The Relationship of Spiritual Wellbeing,
Loneliness, and Relationship Satisfaction, to Life Contentment
By
Elizabeth M. Leeth
Thesis submitted to the Faculty of the
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements for the degree of
Master of Science
in
Family and Child Development
Approved:

Eric McCallum, PhD., Committee Chair

Sandra Stith, PhD.

Jean Coleman, Ed.D.

December 14, 1995
Blacksburg, Virginia

Keywords: spirituality, spiritual wellbeing, life contentment, loneliness, relationship satisfaction
LD
5655
V855
1995
L462
The Relationship of Spiritual Wellbeing, Loneliness, and Relationship Satisfaction to Life Contentment

By

Elizabeth M. Leeth

Eric E. McCollum, PhD - Committee Chair

Department of Family and Child Development

(ABSTRACT)

There is an identified need for spirituality to be taught in mental health therapy programs. Spirituality is about the connectedness we feel and the relationships we establish with self, others, and the universe. This study examined the relationship of spiritual wellbeing, loneliness, and relationship satisfaction to life contentment. Each of the eighty-one respondents enrolled at VPI completed the "Spiritual Wellbeing Scale" and "Abbreviated Loneliness Scale" (Paloutzian & Ellison, 1982), "Kansas Marital Satisfaction Scale" (Schumm, 1983), and the "Hudson Generalized Contentment Scale" (Hudson, 1982). Using these measures as well as the demographic variables age, income, and children a path model was developed. Correlation and regression analysis determined that age, income, children, spiritual wellbeing, loneliness and relationship satisfaction were significant predictors of life contentment.
Acknowledgements

A heartfelt thank-you to Eric McCollum, my academic advisor and committee chair, for his time and patience, but mostly for believing that I could finish this project.

Thanks to my committee members Sandra Stith and Jean Coleman for their guidance and assistance through this process.

My deep appreciation to my husband, Alan, and my sister, Karen, whose love and support constantly re-affirms my faith in humanity.

Thank-you to my parents for giving me life and always being able to "see" my potential.

Finally, I would like to acknowledge my children; Isaac, Emma and Aaron Leeth, three great loves in my life and my "connection" to the future.

This thesis is dedicated to the earth: "May I always be a part of your healing".
# Table of Contents

Abstract .................................................................. ii
Acknowledgements ............................................... iii
Table of Contents .................................................... iv

## CHAPTER I
THESIS OVERVIEW/INTRODUCTION. ...................... 1
  Statement of the Problem ....................................... 4
  Need for the Study .............................................. 7
  Purpose Statement .............................................. 8
  Hypotheses ...................................................... 9
  Conceptual Framework ....................................... 10
  Definition of Terms .......................................... 11

## CHAPTER II
LITERATURE REVIEW .......................................... 14
  Overview on Spiritual Wellbeing ......................... 14
  Overview on Loneliness ..................................... 23
  Overview on Relationship Satisfaction .................. 31
  Overview on Life Contentment ............................ 36

## CHAPTER III
METHODS ....................................................... 41
  Population and Sample Selection ......................... 41
  Procedure .................................................... 42
  Analysis of Data ............................................. 45

## CHAPTER IV
RESULTS ....................................................... 48
  Sample of Interest ........................................... 48
  Data Screening ............................................... 51
  Scale Descriptions .......................................... 52
  Model Testing ............................................... 54
  Summary ..................................................... 62
CHAPTER I

Thesis Overview

Introduction

With the narcissism of the 80's came a society-wide focus on self, materialism and social status. Now, in the 90's, we are faced with the aftermath of the "me" era, and must begin to pick up the pieces to create a less self obsessed social environment -- a "we" era. In part, because this change is motivated by shifting economic resources, nuclear families are being forced to live together longer than they used to. Many homes survive economically only when both adults work, sometimes at more than one job. Further, extended families must unite to provide care for their elderly or chronically ill members as financial resources dwindle and the services paid for by health insurance are increasingly restricted. With such economic changes come feelings of loss. Not only are there losses in real terms -- jobs, home, and other material goods -- there are also losses in less tangible ways -- feelings of success, a standard of living one aspires to, dreams for the future. As family therapists, we must be able to help our clients deal with the feelings of loss attendant on the societal issues they struggle with.

Historically, Americans have turned to their spiritual or religious beliefs during times of loss, fear and sorrow. As a nurse, I have helped families cope with death and dying. As fearful families await the death of their loved ones, even those avowed to be Atheists or Agnostics will turn to a personal God for comfort and direction. I understand that this results from the feelings of loneliness, helplessness and hopelessness of the situation. Further, nursing utilizes a holistic perspective in diagnosing and treating their
lonely and spiritually distressed patients. Societal and economic changes as well as the stressors of illness contribute to the nursing diagnoses social isolation and spiritual distress (distress of the human spirit) (Doenges & Moorhouse, 1992). It is curious that the mental health field seems reluctant to acknowledge spiritual distress as a significant problem.

In general, our culture seems to have a void of healthy coping skills, and that which is spiritual is not readily acceptable as a means of coping. We feel that we must "handle things by ourselves", and therefore experience the loneliness of isolation under adversity and we don't reach out to that which is spiritual. In this context, the term spiritual refers to the connection or relationships we establish with self, with others and the universe.

"To me, it is the strangest thing that in Western Christian society, founded on the love of God and the fellowship of mankind, loneliness has become one of the hallmarks. We are the only people who have had drummed into them from childhood the impossible commandment to love our neighbors like ourselves, and yet so many of us eke out an existence as loveless and unloved atoms -- free individuals in an open society, condemned to form part of the great, grey subculture of the lonely."

Robert Brain, 1976

Loneliness has become part of our culture. All of us have experienced feelings of loneliness although for most, intense feelings of loneliness are short lived. For others, loneliness is a pervasive aspect of life (Peplau and Perlman, 1982). For my purposes, the term loneliness will refer to lonely feelings which are painful and often disruptive to a person's ability to establish social contacts. I believe that loneliness is related to spiritual wellbeing. Spiritual wellbeing refers to satisfaction in a relationship with a
personal God as well as a perception of life as having meaning. Spiritual wellbeing is also about the connection or relationships we establish with self, others, and the universe. Therefore, the greater one's spiritual wellbeing, the more connected and the less lonely one is likely to be.

Among marital therapists there is some discussion that loneliness is not just the problem of the unattached, but present for those in relationships too. Understanding that loneliness will always be present, even in the fullest of relationships, is a component of emotional maturity (Yoder, 1985). I believe that loneliness is a basic factor of human life and is present in all relationships. However, human connectedness and spiritual beliefs can minimize its effects.

Loneliness has been viewed in a spiritual context. The lonely person feels abandoned by God and no longer accepted by others. It is thought that the experience of acceptance replaces loneliness, and the therapist, or the healer of loneliness, can guide this process (Sobosan, 1978).

As marriage and family therapists, we need to understand the relationship of spiritual wellbeing, loneliness, and relationship satisfaction to life contentment. As therapists we need the skills to be able to identify our clients who are spiritually distressed and lonely. We can then begin to examine and develop therapeutic interventions to promote connectedness (Bellingham, Cohen, Jones, & Spaniol, 1989). Further, relationship satisfaction is directly related to connectedness. If we can connect with another human being and establish a meaningful relationship, this will contribute to
life contentment. It is by this process that marriage and family therapists promote mental health in their clients.

I believe that a therapist's examination of a client's connectedness in relationships stimulates important discussions based on human relationships with others and with "God". Loneliness is part of every relationship and every human life. It is suggested that responding to the call of relationships is a way of saying "yes" to life (Ripple, 1985).

Therefore, if we help our clients develop the skills necessary to deal with loneliness, this may increase relationship satisfaction and life contentment. Relationship satisfaction is an important aspect of mental health and significantly relates to overall life contentment. Perhaps, as mental health therapists, these concepts of spiritual wellbeing, loneliness, and relationship satisfaction are the starting blocks in guiding a client or a family towards greater life contentment. And life contentment is important to overall emotional health.

Statement of the Problem

There is little, if any, emphasis on loneliness and spiritual wellbeing in the marriage and family literature, or in family therapy educational programs. Yet, loneliness is not new. As early as 1949, Frieda Fromm-Reichmann insisted that loneliness should be studied (Fromm-Reichmann, 1990). Numerous authors have provided passing insights and illuminating expressions, but no one had isolated this sense of painful aloneness as a distinct psychodynamic category. The American Psychiatric Associations Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) does not offer loneliness as a diagnostic category, despite its interrelationship with many psychiatric disorders. I do not propose that loneliness is a mental illness; however, in my clinical experience, loneliness is a
common symptom among the mentally ill. Sadly, there is little therapeutic emphasis on this facet of dysfunction.

I believe that there is an identified lack of response of mental health care providers to the spiritual needs of the chronically ill. I also believe that spirituality is a potential resource for mental health. Research indicates that spirituality may play a significant role in coping with the aging experience, grief resolution, enhancing wellbeing and decreasing depression (Reed, 1991). The discussion of spirituality-related issues can assist a mental health professional to clarify a personal, spiritual position for their clients that in turn will promote emotional wellness.

It is imperative that a distinction is made between being spiritual and following religious doctrines. Being spiritual is not necessarily being religious. Definitions of spirituality range from the nonmaterial to the sacred (Hanna, 1992). Perhaps an eclectic definition of spirituality will provide some clarity. Thomas Moore (1992), refers to spirituality as "care of the soul". M. Scott Peck (1978) uses words such as "growth" and "discovery" in his discussions of spirituality. Alcoholics Anonymous' view of spirituality is based on the concept that one can find inner peace through spirituality. All that is needed is the willingness to open your mind to the possibility that a loving God -- a power greater than yourself -- can bring you serenity (Anonymous, Tranquility, 1993). My definition of spirituality incorporates these concepts and includes a sense of connectedness to self, to others, and the universe. It is important that terminology used in defining spirituality not create a barrier in therapy. The religious use of the term "God" can be obstructive. In my experience, discussions of God, in a religious sense,
may evoke painful feelings surrounding religious upbringing and this may halt the therapeutic process. Alcoholics Anonymous, for example, proposes an openness in spiritual terminology with use of the term "higher power" (Hanna, 1992). This generic term provides an opening for a personal and more meaningful definition of a power greater than ourselves. Further, Alcoholics Anonymous was one of the first self-help groups to distinguish between spirituality and religion and A.A. exemplifies how a self-help group can catalyze changes not usually accessible in therapy. This process is a function of A.A.'s theology and the specific manner in which members relate to each other (Berenson, 1990). For my purposes, spiritual wellbeing has to do with having a relationship with a personal God and a perception of life as having meaning.

From a familial perspective and from a clinical standpoint, is there a need for focus on spiritual beliefs, or lack thereof, that guide a family? Family therapist, C. F. Midelfort emphasized spirituality in his work with families (Yost, 1986). He would always ask the family about their spiritual beliefs. If they denied having any spiritual connection, he would ask the family to discuss their ideas about healing. He would then ask the family to identify elements that would promote healing, whether the healing was physical, emotional, social or spiritual. Midelfort would then enter the family system where the family gave the opening and would lead them to spiritual levels. He taught that it was at these levels that the families' strengths could be found and that improved relationships could be established by promoting spiritual development (Yost, 1986).

More recently, other family therapists have discussed using God as a resource. "In many religious families, God functions as a crucial family member, stabilizing
interpersonal relationships and engaging in daily family transactions. In the psychological role of a transitional object, God can be usefully employed by the family therapist in therapeutic interventions, when the therapist keeps the focus upon the interpersonal relationship with God rather than the specific content of religious beliefs" (Griffith, 1986, p. 609). This approach can access a vital resource in the family, particularly when conditions for therapy are otherwise difficult, such as an isolated, enmeshed dyad presenting alone for therapy (Griffith, 1986). For example, a family therapist could use the concept of a personal God in guiding a therapy-resistant family to a spiritual recovery and eventually wellness. God may be the connection.

Despite indicators of necessity, there is a reluctance and a distinct void in the literature concerning the assessment of spiritual wellbeing in mental health clients. A therapist's understanding of spiritual wellbeing and its relationship with loneliness is vitally important in meeting the health care needs of the client. Therefore, mental health therapists (and mental health therapy students) need the tools to assess the spiritually distressed and the lonely to guide these clients to a meaningful recovery.

Need for the Study

In my clinical experience, loneliness is a common theme of the mentally ill seeking treatment. As mental health care providers, we often overlook this complaint, yet loneliness is a significant indicator in the assessment of a client's suicide potential (Osgood & Bryant, 1990). Loneliness is an important consideration.

I believe that spiritual wellbeing is related to loneliness. I believe that those who are more spiritual are less lonely, more satisfied in their relationships, and are more
content with their lives and surroundings. Life contentment is important to overall emotional health. If we cannot look within ourselves for finding a peaceful existence, then we must look to others to try to fill that void. Therefore, couples often have unrealistic expectations of each other. "I want him to make me feel good about myself" or "I want her to make me happy" are typical examples of demands that cannot be met from external sources. These demands are better directed inwards. However, our society is not comfortable with internalizations, and mental health care providers are uncomfortable with saying that their client is in spiritual distress because it doesn't seem fixable. While spiritual questions cannot be externally "fixed", we can equip our clients with some skills necessary to embark on a spiritual journey to finding inner peace.

If spiritual wellbeimg, loneliness, and relationship satisfaction significantly contribute to life contentment, then there is a need for marriage and family programs to teach about spirituality. Mental health therapy students need the tools to assess someone who is spiritually distressed and lonely. Students need to gain comfort in directing their clients toward spiritual wellness.

**Purpose Statement**

The primary purpose of this study was to build and test a path model to predict life contentment from spiritual wellbeing, loneliness, relationship satisfaction, having children, income and age. In addition, this study proposed to explain the relationship found among these variables. These purposes generated specific research questions.
They were:

1) What determines spiritual wellbeing in adults? More specifically, is an adult's level of spiritual wellbeing, impacted by his/her age, income level and whether he/she has children?

2) What contributes to loneliness in adults? Do age, income level, children and spiritual wellbeing impact loneliness?

3) What determines relationship satisfaction? Is an adult's degree of satisfaction in his/her relationship affected by his/her age, income level, whether he/she has children and his/her levels of spiritual wellbeing and loneliness?

4) What determines life contentment in adults? How do age, income, children, spiritual wellbeing, loneliness and relationship satisfaction play a role?

These research questions formed the basis for the development of four hypotheses.

**Hypotheses**

The hypothesized relationship of spiritual wellbeing, loneliness, relationship satisfaction, and life contentment along with age, annual income and the existence of children form the following path analysis and hypotheses:

**Hypothesis #1: Spiritual wellbeing**

An adult's level of spiritual wellbeing increases significantly with age, income, and the existence of children.

**Hypothesis #2: Loneliness**

An adult's level of loneliness increases significantly with increased age and decreases significantly with greater income, the existence of children and spiritual wellbeing.
Hypothesis #3: Relationship satisfaction

An adult's level of relationship satisfaction increases significantly with increased age, income, and spiritual wellbeing and decreases significantly with greater loneliness and the existence of children.

Hypothesis #4: Life contentment

An adult's level of life contentment increases significantly with increased age, income, spiritual wellbeing, and relationship satisfaction and decreases significantly with greater loneliness and the existence of children.

Conceptual Framework

I have chosen symbolic interactionism as the conceptual framework for this study. The foundation of the symbolic interactionist approach is humans' ability to use symbols. Life achieves meaning because of the use of symbols. Language is an integral part of human symbolic activity (Lindesmith, Strauss, 1956). For instance, through the use of language, one person says something meaningful to a second person, who in turn is often stimulated by the other's verbal action to respond with a verbal reaction (Bell, 1975). Furthermore, the patterns of interaction frequently are predictable. An example pertinent to this study would be that when a husband uses the symbols of love and friendship towards his wife, he does not expect anger and hostility in return.

Role is another basic concept of the interactionist approach. The concept of role refers to the expected behavior attached to a social position. To say that role refers to an expected behavior does not mean that it is rigid or that the individual has no flexibility in filling the role. A role carries certain rights and obligations and there are societal
restrictions. For example, a woman in a mother role has a number of approved alternatives in dealing with the discipline of her child; however, she cannot go beyond a certain point without being socially punished (Bell, 1975).

For my purposes, the symbolic interactionist framework is useful in the application and interpretation of my study. Symbolic interactionism is based on interpretation of symbols, therefore involving perception as a key to understanding meaning. This study of spiritual wellbeing, loneliness, relationship satisfaction and life contentment is based on perception of meaning. Spiritual wellbeing is, in part, about finding a perception of life as having meaning. My definition of loneliness is partly about an individual's perception of feeling alone. Furthermore, symbolic interactionism is about the meaning we attach to life's actions and this determines interpretation and reaction. Therefore, if acting in the context of being more spiritual will provide a perception of life as having meaning, this will decrease loneliness and increase relationship satisfaction and life contentment. This exemplifies my interpretation of symbolic interactionism and its relevance to my study of spiritual wellbeing, loneliness, relationship satisfaction and life contentment.

Definition of Terms

Spiritual Wellbeing

Refers to satisfaction in a relationship with a personal God as well as a perception of life as having meaning. The connection or relationships we establish with self, others, and the universe.
Loneliness

Lonely feelings which are painful and often disruptive to a person's ability to establish social contacts. An individual's perception of feeling alone is based on the quality of social contacts. The desire for solitude is not loneliness.

Relationship Satisfaction

The degree of satisfaction people feel about their relationship with their current partner, whether they are married or not.

Life Contentment

The degree of contentment people feel about their life and surroundings.
CHAPTER II

LITERATURE REVIEW

Why study spiritual wellbeing, loneliness, relationship satisfaction, and life contentment? I propose in general terms that people who are more spiritual are less lonely, have improved relationships and are more content with life. Further, I understand and give credence to the fact that life circumstances greatly impact spiritual wellbeing, loneliness, relationship satisfaction and life contentment as evidenced by many examples in this review of the literature.

Spiritual Wellbeing

Spiritual wellbeing is a significant aspect of wellness and as mental health professionals we need to integrate science, logic, and spirit into our professional practice. However, the natural science base of modern medicine has affected the way in which health care is delivered and may ignore the spiritual factors associated with illness (Aldridge 1991). Further, as health care providers begin to incorporate holistic medicine into their practice, understanding spirituality is imperative. The spiritual dimension of human beings plays a vital force in determining an individual's overall wellbeing (Banks 1980). According to Banks (1980), the spiritual dimension is a unifying force that integrates all other dimensions of human beings, i.e., physical, mental, psychological, and social. The spiritual core transcends humanness, provides meaning in living and enables persons to have faith and perceptions that move beyond the natural and rational.

The scientific, medical model theories of the mind are limited because they focus on the brain's cellular integrity rather than the mind's ability to connect in a way that
scientists have yet to fully comprehend. This is where the concept of loneliness ties into spiritual wellbeing by the significance of connectedness. If a person becomes more spiritual, his/her perception of the world becomes a place of interaction and connection and not one of aloneness (Dossey, 1989). The connectedness I am referring to is a connection between self, others and the universe. A deeper understanding of spiritual wellbeing and its impact on humanness requires a paradigm shift as described by Dyer: "You are not a human being having a spiritual experience. You are a spiritual being having a human experience" (1993, p. 6).

Spirituality is important to health and wellbeing. A study of adults (ages 21 to 35 years) by Privette (1986) determined that peak performance experiences were related to spirituality. Peak performance correlated with clarity of process and focus, sense of self and power, goal oriented drive and personal significance. What participants described as average life events and events perceived as failures lack spirituality (Privette, 1986). Further, Helminiak (1989) explored the relationship between sexuality and spirituality as an important aspect of sexual self acceptance and self esteem in adulthood. This study suggests that sexual self acceptance promotes positive self esteem and that this is a foundation for spiritual development. Two components of spiritual wellbeing are the relationships you establish with self (through improved self esteem) and the relationships you establish with others (as direct result of improved self esteem, therefore improved relationships).

Spiritual wellbeing is a significant aspect of achieving physical and mental wellness in adulthood. Kaczorowski (1989) utilized the state-trait anxiety inventory and
the spiritual wellbeing scale by Paloutzian and Ellison (1982) to measure spiritual wellbeing and anxiety in 144 adults diagnosed with cancer. Results indicated that there was a consistent inverse relationship between spiritual wellbeing and anxiety. In another study, spiritual beliefs and practices were identified as essential to the successful adjustment of psychiatric patients (Sullivan, 1993).

One reason spiritual wellbeing is an important aspect of health care relates to a person's sense of hopefulness. As marriage and family therapists, one of the most important goals of therapy is instillation of hope. I believe that hope is important because clients look to a therapist for hope that their relationships can be healed. And it is often a client's feeling of hopelessness that brings them to therapy in the first place. A study conducted by Mickley, Socken, and Belcher (1992) examined the role of spiritual wellbeing, religiousness, and hope among women with breast cancer. Hope was positively correlated with spiritual wellbeing, in that the clients who had greater spiritual wellbeing were more hopeful that they would survive cancer. Further, hope is communicated by caring and caring is a profound act of hope that contributes to the spiritual wellbeing of others (White, 1986, unpublished data). Further, while hope is not tangible, as health care professionals it is important to include hope when working with a client. If you are a part of a person's illness (wellness) experience, the person looks to you for hope (Jevnes, 1991). A client's hope and trust in their healer (physician, therapist, etc...) contributes to a "letting go" that reduces stress and is often instrumental in achieving wellness (Siegel, 1986). There is a parallel between the connectedness of hope
and the definition of spiritual wellbeing that is the connectedness we feel with ourselves, others, and the universe. Therefore, in order to assure quality care, the significance of identifying and meeting a person's spiritual needs must be considered (Clark, Cross, Deane, Lowry, 1991).

I became curious about the impact of spiritual wellbeing in relationship to suicidality while working with a chronically suicidal adolescent hospitalized after a near fatal suicide attempt. This person told me that his parents made it very clear that there was no God and that life consisted of being born, figuratively speaking, being defecated on, dying and rotting in the ground. He believed that he could lessen the pain of life and expedite the process of dying by suicide. As a psychiatric nurse, one of the nursing diagnoses I made was Spiritual Distress. Spiritual Distress (distress of the human spirit) is defined as a "disruption in the life principle that pervades a person's entire being and that integrates and transcends one's biological and psychosocial nature" (Doenges & Moorhouse, 1992, p. 451). Other investigators have identified a correlation between spiritual wellbeing and suicidality. In a study by Ellis and Smith (1991) there was a strong relationship between a person's existential wellbeing, a component of spiritual wellbeing, and his/her ability to identify reasons for not considering suicide.

From a familial perspective, issues of faith, hope and spirituality have been associated with family health in psychosocial wellbeing. Recently, there is professional consideration regarding the value of spirituality in dealing with problems of dysfunctional families (Bradshaw, 1988). "There is a growing recognition that; (a) individual illness affects the family unit in a compounding manner by profoundly impacting each
relationship, and (b) that the spiritual beliefs of the family affect the health of individuals as well as the entire family unit. These issues, however, have not been empirically tested" (Sorenson, 1989, p. 304).

Alcoholics Anonymous perceives substance abuse as a disorder that affects spiritual wellbeing, and therefore includes a focus on spirituality. Beliefs and sources of inspiration are important to personal growth. Recently, there has been increasing recognition and development of the faith-health paradigm in research and clinical practice. However, the application of theistic principles to chemical dependency treatment began and has been sustained by lay support groups. The Twelve-step program of A.A. has expanded to other self-help groups and to families. Recognition of co-dependency, family responses to individual illness, and the faith-health connection in the wellbeing of the family unit were pioneered in the work of A.A. related groups (Alanon Family Groups, 1987).

Spiritual wellbeing is very important because spirituality is about the relationships that we have with self, with others, and with the universe. It provides our lives with meaning, hope, and connection which all promote general well-being. The paradox is that "spirituality is subtle and powerful. It is like our breath. We go about most of our day not even realizing we are breathing. Yet our breathing is so powerful that if we stop, we die" (Whitfield, 1989, p.27).

Spiritual wellbeing and age

The literature did not provide answers as to whether age predicts varying levels of spiritual wellbeing. There are few, if any, studies done on adolescent spirituality.
Elkind (1984) refers to a "personal God" who is in effect nondenominational and available to adolescents at all times. Consider the application of Elkind's "personal God" to this poem written by an obviously lonely and spiritually distressed adolescent.

"A void of nothingness
is where I sit
I cannot come into your life
nor can you come into mine
and so we sit in a room
empty of all but ourselves
and because we cannot or will not
touch each other's minds
we cannot escape into ourselves
or into each other."

by Caren Williams (Williams, 1983)

Couldn't a "personal God" apply? Furthermore, Elkind discussed adolescents and their need for privacy as well as the discovery that this spiritual entity can live secretly in their thoughts. Indeed, a personal God is a most trustworthy confidant (Elkind, 1984).

Spiritual wellbeing seems to become increasingly significant as we age. Spirituality becomes multidimensional in older adults through establishment of self determined wisdom, self transcendence and development of an understanding of the meaning and totality of life (Blazer, 1991). Older adults who experience greater self transcendence and existential wellbeing, a component of spiritual wellbeing, are less lonely (Walton et al, 1991). Further, spirituality is an important aspect of the elderly person's ability to cope with the aging process, resolving grief issues, decreased depression and a positive sense of wellbeing (Reed, 1991).

I predict that age is positively related to spiritual wellbeing. As we age, we take time to reflect on our vast experiences and how we "fit" into a bigger picture. Through
these varied experiences, we accumulate more joys and more sorrows and seek a clarity of understanding not found in youth.

**Spiritual wellbeing and income**

There is a definite void in the literature that would support that income is predictive of spiritual wellbeing. This study will investigate whether or not income predicts spiritual wellbeing.

**Spiritual wellbeing and having children**

There is a lack of literature that indicates whether having children affects spiritual wellbeing in either a positive or negative way. I predict that having children is positively related to spiritual wellbeing. This is directly related to the accumulation of joys and sorrows associated with parenthood. Hopefully, parents, through these experiences, seek a clearer understanding of how their relationships with their children inherently result from how they were parented, thus reinforcing that connectedness is related to spiritual wellbeing. Also, children are a connection to the future and therefore to something larger than oneself.
Spiritual Wellbeing and Loneliness

Solitude
by Nancy Wood

Do not be afraid to embrace the arms of loneliness.
Do not be concerned with the thorns of solitude.
Why worry that you will miss something?

Learn to be at home with yourself without a hand to hold.
Learn to endure isolation with only the stars for friends.

Happiness comes from understanding unity.
Love arrives on the footprints of your fear.
Beauty arises from the ashes of despair.
Solitude brings the clarity of still waters.
Wisdom completes the circle of your dreams.

This poem by Nancy Wood describes the relationship between spiritual wellbeing and loneliness. Spiritual wellbeing is related to the connectedness we establish with self, with others and the universe. For my purposes, the term loneliness will refer to lonely feelings which are painful and often disruptive to a person's ability to connect with self or others. It is because of this concept of connectedness that I believe that spiritual wellbeing is related to loneliness. Those whose religion or spiritual commitment is very strong "should have a greater sense of purpose in life, sense of belonging, satisfaction with existence and less loneliness" (Paloutzian & Ellison, p.233). Therefore, the greater
Spiritual Wellbeing

one's spiritual wellbeing, the less lonely one is likely to be. This prediction that people who are deeply spiritual are less lonely may be due to the strength of the spiritual commitment or it may be due to a person's involvement in spiritually focused groups (Paloutzian & Ellison, 1982).

Spiritual wellbeing is partially defined as a satisfaction in a relationship with a personal God. How a person perceives a personal God is correlated with loneliness. Schwab and Petersen (1990) studied spirituality and its relation to loneliness; among other variables, and determined that the perception of "a wrathful God" was positively related to loneliness. Conversely, this study also determined that a person's belief in "a helpful God" correlated negatively with loneliness (Schwab and Petersen, 1990). For my purposes, the use of symbolic interaction as a conceptual framework assists us in better understanding this study by Schwab and Petersen (1990) and reinforces the concept that perception is helpful in finding meaning. I predict that there is a negative relationship between spiritual wellbeing and loneliness. I believe that those who are more spiritual are less lonely due to connectedness to self, to others and the universe, as well as finding satisfaction in a relationship with a personal God.

Spiritual Wellbeing and Life Contentment

There have been studies associated with spiritual wellbeing and life contentment. Corrington (1989) investigated a possible relationship between spirituality and life contentment, among other variables, in thirty recovering alcoholics. Corrington used the Generalized Contentment Scale (GCS) by Hudson (1982) to measure life contentment.
His study determined that there is a strong positive relationship between a respondents level of spirituality and life contentment (Corrington, 1989).

I predict that there is a positive relationship between spiritual wellbeing and life contentment. I believe that people who are more spiritual are more content with their lives and surroundings because of the connectedness they feel with themselves, with others, and the universe.

Loneliness

Definitions of loneliness range from the existential to the phenomenological to the behavioral. Each is worthy of study in its own right. According to Williams (1983), "loneliness involves the human need for intimacy in interpersonal relationships and results from the painful awareness of feeling apart from desired or wanted close relationships with others" (p. 52). Peplau and Perlman (1982) define loneliness as the psychological state that results from discrepancies between one's desired and actual relationships. Similarly, Cutrona (1982) has stated that it is dissatisfaction with, rather than frequency or quantity of, social contacts which is most important in determining loneliness. Apparently, feelings of loneliness do not follow inevitably from solitude or circumstance; it depends on how people perceive their experiences and whether they perceive themselves as lonely (Ponzetti and Cate, 1988; Rubenstein, Shaver, and Peplau, 1979). This perception can have a powerful impact, however. In fact, Mijuskovic (1986) maintains that the drive to avoid loneliness constitutes the primary and irreducible motivational force in human beings.
Jeffrey Young has identified three types of loneliness: transitional, situational, and chronic (Meer, 1985). Transitional loneliness lasts between a few minutes and a few hours and the symptoms are not severe. One example might be at a social gathering where one feels uncomfortable and out of place. Situational loneliness is a result of an important event, such as the death of a family member or pet, and may be manifested by physical or mental ailments. In contrast to transitional and situational loneliness, chronic loneliness lasts for two or more years and does not follow a single traumatic event but accumulates over time as with the socially isolated elderly. According to Young, people who are chronically lonely believe there is little they can do to relieve their loneliness.

Examination of the emotional correlates of loneliness highlights the detrimental consequences of this state. Loneliness is associated with self derogation and negative emotions such as depression, alienation, feeling rejected, misunderstood, hopeless, unwanted, unloved and worthless (Rubenstein and Shaver, 1982). Self-perceived failure in interpersonal relationships further contributes to loneliness (Goswick & Jones, 1981).

Throughout the literature there appears to be some question as to whether loneliness is experienced by more males or females. Many investigators have found no gender differences in loneliness (Berg & Peplau, 1982; Cheek & Busch, 1981); however, others have consistently found more males to be lonely (Solano, 1980). Medora and Woodward (1986) state that others have reported females to be more lonely. Establishing gender differences, in terms of loneliness, is an important aspect in developing a comprehensive approach to better understanding loneliness.
Upon review of parental roles associated with loneliness, Paloutzian and Ellison (1982) concluded that the reported quality of parent-child relationships, the quality of childhood peer relationships, and the degree of perceived family togetherness, are inversely related to loneliness. Further, greater intimacy during childhood is associated with less loneliness in adulthood. These results are similar to findings by Shaver and Rubenstein (1980) who showed that children who perceived their parents as being warm, helpful and supportive were less lonely as adults.

Family process is another potential determinant of the etiology of loneliness. Prolonged feelings of loneliness in an individual may result from certain kinds of family processes. Five such processes involved in extended loneliness are unresolved grief, pathological certainty, synchronicity, family expansion, and parental abdication (Large, 1989). Pathological certainty, is defined by Large (1989) as "...it is the ability of part of a family to insist on and maintain a reality that is problematic for another family member" (p. 29). An example of pathological certainty in the family of a childhood friend was the conviction that their daughter would attend Harvard Law School. When she dropped out of college and became an activist for the rights of migrant workers, her parents could not accept her in this new role, a barrier formed, and loneliness for both parents and my friend ensued. Synchronicity, according to Large (1989) has to do with loneliness in "synchronous" families (Constantine & Israel, 1985). These families function on tight schedules and family members are highly productive. Unfortunately, synchronous families ignore feelings and loneliness ensues. The concept of family expansion is more elusive but is associated with family growth processes such as "empty
nest" and its relationship with loneliness in families (Large, 1989). The loneliness involved with parental abdication is the result of the parental role being relinquished prematurely, as in the death of a parent, and the child assuming this role (Large, 1989). Understanding loneliness in families will help mental health therapists to more effectively intervene in families who seek treatment, and to address processes that may lead to loneliness and its attendant negative affects.

Loneliness and Age

Loneliness in children is a newly identified area of research. Feeling lonely is a relatively common experience for children. When loneliness becomes a frequent occurrence there are serious implications for emotional and physical well-being (Davis, 1990). Childhood loneliness is a predictor of loneliness in adults. A study by Hojat (1982) determined that children who did not have satisfactory relationships with their parents and their peers during childhood were more likely to have intense feelings of loneliness as adults.

Another critical age when loneliness is prevalent is adolescence. There have been numerous studies of adolescent loneliness. During periods of change and turmoil, loneliness is thought to increase; situational loneliness is believed to hit hardest during adolescence and early adulthood (Meer, 1985). Indeed, Brenan and Anstander (1979) state that loneliness is a painful and widespread problem among young people.

In reviewing the current literature of how age may be a predictor of loneliness and spiritual wellbeing, it is apparent that these factors may contribute to the epidemic of substance abuse. There is significant data to suggest that loneliness may be related to
alcoholism and drug abuse in late adolescence and early adulthood. A study by Page and Cole (1991) found that among lonely females, late adolescence (ages 18 to 20) has the highest degree of alcoholism. For males, being lonely had very little impact on potential for alcoholism in late adolescence but loneliness did increase alcoholic potential during adulthood. Another study (Page, Allen, Moore & Hewitt, 1993) investigated whether lonely adolescent substance abusers were at increased risk of hopelessness. It was determined that lonely substance abusing adolescents were 25 times more likely to be severely hopeless than non-lonely, non-substance abusing adolescents. These findings are significant because hopelessness is often an indicator of suicidal behavior.

Loneliness in late adolescence and in young adulthood is related to self esteem (Murphy, 1987; Moore, 1987). The way in which late adolescents begin to define and achieve separation from their parents is associated with their psychological wellbeing which includes loneliness and life satisfaction (Moore, 1987). Adolescent developmental tasks are significant factors in the construction of adulthood, therefore any destructive external occurrence may have a great negative impact. A significant loss, such as the loss of a sibling, may cause withdrawal from peers at a time when friendships are a crucial part of adolescent development. This type of loss may be a causal factor of chronic loneliness in adulthood (Davies, 1991).

Loneliness in adults is related to meeting social needs through relationships, and the expectations of self and others. In adulthood there is a strong relationship between loneliness and depression (Rodway, 1992). Loneliness in adulthood is also directly related to life contentment. In a study by Salokangas et al (1991) it was determined that
the quantity of human relationships in later middle aged adults was not related to the
degree of reported life satisfaction but the feeling of loneliness was an important
indication of dissatisfaction with life.

There have been numerous studies on loneliness in the elderly. Briefly, loneliness
in the elderly has been associated with increased physical impairment, a lack of people
with whom they can confide, low morale and low life satisfaction (Mellor and Edelman,
1988). Loneliness has a significant negative impact on emotional wellbeing. Specifically,
the correlations among loneliness, depression and alcoholism predicted late life suicide
(Osgood, 1991). However, interaction with friends reduced feelings of loneliness and
increased emotional wellbeing (Lee and Ishii-Kuntz, 1987) and interactions with siblings
significantly decreased loneliness due to a shared history of lifetime experiences and
established a meaningful social network for the elderly (Gold, 1987). Further, Shute and
Howitt (1990) determined that the elderly (aged 65+years) experienced more social
loneliness but less emotional loneliness. It is imperative that health care providers better
understand the ways in which the social and emotional needs of older people can be met.

In conclusion, my sense is that loneliness is common for all ages. Loneliness is
related to the inability to connect or feel connected with self, others and the universe. I
believe that this concept of connectedness contributes to a person's perception of his/her
life having meaning and purpose, once again identifying loneliness as a contributing
factor to suicide for all ages. Therefore, I predict there will be no significant
relationship between age and loneliness.
Loneliness and Income

A significant number of studies suggest that the less income you have the more lonely you are. Low income and loneliness have been linked with women at risk for child abuse (Richey et al, 1991). Lempers et al (1989) emphasized that financial limitations indirectly impacted on loneliness in children, specifically, 9th through 12th graders. The indirect effects of low income were those of inconsistent parental discipline and less parental nurturance due to parents attempting to meet familial obligations (Lempers et al, 1989).

In older adults, insufficient income is strongly correlated with loneliness. Elderly persons (aged 60+ years) were at greatest risk of emotional isolation if they were unmarried and had lower income, among other variables (Adams et al, 1989; Kaufmann and Adams, 1987).

Conversely, other studies suggest that the more income you have the less lonely you are. A study by Bell et al (1990) determined that people with high level, prestigious jobs (of greater income) were less lonely than other employees. Furthermore, Andrews et al (1992) determined that among elderly Hispanics higher levels of income positively affected overall subjective well being, including loneliness. I predict that those with more income are less lonely.

Loneliness and having children

Deciding to have children may be a direct result of loneliness or an attempt to fulfill emotional needs in a marriage. Having children to make up for a feeling of loneliness may be as destructive as using marriage to stave off loneliness. This situation
produces a child-focused family (Bradt, 1980) where children may be used to meet the emotional needs of parents not being met in their relationship as a couple. Perhaps this contributes to why couples are thinking more seriously about whether or not to have children (Bradt, 1980). Having children is no longer taken for granted although childless couples are still a minority.

Two studies involving children with special needs address the issue of how having children relates to loneliness. Kirkham et al (1986) identified that mothers who cared for their developmentally disabled children often experienced loneliness. Further, mothers whose children had either life threatening or chronic illnesses revealed higher loneliness than the mothers of healthy children (Florian and Krulik, 1991).

The lack of studies that address how having children relates to loneliness is apparent. The two studies that I have cited involve children with special needs. This does not adequately reflect loneliness in parents of healthy children. My prediction, however, is that having children decreases loneliness because of the numerous relationships that develop as a result of family networking.

Loneliness and Relationship Satisfaction

There are some studies relating loneliness and relationship satisfaction. Medora and Woodward (1991) studied factors associated with loneliness among 152 alcoholics in alcoholic rehabilitation centers. A significant negative relationship was found between loneliness and self reported marital satisfaction, among other variables. The respondents who were more lonely were less maritally satisfied. Likewise, those who were less lonely were more maritally satisfied (Medora & Woodward, 1991). I believe that a lonely
person may look to their partner to alleviate lonely feelings and be disappointed that he/she cannot fill that void, thus creating relationship dissatisfaction. Further, I believe that an unsatisfying relationship would create loneliness. I predict that there is a negative relationship between loneliness and relationship satisfaction and with greater loneliness comes a decrease in relationship satisfaction.

**Loneliness and Life Contentment**

The literature reveals that loneliness has a strong impact on life contentment. Salokangas et al (1991) studied determinants of life satisfaction in middle age and found that loneliness is negatively related to life satisfaction. However, the quantity of human relationships was not directly related to life satisfaction (Salokangas et al, 1991). This reinforces the concept that it is the quality of relationships, not the quantity, that is important in determining loneliness. Further, Cockrum and White (1985) examined the influence of loneliness, among other variables, and life satisfaction of never married men and women (aged 27 to 46 years). Emotional loneliness influenced life satisfaction in women but not in men (Cockrum & White, 1985). This study suggests that the relationship between loneliness and life contentment is more significant for women than for men. I predict that there is a negative relationship between loneliness and life contentment. I believe that those who are more lonely are less content with life and their surroundings.

**Relationship Satisfaction**

Relationship satisfaction is related to how satisfied one feels in a relationship. The term relationship can be used loosely and include marriage, living together, a mutually
committed dating relationship, and common law marriage. I believe that deciding to marry and whom to marry is one of the most important life decisions a person makes. The couple not only is marrying each other but they are also merging two complex extended family systems (McGoldrick, 1980). According to Lederer and Jackson (1968) a satisfying marriage is based on tolerance, respect, honesty, and the desire to stay together.

Relationship satisfaction and age

There is a strong indication that older marriages, with older couples, are more satisfying than younger marriages with younger couples (Levenson et al, 1993). Levenson et al (1993) found that older couples, as compared to middle age couples, have less conflictual relationships and a greater potential for finding pleasure. Further, in a younger age group, the transition to parenthood is easier for couples with greater parental age and longer length of marriage (Moss et al 1986). Based on these studies, increased age positively impacts relationship satisfaction.

An examination of early marriage reveals that loneliness is prevalent. Loneliness in early marriage for men is related to less intimacy, and communication anxiety. In women, early marriage loneliness is related to less marital satisfaction, less love (not intimacy) and less self disclosure in the marriage relationship (Sadava & Matejcic, 1987). Further, with increasing age, unmarried adults (ages 60+ years) are at greater risk of loneliness (Kaufman & Adams, 1987). A strong predictor of loneliness in adults is marital status. Those who are older and unmarried are more lonely (Page & Cole, 1991). There is a significantly positive relationship between age and relationship satisfaction with
strong correlations between these factors and loneliness. Likewise, my prediction is that age and relationship satisfaction are positively related.

**Relationship satisfaction and income**

There is surprisingly little, and inconclusive, information in the literature about how income predicts relationship satisfaction. Understanding the relationship between income and relationship satisfaction as well as sex-role ideology is a 90's issue. In reviewing the literature, income was positively related to relationship satisfaction under certain circumstances. There was a weak positive relationship between income and relationship satisfaction in parents of the severely mentally ill (Cook et al, 1992).

Further, Jeong and Schumm (1990) determined that in Korean-American marriages total family income was positively related to marital satisfaction.

Some of the literature suggests that income has little impact on relationships. In one study, income did not significantly affect relationship satisfaction (Willitts and Crider, 1988). Furthermore, a study by Hyun et al (1993) focused on the relationship between financial resources and marital satisfaction in rural couples and determined that income was not significantly causal in marital satisfaction for husbands and wives.

I predict that income is positively related to relationship satisfaction. With increased income, a couple has more opportunities to spend quality time together as a result of their ability to afford childcare for their children, marital therapy when necessary, and purchase recreational material items. Having sufficient income also reduces the stress that can accompany financial insecurity.
Relationship Satisfaction and Having Children

Burman and de Anda (1985) compared intentionally childless couples with intentional parents who used foresight by planning the number of children they have as well as the timing of pregnancy and spacing of their children. Results of this study indicated that the intentionally childless couples were much more satisfied with their relationships.

For couples with children, it is reported that first time parents of children less than one year of age stated that there is a significant decrease in marital intimacy but an increase in overall marital satisfaction (Robinson et al, 1988). Furthermore, an important aspect of parenting for many are parental demands on working parents and how this influences both relationship satisfaction and life contentment. Interestingly, the correlation between parental demands and life satisfaction were dependent on satisfaction with child care arrangements for women (but not men) with young children at home (Bedian et al, 1988).

White and Edwards (1990) interviewed 402 parents and determined that the "empty nest" was associated with significant improvements in marital happiness. Further, in this same study, overall life satisfaction improved significantly under two conditions:

1) When there were frequent parental contacts with children who had left the family home, or

2) When there were young teenage children still living at home


This study suggests that while the "empty nest" positively affects relationship satisfaction,
having children (or assuming the parental role) is positively related to life contentment.

An interesting summary of this particular review of the literature indicates that intentionally childless couples and parents undergoing the "empty nest" stage in life were associated with high levels of marital happiness and therefore relationship satisfaction. Therefore, I predict that the presence of children decreases relationship satisfaction because the focus on the adult relationship is diffused.

Relationship Satisfaction and Spiritual Wellbeing

There is some data that relates spirituality to relationship satisfaction. Roth (1988), using Paloutzian and Elison's Spiritual Wellbeing Scale (1982), found that spiritual wellbeing was strongly related to marital adjustment. This study concluded that spirituality is an important factor in marital satisfaction (Roth, 1988). Further, Hatch et al (1986) determined that the effect of spiritual intimacy, operating through emotional intimacy, was indirectly related to marital satisfaction. I predict that the more spiritually fulfilled respondents are, the higher their levels of relationship satisfaction will be because their needs are internally satisfied and they are in a better position to fulfill the needs of their partner.

Relationship Satisfaction and Life Contentment

Acetelli (1992) interviewed 42 couples (married 2 to 5 years) to identify whether spouses thinking and talking about their own relationships effected marital satisfaction and contentment with life in early marriage. Some gender differences emerged. Wives who spoke less about their relationship and whose husbands spoke more about their
relationship were more maritally satisfied and had greater contentment with life. Husbands' marital satisfaction and life contentment was not related to either spouses relationship talk (Acitelli, 1992). This study suggests that there is a positive relationship between relationship satisfaction and life contentment under certain circumstances. I predict that relationship satisfaction is positively related to life contentment. If we can successfully "connect" with another human being we will be more content with life.

**Life contentment**

Life contentment relates to the questions, "Is my life okay?", "Am I happy with the way my life has turned out?", or "Am I content with my surroundings?". I believe that life contentment is a strong indicator of overall emotional wellbeing. For my purposes, life contentment is important because it is the culmination of my predictive variables and it is the concluding factor in my path analysis. For the purpose of clarity in this portion of my study, I will use the term life contentment and life satisfaction interchangeably because much of the research uses the term life satisfaction.

**Life contentment and age**

Age is a predictor of life contentment according to the literature. One aspect of perceived life contentment is a feeling of being in control. Further, the locus of control changes throughout the lifespan. In adolescents and young adults, decreased life satisfaction is related to a more external control orientation such as external controls imposed by parents, educators, and the law. As we age, life satisfaction increases and there is a shift from an external to an internal control. Thus, a person's source of control is a significant factor of perceived life satisfaction and its age-related implications.
(Morganti et al, 1988). Further, life satisfaction is directly related to self esteem and self esteem increases, as does life satisfaction, in adulthood (Hong et al, 1993).

What we perceive as important, or priorities, change throughout the lifespan. Priorities are related to life satisfaction. Studies suggest that as we age family and child rearing are a high priority and become increasingly significant in determining life satisfaction (Kinier and Metha, 1989; Long et al, 1990). Overall, later life is perceived as being more satisfying than young adulthood and middle age (Long, 1990). I predict that age is positively correlated with life contentment. As we age it seems as though our perceptions of our accomplishments seem magnified and the worries of our youth seem less significant.

Life contentment and income

Does money make us happy? A review of the literature produced conflicting answers to this question. The majority of studies supporting the concept that higher income produces greater life satisfaction were focused on middle age and older respondents. Mitchell and Helson (1990) hypothesized that a woman's prime of life was in her 50's. In their study, these women reported higher quality of life and attributed this to "empty nest" and higher income among other variables. Another study by Crohan et al (1989) focused on midlife correlations of income and life satisfaction in terms of ethnic and gender comparisons. Personal income was positively related to perceived control for black women and white men, and to life satisfaction for white women.

In reviewing the literature to determine a relationship between income and life satisfaction in the elderly, some gender differences emerged. African American elderly
females (aged 65 to 88) expressed more satisfaction with their lives than their male counterparts and are more likely than males to consider their income as being adequate. Among African American elderly males, income as well as other variables was significantly correlated with life satisfaction (Coke, 1992). Furthermore, lower levels of retirement satisfaction, a facet of life satisfaction in the elderly, among women are related to lower retirement incomes as well as a higher probability they are unmarried (Siccombe and Lee, 1986). Finally, a study of older volunteers (58 to 77 years) indicated that higher income and a self reported increased life satisfaction were common denominators for volunteerism in the elderly (Kuehne and Sears, 1993). I speculate that with more money and greater life contentment, there is more time to pursue altruistic interests such as volunteerism.

Many studies support the concept that income has minimal or no effect on life satisfaction. For example, adults who experienced traumatic childhood events were significantly less satisfied with life. However, differences in life satisfaction could not be correlated with income, among other variables, in adults who experienced a childhood trauma (Royse et al, 1993). Therefore, income status was not a significant factor in determining life contentment when a person had experienced a traumatic childhood event. Further, a comparison of fine artists who are economically stable and fine artists of lower socioeconomic status indicated there were no differences in life satisfaction (Stohs, 1991).

In older Americans (aged 55 and over), both education and income influenced life satisfaction but education was more influential (McKenzie & Campbell, 1987). Yet, another study of the elderly (aged 50 to 90 years) found there were no significant
correlations between life satisfaction and income or education (Watson and Ager, 1991). Further, there is little evidence to indicate that the relationship of self-reported health and overall life satisfaction in later middle age (50 to 55 years) is affected by income (Willits & Crider, 1988). In addition, life revision and regretfulness were of greater significance than income in predicting life satisfaction in retired persons aged 54 to 91 years of age (De Genova, 1993).

I predict, despite my non-materialistic beliefs, that generally with wealth comes happiness. I believe that with acquired wealth comes increased self-esteem, decreased survival concerns, an increase in relationship satisfaction, and all these relate to greater life contentment.

Life contentment and having children

Surprisingly, there is a distinct void in the literature relating life contentment to having children. I predict that having children is negatively related to life contentment. Similarities can be drawn to having children and relationship satisfaction as I believe there is a negative correlation there as well. I believe that having children and the incredible amount of externalized time, energy, and vigilant focus negatively impacts life contentment.

Review of path analysis

To summarize and in review of my path analysis, ultimately; age, income, having children, spiritual wellbeing, loneliness and relationship satisfaction predict life contentment. Understanding the relationship of these predictive variables, as well as being knowledgeable about each one individually, is important. Further, as marriage and
family therapists, life contentment is a significant predictive outcome and is important because it reflects the emotional wellbeing of our clients. The determination of life contentment, in our clients, is the foundation of our work and fundamentally affects our therapeutic interventions.
CHAPTER III

METHOD

The primary purpose of this study was to build and test a path model to predict life contentment from spiritual wellbeing, loneliness, relationship satisfaction, having children, income and age. In addition, this study proposed to explain the relationship found among these variables. These variables help to identify the sample and establish subset characteristics. This chapter provides a discussion of the instruments used to measure these variables, as well as a description of the procedures used in data collection and analysis.

This was an exploratory study in which the data were collected by means of a survey questionnaire. The questionnaire consisted of the following instruments: the "Spiritual Wellbeing Scale" to measure spiritual wellbeing, the "Abbreviated Loneliness Scale" to measure loneliness, the "Kansas Marital Satisfaction Scale" to measure relationship satisfaction, and the "Hudson Generalized Contentment Scale" to measure life contentment. There were also questions concerning pertinent demographic data. The measures are described in detail later in this chapter.

Population and Sample Selection

The sample for this study consisted of both male and female graduate students currently enrolled at VPI's Northern Virginia Graduate Center. The sample included active students enrolled in the Education, Family and Child Development, Engineering, Computer Science, Business, and Human Foods and Nutrition Graduate Programs. These particular departments were chosen in order to include participants from a variety of
orientations and academic fields. The VPI Northern Virginia Graduate Center enrolls approximately 5,000 students, the majority of whom attend the school on a part-time basis in addition to their full-time employment in various professional fields. For the most part, these individuals are either seeking academic betterment related to their professional field or are striving for the knowledge necessary to make career changes. There was no reason to suspect that students attending VPI's Northern Virginia Graduate Center were markedly different from other educated adults in the United States. However, this sample may not accurately reflect the views of American adults in general.

Procedure

The sample was one of convenience rather than random due to time and money limitations. After receiving clearance to proceed from the VPI Human Subjects' Review Committee, permission to conduct the study was obtained directly from the VPI instructors who were randomly selected by the researcher to distribute the surveys to their students. The researcher spoke with each instructor, briefly introduced herself, and explained the purpose of the study. Once permission was obtained, the research packets were distributed to the instructors who agreed to distribute the surveys to the students in their graduate classes. The packet is contained in Appendix A.

All students were asked for their voluntary participation in a study designed to determine the relationship of spiritual wellbeing, loneliness, relationship satisfaction, and life contentment. In order to safeguard their privacy and encourage their cooperation, the students were asked to anonymously complete the survey questionnaire. Only students 18 years or older were allowed to participate in this study.
The participants were requested to return the completed questionnaires by mail. Stamped, pre-addressed envelopes were provided to these respondents. Data collection took place from October 1994 through February 1995. The return rate for the questionnaires was 54%.

Variables and Measures

I have chosen four scales to measure spiritual wellbeing, loneliness, relationship satisfaction and life contentment. The *spiritual construct* is defined as the "satisfaction in a relationship with a personal God as well as a perception of life as having meaning." In order to measure this construct, each student was asked to complete the "Spiritual Wellbeing Scale" (SWB), a twenty item instrument measuring spiritual wellbeing. Two sample items of the scale are; "I have a personally meaningful relationship with God", and "I feel very fulfilled and satisfied with life". The subjects rate each item on a six point Likert Scale from "strongly agree" to "strongly disagree". The possible range of scores is 20 to 120 with high scores indicating high spiritual wellbeing. This scale has a test-retest reliability of .93. Alpha coefficients of the Spiritual Wellbeing Scale reflect internal consistency of .89. The magnitude of these coefficients suggest that the Spiritual Wellbeing scale has high reliability and internal consistency (Paloutzian & Ellison, 1978 & 1982). A copy of the twenty item instrument is included in Appendix A.

The *loneliness construct* is defined as "an individual's perception of feeling alone based on quality of social contacts." In order to measure this construct, each student was asked to complete the "Abbreviated Loneliness Scale" (ABLS). This scale measures the loneliness level inherent in adults. Two sample items are; "I feel like the people most
important to me understand me", and "I have as many close relationships as I want". The scale is a seven item instrument in which subjects rate each item on a four point scale: often, seldom, rarely, or never. The possible range of scores of 7 to 28, with the higher score indicating higher loneliness. This scale has a test-retest reliability of .85. The index of internal consistency, coefficient alpha, was .68, indicating that the items cluster together fairly well (Paloutzian & Ellison, 1978 & 1982). A copy of the seven item instrument is included in Appendix A.

The relationship satisfaction construct is defined as the degree of satisfaction people feel about their relationship. In order to measure this construct, each student was asked to complete the "Kansas Marital Satisfaction Scale" (KMS). This is a three item instrument that simply asks "How satisfied are you with...your marriage or relationship...your relationship with your husband or partner...your partner as a spouse or partner?" Subjects rate each item on a seven point scale ranging from "extremely dissatisfied" to "extremely satisfied". The possible range of scores is 3 to 21 with higher numbers indicating greater relationship satisfaction. This scale has a test-retest reliability of .71. Schumm et al (1983) reported high internal consistency with alphas ranging from .89 to .98. Intercorrelations among items ranged from .93 to .95. A copy of the three item instrument is included in Appendix A.

The contentment construct is defined as the degree of contentment people feel about their life and surroundings. In order to measure this construct, each student was asked to complete the "Hudson Generalized Contentment Scale" (GCS). This is a twenty-five item instrument. Two example items are "I feel that I am appreciated", and "I have
a full life". The subjects rate each item on a five point scale: (1) = rarely or none of the
time, (2) = a little of the time, (3) = some of the time, (4) = a good part of the time, or
(5) = most or all of the time. The possible range of scores is 25 to 125. If the
individual's score exceeds a clinical cutting score of 30, there is reason for concern in the
area of contentment, while a score below 30 generally indicates contentment. Hudson
reports high internal consistency with alphas ranging between .89 to .96. The
discriminant validity is .74 (Hudson, 1982). A copy of twenty-five item instrument is
included in Appendix A.

Certain background information was collected from each of the participants in the
study. This background information consisted of questions including age, income, and
having children. These particular areas were chosen to help describe and understand the
make up of the sample and because they were parts of the proposed path model. A copy
of the demographic data questionnaire is included in Appendix A.

Analysis of Data

The data collected from the participants' responses to the four instruments were
analyzed through the use of correlation and path analysis techniques. Although this was
an exploratory study, both literature review and logic provided a theoretical basis for
determining the variables to be used in the path analysis and resultant regression
equations, so a predetermined strategy for entering these variables was used. In the
multiple regression analyses used in this study, the choice of the set of variables to be
provided in the regression equations is determined in advance based on the hypothesized
relationships. This leads to a combination of the variable sets that most effectively address the hypotheses.

It was determined that the demographic variables of age, income, and children would be used in the regression analyses in conjunction with the four scales. The first regression consisted of age, income, and children predicting spiritual wellbeing. In the second regression run, these same demographic variables along with spiritual wellbeing were input as the x variables, and loneliness was the y variable. In the third regression run, age, income, children, spiritual wellbeing, and loneliness represented the predictive variable set, and relationship satisfaction took the position of the y variable. Lastly, the regression analysis was performed with the x variable set of these three demographic variables along with spiritual wellbeing, loneliness, and relationship satisfaction to determine the y variable life contentment.

In order to test the proposed hypotheses (see Figure 1 in Chapter 1), several types of calculations were used. First, frequency distributions and descriptive statistics were utilized to review the demographic characteristics of the individuals and scales used in the study. Next, scatterplots were graphed to obtain a visual pattern of relationships between variables, as well as the strengths of those relationships. The data summarized from the participants' responses to the four instruments was screened to look for any problems that might interfere with the appropriate use of regression techniques (i.e. ratio of cases to independent variables, normality, outliers, and multicollinearity). Finally, correlation and multiple regression techniques were utilized to examine the contribution of each variable, or set of variables, in the model. Data analysis was done by means of
the Number Cruncher Statistical System (NCSS Version 5.2, 1/91). A discussion of these findings follow in the next chapter.
CHAPTER IV

RESULTS

The primary purpose of this study was to build and test a path model to predict life contentment from spiritual wellbeing, loneliness, relationship satisfaction, having children, income and age. In addition, this study proposed to explain the relationships found among these variables. These variables were entered into the regression model based on the hypothesized relationships. This chapter presents the results of the data analyses. Descriptive data concerning the respondents are provided, and the results of the statistical analysis for each hypothesis are presented.

Sample of Interest

Out of the original 200 questionnaires distributed, 107 were returned, for an overall response rate of 53.5%. All of the participants (N = 107) returned their questionnaires via mail. Female respondents (N = 69) outnumbered males (N = 38), representing 64% of the sample (see Table 1).

The mean age of the respondents was 38 years (sd = 10.6), with a range from 22 to 64 years. As shown in Table 2, the majority of students were in a serious relationship (82.2%), of which 55.1% were married. Those not in a serious relationship (N = 19) represented 17.8% of the participants.
### Table 1

**Response Rate and Distribution of Subjects**

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Distributed</td>
<td></td>
<td>--</td>
</tr>
<tr>
<td>N = 200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Returned</td>
<td>107</td>
<td>53.5%</td>
</tr>
<tr>
<td>Distribution of Returns</td>
<td>N = 107</td>
<td></td>
</tr>
<tr>
<td>Male Respondents</td>
<td>38</td>
<td>35.5%</td>
</tr>
<tr>
<td>Female Respondents</td>
<td>69</td>
<td>64.5%</td>
</tr>
</tbody>
</table>
### Table 2
Demographic Characteristics of Participants

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Females</td>
<td>69</td>
<td>64.5%</td>
</tr>
<tr>
<td></td>
<td>Males</td>
<td>38</td>
<td>35.5%</td>
</tr>
<tr>
<td>Age</td>
<td>Under 20</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>20 to 29</td>
<td>22</td>
<td>20.6%</td>
</tr>
<tr>
<td></td>
<td>30 to 39</td>
<td>34</td>
<td>31.8%</td>
</tr>
<tr>
<td></td>
<td>40 to 49</td>
<td>32</td>
<td>29.9%</td>
</tr>
<tr>
<td></td>
<td>50 to 59</td>
<td>17</td>
<td>15.9%</td>
</tr>
<tr>
<td></td>
<td>60 to 69</td>
<td>2</td>
<td>1.8%</td>
</tr>
<tr>
<td>Relationship Status</td>
<td>Single, Not in Relationship</td>
<td>16</td>
<td>14.9%</td>
</tr>
<tr>
<td></td>
<td>Single, in Serious Relationship</td>
<td>7</td>
<td>6.6%</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>59</td>
<td>55.1%</td>
</tr>
<tr>
<td></td>
<td>Living with a Partner</td>
<td>9</td>
<td>8.4%</td>
</tr>
<tr>
<td></td>
<td>Separated</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Divorced</td>
<td>3</td>
<td>2.8%</td>
</tr>
<tr>
<td></td>
<td>Widowed</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Remarried after Divorce</td>
<td>11</td>
<td>10.3%</td>
</tr>
<tr>
<td></td>
<td>Remarried after Death of Spouse</td>
<td>2</td>
<td>1.9%</td>
</tr>
<tr>
<td></td>
<td>Subtotal in a Serious Relationship</td>
<td>88</td>
<td>82.2%</td>
</tr>
<tr>
<td></td>
<td>Subtotal Not in a Serious Relationship</td>
<td>19</td>
<td>17.8%</td>
</tr>
<tr>
<td>VP! Curriculum</td>
<td>Education</td>
<td>49</td>
<td>49.0%</td>
</tr>
<tr>
<td></td>
<td>Family and Child Development</td>
<td>24</td>
<td>24.0%</td>
</tr>
<tr>
<td></td>
<td>Engineering</td>
<td>10</td>
<td>10.0%</td>
</tr>
<tr>
<td></td>
<td>Computer Science</td>
<td>9</td>
<td>9.0%</td>
</tr>
<tr>
<td></td>
<td>Business</td>
<td>5</td>
<td>5.0%</td>
</tr>
<tr>
<td></td>
<td>Nutrition</td>
<td>3</td>
<td>3.0%</td>
</tr>
<tr>
<td>Income</td>
<td>Less than $10,000</td>
<td>11</td>
<td>10.4%</td>
</tr>
<tr>
<td></td>
<td>$10,000 to $30,000</td>
<td>23</td>
<td>21.9%</td>
</tr>
<tr>
<td></td>
<td>$30,000 to $50,000</td>
<td>40</td>
<td>38.1%</td>
</tr>
<tr>
<td></td>
<td>$50,000 to $100,000</td>
<td>30</td>
<td>28.6%</td>
</tr>
<tr>
<td></td>
<td>Greater than $100,000</td>
<td>1</td>
<td>1.0%</td>
</tr>
<tr>
<td>Children Status</td>
<td>No Children</td>
<td>53</td>
<td>49.5%</td>
</tr>
<tr>
<td></td>
<td>One Child</td>
<td>11</td>
<td>10.3%</td>
</tr>
<tr>
<td></td>
<td>Two Children</td>
<td>23</td>
<td>21.5%</td>
</tr>
<tr>
<td></td>
<td>Three Children</td>
<td>15</td>
<td>14.0%</td>
</tr>
<tr>
<td></td>
<td>Four Children</td>
<td>3</td>
<td>2.8%</td>
</tr>
<tr>
<td></td>
<td>Five Children</td>
<td>2</td>
<td>1.9%</td>
</tr>
<tr>
<td></td>
<td>Subtotal With Children</td>
<td>54</td>
<td>50.5%</td>
</tr>
<tr>
<td></td>
<td>Subtotal Without Children</td>
<td>53</td>
<td>49.5%</td>
</tr>
<tr>
<td>Children's Ages</td>
<td>Ages 1 to 4</td>
<td>6</td>
<td>11.0%</td>
</tr>
<tr>
<td></td>
<td>Ages 5 to 12</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ages 12 to 18</td>
<td>8</td>
<td>9.0%</td>
</tr>
<tr>
<td></td>
<td>Ages 19 and Up</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mixed Ages</td>
<td>11</td>
<td>15.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>45.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>20.0%</td>
</tr>
</tbody>
</table>
All of the participants were college educated and attended VPI's Northern Virginia Graduate Center. Most of the participants were enrolled in Education (N = 49, or 49%) and Family and Child Development (N = 24, or 24%). The mean income was $42,524. Those with children (N = 54) slightly outnumbered those without (N = 53). The mean number of children was approximately two (M = 2.30) with a mean age of 17 (M = 17.2).

Data Screening

Prior to running the regression analyses, the data were screened to determine if there were any potential problems. The results of the screening were as follows:

Ratio of Cases to Predictive Variables

There were 81 cases used in the regression analyses and six predictive variables (seven cases were dropped due to missing data). Thus, the ratio of cases to predictive variables equalled 14:1. This ratio is appropriate for the use of regression, and is close to the suggested requirement of 15:1 (Tobachnik & Fidell, 1989).

Normality

The data in the individual scales appeared to be normally distributed. Summaries for each of the scales were used in the data base. The summarized scale data were normally distributed based on the normality tests within NCSS.

Multicollinearity

If the tolerance of an independent variable (1-squared multiple correlation of the variable) is too low, the variable does not enter into the analysis (Tobachnik & Fidell, 1989, p. 88). Based on the multicollinearity tests within NCSS, the tolerance levels for
the independent variables were within the acceptable range, indicating no multicollinearity problems with the variables.

Outliers

Multivariate outliers were sought by considering the Mahalanobis distance of each case to the centroid of all the cases (Tobachnik & Fidell, 1989, p. 175). Two multivariate outliers were identified and were isolated from the remainder of the sample. However, when the correlations and regressions were run omitting these cases, there were practically no differences in the results. Therefore, these outlier cases were deemed not influential and left in the analyzed sample.

Scale Descriptions

In order to assess the effectiveness of each instrument in this sample, the initial step in the data analysis was to obtain the means, standard deviations, and ranges of scores for each scale. Table 3 provides these basic descriptive measures of the four instruments included in this study. The participants surveyed fall in the higher levels of spirituality with a mean SWB of 92.03, which is in the upper quartile of the test range (20 to 120). The sample is not particularly lonely with a mean ABLS of 13.38, which is roughly four points below the median test score. In relationship satisfaction, the mean is 16.77, which is at the higher end of the KMS range (3 to 21). The contentment level (GCS) of the individuals is greater than 30 (M= 45.34), which indicates there is reason for concern in the area of life contentment.
Table 3
Means, Standard Deviation, Range, for Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>SWB</td>
<td>99</td>
<td>92.03</td>
<td>20.41</td>
<td>25 - 120</td>
</tr>
<tr>
<td>ABLS</td>
<td>105</td>
<td>13.38</td>
<td>3.92</td>
<td>7 - 27</td>
</tr>
<tr>
<td>KMS</td>
<td>88</td>
<td>16.77</td>
<td>3.76</td>
<td>5 - 21</td>
</tr>
<tr>
<td>GCS</td>
<td>99</td>
<td>45.34</td>
<td>14.88</td>
<td>25 - 116</td>
</tr>
</tbody>
</table>

Note. SWB = Spiritual Wellbeing Scale. Range = 20 to 120.

ABLS = Abbreviated Loneliness Scale. Range = 7 to 28 with higher score indicating high loneliness.

KMS = Kansas Marital Satisfaction Scale. Range = 3 - 21.

GCS = Hudson Generalized Contentment Scale. Range = 25 - 125 with lower score indicating more contentment.
In order to further analyze the scale results, a breakdown by each demographic variable is provided in Table 4 (see Appendix). The participants in a relationship are less lonely (ABLS mean of 12.86 versus 15.74; \( t = 3.01, p < .01 \)) and more content (GCS mean of 43.87 versus 52.47; \( t = 2.21, p < .05 \)) than those not in a relationship. In addition, those with children are more spiritual (SWB mean of 96.90 versus 86.85; \( t = -2.51, p < .05 \)), less lonely (ABLS mean of 12.47 versus 14.31; \( t = 2.46, p < .05 \)), and more content (GCS mean of 40.61 versus 49.98; \( t = 3.29, p < .01 \)) than those without children. No other significant differences with regard to predictive paths existed.

Model Testing

Relationship Between Variables

This study had a sample size of 81. Although the initial sample was composed of 107 graduate students, the regression analyses were run using data from only those respondents in a serious relationship (n = 88). Nineteen of the original 107 respondents were not currently in a serious relationship, and thus had not completed the "Kansas Marital Satisfaction Scale". Therefore, their cases were deleted from the regression analyses. Further, seven cases were dropped due to incomplete survey responses (n = 81). Correlations were used to examine the bivariate relationships between the variables. As Table 5 indicates, fifteen (15) significant correlations out of a possible twenty-one were found. Less than one correlation would be expected to be significant by chance (at the .05 level of significance). Thus, the number of significant correlations is much greater than the number expected by chance. This section will present results from the correlation procedures deemed significant to the study.
### Table 5

Correlations (r) Between the Variables

<table>
<thead>
<tr>
<th></th>
<th>INCOME</th>
<th>CHILDREN</th>
<th>SWB</th>
<th>ABLS</th>
<th>KMS</th>
<th>GCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>+0.34**</td>
<td>+0.72**</td>
<td>+0.13*</td>
<td>-0.10*</td>
<td>+0.04</td>
<td>+0.24**</td>
</tr>
<tr>
<td>INCOME</td>
<td></td>
<td></td>
<td>+0.15*</td>
<td>+0.02</td>
<td>+0.05</td>
<td>+0.02</td>
</tr>
<tr>
<td>CHILDREN</td>
<td></td>
<td></td>
<td></td>
<td>-0.14*</td>
<td>+0.07</td>
<td>+0.32**</td>
</tr>
<tr>
<td>SWB</td>
<td>-0.62***</td>
<td></td>
<td></td>
<td>+0.29**</td>
<td>+0.72***</td>
<td></td>
</tr>
<tr>
<td>ABLS</td>
<td></td>
<td></td>
<td></td>
<td>-0.39**</td>
<td>-0.85***</td>
<td></td>
</tr>
<tr>
<td>KMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>+0.40**</td>
</tr>
<tr>
<td>GCS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note.** This was prepared only for the participants in a relationship (n = 81).

| AGE  | Grouped ages of participants                                      |
| INCOME | Grouped income levels of participants                             |
| CHILDREN | No (zero) or Yes (one or more)                                    |
| SWB   | Spiritual Wellbeing Scale                                         |
| ABLS  | Abbreviated Loneliness Scale                                      |
| KMS   | Kansas Marital Satisfaction Scale                                 |
| GCS   | Hudson Generalized Contentment Scale                              |

* `p < .05;  **p < .01;  ***p < .001`

The GCS is a measure of life contentment. For the purposes of this analysis, the signs were altered to reflect correlation to life contentment.
The correlation data reveals the following relative to the four hypotheses presented in Chapter I: As predicted in Hypothesis #1, an adult's level of spiritual wellbeing increases significantly with age \( (r = .13) \) and children \( (r = .24) \). However, increased income is not a significant determinant \( (r = .02) \) of spiritual wellbeing. As proposed in Hypothesis #2, an adult's level of loneliness decreases significantly with children \( (r = -.14) \) and spiritual wellbeing \( (r = -.62) \). However, unlike the predictions, increased age also leads to decreased loneliness \( (r = -.10) \), and income levels do not significantly alter loneliness \( (r = .05) \). As predicted in Hypothesis #3, an adult's relationship satisfaction increases with increased spiritual wellbeing \( (r = .29) \) and decreases with greater loneliness \( (r = -.39) \). However, contrary to the proposition, age, income and children have minimal correlation with relationship satisfaction \( (\text{with } r = .04, .05, \text{ and } .07, \text{ respectively}) \). As indicated in Hypothesis #4, an adult's level of life contentment increases significantly with age \( (r = .24) \), spiritual wellbeing \( (r = .72) \) and relationship satisfaction \( (r = .40) \), and significantly decreases with greater loneliness \( (r = -.85) \). However, contrary to this hypothesis, income level correlates insignificantly \( (r = .02) \) with life contentment, and children increase life contentment \( (r = .32) \).
<table>
<thead>
<tr>
<th>STEP</th>
<th>Beta 1</th>
<th>R² (adj)</th>
<th>F Ratio</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SWB</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGE</td>
<td>-0.09</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INCOME</td>
<td>+0.23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILDREN</td>
<td>+8.92</td>
<td>0.0018</td>
<td>1.05</td>
<td>0.376</td>
</tr>
<tr>
<td>2. ABLS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGE</td>
<td>-0.04</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INCOME</td>
<td>+0.37</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILDREN</td>
<td>+0.35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SWB</td>
<td>-0.12***</td>
<td>0.3660</td>
<td>12.11</td>
<td>0.0001</td>
</tr>
<tr>
<td>3. KMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGE</td>
<td>-0.02</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INCOME</td>
<td>+0.19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILDREN</td>
<td>+0.48</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SWB</td>
<td>+0.01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABLS</td>
<td>-0.39**</td>
<td>0.1081</td>
<td>2.87</td>
<td>0.020</td>
</tr>
<tr>
<td>4. GCS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGE</td>
<td>+0.06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INCOME</td>
<td>+0.08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILDREN</td>
<td>+3.84</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SWB</td>
<td>+0.21***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABLS</td>
<td>-2.45***</td>
<td>0.7896</td>
<td>46.66</td>
<td>0.0001</td>
</tr>
<tr>
<td>KMS</td>
<td>+0.23</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: SWB = Spiritual Wellbeing Scale  
ABLS = Abbreviated Loneliness Scale  
KMS = Kansas Marital Satisfaction Scale  
GCS = Hudson Generalized Contentment Scale  

*p < .05  
**p < .01  
***p < .001  
1 = unstandardized
Figure 2
Path and Regression Analysis
Results

Note: The Stand-Alone Numbers Represent the unstandardized Beta Coefficients in the Regression Equations. The Numbers in parentheses Represent the R^2 of Each Path.

(1) p-value = .38
(2) p-value = .00
(3) p-value = .02
Figure 3
Path and Regression Analysis
Significant Paths

Note: The Stand-Alone Number Represent the unstandardized Beta Coefficients in the Regression Equations. The p-value of these Betas are shown in the parentheses.
Regression Analyses

In order to further evaluate the proposed hypotheses, regression models were developed and regression procedures were run. This section, including Table 6, Figures 2 and 3, will present results from the statistical analyses of each regression model.

Table 6 summarizes the four regression procedures used and includes values for Beta, R², F Ratio, and p-level, which are important decision making indicators to be used in the acceptance and/or rejection of the hypotheses. Figure 2 graphically illustrates the hypothesized path model along with the Beta and R² results. The hypotheses are based on the path model. The discussion and interpretation of the regression results, by hypothesis, is as follows:

Hypothesis #1 states "An adult's level of spiritual wellbeing is significantly influenced by his/her age, income level, and whether he/she has children." Following the hypothesized regression model, the variables age, income, and children were entered into the regression equation as determinants of spiritual wellbeing. Together, these variables explain a minimal amount of the variance in the dependent variable SWB. The adjusted R² value is a non-significant .0018, with a p-level of .376. The hypothesis was not supported.

Hypothesis #2 states "An adult's level of loneliness is significantly influenced by age, income level, whether he/she has children, and his/her level of spiritual wellbeing." The set of variables age, income, children, and SWB was entered into the second regression equation to determine the impact on ABLS. This set of independent variables produced an R² of .3660, with a p-level of .0001. The hypothesis was supported.
Hypothesis #3 states "An adult's satisfaction in his/her relationship is significantly influenced by age, income level, whether he/she has children, his/her level of spiritual wellbeing, and his/her level of loneliness." In the third regression analysis performed, the independent variables age, income, children, SWB, and ABLS were entered into the equation to determine their influence on the variable KMS. These produced a moderate R² of .1081 with a p-level of .020. This hypothesis was supported.

Hypothesis #4 states "An adult's level of life contentment is significantly influenced by age, income level, whether he/she has children, his/her level of spiritual wellbeing, his/her level of loneliness, and his/her relationship satisfaction." In this fourth regression analysis, the independent variable set of age, income, children, SWB, ABLS, and KMS was input to determine the influence on GCS. This set produced an extremely significant R² of .7896, with a p-level of .0001. Hence, this set of variables contributes 79% of the variance in the determination of an adult's life contentment. This hypothesis was supported.

The path model as derived from the regression results is shown next in Figure 2 and Figure 3. The regression results determine that only three of the four proposed paths are significant, namely the loneliness (ABLS) path, the relationship satisfaction (KMS) path and the life contentment (GCS) path. The spiritual wellbeing (SWB) path was not supported through the regression analysis and was thus eliminated from the resultant path model.
Summary

Descriptive, correlation, and regression findings were presented in this chapter. A description of the analyzed sample was provided. Relationships between the demographics of age, income, and children along with scores on the "Spiritual Wellbeing Scale," the "Abbreviated Loneliness Scale", the "Kansas Marital Satisfaction Scale", and the "Hudson Generalized Contentment Scale", were explored.

Hypotheses were tested by means of both correlation and regression analysis, and the results discussed. Results of these analyses were presented, and the most useful predictors were identified. Significant predictors were uncovered for levels of loneliness and life contentment in adults. Chapter Five presents conclusions based on these findings along with recommendations and suggestions for further study.
CHAPTER V

SUMMARY

Summary

The primary purpose of this study was to build and test a path model to predict life contentment from spiritual wellbeing, loneliness, relationship satisfaction, having children, income, and age. In addition, this study proposed to explain the relationships found among these variables.

Discussion of the Findings

The descriptive statistics procedures run on the demographic data revealed some interesting results. As indicated in Tables 1 and 2, the adults surveyed are predominantly female, thirty-ish graduate students involved in a serious relationship. As shown in Table 3, the adults sampled are spiritual, not particularly lonely, generally satisfied in their relationship, but not highly content with their lives. Also, based on t-tests, those in a relationship are less lonely, and more content than those not in a relationship. In addition, those with children are more spiritual, less lonely, and more content than those without.

As mentioned earlier in this chapter, four hypotheses were tested in the present study with the use of correlation and regression analyses. As shown in Table 5, the present study found many significant correlations between the variables deemed significant to this study. As proposed in Hypothesis #1, spiritual wellbeing does indeed increase significantly with age and children; however, income plays an insignificant role. Loneliness decreases significantly with children and spiritual wellbeing as expected in Hypothesis #2; but, unlike the prediction, increased age leads to decreased loneliness, and
income has no significant impact. As predicted in Hypothesis #3, relationship satisfaction increases significantly with spiritual wellbeing and decreases significantly with greater loneliness. Contrary to the prediction, age, income and children are insignificant factors. Lastly, life contentment increases significantly with age, spiritual wellbeing and relationship satisfaction, and significantly decreases with greater loneliness as proposed in Hypothesis #4. However, in contrast to the prediction, income has an insignificant impact, and children increase rather than decrease life contentment. As determined through correlation analysis, of the eighteen causal relationships established in the analysis of the four hypotheses, twelve were statistically significant (with p < .05).

Further, regression analyses show that three of the four hypotheses were supported (see Figures 1 and 2, and Table 6). In the first hypothesis, the study examined determinants of spiritual wellbeing. The determinants selected, namely age, income level, and children, did not predict spiritual wellbeing (R² = .0018). Thus, this hypothesis was not supported. In the second hypothesis, the study examined the make-up of loneliness. The variables chosen, age, income, children, and spiritual wellbeing, largely predicted loneliness (R² = .3660 with a p-level of <.0001). This hypothesis was supported. In the third hypothesis, the study focused on the composition of relationship satisfaction. The determinants used, age, income, children, spiritual wellbeing, and loneliness, accounted for 11% of relationship satisfaction (R² = .1081 with a p-level of .020). This hypothesis was supported. In the last hypothesis tested, the study analyzed the predictors of life contentment. The predictors utilized, namely age, income, children,
Spiritual Wellbeing, loneliness, and relationship satisfaction, contributed 79% in the determination of life contentment. This hypothesis was supported.

As indicated earlier and supported in t-test analysis, those in a relationship are less lonely and more content (t-test p < .05) than those not in a relationship. In addition, those with children are indeed more spiritual, less lonely and more content than those without children (t-test p < .05).

Interpretations

It is at this point that I would like to point out that my initial Hypothesis #1: Spiritual Wellbeing - "an adult's level of spiritual wellbeing increases with age and Hypothesis #2: Loneliness - "an adult's level of loneliness increases significantly with increased age" are contradictory to the premise of this thesis which is, in part, that the more spiritual you are the less lonely you will be. In retrospect, I believe that I determined these hypotheses individually and did not consider the relationship between them. Further, these two excerpts from my hypotheses seem to have been based on stereotypes of the "lonely elderly".

Of the predictors used, based on correlations, income alone appears to have no significant impact in the determination of spiritual wellbeing, loneliness, relationship satisfaction and life contentment. I am not sure how to interpret this. The mean individual income of the respondents in this study is $42,524 and is probably compensurate for this area. However, this income includes the expendable income of graduate school. Also 81 of the initial 107 respondents were sharing expenses with a partner. The point being that in this population there are probably far fewer financial
survival concerns in comparison to other Americans. I believe that survival concerns and efforts to meet family financial obligations would greatly impact spiritual wellbeing, loneliness, relationship satisfaction and life contentment. Therefore, the fact that income alone is not a significant variable in this study could be directly related to demographic limitations.

Correlations in this study indicate that age is associated with greater spiritual wellbeing, decreased loneliness and more life contentment. Despite my prediction that age increases relationship satisfaction, age had little association with relationship satisfaction in this study. I attribute this to the narrow age range of my population in that 61.7% were between ages 30 through 49 and there were only two respondents over the age of 60 (Table 2). With an increased age range sampled, I believe there would be a significant correlation between age and relationship satisfaction.

My findings, based on correlations, show that having children positively affects a person's life by increasing spiritual wellbeing and life contentment and decreasing loneliness. Contrary to my predictions, this study indicates that having children does not appear to affect relationship satisfaction and results in more, not less, life contentment. I attribute these findings to certain demographic characteristics of the participants in this study. For example, I would not expect the predictive variable of having children to negatively affect relationship satisfaction or life contentment when the mean age of children, of those participants who have children, is age 17. This is in accord with other findings that "empty nest" is one of the most happy times in a marital relationship with
children and this would effect life contentment. If more of the respondents had young children, the literature suggests there would be less parental relationship satisfaction.

The regression analysis of the variables spiritual wellbeing, loneliness, relationship satisfaction and life contentment, show that spiritual wellbeing is not explained by the predictors age, income, and having children. I can't even begin to identify what variables would predict spiritual wellbeing. This unanswered question probably reflects the complexity of spirituality and identifies a need for future research.

The regression analysis of the variables spiritual wellbeing, loneliness, relationship satisfaction and life contentment indicate that relationship satisfaction is only somewhat explained by spiritual wellbeing and loneliness. There appears to be a large unexplained variance that is not addressed in this study. With the high percentage of failed marriages, it is apparent that many of us have not determined the equation for satisfying relationships.

The results of my study suggests strong predictors and/or components of life contentment. It seems that age, income, having children along with spiritual wellbeing, loneliness and relationship satisfaction significantly determines life contentment. Understanding a client's level of life contentment is "what its all about" for mental health professionals. Promoting wellness in our clients is to ultimately improve contentment with life.

T-tests were run to identify differences between gender, those in/not in a relationship and those with/without children. There were no significant gender differences in the descriptive analysis specific to the sample of participants in this study. This
finding does not surprise me. Men and women in this sample seem to assuming similar roles. Generally, men and women in this area both work outside of the home, attempt to function as parents equally and both perform household chores. This shift toward role equality occurred to me when a male attorney had to cancel our appointment because he needed to pick up his child from day care.

Finally, the participants with children are more spiritual, less lonely and more content than those without children. This makes sense to me because in a spiritual sense our children connect us with the future. We will contribute to our family trees and we have the potential to be someone's grandparent, great-grandparent, and on and on. Further, personally speaking, when you have children, there is very little time to feel socially or emotionally lonely. Whether this is due to exhaustion or stimulation overload, I don't know. With children comes family networking and opportunities for connectedness i.e. - "like-family stages" of acquaintances, PTA and many opportunities for volunteerism. This is of course contingent on whether you have the time or energy; but such opportunities are available. Finally, I believe that one of the great gifts you receive as a parent is that your life is always changing in tandem with your children. Initially, when I hypothesized that life contentment decreased with children, I was probably projecting the attitude of a working mother with three children under the age of seven. The daily hassles do affect the marital relationship and from a "small picture" point of view does decrease life contentment. For me, the gift is that with change life gets easier, then difficult in a different way. Eventually, the mixed blessings of an empty nest will arrive and with that, change will again occur.
Conclusions

The major conclusions of the study can be summarized as follows:

1.) An adult's level of spiritual wellbeing is not significantly affected by age, income, and children. There appear to be other significant determinants of spiritual wellbeing not addressed in this study.

2.) An adult's level of loneliness is significantly determined by age, income, children, and spiritual wellbeing.

3.) An adult's level of relationship satisfaction is predicted by age, income, children, spiritual wellbeing, and loneliness. However, there do remain other major components of relationship satisfaction not discussed in this study.

4.) An adult's life contentment level is significantly predicted by his/her age, income, children, spiritual wellbeing, loneliness, and relationship satisfaction.

Limitations

The above conclusions need to be viewed with caution because of the limitations of the study. This is a convenience sample having only VPI graduate students complete this survey and may not accurately reflect the views of American adults in general. The participants in the study were all college educated adults who may have different views than the lesser educated adult population. Generally, the adults were middle-aged and living in metropolitan areas. These individuals' responses may differ from the younger or older adult population and those living in non-metropolitan areas. In addition, some respondents may react negatively to the perceived, sensitive issues involved in these
surveys and this may affect the accuracy of the data analysis. For example, some of the questions in the spiritual wellbeing scale were based on levels of religiousness and some the respondents may have conflictual feelings about their religious upbringing and therefore reacted negatively to these questions. Further, this study is based on internalizations. Answering these questions required the discomfort of "soul searching" and this may have negatively affected the subjective responses.

In further review of the demographic characteristics of participants (Table 2) specific limitations of this study emerge. These limitations are directly related to convenience sampling. This study cannot accurately reflect a national viewpoint for many reasons. First, there are many more female participants (64.5%) than male (35.5%). This is probably due to the fact that most of the participants were from Education (49%), and Family and Child Development (24%) curriculums which are predominantly female. Second, due to the convenience sampling of VPI students at the Northern Virginia campus, there is a narrow age range sample with the highest number of participants between ages 30 through 49 (combined 61.7%). This does not accurately reflect our youth or our increasing older population in the U.S. Third, as stated earlier most of the participants were from Education and Family and Child Development curriculum, (combined 73%) which are human service related and this may have affected the outcome based on the human nature focus of the study, as compared to a business perspective for example. Fourth, the mean individual income of the participants in this study ($42,524) greatly exceeds the national average. This has a significant impact on this study because financial survival concerns would certainly affect life contentment as well as other
variables. Also, even those at lower income levels are enrolled in coursework to improve their job opportunities and therefore may not feel "poor". Finally, there is a disproportionate lack of children for an adult population. Only 50.5% of participants have children and I find this unusual for a population where 61.7% of the respondents are between ages 30 through 49.

Implications for Mental Health Professionals

Findings from this study teach us some of the major components of life contentment. All of us search for happiness in life. Likewise, as mental health professionals, we assist our clients in their search for a greater contentment with life in the hope that happiness will ensue. Life contentment is a major component of overall emotional well-being. To me, identifying that spiritual well-being is significantly correlated with life contentment is the big surprise in this study. I hypothesized that spiritual well-being would be positively correlated to life contentment, but I underestimated the strength of the relationship. A predictably significant outcome is that there is a strong negative correlation between spiritual well-being and loneliness. Further, as predicted, those who are more spiritual, are less lonely, more satisfied in their relationships and have a greater contentment with life. For mental health professionals, specifically marriage and family therapists, we need to incorporate the significance of these variables into our treatment approaches. Before this can occur, mental health professionals need to be taught about spirituality and how important it can be for our clients. This idea of spirituality can be frightening for mental health professionals because it makes us look within ourselves to search for our own spiritual well-being and we fear we may not find
it. Internalizations are difficult especially for mental health professionals. We like to feel that we already have most of the answers. For many reasons, we do not. Spirituality needs to be part of our curriculums.

**Implications for Education and Future Research**

This study provides many unanswered questions and therefore, many implications for education and future research. First, based on the regression analysis, why isn't relationship satisfaction associated with life contentment? Is life contentment, when coupled with spiritual wellbeing, an internal process that is more significantly correlated to a connection or relationship we establish with ourselves rather than a significant other? Does this reinforce the concept that we cannot look to others to fulfill our needs? Does this explain why spiritual wellbeing and loneliness are correlated to life contentment but not relationship satisfaction? I believe it is very important that we are equipped to meet our own needs through spiritual means and to be able to stave off loneliness from within.

The second big unanswered question in this study is - what variables do predict spiritual wellbeing, if not age, income, and having children? Spiritual wellbeing must be a very complex and abstract concept if there are no answers based on this study. Future research could be done to specifically identify what variables or characteristics predict spiritual wellbeing. Also, research identifying the specific components of spirituality could make this concept more tangible, less abstract, and easier to understand.

As a mental health professional, I have sensed that the concept of spirituality has been a "hands off" issue, or perhaps a "leave it to the chaplain" issue. I believe that with the losses of the 90's (i.e. - feelings of success, a standard of living one aspires to and
dreams for the future), mental health professionals need to be able to assist our clients in a spiritually healing way. The concept of spirituality and connectedness is extremely important in working with our clients. I have often heard a therapist respond to a client's suicidality by saying "What about your family"? And equally often the client's glazed look after hearing this tells me this person is disconnected from self, from others, and (in a spiritual sense) from the universe. Perhaps this partially explains the growing popularity of self help groups and their inexpensive forum for connectedness in an era of health care reform that evokes drastic reductions in mental health care benefits.

As a mental health care professional, I promote determination of a client's perceived level of connectedness and incorporate this into a treatment program. Mental health therapy students need the skills to determine a client's spiritual wellbeing. Spiritual wellbeing is an essential assessment tool for our clients. As a person grows spiritually, an understanding of connectedness ensues. Connectedness is the awesome feeling of oneness with self, with others, with God, and with the natural world. Spiritual growth enhances one's vision of who he/she is, and spiritual wellbeing expands and enriches every dimension of life (anonymous, 1993). My study shows the correlation of spiritual wellbeing, loneliness, relationship satisfaction, and life contentment and supports the significance of spiritual wellbeing and its multi-dimensional impact on wellness.

Economically, families may need to reconnect as we lose our financial independence due to nationwide organizational restructuring. Further, with the onset of health care reform, families are becoming mental health caretakers for their ill family
members. This provides marriage and family therapists opportunities to work on spiritual re-connectedness with families.

Family re-connectedness presents a clinical indication for future research on spirituality in families. Some questions generated from this study include:

1) Why are some families more spiritually connected than others?

2) What interventions would assist families to spiritually re-connect?

3) Is the concept of a multi-family treatment approach applicable to spiritual re-connectedness?

Interestingly, there is a current trend in organizational philosophy that connects the heart and the wallet. "The revolution is about the belief that spiritual values and the desire for economic success can be simultaneously fulfilled" (Block, 1993, p.43). Block (1993) promotes spirituality in organizational restructuring and refers to spirituality as "the process of living out a set of deeply held personal values, of honoring forces or a presence greater than ourselves. It expresses our desire to find meaning in, and treat as an offering, what we do" (p.43). The very forces that have changed health care and impacted the ways we promote wellness may offer us guidance and direction in our healing process.

"Spirituality is both subtle and powerful. It is like our breath. We go about most of our day not even realizing that we are breathing. Yet our breathing is so powerful that if we stop, we die" (Whitfield, p.127). As mental health professionals we are caretakers of life, promoters of wellness, and we need to understand spirituality.
REFERENCES


Sullivan, W. (1993). "It helps me to be a whole person": The role of spirituality among the mentally challenged. *Psychosocial Rehabilitation Journal*, 16 (3), 125-134.


APPENDICES
APPENDIX A

Questionnaires
Dear VPI Student,

Thank-you very much for agreeing to participate in this research study. Your class has been selected from VPI classes at the Northern Virginia campus. The purpose of this study is to better understand how spiritual wellbeing affects loneliness, life contentment, and marital satisfaction. I anticipate that this questionnaire will take approximately 15 minutes to complete. When you are finished with the questionnaire, place it in the pre-addressed, stamped envelope and mail.

**Important Points**

1. Participation in this study is entirely voluntary. If you do not wish to complete this survey either discard forms or mail blank copies back to me with the provided envelope.
2. Your responses are completely anonymous. These forms are not coded and cannot identify you in any way. Please do not put your name or social security number anywhere on the survey.
3. You must be 18 years or older to participate in this study.

**Instructions**

The question format and response choices are different. Please read each question and the responses carefully. Choose your first response that best indicates how you feel and not how you think you should feel.

Thank-you again for completing this survey.

Sincerely,

Elizabeth M. Leeth
**Background Information**

Some general information will be helpful for me to interpret the results of my study. This information will not be used for identification and will not jeopardize your anonymity.

1. What is your sex?
   a. Female       b. Male

2. What was your age on your last birthday? ______

3. What is your current relationship status?
   a. single, not in a relationship
   b. single, in a serious relationship
   c. married
   d. living with a partner
   e. separated
   f. divorced
   g. widowed
   h. remarried after divorce
   i. remarried after death of spouse

4. What curriculum/department are you enrolled in at VPI? ______

5. What is your individual annual income?
   a. less than $10,000
   b. $10,000 - $30,000
   c. $30,000 - $50,000
   d. $50,000 - $100,000
   e. greater than $100,000

6. How many children do you have? ______
   a. What are their ages? __________________________
Spiritual Wellbeing

For each of the following statements circle the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience.

SA = Strongly Agree
MA = Moderately Agree
A = Agree
D = Disagree
MD = Moderately Disagree
SD = Strongly Disagree

1. I don't find much satisfaction in private prayer with God.
2. I don't know who I am, where I came from, or where I'm going.
3. I believe that God loves me and cares about me.
4. I feel that life is a positive experience.
5. I believe that God is impersonal and not interested in my daily situations.
6. I feel unsettled about my future.
7. I have a personally meaningful relationship with God.
8. I feel very fulfilled and satisfied with life.
9. I don't get much personal strength and support from my God.
10. I feel a sense of well-being about the direction my life is headed in.
11. I believe that God is concerned about my problems.
12. I don't enjoy much about life.
13. I don't have a personally satisfying relationship with God.
15. My relationship with God helps me not to feel lonely.
16. I feel that life is full of conflict and unhappiness.
17. I feel most fulfilled when I'm in close communion with God.
18. Life doesn't have much meaning.
19. My relation with God contributes to my sense of well-being.
20. I believe there is some real purpose for my life.
Please circle the choice that best indicates how often each of the following statements describes you in general:

O = Often   S = Sometimes   R = Rarely   N = Never

1. I feel like the people most important to me understand me. . . . . . . . . . . . . O S R N

2. I feel lonely. . . . . . . . . . . . . . O S R N

3. I feel like I am wanted by the people/groups I value belonging to. . . . . . . . . . O S R N

4. I feel emotionally distant from people in general. . . . . . . . . . . . . O S R N

5. I have as many close relationships as I want. O S R N

6. I have felt lonely during my life. . . . . O S R N

7. I feel emotionally satisfied in my relationship with people. . . . . . . . . . . . O S R N
Although the following three items refer to marriage, please think of your relationship with your current partner, whether you are married or not, as you answer the questions. If you are not currently in a relationship, please leave this page blank.

Please circle one response for each question below.

(A) How satisfied are you with your marriage or relationship?

<table>
<thead>
<tr>
<th>extremely dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>extremely satisfied</th>
</tr>
</thead>
</table>

(B) How satisfied are you with your relationship with your spouse or partner?

<table>
<thead>
<tr>
<th>extremely dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>extremely satisfied</th>
</tr>
</thead>
</table>

(C) How satisfied are you with your partner as a spouse or partner?

<table>
<thead>
<tr>
<th>extremely dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>extremely satisfied</th>
</tr>
</thead>
</table>
This questionnaire is designed to measure the degree of contentment that you feel about your life and surroundings. It is not a test, so there are not right or wrong answers. Respond to each item as carefully as you can by circling the appropriate number for each.

<table>
<thead>
<tr>
<th></th>
<th>Rarely or None of the Time</th>
<th>A Little of the Time</th>
<th>Some of the Time</th>
<th>Good Part of the Time</th>
<th>Most or All of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I feel powerless to do anything about my life.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I feel blue.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I am restless and can't keep still.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I have crying spells.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>It is easy for me to relax.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>I have a hard time getting started on things that I need to do.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>I do not sleep well at night.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>When things get tough, I feel there is always someone I can turn to.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>I feel that the future looks bright for me.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>I feel downhearted.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>I feel that I am needed.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>I feel that I am appreciated.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>I enjoy being active and busy.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>I feel that others would be better off without me.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>I enjoy being with other people.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>I feel it is easy for me to make decisions.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>I feel downtrodden.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>I am irritable.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>I get upset easily.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>I feel that I don't deserve to have a good time.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>I have a full life.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>I feel that people really care about me.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>I have a great deal of fun.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>I feel great in the morning.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>I feel that my situation is hopeless.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B

Statistical Analysis
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>LONELINESS SCALE MEAN (ABS)</th>
<th>SPIRITUAL WELLBEING SCALE MEAN (SWB)</th>
<th>EXISTENTIAL WELLBEING COMPONENT MEAN (EBW)</th>
<th>RELIGIOUS WELLBEING COMPONENT MEAN (RWB)</th>
<th>GENERAL CONTENTMENT SCALE MEAN (GCS)</th>
<th>MARRITAL SATISFACTION SCALE MEAN (KMS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL POPULATION:</td>
<td>13.38</td>
<td>92.03</td>
<td>48.54</td>
<td>45.60</td>
<td>45.34</td>
<td>16.77</td>
</tr>
<tr>
<td>BY SEX:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WOMEN</td>
<td>13.03</td>
<td>93.95</td>
<td>49.64</td>
<td>44.32</td>
<td>45.35</td>
<td>16.58</td>
</tr>
<tr>
<td>MEN</td>
<td>14.00</td>
<td>88.18</td>
<td>46.33</td>
<td>42.15</td>
<td>45.33</td>
<td>17.17</td>
</tr>
<tr>
<td>AGE GROUP:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-29 YEARS</td>
<td>13.18</td>
<td>93.90</td>
<td>48.81</td>
<td>45.10</td>
<td>47.50</td>
<td>16.16</td>
</tr>
<tr>
<td>30-39 YEARS</td>
<td>13.97</td>
<td>87.97</td>
<td>46.29</td>
<td>42.00</td>
<td>47.47</td>
<td>17.26</td>
</tr>
<tr>
<td>40-49 YEARS</td>
<td>13.58</td>
<td>90.27</td>
<td>49.00</td>
<td>41.27</td>
<td>45.19</td>
<td>17.00</td>
</tr>
<tr>
<td>50-59 YEARS</td>
<td>12.31</td>
<td>100.69</td>
<td>50.94</td>
<td>49.75</td>
<td>39.00</td>
<td>16.75</td>
</tr>
<tr>
<td>60-69 YEARS</td>
<td>11.00</td>
<td>93.00</td>
<td>60.00</td>
<td>33.00</td>
<td>45.00</td>
<td>14.00</td>
</tr>
<tr>
<td>RELATIONSHIP:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SINGLE, NOT IN RELATIONSHIP</td>
<td>16.00</td>
<td>82.27</td>
<td>42.47</td>
<td>40.47</td>
<td>53.78</td>
<td></td>
</tr>
<tr>
<td>SINGLE, IN SERIOUS RELATIONSHIP</td>
<td>11.43</td>
<td>104.29</td>
<td>52.00</td>
<td>52.29</td>
<td>40.33</td>
<td>15.57</td>
</tr>
<tr>
<td>MARRIED</td>
<td>12.93</td>
<td>94.40</td>
<td>49.68</td>
<td>44.72</td>
<td>43.91</td>
<td>17.29</td>
</tr>
<tr>
<td>LIVING WITH A PARTNER</td>
<td>12.67</td>
<td>79.38</td>
<td>49.00</td>
<td>30.30</td>
<td>46.78</td>
<td>16.67</td>
</tr>
<tr>
<td>DIVORCED</td>
<td>14.33</td>
<td>98.67</td>
<td>50.67</td>
<td>48.00</td>
<td>46.33</td>
<td></td>
</tr>
<tr>
<td>REMARRIED AFTER DIVORCE</td>
<td>13.82</td>
<td>88.55</td>
<td>46.18</td>
<td>42.36</td>
<td>45.50</td>
<td>16.09</td>
</tr>
<tr>
<td>REMARRIED AFTER DEATH OF SPOUSE</td>
<td>11.50</td>
<td>119.50</td>
<td>59.50</td>
<td>60.00</td>
<td>32.00</td>
<td>10.00</td>
</tr>
<tr>
<td>IN A RELATIONSHIP</td>
<td>12.86</td>
<td>93.59</td>
<td>49.58</td>
<td>44.01</td>
<td>43.87</td>
<td>16.77</td>
</tr>
<tr>
<td>NOT IN A RELATIONSHIP</td>
<td>15.74</td>
<td>85.00</td>
<td>43.83</td>
<td>41.72</td>
<td>52.47</td>
<td></td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>LONELINESS SCALE MEAN (AIBS)</td>
<td>SPIRITUAL WELLBEING SCALE MEAN (SWB)</td>
<td>EXISTENTIAL WELLBEING COMPONENT MEAN (EWR)</td>
<td>RELIGIOUS WELLBEING COMPONENT MEAN (RWB)</td>
<td>GENERAL CONTENTMENT SCALE MEAN (GCS)</td>
<td>MARRITAL SATISFACTION SCALE MEAN (KMS)</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------------------------</td>
<td>--------------------------------------</td>
<td>---------------------------------------------</td>
<td>------------------------------------------</td>
<td>---------------------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>Income:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LESS THAN $10,000</td>
<td>11.73</td>
<td>91.55</td>
<td>53.18</td>
<td>38.36</td>
<td>40.56</td>
<td>18.11</td>
</tr>
<tr>
<td>$10,000 - 30,000</td>
<td>13.50</td>
<td>94.64</td>
<td>46.86</td>
<td>46.23</td>
<td>44.57</td>
<td>15.28</td>
</tr>
<tr>
<td>$30,000 - $50,000</td>
<td>13.85</td>
<td>90.39</td>
<td>46.86</td>
<td>43.53</td>
<td>47.97</td>
<td>16.94</td>
</tr>
<tr>
<td>$50,000 - $100,000</td>
<td>13.23</td>
<td>92.22</td>
<td>48.44</td>
<td>43.78</td>
<td>44.73</td>
<td>16.96</td>
</tr>
<tr>
<td>GREATER THAN $100,000</td>
<td>14.00</td>
<td>64.00</td>
<td>52.00</td>
<td>12.00</td>
<td>44.00</td>
<td>20.00</td>
</tr>
<tr>
<td>Number of Children:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>none</td>
<td>14.31</td>
<td>86.85</td>
<td>45.75</td>
<td>41.31</td>
<td>49.98</td>
<td>16.46</td>
</tr>
<tr>
<td>one</td>
<td>14.36</td>
<td>85.18</td>
<td>47.73</td>
<td>37.45</td>
<td>48.89</td>
<td>17.82</td>
</tr>
<tr>
<td>two</td>
<td>11.45</td>
<td>96.29</td>
<td>52.00</td>
<td>44.29</td>
<td>39.29</td>
<td>17.59</td>
</tr>
<tr>
<td>three</td>
<td>12.47</td>
<td>100.50</td>
<td>50.86</td>
<td>49.64</td>
<td>39.21</td>
<td>15.86</td>
</tr>
<tr>
<td>four</td>
<td>11.67</td>
<td>118.67</td>
<td>59.00</td>
<td>59.67</td>
<td>30.67</td>
<td>15.00</td>
</tr>
<tr>
<td>five</td>
<td>14.50</td>
<td>110.00</td>
<td>51.50</td>
<td>58.50</td>
<td>42.00</td>
<td>17.00</td>
</tr>
<tr>
<td>with children</td>
<td>12.47</td>
<td>96.90</td>
<td>51.16</td>
<td>45.75</td>
<td>40.61</td>
<td>17.00</td>
</tr>
<tr>
<td>without children</td>
<td>14.31</td>
<td>86.85</td>
<td>45.75</td>
<td>41.31</td>
<td>49.98</td>
<td>16.46</td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>LONELINESS SCALE MEAN (MLS)</td>
<td>SPIRITUAL WELLBEING SCALE MEAN (SWB)</td>
<td>EXISTENTIAL WELLBEING COMPONENT MEAN (EWW)</td>
<td>RELIGIOUS WELLBEING COMPONENT MEAN (RWW)</td>
<td>GENERAL CONTENTMENT SCALE MEAN (GCS)</td>
<td>MARITAL SATISFACTION SCALE MEAN (KMS)</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------</td>
<td>--------------------------------------</td>
<td>-------------------------------------------</td>
<td>------------------------------------------</td>
<td>-------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>CHILDREN'S AGES:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO CHILDREN</td>
<td>14.31</td>
<td>86.85</td>
<td>45.75</td>
<td>41.31</td>
<td>49.98</td>
<td>16.46</td>
</tr>
<tr>
<td>AGES 1 TO 4</td>
<td>11.33</td>
<td>92.83</td>
<td>52.33</td>
<td>40.50</td>
<td>36.50</td>
<td>18.33</td>
</tr>
<tr>
<td>AGES 5 TO 11</td>
<td>14.20</td>
<td>87.25</td>
<td>43.00</td>
<td>44.25</td>
<td>45.00</td>
<td>14.25</td>
</tr>
<tr>
<td>AGES 12-18</td>
<td>12.75</td>
<td>97.63</td>
<td>52.75</td>
<td>44.88</td>
<td>38.75</td>
<td>17.38</td>
</tr>
<tr>
<td>AGES 19 AND UP</td>
<td>12.91</td>
<td>96.32</td>
<td>50.64</td>
<td>45.68</td>
<td>42.77</td>
<td>17.13</td>
</tr>
<tr>
<td>MIXED AGES</td>
<td>11.18</td>
<td>103.27</td>
<td>53.36</td>
<td>49.91</td>
<td>36.80</td>
<td>16.70</td>
</tr>
</tbody>
</table>
Elizabeth M. Leeth

899 Station Street
Herndon, Virginia  22070
(703) 904-0728

EDUCATION

M.S.  1995  Family and Child Development
      Virginia Polytechnic Institute
      and State University

B.S.  1980  Therapeutic Recreation
      Shenandoah College

A.A.S.  1979  Nursing
      Shenandoah College

A.S.  1977  Recreation and Parks
      Northern Virginia Community College

PROFESSIONAL EXPERIENCE

1987 - Present
Assistant Patient Care Director - Psychiatry
The Fairfax Hospital: Falls Church, Virginia (Supervisor: Colleen Cohen, RNC, MSN)
  Management position with direct patient care responsibilities. Responsible for
  staff evaluations, budget and payroll, scheduling and conflict management with staff
  of over forty nurses. Co-lead educational and interactive groups for psychiatric
  patients and their families. Program coordinator for an acute care inpatient psychiatric
  population.

1980 - 1986
Charge Nurse - Psychiatry
The Fairfax Hospital: Falls Church, Virginia (Supervisor: Colleen Cohen, RNC, MSN)
  In a charge nurse role which included the coordination of patient care among
  nurses and non-licensed personnel, as well as responsible for direct psychiatric patient
  care. Other duties included facilitating group and family therapy programs, and
  providing crisis management for patients and families throughout the hospital.
1979 - 1980
Charge Nurse - Alcohol Treatment Unit (no longer in existence)
The Fairfax Hospital: Falls Church, Virginia

Provided direct patient care to eleven alcohol and chemically dependant patients. Directed patient care among non-licensed personnel. Facilitated a family education support group. Provided patient education on physical and emotional effects of alcohol and substance abuse.

CERTIFICATIONS

American Nursing Association - Psychiatric and Mental Health Nursing

COMMITTEES

The Fairfax Hospital
Assistant Managers Council - Chairperson

Medical Delegation in Nursing Practice Council - "Whip" role position

AWARDS

1992 - Outstanding Assistant Patient Care Director

Signature: ____________________________
Elizabeth M. Leeth