NOTE FROM THE FIELD

The Existential Loneliness Questionnaire: Background, Development, and Preliminary Findings

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We described the background and the development of a new measure of existential loneliness, the Existential Loneliness Questionnaire (ELQ). Specifically, we analyzed the items of the preliminary version of the ELQ (ELQ-P) using methods based on item response theory (the Rasch model) and examined the convergent and discriminative validity of the ELQ in a sample of 47 HIV-infected women. Item analysis produced an ELQ version consisting of 22 items that were internally consistent and performed well in measuring an underlying construct conceptualized as existential loneliness. In addition, the ELQ discriminated well between symptomatic and asymptomatic HIV-infected women. The ELQ correlated strongly with measures of depression, loneliness not identified as existential and purpose-in-life and moderately strongly with a measure of hopelessness. Holding constant depression scores, the correlation between the ELQ and loneliness not identified as existential was significantly attenuated. Limitations of the study include the small sample size, which precluded an analysis of the dimensional structure of the ELQ. © 2002 Wiley Periodicals, Inc. J Clin Psychol 58: 1183–1193, 2002.

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Numerous authors have emphasized the importance for human beings of grappling with existential issues, such as loneliness, that arise through the life cycle (Frankl, 1967; Kierkegaard, 1954; May, 1969). However, the experience of existential loneliness has generated relatively little discussion and empirical substantiation (Perlman, 1989).

It is the task of this article, therefore to present the development and preliminary findings of a new measure that will empirically test for the experience of existential loneliness.

Empirical research on loneliness has focused almost exclusively on either a state-related form of loneliness which is a reactive, transient kind determined by social circumstances or a trait- or personality-related form of loneliness (Ernst & Cacioppo, 1999; Russell, Peplau, & Cutrona, 1980; Vincenzi & Graboski, 1987; Weiss, 1973). Proponents of both of these perspectives largely believe that a remedy can be found for loneliness, either through improving one's social situation or understanding and overcoming one's inability to communicate. A third form of loneliness, existential loneliness, has been defined as a primary and inevitable condition of existence (Burton, 1961; Mijuskovic, 1977; Moustakis, 1961) for which no permanent remedy can be found. Proponents of this form of loneliness believe that since all humans are born into a world where perfect communication with others is impossible and only death is certain, a basic sense of loneliness emerges. While one may distract oneself temporarily with hobbies, vacations, or love relationships, one's defenses may prove inadequate in the face of certain powerful and unavoidable events in life, such as death or separation. Feelings of isolation and loneliness may emerge in the wake of these events (Landau, 1980; Tillich, 1980).

While several studies concerning loneliness in the HIV-infected population exist, they have either focused on gay/bisexual men, or employed small samples of women (Kaplan, Marks, & Mertens, 1997; Pace & Stables, 1997; Straits-Troster et al., 1994). In relation to existential loneliness in particular, only Cherry and Smith (1993) to our knowledge discuss its presence in their sample of HIV infected gay males. Various authors concur over the lack of consensus and paucity of information on the psychological implications, including loneliness, of HIV disease for women despite the fact that they are one of the fastest-growing segments of the AIDS population (Historical Trends in AIDS Incidence, 1998). Since HIV infection raises the specter of an early death of not only the mother but her partner and child and also may cause disruptions in the lifecycle's expected course, it could be seen to constitute a boundary situation and trigger much existential loneliness in this group.[1] Therefore, this population of women seemed an ideal one in which to examine the concept of existential loneliness.

Various scales exist to measure loneliness. Some of these conceptualize loneliness as a unidimensional concept while others as a multidimensional concept (Hojat & Crandall, 1989; Marangoni & Ickes, 1989).[2] The most widely used measure of loneliness, the UCLA Loneliness Scale (ULS; Russell, Peplau, & Ferguson, 1978; Russell, Peplau, & Cutrona, 1980) was originally designed as a unidimensional scale. However, only two

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[1]Boundary situations have been described as experiences or events that confront one with "frightening threats of being" (Ottens & Hanna, 1998). Jaspers (1970) noted that these events demarcate existence, and included, for example, finitude, chance, loneliness, and the most powerful of all—death (May & Yalom, 1995; McGraw, 1995). Transitions in life such as infancy to childhood, adolescence to adulthood, old age, and death, as well as traumas such as occupational changes, disease, and natural calamities may also constitute boundary situations and generate feelings of existential loneliness (Gaev, 1976; McGraw, 1995; Moustakis, 1961).

[2]Seen as a unidimensional concept, all aspects of one's interpersonal, social, cultural, and psychological experience are assumed to be affected (McWhirter, 1990) and no distinction is made between the various types of loneliness. Multidimensional loneliness, on the other hand, assumes that loneliness can result from a multitude of situations, can be experienced in many ways, (Solano, 1980) and need not affect all areas of one's functioning.

empirical studies (Mahon & Yarcheski, 1990; Newcomb & Bentler, 1986) have found it to be unidimensional while numerous other studies have found it to be multidimensional (DiTommaso & Spinner, 1992; Hartsholme, 1993; Knight, Chisholm, Marsh, & Godfrey, 1988; Russell, 1982). We concur with those authors who view loneliness as a multidimensional concept, and regard existential loneliness as one of several subdimensions of that concept.

Other less widely used scales include the Loneliness Rating Scale (LRS; Scalise, Ginter, & Gerstein, 1984), the Differential Loneliness Scale (DLS; Schmidt & Sermant, 1983), the Loneliness Deprivation Scale (LDS; de Jong-Gierveld, 1987), Social and Emotional Loneliness Scale for Adults (SELSA; DiTommaso & Spinner, 1992) and the Emotional and Social Loneliness Scale (ESLI; Vincenzi & Grabosky, 1987). To our knowledge, only one other instrument explicitly purports to assess existential loneliness: the Belcher Extended Loneliness Scale (BELS; Belcher, 1973). Its existential loneliness factor comprises eight items. The BELS has been criticized for being lengthy, cumbersome, and conceptually complex (Scalise et al., 1984). In view of the limitations of other available instruments, we wished to develop an instrument that would more accurately capture the deeper emotion of loneliness experienced by individuals faced with death and isolation.

The purposes of this study were threefold. First, we describe briefly the development of the initial item pool of the ELQ-P, the preliminary version of the ELQ. Second, we evaluate the psychometric properties of the ELQ-P items using methods based on item response theory (the Rasch model; Wright & Masters, 1982). Third, the convergent and discriminative validities of the ELQ are examined.

Development and Description

The items on the ELQ-P were generated by the first author from two main sources: first, it became clear from ongoing clinical work with this population that the usual concept of loneliness did not capture the experience of these families, many of whom were decimated by the losses they suffered; and second, a literature review of the concept of loneliness, in particular existential loneliness, in the psychiatric, psychological, and existential-phenomenological literature. A total of 40 items were generated. The items were constructed to tap those feelings and experiences that occurred in the context of HIV-infection and could generate existential loneliness. These included, for example, facing death and a foreshortened life; the untimely loss of children; feelings of helplessness, isolation, aloneness, meaninglessness; and loss of freedom. A lengthy process involving a review of the theory, discussion with colleagues, and re-wording of certain items resulted in the exclusion of eight items that were found to reflect either personality-related loneliness (six items), negative affectivity (one item), or redundancy (one item). A set of 32 items remained, which was termed the ELQ-P, and was subsequently subjected to empirical testing (see Appendix). Examples of the theoretical underpinnings of certain items are as follows: a number of authors (Frankl, 1959; Hartog, Audy & Cohen, 1980; Yalom, 1980) suggest that a sense of productiveness and a feeling that one has contributed to life insulates against loneliness and despair. Various items reflect this idea. For example, item 1 reflects respondents' sense of despair and loneliness as they question the way in which they have conducted their life and in light of this, whether they feel they can let go as they face an early death. Items 2, 3, 4, 19, 27, and 29 also tap the related idea that productiveness and a sense of meaning insulate against loneliness and despair, especially if one faces a premature death. This sense of meaning may, for example, be partly embodied in one's children and may be dashed, as children die ahead of their parents, and one is faced with what Yalom (1980) terms "the impaired symbolic immortality project." These feelings could also be generated by an inability to find meaning in other areas of one's life as one faces a premature death. Perlman (1989) also suggests that existential loneliness may be tied to a lack of meaning, which is directly measured in items

27 and 29. Authors such as Ferreirra (1962), Fromm (1969), and Yalom (1980) have reflected on the existential crisis that is triggered due to a sense of isolation and associated feelings of helplessness, as well as feelings of "groundlessness" that are generated by facing death. Items 5, 6, 7,13, 30, and 31 embody these ideas as they measure the extent to which the respondent feels connected to others, the idea that relationships can assuage a fundamental sense of isolation, and that "a terror of non-being" may emerge in their absence.

Method

The participants were approached in the pediatric HIV clinic, given a brief description of the study and its contents, and assured of anonymity. The sample is comprised of 47 HIV+ women, the majority of whose children were followed for their HIV status in a large teaching hospital in New York City. A sociodemographic questionnaire was given to all patients to complete and the data are summarized as: age—33% between 22–30 years, 31% between 31–35 years, 31% between 36–48 years; ethnicity—20% White, 48% Black, 27% Hispanic, and 4% other; marital status—living with spouse or partner 36%, divorced 16%; widowed/single 49%; children—22% with one child, 36% with two children, 42% with three; education—some high school 51%, high school graduate 33%, some college 11%, college graduate 2%; symptomatology (e.g. nausea, fevers, thrush, diarrhea, wasting, fatigue, pneumocystic carinii pneumonia)—51% reported none, 47% reported one or more symptoms; years since onset—42% between 1–2 years; 33% between 3–4 years; 24% between 6–10 years.

The questionnaire package given the subjects included the UCLA Loneliness Scale, the Beck Depression Inventory (BDI: Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), the Hopelessness scale (HS: Beck, Weissman, Lester, & Trexler, 1974), and the Purpose-in-Life scale (PIL: Crumbaugh & Maholic, 1968). These scales were administered to determine the conceptual overlap and discriminative validity of the ELQ. The 32 items of the ELQ-P are hypothesized to comprise a unidimensional scale measuring existential loneliness. Responses from the 47 HIV+ women were used in the evaluation of the items. The main aim of this evaluation was to test the unidimensionality assumption of the scale and to identify problem items. There are six planned response categories in each item. Categories endorsed by less than two individuals were collapsed to its nearest lower category. The resulting number of effective categories among the 32 items varies from four to six.

The items of the ELQ-P questionnaire with polytomous responses were Rasch-analyzed using the partial credit model (Masters, 1982). The items were calibrated in terms of the degree of item difficulty and the category/step thresholds. High degree of difficulty means low endorsability. The Quest (Adams & Khoo, 1993) test analysis computer software was used to perform the partial credit analysis. The item infit mean squares, a weighted residual-based statistic described by Wright and Masters (1982) and Wright (1985), was used for the purpose of diagnosing misfitting items. The infit mean square statistic has a value of about 1.0 if the data and the model are compatible. The associated infit t test statistic is sensitive to sample size. With a small sample size such as in this study, there may not be large enough power to detect true misfitting items. In light of this we adopted a more conservative strategy and used the infit mean square values of .75 and 1.30 as cutoff levels rather than the infit t values of 2.0 and −2.0 (approximate level of significance at .05).[3] Items with infit

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[3] In applying these stricter criteria, we were trying to be conservative due to larger errors associated with the small sample. That is to say, we would rather err on the side of rejecting marginally good items than not rejecting bad items. It should be noted that the Rasch model is generally less demanding in terms of sample size compared with 2- or 3-parameter item response models (Lord, 1980). Linacre (1993), for example, asserted that a sample of 50 well-targeted subjects is conservative for obtaining useful, stable Rasch estimates and a sample of 30 is enough to get a grasp on what is going on with the items in well-designed pilot studies.

mean square values outside the range of .75 and 1.30 were considered misfitting.

Results

Item Analysis

Table 1 shows the category threshold estimates, the infit mean squares, and the infit t statistics. The threshold for an item category reflects the level of existential loneliness at which an individual would have a 50% chance of endorsing that category or higher. There are seven items showing substantial misfit based on our criteria. These are items 4, 5, 11, 14, 20, 22, and 28. Figure 1 displays the plot of the infit mean squares. Items 4, 5, 20, 22, and 28 have higher infit mean squares than expected, whereas items 11 and 14 have lower infit mean squares than expected.

Next, we excluded the seven items. The remaining 25 items were re-analyzed. In this re-analysis, two items (items 2 and 10) were found to have infit mean squares greater than 1.30 (1.37 and 1.34, respectively) and item 19 had an infit mean square of 1.29. When items 2 and 10 were excluded from the analysis, item 19 showed an infit mean square of 1.35. A final analysis of the remaining set of 22 items (with 19 excluded) showed infit

Table 1
Category Threshold Estimates and the Fit Statistics

| Item | Category | | | | | INFIT MNSQ | INFIT t |
	2	3	4	5	6		
1	−1.34	−.69	−.38	.36	.52	.96	−.2
2	−.97	−.64	−.18	.28	—	1.19	1.1
3	.10	.26	.38	.51	.83	1.01	.1
4	−.64	−.45	−.17	.16	.62	1.33	1.9
5	−.52	−.40	−.25	−.09	.08	1.39	2.2
6	−.38	−.23	.03	.19	.38	.82	−1.0
7	−.34	−.13	.06	.22	.36	.76	−1.4
8	−.78	−.56	−.23	−.01	.45	.92	−.4
9	−.73	−.53	−.25	−.12	.01	1.03	.2
10	−.44	−.22	.19	.29	.53	1.21	1.10
11	−.42	−.34	.15	.23	.36	.65	−2.11
12	.02	.28	.76	—	—	.82	−.92
13	−.75	−.46	−.21	.21	.49	1.00	.03
14	−.19	.00	.36	.62	.60	−2.44	—
15	−.59	−.43	−.28	−.16	−.05	.86	−.95
16	−.23	−.11	.04	.11	.21	.86	−.86
17	−.09	.17	.47	.67	—	1.02	.27
18	−.25	−.07	.40	.59	—	.81	−1.0
19	.02	.17	.37	1.29	—	1.15	.88
20	−1.06	−.58	−.13	.38	.64	1.45	2.29
21	−.47	−.40	−.17	−.03	.30	.87	−.80
22	−.53	−.36	−.10	.09	.20	1.45	2.41
23	−.19	.04	.24	.66	—	.89	−.52
24	−.59	−.38	−.16	−.07	.02	1.04	.33
25	−.31	−.13	.26	.40	—	1.09	.54
26	−.03	.11	.70	—	—	.80	−1.25
27	−.06	.09	.45	.92	—	.90	−.46
28	−.20	−.13	.00	.33	.53	1.67	3.07
29	−.11	−.03	.06	.13	.24	.99	.08
30	−.53	−.36	−.23	.06	.23	1.00	.09
31	−.59	−.50	−.33	.01	.48	.81	−1.10
32	−.45	−.37	−.21	−.06	.14	.82	−1.11
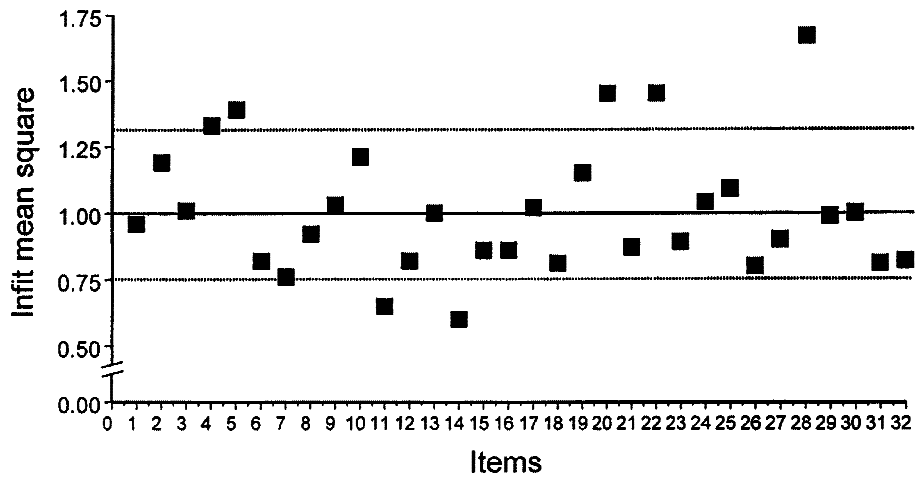
Figure 1. Varying degrees of Model Fit for the various Items as a function of the Infit Mean Squares [the unbroken horizontal line denotes perfect model fit; the dotted horizontal lines represent cutoff levels used to define fitting (within the bounds) vs. misfitting (outside the bounds) items].

mean squares that were all within the boundaries. This implies that the observed scores on these 22 items were reasonably compatible with the Rasch model. Hence, this final set of 22 items came to constitute the preliminary ELQ (see the Appendix). In separate analysis, these 22 items were found to be internally consistent (Cronbach's alpha = .90).

Convergent Validity

We wished to examine the degree of overlap between the 22-item ELQ and measures of related concepts such as depression, hopelessness, purpose in life, as well as loneliness not primarily identified as existential. We hypothesized that the ELQ would correlate moderately strongly with the Beck Depression Inventory (BDI; Beck et al., 1961), the Hopelessness Scale (HS; Beck et al., 1974), the Purpose in Life test (PIL; Crumbaugh & Maholick, 1969), and the UCLA Loneliness Scale (ULS; Russel et al., 1980), yet also be distinct from them. Results of the correlation analyses are shown in Table 2. The ELQ correlated strongly with the ULS, the BDI, and the PIL, and moderately

Table 2

Descriptive Statistics and Product-Moment Correlations between the Various Measures

Measure	n	M	SD	range	Intercorrelations				
					ELQ	ULS	BDI	PIL	HS
ELQ	47	59.7	23.1	22–124	—				
ULS	46	43.5	11.2	24–64	.77*	—			
BDI	46	15.8	12.5	0–52	.79*	.71*	—		
PIL	45	99.9	21.2	56–138	−.77*	−.69*	−.75*	—	
HS	43	5.5	4.6	0–15	.61*	.55*	.56*	−.72*	—

Note. ELQ = Existential Loneliness Questionnaire (22 items, 1–6 scale); ULS = UCLA Loneliness Scale (20 items, 1–4 scale); BDI = Beck Depression Inventory (21 items, 0–3 scale); PIL = Purpose in Life test (20 items, 1–7 scale); HS = Hopelessness Scale [20 items, scored true (0) or false (1)].
*$p < .01$

strongly with the HS. In addition, it appears that in this sample of HIV-infected, impoverished women the average level of existential loneliness as measured with the ELQ was low to moderate (a mean score of 2.7 on the 1–6 scale), that they were moderately depressed, and were low on hopelessness.

We were especially interested in the relationship between the newly developed ELQ and the well-tested and widely used ULS. Table 4 indicates that the BDI and the PIL might operate as confounding variables exerting strong influences on the ELQ-ULS relationship. First, by removing the influence of the BDI, we found a partial correlation coefficient between ELQ and ULS of .49 (p is still <.01). This means that 24% of the variation in ELQ scores is explained by the ULS scores (and vice versa), holding constant BDI scores. The influence of the BDI is also reflected in the fact that the amount of variance in the ELQ accounted for by the ULS dropped from 59.3% (before removal) to 24% (after removal), i.e., a drop of 60%. Moreover, the partial correlation coefficient between the BDI and the ELQ (holding ULS scores constant) was .55 (p is still <.01) attesting further to BDI's strong influence on the ELQ scores. Second, by removing the combined influence of the BDI and the PIL, the partial correlation coefficient between the ELQ and the ULS made a further drop from .49 to .40. Furthermore, multiple regression analyses showed that the ULS and BDI combined explained 71.6% of the ELQ variance. Adding the PIL, a total of 74.5% of the variance was now explained.

Discriminative Validity: Differences between Groups

In an effort to examine the ELQ's usefulness in discriminating between different groups of individuals, we contrasted ELQ scores of HIV-infected women with and without AIDS-related medical symptoms, such as oral thrush, chronic diarrhoea, fevers, and pneumocystic carinii pneumonia. We hypothesized that women with symptoms might feel that death was more imminent than asymptomatic women. As a consequence, they might experience a breakdown of their adaptive defences and be more overwhelmed by feelings of existential loneliness, producing higher ELQ scores. In fact, results showed that symptomatic women (N = 21; $M = 70.0$, $SD = 23.6$) scored significantly higher on the ELQ than asymptomatic women (N = 22; $M = 53.0$, $SD = 20.5$), $t(41) = 2.52$, $p = .016$ with a Cohen's d (effect size) of .77 (close to large; Cohen, 1988). Additionally, we compared the ULS scores of the same two groups of women. We predicted, however, that the ULS would be somewhat less sensitive to differential levels of loneliness between the groups, as the ULS is generally considered a measure of loneliness not identified as existential. Contrary to expectation, results showed a significant difference in ULS scores between symptomatic (N = 21, $M = 48.2$, $SD = 10.7$) and asymptomatic women (N = 22, $M = 40.2$, $SD = 10.6$), $t(41) = 2.46$, $p = .019$, $d = .75$ (close to large). Parenthetically, it is worth noting that the BDI also discriminated significantly between symptomatic (N = 21, $M = 21.1$, $SD = 12.9$) and asymptomatic (N = 22, $M = 12.5$, $SD = 10.7$) women, $t(41) = 2.38$, $p = .025$, $d = .73$, whereas the PIL and the HS did not (ps were .20 and .07 and ds were .38 and .61, respectively).

Discussion

Although we obtained good model fit for a 22-item version of the ELQ, one should bear in mind that item analysis was based on a relatively small sample. As is typically the case with small samples, statistical power to detect true misfitting items tends to be reduced due to increased error variance, leading in turn to imprecise item estimates. Consequently, the misfitting items that we identified and excluded may not be identical to the true misfitting ones, as there is always the possibility that item analysis performed in a larger sample might produce a different ELQ version. In order to guard

against these problems, we employed criteria stricter than those normally employed in identifying misfitting items. Despite that, the 22-item version of the ELQ should be considered preliminary and in need of replication in larger samples.

The small sample size also prevented us from analyzing the dimensional structure of the ELQ with methods such as factor analysis. Although a good model fit is a necessary condition for unidimensionality, it is important to emphasize that it is not a sufficient condition. Hence, we cannot be certain whether the ELQ is a unidimensional measure of existential loneliness or whether it is an aggregate measure containing several sub-factors. In other words, the finding of good model fit should not make us dispel the need for confirmatory factor analysis. On the other hand, proponents of Rasch analysis may view this differently insofar as careful conceptualization of the construct followed by good model fit based on a large sample in this tradition are seen as highly indicative of unidimensionality. The convergent and discriminative validity findings may, however, give rise to some speculation about the possible structure of the ELQ. First, the sizeable overlap with the Beck Depression Inventory (BDI), a marker of distress or negative affectivity, may indicate that the ELQ, like many personality measures, also is not independent of the pervasive component of negative affectivity or neuroticism (Watson & Clark, 1984). Second, even when BDI scores were held constant, the ELQ and the UCLA Loneliness Scale (ULS) showed a significant relationship (24% shared variance). This may suggest that the ELQ and the ULS share a type of loneliness that is unspecific or general in nature. This would be consistent with Perlman's (1989) observation that there may be some commonality among various specific types of loneliness. Third, after partialling out the effects of the BDI and ULS, 28% of the ELQ variance was still unexplained. This may imply that in addition to a distress and an unspecific loneliness component, the ELQ may also contain a type of loneliness that can be conceptualized as existential. However, factor analysis conducted on a larger sample of participants would be helpful in turning these speculations into firmer evidence, thereby furthering the refinement process of the ELQ.

Among the 32 ELQ-P items, we identified 10 items that performed less well and that were subsequently excluded. Some of these may have performed poorly due to their semantically confusing and ambiguous wording. Examples are item 2 ("lasting contribution" may be confusing to some), item 5 (the word "lost" may not have been connected with death), item 19 ("goals" may have been understood as career goals and not as connoting meaning in life), item 20 (ambiguously worded, as nobody always feels connected to others), item 22 (can have new friends and, hence, not feel lonely), and item 28 (is double-barreled and the two statements may be confusing to some). In future studies of the ELQ-P these six items may benefit from a rewording so as to make them less confusing and ambiguous for respondents.

Further research to identify and distinguish various types of loneliness including existential loneliness seems an important task. In contrast to other loneliness scales, the ELP-Q was developed and tested on an ill population. In order to settle issues regarding unidimensionality and dimensional structure as well as generalizability, certain items should be reworded and adapted and the ELP-Q tested on a variety of populations (e.g., recovering drug addicts and alcoholics, other groups of terminally ill patients). Administering the ULS and the ELQ-P to a larger sample of suitable patients may serve to highlight the distinct and overlapping properties of these two scales. Although most ELP-Q items realized all the six response categories, there was evidence that we allowed too many categories for some items. Future studies are needed to settle this issue. Finally, documenting non-overlap with scales assumed to measure different concepts such as meaningfulness and belongingness (discriminant validity) is clearly also needed.

Appendix

Existential Loneliness Questionnaire—Preliminary (ELQ-P)

Circle the number that best describes how much each statement is *true of you*. For example, if you circle 1, this means that this statement is *not at all true of you*; if you circle 6, this means that it is *true of you very much*. If you circle 3, this means that it is *sometimes true of you*.

1	2	3	4	5	6
Not at all true of me		Sometimes true of me			Very much true of me

 *1. I am happy with the way I have lived my life
  2. I have not made any lasting contribution in life
 *3. There is a purpose to my life
  4. I have ignored what really matters in my life
  5. I have lost most of the people that I am close to
 *6. I am surrounded by strangers I cannot connect with
 *7. Since being diagnosed with HIV I have had trouble finding people I can talk to
 *8. I feel lonely
 *9. When I feel lonely, I do whatever I can not to think about those feelings
 10. I'll do anything in order not to be alone
 11. My days seem to go on forever, and I feel that I'm just putting in time
*12. I feel I have people I can trust and rely on if I need them
*13. My fears of being rejected because of HIV have made it harder to be around other people
 14. I feel that things around me are unfamiliar
*15. If I had the right relationship, I would never feel alone
*16. I stay in bad relationships too long in order not to be alone
*17. I immediately get involved in new relationships as soon as I break up
*18. I feel helpless
 19. I have goals in my life
 20. When I'm with other people, I feel connected to them
*21. I feel alone
 22. I still feel close to my old friends
*23. I mean something to others
*24. Important relationships have ended or become weaker
*25. I feel at the mercy of the world
*26. I feel dead
*27. The universe is full of meaning
 28. I have faced death and realize it will happen to everyone
*29. I feel that there is little point to life
*30. No one else in the world can understand my feelings
*31. My world seems so different from everybody else's
*32. Because I am HIV+ I feel hopeless about having a romantic relationship

Note. Items preceded by an asterisk constitute the ELQ.

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