



ORIGINAL PAPER

Loneliness in the Pandemic Context: Understanding its Impact, Causes and Pathways to Intervention

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Abstract:

Background: The COVID-19 pandemic has dramatically altered the way individuals interact, leading to a surge in social isolation and loneliness. This paper explores the psychological, social, and emotional impact of loneliness during the pandemic, delving into its causes, consequences, and potential interventions. By examining existing literature and empirical studies, this research seeks to understand how the pandemic exacerbated feelings of loneliness and the long-term implications for mental health. The paper also highlights specific at-risk populations, including the elderly, individuals with pre-existing mental health conditions, and those with limited access to social support. Finally, it proposes practical strategies and policy recommendations to mitigate the effects of loneliness during future global crises.

Methods: The complexity of the research topic led to the use of multiple research methods. The individual interview was used, whose structured interview guide was based on some scales commonly used in psychology and social sciences established theories. We also used a series of psychological tests.

the phenomenon of loneliness in its global dimensions, we also analyzed the results obtained by research conducted by Kaiser Family Foundation – The Economist Survey on Loneliness and Social Isolation in the U.S, U.K. and Japan.

Conclusion: The fundamental conclusion of the study is that loneliness influences the subjective perception of the quality of life and implicitly satisfaction with life.

Keywords: *Quality of Life, Loneliness, Satisfaction with life, Subjective perception, Subjective well-being, Self-esteem*

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1. Introduction

The COVID-19 pandemic, a global health crisis that affected millions, reshaped the social landscape, creating conditions conducive to loneliness and isolation. Loneliness, previously a growing concern, became a widespread issue, affecting diverse populations globally.

This paper aims to explore the multifaceted nature of loneliness in the pandemic context, focusing on the underlying factors that contributed to its rise, the psychological and physical consequences, and the importance of addressing it within public health discourse.

2. Literature review

Current humanities generally emphasize that human life is dominated by the need to update, so the assertion of personality, needs more than a simple balance with the environment. Satisfactions occur as a result of human development effort beyond the permanent attempts to overcome petty frustrations that can occur everywhere (Veenhoven, 2000).

This means that, in assessing the level of satisfaction of the individual to the aspects of life, the decisive role is played by critical analysis he makes his own existence, considering the objectives and achievements. Expresses satisfaction evaluation result made continuously subject on their living conditions, the degree to which they are to expectations (Friedman & Ryff, 2015).

Loneliness is very common in present-day society among perfectly normal and quite well-balanced people (Gibson, 2000).

The term “loneliness” refers to both an experience and a feeling or emotion (Cacioppo & Patrick, 2008). One may speak of two kinds of loneliness: as a trait or a state; we may all experience the latter when we are undergoing a temporary period of being cut off from the sort of social interactions that satisfy us, and it will disappear when we move to a more satisfactory milieu. Trait loneliness, however, is more likely to refer to the individual’s basic personality; some people with the trait of loneliness may be lonely all their lives in whatever circumstances they may live. In any instance it is difficult to say whether loneliness is due to a person’s basic trait or to the state they are living in (Hawkey & Cacioppo, 2010).

The question of “What is loneliness?” does not call for any dictionary-type definition and in later life we may experience varieties of loneliness that are not common in our earlier years.

There are approaches that extend the concept of subjective well-being to overlap with the subjective quality of life, perceived quality of life (Bowling, 2005).

Specialized research showed that well-being subjective consists of two components: (a) general judgments about the satisfaction in life and (b) the balance of affective or the extent to which the level of positive effect outweighs the negative effect in the individual's life (Bradburn, 1999; Cacioppo et al., 2010; Cacioppo et al., 2014).

Self-determination theory argues that people in innate tendency to feed the ego has three basic psychological needs, namely the need for autonomy, competence need and the need to have relations with others. Autonomy implies that the person can decide voluntarily and that it is itself the agent performing the action, so as so be consistent and assuming complete this. The second fundamental need is the need for competence. Competence refers to a person's sense of efficacy that is in its environment, which stimulates curiosity, exploration and open to challenge. For those who feel the need relationships with others, the third fundamental need, implies a sense of belonging and a sense of feeling interconnected with people who are important to themselves. To feel the attention and sympathy of others

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confirms that individual represents something significant for others and that constitute as of concern on their part.

These three fundamental needs are considered as specific nutrients essential in increasing the satisfaction of psychological nature, integrity and well-being. The theory suggests that if you meet any of these needs is compromised-in any field or at any stage of development-it will automatically record a decrease in well-being.

One of the most pressing needs for people in general, is the urgent requirement of communication and interaction with others. Human environment due to contact between people is an essential source of individual well-being, psychological and moral equilibrium. Interpersonal relationships are an important area of life of everyone contributing in many fields, the dynamic quality of life (Friedman & Ryff, 2015).

In the absence of interaction and communication with others around installs strong feelings of loneliness, with devastating effects on physical and mental health of the elderly (Loades et al, 2020). Loneliness can affect considers R. Bennett (1980), the basic physiological processes of the body, affecting the feeling of well-being and life satisfaction.

While social isolation refers to the lack of social contacts or engagement, emotional loneliness pertains to the absence of meaningful or intimate relationships. Existential loneliness, on the other hand, is a sense of disconnection from the world at large, which can be exacerbated by societal disruptions, such as those witnessed during the pandemic (Barnet et al., 2020).

Loneliness itself is not a problem, if not lead to isolation and lack of social relations, in which the person is deprived of the company and privacy crucial for a healthy and happy life. Studies show that individuals whose needs are not satisfied networking dissatisfied with life than those living with others, are more prone to depression and poor health status, have a low quality of life (Killgore et al., 2020).

3. Methodology

3.1. Objective of the study

The overall objective of this research is to highlight the effects of the state of loneliness experienced on perceived quality of life.

3.2. The hypotheses of the study

1. Loneliness affects satisfaction with life.
2. The subjects who often feel loneliness present a higher level of depression.
3. The subjects who often feel loneliness present a higher level of anxiety.

3.3. Methods and Materials

This study combined quantitative and qualitative methods. A personal interview was used, whose items were constructed based on existing information in the literature, but also from established theories of psychosocial sciences, with which it was built a global picture of appreciation of life as a whole.

Also, we used psychological tests, which were measured using state of loneliness felt the effects on subjective evaluation of aspects of life.

In addition to research design was used and the method of observation in order to capture and record detailed reactions and forms of behavior of subjects undergoing study.

3.4. Participants

Table 1. Percentage Distribution of the Respondents' Profile

Study Subjects	N	Male	Female
Subjects often feeling loneliness	260	50%	50%
Subjects never feeling loneliness	260	50%	50%

3.5. Instruments

The interview guide used was build in such a way that his questions highlight all the dimensions of the concept of quality of life.

The UCLA Loneliness Scale used for demonstration of solitude to what degree. It is most commonly used instrument containing 10 items, each item is rated on a Likert -type scale from 1 to 4, where 1 - never and 4 - often. The final score is obtained by summing the points obtained for each of the 10 items .

Hamilton Anxiety Scale HAM-A is a psychological tool used to highlight the severity of the anxiety condition. The instrument contains 14 items, each of which is comprised of a group of symptoms , the first 7 items assessing mental anxiety manifestations and the following 7 items showing somatic manifestations of anxiety. The 14 items are evaluated by the subjects on a Likert -type scale from 1 to 4, where 1 - not at all and 4 - seriously, the total score is obtained by summing the points obtained from the 14 items.

Beck Depression Inventory is one of the tools most commonly used to measure the severity of depression. The instrument contains 21 groups of statements. The subject must choose one statement from each of these groups, corresponding to the state it is. Each group contains 4 statements marked from 0 to 3, the total score is obtained by adding all points from the 21 groups of statements.

3.6. Procedure

For start, the interview guide was applied, then the scales and psychological tests. The researcher created a relaxed atmosphere and friendly study, assuring the confidentiality and anonymity of the subjects of their responses. Results and final conclusions were obtained by interpreting quantitative and qualitative data.

3.7. Data Analysis

Statistical analysis was performed using SPSS 17.0 and applying that data processing methods, the following tests: T-test for independent samples-to test the difference between the averages of the measured variables on the same two batches consisting of different subjects; The chi -square test- to highlight the degree of association between two categorical variables; the Pearson linear correlation coefficient - assess the association between two variables.

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4. Results

The quality of human life is linked to the subjective processes. A number of researches in the field of quality of life, included in this paper demonstrate the synthesis of happiness (1) have taken into account the influence of social comparison; the findings converge to the idea of a significant correlation between the perception of one's own State of satisfaction and perception of the satisfaction of others.

Taking this idea, we used the comparison as a model of social changes in the evaluation of satisfaction with life of subjects of our research. We wanted to highlight the variation between the perception of the individual satisfaction of its own towards life and its effects on the perception of life satisfaction of members of other social groups-the group of relatives, neighbors/friends, people in the area and people in the country. We also wanted to highlight the comparative results between the group of subjects who often express feelings of loneliness and those who never feel loneliness.

Average scores obtained in each of the five indicators were summarized in figure no. 1, that there is a regularity in assessing their state of satisfaction and contentment perception of others. Thus, if the perception of individual satisfaction is relatively high, as you evaluate areas increasingly remote from individual perceptual level of satisfaction with life decreases. Although there is a downward curve in the perception of quality of life in both samples idea before, there is a notable difference between the two batches.

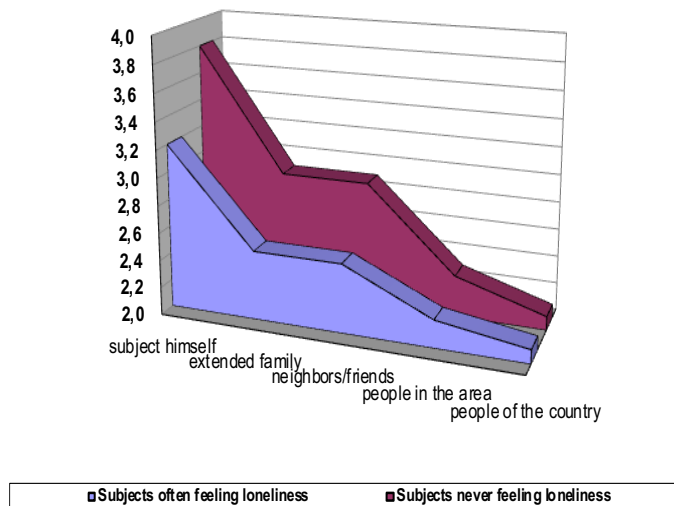


Fig .1 . The perception of satisfaction with life subjects and members of other social groups (weighted average)

A sociological research carried out in 1999, by Bălătescu and published in the journal quality of life has singled out the same conclusion surprised and in our research, that individual perception is increasingly negative as the reference sphere is more distant from the topic, thereby confirming the existence of a rule in the perception of the satisfaction of members of other social groups. The author has called this the "regular curve downward comparison of life satisfaction"(18).

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In terms of size components spheres of life, satisfaction with life being actually the result of the assessment of these areas, capture elements of support, but also critical elements in the development of self-perceived quality of life by study subjects. Using procedure called SEDA (absolute data assessment scheme) - data interpretation process variables by reference to a scale with five values - we compared the results obtained highlight the two groups of subjects. Absolute data evaluation scheme was used for the first time by Zamfir, in 1980, (19) and suggests a split 1-5 scale intervals with different meanings. Each interval is associated with a qualitative interpretation of values that fall within its limitations. Taking this interpretation and adapting it to the conducted research, we present a comparative picture between the two groups of subjects, shown in figure no.2.

	1.00	3.00	3.50	3.75
Variables	Serious situation	Normal situation		Very good situation
		Critical points	Attention, problems!	good
4.00	5.00			

Personal life

health.....+1.16.....×2.60
 family income.+1.14.....×2.74
 home.....+3.75.....×3.85
 family life.....+1.40.....×4.11
 relations with neighbors.....+3.82.....×3.91
 home security.....+3.56.....×3.68
 street safety.....+1.50..×1.70
 leisure.....+3.10...×3.21
 rights.....+2.14...×2.33
 achievements in life.....+3.70...×3.75

Social life

healthcare.....+3.10×3.11
 police and justice.....+2.60×2.78
 political life.....+1.98.×2.05
 the leadership society...+1.96×1.98
 human relationships.....+2.64×2.84
 environmental.....+3.20×3.33

Satisfaction with life

satisfaction of everyday life +2.43.....×3.46

+ – data recorded in the group of subjects who often feel loneliness
 × - data recorded in the group of subjects who never feel loneliness

Fig.2. Interpretation spheres quality of life using the SED

Human environment due to contact between people is an essential source of individual well-being, psychological and moral equilibrium.

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In our research subjects, state of loneliness imposed by the actual situation (physical loneliness) turned into a state of loneliness, with unpleasant consequences psycho -emotional health, psychological wellbeing, the quality of life.

Table 2. Presentation obtained results with the test t for the state of loneliness felt

Study Subjects	N	Minimum	Maximum	Average	Standard deviation	t	p
Subjects living alone	240	23.72	28.48	26.10	6.386		
(p<0.05) Subjects living with husband/ wife or in a couple	280	17.54	20.66	19.10	4.172	25.077	

“Well-being” subjective component consists of two general: first, assessments related to life satisfaction and, secondly, emotional balance or measure the level of positive affect than negative affect level of the individual's life.

Structured data in table 3, obtained by applying the chi-square test of significance, shows a significant association ($p < 0.05$) between the state of loneliness experienced by study subjects and psychological wellbeing. The results structured in this table support the first hypothesis of the study, that " loneliness affects satisfaction with life ".

Table 3. The results obtained by applying the chi-square test between state of loneliness felt and psychological wellbeing

state of loneliness felt		psychological wellbeing		χ^2	p
		positive affect	negative affect		
low	frequency	6	1	16.96	0.001
	expected frequency	1.9	5.1		
	difference	4.1	-4.1		
moderate	frequency	2	11	16.96	p<0.05
	expected frequency	3.5	9.5		
	difference	-1.5	1.5		
severe	frequency	0	10	16.96	p<0.05
	expected frequency	2.7	7.3		
	difference	-2.7	2.7		

Depression, along with the anxiety have a relatively high frequency among the lonely people. Depression is manifested by persistent sadness, feelings of discouragement, excessive worry, restlessness, insomnia, inability to concentrate. Anxiety involves motor tension, hyperactivity autonomous exaggerated fear and caution. These mental disorders are accompanied by the desire of self-isolation and loneliness and solitude along with the existence of chronic mental illness or other previous attempts may lead to suicide attempts.

The data presented in table 4, obtained by applying the t test of significance, shows that in the group of subjects who feel often loneliness, there is a tendency toward moderate depression (m = 22.43), while in the group of subjects who rarely feel loneliness is manifested predominantly a slight change of mood.

Table 4 Presentation obtained results with the test t for depression

Study Subjects	N	Minimum	Maximum	Average	Standard deviation	T	p
Subjects who often feel loneliness	260	19.58	25.29	22.43	7.641	16.080	p=0.001 (p<0.05)
Subjects who rarely feel loneliness	260	10.90	13.64	12.27	3.667		

Data obtained by applying the Pearson correlation coefficient, shown in table 5, show a positive correlation between the state of loneliness felt by subjects and depressed mood ($p = 0.800$), meaning that if subjects felt more acutely state of loneliness, when changes occur

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more frequently dispositional states, an idea which supports the second hypothesis of the study, that “the subjects who often feel loneliness present a higher level of depression”.

Table 5. Presenting data obtained by applying the Pearson correlation coefficient between the state of loneliness felt and depressed mood

		state of loneliness felt	depression
state of loneliness felt	Pearson Correlation	1	.800**
	Sig. (2-tailed)		.000
	N	260	260
depression	Pearson Correlation	.800**	1
	Sig. (2-tailed)	.000	
	N	260	260

** . Correlation is significant at the 0.01 level (2-tailed).

The data in table 6 obtained by applying the t test of significance, shows that in the group of subjects who often feel loneliness, there is a tendency towards a moderate anxiety ($m = 19.87$), while in the group of subjects who rarely feel loneliness is manifested predominantly anxiety levels considered to be within normal limits.

Table 6. Presentation obtained results with the test t for anxiety

Study Subjects	N	Minimum	Maximum	Average	Standard deviation	T	p
Subjects who often feel loneliness	260	17.99	21.74	19.87	5.022		p=0.001 21.668
Subjects who rarely feel loneliness	260	12.86	14.27	13.57	1.888		

The data obtained by applying the Pearson correlation coefficient, presented in table 7, highlight a positive correlation between the loneliness felt by subjects and the state of anxiety ($p = 0.791$), meaning that if the subjects felt more acutely the state of loneliness, then presents the most common manifestations of anxiety, the idea that supports the third hypothesis of the study, according to which: “the subjects who often feel loneliness present a higher level of anxiety”.

Table 7. Presenting data obtained by applying the Pearson correlation coefficient between the state of loneliness felt and anxiety mood

	state of loneliness felt		anxiety
state of loneliness felt	Pearson Correlation	1	.791**
	Sig. (2-tailed)		.000
	N	260	260
anxiety	Pearson Correlation	.791**	1
	Sig. (2-tailed)	.000	
	N	260	260

** . Correlation is significant at the 0.01 level (2-tailed).

There were significant differences between the two groups of subjects regarding self-perceived satisfaction on his own life. Therefore, the hypothesis "loneliness affects satisfaction with life" was confirmed.

Based on data obtained through the application of Beck Depression Inventory were seen noticeable differences between the two groups of subjects with regard to the condition of depression felt. The second hypothesis of the study, “the subjects who often feel loneliness present a higher level of depression” was confirmed.

By applying the Hamilton Anxiety Scale, we obtained significant differences between the two groups of subjects on the anxiety felt. In addition, the third hypothesis of the study, according to which “the subjects who often feel loneliness present a higher level of anxiety” was confirmed.

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5. Conclusions and discussions

All three hypotheses that have given rise to the scientific approach have been confirmed, demonstrating the psychological and social effects of the loneliness felt on satisfaction with life.

Analysis of quality of life and the phenomena of social life, human relations, outline a possible understanding of what is happening, shares of knowledge that can be complemented by measures of social intervention. It takes a comprehensive perspective on the phenomena of Romanian society, aiming forms of activation, integration in psycho-social support groups, actions to reduce discrimination, (auto) and exclusion (self) social marginalization, and the effects of loneliness, rightly considered a true " soul sickness " through an articulated system that involves both representatives of informal system and system of public and civil society.

In recent years, the issue of social isolation and loneliness has garnered increased attention from researchers, policymakers, and the public as societies age, the use of technology increases, and concerns about the impact of loneliness on health grow. Worldwide, according to the obtained results by research conducted by Kaiser Family Foundation – The Economist Survey on Loneliness and Social Isolation in the U.S, U.K. and Japan, more than a fifth of adults in the U.S. and the U.K. say they often or always feel lonely, feel that they lack companionship, feel left out, or feel isolated from others, about twice the share in Japan, referred to here as those reporting loneliness or social isolation. Not everyone experiences loneliness and social isolation the same way and some do not see it as a problem for them; however, most of those reporting loneliness across the U.S., the U.K., and Japan do. About one in twenty across countries say their loneliness is a “major” problem for them. The major consequences of loneliness affect physical and mental health, relationship and work, good mood condition, trust in one’s own person and others, the optimism of life and future plans, in a word, the quality of life (KaiserFamFound, The Economist Survey on Loneliness and Social Isolation in the U.S, U.K. and Japan).

Loneliness during the pandemic was a complex and multifactorial issue that affected people across the globe. Its consequences, both psychological and physical, underscore the need for immediate intervention and long-term structural changes to address social isolation. As society moves forward in the wake of the pandemic, it is crucial that we develop policies, systems, and programs that prioritize the mental and social health of individuals, particularly during times of crisis. By fostering connection, resilience, and support networks, we can work to mitigate the adverse effects of loneliness and improve the overall well-being of affected populations.

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