

Association Between Societal Isolation and the Subject of Mental Health

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ABSTRACT

Being social creatures, humans need a safe and secure social environment to exist. For one's physical and emotional well-being, it is imperative to have satisfying social connections. Loneliness may result from a lack of social connections. Intimacy and a sense of belonging are fundamental human desires. Interpersonal connections have several advantages. Loneliness has been perceived as a universal human experience since the dawn. Social connection is essential for everyone's survival. People are innately social beings that rely on one another for assistance. Even though mental health issues and social isolation often coexist in young children, early isolation does not indicate worse mental health issues in the future. However, children with such issues and behaviors could find it difficult to handle the social difficulties they face as they advance through the early years of school. Humans are social animals, and when they don't feel connected, they tend to get sadder, sicker, and more susceptible to developing depression and other mental health problems. Isolation is a frequent occurrence that become more prevalent during the COVID-19 global pandemic, having an adverse effect on people's physical and mental health everywhere. Furthermore, according to the most recent data, there may be an increase in the prevalence of mental health problems among at-risk groups and persons who are vulnerable to them after the pandemic's height. 6 Children and adolescents, the elderly, people who are unemployed or homeless, COVID-19 survivors, people with pre-existing psychiatric conditions, community workers, pregnant women, people who are physically or mentally disabled, migrants, refugees, and members of the LGBT community, as well as people who belong to racial or ethnic minorities, are among the vulnerable populations. Loneliness in the elderly beings and social isolation pose a substantial threat to public health because they increase the risk of dementia and other serious disorders in a huge number of people.

Keywords: isolation, mental health, depression, vulnerable populations, loneliness

I. INTRODUCTION

It is widely accepted that humans are social animals whose wants and responses to other people have a substantial influence on their conduct. When a person is cut off from others, this social side of human existence is most obvious (Haythorn, 2008). The idea of "isolation" may be misunderstood by some people. A person is said to be socially isolated if they have little or no touch with the outside world. In contrast, loneliness is the experience of being alone and is caused by a brief absence of deliberate social interaction. According to a survey by the National Academies of Sciences, Engineering, and Medicine (NASEM), nearly one-fourth of persons 65 and older are categorised as socially isolated, while more than one-third of adults aged 45 and older report feeling lonely. The painful global problem of loneliness has evolutionary roots. Loneliness serves as a warning that isolation may result and serves as a reminder of the anguish. Lack of necessary social connections and lack of affection in existing relationships are two characteristics of loneliness. The significance of social interaction as a basic requirement for humans has long been acknowledged. The word "isolation" is used frequently in both popular and academic writing, and it generally connotes something bad for people. The experience can occasionally be so bad that performance and adaption suffer significantly. For instance, COVID-19 patients under quarantine may experience loneliness but not necessarily social isolation. The WHO proposed adopting the phrase "physical distance" rather than "social distancing" because transmission is prevented by physical separation.

One of the key factors impeding social well-being is loneliness. Being alone does not make one lonely; rather, the absence of a specific necessary relationship or combination of interactions does. Over the past two decades, research on loneliness has grown significantly; yet, despite the hazard's loneliness poses to one's mental health, the connection between loneliness and psychiatric diseases has not been thoroughly examined. The lack of connection takes place more frequently than most people are aware of. A survey done in January 2020 found that (in developed countries) more than three out of every five persons experience chronic loneliness. Anyone who experiences social isolation is likely to struggle with their mental health. Numerous psychiatric conditions, including depression, alcoholism, child maltreatment, insomnia, personality disorders, and Alzheimer's disease, can be brought on by loneliness. Additionally, it contributes to a number of physical conditions such as such as blood vessel diseases like diabetes, autoimmune diseases like lupus and rheumatoid

arthritis, and cardiovascular problems including coronary heart disease and hypertension (HTN) such as blood vessel diseases like diabetes, autoimmune diseases like lupus and rheumatoid arthritis, and cardiovascular problems including coronary heart disease.

It is well established that loneliness and isolation are common sensations because 80% of those under the age of 18 and 40% of those over the age of 65 report feeling lonely at least periodically in their life. Contrary to popular assumption, adolescents and young children are more likely to report feeling lonely than elderly people. Loneliness can have negative effects on a person's mental and physical health if it is not addressed and there are a number of instances go on to show that little or no study has taken place on this particular subject especially in third world nations. For instance, very few studies have been conducted in India on the psychological and physiological effects of loneliness. There aren't many studies in India that have looked at the connection between loneliness and other psychiatric diseases. Although the majority of these investigations were only conducted on older people. Older persons are more likely to suffer loneliness and social isolation because they are more likely to experience problems including living alone, losing friends or family, having a chronic disease, and hearing loss. The reason for this is that, unlike older people who can adjust to solitude and have distinct coping talents, adolescents lack such capacities at a time in life when being accepted and loved is essential to the growth of one's originality. But compared to older adults without these problems, older adults with physical impairments and illnesses report higher rates of loneliness. The coronavirus pandemic has significantly increased the social isolation of older women. It's unclear whether loneliness increased throughout the pandemic or if it changed from the pre- to intra-pandemic phase. In older women, loneliness rose throughout the pandemic and was linked to worse stress, depressive, and anxiety symptoms. These findings suggest opportunities for interventions that may lessen loneliness and enhance mental health. The following interventions could focus on lifestyle choices, wellbeing, broken social relationships, and paying more attention to people with specific medical and mental health histories.

Social isolation is a universal human experience that can sometimes affect entire communities and serve as a reminder of everyone's need for connection. At various stages of their development, all people experience the phenomenon of isolation to differing degrees on an intrapersonal, interpersonal, and existential level. Regardless of the amount or quality of social engagement and the presence of other people, loneliness is something that presents the sensation of being alone. Lack of social relationships is known as social isolation. While social isolation can make some people lonely, others can experience loneliness even if they are not socially isolated. It is widely predicted that social isolation negatively affects one's mental health; however, due to reverse causation between the independent and dependent variables, typical statistical models cannot evaluate this effect. Persistent social isolation has been linked to increased mortality rates, mental health concerns, and cardiovascular issues, according to research. Healthcare practitioners must therefore be aware of the numerous ways that isolation can emerge and how to nurture meaning as a protective element. Therefore, it is plausible that social isolation experiences are both a sign of and an actual cause of poor mental health.

II. MINORITIES, LGBTQ AT A HIGHER RISK

The paper draws attention to loneliness among elderly people who are at risk, including minorities, immigrants, LGBT people, and abuse victims. This feeling of abandonment is also common amongst women or the commonly referred 'second sex'. The emergence of mental health issues is influenced by a person's genetic make-up as well as their experiences and responsibilities in society, studies have revealed that the start of many mental health diseases is significantly influenced by gender. According to recent researches, gender differences in men's and women's brains contribute significantly to why women are more likely to have psychological problems like depression. Women seem to be more susceptible to violence because of physiological changes as well as social and environmental variables like poverty, sexual assault, domestic violence, emotional abuse, and intimate partner violence, among others. Women are more likely to be prone to segregation specially after their marriages where they are either living with their husbands or in-laws. This often happens because they lack proper communication with their partner because more often, they are not considered good enough to standing up-to the mark to their male counterparts. Hence, they suffer drastically because of the inferior status they get associated to and it is more commonly seen that this happens when the wife is not working and is what is commonly referred to as a 'housewife'. This feeling of being cut off from her husband, her in-laws and also to her own family because of not being able to be in constant touch with them results in her frustrations being built up which usually result in certain mental illnesses.

Debates surround the place of women in societies have demonstrated how attempts to confine and exile women from in the workplace and at homes, in order to domesticate them. It had been alleged as Women were regarded as being prone to hysteria, otherwise unreliable for intellectual labor, and reportedly unable to do physically demanding occupations. Mental health should receive special attention throughout pregnancy and after delivery since untreated maternal depression has serious negative effects on both the mother and the child. Poor mental health in women is linked to infertility, female sterilization, and symptoms of the reproductive system.

Loneliness is a rising public health issue that is linked to worsening mental health (such as social anxiety, depression), as well as more frequent physical health issues (e.g., cardiovascular disease, sleep disturbances). Elderly people, immigrants, and asylum seekers are among the socially vulnerable populations that are more exposed to the

impacts of loneliness. A recent study focuses on the ways in which the pandemic has made existing mental and emotional problems that specifically affect LGBTQIA+ individuals score worse.

The study, which was published in the *Journal of Homosexuality*, looks at how the pandemic's dramatic — and in some cases seismic — changes to how they live, socialise, and relate to one another have disproportionately affected adults who identify as sexual or gender minorities. The LGBTQ+ community's major significant concern has come to be isolation. Contrary to expectations, many LGBTQ+ other vulnerable groups and the other gender have gotten more alone as LGBTQ+ rights and acceptance have grown over the past few decades. For instance, feeling alone is more frequent than not among seniors who identify as LGBTQ+ (Fredriksen-Goldsen et al., 2011). Recent studies indicate that populations of immigrants and lesbian, gay, and bisexual people experience loneliness more frequently than other groups. For instance, Latino immigrants "had fewer social links and worse degrees of social integration than Latinos born in the United States." First-generation immigrants, according to the report, are subject to factors like language barriers, cultural differences, family dynamics, and brand-new relationships with little or no history that could worsen their social isolation. Similarly, gay, lesbian, and bisexual populations generally face higher degrees of loneliness than their heterosexual counterparts due to stigma, discrimination, and barriers to care.

III. PSYCHIATRIC DISORDERS CONNECTED TO LONELINESS

Mental health can be impacted in almost every way by social isolation. According to studies, isolation sensations may be related to – Suicidal thoughts and suicide attempts, A decrease in peaceful sleep hours, eating disorders, an increase in anxiety, more difficulty in performing complex tasks and paying attention

Depression

Lonely people, as they have been found to be less joyful, less fulfilled, and more pessimistic exhibit greater depression symptoms. Additionally, both loneliness and depression have common symptoms including pain and powerlessness. Since loneliness and misery share so many characteristics, many scholars classify it as a subcategory of depression. However, the difference can be distinguished by the fact that loneliness is marked by the expectation that all would be alright if the lonely person could be reunited with another desired individual. Across a range of cultural contexts, clinical and epidemiological research consistently demonstrate that women experience depression nearly twice as frequently as men do. According to study, depression affects both men and women at some point before to puberty as well as near the end of life.

Alcohol Abuse/Alcoholism

A contributing, sustaining, and unfavorable element in the emergence of alcohol abuse is loneliness. Numerous studies have shown that lonely heavy drinkers are more prone to alcohol-related issues. The lack of social support and different views of community pressure are the reasons given for this. However, there are currently no studies comparing loneliness in alcoholics with loneliness in non-alcoholics, either in India or elsewhere in the world.

Child Abuse

Those who mistreat children and those who ignore them are more prone to experience loneliness than those who provide for their children. It was discovered that abused women were more reclusive and exhibited a negative network orientation. In research by Dhal A of 110 teenagers in Delhi (India), it was discovered that two thirds of the children exhibited higher degrees of loneliness than the other third. Loneliness and low self-esteem were also linked in adolescence. Teenagers with low self-esteem feel lonely because they perceive rejection.

Anxiety, Stress, Immune system

Stress, both short-term and long-term, can result from loneliness. The psychological effects of stress on the neuroendocrine and immune systems feeling rejected have recently been the subject of numerous studies. It's arguable whether loneliness counts as stress. Also, there is a wide amount of information that shows how loneliness can affect the immune system.

Suicide

According to researches done on suicide, loneliness, parasuicide, and suicide ideation it was found out that these are all strongly related. With increasing levels of loneliness, suicide and parasuicide ideation are more common. Additionally, the winter and spring months have been identified as the highest seasons for loneliness and the peak months for suicide. One of the main factors contributing to the major diseases that burden women worldwide is suicidal behaviour amongst them. Despite the fact that men are four times more likely than women to commit suicide, women nonetheless report trying to end their lives roughly two to three times more frequently than do males. However, there are not many differences in suicide rates associated to loneliness between men and women.

Sleep Disorders

Poor sleep quality and daytime dysfunction including low energy and weariness have been linked to loneliness. However, there is no connection between loneliness and length of sleep. Loneliness has been linked to increased daytime dysfunction, which has been demonstrated to be a sign of poor sleep quality.

IV. MEDIATIONS WITH REGARDS TO LONELINESS

By addressing systemic issues that have a negative impact on patients' health and wellbeing, mental health professionals may honour the collective existential solitude of their patients. Many clients from marginalised groups won't be able to get the kind of therapeutic results they need until these outside obstacles are dealt with. It is possible to promote measures that lessen health inequalities between communities by leveraging the influence and reputation of the profession. If loneliness is not addressed, it can seriously harm people's mental and physical health. Therefore, it's critical to act promptly to stop loneliness from developing. Hence, it becomes necessary to take the following measures in order to provide an hinderance to the growing feeling of loneliness and isolation in society: Creating chances for social engagement, improving social skills, providing social support, recognising social cognition that is not appropriate, and recognising maladaptive social cognition. Also, people may have the chance to build enduring relationships in an environment that is culturally appropriate through collaboration with the academic and educational systems/institutions, non-profits, community organizations, and religious associations/organizations. Gains from therapy or pharmacological therapies are more likely to be sustained and expanded upon when patients feel connected to a caring community. Last but not least, there is the issue of how to handle existential loneliness. In order to accomplish this and move beyond being passive beneficiaries of healthcare, patients should be encouraged to explore life's deeper meanings via introspection, philanthropy, and community involvement, by discovering life's deeper significance. This is also done by enabling patients to have an impact on their environment and explore more in-depth topics of personal importance, practitioners can respect patients' dignity and reduce the stigma associated with mental illness. However, patients must make their own decisions. Some people enjoy being alone themselves. Also, keep in mind that loneliness and social isolation are two separate but unconnected traits of social interactions.

V. METHODOLOGY

The methodology involves looking over recent literature summaries on various themes that talk about the feeling of isolation and the subsequent mental stress it causes. For assessment and quick response, this review intended to identify established practices in the field, give a framework for social isolation and related ideas, and present examples of each. Further in the following portions, it is explained how assessments are created and how the minorities – be it women or the potentially weaker sections of the society that are usually ignored are more likely than males to experience and develop mental diseases like depression and anxiety. This is because of gendered and cultural factors. This research paper has made use of qualitative research i.e., to say that its essence made up of qualitative methodology in order to understand the already written literature on the topic so selected for further research. Qualitative research shall be the most appropriate mechanism to be made use of for this research study. The questions and concerns which will be raised at the end of the study shall be open ended in nature dealing mostly with exploratory research as to why and how this phenomenon of exploitation and forcible occupation and subsequent displacement takes place. It has been further broadened by making use of exploratory approach would be based on the kind writings that have been for the research paper. The philosophical paradigm of social constructivism might also be used for this specific research in which multiple realities and their interpretations are made, which are further based on beliefs and values that have been socially constructed.

It has concerned broad and more specified areas of study. It concerns itself with mental health and social isolation in this situation as well as stated coping mechanisms, however they were less accessible the research paper, has begun with a burning desire to provide a solution to a problem – such as a theoretical framework would be applied to give directions to the study. The main theme focuses on a contextual environment and then it determines whether it is focused on a single or multiple entity making use of various reports by certain organisations and surveys, also of various NGOs working for women and the LGBTQ+ in order to present a standard procedure for conceptual reviews, this study examined the psychological effects of objective isolation while simultaneously employing an iterative method of expert consultation and literature searching. Multiple data, from various reports on women, the vulnerable communities and also of the elderly population; their health conditions have been analysed.

VI. LITERATURE REVIEW

Brown, Morgan and Fralick (2020) are of the opinion that those people who live alone, are abused, lack a strong support network, and belong to marginalised groups which are amongst those at a higher risk of developing depression and anxiety. Being alone can be both an agony and a relief for certain people. Because some people adopt isolation as a self-inflicted coping mechanism to deal with excessive concern and avoid social engagement, isolation is a result of anxiety and

depression. Others who experience anxiety and sadness as a result of their isolation yearn for the companionship and excitement that socialisation offers. Techniques are used in the mental health sector to assist clients in breaking their isolation-related habits. But now that circumstances have changed, it's necessary to reconsider the solutions. It is clear that the repercussions of the quarantine are being felt by society. Therapists for mental health are witnessing it personally. It is starting point to realise that isolation can be unavoidable for some people.

Wang, Giacco, Lloyd and others (2016) have identified that Policymakers, social workers, and health professionals have come to understand how important social relationships are to psychological and mental health. Local residents who have mental illnesses frequently report feeling lonely and socially alienated. Users of mental health services report higher levels of loneliness and smaller social networks than the general population. According to earlier research, personality disorders, psychoses, suicide, and more severe depressive symptoms are all linked to loneliness. In a similar vein, a systematic review found that depression was significantly connected with poor social support, low-quality relationships, and a lack of confidants. Social isolation has been associated with increased degrees of delusions, a lack of insight, and excessive hospital utilisation in the context of serious mental illness. On the other hand, patients were more likely to recover from psychotic symptoms if they received greater social support from friends and relatives.

Souza De (2022) says that the pandemic's effects on social, economic, and public health are obvious, with effects on mental health in general and, especially, the health effects of preventive measures such social isolation. the mental and emotional health of the population, with a focus on generalised anxiety disorder. The new Coronavirus, according to Ribeiro (2020), "has not only resulted in thousands of deaths and negative economic effects, but has also sparked an upsurge in mental problems, harming many people psychologically." Generalized anxiety disorder is defined by causing psychological suffering that goes beyond typical anxiety symptoms and takes the shape of strong and persistent worry about commonplace events. The ability to manage daily and professional tasks, to forge aggressive interpersonal connections, and to maintain relationships with others is compromised by this excessive and unwarranted worry, which leads to a skewed perception of reality. It frequently co-occurs with depression and other anxiety disorders and is defined by ongoing, excessive worry accompanied by muscle tension and autonomic hyperactivity signs.

Rupani, Desousa and Desai (2015) identify that social networks are crucial in our lives since we all frequently turn to our friends, family, co-workers, and other people for assistance when we need it. Maintaining social connections is crucial for one's survival and wellbeing. However, many people struggle with social isolation and loneliness because they are unable to establish and sustain these interactions. It's critical to recognise the distinction between the concepts of "social isolation" and "loneliness." While "loneliness" can be defined as negative emotions brought on by a weak social network and an inadequate capacity for social engagement, "social isolation" refers to a lack of social interaction and support. It relates to how each person perceives the discrepancy between their expected and actual social relationships. The discomfort of social isolation and the need for social approval and connection are loneliness. According to one definition, loneliness is "the subjective, unwanted experience of lack or loss of friendship." Social loneliness and emotional loneliness are the two main categories. Social loneliness is the perception that one does not have a large social network, with assistance from friends or allies in difficult times, as opposed to emotional loneliness, which is personal and relates to contentment with current chances for socialisation. In the mistaken idea that increasing community involvement or expanding social networks can help, loneliness is frequently confused with social engagement. People who are very involved in their communities and have a large social network, however, can also experience loneliness, whereas others who live alone and in isolation from society may never experience loneliness. Whether or not people experience loneliness depends on their personal life experiences and the quality of their social ties. The effects of loneliness on both physical and mental health are extensive. The current paper provides a field overview while reviewing the numerous ways that loneliness and mental health are related.

Gyasi, Menhsah, Yeboah and Ouedraogo (2019) have the opinion that the development of mental diseases in older persons may be slowed by adequate social networks and the support they provide, whereas having insufficient assistance may increase the likelihood of mental illness, management and social isolation For instance, tight and frequent family ties and the traits connected to them can have a significant impact on health due to peer pressure, cultural norms, a sense of community, and the sharing of information and resources. Relationship between loneliness and living alone over the long term and the factors that lead to poor mental health outcomes. Numerous researches have come to find a link between loneliness that is experienced and that subsequently results in poorer health outcomes, a decline in social and mental wellbeing, and an increase in illness and mortality in later life. It is a psychological reaction to missing and feeling excluded. In order to provide appropriate therapies for illness management, It is crucial to comprehend as to how loneliness and living alone amongst people contributes to the psychological distress outcomes in older section of the population since social isolation frequently continues to be a crucial social setting for decreasing mental health as age increases.

Bondi and Burman (2001) are of the opinion that people employed in the mental health industry come from specific backgrounds and are given specific jobs. race, class, and gender. Due to hierarchies, most of the top positions in the most prestigious professions are held by white, middle-class men; ironically, these jobs are "feminised" and "racialized" due to their connections to psychological treatments (such as psychiatry, psychoanalysis, and forensic psychology). Women dominate several professions elsewhere, including those in the NHS (such as community psychiatric nurses), the volunteer sector (such as counsellors and support workers), and the commercial sector (such as psychotherapists), with many—but not all—of them being white and middle-class. Furthermore, the hierarchy of the

majority of jobs in the mental health sector continues to reflect well-known patterns in which those with privileges related to gender, class, and race are more likely to hold positions of greater prestige.

Tilburg and Dykstra (2005) mention that social isolation refers to the lack of interpersonal connections and concerns the observable aspects of a situation. The crucial question is how much he or she is by themselves. There is a continuum, with social inclusion at one end and social exclusion at the other. A extremely small number of meaningful relationships leads to social isolation. The connection between loneliness and social isolation is more nuanced, though. Loneliness is just one of the effects of analysing a situation with few relationships. While being lonely is not necessarily being socially isolated, neither is being socially isolated always being lonely. A person who is in a good position for objective social involvement can be almost anywhere along the subjective spectrum. Depending on his or her relationship norms, a person's final position on the subjective continuum will vary. Some individuals with few social connections could experience loneliness, while others might feel sufficiently ingrained. A person who prefers privacy and alone in order to avoid unwelcome social connections and relationships is an example of the latter scenario.

Brown, Morgan and Fralick (2020) hold the view that there are a number of beliefs that help reduce the isolation-related symptoms of anxiety and depression. Examples of some evidence-based therapies that are used to treat the detrimental effects of isolation include cognitive behavioural therapy, behavioural therapy, and rational emotive behavioural therapy. These treatments and therapies entail learning and applying problem-solving techniques, participating in enjoyable outdoor activities, keeping up with social relationships, getting involved in social outdoor activities and other behavioural interventions designed to elevate mood and decrease anxiety. But unfortunately, because the catalyst of pain is still there, these therapy approaches offer little direction for managing adverse emotional responses to prolonged solitude. Similarly, to this very phenomenon, some minority group members struggle to complete therapy because their centre of control or the impact that outdoor influences have are still present in their lives.

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