WHAT IS LONELINESS & ISOLATION?

Loneliness and isolation are related but separate experiences. They are often talked about together because, while they can occur separately, they are more likely to occur together, or one may lead to the other. Loneliness is the feeling of being alone or not connected to others in a meaningful way, regardless of the amount of social contact. Social isolation is a lack of social connection over a long period of time, including interactions or regular contact with family, friends and community.

Loneliness that lasts long term can become isolating, and isolation that is unexpected, difficult to fix, unwanted, or with no end in sight can create feelings of intense loneliness. However, social isolation does not always lead to loneliness, and someone can feel lonely without being socially isolated.

The physical distance restrictions, work and school closures, and cancelations of social and extracurricular activities that were necessary to combat the spread of COVID-19 have caused significant increases in social isolation and loneliness among children, teenagers and adults. More than 33% of adults aged 45 and older report feeling lonely, while 61% of those aged 50 years or older reported experiencing social isolation since the COVID-19 pandemic began.

Unfortunately, feelings of loneliness and isolation are not just limited to the effects of COVID-19 and can be experienced by people in all situations.

HEALTH IMPACT

Connecting with others is a basic human need that gives us a sense of purpose and a source of support. It is key to our physical and mental well-being. When we experience long periods of loneliness or social isolation, our body’s “fight or flight” response kicks in to battle that stress.

Loneliness and isolation may also cause people of all ages to fall into unhealthy habits such as not exercising, eating unhealthy foods, smoking or abusing drugs and alcohol to try to feel better and manage emotions. If not addressed, prolonged loneliness and isolation significantly increases a person’s risk of heart disease, stroke, dementia, sleep issues, depression, anxiety, substance abuse, suicide or premature death, making them serious public health issues.

SIGNS AND SYMPTOMS

Everyone experiences feelings of loneliness and/or isolation. However, they are considered problematic when these feelings interfere with daily activities or relationships, do not go away, or impact our mental and physical health and wellbeing. It is important to recognize the symptoms of both.

A person with chronic loneliness may have all or some the following symptoms:

- Unable to connect with others beyond a superficial, surface level.
- Only has casual friends or no friends at all. No close or best friends.
- Feeling alone, unseen, unheard or disconnected no matter who is around you.

Children who are lonely may seem sad, create imaginary friends to make up for their lack of real friends, ask parents to play more than usual, seek attention (whether positive or negative), act timid or cry more than other kids their age.
A person with chronic social isolation may:

- Withdrawal or show a general lack of interest or boredom with life.
- Lose interest in personal hygiene or keeping their home neat and tidy.
- Eat unhealthy foods.
- Sleep poorly.

The degree and length that someone experiences symptoms of loneliness and isolation, and whether they experience them together, separately or with one leading to the other depends on each person and their individual situation.

**RISK FACTORS**

While no one is protected from experiencing periods of loneliness or isolation at some point in their lives, some populations are at a much higher risk than others of loneliness and isolation becoming chronic.

- Older white adults are at high risk for experiencing prolonged loneliness or social isolation because they may live alone or in nursing homes, or they may be unable to leave their homes alone or have close companions or family who have died. They may also be in poor health, immobile, blind or hearing impaired.

- The LGBTQ+ community experiences high rates of exclusion, ridicule and stigma, feelings of not being understood, fitting in or low self-esteem, putting them at greater risk for loneliness and social isolation than their heterosexual peers. People with disabilities and communities of color are at higher risk than their non-disabled peers for the same reasons.

- First generation immigrants may also experience intense loneliness and social isolation brought on by language barriers, differing or misunderstood cultures, or being separated from close family and friends. Culturally, people of color tend to live with or take care of their aging family members, thus the separation from close family and friends during COVID-19 has created severe loneliness and isolation they may not have previously experienced.

- People living in poverty may lack the financial resources to participate in experiences that promote social connection, while people living in rural or unsafe communities may lack access to these opportunities.

**STIGMA VERSUS REALITY**

Many assume people who experience chronic loneliness or social isolation are introverted, painfully shy, quiet, senile, unpopular, unproductive and alone, making it easy for them to be disregarded, excluded or not taken seriously by others. It may be seen as a choice or a social issue that a person can fix by simply going out more or talking to others.

Assumptions should not be made about how happy and fulfilled people are based on personality type, age or life circumstances. People who are outgoing, loud, popular, in a relationship or have close friendships can be lonely. People who are shy, not in a relationship or do not have many friends, or those who choose to be by themselves are not always lonely or isolated. For example, a young person with a large social media following may be socially isolated while an 80-year-old widower can maintain strong connections with close friends.

**LEARN MORE**

- COVID Isolation Guide (National Alliance on Mental Health)