

SOCIAL ISOLATION AND LONELINESS: AN EMERGING MENTAL HEALTH RISK FACTOR IN PAKISTAN

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'Tanhai' - the thought of loneliness, acting as a 'killer' is poetic. Loneliness has found its way into science to be identified as a risk factor for morbidity and mortality. The former Surgeon General of USA, Vivek Murthy summarised his experience as a doctor in an article in *The Harvard Business Review*: "During my years caring for patients, the most common pathology I saw was not heart disease or diabetes; it was loneliness." Robert Hall in his book, *The Land of Strangers*, concludes, "The truth is, relationships are the most valuable and value-creating resource of any society. They are our lifelines to survive, grow and thrive."

In the absence of a deeper understanding of the psychopathology or neurobiology, loneliness and social isolation are oft seen as extraneous conditions. The manner with which social relationships affect health and the factors that either promote or prevent the development and maintenance of social relationships remains unexplored. A meta-analysis concluded that "the influence of both objective and subjective social isolation on risk for mortality is comparable with well-established risk factors for mortality"¹. Specifically, in an editorial, *BMJ* quoted a study which linked social isolation and loneliness as a risk factor for coronary artery disease². Furthermore, the two are seen as contributing factors for type II diabetes mellitus, hyperlipidemias and hypertension. Loneliness has been a predicting factor in subsequent changes in depressive symptomatology, but not vice versa. A study found that this temporal association was not attributable to demographic variables, objective social isolation, dispositional negativity, stress, or social support³.

Feelings of isolation and loneliness often result from a reduced need for seeking companionship, intimacy and social connectedness. The three parameters are essential ingredients of an active and a vibrant social life. As a transient preference, or a mere reaction, social isolation can be soothing, reparative, and may even be a pleasurable state. However, once it becomes a perpetual behaviour or a constant in life, it can soon become a health hazard, both physically and mentally. An interplay of a plethora of factors including unhealthy lifestyles, psychological stress, lack of social connectedness, combined with changes in biomarkers, inflammatory processes, gene expression, neuroendocrine malfunctioning and adiposity are seen to be triggered by persistent loneliness and isolation. A more alarming finding in these studies has been the observation that those who are middle aged (less than 65 years) are the highest at risk, in terms of consequent mortality and morbidity. Loneliness and depressive symptomatology can also act synergistically to diminish well-being in middle-aged and older adults².

Traditionally, loneliness and social isolation have been seen as social factors that are predominantly 'western'. USA is often seen as the society most affected. In reality, however, the two are gradually becoming a global phenomenon. The rapid urbanization, an ever increasing number of individuals leaving their families for jobs and opportunities in distant lands, and the pervasive effects of terrorism, have all made it a local issue. Parents often do not let their children play in streets and open spaces on account of fear of terrorism, abductions, exploitations, and similar criminal eventualities. The young ones, locked up in the homes, in spite of the presence of their family, find solace in video games, the internet, and television, further adding to their own isolation as well as that of their family members. It is at this crucial time that the mental health professionals of Pakistan need to start to pay attention to the role of social isolation and loneliness in generating mental health issues and psychiatric morbidity.

As of now the psychosocial impact of chronic loneliness is attributed to a failure to find meaningful attachment figures in early childhood, expressing in later years as depression, anxiety, a feeling of inner hollowness, and what John Ernst describes as "negative affectivity"⁴. He describes them as "acting in a socially withdrawn fashion, lacking trust in self and others, feeling little control over success or failure, hostility, pessimism, social withdrawal, alienation, shyness and generally dissatisfied with their relationships compared to non-lonely individuals". Chronic loneliness has been implicated as a risk factor in clinical disorders like schizophrenia, depression, and personality disorders like borderline and schizoid personality⁴. The once popular 'drift hypothesis' for the social class decline experienced by patients of schizophrenia suggested that their downward shift was a consequence of their deteriorating mental health, and not the other way round⁵. The two have also been linked with an increased risk of deliberate self harm, para-suicide and suicide. A recent Black Dog Institute study on Australian men identified loneliness as one of the four major risk factors for an increased risk of committing suicide⁶. Current research sheds no light on the all important issue of whether the social isolation and loneliness are a cause or an effect of the associated morbidity.

Many studies have linked the length of screen time on smart phones with depression and unhappiness. Happiness does not come from overheated phones, televisions and computer screens as one study conducted in San Diego State University may suggest⁷. The study found that on average, adolescents who spent more time playing computer games, using social media, texting and video chatting,

were less happy than those who invested more time in non-screen activities like sports, reading and direct social interaction. It will be unfair to attribute the entire blame of social isolation and loneliness on social media and internet use in preference to interact with those around us. The wave of perpetual intolerance, bans on free expression, paranoia, and undermining of critical, creative, and analytical thinking have also added to the alienation amongst people. In societies where sports, art, drama, and other aesthetic expressions of feelings and finer aspects of human behavior are either banned or discouraged, people are less likely to come together and enjoy group interactions. The privacy and safety promised by the internet would become an automatic choice and even a compulsion in such societies. Due to the internet, social media, and virtual reality the current outlook may give way to a newer understanding and resolution of the issue. The '5G' internet which is around the corner promises shared spaces, moments, times, and even feelings, in a 3-D environment between those who are geographically distant. Even if you are away in another continent or even in space, you could be with your kith and kin, albeit, virtually. People could, therefore, remain connected and be with those they want to be with, constantly, if they so desire; and can switch off from those they want to, sometimes with a click and at other times with a flap of their eyelids. Ironically called the 'Net', the future internet connections provide the kind of social freedom, connectivity, and integration that the world has never experienced before. Through these ultra high speed internet connections, an individual can defeat geographic distances, political boundaries, ideological barriers, cultural barricades, religious and sectarian fortifications, to become connected with those they want to. This internet based freedom can therefore serve as a huge bridge between people from around the world and thus serve as an antidote for the type of loneliness and social isolation that the human race is currently facing. The holograms of one's you enjoy the company of versus the physical presence of those you resent can open new vistas of forming newer types of social bonds, integration, relationships, and friendships. Alienation and isolation could then become a choice rather than an outcome. Like most other agents of social change that the world has seen in it's history, human beings can now find a solution to the problems that they often create for themselves. A whole new world of relationship challenges and maladies are already rampant due to internet-based friendships, engagements, marriages, and even adoptions. More are in store as the virtual world mixes with the real world around us.

The prevention of psychiatric morbidity and mental health challenges posed by social isolation and loneliness has to be launched as a movement. Until new technology and the world of 5G becomes widespread over the country, it is crucial that we draw upon our indigenous strengths of extended and joint families, religious recommendations of reaching out for thy neighbor, and caring for our elderly. A simple tool will be to engage and involve young children in provision of companionship to the elderly in the home. This imperative link between the grandchildren and grandparents can be symbiotic and reduce social isolation and loneliness experienced by the two most vulnerable groups of society. The unconditional love that children receive from their grandparents can be a 'booster dose' in making them resilient towards mental health challenges of future years. The physical proximity of the two can also serve as a means of protection from physical, sexual, and emotional abuse with many other adverse childhood experiences, that are risk

factors for poor mental and physical health.

Start of health clubs, gyms, parks, excursion trips, and even sports and social events that bring together the elderly and the children can be a starting point for the start of this strategy of promotion and protection of mental health of these two high risk groups.

Pakistan Psychiatric Society can take a lead in starting campaigns to raise awareness about the risks that come with social isolation and loneliness and propose creative solutions in reducing the consequent mental and physical morbidity and mortality.

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