

THE MEDIATING ROLE OF RELATIONAL NEEDS SATISFACTION IN THE  
RELATIONSHIP BETWEEN LONELINESS AND PSYCHOLOGICAL WELL-  
BEING IN EMERGING ADULTHOOD

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## ABSTRACT

Previous literature emphasized the negative relationship between loneliness and psychological well-being in emerging adulthood, a developmental stage characterized by substantial changes in life which make individuals vulnerable to emotional challenges. Having meaningful and satisfying relationships plays a fundamental role in both loneliness and psychological well-being. Deficiency in these relationships has been linked to heightened feelings of loneliness and reduced psychological well-being. Although previous studies investigated the quality and quantity of social relationships, the empirical research on the concept of relational needs has been limited despite its theoretical significance. The present study aims to explore the relationship between loneliness, relational needs satisfaction and psychological well-being with a focus on the possible mediating role of relational needs satisfaction in the relationship between loneliness and psychological well-being among emerging adults. A total of 303 participants aged between 18 to 25 were included in the study. Participants completed UCLA Loneliness Scale to measure their levels of loneliness, Relational Needs Satisfaction Scale (RNSS) to measure their satisfaction levels of relational needs and Flourishing Scale (FS) to measure their levels of psychological well-being. Simple regression and mediation analyses were conducted using SPSS and SPSS Macro by Hayes. Results indicated that relational needs satisfaction partially mediates the relationship between loneliness and psychological well-being. While loneliness were found to be negatively predicted the relational needs satisfaction and psychological well-being, relational needs satisfaction was found to be positively predicted the psychological well-being. When dimensions of relational needs were examined, only the need for having an impact partially mediated the relationship between loneliness and psychological well-being. These findings highlight the significant role of relational needs satisfaction in the relationship between loneliness and psychological well-being. Addressing these needs in both clinical settings and future research may help promote psychological well-being in emerging adulthood.

Keywords: Loneliness; Relational Needs; Psychological Well-Being; Emerging Adulthood

## ÖZ

Literatür, yaşamda önemli değişikliklerle karakterize olan ve bireyleri duygusal zorluklara açık hale getirebilen bir gelişim dönemi olan beliren yetişkinlikte, yalnızlık ve psikolojik iyi oluş arasında negative bir ilişki olduğunu vurgulamıştır. Anlamlı ve tatmin edici ilişkilere sahip olmak hem yalnızlık hem de psikolojik iyi oluş üzerinde kritik bir rol oynamaktadır. Bu ilişkilerdeki yetersizlik yalnızlık duygusunun artması ve psikolojik iyi oluş halinin azalması ile ilişkilendirilmiştir. Önceki çalışmalar sosyal ilişkilerin niceliğini ve niteliğini incelemiş olsa da, kuramsal açıdan önemli olmasına rağmen ilişkiel ihtiyaçlar kavramı üzerine yapılan ampirik araştırmalar sınırlıdır. Bu çalışmanın amacı, yalnızlık, ilişkiel ihtiyaçlar ve psikolojik iyi oluş hali arasındaki ilişkiyi ve ilişkiel ihtiyaçların tatmininin yalnızlık ve psikolojik iyi oluş arasındaki ilişkide olası aracı rolünü araştırmaktır. Çalışmaya 18 ile 25 yaşları arasında 303 katılımcı dahil edilmiştir. Katılımcıların yalnızlık düzeylerini ölçmek için UCLA Yalnızlık Ölçeği (UCLA-YÖ); ilişkiel ihtiyaçlarının doyum düzeylerini ölçmek için İlişkiel İhtiyaçlar Doyum Ölçeği (İİDÖ); psikolojik iyi oluş düzeylerini ölçmek için ise Psikolojik İyi Oluş Ölçeği (PİÖÖ) kullanılmıştır. Regresyon ve arabulucu analizleri SPSS ve SPSS Macro program kullanılarak gerçekleştirilmiştir. Sonuçlar, ilişkiel ihtiyaçların doyumunun yalnızlık ve psikolojik iyi oluş arasındaki ilişkiye kısmen aracılık ettiğini göstermiştir. Yalnızlık ilişkiel ihtiyaçların doyumunu ve psikolojik iyi oluşu negatif yönde yordarken; ilişkiel ihtiyaçların doyumunu, psikolojik iyi oluşu pozitif yönde yordamıştır. İlişkiel ihtiyaçların alt boyutları incelendiğinde, yalnızca başkalarına etki etme ihtiyacının doyumunun yalnızlık ve psikolojik iyi oluş arasındaki ilişkiye kısmen aracılık ettiği bulunmuştur. Bu bulgular, ilişkiel ihtiyaçların doyumunun yalnızlık ve iyi oluş arasındaki ilişkide önemli bir rol oynadığını ortaya koymaktadır. Klinik çalışmalarda ve gelecek araştırmalarda ilişkiel ihtiyaçların ele alınması ve daha detaylı incelenmesi, beliren yetişkinlik döneminde psikolojik iyi oluş halinin desteklenmesine katkı sağlayabilir.

Anahtar Kelimeler: Yalnızlık; İlişkiel İhtiyaçlar; Psikolojik İyi Oluş; Beliren Yetişkinlik

To my younger self...

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## INTRODUCTION

Emerging adulthood is a transition phase where people may find themselves into substantial changes in life (Arnett, 2000). Leaving home and family, finishing education life, starting a career and commitment to a loving relationship, marrying and having children. These transitions are the characteristics of this stage of life, but they bring the feeling ‘in between’ alongside them. What do I do with my life? What path am I going to choose for the future? Who am I and what are my needs and wants? The answers to these questions may differ for everyone yet, it is suggested that exploring and instability in this stage may be at the most compared to other stages in life (Arnett, 2004; Arnett et al., 2014). The unstable nature of this stage affects emerging adults’ overall mental well-being and life transitions as experienced in emerging adulthood contribute to the feeling of loneliness (Arnett et al., 2014; Kirwan et al., 2023).

Loneliness defined as an unpleasant feeling arises from the deficiency in social relationships either quantitatively or qualitatively (Perlman et al., 1984). Humans inherently need to contact and establish intimate relationships with others (Erskine et al., 1999; Bowlby, 1969). Therefore, social relationships play a fundamental role in loneliness (Barjakova et al., 2023). People who feel lonely are sensitive to the cues that other people satisfy their interpersonal needs (Perlman et al., 1984). When the needs in interpersonal relations are unmet the feeling of loneliness, emptiness or longing may arise. Moreover, prolonged deprivation of these needs may be experienced as hopelessness and loss of energy (Erskine et al., 1999; Erskine, 2015). Therefore, satisfaction with these needs is crucial for loneliness and mental health. Erskine et al. (1999) identifies eight relational needs that are needed to be satisfied when one is in a relationship with another. These are the need for security, the need to be validated, affirmed, and significant within a relationship, the need to be accepted by a stable, dependable, and protective other person, the need to be confirmed of personal experience, the need for self-definition, the need for having an impact, the need for having the other initiate, and the need for expressing love.

Research indicates that loneliness poses a great risk to emerging adulthood's psychological well-being (Hawkley & Capitano, 2015). Younger people feel lonelier and chronic loneliness in emerging adults is related to a negative impact on well-being (Barreto et al., 2021; Nielsen et al., 2023). The prevalence of loneliness in emerging adulthood has been increasing (Asghar & Iqbal, 2019). According to a study conducted throughout Türkiye in 2022, %40 of young adults feel lonely (Üsküdar Üniversitesi, 2022). Research indicated that high levels of loneliness in emerging adulthood are associated with low levels of psychological well-being (Çiçek, 2021; Munir et al., 2015). Pitman et al. (2018) emphasized the role of loneliness and social relationships both in quantity and quality in the development of mental health problems of young adults. This current study focuses on the relationship between loneliness, relational needs and psychological well-being in emerging adulthood with the aim to examine the possible mediating role of relational needs between loneliness and psychological well-being. Given the high prevalence of loneliness among emerging adults in Türkiye, uncovering the underlying mechanisms of the path to psychological well-being might be critical to developing effective interventions and implications for both clinical practice and everyday life.

## **LITERATURE REVIEW**

### **2.1. Loneliness**

Humans are social animals by nature. Cooperation and interaction among people help them to survive, which is a fundamental need in life (Tomasello, 2014; Maslow, 1970). All of us live in a world surrounded by others, so the significance of human relationships lies in the essence of human roots (Erskine et al., 1999). Although human interactions and this natural tendency to contact others are far more complex than survival function, there is no debating in the literature regarding humans' natural tendency to form connections from others from birth and throughout the life course (Tomasello, 2014; Erskine et al., 1999). Although the presence of others is important in our lives, loneliness is not just the quantitative absence of social connections (Perlman et al., 1984).

Loneliness is defined as the unpleasant and distressing feeling arising from the deficiency in one's social relationships either qualitatively or quantitatively. Despite the disagreement on the definition of loneliness in literature, this definition emphasizes three common points among scholars. The first one is that loneliness is an aversive experience since the feeling of loneliness is not pleasant. Second, loneliness is a dissatisfaction and/or deficiency in a person's social relationships. It occurs when a person's actual and present social relationships are not at a satisfactory level compared to their desires and needs for relationships (Perlman & Peplau, 1982). Third, loneliness is not equal to objective social isolation, the lack of contact or connections quantitatively. Thus, the experience of loneliness is subjective (Peplau & Perlman, 1982; Cacioppo et al., 2011; Nguyen et al., 2022).

#### **2.1.1. Theoretical Approaches to Loneliness**

The theme of loneliness has been recurring in literature, yet there is no consensus in its definition. However, the enduring discussions indicate that the experience of loneliness is a natural and universal feeling in human existence (Karnick, 2005). In order to better

understand the concept of loneliness, how different perspectives view loneliness will be discussed.

#### **2.1.1.1. Psychodynamic and Social Needs Approaches**

Zilboorg (1938) one of the first who analyzed the psychology of loneliness, distinguishes between being alone and the concept of loneliness. According to him, being alone is normal, derived from longing for someone important, and is a temporary state of mind. He describes loneliness as a disturbing and permanent experience and compares it to an inner worm that eats away at a person's heart. He linked the roots of loneliness back to the infancy and he mentioned that a baby experiences joy when receiving love but feels overwhelmed by the realization of their neediness for others to fulfill their needs (as cited in Perlman & Peplau, 1982).

Later, Fromm-Reichman (1959) noted that human beings are born with the need for contact and tenderness. She depicts that an individual needs intimacy and closeness in the relationship while he or she goes through developmental phases. Infants strive for the mother's closeness; a child needs adults' intimacy by engaging in activities with them and adolescents' need friends. She highlighted that the deprivation of intimacy needs an/or separation from the parents in early childhood will be experienced as a fear of intimacy in adulthood which will lead loneliness (Sonderby & Wagoner, 2013).

Sullivan (1953/2011) also emphasizes the human nature of the need for intimacy in his ideas regarding loneliness. According to him, the first manifestation of this need is the infant's desire to contact the caregiver. Later, it transforms itself to the desire to be close with a peer, a chum. He proposes that adolescents tend to have difficulties in establishing friendships if there are disruptions in the relationships with their parents. Dissatisfaction in intimacy in adolescence may lead to loneliness.

Psychodynamic and social needs approaches focus on early influences and interpersonal relationships while forming their ideas on loneliness (Perlman & Peplau, 1982). Similarly, Bowlby and Erskine both focused on the need for contact with the parents and how these early relationships with caretakers shape the further relational experiences in

adulthood which will be explained in further sections (Erskine, 1998; Bowlby, 1969). Psychodynamic approach also proposed that loneliness may usually not be on the awareness or easily expressed so these qualities of loneliness brought the focus on the defensive behaviors that individuals engage in to avoid the aversive emotions of loneliness (Marangoni & Ickes, 1989). The way of experiencing solitude without feeling lonely is possible by internalizing good relationships (Galanaki, 2013).

### **2.1.1.2. Cognitive and Interactionist Approaches**

The cognitive approach, to which Peplau and her colleagues were leading contributors conceptualize the loneliness differently than social needs theory by emphasizing the individual's perceptions, evaluations of social relationships rather than affective aspects of loneliness (Karnick, 2005; Peplau & Perlman 1982). Moreover, cognitive approach empathizes with the individuals who identified themselves as lonely and their self-reports regarding their perceptions of relational deficiencies whereas psychodynamic/social needs approach proposed that people who feel lonely may not be prone to identify themselves as lonely since its aversive nature leads to defensive behaviors to avoid awareness of the feelings (Peplau & Perlman 1982).

Cognitive approach defines loneliness as the discrepancy between actual relationships which a person currently perceives himself or herself as having and desired relationships which a person would like to or wish to have (Sermat, 1978; de Jong Gierveld, 1978; Heinrich & Gullone, 2006; Lopata, 1969). Perlman and Peplau (1981) emphasized that loneliness is an unpleasant experience which is more than being alone, it is an insufficiency or deficiency in one's social relationships either in quantity or quality. Their cognitive discrepancy model suggests that loneliness does not stem solely from objective isolation and low levels of social contact. It highlights the focus on people's level of social contact they desire to have in understanding the development of loneliness. In addition, Perlman and Peplau (1981) proposed that individuals who attribute loneliness to internal or stable causes like personality are more prone to persistent loneliness compared to the individuals who attribute it to external causes and see it as temporary.

While cognitive approach emphasizes one's perception of and attribution to loneliness, interactionist approaches of which Weiss (1973) were the leading contributor, loneliness is addressed by considering both personal and situational aspects of it (Perlman & Peplau, 1982). Similarly, as in the cognitive approach, he proposed that loneliness is not only stemmed from objective solitude and saw it as a reaction to the unmet relational provisions such as attachment, social integration, guidance (Weiss, 1973, 1974; Heinrich & Gullone 2006). Weiss (1973) distinguished between emotional loneliness and social loneliness, the first one occurs when an intimate attachment bond such as a spouse is absent, and the latter one is linked to a lack of meaningful friendships or a sense of belonging within a community. According to him, feelings of anxiety, emptiness arise in emotional loneliness whereas boredom arises in social loneliness.

#### **2.1.1.3. Phenomenological and Existential Approaches**

According to Carl Rogers, who was a key proponent in phenomenological approach, individuals strive toward self-actualization, which is a continuous process achieved through congruence between the actual self and ideal self (Rogers, 1959). He proposed that one may reach its full potential when experiencing unconditional positive regard from the environment (Rogers, 1961). If a person experiences conditional acceptance from society, meaning that society expects or pressures a person to behave in ways that are seen appropriate, this leads to incongruence between true self and the self that is shown to others. Therefore, according to Rogers (1970), loneliness occurs when turning to true self even though fear of rejection from the external world.

Moustakas (1961) who is another contributor to phenomenological-existential approaches, differs from the other theorists in the sense that he saw loneliness not merely as a painful experience but as a chance for creativity and self-discovery (Moustakas, 1972). He distinguishes loneliness as loneliness anxiety and true loneliness. In loneliness anxiety, people engage in activities with others which is serve as a defense mechanism to avoid confrontation of life concerns. Whereas, in true loneliness, one faces severe life challenges like death or illness that lead to an encounter with the self and a chance to break out of the crisis with deeper self-insight (Moustakas 1972; Rosedale, 2007).

### **2.1.2. Loneliness in Emerging Adulthood**

Emerging adulthood is defined as a transition phase through adolescence and childhood between the late teens to twenties focusing on the age of 18 to 25. According to Arnett, this period emerged with sociocultural changes in developed societies. The spread of higher education in developed societies has led to the postponement of the age of marriage and entry into work life (Arnett, 2000). Although Türkiye is a developing country, with increasing urbanization and education level, the age of completing education and marriage has been increasing especially in urban cities (Atak & Çok, 2010). Therefore, people in this stage feel like they are in between, which identifies one of the five key features of emerging adulthood, neither fully like an adult nor an adolescent. Another four key features characterized this period of life are identity explorations, instability, self-focus and possibilities and optimism.

The central feature of this stage is exploration. People try to figure out who they are and what they want to do with their lives, especially in the areas of career path, personal values and love relationships (Arnett, 2000, 2004). Due to the frequent changes in work and love life which arise from identity exploration partially, this stage is maybe the most unstable period of life (Arnett et al., 2014). Emerging adulthood is also a period where people focus on themselves. Adolescents have a parent or an authority figure to respond to, and adults have a responsibility for their spouse/partner and children and/or a committed-work life. On the other hand, emerging adults deal with various life questions that it is normal for them to be self-focused and to gain skills of self-sufficiency. Nonetheless, they look to the future optimistic that they are going to find a good job, a loving relationship and a happy child whether they will receive it or not. No one has bad visions about what the future brings, so this period is full of possibilities and potential that can transform the course of a person's future life (Arnett, 2004).

Emerging adulthood is considered as an unstable period, a transitional phase in which substantial changes in one's life occurs, during which prevalence of loneliness is also increased (Arnett et al., 2014; Asghar & Iqbal, 2019). Although loneliness is experienced by all age groups, the prevalence of loneliness among young or emerging adults is higher

than others (Hawkley et al., 2022; Barreto et al., 2021). There has been limited studies in Türkiye specifically focusing on loneliness in emerging adulthood. However, a study conducted in 81 provinces of Türkiye in 2022 found that above %40 of young adults aged 18 to 24 feel lonely (Üsküdar Üniversitesi, 2022). According to another study conducted in Türkiye, 54% of university students were found to have a loneliness level above average (Seçim et al., 2014). Given the high prevalence of loneliness among young/emerging adults and the association between loneliness and poor mental health, it is important to study this issue for mental health implications for this age group (Kirwan et al., 2023).

### **2.1.3. Factors Related to Loneliness**

Loneliness is associated with various mental and physical health issues like depression, anxiety, poor sleep and immune system in all age groups (Asghar & Iqbal, 2019; Nuyen et al., 2019; Hawkley & Capitano, 2015). Although it constitutes serious health risks across life span, the associated factors may vary in terms of age. From a developmental perspective on loneliness, the factors may change depending on the expectations of the developmental stage which they currently are (Sullivan, 1953/2011; Erikson, 1959; Hutten et al., 2022). For instance, Sullivan (1953/2011) proposed that the pre-adolescence period paves the way for a person's need for more closeness. Emerging adults also have their own expectations and needs, not maybe unique but sensitive to age. They need an intimate friendship and/or romantic relationship where they are accepted, understood and valued (Qualter et al., 2015). If the expectations or social needs in current relationships are not met or satisfied, loneliness may arise (Perlman & Peplau, 1979, 1982). Therefore, the fact that a person's social relationships are not satisfactory at the desired level and significant changes in social relations were perhaps the most common precipitating factors for loneliness (Perlman & Peplau, 1981).

Emerging adulthood is a phase full of changes and possible new directions for future life. Emerging adults experience challenges in different milestones such as leaving home and school, committing to long term jobs or relationships (Arnett, 2000; Matthews et al., 2022). If these challenges and life transitions are not managed successfully, it poses a

great risk for social disconnection and loneliness (Matthews et al., 2022). According to research, the social changes and transitions in an emerging adult's life would contribute to the feeling of loneliness (Kirwan et al., 2023). In addition, people feel transition between stages of life like loss of a significant other, starting to work life or leaving school are causes of loneliness (Fardghassemi & Joffe, 2022).

Moreover, the unstable and self-focused nature of this stage may also threaten the social connection and may lead to low social support (Arnett et al., 2014). There has been several research studies on literature that support that higher levels of social support have been found to be linked to lower levels of loneliness (Zhang & Dong, 2022; Jones & Moore, 1987). Yılmaz and her colleagues (2008) found a negative relationship between social support and loneliness among university students in Türkiye. Another research also found that social support from a friend predicts the level of loneliness in emerging adults which supported the previous findings (Özdemir & Tatar, 2019). Individuals with adequate social support systems tend to feel a sense of belonging, which in turn protects them from experiencing loneliness (de Jong Gierveld, 1998).

Other factors associated with loneliness include socioeconomic status, education level and mental health, especially depression (Barjakova et al., 2023; Matthews et al., 2016). According to research, people who have lower economic status or educational level are at risk of loneliness (Hutten et al., 2022). In addition, loneliness has been found both a predictor and an outcome of poor mental health in various research (Richardson et al., 2017; Pitman et al., 2018). Nevertheless, research indicates that social relationships in terms of both their quantity and quality play a fundamental role (Barjakova et al., 2023). In early adulthood or emerging adulthood, lack of contact with friends or family increases the risk of loneliness (Hutten et al., 2022). Therefore, satisfaction in social relationships plays an important role in the experience of loneliness in emerging adults' lives.

## **2.2. Relational Needs**

Relational needs are described by Erskine et al. (1999) as the types of needs that exist in every relationship, develop from human interaction, and are met through relationships.

They are the needs and wants that need to be met when a person is in a relationship with another person. Therefore, it should be a reciprocal need or want for a relationship to be formed (Erskine, 2011, 2015). Erskine et al. (1999) stated that infants strive to make contact with their caregivers, like a flower turns towards the sun and points to the significance of making contact and forming relationships with others. Similarly, various perspectives, such as psychodynamic, object relations, humanistic, and self-psychology, have emphasized early relationships and how these early influences shape adulthood (Winnicott, 1960; Bowlby, 1969; Kohut, 1984). Bowlby (1969, 1988) proposed that infants seek contact and proximity with their caregivers and caregivers provide a secure base for them to explore the world. Winnicott (1967/1971) emphasizes the mother and infant relationship through mirroring in which an infant sees itself and the world from his mother's eyes. Kohut (1984) also focuses on the relationship between child and caregivers and suggests it is needed as water and air to be able to live. Consequently, children need a reciprocal relationship which in a responsive and attuned another is available to their needs to be able to relate with others in which way it would be considered humanly all course of life including adulthood (Erskine, 2011). As mentioned in: *"To be human is to be in relationship with others."* (Erskine et al., 1999, p.4).

Erskine et al. (1999) outlined another type of contact which is as important as contact with others or external contact according to his terminology. Internal contact includes contact with one's internal world, that is, one's feelings, thoughts, sensations, needs, and ideas. Internal contact and contact with others are not mutually exclusive concepts; on the contrary, in a healthy contact, there is a balanced dynamic transition between the awareness of self and others (Erskine et al., 1999). The child learns to distinguish itself from others, to contact the internal world such as realizing needs, emotions or even to daydream through relationships. The child develops through relationships the aspects of being a human to survive on this earth, such as empathy, compassion, and social interest (Erskine et al., 1999) Hence, humans exist both with their fantasies, memories and needs internally and, with their relationship with others externally (Erskine, 2015).

The need for relationships for humans is neither unique to childhood nor is it developmentally sequenced. They are present in everyday life at any age; so, adults also

need others to satisfy their relational needs (Erskine, 2011, 2015). Relational needs are mostly out of consciousness, but they come into awareness when a need is not attended or satisfied. In the absence of satisfaction, the relational needs become more severe, and it is experienced as nagging loneliness, emptiness or longing. When the needs continue to be not satisfied, anger, aggression and frustration may emerge. Moreover, the prolonged deprivation in relational needs may be experienced as hopelessness and loss of energy (Erskine et al., 1999; Erskine, 2015). Erskine et al. (1999) identify eight relational needs based on their analysis of clients in psychotherapy. These are the need for security, the need to be validated, affirmed, and significant within a relationship, the need to be accepted by a stable, dependable, and protective other person, the need to be confirmed of personal experience, the need for self-definition, the need for having an impact, the need for having the other initiate and the need for expressing love which will explained detailly in the next subheading.

### **2.2.1. The Eight Relational Needs**

Maslow (1970) proposed that physiological and safety needs must be satisfied first before other hierarchically higher needs such as love and belonging, esteem and self-actualization can be fulfilled. Like Maslow, Erskine and his colleagues suggest that one needs to feel safe and secure in a relationship. Being authentic, open and aware of one's emotions, thoughts and memories, openly sharing this with another indicates that a person drops his defenses which means he is vulnerable to the reaction which others may offer (Erskine et al., 1999). *The need for security* in a relationship occurs when these physical and emotional vulnerabilities are protected and honored (Erskine, 2015). It is a visceral sense that the other person – and the therapist in a therapeutic context – understands and accepts everything we experience, is a part of being human and natural (Erskine et al., 2022; Erskine, 2015).

The need for security is also very crucial in the therapeutic setting. In therapy, the thoughts, feelings, and memories of the client that have not been in awareness for years may emerge. This emergence creates an area where the client becomes vulnerable and welcomes to be open about the self and to the therapist. The client may have fantasies

about the reaction of the therapist such as the therapist will laugh at, be disgusted by, or feel overwhelmed by their inner experience. They may be overly sensitive to the verbal or non-verbal responses of the therapist. Therefore, providing an environment where the client is accepted, safe and understood without rejection and the risk of losing the other person, as also described by Rogers (1959) as unconditional positive regard, is needed for relational security (Erskine et al., 1999; Erskine, 2015).

Every relationship includes being cared for and valued, *but the need to be valued* in the context of relational needs is not limited to this. Of course, it is not possible to fully understand someone when we cannot yet understand our own inner world, but it is not necessary to fully understand someone in order to meet the relational need. It includes the need for others to acknowledge and validate the other person's feelings and thoughts in some way (Erskine et al., 1999). In a therapeutic context, clients need that the intrapsychic processes or whatever they are experiencing as worthy of attention, has a purpose and function, affirmed as natural by the therapist. The affective reciprocal presence of the therapist provides a validation of the feeling of the client (Erskine, 2015). The therapeutic presence includes de-centering from her or his self and being fully aware of the client's needs, thoughts, feelings and fantasies. However, the awareness of the therapist of his or her own needs, past experiences and intrapsychic process is also fundamental since it affects the reactions and attunement to the client (Erskine, 2011).

We all as children look for a significant other who is stable and dependable such as our parents, mentors, teachers. *The relational need of acceptance by another person* includes the need of someone who is protective, reliable which provides acceptance and encouragement (Erskine, 2015). When the child does not experience acceptance by a dependable and stable significant other, usually its parents, that need is not satisfied. In order to satisfy that need, the therapist needs to act as the stable, dependable and protective other. This support and acceptance may result in clients idealizing the therapists as they idealized their parents. Idealizing the therapist, which is a manifested unaware need for protection, is a normal therapeutic process that helps to work through the need that had not been met by the parents and should not be dealt with rejection (Erskine et al., 1999; Erskine, 2015).

Kohut (1984), emphasized the common features of the need for likeness and belonging in humanity through the experience of being a “human” surrounded by other people. *The need for confirmation of personal experiences* includes the need for someone who has similar experiences, who understands and knows what you have been thorough without explaining everything. It is the wish for mutuality and someone who is ‘like me’. This need also contains the desire for mutuality with appreciation and validation of experience (Erskine et al., 1999; Erskine, 2015). In the therapeutic context, the client needs mutuality from the therapist who may not have a similar experience but is confirming and understanding the client. The therapist may join the mutuality with a carefully selected personal experience or a similar relatable emotion that arises from his or her life or fantasy (Erskine et al., 1999).

*The need for self-definition* includes the need for being unique and different from other humans. An individual needs to express his or her unique self and needs to be respected and acknowledged by others (Erskine et al., 1999; Erskine, 2015). In this sense it may be seen as the other side of the coin when it is looked from the perspective of the need for mutuality. A person reveals his or her own uniqueness by expressing his or her feelings, ideas and thoughts (Erskine, 2015). However, expressing oneself may be difficult for a child or an adolescent with parents who are not supportive of their independence, or which live in a world that expects them to obey the rules and norms and reject them when broken. The conformity demand from society and family may lead to children or adolescence to be rebellious to fulfill the need of self-definition or they may be disapproved (Erskine et al., 1999). Therefore, in order to satisfy the need for self-definition the therapist should support and encourage the client’s self-definition with respect even in times of conflict (Erskine, 2015).

Relationships consist of interaction in which two people impact and create a change in each other that occurs in a patterned way. For instance, a simple pattern of interaction would be when an individual looks at a person and the other one responds with a look, or one touches the other and the other one moves away (Kelley et al., 1983). In healthy relationships that allow a person for growth, there is an interaction. *The relational need of having an impact on others* is an individual's need to influence others in a way that is

desired and creates change in their behavior, thoughts or emotions (Erskine et al., 1999). The need to have an impact includes a sensation of being able to attract the attention of someone, affecting the interests of others and being able to see the influence they create in other's affect or behavior (Erskine, 2015). In therapy, the goal is to make a change in clients, but the clients also need that therapists are able to be impacted by them. Attunement to the need for having an impact occurs when the therapist is influenced by the client's feelings, thoughts and behaviors and responds to them. The reactions or responses developed by that influence should be considered professionally. A key point to consider is the well-being and growth of the client while responding. The therapist should be genuine in response to the impact that is produced by the client and yet his or her inner world should not come to the fore (Erskine et al., 1999).

It has been mentioned that humans *need self-definition*, expressing his or her own uniqueness and the need for impacting others in relationships. These needs include one's being the initiator and the other one is responding, however humans also need others to initiate the interaction. A relationship where one side is trying to reach the other and makes the first move to initiate is not pleasant in the long run (Erskine et al., 1999). A client needs the therapist to invest effort and take responsibility in initiation of interpersonal contact. An initiation of the therapist may be starting a conversation or making a phone call when it is appropriate (Erskine, 2015). The personal involvement of the therapeutic relationship includes a sense of caring and importance in the client and the relationship (Erskine et al., 1999). It is noteworthy that a therapist should be sensitive to the verbal or non-verbal actions of the client to be able to know when to attune the need for others to initiate (Erskine, 2015).

Every one of us *needs to be loved* and cared for but also *in need to express our love* in the relationship. A gesture, affectionate behavior or showing gratitude is an expression of love for someone (Erskine et al., 1999). Moreover, expression of love includes one's own self-definition since it is a part of me that loves you, so obstacles in expressing those emotions imply that the need of self-definition is impeded. In a therapeutic context, therapists may tend to perceive affectionate feelings from the client as a boundary violation, a way of manipulation or transference (Erskine, 2015). These feelings should

be responded to and accepted by the therapist as normal in a therapeutic relationship as in every relationship (Erskine et al., 1999).

### **2.2.2. Attachment and Relational Needs**

Bowlby (1969) emphasizes the emotional bond between the caregiver and child and proposes that infants are inherently programmed to seek proximity. They turn towards an attachment figure when in times of distress to keep them safe which enhances their survival. He proposed that infants explore the world safely when attachment figures serve as a secure base. Separation from attachment figures or deprivation of attachment in early years of life may lead children to experience difficulties in social and emotional development (Bowlby, 1988). These early attachment experiences shape the future relationships via internal working models – a cognitive representation of early relationships with the caregiver – throughout life (Bowlby 1973).

Mary Ainsworth et al. (1978) expanded the theory of John Bowlby by developing the experiment called “Strange Situation”. In the experiment, infants’ reactions were observed when their mothers leave and return and they identified three attachment styles from these observations. *Securely attached* infants were comfortable exploring while mothers were in the room but showed distress when they left. After their return, they calmed down and continued to explore. *Anxious-avoidant* infants did not show distress when their mothers leave, ignore or avoid them, when they return. *Anxious-ambivalent/resistant* infants were highly anxious and had difficulty in calming down even when their mothers were in the room, experienced severe distress when they left and showed ambivalence in return. Even though they want to be comforted they resist it. Later, Main and Solomon (1990) added a fourth attachment style. In *disorganized* attachment style, the infant displays inconsistent behaviors such as confusion, fear and freezing. This attachment style is often related to abuse, neglect or a trauma history.

Erskine (2011) also emphasizes early relationships with parents and their reflection on later life, as Bowlby and Ainsworth did, and relates and predicates the relational needs upon attachment theory. According to him, therapists should attend to the manifestations

of their client's attachment history and the patterns of how they relate to others in therapy. He described four insecure attachment styles, relationship patterns which consist of implicit fear. These fears are changing depending on how the caretakers respond to the child's relational needs. If the caretakers are inconsistent in their responses, the child develops a pattern of over-dependency. He or she implicitly fears losing the relationship and becomes focused and sensitive to the caretaker's responses and others in later life. He or she may do their best to hold on to the relationships with a sense of neediness even if it is not for their good. Another pattern he described occurs when the caretakers are predictably unresponsive. If a caretaker is constantly not responsive, not available to or ignores the child's relational needs, the child eventually develops scripts such as "My needs in relationships will not be satisfied, I will not have anybody who is emotionally sensitive to me." These children may avoid intimacy, withdraw from relationships later in life or even undervalue and disconnect their own needs and others' needs and feelings since they implicitly fear vulnerability. When a significant other or a caretaker is punishing the child, the child is confused about the relationships, feelings, and needs since the one who is expected to satisfy the needs is the same person who punishes. This leads to disorganizing attachment with an implicit fear of violation. The last insecure attachment style he described is an isolated attachment style in which a caretaker is constantly invasive and controlling. In this pattern, they may develop an attachment style characterized by emotional withdrawal and social façade. Those with an isolated attachment style feel unsafe with authenticity, implicitly fears of intrusion and this leads to reduced emotional expression (Erskine, 2011).

As demonstrated, he proposed that emotional disturbances and a feeling of insecurity arise when relational needs are consistently unmet. This disruption in relationships results in compensation by developing insecure attachment styles and non-adaptive patterns which affects how a person connects with others later in adulthood.

### **2.2.3. Relational Needs and Loneliness**

Loneliness is not solely the lack of social interaction, but a painful emotional state derived from unmet or unsatisfied relational needs (Perlman & Peplau 1982; Erskine, 2015).

According to Richard Erskine and his colleagues, who have been practicing integrative psychotherapy believe that psychic diseases stem from repeated failure in meeting relational needs within a significant relationship and healing takes place when these needs are responded and validated in the context of a relationship (Erskine et al., 1999). Therefore, it is important to understand how and what people who feel lonely long for early relational needs and its manifestations in current relationships in a therapeutic context or in real life (Erskine, 2023).

In his clinical reflections, Erskine (2023) explores the experience of loneliness and social withdrawal through the lens of schizoid process. He emphasized how unmet relational needs in early life may contribute to a defensive stance towards intimacy which offers a understanding how loneliness is rooted in relational patterns. According to him, people who have schizoid patterns create a defense mechanism to navigate relationships and closeness as a way of coping with neglected, unmet, unvalidated early relational patterns and needs with their parents. They create a social façade character which is usually an unknown, vital and vulnerable part of self that needs to be hidden or disavowed since it's scary to show. They didn't have a significant other to be accepted and available to attune their needs of safety, impact on them, self-definition that they eventually may become a more focus on their parents and others needs to be seen or accommodate their relationship with them. People who are distant from other people may have script beliefs that "I am alone", "I need work for others", "It's scary to be in contact with others.", "I'm invisible and not have any impact on others." Therefore, people who have schizoid patterns in relating to others may have fixed and rigid ways of connecting with people that serve as an integrating way of society and accommodation to the social norms and expectations while protecting the vulnerable self (Erskine, 2023).

According to Erskine (2023) schizoid clients don't come to therapy with an awareness of their relational needs so the therapeutic work would focus on the emergence of the and realization of the needs of the client. They may initially become scared to even inquire about the needs of them since they didn't have a loving and safe environment to self-definition. They may struggle to express themselves, become silent and/or find a rigid space to contact with which is felt like a left out. Disconnection from others may arise

when people feel they don't feel like they matter to someone, are not understood and accepted from others and/or cannot express themselves (Fardghassemi & Joffe, 2022). Schizoid people may have a history of caretakers who repeatedly neglected their relational needs and controlled or invasive at the same time, so they learned to hide their needs from others. The controversy of needing to be close with others while fear from it exacerbates the feeling of loneliness. In addition, people who are distant from others don't have a sense of impact on others. They grow up to be self-sufficient people since no one will care for what they need since they don't impact on them. Erskine (2023) mentioned how surprised a client was when he asked her to let him know how an important doctor's appointment went. This meant that a sense of an impact on the therapist which is not known to the client. They usually didn't have companionship when they were young which means their need for mutuality was not met either.

In conclusion, Erskine (2023) proposes the importance of working with client's unmet relational needs and liken the emergence of vital and vulnerable parts of the self of schizoid clients to finding their true self. People who have schizoid patterns need the acknowledgement and acceptance of the need for safety, self-definition, and impact on others initially to later allow for the emergence of need for initiation from others, need for mutuality. Carefully following the person's needs and clues of how they relate and attune with their pace is important to relate with a person who feels lonely. Creating a reciprocal safe environment where their relational needs are met where they are actually seen, cared and loved may lead to the emergence of vital and vulnerable self and bloom like a flower.

### **2.3. Psychological Well-Being**

Psychological well-being has been a controversial and complex phenomenon since intellectual history began. Theorists have been thinking what means a "good life" and what constitutes the "optimal human functioning and experience" (Ryan & Deci, 2001). Although the debate among researchers and theorists on its conceptualization, psychological well-being can be simply defined as a multi-dimensional construct that refers to one's subjective experience of being "good and happy in life" nowadays. The

concept of well-being includes dimensions such as positive relations with others, having pleasure, satisfaction with life, having a purpose and self-acceptance (Dhanabhakyaam & Sarath, 2023). The World Health Organization (WHO) defines well-being as " a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community." (World Health Organization, 2022). Therefore, maintaining psychological well-being enhances the quality of life through fulfilling relationships, happiness and personal growth (Dhanabhakyaam & Sarath, 2023).

### **2.3.1. Definitions and Dimensions of Well-Being**

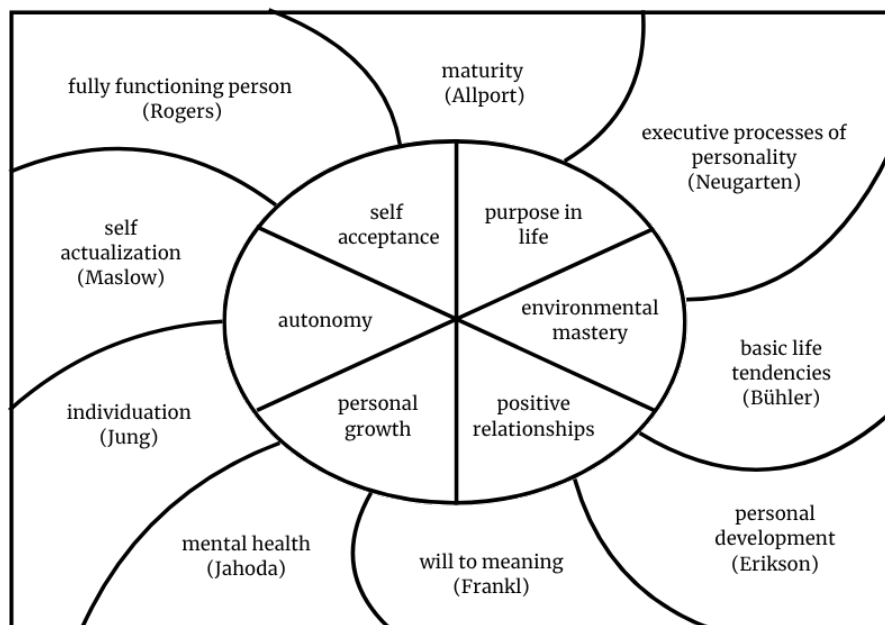
There had been two major perspectives on explaining the concept of psychological well-being: the hedonic approach and the eudaimonic approach, which later supported the combination of these two perspectives that has risen. The hedonic approach focuses on happiness and attaining pleasure in life, while the eudaimonic approach focuses on self-actualization and supports happiness that is not always equal and leads to psychological well-being (Ryan & Deci, 2001).

Bradburn (1969) attributed psychological well-being to happiness and pleasure. He defined psychological well-being largely in terms of the balance of positive and negative emotions. His model suggests that high psychological well-being is related to being high in positive emotions over negative emotions and vice versa. Therefore, he finds his approach closer to hedonic approach, in which pleasure exceeds pain in life. After Bradburn, Diener (1984) discussed whether positive and negative effects are independent from each other as Bradburn (1969) conceptualized and measurements of subjective well-being need to be revised. In 1999, he focused on three concepts of subjective well-being: positive and negative affect and cognitive evaluation of life satisfaction (Diener et al., 1999).

Ryff (1989), on the other hand, questioned the Greek word eudaimonia and viewed its meaning as realizing one's true potential, unlike the hedonic approach, as they viewed it as happiness. Therefore, he emphasized a more multidimensional approach when defining

positive human functioning. He referred to different concepts of theorists from other approaches that aim to explore well psychological functioning such as self-actualization of Maslow (1968), maturity of Allport (1961), psychosocial stage model of Erikson (1959) and description of mental health of Jahoda (1958) (as cited in Ryff, 1989). His goal was meeting the need for operationalization of the dimensions of psychological well-being, so he proposed six dimensions: self-acceptance, positive relations with others, autonomy, environmental mastery and personal growth which will be briefly described.

**Figure 2.1. Dimensions of Well-Being**



*Adapted from "Know thyself and become what you are: A eudaimonic approach to psychological well-being" by C. D. Ryff & B. H. Singer (2008), Journal of Happiness Studies, 9(1), p. 20. <https://doi.org/10.1007/s10902-006-9019-0>. Copyright 2008 by Springer.*

**Self-Acceptance:** Self-acceptance refers to the positive attitudes towards one's self and one's own past. Acceptance of the self is defined as the central characteristic of human positive functioning. Ryff (1989) emphasized this dimension is also the characteristics of other concepts which are related to psychological functioning such as self-actualization and maturity.

**Positive Relations with Others:** Positive relations with others refers to having loving, warm and trustful interpersonal relationships with others. The ability of love, empathy and forming close relationships with others are essential features of mental health. Other

theories also emphasized the need for intimacy and mutual interpersonal relationships that are loving, trusting, giving and receiving for better mental health (Ryff & Singer, 2008; Erskine et al., 1999).

*Autonomy:* Autonomy refers to the ability to function independently freed from the fear of standards defined by society. It reflects the capacity of self-evaluation without waiting for others to be approved (Ryff, 1989; Ryff & Singer, 2008).

*Environmental Mastery:* Environmental mastery refers to the ability to participate, choose and change the environment one's surrounding. One needs to master the environment through involvement for better psychological functioning. Developmental perspective suggests successful aging requires being able to control and take advantage of one's environment, so this dimension is emphasized as a characteristic for mental health (Ryff, 1989).

*Purpose in Life:* Purpose in life refers to having a sense of purpose, goal in life. Theories also emphasize that better psychological functioning is related to one's sense of meaning and direction in life. This dimension is closely connected to existential approaches. For example, Frankl helps people who suffer to search for purpose in their life in logotherapy (Ryff & Singer, 2008).

*Personal Growth:* Personal growth refers to ongoing personal growth to realization of one's potential. Psychological functioning requires being open to new experiences and continuous development rather than being in a problem free and fixed state. This dimension aligns with developmental approaches and the concept of eudaimonia which emphasizes self-growth (Ryff, 1989).

Ryff & Singer (1996) stated that the definition of mental health solely as the absence of illnesses is ignoring the human potential of flourishing. Seligman and Csikszentmihalyi (2000) also emphasized that psychology focused more on healing and repairing diseases rather than building positive qualities after World War II. They focused on shifting the attention from curing illness to human flourishing and examined the positive psychology at three levels: the subjective level, the individual level and group level. Satisfaction and well-being with the past, happiness and flow with today and optimism and hope for the

future are related to subjective level. The personal qualities such as forgiveness, wisdom, courage, personal skills and aesthetic are in concern at the individual level and the qualities that lead a person toward a better citizen such as responsibility, tolerance and altruism are at the focus at the group level.

Later, Seligman (2011) proposed a multidimensional model of the components of psychological well-being which is called the PERMA model. He described five factors which are positive emotions, engagement, relationships, meaning and achievement. Positive emotions refer to pleasurable feelings such as happiness and gratitude. Engagement allows individuals to be able to stay on “flow” which means engaging, focusing on an activity. Establishing relationships serves as a source for overcoming the challenges of life since people’s experience is accompanied by others. An individual also needs to feel a connection to a superior source and have a sense of meaning in life. Lastly, as people move towards their goals and achieve tasks, they develop a sense of self-efficacy and foster environmental mastery (Khaw & Kern, 2015).

### **2.3.2. Psychological Well-Being and Loneliness**

Loneliness in emerging adulthood has been found to be associated with poor mental health which if prolonged may lead to serious negative effects on psychological well-being (Nielsen et al., 2023; Binte Mohammad Adib & Sabharwal, 2024). According to a meta-analysis including 114 studies on the effects of loneliness on health found that loneliness has the largest effect on well-being and mental health which consists of concepts such as life satisfaction and quality, depression and anxiety. These outcomes emphasized the importance of preventive clinical implications for increasing overall psychological well-being of emerging adults (Park et al., 2020).

The link between loneliness and well-being is intricate and some studies showed a bidirectional relationship (Dalal & Singh, 2022). Cinalioğlu and Gazioğlu (2022) conducted research which included Turkish emerging adults to examine the predictor role of loneliness, perceived social support and sibling relations. They found all three variables significantly predict psychological well-being. Another research from Pakistan aimed to

identify the impact of academic stress and loneliness on psychological well-being also found that loneliness and academic stress is a predictor of psychological well-being (Munir et al. 2015). Similarly, Çiçek (2021) examines the relationship between loneliness, self-esteem and psychological well-being. The results indicated that loneliness negatively predicts psychological well-being, and the relationship was partially mediated by self-esteem. The other direction of the relationship has also been proven. Çeçen and Cenkseven (2007) conducted a study to understand how Turkish university students' well-being affect their loneliness and found a significant correlation between loneliness and all well-being dimensions and the best predictor of loneliness was the dimension of positive relationship with others.

Even though literature has been supported by various studies in the negative relationship between loneliness and psychological well-being (Dalal & Singh, 2022), the direction or the mechanisms on the pathway between loneliness and psychological-well-being are still being investigated. In a study conducted to examine the association between loneliness and depression found that social support partially mediated the relationship (Wan Mohd Azam et al., 2013). Another study found that resilience partially mediates the relationship between loneliness and depressive symptoms while social support acted as moderator, which highlights strengthening social support and resilience may be helpful for lonely elders in preventing depressive symptoms (Zhao et al., 2018). While these findings are important, loneliness research and possible mediators through well-being among young people are limited. Thus, generalizing results to that age group is not valid (Goodfellow et al., 2022).

## **2.4. Current Study**

### **2.4.1. Statement of the Problem**

Previous findings on loneliness in emerging adulthood emphasize its negative relationship between mental health and psychological well-being. Research indicates high levels of loneliness are associated with poor mental health and well-being (Nielsen et al.,

2023; Dalal & Singh, 2022). It is seen that research on loneliness in literature focuses especially on the older adults. However, considering the increasing prevalence of loneliness in emerging adulthood, research on examining loneliness in this age group is limited (Binte Mohammad Adib & Sabharwal, 2024). Similarly, despite the large number of young people who feel lonely in Türkiye (Üsküdar Üniversitesi, 2022), there is a need for more studies with the Turkish emerging adults. While the vulnerability of loneliness in emerging adulthood is well recognized, research concerning its associated factors remains scarce (Kirwan et al., 2024).

The fact that the need for others and close relationships is essential in human nature (Erskine et al., 1999). As the definition of loneliness underlines its roots in the deficiency in social relationships (Peplau & Perlman, 1982), it follows that the relational needs are closely intertwined with the feeling of loneliness. Therefore, as Erskine proposed, unmet relational needs are associated with feelings of loneliness (Erskine, 2015). Although there are studies on the relationship between social relationships and loneliness, much of this research focuses on the quantity of social networks and perceived social support (Zhang & Dong, 2022; Hutten et al., 2022). However, Erskine's concept of relational needs includes a multidimensional perspective on people's needs within a relationship. Despite its relevance, there has been no study found directly examining the relationship between loneliness and Erskine's concept of relational needs. Similarly, positive relationships with others are associated with better psychological well-being (Ryff, 1989). Several theorists have emphasized the need for intimacy and having meaningful reciprocal relationships are fundamental for mental health and psychological well-being (Erskine et al., 1999; Ryff, 1989; Bowlby, 1969). Despite this, the link between Erskine's concept of relational needs and well-being has remained underexplored. This shows that there is a gap in literature in the relationship between relational needs and psychological well-being.

#### **2.4.2. Purpose of the Study**

The purpose of this study is to explore the relationship between loneliness, relational needs and psychological well-being in emerging adulthood. Specifically, it aims to explore whether relational needs mediate the relationship between loneliness and

psychological well-being. Previous findings on factors in the pathway from loneliness to psychological well-being suggest that social support - the closest concept has been found in empirical literature to Erskine's relational needs - mediates the relationship (Wan Mohd Azam et al., 2013). However, there is a gap in literature regarding whether meeting relational needs have a role in the pathway of loneliness through psychological well-being.

The goal of this study is to understand the relationship between loneliness and psychological well-being, with a focus on investigating the possible mediating role of relational needs. By exploring the potential role of relational needs, this study aims to provide insight into how satisfying these needs may enhance psychological well-being for emerging adults who experience loneliness. Therefore, the findings of this study could have both clinical implications for health practitioners and daily life applications through helping develop a deeper understanding for loneliness and well-being as well as interventions for lessening loneliness and promoting well-being.

### **2.4.3. Hypotheses**

This study mainly has four hypotheses which are presented below:

*Hypothesis 1:* Loneliness negatively predicts psychological well-being.

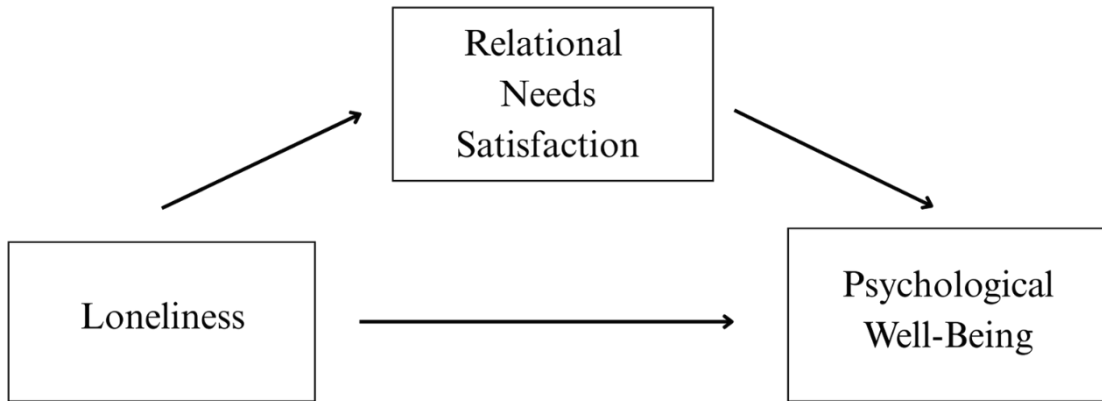
*Hypothesis 2:* Loneliness negatively predicts relational needs satisfaction.

*Hypothesis 3:* Relational needs satisfaction positively predicts psychological well-being.

*Hypothesis 4:* Relational needs satisfaction mediates the relationship between loneliness and psychological well-being.

It is hypothesized that loneliness will either have a direct effect on the emerging adult's psychological well-being and/or an indirect effect on psychological well-being through relational needs. The proposed mediation model is illustrated in Figure 2.2.

**Figure 2.2. Proposed Mediation Model**



## METHODS

This is a quantitative study with a correlational research design and a cross-sectional model with the aim of investigating the relationship between loneliness, relational needs satisfaction and psychological well-being in emerging adulthood with a focus on the mediating role of relational needs satisfaction in the relationship between loneliness and psychological well-being.

### 3.1. Sample

This study uses the data that is collected under the research of “Examining the Relationships Between Loneliness and Relational Needs in Emerging Adulthood: A Mixed Method Study” conducted by Assoc. Prof. Zeynep Maçkalı from İstanbul Bilgi University Social Sciences and Humanities Faculty. In this project, the convenience sampling method was used for data collection. The project is approved by İstanbul Bilgi University Ethics Committee (see Appendix A). The sample consists of 18 to 25 years old emerging adults who are volunteering to participate in this project.

The data was collected from 307 participants. Among 307 participants who completed the scales, four participants were excluded from the data since their age was not in between the expected range. Therefore, 303 participants were included in this study aged between 18 to 25.

The sample consists of 251 women, 49 men and 3 non-binaries. Most of the sample identified themselves as woman with the ratio of 82.8% over men and nonbinary with the ratio of 16.2% and 1% respectively. 29% of the participants were between the ages of 18-20, 53.8% were between the age of 21-23, 17.2% were between the age of 24-25 and the mean age of the total sample was 21,5. Almost half of the participants reported their born place as İstanbul (43.2%) while others were from different regions of Türkiye (55,6%) and 1.2% of them were born in other countries. Majority of the sample were not married (98.3%), only 1% of them were married and 0.7% were divorced. 45.3% of the sample

reported that they are in a relationship while 52.8% were not having a relationship. More than half of the participants were high school graduates (64.4%), the rest of them were having a bachelor's degree (35%) or master's degree (0.7%). 77.9% of the sample were not working, 8.6% of them were working full-time and 13.5% were working part-time. The economic status of the participants was mostly in the middle class. 3.3% were in low class, 17.2% were in low-middle class, 51.2% were in middle class, 27.1% were in high-middle class and a minority were in high-class (1.3%) according to their self-reports. High portion of the sample were reported that they had psychiatric diagnosis (38.3%). 15.8% of them reported they are using psychiatric medication and 53.5% were reported that they had received prior psychotherapy.

**Table 3.1. Demographic Information of Participants**

Sample Characteristics	N	%
<b>Gender</b>		
Women	251	82.8
Men	49	16.2
Non-Binary	3	1
<b>Age</b>		
18-20	88	29
21-23	163	53.8
24-25	52	17.2
<b>Relationship Status</b>		
Single	298	98.3
Married	3	1
Divorced	2	0.7
<b>Educational Level</b>		
Highschool	195	64.4
University	106	35
Postgraduate	2	0.7

Employment		
Unemployed	236	77.9
Full-time	26	8.6
Part-time	41	13.5
Economic Status		
Low	10	3.3
Low-middle	52	17.2
Middle	155	51.2
High-middle	82	27.1
High	4	1.3
Psychiatric History		
Diagnosed previously	116	38.3
Undiagnosed	187	61.7

*Note.* N: 303

### 3.2. Data Collection

The quantitative data used in this thesis study is collected from participants by administering the following data collection tools: Relational Needs Satisfaction Scale (RNSS), The Flourishing Scale (FS), UCLA Loneliness Scale (UCLA-LS) and Demographic Information Form. The internal consistency coefficients of the original scales were .90, .87, .94 and the internal consistency scores of the Turkish adaptations of the scales were .83, .80, .96 respectively.

#### 3.2.1. Relational Needs Satisfaction Scale

This scale was developed by Zvelc et al. (2020) to measure the satisfaction of relational needs according to the description of Erskine's eight relational needs. The scale contains 20 items rated on 5-point Likert scale ranging from 1 (never true) to 5 (always true) and it measures the total score of relational needs satisfaction and the five dimensions of relational needs. These dimensions are 1) Authenticity, 2) Support and Protection, 3)

Having an Impact, 4) Shared Experiences, and 5) Initiative from the Other. The dimension of *Authenticity* dimension reflects the needs for security, validation and self-definition, and represents the need of being accepted, respected and validated as one truly is in a relationship. The dimension of *Support and Protection* corresponds to the need for acceptance by a stable, dependable and protective other. The dimension of *Having an Impact* captures the need to have an influence other people in a way that can bring change in them. The dimension of *Shared Experiences* refers to the need for confirmation of personal experiences through similar interests. The dimension of *Initiative from the Other* corresponds to the need for other people to take initiative without being asked. The internal consistency of the overall score was .90 and the subscales' internal consistency scores were .80 for Authenticity, .85 for Support and Protection, .81 for Having an Impact, .73 for Shared Experience and .83 for Initiative from Other.. Subscale scores are computed by calculating the mean of the scores that correspond to each scale and the overall score is calculated by taking the total mean of the subscale means. As the scores increase, the relational needs are better met. Zvelc et al. (2020) found that the scale is positively correlated with self-compassion, well-being, secure attachment style and life satisfaction. This scale was adapted to Turkish by Toksoy et al. (2020). The internal consistency of the total relational need satisfaction score was .83 and the internal consistency scores of the subscales were .63 for Authenticity, .79 for Support and Protection, .73 for Shared Experience, 0.78 for Having an Impact and .51 for Initiative from the Other. . Turkish version of the scale can be found on Appendix B.

### **3.2.2. The Flourishing Scale**

This scale aims to measure psychological-social well-being and was developed by Diener et al. (2010). The flourishing scale includes items such as self-respect, relationship with others, self-competency, having an purpose in life which have been derived from theories from humanistic and additional approaches and crucial domains contributing to human well-being. The scale consists of 8 items scored 7-point Likert scale ranging from 1 (Strongly disagree) to 7 (Strongly agree) and provides a total score on psychological well-being. The total score is calculated by summing the scores for each item. The scores range

from 8 (the lowest) to 56 (the highest). The internal consistency of the scale was found to be .87. The flourishing scale is strongly correlated with other well-being measures. This scale was adapted to Turkish by Telef et al. (2013). The internal consistency was found to be .80 in the Turkish version. Turkish version of the scale can be found on Appendix C.

### **3.2.3. UCLA Loneliness Scale**

This scale was developed by Russell et al. (1978) to measure the perceived feeling of loneliness and social isolation. The original scale consists of 20 items which are rated as O (I often feel this way), S (I sometimes feel this way), R (I rarely feel this way) and N (I never feel this way). The internal consistency coefficient of the original study was .96 (Russell, Peplau & Ferguson, 1978). The scale is revised in 1980 by Russell and his colleagues. 10 of the items of 20 items were revised to be reverse scored and rated 4-point Likert scale ranging from 1 (Never) to 4 (Often). The total score is computed by adding all the 20 items after reversing items. The revised scale was significantly correlated with depression, anxiety and depression scales. The Cronbach alpha value of the internal consistency was found to be .94 and the scale were strongly correlated with the original scale ( $r=.91$ ) (Russell et al. 1980). The adaptation study to Turkish was conducted by Demir (1989). The Cronbach alpha for internal consistency was found .96. The scores range from 20 (lowest possible) to 80 (highest possible). As the score increases, feeling of loneliness increases. The Turkish version of the scale can be found on Appendix D.

### **3.2.4. Demographic Information Form**

The demographic information form is used to gain information about participants' age, gender, relationship status, socio-economic status, education level and mental health history. This form can be found in Appendix E.

### **3.3. Procedures**

After obtaining ethical approval from İstanbul Bilgi University Ethics Committee, e-mail announcements were sent to professional mailing lists (psikobilgi@googlegroups.com; bilgi-klinik-camia@googlegroups.com; liste@lists.psiko-alan.com) and social media platforms were used for advertising the study including the social media account of İstanbul Bilgi University Psychological Counselling Center. Researchers of this study include Dr. Ebru Toksoy who is the co-investigator, two Clinical Psychology and three undergraduate psychology students. The researchers' specific contacts to universities and their social media accounts were also used to broaden the scope of the announcement. After the advertisement, those who volunteered to participate in the study got a research link or QR code via e-mail by the research team which they can access the research forms. Firstly, after clicking the link they had seen a consent form (see Appendix F) and a socio-demographic form (see Appendix E). In the consent form, the aim of the study is explained and the participants informed that they have right to not continue to the study in case of feeling discomfort for any reason. From this point onward, participants were asked complete the scales of Experiences in Close Relationships-Revised, (The data obtained from this scale were not included in the current study), Relational Needs Satisfaction Scale, The Flourishing Scale, UCLA Loneliness Scale in mixed order.

### **3.4. Data Analysis**

For data analysis, SPSS 30.0 statistical program was used.

Initially, preliminary analyses were done to examine the structure of the data. Firstly, the scale scores were computed according to the scale instructions. Then reliability of the scales was examined with Cronbach's Alpha coefficient. As a result of the analysis, it is concluded that the scales had high and acceptable internal consistency values with the range of .84 to .89. which shows that the instruments were reliable. The internal consistency of UCLA Loneliness Scale, Relational Needs Satisfaction Scale and The Flourishing scale were found to be .84, .89 and .87 respectively. Following this, means, standard deviations, the distribution of the data and its suitability for normal distribution

was examined for descriptive statistics of the variables. For this purpose, kurtosis and skewness values of the variables were evaluated. (see Table 3.2.) The results showed that the kurtosis and skewness values of the variables vary between -2 and +2 which is considered acceptable for normal distribution (George & Mallery, 2010). Therefore, parametric tests were used for subsequent analysis.

**Table 3.2. Internal Consistency and Skewness/Kurtosis Scores of the Scales**

Scale	Cronbach Alpha ( $\alpha$ )	Skewness	Kurtosis
UCLA Loneliness	0.84	0.83	0.33
Relational Needs Satisfaction	0.89	-0.97	1.54
Authenticity	0.80	-0.82	0.46
Support and Protection	0.87	-1.34	1.39
Having an Impact	0.87	-0.86	0.61
Shared Experience	0.77	-1.12	1.35
Initiative from Other	0.74	-0.31	-0.50
Flourishing	0.87	-0.60	0.60

First, Pearson correlation analysis was used to analyze the relationship between loneliness, relational need satisfaction and well-being for the main analyses. Second, Linear regression was used to examine the hypothesis which investigated whether feeling lonely would predict relational needs dissatisfaction, whether relational needs satisfaction would predict better psychological well-being and whether feeling lonely would predict worse psychological well-being. Third, mediation analysis was performed to test whether relational needs satisfaction have an indirect effect on the relationship between loneliness and psychological well-being. Fourth, the dimensions of relational need satisfaction were tested with five separate mediation analysis and together as multiple mediators approach to see whether any dimension differs in or uniquely contributed to the relationship between loneliness and psychological well-being. Lastly, the mediation analysis was run again by controlling the psychiatric history to investigate whether the direct and indirect effects were affected by having psychiatric diagnosis.

The mediation analyses were conducted in PROCESS v4.2 Macro by Andrew F. Hayes (Hayes, 2022). Bootstrapping method was used with 5000 samples and the confidence intervals were %95 (CI: 95%) to assess the significance of indirect effect estimation. Statically significant indirect effect does not contain zero at the %95 confidence interval.

## RESULTS

### 4.1. Descriptive Statistics

Descriptive statistics have shown that emerging adults' feeling of loneliness is at moderate level with a mean of 36.89 ( $SD = 12.54$ ) within a range of 20 to 80. In addition, emerging adults' psychological well-being scores are above medium level with the mean of 40.24 ( $SD = 8.71$ ), when the possible highest score was 56 and the lowest score was 8.

Relational needs were investigated based on both total relational needs satisfaction score and the scores of its subscales. Emerging adults' overall relational needs score was at above medium level with a mean of 3.88 when the lowest score was 1 and the highest score was 5. Among the subscales, *Initiative from Others* had the lowest score with a mean of 3.44 ( $SD = .85$ , min-max= 1.00-5.00) and *Support and Protection* had the highest score which was 4.2 ( $SD = .90$ ). *Authenticity*, *Having an Impact* and *Shared Experience* subscales were also above medium level with means of 3.7, 4.0, 3.9 ( $SD = .86, .80, .76$ ) respectively. The descriptive findings are presented in the table below in Table 4.1.

**Table 4.1. Descriptive Statistics of Participants' Loneliness, Relational Needs Satisfaction and Psychological Well-Being Scores**

	Score Range	$M$	Median	$SD$
Loneliness	20-80	36.89	34.00	12.54
Relational Needs Satisfaction Total	1-5	3.88	4.00	0.65
Authenticity	1-5	3.79	4.00	0.86
Support and Protection	1-5	4.20	4.50	0.90
Having an Impact	1-5	4.00	4.00	0.80
Shared Experience	1-5	3.99	4.00	0.76
Initiative from Others	1-5	3.44	3.50	0.85
Psychological Well-Being	8-56	40.24	41.00	8.71

## 4.2. Correlation Analysis

Pearson correlation analyses were performed to explore the associations among variables first using the overall scores of the three scales. According to the analysis, Loneliness was found to be significantly and negatively correlated with relational needs satisfaction ( $r = -.72, p < .001$ ), indicating that higher levels of loneliness were associated with lower levels of satisfaction of relational needs. Similarly, loneliness was significantly and negatively correlated with psychological well-being ( $r = -.64, p < .001$ ) meaning that high levels of loneliness were associated with poor psychological well-being. However, when it comes to the relationship between relational needs satisfaction and psychological well-being, two variables were significantly and positively correlated ( $r = .63, p < .001$ ) showing that higher levels of satisfaction in relational needs were linked to better psychological well-being.

In addition to overall scores, subscale-level correlations of relational needs satisfaction were also investigated. Results revealed that all subscales of relational needs satisfaction scale were negatively and significantly correlated with loneliness with correlation coefficients ranging from  $r = -.47$  to  $-.63$  indicating moderate to high correlation. The strongest association was found between authenticity subscale and loneliness and the lowest association was between having an impact subscale and loneliness. Furthermore, the analysis showed that all subscales of relational needs satisfaction scale was positively and significantly associated with psychological well-being which correlations ranged from moderate to high ( $r = .43$  to  $.58$ ). Having an impact was found to be the highest correlation with psychological well-being with a correlation coefficient of  $.58$  and support and protection had relatively low correlation with psychological well-being among subscales ( $r = .43, p < .001$ ). Detailed correlations among variables are presented in Table 4.2.

**Table 4.2. Zero-Order Correlations Among Variables**

	1	2	2.1.	2.2.	2.3.	2.4.	2.5.	3
1.Loneliness	1							
2.Relational Needs Satisfaction Total	-.729**	1						
2.1. Authenticity	-.635**	.775**	1					
2.2. Support and Protection	-.543**	.777**	.515**	1				
2.3. Having an Impact	-.477**	.713**	.474**	.345**	1			
2.4. Shared Experience	-.594**	.822**	.549**	.563**	.532**	1		
2.5. Initiative from Others	-.568**	.778**	.448**	.538**	.443**	.570**	1	
3. Psychological Well-Being	-.641**	.630**	.484**	.432**	.588**	.503**	.440**	1

*Note.* \*\*\*  $p < 0.001$

### 4.3. Regression Analysis

To examine the direct associations between the variables, a simple regression analyses were performed. First, a linear regression was conducted using loneliness to predict the overall relational need satisfaction. The model was significant,  $F(1,301) = 342.21, p < .001$ , explaining the %53 variance in overall relational needs satisfaction, suggesting that higher levels of loneliness predicted lower levels of overall relational needs satisfaction. ( $B = -.038, t = -.18.50, p < .001$ ). Secondly, the predicting role of overall relational needs satisfaction on psychological well-being was examined through a linear regression. The model indicated a significant association,  $F(1, 301) = 198.27, p < .001$ . Participants who had higher satisfaction levels in relational needs tended to have better psychological well-being ( $B = 8.44, t = 14.08, p < .001$ ) and overall relational needs satisfaction, explaining the 39% of the variance in the increase in psychological well-being. Lastly, a linear regression was performed to examine whether loneliness has a predictor role in psychological well-being. Regression analysis showed that higher levels of loneliness predicted lower levels of psychological well-being ( $B = -.44, t = -14.5, p < .001$ ). The model was significant  $F(1, 301) = 210.42, p < .001$  and loneliness explained 41 % of the variance. Detailed regression results among variables presented in table 4.3.

**Table 4.3. Summary of Simple Regression Analyses Between Study Variables**

Model	Variable	<i>B</i>	<i>SE</i>	95% <i>CI</i>	$\beta$	<i>t</i>	<i>p</i>
1	Constant	5.28	0.08	[5.12, 5.44]	-	66.33	.001
	Loneliness	-.038	.002	[-.042, -.034]	-.729	-18.49	.001
2	Constant	7.40	2.36	[2.74, 12.05]	-	3.13	.002
	Relational Needs	8.44	0.60	[7.26, 9.62]	.630	14.08	.001
3	Constant	56.68	1.19	[54.33, 59.04]		47.35	.001
	Loneliness	-.446	0.03	[-.506, -.385]	-.641	-14.50	.001

*Note.* N = 303. Model 1 tests the predictor role of loneliness on overall relational needs satisfaction. Model 2 tests the predictor role of overall relational needs satisfaction on

psychological well-being. Model 3 tests the predictor role of loneliness on psychological well-being.

#### 4.4. Mediation Analyses

Firstly, a simple mediation analysis was conducted using PROCESS Macro (Hayes, 2022) to examine whether total relational needs satisfaction mediates the relationship between loneliness and psychological well-being.

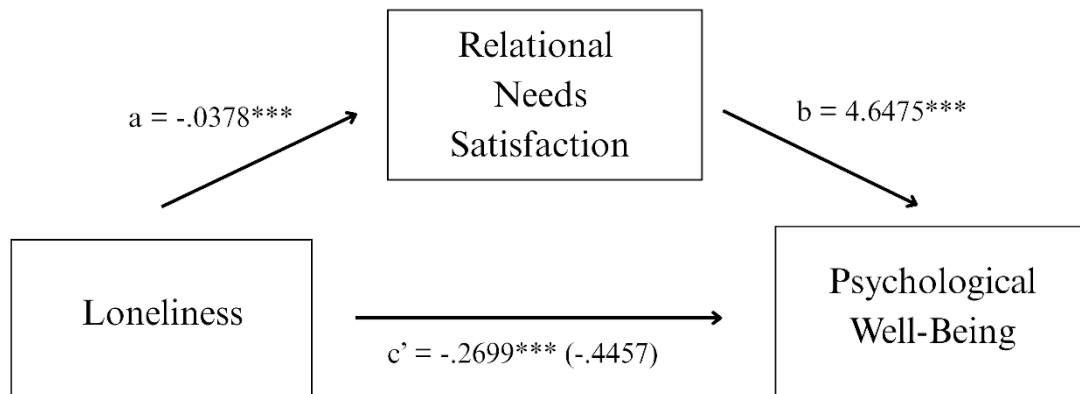
The analysis revealed that loneliness was negatively and significantly associated with relational needs satisfaction ( $B = -.0378, SE = .002, p < .001$ ). In addition, relational needs satisfaction was positively and significantly associated with psychological well-being, when controlling for loneliness ( $B = 4.647, SE = .8251, p < .001$ ). The total effect model was significant ( $F(1,301) = 210.428, R^2 = .4115, p < .001$ ) and suggested a negative association between loneliness and psychological well-being ( $B = -.4457, SE = .0307, p < .001$ ). After considering the relational needs satisfaction as the mediator the direct effect of loneliness on psychological well-being was still significant and negative but reduced compared to the total effect ( $B = -.2699, SE = .0428, p < .001$ ). Moreover, the indirect effect was significant which performed with a 95% bootstrap and the confidence interval did not include zero ( $B = -.1758, CI [-.2493, -.1051]$ ). These results showed that relational needs satisfaction partially mediates the relationship between loneliness and psychological well-being. Detailed mediation results presented in Figure 4.1.

Further, a multiple mediation analysis was conducted using PROCESS Macro (Hayes, 2022) Model 4 to examine whether the sub-dimensions of relational needs satisfaction (authenticity, support and protection, having an impact, shared experience and initiative from others) have a unique mediator contribution in the relationship between loneliness and psychological well-being.

Loneliness was significantly and negatively associated with each relational needs dimension (see Figure 4.2. ). However, only “Having an Impact” dimension of relational needs satisfaction significantly associated with psychological well-being when controlling for loneliness ( $B = 3.7663, SE = .5435, p < .001$ ). Other subdimensions were

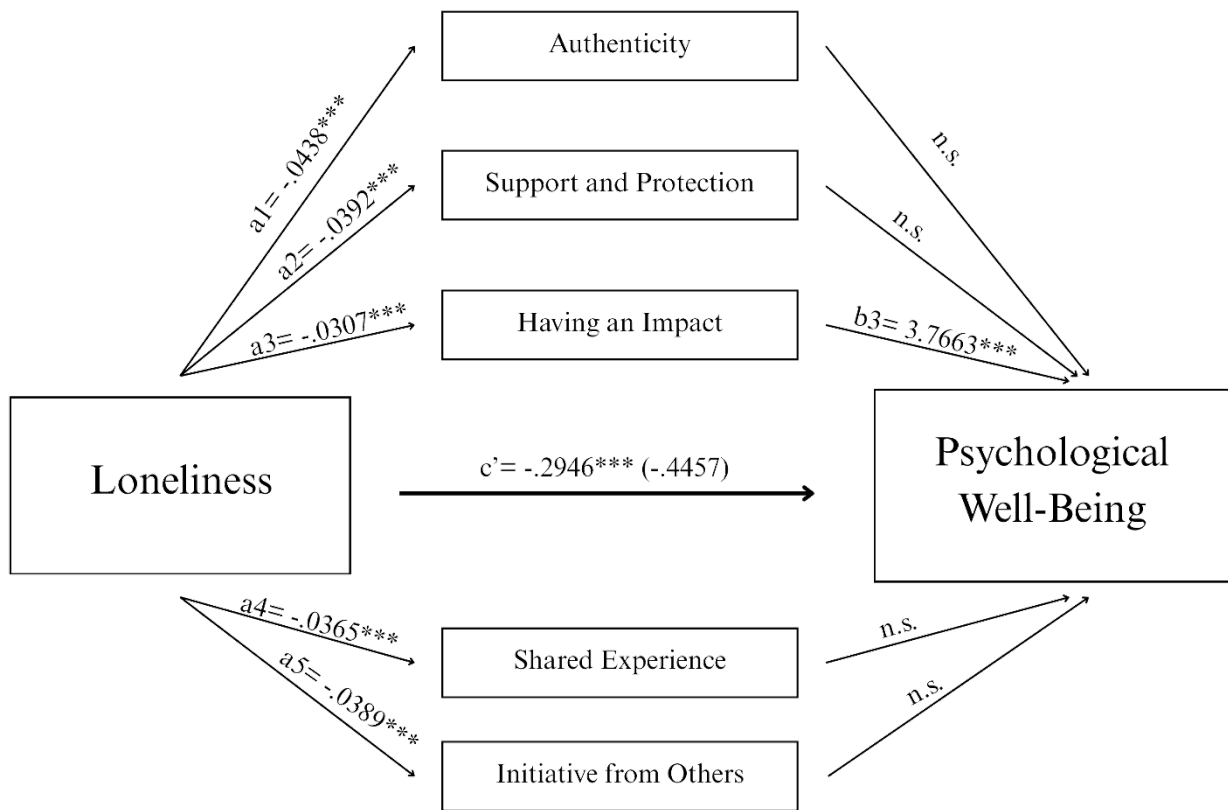
not significantly associated with psychological well-being. The total effect is significant and negative ( $B = -.4457$ ,  $SE = .0307$ ,  $p < .001$ ). The direct effect of loneliness on psychological well-being was also significant but reduced compared to the total effect when all five dimensions of relational needs were included in the model as mediators ( $B = -.2946$ ,  $SE = .0417$ ,  $p < .001$ ). Furthermore, the total indirect effect was significant performed in 95% bootstrap and the confidence interval did not include zero ( $B = -.1511$ ,  $CI [-.2228, -.0782]$ ,  $p < 0.001$ ). However, only “Having an impact” dimension had a significant indirect effect on the relationship between loneliness and psychological well-being ( $B = -.1156$ , 95%  $CI [-.1631, -.0723]$ ) while other dimensions’ indirect effects were insignificant since the confidence intervals did include zero. Multiple mediation diagram presented in Figure 4.2.

**Figure 4.1. Mediation Diagram of Relational Needs Satisfaction in the Relationship between Loneliness and Psychological Well-Being**



Note. \*\*\*  $p < .001$

**Figure 4.2. Mediation Diagram of Dimension of Relational Needs Satisfaction in the Relationship between Loneliness and Psychological Well-Being**



Note. \*\*\*  $p < .001$ , n.s. = non-significant

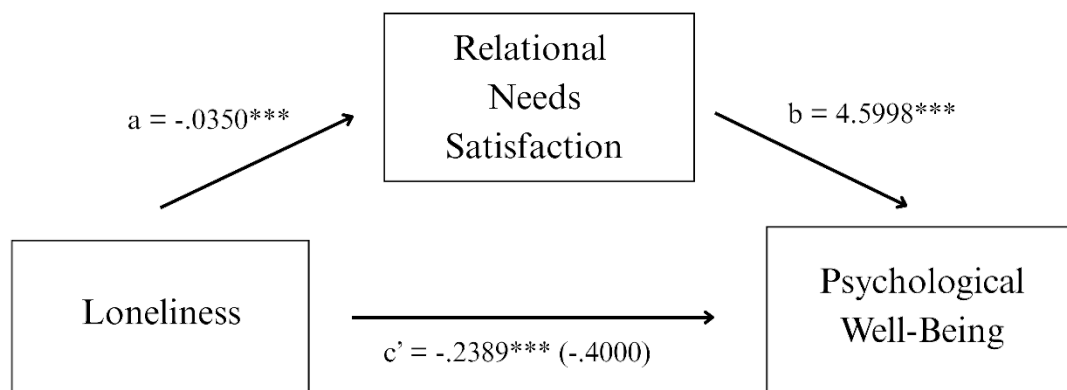
#### 4.5. Further Explorative Analysis

For further analysis, two simple mediation analyses were conducted using PROCESS Macro (Hayes, 2022) to explore whether the mediation model varies according to prior psychiatric history, since psychological well-being may be influenced by mental health. The concept of well-being is more than solely being happy, it encompasses positive mental and emotional health and psychological functioning (Stewart-Brown, 2013). Therefore, although the main purpose of this study was not investigating how clinical and non-clinical population differs in this relationship, this analysis aimed to inform future

researchers on the potential role of having a psychiatric diagnosis in the relationship between loneliness, relational needs and psychological well-being.

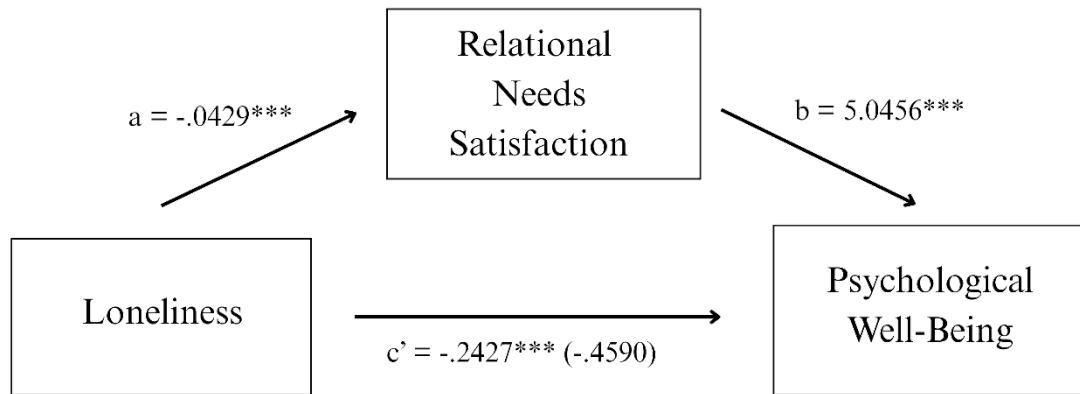
Participants divided into two subgroups according to their self-report. 116 participants reported that they have not been diagnosed, and 187 participants reported that they have been diagnosed before. A simple mediation analysis was conducted for each group separately. Analysis revealed that relational needs satisfaction partially mediated the relationship between loneliness and psychological well-being in both groups with slight differences. The negative association between loneliness and relational needs satisfaction was stronger in participants without a psychiatric diagnosis ( $B = -.0429$ ,  $SE = .0026$ ,  $p < .001$ ) compared to participants with a psychiatric diagnosis ( $B = -.0350$ ,  $SE = .0035$ ,  $p < .001$ ). In addition, the indirect effect was weaker in the group of participants with a diagnosis ( $B = -.1611$ , 95% CI  $[-.2709, -.0588]$ ), compared to the group of participants without a diagnosis ( $B = -.2164$ , 95% CI  $[-.3302, -.1067]$ ). Similarly, the total effect of loneliness on psychological well-being was stronger in the group of participants without psychiatric history ( $B = -.4590$ , 95% CI  $[-.5425, -.3756]$ ,  $p < .001$ ) compared to the other group ( $B = -.4000$ , 95% CI  $[-.3005, -.5978]$ ,  $p < .001$ ). Comparison of the two subgroups are presented in Figure 4.3. and 4.4.

**Figure 4.3. Mediation Diagram of Relational Needs Satisfaction in the Relationship Between Loneliness and Psychological Well-Being for Participants With a Psychiatric History**



Note.  $N = 116$ , \*\*\*  $p < .001$ .

**Figure 4.4. Mediation Diagram of Relational Needs Satisfaction in the Relationship Between Loneliness and Psychological Well-Being for Participants Without a Psychiatric History**



*Note.*  $N = 187$ ,  $*** p < .001$

## **DISCUSSION**

The current study explored the relationship between loneliness, relational needs satisfaction, and psychological well-being in emerging adulthood with a focus on the mediating role of relational needs satisfaction in the relationship between loneliness and psychological well-being. The findings of the present study confirmed all proposed hypotheses. The analyses found significant and strong correlations among loneliness, relational needs satisfaction and psychological well-being. Loneliness was found to be a negative predictor for both relational needs satisfaction and psychological well-being. On the other hand, relational needs satisfaction was found to be a positive predictor for psychological well-being. Moreover, the proposed mediation model was supported by analyses. It was found that relational needs satisfaction partially mediated the relationship between loneliness and psychological well-being. This section covers the discussion of the findings, clinical and research implications of this study, limitations, and recommendations for future research.

### **5.1. Discussion of the Findings**

#### **5.1.1. Loneliness and Relational Needs Satisfaction**

It was hypothesized that loneliness negatively predicts relational needs satisfaction. The results revealed that loneliness scores significantly and negatively predicted the participants' relational needs satisfaction scores, suggesting that emerging adults with higher loneliness scores tend to report lower relational needs satisfaction overall. Despite several scholars emphasizing the role of perceived satisfaction of relationships in loneliness (de Jong-Gierveld, 1978; Peplau & Perlman, 1982; Erskine, 2011), there were no studies found in the literature directly investigating the relationship between loneliness and relational needs satisfaction. However, the findings of this current study are consistent with existing literature on related constructs. For instance, Zhang and Dong (2022) found a negative relationship between social support and loneliness, highlighting

the role of social support in loneliness treatments. Similarly, a negative association was found between social support and loneliness among university students in Türkiye (Yılmaz et al., 2008).

Moreover, this finding of the current study also aligns with Erskine's perspectives on loneliness and relational needs satisfaction about patients who experience social withdrawal and express feeling lonely. Erskine (2023) suggests that unmet relational needs in the early stages of life affect the person's relational patterns in later life. Those who have parents who reject their relational needs in childhood internalize that no one is sensitive to their needs in relationships. Erskine defines this as 'script belief' (Erskine, 2015). Therefore, these individuals may not even be aware of their own needs in adulthood and may avoid intimacy and withdraw from relationships. A similar pattern may also be experienced in those whose parents are very controlling or invasive. Although these individuals feel the need to be close, they may stay away from relationships out of fear of being invaded. They may have difficulty expressing themselves and establishing intimate relationships. They may tend to establish contact within the rigid boundaries they have determined in order not to be harmed. Such relational patterns may increase feelings of loneliness in later life, and increased feelings of loneliness may further reinforce dissatisfaction with one's relational needs (Erskine, 2023).

Although it is theoretically suggested that loneliness arises from a deficiency in social relationships (Peplau & Perlman, 1982), the findings of this study suggest a dynamic interplay in which early relational patterns and loneliness are associated with one's capacity to be satisfied in relational needs over time. Early relational patterns affect a person's social life since they include the person's beliefs about reciprocal relationships and how others will or will not respond to these needs (Erskine, 2023). The disruption in relational needs in early developmental stages may interfere with one's ability to form secure and satisfying relationships later in life (Erskine et al., 1999). This disruption may lead to social withdrawal and increased feelings of loneliness. In turn, heightened feelings of loneliness may erode the perception and capacity to experience satisfaction with

relational needs since people who feel lonely may have a script belief that their needs are not worth being satisfied, and they may be more prone to social façade.

In addition, it was found that all dimensions of relational needs satisfaction were predicted negatively by the loneliness scores of participants. This suggests that the higher the emerging adults' loneliness scores were, the lower the satisfaction with the Authenticity, Support and Protection, Having an Impact, Shared Experience and Initiative from Others dimensions. Since there is a limited number of quantitative study on the relationship between loneliness and relational needs satisfaction, this finding can be interpreted through loneliness studies that focus on the experience of loneliness in emerging adulthood. For example, Fardghassemi and Joffe (2022) conducted a study aimed at understanding the 18-24 young adults' perspective on loneliness. Participants stated that they feel lonely when they cannot express themselves, their feelings or problems and when they cannot act as or be accepted for who they are around others. Moreover, participants in the same study reported that the feeling of loneliness is associated with others not understanding or relating to their experiences (Fardghassemi & Joffe, 2022). Another example, Hemberg et al. (2022) conducted a qualitative study on loneliness including participants aged between 17 to 30. It was found that exclusion at a young age, feelings of not being accepted or understood by others and not being allowed to be part of a group are linked to loneliness.

These findings appear to be related to all dimensions to varying extents, thus supporting the findings of this study. Participants' statements of not being able to be themselves around others or not being accepted as who they are closely related to the dimension of Authenticity, which reflects the need for feeling secure and being accepted as one's authentic self in a relationship (Fardghassemi & Joffe, 2022; Zvelc et al., 2020). Similarly, participants' expressions of not being understood or the feeling of not relating to their experiences are associated with both having an impact and shared experience dimension (Fardghassemi & Joffe, 2022; Erskine et al., 1999). When a person feels like they are not understood, they might feel that their emotions or thoughts don't matter or affect others. This might suggest an unmet need for having an impact for young adults who feel lonely. In addition, when other people cannot relate to a person's experiences,

it may suggest an unmet need for confirmation of personal experiences. Lastly, participants' reports of a feeling of exclusion, not being able to express themselves and their problems are relevant to the dimensions of support and protection, and initiative from others (Hernberg et al., 2020; Fardghassemi & Joffe, 2022; Erskine et al., 1999). When a person is left out of the group, they are not able to access anyone to share their problems, seek help, or be supported. When someone is excluded, it is unlikely that others will take the initiative or provide support. This may indicate dissatisfaction with the relational needs for initiative from others and support and protection in the experience of loneliness.

### **5.1.2. Relational Needs Satisfaction and Psychological Well-Being**

It was hypothesized that relational needs satisfaction positively predicts psychological well-being. According to the results, overall relational needs satisfaction of emerging adults positively and significantly predicted their psychological well-being. Emerging adults who report higher levels of satisfaction in relational needs tend to have higher psychological well-being scores.

These findings align with prior theoretical frameworks. Erskine et al. (1999) and theorists before him, such as Bowlby (1969), have emphasized the importance of mutual relationships for humans to function properly throughout life, starting from the moment of birth. Erskine et al. (1999) proposed that children's bond with a responsive parent who can meet their relational needs is important for humans to behave in a way that can be considered normal. Similarly, Erskine et al. (1999) suggested that, from an Integrative Psychotherapy perspective, the basis of psychic disorders is unmet relational needs, and emphasized that the individual recovers when these needs are met within the relationship. Therefore, intimate reciprocal relationships and meeting relational needs play an essential role in human functioning and psychological well-being. The findings of this study also supported the positive association between relational needs satisfaction and well-being as individuals who report high levels of satisfaction tended to have better well-being.

Furthermore, Ryff and Singer (2008) and Seligman (2011) have stated that the existence of loving, meaningful, and trusting relationships is fundamental for psychological well-being. Although the previous literature on psychological well-being highlighted the importance of forming positive relationships on mental health, what makes these relationships positive and meaningful, in other words, what needs people have to be satisfied in the relationships has not been discussed in detail. Accordingly, the demonstration of the positive relationship between the satisfaction of relational needs and psychological well-being has provided a more nuanced perspective in the study of well-being and relationships.

In addition, these findings are consistent with limited existing empirical findings. For example, Zvelc et al. (2020) found that relational needs satisfaction is positively associated with satisfaction with life and well-being. Similarly, Iraurgi et al. (2022) found a significant and positive relationship between relational needs satisfaction and psychological well-being. The first one of these two studies on relational needs and well-being is the original scale development study, and the other is the Spanish adaptation study of this scale. Beyond these, only one study has been found that investigated the relational needs satisfaction and psychological well-being and reported findings consistent with this study. According to a recently published study which examined the mediator role of relational needs between the relationship of childhood traumas, psychological distress, and well-being, relational needs satisfaction and well-being were found to be positively correlated (Gökdağ et al., 2025). In addition, Gökdağ et al. (2025) highlighted the significance of relational needs to enhance well-being.

### **5.1.3. Loneliness and Psychological Well-Being**

It was hypothesized that loneliness negatively predicts psychological well-being. The hypothesis was confirmed by the results. It was found that loneliness and psychological well-being are negatively correlated and emerging adults who report higher levels of loneliness were predicted to have lower scores in psychological well-being.

Literature regarding the relationship between loneliness and psychological well-being in emerging adulthood has put forth the negative association between them. This study also supported this negative association and has consistent results with other studies, which were both conducted in Türkiye and other countries. For instance, Cinalioğlu and Gazioğlu (2022) conducted a study with university students aged 19 to 26 in İstanbul, Türkiye, to assess the predictive roles of three variables, including loneliness, on psychological well-being. The findings indicated that loneliness was the strongest negative predictor. Similarly, Çiçek (2021) examined the relationship between loneliness and psychological well-being with a possible mediator role of self-esteem. It was found that loneliness directly predicted psychological well-being with a partial mediator role of self-esteem.

#### **5.1.4. Loneliness, Relational Needs Satisfaction and Psychological Well-Being**

It was hypothesized that relational needs satisfaction mediates the relationship between loneliness and well-being. The hypothesis was supported by the findings as relational needs satisfaction partially mediated the relationship between loneliness and psychological well-being. This suggests that loneliness has a direct effect on psychological well-being and a significant portion of the pathway between loneliness and psychological well-being is mediated through the extent to which emerging adults' relational needs are satisfied.

There were no studies found in the literature investigating the mediating role of relational needs satisfaction for the relationship between loneliness and psychological well-being. However, the finding that the satisfaction of relational needs mediates the relationship between loneliness and psychological well-being is consistent with the existing theoretical framework. Establishing meaningful relationships in which people feel satisfied and safe is closely related to both loneliness and psychological well-being as discussed separately in the previous subheadings. The feeling of loneliness has been associated with dissatisfaction and deficiency in social relationships by many theorists (Peplau & Perlman, 1982; de Jong Grivield, 1978; Weis, 1973). In turn, dissatisfaction with social relationships and lack of positive relationships are also risk factors for mental

health and psychological well-being (Pitman et al., 2018; Ryff & Singer, 2008). This study revealed that individuals who feel lonely might not satisfy their relational needs, meaning that their relational needs were unmet, which leads to poorer psychological well-being.

From a developmental perspective, emerging adulthood is an unstable period of life where changes happen in life. In this period, individuals are trying to explore who they are and what their future will be like (Arnett, 2000). They may move out of their homes, especially to go to college in Türkiye. They may start working in a stable job, get married, or have kids. These transitions were normal for this period; however, life changes may also bring emotional challenges (Arnett, 2000, 2004). Being away from friends and family, lack of social support, transitional challenges in life may exacerbate the feeling of loneliness, hinder the relational needs satisfaction, which, in turn, is associated with reduced psychological well-being.

In addition, in this period, individuals are more prone to be self-focused (Arnett, 2004). This self-focused nature may lead to distancing people around and perhaps unconsciously pushing relational needs to the background, as Erskine et al. (1999) proposed that relational needs may not be in awareness until a safe space is provided for them to emerge. The characteristics of focusing on the self in this period and substantial changes in life may impact an individual's access to and engagement in relationships, which they feel safe to realize their own needs. Therefore, individuals who experience high levels of loneliness may have reduced satisfaction with their relational needs, and this may affect their psychological well-being negatively.

When dimensions of relational needs satisfaction were examined in the relationship between loneliness and psychological well-being, it was found that only having an impact partially mediated the relationship between loneliness and psychological well-being when all five dimensions were included simultaneously in the model. This suggests that one's perceived satisfaction in the sense of creating change in others plays a unique role compared to other dimensions in explaining how loneliness and psychological well-being are associated with each other.

Impact on others defines the need to have an influence on and create changes in other's affects, thoughts and/or behaviors (Erskine et al., 1999). This need may manifest itself even in the smallest events such as getting a call from a friend after a person gets sick. This suggests that the person has an influence over the friend's emotions and behaviors. The friend may be worried about the person and wants to check up on him/her by calling. This finding indicated that the lonelier people feel, the less they perceive themselves as having an influence on others in relationships, which in turn is negatively associated with their psychological well-being.

According to Erskine (2023), those people whose relational needs were not met in childhood are prone to think that others are not sensitive to their needs and that they cannot have an influence on others. They have a script belief that if they have no impact, they are invisible to others and distance themselves from others when they grow up, feeling alone. If a person perceives that they have no impact on the world, they may question the sense of meaning of their existence, as Braumer (1991) emphasized that the feeling that one's life has a meaning is related to the person's ability to create change in his/her environment. Therefore, feeling invisible and meaningless in life can also lead to a decrease in psychological well-being. The findings of this study are consistent with this theoretical framework.

Lastly, further analysis revealed that relational needs satisfaction has a slightly stronger mediating effect between loneliness and psychological well-being for the group of people who have not been diagnosed compared to the group of people who have been diagnosed. This indicates that meeting or satisfying the relational needs of people who have not been diagnosed has a stronger mediating effect on the negative impact of loneliness on psychological well-being.

This finding can be interpreted through both relational and developmental perspectives. According to the Relational Needs Model, the need for secure, accepted, protective, responsive mutual relationships where people feel that they have an impact on others and can express themselves is fundamental in mental health and psychological well-being. (Erskine et al., 1999; Erskine, 2015). However, the extent to which these relational needs are perceived and benefited from may differ based on individuals' early relational

experiences and attachment histories. Early attachment experiences have an influence on later life relationships through internal working models (Bowlby, 1973) and disruptions in early relational experiences may lead to maladaptive internal working models, which are frequently observed in people with psychopathology. People who have maladaptive internal working models may tend to have a negative perception towards themselves and others (Tianwei et al., 2016). This suggests that they might not be able to perceive satisfaction with their relational needs, in turn limiting the mediating role that satisfied relational needs play in the relationship between loneliness and psychological well-being. On the other hand, individuals who had secure relationships and who did not have a psychiatric diagnosis may have more positive internal working models towards relationships. Therefore, they can perceive and benefit more than people with psychopathology when their relational needs are met, thus buffering the impact of loneliness on psychological well-being more effectively.

## **5.2. Research and Clinical Implications**

The findings of this study have significant contributions to both theoretical/research literature and clinical applications. As previously outlined in other parts of this study, emerging adults are in a phase of life where changes occur. Individuals may find themselves feeling in between which may influence their psychological well-being (Arnett et al., 2014). They may leave home, focus on themselves for identity explorations which might all contribute to the feeling of loneliness (Arnett et al., 2014; Kirwan et al., 2023). Research also supported that the prevalence of loneliness was found to be higher than other age groups in young adulthood around the world and Türkiye (Hawkley et al., 2022; Barreto, 2021; Seçim et al., 2014). This highlights the importance of loneliness and psychological well-being studies and the role of possible mechanisms in the relationship between them for this age group. Therefore, this study contributes to the field by focusing on loneliness and well-being for the Turkish sample, enhancing the understanding of how loneliness and psychological well-being relate to each other.

Moreover, this study is one of the earliest attempts to investigate the relationship between loneliness and the concept of relational needs. Erskine highlighted the importance of how

unmet relational needs might be experienced as loneliness and the negative effect of prolonged deprivation of relational needs on psychological well-being. Research also supports that the quality of social relationships has a significant role in both loneliness and psychological well-being. However, the concept of relational needs remains relatively unexplored and new in the literature. As a model that focuses on the individual's needs within a relationship, it provides a crucial perspective on the quality of one's relationships. Therefore, this study contributes to the growing body of research on relational needs by explaining its relationships with loneliness and psychological well-being.

Furthermore, the finding of the mediating role of relational needs satisfaction especially having an impact on others between loneliness and psychological well-being has important implications both for daily life and clinical work. Within the framework of Positive Psychology which emphasizes the human flourishing and building positive human functioning rather than solely focusing on repairing diseases (Ryff & Singer, 1996; Seligman & Csikszentmihalyi, 2000). The findings of this study underline the significance of the satisfaction of relational needs to promote psychological well-being. Intervention works on enhancing well-being emphasizes building beneficial relationships in which people perceive that they are supported and connected which consists of positive interactions (Andersen et al., 2021). This study enhanced the literature by addressing how meeting the needs in the relationships – such as the need for security, self-definition, the need to have a protective other, the need for having an impact – is important for fostering psychological well-being.

In addition, the findings underline the significance of addressing satisfying relational needs both for clinical implications and daily life with people who complain of loneliness. From a clinical standpoint, this emphasizes the need to explore client's relational needs and whether these needs are satisfied when dealing especially with loneliness and enhancing their psychological well-being. This finding aligns with Integrative Psychotherapy as Erskine et al. (1999) suggested that unmet relational needs are fundamental in psychological diseases, and that addressing those needs in a therapeutic setting within a relationship is essential for healing. By attuning to the relational needs of

the client, they may foster psychological well-being and at the same time provide clients with tools to be aware of and seek more relational need fulfillment in their daily lives, which in turn again promotes well-being.

It should also be noted that the findings of this study highlight the importance of the need to have an impact on the relationship between loneliness and psychological well-being. Considering the explanatory role of this finding in the mechanism between heightened feelings of loneliness and reduced psychological well-being, it reveals the importance of clinicians focusing on people's need to be impactful in a therapeutic context, suggesting that a therapist should allow herself to be impacted by the client's emotions, experience and thoughts (Erskine et al., 1999). Genuinely responding and being attuned client's sadness with compassion, fear with security or joy with pleasure, all refer to an impacted therapist which in turn fosters the client's well-being (Erskine et al., 1999). Erskine et al. (1999) emphasized that the aim of therapy is to affect the client as well as for the client to feel that they can affect the therapist. The findings of this study highlighted the significance of the need for the client to see that the input they offer leads to a response in the therapist, in coping with the feelings of loneliness and promoting psychological well-being. Therefore, It has been shown that the therapists' ability to be affected by their clients in therapy, that is to say, show spontaneously that their clients' feelings, thoughts and experience have a response in them and that they value them, can be beneficial in terms of increasing the psychological well-being of the person in the treatment of loneliness.

### **5.3. Limitations and Future Studies**

This study involves limitations that restrict our understanding of the findings and should be considered in future research. First, empirical relational needs studies are relatively new and thus limited in the literature that it constrains the inferences that have been made in this study. Although this is the first study that investigates the relationship between loneliness, relational needs and psychological well-being together, most of the discussion of the findings of this study is based on a theoretical background that limits the understanding of the underlying role of relational needs satisfaction in the relationship

from loneliness through psychological well-being. This limitation highlights the need for future empirical research in relational needs satisfaction and its possible relationship with other psychological constructs.

Second, this study is a cross-sectional study, so the inferences do not indicate causality, and it constrains the understanding of the direction of the associations between variables. While the findings of the mediation and regression model assume that heightened feeling of loneliness predicts relational needs dissatisfaction and relational needs dissatisfaction predicts lower psychological well-being, it cannot be inferred that feeling lonely causes people to feel dissatisfied with their relational needs and reduces their psychological well-being. Future researchers should consider applying longitudinal designs to study the trajectories of the variables when examining these associations (Pan et al., 2018).

Third, the sample consisted mostly of university students and there is a cluster in the age of 21 which may limit the generalizability of the findings to all emerging adults since the emerging adulthood period is covering the ages 18 to 25 and even 29 in some circumstances (Arnett, 2004). In addition, the sample consisted of a higher number of women participants compared to men and other genders. They were mostly unmarried, unemployed, and from the middle class in terms of socioeconomic status. The current study did not focus on investigating the possible role of different socio-demographic variables in the relationship between loneliness, relational needs satisfaction, and psychological well-being. However, it is recommended that future research use more diverse samples from various socio-demographic and cultural backgrounds when replicating the study to reach more representative and generalizable results.

Fourth, while the further analysis revealed the importance of relational needs satisfaction in the relationship between loneliness and psychological well-being for both groups – people with versus without psychiatric diagnosis –, it should be considered that the psychiatric diagnosis status of the participant relies on their self-report which makes the data susceptible to bias. Participants may misclassify themselves and may not be professionally diagnosed by a mental health specialist which limits the findings of this study in explaining the comparison between groups and the generalizability of the findings in clinical terms. Nevertheless, the fact that results were also significant for the

people with psychiatric diagnosis underlines the need for future research in exploring its potential role in loneliness and psychological well-being for clinical interventions for improving mental health. It is noted that future research should use more reliable assessment methods for psychiatric classification such as Minnesota Multiphasic Personality Inventory-2 (MMPI-2) (Bozkurt, 2001) for enhancing the robustness of the findings.

Lastly, the findings showed that relational needs satisfaction has a partial effect on the relationship between loneliness and psychological well-being, suggesting the existence of other factors that will affect this relationship. For example, self-esteem has been found to be one of the constructs that may have a role in this relationship (Çiçek, 2021; Ishaq et al., 2018). Another psychological construct that has been found to be related to loneliness, psychological well-being and relational needs is attachment style which current literature and the theory underline the importance of secure attachment for better well-being, less loneliness and satisfied relational needs (Robinson et al., 2013; Erskine, 2011). Therefore, it is suggested that addressing and including other possible variables such as self-esteem and attachment style into the mediation model might be beneficial to explain more variance in the model.

## CONCLUSION

This study was the first study to enhance the understanding of how relational needs satisfaction has a role in the relationship between loneliness and psychological well-being. The findings revealed that individuals who reported higher levels of loneliness are predicted to report lower levels of relational needs satisfaction overall and psychological well-being. Moreover, relational needs satisfaction was found to be partially mediated the relationship between loneliness and psychological well-being, which suggests that higher levels of loneliness are associated with lower levels of relational needs which, in turn associated with reduced psychological well-being. These results contribute to the literature in terms of both clinical and research implications, as they underline the importance of emerging adults' satisfaction of relational needs, especially in the face of loneliness for improving their psychological well-being. In addition, the need for having an impact, among the dimensions of relational needs, may have a unique mediator contribution to the relationship between loneliness and psychological well-being, suggesting that the sense of making an impact on others, the capability of influencing someone in a way that makes a difference in how they feel, think or act and recognizing the influence that is made, is significant in explaining how high levels of loneliness is linked to reduced psychological well-being. These findings offer valuable contributions to the literature by drawing attention to the emerging adults' relational needs satisfaction as a potential target for both clinical intervention and future research.

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## **APPENDICES**

### **Appendix A. Result of the Evaluation by the Ethics Committee**

Ethics Board Approval is available in the printed version of this dissertation.

## Appendix B. Relational Needs Satisfaction Scale (RNSS)

Yönerge: Cümlelerin her birini dikkatlice okuyup, sizin için ne ifade ettiğine, aşağıdaki ölçeği kullanarak yanıt veriniz. Cümlelerin doğru veya yanlış cevabı yoktur, önemli olan yanıtlarken sizi doğru ifade eden şeyi seçmeniz. Lütfen her ifade için sadece bir cevap seçiniz ve her öğeye cevap verdiğinizden emin olunuz.

		Hiçbir zaman	Nadiren	Bazen	Sıklıkla	Her zaman
		1	2	3	4	5
1.	Sosyal çevrem, benimle benzer yaşam deneyimlerine sahip insanlardan oluşur (örneğin; hobi, meslek, aynı gruba ya da internet topluluğuna ait olma gibi).					
2.	Bana yakın olan insanlarla birlikteyken hiçbir şey saklamak zorunda değilim.					
3.	Hayatımda güvenilir, güçlü, tutarlı ve koruyucu bir insan var.					

4.	Eğer zor bir durumda kalırsam bana yardım edebilecek beceride bir insan tanıyorum.					
5.	Benimle benzer deneyimleri olan insanlar tanıyorum.					
6.	İnsanlar sıklıkla benim tavsiyelerimi ciddiye alırlar.					
7.	İnsanlar özellikle onlardan yardım istemesem de genellikle bana yardım ederler.					
8.	Benimkine benzer bir dünya görüşü olan insanlar tanıyorum.					
9.	İnsanlar beni bazen hoş bir şekilde şaşırtır.					

10.	Bana yakın insanlar, benim istememe gerek kalmadan bazen benim için bir şeyler yaparlar.					
11.	Başkalarına duygularımı gösterirken ve fikirlerimi paylaşırken özgür hissediyorum, çünkü beni olduğum gibi kabul ettiklerini biliyorum.					
12.	Benim için önemli olan insanlara rol yapmak zorunda değilim.					
13.	Hayatımda beni cesaretlendiren, koruyan veya ihtiyaç duyduğum bilgiyi bana sağlayan en az bir kişi var.					
14.	Hayatımda benzer deneyimleri paylaştığım insanlar var.					

15.	Başkaları üzerinde bir etkim olduğunu hissediyorum.					
16.	Benim için önemli olan insanlara, reddedilme korkusu duymadan gerçek benliğimi gösterebilirim.					
17.	Zor zamanlarda benim yanımda duran ve sorunlarımla baş edebilecek kadar güçlü birine sahibim.					
18.	Kimse benim için hoş bir sürpriz hazırlamaz					
19.	Başka insanların bazen benim önerilerime uyduklarını fark ediyorum.					
20.	İnsanlar sıklıkla belli bir konu hakkında fikrimi sorarlar.					

## Appendix C. Flourishing Scale (FS)

Aşağıda katılıp ya da katılamayacağınız 8 ifade vardır. 1–7 arasındaki derecelendirmeyi kullanarak, her bir madde için uygun olan cevabınızı belirtiniz.							
1	2	3	4	5	6	7	
Kesinlikle katılmıyorum	Katılmıyorum	Biraz katılmıyorum	Kararsızım	Biraz katılıyorum	Katılıyorum	Kesinlikle katılıyorum	
1.	Amaçlı ve anlamlı bir yaşam sürdürüyorum						<input type="text"/>
2.	Sosyal ilişkilerim destekleyici ve tatmin edicidir						<input type="text"/>
3.	Günlük aktivitelereime bağlı ve ilgiliyim						<input type="text"/>
4.	Başkalarının mutlu ve iyi olmasına aktif olarak katkıda bulunurum						<input type="text"/>
5.	Benim için önemli olan etkinliklerde yetenekli ve yeterliyim						<input type="text"/>
6.	Ben iyi bir insanım ve iyi bir hayat yaşıyorum						<input type="text"/>
7.	Geleceğim hakkında iyimserim						<input type="text"/>
8.	İnsanlar bana saygı duyar						<input type="text"/>

## Appendix D. UCLA Loneliness Scale (UCLA-LS)

Aşağıda çeşitli duygu ve düşünceleri içeren ifadeler verilmektedir. Sizden istenilen her ifade de tanımlanan duygu ve düşünceyi ne sıklıkta hissettiğinizi ve düşündüğünüzü her biri için tek bir rakkamı daire içine alarak belirtmenizdir.

	Ben bu durumu <b>HİÇ</b> yaşamam	Ben bu durumu <b>NADİREN</b> Yaşarım	Ben bu durumu <b>BAZEN</b> Yaşarım	Ben bu durumu <b>SIK</b> <b>SIK</b> Yaşarım
1. Kendimi çevremdeki insanlarla uyum içinde hissediyorum.	1	2	3	4
2. Arkadaşım yok.	1	2	3	4
3. Başvurabileceğim hiç kimsem yok.	1	2	3	4
4. Kendimi tek başımaymışım gibi hissetmiyorum.	1	2	3	4
5. Kendimi bir arkadaş grubunun bir parçası olarak hissediyorum.	1	2	3	4
6. Çevremdeki insanlarla birçok ortak yönüm var.	1	2	3	4
7. Artık hiç kimseyle samimi değilim.	1	2	3	4
8. İlgilerim ve fikirlerim çevremdekilerce paylaşılmıyor.	1	2	3	4

9. Dışa dönük bir insanım.	1	2	3	4
10. Kendimi yakın hissettiğim insanlar var.	1	2	3	4
11. Kendimi grubun dışına itilmiş hissediyorum.	1	2	3	4
12. Sosyal ilişkilerim yüzeyseldir.	1	2	3	4
13. Hiç kimse gerçekten beni iyi tanımıyor.	1	2	3	4
14. Kendimi diğer insanlardan soyutlanmış hissediyorum.	1	2	3	4
15. İsteddiğim zaman arkadaş bulabilirim.	1	2	3	4
16. Beni gerçekten anlayan insanlar var.	1	2	3	4
17. Bu derece içime kapanmış olmaktan dolayı mutsuzum.	1	2	3	4
18. Çevremde insanlar var ama benimle değil.	1	2	3	4
19. Konuşabileceğim insanlar var.	1	2	3	4
20. Derdimi anlatabileceğim insanlar var.	1	2	3	4

## Appendix E. Socio-Demographic Form

### DEMOGRAFİK BİLGİLER

1. Cinsiyetiniz: Kadın Erkek Non-binary

2. Yaşınız:

3. Doğum Yeriniz:

4. Cinsel yöneliminiz: \_\_\_\_\_

5. Medeni durumunuz:

( ) Bekar

( ) Evli

( ) Ayrılmış

( ) Eşi vefat etmiş

6. İlişki durumunuzu belirtiniz.

a. İlişkim yok

b. İlişkim var

c. Sözlüyüm/Nişanlıyım

d. Evliyim/ Birlikte yaşıyoruz

e. Diğer (Lütfen kısaca belirtiniz) : \_\_\_\_\_

7. Şu anda kiminle yaşıyorsunuz?

a. Anne/Baba/Kardeş

b. Eş ve/veya çocuklar

c. Arkadaş/Akraba

d. Yalnız

e. Diğer (Lütfen kısaca belirtiniz) : \_\_\_\_\_

8. Eğitim Durumunuz: (Lütfen son mezun olduğunuz okulu seçiniz.)

a. İlkokul

b. Ortaokul

c. Lise

d. Üniversite

e. Yüksek Lisans

9. Çalışma durumunuz:

- a. Çalışmıyor
- b. Yarı zamanlı çalışıyor
- c. Tam zamanlı çalışıyor

10. Kendinizi aşağıdaki gelir seviyelerinden hangisinde algılıyorsunuz?

- a. Alt
- b. Alt-orta
- c. Orta
- d. Orta-Üst
- e. Üst

11. Daha önce herhangi bir psikiyatrik tanı, ör. Kaygı Bozukluğu, Depresyon, Travma Sonrası Stres Bozukluğu ve benzeri, aldınız mı?

a. Evet (Tanı ve tedavi hakkında kısaca bilgi veriniz.)

---

b. Hayır

12. Şu anda kullandığınız psikiyatrik bir ilaç var mı?

( ) Evet

( ) Hayır

13. Yaşamınızın bir döneminde psikoterapi aldınız mı?

( ) Evet

( ) Hayır

### **SOSYAL MEDYA KULLANIMIYLA İLGİLİ SORULAR**

14. Sosyal medya kullanıyor musunuz?

( ) Evet

( ) Hayır

15. Sosyal medya uygulamalarını günde ne kadar süre kullanıyorsunuz?

0-2 saat

2-4 saat

4-6 saat

6-8 saat

8 saat ve üzeri

16. Sosyal medya uygulamalarından hangisini **en sık** kullanıyorsunuz?

Facebook

Twitter

Instagram

Snapchat

Youtube

Tiktok

Linkedn

Tumblr

Pinterest

Diğer \_\_\_\_\_

17. Sosyal medyayı **en çok** hangi amaçla kullanıyorsunuz?

İletişim

İçerik Paylaşımı

Vakit geçirmek

Ülke ve dünya gündemini takip etmek

Yeni akımları takip etmek

Yeni insanlar tanımak

İş fırsatlarını takip etmek

Diğer \_\_\_\_\_

## Appendix F. Consent Form

### BİLGİLENDİRİLMİŞ ONAM FORMU

Sayın Katılımcı,

İnsan gelişiminin temel unsurlardan biri olan ilişki/bağ kurma ihtiyacıyla yalnızlık arasındaki ilişkilerin incelenmesi üzerine bir araştırma yapmaktayız. Bu kapsamda sosyal medya kullanımının etkisinin incelenmesi de hedeflenmektedir. Bu çalışmaya katılım gönüllülük esasına dayanmaktadır.

Yukarıda amacı belirtilen bu araştırmaya katılmayı kabul ettiğiniz takdirde, Dr. Öğr. Üyesi Zeynep Maçkalı ve Dr. Ebru Toksoy tarafından hazırlanan bazı formları doldurmanız istenecektir. Formlarda elde edilecek bilgiler bilimsel nitelikli yayınlarda kullanılabilir. Formlar bu amaçların dışında kullanılmayacak ve başkalarına verilmeyecektir.

Araştırma süresince sizden beklenen, size verilen formlardaki soruları kendi görüş ve yaşantılarınıza göre doldurmanızdır. Soruları yanıtlamak yaklaşık 15-20 dakika sürmektedir. Sizden samimi yanıtlar vermeniz ve hiçbir soruyu boş bırakmamanız beklenmektedir. Dolduracağınız formda kimliğinizi belirleyecek herhangi bir soru (ad, soyad, kimlik numarası, doğum yeri, vs) bulunmamaktadır. Verdiğiniz tüm bilgiler saklı tutulacaktır. Herkesin doldurduğu formlar birleştirilip, toplu olarak değerlendirileceği için size özel sonuçlar elde etmek ve paylaşmak söz konusu değildir. Araştırmaya katılmak tamamen gönüllülük esasına dayanmaktadır. Formlarda, genel olarak kişisel rahatsızlık verecek sorular bulunmamaktadır. Araştırmaya katılımın katılımcıya herhangi bir zarar vereceği öngörülmemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz cevaplamaı bırakıp, araştırmadan ayrılabilirsiniz.

Çalışma hakkında daha fazla bilgi almak için sorularınızı araştırmanın yürütücülerinden Dr. Öğr. Üyesi Zeynep Maçkalı'ya adresi üzerinden iletebilirsiniz.

Arařtırmaya katkıda bulunduđunuz için teřekkür ederiz.

Yukarıdaki bilgileri okudum. Bu alıřmaya tamamen gönüllü olarak katılmayı ve verilerin bilimsel arařtırma – yayın amacıyla kullanılmasını kabul ediyorum.