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Abstract

Despite increasing incidence across the world, not much evidence is available for understanding and effective management of loneliness. More recently, the COVID-19 pandemic, hard economic times, parental stress, marriage issues and other factors pressed the global population with severe loneliness in high-income, low and middle-income countries (LMICs). This literature review investigates the current landscape of loneliness in high and LMICs to identify new developments, knowledge gaps and insights. This literature search in electronic databases, PubMed/Medline and Google Scholar, to gather qualitative and quantitative evidence and evaluate reported symptoms, prevalence and variance of loneliness across populations. The review focused on unaddressed or contentious issues that are vital for evidence-based interventions. The incidence of loneliness among adolescents, married, children, and separated partners in high and LMIC resonated around vulnerability due to socio-economic, cultural, political and ethnic features. A global incidence of loneliness manifested through parental stress, family conflict, abuse and victimization, racial discrimination, loss of jobs, the COVID-19 pandemic and weak social connections. In children aged 4 to 10 years, loss of pro-social activities like hobbies, sports, school, family conflicts, child-parent disagreements, sedentary behaviors like increased screen time, health disparities and racism have been associated with loneliness. Loneliness has been deemed a trigger of poor social development, quality of life and family fragmentation. The global variance of loneliness can be attributed to unique risk factors. Loneliness implicates social isolation, stress, anxiety, and sleep disturbances among children, adolescents and elderly people. Apart from parental stress, the recent pandemic amplified its prevalence due to hard economic times, loss of jobs and curfews. Males, adolescents and children are the major victims of ensuing loneliness. nonetheless, our study established that physical exercise is an effective intervention against loneliness.

Keywords: *Loneliness Research, Social Isolation, Mental Health, Psychological Well-being, Current Perspectives*

1.0 Introduction

Loneliness refers to the painful and revolutionary universal phenomenon that reminds human beings of pain and warns of potential isolation and lack of social support and interaction. Mushtaq et al. (2014) attributed loneliness to poor or insufficient social relationships, imperative social relations, and insufficient or complete lack of affection. As the major indicator of social well-being, loneliness is defined by a definite set of social networks and connections.

In the last two decades, the global increase in loneliness has attracted attention and sparked concerns among researchers. A study by Mushtaq et al. found a high prevalence of 80% of persons aged 18 years and below and 40% among 65-year-olds and above. Contrary to the circulating misinformation that loneliness is more prevalent among the elderly, high incidences among adolescents and children mark concerning health issues.

Loneliness is rapidly increasing among Americans; one out of three people experience loneliness daily (Sharma et al., 2021). In other parts of the world, loneliness is reported by children, adolescents, middle-aged persons, and the elderly. The rise of psychiatric disorders and psychological problems are key indicators of loneliness. As many confounding factors alter the landscape of loneliness and complicate its patterns in the population, more researchers and scientists have investigated the multidimensional paradigms of loneliness in various populations.

Potential interventions are key interests in psychiatry. Several interventions have been enumerated for managing loneliness, including physical exercise, distraction by internet use, social integration, and other forms of therapy. Social integration has been recommended as a long-term intervention (Bethell et al., 2019). Nonetheless, not much evidence of its effectiveness has been reported.

This literature review critiques the dimensional aspects of loneliness across populations, delineating knowledge and important findings that expand evidence on potential management. The review unveils recent evidence on the mechanisms of loneliness, particularly causes, confounding factors, potential interventions, and variance across populations and along socio-economic lines. The evidence will influence policy-making and clinical practices, hence, better management practices.

2.0 Methodology

This qualitative and quantitative literature review investigated loneliness among children, adolescents, the elderly and its manifestation in society in high and LMIC. We performed a literature search in PubMed and Google Scholar for reports on loneliness. We combined search words using Boolean operators: (((loneliness) AND (literature review)) AND (psychiatry) AND ((y_10[Filter]) AND (ffrft[Filter]))) OR ((loneliness) AND (LMIC) AND ((y_10[Filter]) AND (ffrft[Filter]))). The literature search process was open to articles reporting the incidence and management approaches used among elderly persons, children, adolescents and others.

Additionally, the review process regarded important takeaways on the reported interventions, outcomes and unique aspects emerging in the literature. The recent developments regarding mental health during the pandemic provoked concerns and discussions on prevalence and management practices. Technological evolution and developments implicate both advantages and disadvantages in the progressions of loneliness. This literature review will cover these multidimensional aspects to represent insights into loneliness in recent years.

3.0 Results

We found a substantial variance in the incidence of loneliness across 82 LMICs. The establishment of loneliness among adolescents – 12 to 17 years - in LMIC-HICs resonates around unmet social relationships and expectations, including isolation, lack of peer support, poor parent-adolescent relationships, and peer victimization (Akhter-Khan et al. 2024; Biwas et al., 2020). Evidence obtained in a 12-month indicated that suicidal ideation was highest and lowest in Africa and Eastern Asia, respectively. The dynamic landscape of loneliness in LMIC has been attributed to diverse socio-political, economic and cultural factors in South East Asian countries (Cambodia, Myanmar, Philippines and Indonesia), African countries (Kenya, Uganda, Egypt, Niger, Nigeria, Ghana and Mali), Western Asia (Sri Lanka, India and Pakistan) (Akhter-Khan et al., 2022). From the economic viewpoint, poverty and related stigma prevent the fulfilment of social relationships, resulting in depression and other psychiatric illnesses. Besides the high incidence among females, Biwas et al. and Meada et al. asserted that elderly persons and lack of friends significantly contribute to loneliness. Particularly, adolescent females emerged at a greater risk of loneliness during the COVID-19 pandemic. In the United States of America, loneliness affects children as young as 4 years and is attributed to racial discrimination and ethnicity. Meada et al.'s study found multiple factors associated with loneliness among children aged 4 to 10 years, including loss of pro-social activities like hobbies, sports, school, family conflicts, child-parent disagreements, sedentary behaviors like increased screen time, health disparities and racism.

We established vibrant evidence of patterns of vulnerability to loneliness in both high-income and LMICs. Fundamentally, the propensity of loneliness is quite high among vulnerable individuals, especially minority groups like African-Americans, Latinos, Indians in the United States of America, women, children and the elderly. Often, loneliness manifests through suicidal thoughts or social isolation, stress, anxiety, depression, burnout, and post-traumatic stress disorder among medical students (Peng et al., 2023). Azizi-Zeinalhajlou et al. (2022) attribute poor quality of life to sleep quality among older adults, especially 50-year-olds and above. Also, social isolation has been reported as an immediate effect of loneliness.

We found robust evidence of the multidimensional aspect of loneliness in family life and social networks across the world. In Bangladesh, many people have reported loneliness attributed to disharmony in sexual relationships, sexual abuse, harassment and violence (Nabila Ashraf et al., 2021). We found unwavering loneliness among married persons across the world. Evidence suggested that married persons were more vulnerable to subjective loneliness, family fragmentation and weak social networks. According to Azizi-Zeinalhajlou et al. (2022), subjective loneliness affects many married couples separated by work. Consequently, this results in mental and physical health complications. The long-term effects of these problems include anxiety, changes in the brain and depression. Such persons isolate themselves from social gatherings, weakening their social networks. Azizi-Zeinalhajlou et al. added that the recent increase in loneliness negatively impacts the formation of support groups and the expansion of social services. Weak social bonds expose engraved social problems implicated by loneliness and the adverse effects of keeping to oneself.

Physical exercise. According to Vancampfort et al. (2019), physical activities have been marked as effective interventions against loneliness in high and LMICs. Precisely, physical activities have been exercised among middle-aged persons – 50-year-olds and above - to determine potential outcomes on mental health. In India, indoor physical activities were adopted during the pandemic to enhance recovery from loneliness (Mahapatra et al., 2021).

4.0 Discussion

Today, awareness about the severe outcomes of loneliness is high in LMICs, prompting investigations, policy formulations and health workers' interventions. We found compelling evidence that diverse socio-economic, political, and cultural factors, and unfulfilled social expectations or relationships instigate loneliness in LMICs (Akhter-Khan et al., 2024; Biwas et al., 2020). Subject to the intertwined nature of these important aspects of life, the onset of loneliness is marked by unmet social relationships and expectations, including isolation, lack of peer support, poor parent-adolescent relationships, and peer victimization. Evidence emphasized the high incidence among females and persons of lower socio-economic status.

Taking a keen interest in the psychiatric and mental implications of loneliness, literature asserts that lonely adults and children are socially isolated. Peer and parental support cushion children from anxiety and suicidal ideation, while the lack of peer support and stigma heighten loneliness and suicide ideation. In support of this evidence, Donovan and Blazer (2020) asserted that loneliness implicates public health complications like cognitive disorders – cognitive impairment- anxiety, and depression and is a risk of death. These accounts echo Peng et al.'s study findings on the overall outcomes of loneliness. Since socially isolated older adults are at risk of severe outcomes of loneliness, mental healthcare personnel and other health workers are required to be on the lookout to identify and initiate effective interventions.

In contrast, loneliness in high-income countries takes a different route as it manifests through risk factors like racism, and familial issues. Meada et al. uncovered the multifaceted paradigms of loneliness. Unlike LMIC, loneliness among children in the United States of America results from parent-child conflict, child abuse or family conflict. With a quarter of every 1,000 American families reporting mental health problems, single-parent families, mothers and families with many young children were the hardest hit. During this period, many persons lost their jobs, plunging them into financial burdens amid curfew and inflation. This imperative evidence exposed nuances of loneliness in LMIC and high-income countries, expanding our understanding of the manifestations and causes.

To understand vulnerability to loneliness and its implications, we investigated patterns and prevalence among children, adolescents, women, elderly persons, and the family set-up. We critique established evidence on patterns and manifestations of loneliness in different societies. The evidence suggested a non-discriminatory incidence of loneliness in LMIC, with unique risk factors like racial discrimination in high-income countries like the United States of America. Khatcherian et al. (2022) reported that frequent social media use, addiction and dependency among children and adolescents propels loneliness by breaking social networks and bonds as broad risk factors in LMICs and high-income countries. For whatever reason attributed to social media use, it affects males, females, the young, the elderly and disabled. Khatcherian et al. reiterate that adolescents frequent the internet and social media platforms for refuge during unpleasant moments. Unfortunately, this has led to unprecedented levels of loneliness and suicidal thoughts.

Meada et al.'s study opened threefold evidence on the recent landscape of loneliness among adolescents. Firstly, the evidence points to the high risk of loneliness among female adolescents. This report showcases the unique demographic aspect of loneliness and informs management approaches to prioritize females with evidence-based interventions. Secondly, Meada et al. established that adolescent loneliness is a derivative of parental stress and mental health complications. In a ripple effect pattern, parental stress, alongside mental conditions like depression, anxiety and somatic symptoms among parents, trickled down to children. The evidence strongly indicated that adolescents, especially females whose parents suffered from

mental health complications or experienced stress, are more likely to suffer from loneliness. Lastly, the evidence indicated that such adolescents are mistreated by their parents.

Children's mistreatment and surging mental health burden in many families are fundamental concerns in loneliness studies. The mistreatment and associated mental illnesses are multidimensional. Previous studies postulated that parents' mental health, alongside their children, would improve by increasing time spent together in families. However, the converse is witnessed during the pandemic as economic hardships impacted negatively on parents, resulting in mental illnesses. Meada et al. recommended primary preventive methods like family education and supportive care to protect children from loneliness.

Loneliness in single-parent families, mothers and families with many children evokes controversy as it violates the standard outcomes of social connections, bonds and family ties. In the family context, loneliness among family members emerges from separation. Separation due to broken bonds or work-related impacts negatively among partners. As demonstrated by Vancampfort et al., urban migration is a classic example of family separation. The movement of a partner to an urban setting or a different town in search for greener pastures imparts loneliness in their families. This movement affects the individuals themselves and their families, including parents, children and spouses.

In contrast to children and adolescents, the propensity of loneliness among elderly persons and minority groups cannot be understated. While minority groups are segregated and discriminated against due to ethnic differences, the elderly are socially isolated as they are considered a burden to the community. Unlike LMICs, racial discrimination is common in most high-income countries like the United States of America. Women, children, adolescents, and elderly persons from minority groups face an equal measure of loneliness due to ethnic differences.

As loneliness increases globally, different interventions have been exercised to mitigate its adverse effects. Our literature review established a deviation towards non-pharmacological interventions against loneliness and associated psychiatric illnesses. A case in point is physical exercise to alleviate symptoms of loneliness. To date, more people believe that physical exercises are crucial interventions against loneliness. Vancampfort et al.'s study tested this hypothesis and found that 50-year-olds or above are likely to suffer loneliness due to physical inactivity. A review of evidence from six countries strongly indicates that physical activity cushions against loneliness.

Internationally, moderate-to-vigorous physical activity for at least 150 minutes has been recommended as a countermeasure for loneliness in LMICs. This recommendation targets community-dwelling middle-aged and elderly persons. According to Vancamofort et al., the association between physical exercise and low levels of loneliness is common in many LMICs. The statistical significance supporting this evidence affirms the importance of physical exercise in loneliness management. However, lonely people are less likely to participate in physical activities, delineating nuances on potential disparities between LMICs and high-income nations.

Meada et al. drew an insightful principle regarding the nexus between physical exercise and loneliness. Evidence shows that children presenting with depressive symptoms, social isolation and anxiety lacked physical activity. Consequently, the lack of physical activity exacerbated loneliness, asserting that physical activity is a prophylactic measure against loneliness and is an intervention. During the pandemic, parents were locked out in their houses, preventing adequate physical activities, especially in the gym. This event marked the beginning of increased loneliness and mental health complications.

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Even though physical exercise has been regarded as an effective intervention against loneliness, concerns arise over its effectiveness among elderly people. A study by Vancamptfort et al. demonstrated that physical inactivity increases with age. Also, physical injuries sustained during physical activities raise concerns regarding overall effectiveness. Russia and India are excellent examples where elderly people have sustained physical injuries resulting in chronic physical conditions. The concerning adverse outcomes poke holes into the effectiveness of physical activity. However, further queries are needed to expand knowledge and establish an evidence-based approach. This could establish an effective approach to implementing physical activity as a remedy against loneliness.

Fundamentally, loneliness opens a pipeline for the demonstration of social and political issues affecting members of society. The loss of pro-social activities like hobbies, sports, school, family conflicts, child-parent disagreements, sedentary behaviors like increased screen time, health disparities and racism have been associated with loneliness in American families. These elements can be extrapolated to the rest of the world. Even though 25% of 1000 American families do not adequately represent the global population, loneliness and its implications could be worse in different parts of the world, especially in LMICs.

The subject of pro-social activities and the high incidence of loneliness connects with the phenomenon of loneliness in marriage. A fascinating paradigm of loneliness among separated couples emerges and is characterized by weak social bonds. Rural-urban or urban-urban migration was reported as a major contributor to separation, especially among partners who sought job opportunities or travelled for work. Such phenomena subject separated partners to loneliness and implicated social isolation.

Often, isolated and lonely persons refrain from social activities, limiting the chances of social interaction and participation in social and community development activities. Such occurrences make strong statements on social and emotional loneliness among the married and mark significant knowledge and evidence on the diagnosis and management of loneliness. With respect to social and emotional loneliness, future interventions should establish effective models of integrating persons into social activities to bolster interpersonal relationships and harmonize their connections and networks with loved ones working in different cities.

Of course, partner separation due to work is common in the contemporary world. Many people have been separated from their partners due to work-related assignments in different cities, countries or geographic locations. Despite regular communication, loneliness has been reported by many individuals.

5.0 Conclusion

Loneliness is emerging as a profound health issue in the modern world. Many people have been directly or indirectly affected by loneliness. Today's society is heavily affected by loneliness among children, adolescents, middle-aged and elderly people, all of whom are associated with different causes and effects of loneliness. A review of previous literature unveiled interacting aspects of loneliness as it unfolds in different societies.

Fundamentally, loneliness increased in recent years, especially following the COVID-19 pandemic. The pandemic rendered many people jobless and implicated mental health problems in single-parent families, mothers and families with many children, mothers, and locked down individuals in their families. Contrary to the notion that family togetherness enhances social bonds, the lockdown implicated severe loneliness in families, with most children suffering parental stress and mistreatment.

Loneliness took a toll on individuals whose partners travelled for jobs and professional assignments. Coupled with racial-based discrimination, recent years witnessed a surge in loneliness across the globe, resulting in social and emotional loneliness. Depression, social isolation and depression are common symptoms witnessed among lonely persons. This suggests a possible increase in the coming years.

In response, medical and mental health professionals have recommended the diagnosis and screening for loneliness, especially among adolescents suffering from parental stress, to enable early diagnosis and quick interventions. Physical activity is commonly mentioned in literature as an effective intervention, with limitations among middle-aged and older individuals who can hardly endure intense physical activity.

The current treatment and interventions against loneliness vary across high- and LMIC. While high-income nations have sophisticated intervention measures, LMICs are incapacitated from advanced care and quick response due to inaccessible mental health services. Some of the areas are inaccessible, hampering the delivery of mental health services.

Despite this wealth of evidence, further investigations are needed to harness other confounding factors. The current interventions and literature do not outline evidence-based approaches that can improve quality of life, quality of sleep and other adverse effects among all lonely individuals, especially elderly people who can hardly endure physical activity and lonely people who avoid physical activities.

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