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The Relationship between Social Isolation and Psychological Distress among Men and Women Residing in Old Age Homes in Pakistan

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Abstract: *The study examined the relationship between social isolation and psychological distress among older adults residing in old age homes. The present study employed a quantitative, cross-sectional correlational research design to examine the social isolation and psychological distress across gender. A sample of 100 older adults (men = 53, women = 47) residing in old age homes of Islamabad, Pakistan was selected using a purposive sampling technique. Data was collected through measures including Social Isolation Scale, and Depression, Anxiety, Stress Scale (DASS- 21). It was assumed that there is no significant differences across men and women in study variables among older adults which assessed through t-test analysis, results indicated no significant differences among gender. Findings highlight implications for mental health interventions and institutional policies to reduce psychological distress, and emphasizing improved institutional support systems.*

Keywords: Social Isolation, Psychological Distress

Introduction

The global population of older individuals is growing quickly and will do so for many years to come. The need for long-term care facilities and nursing homes will increase as a result (World Health Organization [WHO], 2021). The proportion of the world's population that is 60 years of age or older is expected to double by 2050, making the psychological well-being of older adults a critical public health concern (WHO, 2021). Although evidence of physical health challenges continues to grow, there is also ample evidence to show that as people age they may increasingly experience emotional and psychological problems, and that these issues may be compounded in situations where traditional sources of social support weaken with age (Courtin & Knapp, 2015; Santini et al., 2020). In Pakistan, only about 7% of older adults would consider living in an old-age home due to cultural norms, stigma, and concerns about their emotional well being (Qidwai et al., 2018). Although there are over 494 registered old-age homes throughout Pakistan, some researches has

been conducted on the mental well-being of the residents (Rentech Digital, 2025), indicating that there is a need for further empirical study.

Social Isolation

Social isolation is defined in a variety of ways (Nicholson, 2009). Nicholson (2009), for instance, described social isolation as the inability to participate in and/or obtain high-quality interpersonal interactions. However, according to Rook (1984), social isolation is an objective situation that is defined by a lack of social integration, and the degree of choice has an impact on how social isolation is seen and how each person experiences social isolation. Other writers have expanded the definition of social isolation to include being shut out of social interactions and not having access to social resources (Ahn & Shin, 2013; Berkman, 1983).

According to studies, 50% of those over 60 are susceptible to social isolation (Fakoya et al., 2020). Addressing the various problems that an aging world population faces, such as older individuals' social isolation, is part of the United Nations' Decade of Healthy Aging (United Nations, 2020) broad agenda. The National Institutes of Health (NIH) and the World Health Organization (WHO) have backed this endeavor by stressing the significance of furthering social isolation research. In a deliberate attempt to comprehend isolation, determining the source is crucial. Many elderly Pakistanis suffer from social isolation, a major issue being examined by the community, with indications being that close to half of older adults could potentially fall into this category due to inadequate social networks and less interaction with family or society. The high levels of social isolation can be attributed to the breakdown of traditional family structures, urbanization, and decreasing levels of intergenerational cohabitation (Sajjad et al., 2021).

Beyond the previously discussed aspects, several health related determinants such as chronic diseases, mobility restrictions, sensory deficits (e.g., hearing or sight loss) and cognitive decline all help reduce social engagement for older adults (Nicholson 2012). Psychological issues like depression, lack of confidence and fear of being rejected socially can also contribute to an individual's unwillingness to interact socially (Cacioppo & Hawkley 2002). In developing nations such as Pakistan, rapid urbanization and the movement of younger generations away from home have decreased the availability of traditional caregiving relationships and put older adults at higher risk of becoming isolated from other people in their communities (Qadir et al., 2013; United Nations, 2020).

Psychological Distress

Psychological distress is a common mental health problem in society (WHO, 2001). The term "psychological distress" refers to any bad thoughts and feelings that have an adverse effect on a person's functioning (Sue, Sue & Sue, 2006). According to Goldberg (2000) and Drapeau et al. (2012), psychological distress is a term which some mental health professionals used and individuals who receive mental health services to describe a variety of internal life indicators and experiences that are typically regarded as bothersome, perplexing, or abnormal. In comparison to the related phrase mental disease, psychological distress has a broader scope. According to Goldberg (2000), a collection of medically diagnosed ailments are referred to as mental illnesses.

According to Lerutla (2000), psychological discomfort is a feeling that arises when

someone is in dangerous, stressful, or anxious situations. According to Decker and Sycara (1997) and Burnette and Mui (1997), psychological discomfort is also characterised by a lack of motivation, sleep problems, sadness, hopelessness, emotionality, and a fleeting or bored interest in suicidal thoughts and sentiments.

The prevalence of psychological distress in the general population is widely known to be high in the elderly in Pakistan; however, fewer studies report exact prevalence rates. Psychological distress is observed to be common in older adults with significant numbers experiencing symptoms of depression and anxiety, especially those who have experienced social isolation or loneliness. Studies generally show a positive correlation between loneliness and higher levels of psychological distress thus increasing the likelihood of being socially isolated having a risk factor for developing mental health issues (Ali et al., 2018).

Psychological distress is a complex set of symptoms that may occur as a consequence of emotional, cognitive and behavioral factors. An individual's ability to function in daily life, manage their emotions, and have overall psychological wellness are generally affected by psychological distress (Mirowsky & Ross, 2003). . In older adults, psychological distress is particularly concerning, due to its correlation with social isolation, declining physical health and decreased overall quality of life (Hawkley & Cacioppo, 2010).

Literature Review

The COVID-19 pandemic was linked with increased level of psychological distress in older adults who preferred to be alone and were being isolated for longer periods of time. In an analysis conducted by Svaljug et al. (2025) of a representative sample of older adults across the United States during the pandemic, self-efficacy emerged as the strongest predictor of psychological distress caused by prolonged isolation, emphasizing the importance of individual perceptions of isolation on emotional adjustment.

Ryu and Chen (2025) studied the social isolation impact on emotionally distressed seniors. Based on results of the 2021 China General Social Survey, examining 5,058 community dwelling older adult subjects. The study found that seniors with higher levels of social isolation had lower self reported levels of well being and significantly more concern over aging than their counterparts who were less isolated. Ryu and Chen concluded that social isolation can adversely impact the overall well being of people and emotional health as they age in an increasingly aging world.

It has been seen in a study by Shankar et al. (2011) that examined the link between a person's perceptions of loneliness and the size of their social network and degree of social participation using data from the English Longitudinal Study of Ageing. Their findings indicated that as the older person's social network size decreased and the level of social participation decreased, so too did that person's level of reported loneliness over time. They also found that even after controlling for demographics like age, etc. and health, having an overall score of "high" structural isolation as measured by infrequently contacting one's family or friends and reduced social activities participation was still a crutial predictor of high reported levels of loneliness.

Psychological distress among older adults has been linked with multiple stressors from both health and environment, which can lead to mental health problems even if the adults

do not feel lonely or isolated. Recent research conducted by Camacho and colleagues examined the impact of COVID-19-related stressors, such as a loved one being identified with the virus or having to postpone treatment, on the level of psychological distress experienced by Puerto Ricans 60 years of age and older. Nearly one-third of participants had clinically significant psychological distress as measured by the SRQ-20, and those who had a close relative diagnosed with COVID-19 had significantly higher ($p < 0.05$) levels of psychological distress than those without a close relative. These findings suggest that individuals who experience health related adversity or treatment interruptions may be at increased risk for psychological distress when living in low-resource environments (Camacho et al., 2025).

In a study of older adults and their psychological distress, Mirzaei-Alavijeh et al., (2025) sought to understand how gender, socio economic status, education, and prior health impact older adults' psychological distress. They found that those older adults with a low socio economic status, low education, and illness had higher levels of psychological distress, thereby indicating that health and socioeconomic differences contribute to the psychological well-being of older adults.

Research Question

Social Isolation and Psychological Distress among Men and Women Residing in Old Age Homes in Pakistan

Methodology

The current research used a quantitative, cross-sectional correlational research design examine social isolation, and psychological distress among men and women living in old age homes.

Sample

The data used in this study was sourced from the old age homes in Islamabad, Pakistan. The study includes 100 older adults (men = 53, women = 47) living in old age homes in Islamabad. Men and women were included as participants. Participants were selected based on whether or not they met the study's inclusion and exclusion criteria. Inclusion criteria includes older adults aged 60 or above, who have been residents in specific old age homes for a period of at least 6 months, with education level of intermediate and above, and who have intact cognition and can provide reliable answers. The sample was selected using a purposive sampling method to determine participants for the study.

Instruments

Social Isolation Scale

Social isolation was measured using the 7 item Social Isolation Scale developed by Bass et al., (1996). The response format of this scale is 4-point Likert type ranging from 3 = strongly agree to 0 = strongly disagree. Cronbach's alpha coefficient of scale was *a* .85.

Depression Anxiety Stress Scales (DASS-21)

Psychological Distress was measured through the Depression Anxiety Stress Scales (DASS-21) developed by Lovibond and Lovibond (1995). The scale includes 21 items divided equally across the three subscales depression, anxiety, and stress rated on a 4-point Likert scale ranging from 0 = did not apply to me at all to 3 = applied to me very much or most of the time. The Cronbach's alpha value of each sub scale for anxiety, depression, and stress was .87, .92,

and .89 respectively (Lovibond and Lovibond, 1995).

Results

Mean Differences across Gender for Study Variables (N = 100)

	Men (n = 53)		Women (n = 47)				95% *CI*		Cohen's *d*
Variable	*M*	*SD*	*M*	*SD*	*t*	*p*	*LL*	*UL*	
SI	8.28	4.26	10.00	4.63	-1.82	.07	-3.37	.15	-
DEP	9.26	3.76	10.09	4.16	-1.03	.30	-2.39	.75	-
ANX	9.91	3.84	9.72	4.34	.22	.82	-1.44	1.80	-
STR	9.91	3.42	10.62	4.10	-.95	.35	-2.20	.78	-

Note: M = Means, *SD* = Standard Deviation, *p* = Significance Level, *t* = t –value, *CI* = Confidence Interval, *LL* = Lower Level, *UL* = Upper Level, SI = Social Isolation, *LON* = Loneliness, *DEP* = Depression, *ANX* = Anxiety, *STR* = Stress.

Table 10 shows mean difference across gender among study variables. Results showed that no significant mean differences were found across gender for variables i.e., social isolation, depression, anxiety, and stress. Although social isolation scores of women is slightly higher than the men (p = .07) but this difference was marginal and should be interpreted with caution.

Discussion

The aim of this study was to examine social isolation, and psychological distress among men and women residing in old age homes in Pakistan. According to the researches social isolation positively predicted psychological distress in the form of depression, anxiety, and stress. This indicates that as older adults experience increased levels of social isolation they are likely going to experience an increased level of emotional & psychological distress. In accordance with previous literature, social isolation is cited as a major contributing risk factor for depression, anxiety, and stress (Hawkley & Cacioppo 2010; Santini et al., 2020). Literature indicates that those experiencing social isolation are at greater levels of risk for developing psychological distress than those with higher levels of social support as the ability to cope and stress exposure are affected by social support and social isolation. The impact of social isolation on mental health is particularly strong in older adults who live in aged care facilities. Institutionalized older adults often experience multiple stressors, including declining physical health, dependency, loss of independence, and loss of social roles. These stressors, coupled with social isolation, are likely to be compounded contributing to an increased risk for psychological distress. Earlier studies have also shown that older adults in institutions report greater level of depression and anxiety than their community dwelling peers (Segrin & Passalacqua, 2010). Looking at men and women in terms of social isolation, depression, anxiety and stress, the results didn't show any difference between them. There was a higher level of social isolation reported by women, but that was not statistically significant. This result is similar to some previous research supporting that when living together in an institution with similar living conditions and life situations, there will be less difference between the two genders in their psychological outcomes (Pinquart & Sorensen, 2001). So given that men and women in an old age home will both have many of the same environmental limits, social roles and limited autonomy, then their psychological experiences should be reasonably similar.

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