

Commentary

The Ramifications of Loneliness: A Commentary

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Abstract

Loneliness was a major concern of people during the recent COVID-19 pandemic. Now, that the pandemic is mainly gone, it is still a global issue. This commentary reviews the impact on that loneliness has on our cognitive, behavioral and affective functioning. These effects are described, along with the stigma that often accompanies loneliness and which makes it hard for people to acknowledge and admit that they are lonely, and seek help from healthcare professionals. This commentary, aside from describing the various negative implications of loneliness, highlights the need for society to address the issue. While it cannot be eliminated, the population can be taught how to recognize it, and how to offer assistance to those who struggle with it.

Loneliness: a global epidemic

We all yearn to belong. We may learn, from the animal kingdom, that we cannot survive individually, as a community and even as a species without belonging to a larger group [1]. When we do not belong, or perceive that we are separated from others - we experience the pain of loneliness [2]. Ours is the age of relationship, where connecting with others, and conquering the barriers against closeness are highly valued. Our life style in the first quarter of the 21st century not only creates isolation but makes it more challenging to cope with it, and while in the past people looked for others to live, work and connect with, these days dating on-line and the explosive growth of Facebook, are but two attempts at creating virtual communities that may replace, for many, flesh-and-blood friends [3]. Research points out that more and more people have no one to confide in, resulting in shrinking social ties, which were so highly valued in previous generations [4]. These days, the Western culture, which rewards mostly individual acquisition of power and money, people have no time or great interest in establishing social connections [5]. Cacioppo, et al. [6] highlighting the prevalence of loneliness observed that "People are increasingly connected digitally, but the prevalence of loneliness (perceived social isolation) also appears to be rising. From a prevalence estimated to be 11% - 17% in the 1970s ... loneliness has increased to over 40% in middle aged and older adults... Over the past 40 years, loneliness has also become more widespread overseas (p. 238), and is linked to poor physical and mental health outcomes. Loneliness, while it is an inherent part of life, has various negative ramifications which call for a more active action, on the part of society and governments in an attempt

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to help people understand how to handle and cope with this issue which all of us meet [7,8].

Loneliness is toxic for your health

Undoubtedly, we have all experienced loneliness at some point in our life. While most temporary bouts of loneliness usually resolve on their own or addressed by taking action, prolonged and chronic loneliness may require professional intervention. Loneliness has been associated with a myriad of detrimental concerns, which may include inconsistent sleep, cognitive disruptions, a general malaise, and negative effects which it may have on physical health and even on heart conditions [9,10].

Not only has loneliness been observed to correlate with increased mortality risk and depressive symptoms [11], loneliness has also been found to affect the lonely physiologically, physically and neurologically. It was found to be correlated with a compromised immune system; heightened blood pressure; and increased inflammation. Furthermore, loneliness may even enhance the development of Alzheimer's disease [9,12,13]. Additional effects of long-term loneliness are delineated below:

Affective features: Following a comprehensive review of the literature involving a wide demographic that included children and youth, university students, and adults, Heinrich and Gullone [14] conducted a literature review and found that



loneliness usually includes a large group of negative emotions, including feeling undesirable, disliked, and dismissed, feeling miserable, and perceiving oneself as unattractive and vulnerable [15-17]. Additionally, they are socially anxious, feel rejected, and inferior [18-20].

Cognitive features: Lonely people reported mostly of *low self-esteem* [7]. It appears that low self-esteem and loneliness have a bidirectional influence as both play a role in the growth and upkeep of each other [21]. Accordingly, these individuals see themselves as second-rate, useless, ugly, and may socially be clumsy and hyper-sensitive to any sign of rejection, while lacking important social skills [14,22]. Unfortunately, many lonely individuals view their condition as an unchangeable trait, thus feeling powerless to make a change [2]. They tend to externalize their moments of success and are usually found to have external locus of control [23,24]. It is thus easy to see how this may create a negative feedback loop of misery, worthlessness, hopelessness and of course, further loneliness.

Behavioral features: Behaviorally, loneliness usually shows up behaviorally through inhibition and ineffective social skills [25,26]. Lonely individuals, encounter difficulties facing social challenges, they are usually not assertive, and their social skills are lacking settings [27,28]. Interestingly, in social intercourse they tend to overly self-disclose, as a way of alerting the listener to their unheard cry, and that often sabotages the ability to make connections [29,30]. The lonely individuals often withdraw and disengage socially, and instead seek help from others [25,31].

Who are the lonely?

As Cacioppo, et al. [6] put it, loneliness does not discriminate and may be experienced by anyone. So, it is of interest to examine who are the lonely. How do they feel, think and behave? Living in the new age, Pappano [32] noted that “we are losing touch. And we don’t even realize it” (p. 1), and we may suggest that today the situation is even more serious. Those who feel lonely will often find themselves watching other people, e.g., on TV, in stores or on social media [21,33]. However, loneliness being a subjective experience is experienced in a different manner from individual to individual [3,14].

The stigma of loneliness

The vast majority of lonely people are hesitant to concede, even to themselves, that they are truly lonely. They tend to deny it, due to the shame and stigma that is felt to admitting loneliness [34]. The common misconception is that loneliness impacts particularly the old and disabled. In a study by Rokach [35] it was found that loneliness is quite prevalent in jails and in the homeless population (Morgan, et al. 2012). The refusal to acknowledge loneliness, on an individual and societal levels, creates an inability to address and work through it [36]. Odds are we would not hesitate to talk about a family

trauma, ill health, or even mental health concerns, though few would confess to being lonely. As Schultz [37] puts it, “To be alone is to be different. To be different is to be alone, and to be in the interior of this fatal circle is to be lonely. To be lonely is to have failed” (p. 15). There is, clearly, a shame to being lonely [38]. As the author of this commentary, I thus consider it to be a main goal of society and healthcare practitioners: to understand that loneliness is part of life, which all of us experience sometimes, and that the lonely can indeed be helped.

Conclusion

Loneliness is non-discriminative—every person from every walk of life will experience it at some point in their lives, and this experience is subjective and may differ from person to person. The manifestations of the symptoms that the lonely will experience, depends upon the type of loneliness experienced. For instance, it depends on whether loneliness arose due to a personal predisposition such as may occur in attachment disruptions or due to a reaction to one’s environment and life changes which may give rise to a temporary experience of loneliness. Regardless of the cause, the pain of loneliness may be excruciating, principally impacting one’s self-esteem. In the presence of loneliness, we tend to blame ourselves for feeling the way we feel, and thus attribute our state to harsh negative self-appraisals. In turn, this may further intensify our loneliness creating a negative feedback loop that is difficult to get out of. This problem, however, is not solely an individual one, as society harbors prejudiced and stigmatized notions toward the lonely, which ends up being self-inflicted by those who experience it.

It is important to emphasize that loneliness can sometimes lead to personal growth, depending on the individual (Moustakas, 1961; Rokach & Brock, 1997). Today, in a world where the prevalence of loneliness and individualization is increasing, disconnection seems to be the sole connection that most of us share. Even worse, we do not acknowledge and admit that we are lonely. Interestingly, the COVID-19 pandemic brought us together in our collective isolation and allowed us to admit it openly without being stigmatized. While we have yet to know the full extent of the implications of the COVID-19 pandemic, it demonstrated that not only the “weak” are lonely. Under the right conditions, it may be experienced by any of us. Additionally, we as a society, became aware of the importance of creating, keeping, and maintaining social relations, for without them we are truly alone. It is incumbent on us, as a society, to educate the people, starting in kindergarten as to the occurrence of loneliness, and that it is a natural consequence of certain circumstances, thus help eliminate its stigma. Once the stigma which is now attached to loneliness can be removed, society may address it more openly, and techniques developed and taught regarding coping with it once it is experienced.



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