The Sane Society"; Fromm defined the alienation as the contemporary social character. He explained an alienation as a mode of experience in which the person experiences himself as an alien. He has become one might say, estranged from himself. In much the same way, C. Wright Mills commented that men are estranged from one another as each secretly tries to make an instrument of the other, and in time a full circle is made: one makes an instrument of himself and is estranged from it also. Seeman did not mention self-estrangement simply a metaphor of alienation from popular culture and postulated it as an estrangement from some ideal human condition [3].

Derived from Seeman's work, in psychology alienation is considered as a process of self-estrangement and as a failure of self-realization, which takes three forms: 1) the "despised" self, a negatively evaluated discrepancy between the person's preferred ideal and the perceived actual self; 2) the "disguised" self, a false consciousness that is out of touch with one's feelings; and 3) The "detached" self, a disjunction between activity and affect (i.e., the individual's engagements in activities that are not rewarding in themselves) [5].

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Moustakas, an American Psychologist and one of the leading experts on humanistic and clinical psychology, was the first contemporary author which mentioned "loneliness anxiety and distinguished it from "existential loneliness". Existential loneliness is the reality of being human, realizing and facing experiences of tragedy, and upheaval; is an inevitable part of the human experience, involving periods of self-confrontation and providing an avenue for self-growth. It is a kind of solitude, which is limitless and free, and a man renews himself and discovers another part of who he is under its light. Loneliness anxiety on the other hand, is not true loneliness, but the fear people have of being lonely. The very same fear that creates the blind running away, the denial of pain, and the hectic social activity which are all aimed at one thing--relieving the fear of loneliness, and blurring the realization of alienation. Because the capacity to be lonely is so much a part of being human, and since in the course of living, all people encounter separation or loss of some kind, we all grow to fear the agonizing pain of loneliness, and its gnawing, saddening, and terrifying effects on us [6, 7].

In psychology, loneliness is defined on the basis of social deficiency involvement. Weiss [7] distinguished emotional loneliness (based on the absence of a personal and intimate relationship) from social loneliness (based on lack of social "connectedness" or sense of community). He believes that emotional loneliness is a more painful form of isolation; social loneliness is experienced as a combination of feeling rejected or unacceptable, together with a sense of boredom [7]. In all these forms, loneliness is assumed to be an emotionally intense [7]. Although alienation is not considered as a mental disorder, it is identified as a component of condition known as an antisocial personality disorder. Often Alienation overlaps with other major psychological symptoms such as boredom, depression, and loss of locus of control experience [5]. Alienation involves feelings of meaninglessness, powerlessness, being manipulated, social and self isolation, in all which the major theme is a person's feeling of lack of power to eliminate the gap between the definition of his playing role and the one that he feels he should be playing in a situation. Other feelings of helplessness, loss of community, lack of understanding, and the opposite of commitment can also be present in alienation [3, 5]. Common symptoms of alienation may include loss of a sense of humor, the conviction that life is without meaning, need to withdraw from social and familial circles, emotional disconnectivity or numbness, belief that one does not belong to previous intimate groups, and inability to care for others [5, 8].

Research results on loneliness have generally shown a positive relationship between the subjective experience of loneliness and impaired mental health, including neuroticism, low self-esteem, depression, anxiety, psychosomatic concerns, aggression, and paranoia. One explanation for this observation is the possibility that both loneliness and general psychopathology are associated with interpersonal difficulties that lead to a lack of rewarding social relationships [7, 9]. Another explanation is that the loneliness is an intricate phenomenon in which the type of relationship deficit results in both generalized distress and specific negative emotional outcomes [9, 10].

For instance, Weiss [9] suggested that the absence of connectedness to important attachment figures results in a separation distress and a perception of vulnerability to threat (or lack of self-assurance). Russel et al. [9] found that depression was more strongly associated with emotional loneliness, whereas anxiety was related to social isolation. This link between emotional impairment and loneliness is most understandable when considering association between loneliness and low self-esteem and/or depression, both of which are strongly related to perceptions of loss or inadequacy [9]. Russel et al. [7] found that individuals with loneliness were prone to feel angry, self-enclosed, empty, and awkward. These individuals also described themselves as tense, restless, and anxious. Russel et al. and Perlman et al. [7] also found that lonely individuals reported being less happy, less satisfied, and more pessimistic. Problematic social interactions may be associated with self-blame and self-evaluative beliefs [7]. Research results have also shown that depressed individuals engage in a communication patterns that have a negative impact on their interpersonal relationships. Thus, they have more negative evaluations and expectations of social interactions than do non-lonely persons [9]. Weiss [7] commented that loneliness generates oversensitivity to minimal cues and a tendency to misinterpret or exaggerate the hostile or affectionate intent of others.

Although there are some researches on psychological symptomatology of loneliness, important questions have remained unanswered. For example, should these symptoms always accompany with loneliness? Is there only one consistent set of psychological symptoms accompanying loneliness? If not, what are these sets and which kind of loneliness they result in? Yet, there may be other reasons for the observed general relationship between psychological distress and loneliness. Psychological symptomatology tends to be highly inter-correlated, particularly as measured by widely used inventories. It is possible that several of the previously observed correlational relationships between psychological distress and loneliness are simply the result of this measurement problems. If so, measurement of independent affective distress might demonstrate that loneliness is, in fact, associated with only specific types of psychological distress [9]. Based on this concern, Jackson and Cochran [9] examined associations between psychological symptoms, assessed by the Symptom Check List-90 (SCL-90) and loneliness, as measured by the UCLA-R Loneliness Scale in college students. Using partial correlations to control for the confounding influence of generalized distress, they examined relationships between loneliness and individual dimensions of distress. Results indicated a significant association between loneliness and interpersonal sensitivity (low self-esteem) and depression. Other dimensions of distress were not significantly related to loneliness. In addition, no sex differences in pattern of association were observed. Their results support the notion that self-blame and self-devaluation are strong correlated of loneliness.

Finally, despite the recognition that there are widely disparate variations in relational configurations and norms based on cultural setting [11], most loneliness research was conducted in western industrialized nations and with regardless of the culture in which it occurs [12]. In addition to differences in specific relational behaviors and expectations, it is possible that the statistical connections between such experiences and their correlates vary from one culture to the next, thus requiring potentially broader explanatory principles capable of subsuming such cultural and cross-cultural data.

Using statistical methods to control the collinearity and covariance among psychiatric scales, we examined the relationship between social and emotional alienation, as indexed by Harris and Lingoes Schizophrenia subscale derived from the Minnesota Multiphasic Personality Inventory second edition [13, 14] and basic psychiatric symptomatology, as measured by the Symptom Check List-90-R [14], among Iranian population. Moreover, causal patterns of psychiatric symptoms to create social and emotional alienation in Iranian population were examined by a statistical technique of the path analysis.

## 2. MATERIALS AND METHODS

### 2.1. Participants

Participants were 83 individuals with at least associative degree, ranging in age from 20 to 50 years old (median age, 27 years), and living in Iran. They were volunteers who informed about the study through social networks and filled the questionnaires on our website designed for this study.

### 2.2. Measures

Participants were administered two instruments. One of them included the Social Alienation (Sc1) and Emotional Alienation (Sc2) subscales of Harris and Lingoes Schizophrenia scale derived from MMPI-2; Sc1 and Sc2 has 21 and 11 items respectively which both are a self-report inventory in a yes-no answer form. They evaluate the current levels of perceived alienation [13]. The high scores in social alienation are indicative of individuals who: 1) feel mistreated, misunderstood, and unloved; 2) feel that others are trying to harm them; 3) describe their family situations as lacking in love; 4) report that their families treat them more as children than as adults; 5) feel lonely and empty; 6) admit they have never had a loving relationship with anyone; 7) report hostility and hatred toward family members; and 8) avoid social situations and interpersonal relationships whenever possible [13] [14]. The high scores in emotional alienations are indicative of individuals who: 1) report feelings of fear, depression, and apathy; 2) sometimes may wish they were dead; and 3) may exhibit sadistic and/or masochistic needs [13] [14].

In this study, the mean, standard deviation, and range of variability statistics of raw data for social alienation scale was 8.120, 2.907, and (4 to 16) respectively, and was 4.349, 1.518, and (2 to 8) respectively for emotional alienation scale. The reliability coefficients for these scales estimated by Cronbach's alpha and item-test correlation were 0.81 and 0.80 for Sc1, and 0.88 and 0.76 for Sc2, which indicated the appropriate reliability of these scales. There are several studies on basic validity of these scales, which have shown their clinical and probabilistic efficacy [14].

The Revised Symptom Check List (SCL-90-R) is a 90-item self-report inventory of psychiatric symptomatology. Responses to the 5-point scales are scored for the following nine subscales: Somatization (som), Obsessive-Compulsiveness (ob), Interpersonal Sensitivity (or low self-esteem) (is), Depression (de), General Anxiety (an), Hostility (or anger) (hos), Phobic Anxiety (ph), Paranoid Ideation (pa), and Psychosis (psy). Prior research has adequately demonstrated the instrument's high reliability and validity [9, 14]. In this study the Cronbach's alpha coefficients for all subscales placed in the interval (0.93 , 0.94) and the alpha coefficient for a test scale based on all subscales was 0.94.

## 3. RESULTS

Overall, self-reported psychiatric symptoms were strongly associated with social and emotional alienation when zero order correlations were evaluated (see Table 1). Almost all nine subscales were significantly and positively related to current levels of alienation in significance level of 0.01.

Since the variance inflation factor (VIF) values for all subscales of SCL-90-R were less than 10, their mean VIF was less than 4, and also their all tolerance values were bigger than 0.1 and less than 1 (see Table 2), there were no multicollinearity among them as predictors [15]. Thus, the stepwise forward regression was used to find the most significant predictive equations for social and emotional alienations with significance level of 0.05. Three predictive models were found for social alienation in which predictors were: paranoid; paranoid and depression; paranoid, depression, and anxiety (see Table 3). Three predictive models were also found for emotional alienation in which predictors were paranoid; paranoid, interpersonal sensitivity, and obsession-compulsion; interpersonal sensitivity, obsession-compulsion, and anxiety (Table 4).

**Table 1.** Correlation matrix between alienation levels and psychiatric symptoms (\* $p < 0.01$ ,  $p < 0.05$ )

	sc1	sc2	som	ob	is	de	An	hos	ph	par	psy
sc1	1	0.59*	0.34*	0.37*	0.4*	0.44*	0.34*	0.4*	0.23	0.58*	0.36*
sc2	0.59*	1	0.23		0.33*	0.23*	0.30*	0.28*	0.37	0.33*	0.24

**Table 2.** Variance inflation factors and tolerance value to check for multicollinearity among psychiatric symptoms

Variables	VIF	VIF	Tolerance	Squared
Som	3.22	1.79	0.31	0.69
Ob	4.15	2.04	0.24	0.76
Is	3.03	1.74	0.33	0.67
De	3.21	1.79	0.31	0.69
An	5.11	2.26	0.2	0.8
Hos	2.03	1.43	0.49	0.5
Ph	1.97	1.4	0.51	0.49
Pa	2.16	1.47	0.46	0.54
Psy	2.41	1.55	0.42	0.58

**Table 3.** Stepwise forward regression to predicate social alienation ( $p < 0.05$ )

Model Residual						
Model	F	df	df	Pr> F	R2	Change in R2
1	42	1	81	0	0.34	
2	3.36	1	80	0.05	0.368	0.0266
3	2.81	1	79	0.05	0.03897	0.0217

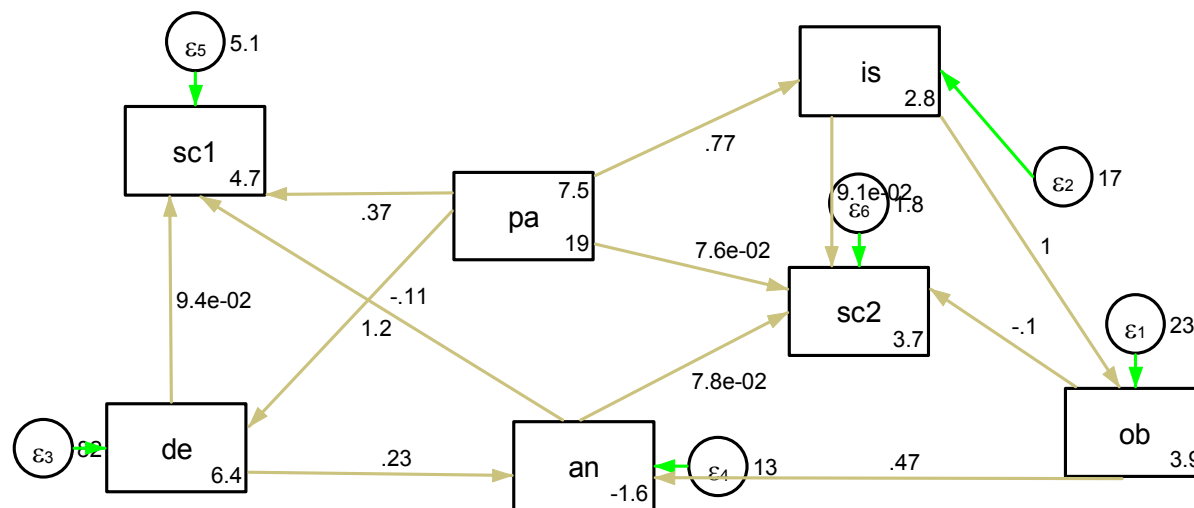
**Table 4.** Stepwise forward regression to predicate social alienation ( $p < 0.05$ )

Model Residual						
Model	F	df	df	Pr> F	R2	Change in R2
1	10.11	1	81	0.002	0.111	
2	3.67	1	79	0.05	0.1736	0.0384
3	3.51	1	78	0.05	0.2092	0.0356

Path analysis via SEM application provided by the STATA data analysis and statistical software version 12 with 1000 bootstrap reps was used to found the mediators in predictive paths of social and emotional alienations. Indirect, direct, and total effects of these paths have been provided in Table 5 and the path diagram has been shown in fig. 1.

**Table 5.** The summary of causal effects of revised model in predicting the social and emotional alienations

Direct effects			Indirect effects			General effects			
	Observed coef.	Bootstrap Std.	P> z	Observed coef.	Bootstrap Std.	P> z	Observed coef.	Bootstrap Std.	P> z
ob <-									
Is	1.02	0.10	0	0	(No path)		1.02	0.1	0
Pa	0	(No path)		0.78	0.12	0	0.78	0.12	0
an <-									
Ob	0.47	0.09	0	0	(No path)		0.47	0.09	0
Is	0	(No path)		0.48	0.05	0	0.23	0.06	0
de	0.23	0.06	0	0	(No path)		0.23	0.06	0
pa	0	(No path)		0.65	0.11	0	0.65	0.1	0
sc2 <-									
ob	-0.10	0.04	0.00 4	0.04	0.007	0	-0.07	0.04	0.07
an	0.08	0.05	0.1	0	(No path)		0.08	0.05	0.1
is	0. 09	0. 05	0.0 7	-0.07	0.007	0	0.02	0.05	0.6
de	0	(No path)		0.02	0.005	0	0.02	0.005	0
pa	0.08	0.05	0.1	0.04	0.03	0.16	0.12	0.03	0.001
is <-									
pa	0.8	0.09	0	0	(No path)		0.77	0.09	0
de <-									
pa	1.24	0.2	0	0	(No path)		1.24	0.2	0
sc1 <-									
ob	0	(No path)		-0.05	0.009	0	-0.05	0.01	0
an	-0.11	0.07	0.12	0	(No path)		-0.11	0.07	0.1
is	0	(No path)		-0.05	0.005	0	-0.05	0.005	0
de	0.09	0.03	0.006	-0.025	0.007	0	0.07	0.04	0.05
pa	0.37	0.09	0	0.05	0.05	0.38	0.4 2	0.07	0



**Fig 1.** Path diagram for revised predictive model of social and emotional alienations including path coefficients. (significance level of 0.05)

As it can be seen in table 5, paranoid factor was 42% of the cause of the social alienation. 88% of this 42% was produced by the direct effect of paranoid factor on social alienation and the other 12% was the result of its indirect effect. So that, 10% of this indirect effect caused the social alienation through the linear chain of effects in which the interpersonal sensitivity led to the obsession-compulsion, the obsession compulsion led to the anxiety, and the anxiety resulted in the social alienation. The other 2% of this indirect effect caused the social alienation through the linear chain of causes in which the effect of depression on the anxiety led to the social alienation.

Paranoid factor was also the 12% of the cause of the emotional alienation. 66% of this effect was produced by the paranoid factor per se, and 34% of that resulted in emotional alienation through mediating paths. So that, across the path of causes, the indirect effect of paranoid mediated by the effect of the interpersonal sensitivity on the obsession-compulsion, and the obsession-compulsion on the anxiety shaped 25% of this indirect path; in another path the paranoid factor led to the emotional alienation through the mediating effect of depression on anxiety.

The obsession-compulsion factor as a direct factor with the total effect of -7% played a very weak protecting role against the emotional alienation. Its direct effect declined emotional alienation by 10%, which was reduced under the mediating effect of anxiety.

#### 4. DISCUSSION AND CONCLUSION

Although based on table 1 there were correlation relationships among almost all psychiatric symptoms with social and emotional alienation, this does not mean that each of these symptoms can independently be a direct cause for the resulting behavior; as in diagnostic and statistical manual of mental disorders a syndrome or a behavioral pattern, which is a set of psychological symptoms that together can predict an occurrence of a behavior, is considered in examining and describing the individual's mental profile rather focusing on psychological symptoms as a discrete nature and separated categories [16]. On the other hand, psychological categories have a pluralistic tendency that is these categories instead of a singular nature, consist of several different symptoms that lead to co-occurrence among categories. In a way that in most cases we face to the comorbidity of depression and anxiety, comorbidity of depression and obsession and so on; i.e., we encounter with the combination and mixed symptoms which are shaped as a cluster and oppose to the logic of unity in psychological morphology. This is also confirmed by the statistical analysis. The analyses of factors or clusters show that we encounter with the complex status of behavior, so that it is impossible to consider one without the other. As proverbs, such as "depression and anxiety are flip sides of the same coin" are common in psychopathology [17].

Thus, in this study, unlike previous research focusing on direct relationships among psychological factors and alienation, it has been tried to focus on more complex and indirect relationships between psychiatric symptoms and the problem of the alienation, so the possibility of accessing to causal mechanisms of alienating behavior put forward by recognizing of intervening factors.

Paranoid trait based on hostility, cynicism, and fear of losing control [14] is the key factor in the formation of social and emotional alienations. According to the sociological studies conducted on Iranian mannerism, being paranoid, mistrustfulness, and the sense of insecurity have been identified as common and important characteristics of Iranian population [18, 19, 20], which arose from historical and social causes of Iranian community [19, 21]. In such a way that unreliability of life and property as a permanent threat on Iranians have made them as paranoid individuals. Consistent with psychodynamics and cognitive-behavioral theories, this paranoid trait leads to an individual's negative view at the world and the idea that others have negative or harmful motivations. According to cognitive theories, this falseness in an individual's view at the world and others can be arisen from three cognitive assumptions: 1) people are deceitful and wicked; 2) all people will attack you if they have a chance; and 3) If you become careful, you can be safe from conspiracy [16].

It seems that Iranians are in permanent terror in order to keep their ontological security, a particular form of terror, whereby one is petrified, i.e. turned to stone. The magical act whereby one may attempt to turn someone else into stone, by petrifying him; and, by extension, the act whereby one negates the other person's autonomy, ignores his feelings, regards him as a thing, kills the life in him. In this sense one may perhaps better say that one depersonalizes him, or reifies him. One treats him not as a person, as a free agent, but as an it. Depersonalization is a technique that is universally used as a means of dealing with the other when he becomes too tiresome or disturbing. One no longer allows oneself to be responsive to his feelings and may be prepared to regard him and treat him as though he had no feelings. The people in focus here both tend to feel themselves as more or less depersonalized (emotional alienation) and tend to depersonalize others (social alienation); because they are constantly afraid of being depersonalized by others [22].

Interpersonal sensitivity which is a mediator of paranoid characteristic effect on social alienation among Iranians is also noteworthy. Since individuals with high levels of interpersonal sensitivity have noticeable problems in interpersonal situations and have negative expectations towards others, they feel degradation and inferiority comparing with others and so they are captive in a sense of uncertainty and inefficiency about themselves [14]. Low self-esteem triggers a form of system blame which has been suggested as a psychological defense used by the powerless to account for their inferior status. It should be noted that self-esteem is primarily dependent on one's interpersonal context, and studies on cultural and social structural influences on self-esteem suggest that cultures, subcultures, and ideologies that emphasized fatalism or fatalistic beliefs are associated with lower self-esteem and beliefs in external control [23].

The short-term society of Iran, which is both the cause and the effect of the lack of structures in Iranian history, in turn leads to unreliability of life and property, noticeable insecurity, and unpredictability of future [21]. The inability to long-term prediction of life and the lack of control over it as Mohammad Ali Eslami Nodooshan pointed out in his article titled "Who is an Iranian?", lead to a form of social status in Iran such that the logical sequence in affairs is less effective and leads to confusion in submissive and fatalistic thoughts [18]. So, according to sociological theoretician as Marx, Durkheim, Seeman [3], and Simmel [4], the low self-esteem by producing the expectancy that an individual's behavior cannot determine the occurrence of the outcomes, or reinforcements which he seeks, and by producing the frustration an individual may feel as a consequence of the discrepancy between the personal control and liberty which he desires and what imposed on him from social and cultural structures, leads to both social and emotional alienations. However, It is noteworthy that unlike most of western studies which indicate the interpersonal sensitivity as the most important factor in creating an alienation [9], in Iranian Society this feature is just a mediating factor that cannot lead to alienation per se and without the interfere of other characteristics such as obsession and anxiety.

The finding of this study shows a deviation from the common relational behaviors among Iranians, in that the obsessive-compulsive factor in the contrary to what the common sense may confirm leads to reduction in emotional alienation. One possible explanation for this observation is the Freud's idea. He pointed out that since religious tasks are indeed some social missions to suppress the regressive instinct, so one can argue that religion works as social attempts to denounce aggression via ritual behaviors. As some studies have shown the relationship between more positive attitudes toward religion with higher scores in obsessive traits such as emphasizing on cleanliness, self-controlling, disciplines, and inflexibility, but not with the obsessive symptoms such as guilt, ritual behaviors, dubiety, compulsive and impulsive behaviors [24, 25]. Thus it seems that practice-orientation and belief in hereafter, which have been identified as important characteristics of Iranians [18], can alleviate Iranian individuals' emotional alienation in the limit of obsessive traits through reducing the interpersonal hostility which is one of the strong correlations of the feeling of alienation.

Finally, cross-cultural studies show that linguistic categories and folk understanding also affect the experience of loneliness. For instance, Jean Briggs' [7] portrait of Eskimos life suggests that the Eskimo have several different words for loneliness. *Hujunjaq* is the most general term, meaning "to be unhappy because of the absence of other people". *Pai* refers more specifically to "being or feeling left behind; to miss a person who has gone". *Tumuk* indicates being "silent and withdrawn in unhappiness, especially because of the absence of other people." It is interesting to note that the first term suggests a sort of angry loneliness including "hostility" whereas the latter suggests a more sad and depressed pattern of loneliness. In a contrary example, According to Robert Levy's [7] ethnography of the Tahitians, there exist "no terms for loneliness in the sense of being depressed or sad because of the lack of friends, companionship, and so on". Although Levy notes that the lack of specific vocabulary does not mean that this state is inexpressible, themes of loneliness were nonetheless rare in his interviews. Thus, while positive meanings of loneliness such as solitude, "cheleh-neshini", and selflessness have been strongly recommended by Iranian mystical literature and language, and with considering their emphasis on avoidance from the negative meaning of loneliness such as alienation, grief, and depression [26, 27], further investigation with the focus on Iranian language and culture is recommended with the aim of achieving to more accurate psychological patterns of this humans' important ontological categories.

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