

Navigating isolation: A systematic review of loneliness among people with disabilities

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Abstract

This systematic review explores the complex phenomenon of loneliness among people with disabilities, a demographic increasingly recognized for its unique emotional and social challenges. Loneliness, defined as a subjective experience of social isolation, significantly impacts mental health, leading to conditions such as depression and anxiety. The review synthesizes existing literature, highlighting that approximately 38% of PWD live alone, exacerbated by socioeconomic factors and barriers to social interaction. Various forms of loneliness—emotional, social, existential, and digital—are identified, each influenced by factors including stigma, accessibility, and personal circumstances. The findings reveal that PWD experience higher levels of loneliness compared to their non-disabled peers, underscoring the need for targeted interventions. The review emphasizes the intersectionality of age, gender, race, and culture, which shapes the experiences of loneliness in this population. Methodological gaps in current research, such as inconsistent measurement tools and limited qualitative studies, are also discussed. By addressing these gaps, this review aims to inform policymakers and community organizations, advocating for inclusive practices that enhance social connections and improve the quality of life for PWD. Ultimately, fostering awareness and understanding of loneliness in this group is crucial for developing effective support systems and promoting social inclusion. The review calls for further research to explore protective factors against loneliness and effective intervention strategies tailored to the diverse needs of PWD.

Keywords: Mental Health; Social Isolation; Interventions; Intersectionality; Socioeconomic Factors

1. Introduction

Loneliness is a psychological experience that remains poorly defined and conceptualized. It is a complex, multifaceted emotional state that significantly affects individuals across diverse demographics. This feeling can be either situational or arise from specific life circumstances and may lead to long-lasting effects. Recognized throughout history, loneliness is a universal human experience, yet it is experienced uniquely by each individual. It can contribute to mental health issues, such as depression and low self-esteem. In recent years, loneliness has emerged as a critical public health concern (Gerst-Emerson and Jayawardhana, 2015; Killeen, 1998).

1.1. Definition

Loneliness is a complex emotional experience that is defined in various ways within psychological literature. A commonly accepted definition describes it as a subjective experience of social isolation, where individuals perceive a disconnect between their desired and actual social relationships (Peplau and Perlman, 1982). This definition underscores the personal nature of loneliness, indicating that it involves emotional reactions to perceived social deficits rather than merely physical isolation. Cacioppo and Cacioppo (2018) characterize loneliness as a state marked by feelings of emptiness and disconnection, which can occur even in the presence of others. This viewpoint highlights the

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importance of the quality of social interactions alongside their quantity. Furthermore, Hawkley and Cacioppo (2010) identify loneliness as a significant predictor of mental health issues, including depression and anxiety, emphasizing its broader implications for individual well-being and public health. Collectively, these definitions illustrate the complex nature of loneliness, influenced by both personal perceptions and social contexts (Seemann, 2022; Kulick and Rydström, 2015).

1.2. Characteristics

Loneliness is fundamentally a subjective experience in which individuals perceive a gap between their desired and actual social interactions. It is often characterized by personal emotions rather than simply the number of social contacts (Motta, 2021). Various forms of loneliness exist (Bekhet, Zauszniewski, and Nakhla, 2008). Emotional loneliness manifests as affective distress, which includes feelings of sadness, emptiness, and anxiety stemming from the absence of a close emotional bond (Heinrich and Gullone, 2006). Social loneliness arises from a lack of meaningful connections, reflecting deficiencies in broader social networks or community ties. Existential loneliness involves profound feelings of isolation concerning one's sense of purpose and identity, leading to struggles with belonging in society. Situational loneliness is transient and can occur during life transitions, such as moving to a new location, losing a caregiver, or facing changes in living conditions. Cultural loneliness represents a disconnection from societal norms, often due to underrepresentation in mainstream culture and limited access to cultural activities. Digital loneliness is associated with inadequate access to technology and the internet, which hampers communication. Understanding these various types of loneliness is essential for developing effective interventions and support systems aimed at enhancing social inclusion and emotional health for PWDs (Tomida et al., 2023; Ayalon, 2016; Applebaum, 1978).

The consequences of loneliness can manifest as mental health challenges, including depression, anxiety, low self-esteem, and stress (Qualter et al., 2015). Additionally, loneliness may pose physical health risks, leading to various health conditions (Cacioppo et al., 2010). It can also influence cognitive processes, fostering negative thought patterns and an intensified focus on personal flaws (Hawkley et al., 2008). The experience of loneliness varies by age group, often peaking during adolescence and late adulthood (Victor and Yang, 2012).

1.3. Prevalence

Approximately 38% of people with disabilities (PWD) live alone, often due to socioeconomic factors. Research indicates that PWD experience loneliness at significantly higher rates than their non-disabled peers (Adam et al., 2023). Health limitations exacerbate feelings of isolation and loneliness, as individuals face considerable barriers to socialization, such as physical accessibility issues and societal stigma (Chokkanathan, 2020). These obstacles hinder their ability to form and maintain relationships, leading to increased loneliness. The resulting isolation can have severe health implications, including higher risks of cardiovascular diseases and mental health issues, ultimately diminishing their quality of life (QOL). Furthermore, recommendations for improving research practices include ethical considerations, methodological diversity, inclusion in longitudinal studies, and engaging relevant stakeholders to broaden disability categories (Chawla et al., 2021).

The WHO Study on Global AGEing examined individuals aged 60 and older across 140 countries, revealing a high prevalence of chronic conditions like hypertension, diabetes, and arthritis within this demographic (Srivastava et al., 2021). Mental health issues, including depression and cognitive decline, are common in this population. Many older adults encounter challenges with daily activities, indicating a need for enhanced support services. Functional decline is associated with age-related diseases and various social factors (Stickley et al., 2021). Maintaining social connections and community engagement is vital for the mental and physical health of older adults, as isolation can adversely affect well-being. Economic security is critical, with many older adults relying on pensions or family support, highlighting the necessity for robust social safety nets. Access to healthcare varies significantly, influenced by geographic and socioeconomic factors, underscoring the need for policies that promote healthy aging and ongoing research to address the evolving needs of older populations (Banda, 2025; Schroyen et al., 2023).

2. Review of Literature

Among the elderly, PWD often encounter unique challenges that can intensify feelings of isolation and loneliness. Loneliness in this group is exacerbated by social isolation, mobility issues, and stigma. Limited access to social activities and environments can obstruct connections, leading to heightened feelings of loneliness and unwanted emotions. In many societies, both loneliness and disabilities are subject to a "double stigma." Mental health issues, such as depression, further complicate this relationship (Tomida et al., 2024; Emerson et al., 2023). Research utilizing a narrative life course approach indicates that these individuals are at a greater risk of experiencing loneliness due to barriers in social interaction, stigma, and limited access to community resources (Tarvainen, 2021). There is a pressing

need to synthesize existing literature, highlight the prevalence of loneliness in this population, and examine its impact on mental health and overall well-being. Identifying potential interventions and strategies to mitigate loneliness is essential to emphasize the importance of inclusive practices and supportive environments. By illuminating this critical issue, the review aims to inform policymakers, healthcare providers, and community organizations about the urgent need for targeted initiatives that foster social inclusion and enhance the QOL for PWDs (Maroto et al., 2023).

Previous research on loneliness across various disabilities has examined several factors and variables, including age, gender, race, religion, and personality traits (Buecker et al., 2020). Studies have also explored aspects such as group support, temporal variations, and seasonal changes (Ji et al., 2025; Tapia-Munoz et al., 2025; Lindsay and Yantzi, 2014). Additionally, longitudinal changes over time, coping mechanisms, resilience, and both adaptive and maladaptive strategies have been scrutinized (Gerino et al., 2017). Other considerations include stigma, self-esteem, health outcomes, well-being, aging, life transitions, technology use, and the accessibility of public spaces (Ipsen and Repke, 2022; Weiss, 1987). Gómez-Zúñiga, Pousada, and Armayones (2023) investigated loneliness in the context of social isolation and disability interventions, raising questions about whether loneliness in PWDs constitutes a single concept or encompasses various subtypes. The study highlights that protective factors such as employment and barrier-free environments, along with social skills training and enhanced support, can be beneficial.

2.1. Need, Rationale, and Justification

Understanding loneliness among PWD is crucial, as they experience higher rates of loneliness compared to the general population. This issue significantly impacts their mental health, leading to conditions such as depression, anxiety, and a diminished quality of life (QOL). Identifying the factors contributing to loneliness in this population is vital for developing effective interventions. There is a notable lack of comprehensive reviews specifically addressing loneliness in PWD. This systematic review aims to fill that gap.

Loneliness in PWD is influenced by multiple factors, including social isolation, stigma, and accessibility challenges. This population comprises individuals with diverse disabilities, each facing unique obstacles. A thorough review can illuminate these complex interactions and highlight the varied experiences within this group. By synthesizing existing research, the study will provide valuable insights for policymakers and organizations, guiding the development of targeted strategies to combat loneliness. Addressing this issue is crucial for enhancing social inclusion and improving overall QOL. Furthermore, the intersection of identities—such as race, gender, and socioeconomic status—has not been adequately explored. Inconsistencies in measurement tools across studies complicate comparisons of findings. Research specifically tailored to address loneliness in PWD, considering individual circumstances, is scarce. Most studies focus on psychological aspects while neglecting environmental factors like accessibility and community support. There is also a lack of qualitative research that captures personal experiences of loneliness, which could complement quantitative data. Limited studies focus on older adults with disabilities, despite their unique challenges. Finally, the impact of technology and social media on loneliness in PWD remains under-explored. By addressing these gaps, this review can lead to more effective interventions and policies, ultimately promoting social equity for individuals facing these challenges.

2.2. Research Questions

What is the nature and extent of loneliness experienced by different types of PWD?

What protective factors exist against loneliness in this population? What interventions have proven effective in reducing loneliness among PWD? What key factors contribute to loneliness in PWD? How do social isolation, stigma, accessibility, and personal experiences exacerbate loneliness? In what ways does loneliness affect the mental health and QOL of PWD? What specific mental health issues are associated with feelings of loneliness in this population? What are the methodological limitations of existing studies on loneliness in PWD? What gaps exist in the current body of research that need to be addressed?

Objectives

- To identify protective factors that reduce loneliness and evaluate the effectiveness of interventions for this group.
- To investigate the prevalence of loneliness across various demographics and disability types, explore contributing social, psychological, and environmental factors, outline the relationship between loneliness and mental health outcomes like depression and anxiety, and identify literature gaps to suggest future research areas.

2.3. Theoretical Underpinnings

Theories elucidate the intricacies of loneliness in the context of disability and their implications for intervention strategies. *Social Isolation Theory* posits that loneliness arises from insufficient social connections and interactions, which can be exacerbated for PWD due to various physical or social barriers. They face a heightened risk of emotional loneliness and social isolation compared to their non-disabled counterparts (Macdonald et al., 2018). *Attachment Theory* asserts that the quality of early relationships significantly influences future social connections. PWD encounter difficulties in forming attachments due to societal stigma or isolation (Bowlby, 1982). *Cognitive-Behavioral Theory* examines how negative thought patterns and self-beliefs contribute to loneliness. PWD internalize societal views, adversely affecting their self-esteem and social participation, which cognitive-behavioral interventions can address (Beck, 1976). *Ecological Systems Theory* highlights the role of various environmental contexts (family, community) in shaping loneliness experiences. Supportive environments can alleviate loneliness for PWD (Bronfenbrenner, 1979). *Social Support Theory* posits that social support networks can help diminish loneliness by providing emotional and practical assistance (Holt-Lunstad and Uchino, 2010; Cohen and Wills, 1985). *Social Identity Theory* explores how belonging to specific groups influences self-esteem and feelings of loneliness among PWDs (Tajfel and Turner, 1979). *Disability Identity Theory* notes how one's identity as a PWD affects social interactions and loneliness experiences. It is suggested that a positive disability identity can enhance resilience against loneliness (Macdonald et al., 2018). *Social Comparison Theory* indicates that individuals assess themselves through comparisons with others, leading PWD to feel lonely if they perceive themselves as different or inferior (Smith, 2000; Buunk and Ybema, 1997). *Self-Determination Theory* emphasizes the significance of autonomy and competence in alleviating loneliness, suggesting that PWD who experience self-determination may encounter lower levels of loneliness (Shogren and Wehmeyer, 2017; Duncan and McMurray, 2015; Wehmeyer, 1996). *Resilience Theory* focuses on coping mechanisms, asserting that resilience factors can assist individuals with disabilities in forming social networks and reducing loneliness (Patterson and Kelleher, 2005). *Existential Theory* explores how individuals confront feelings of isolation and meaninglessness, particularly in the context of living with a disability (Yalom, 1980).

2.4. Procedure

This bibliographic search, conducted until April 2025, utilized key terms such as loneliness, social isolation, desolation, solitude, seclusion, withdrawal, solitariness, and PWDs. Boolean operators like AND and OR were employed to refine search results. The search was performed across multiple databases, including Google Scholar, JSTOR, PUBMED, PsycINFO, and the Web of Science, focusing on original research articles published in English ISSN journals and ISBN books. Exclusions were made for newsletters, unpublished dissertations, and misleading references. The review aimed to explore various aspects of loneliness in PWDs, including its meaning, characteristics, types, sources, dynamics, measurement, benefits, applications, and negative aspects. The compiled list of entries underwent bibliometric analysis using a PRISMA flow diagram and harvest plot (Table 1; Figure 1). The 20-item PRISMA2020 Checklist (Page et al., 2021) was followed to ensure transparency in reporting. Literature incorporated structured abstracts, methods, results, and discussions contributing to evidence-based decision-making in this critical area of research. A total of 157 references were compiled in a Microsoft Excel spreadsheet under appropriate headings, with distinct codes for categorization. To minimize bias, two independent coders conducted inter-observer reliability checks, achieving a robust correlation coefficient ($r: 0.94$). Effect sizes were analyzed using Cohen's guidelines (Cohen, 1992).

The study selection process comprised several steps:

- initial screening of article titles and abstracts for relevance;
- full-text review of potentially relevant articles against inclusion/exclusion criteria;
- data extraction using a standardized form to gather information on study characteristics, demographics, methods, and key findings; and
- data synthesis through qualitative thematic analysis to identify common themes regarding loneliness among PWD. Since this review involves secondary data analysis, no ethical approval is necessary, although all included studies were noted to have received appropriate ethical clearance from their respective institutions (Venkatesan, 2009). This review process lasted about six months, encompassing literature search, data extraction, analysis, and manuscript preparation, aiming to enhance understanding of loneliness in PWDs for future research and interventions.

3. Results

This review's bibliography on loneliness includes 157 references from a total of 311 sourced by the author, which underwent quantitative analysis (see Figure 1; Table 1). The findings show that most references are original research

articles (N: 69; 43.95%), followed by books (N: 23; 23.96%) and book chapters (N: 4; 4.17%). The earliest academic work on loneliness argued that it should be viewed beyond a psychiatric symptom, linking it to life transitions such as relocation or loss, as well as social challenges (Von Witzleben, 1958). Initially, research focused on the experiences, characteristics, and taxonomy of loneliness. Over time, the focus shifted to measurements, theories, and therapeutic approaches. In 1973, Weiss explored loneliness as emotional and social isolation. Perlman and Peplau (1981) further developed the social psychology of loneliness, emphasizing its relational aspects. Their 1982 sourcebook compiled various theories and research on loneliness. Cohen and Wills (1985) introduced the buffering hypothesis, linking social support to stress management. Davis (1986) examined loneliness and social support specifically in disabled individuals, highlighting their unique challenges. Collectively, these works significantly contribute to understanding loneliness, its psychological implications, and the role of social support in mitigating its effects. Notably, "Disability and Rehabilitation" (N: 6) and "Journal of Intellectual Disabilities" (N: 3) published the most articles in this review.

The results of this review are further presented as comparative findings on measures of loneliness, followed by loneliness in various types of disabilities, and by their age, gender, and culture/race.

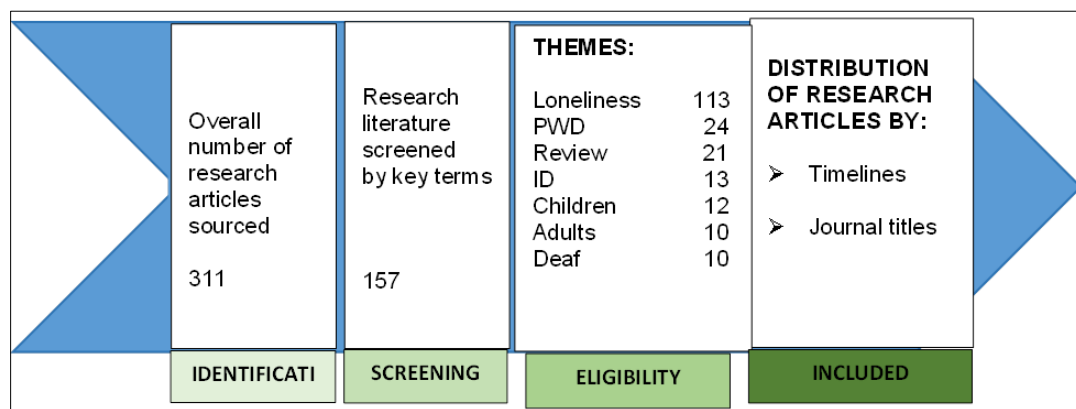


Figure 1 Prisma Flow Diagram depicting the procedure for review

Table 1 Frequency distribution of literature on loneliness in PWDs

Year/s	N	Themes	N	Title of Journal	N
1958	1	Loneliness	113	Disability and Rehabilitation	6
1963	1	PWD	24	Intellectual Disabilities	3
1971-1980	7	Review	21	Others	120
1981-1990	9	ID	13	Total	157
1991-2000	19	Children	12		
2001-2010	30	Adults	10		
2011-2020	60	Deaf	10		
>2020	30	Characteristics	9	Format	
Total	157	Epidemiology	8	Original Research Articles	132
		Adolescents	8	Chapters in Books	12
		Elderly	8	Books	13
		Characteristics	6	Total	157
		Theory	5		
		Visual Disabilities	4		
		Intervention	3		
		Others	33		

3.1. Measures

Several measures of loneliness are widely used in research, including: The Revised UCLA Loneliness Scale (Russell, Peplau, and Cutrona, 1980), The Loneliness Scale (LS) (Hughes, Waite, Hawkley, and Cacioppo, 2004), The Emotional and Social Loneliness Scale (ESLS) (Cacioppo and Cacioppo, 2012), The Three Item Loneliness Scale (Nielsen, Friderichsen, and Rayce, 2021), The Loneliness Scale for Older Adults (LSOA) (Victor and Yang, 2010). These tools have been employed in various studies to evaluate loneliness among diverse populations, including PWDs, and have been modified to enhance their relevance across different groups. For blind individuals, specific measures have been developed and adapted, such as: The Loneliness Scale for Blind and Visually Impaired Individuals (Hurst and Morrow, 2005), The Social and Emotional Loneliness Scale for Adults (SELSA) (DiTommaso and Spinner, 1997), The Loneliness Questionnaire (LQ) (De Jong Gierveld and Kamphuis, 1985), The ESLS (Cacioppo and Cacioppo, 2012).

Measures of loneliness for PWDs often exhibit several shortcomings: Lack of Inclusivity: Many tools fail to account for the diverse experiences across various disabilities; (ii) Underreporting of Loneliness: Existing assessments may not capture the unique social contexts and barriers faced by these individuals. (iii) Self-Reporting Bias: Reliance on self-reporting can introduce bias, as individuals may struggle to articulate their feelings due to communication barriers (Cohen and Janicki, 2016); (iv) Cultural Oversight: Cultural factors influencing loneliness are frequently overlooked, limiting the applicability of these measures (Gonzalez et al., 2017).

3.2. Types of Disabilities

Disabilities are classified into categories: sensory, physical, mental, and developmental. The experience of loneliness varies across different types of disabilities, influenced by factors such as social interaction barriers, accessibility, communication challenges, physical limitations, and personal experiences.

3.2.1. Visual Impairment

Individuals with blindness often face loneliness due to social isolation due to challenges in navigating social settings and participating in visually interactive activities. Communication barriers result from missing non-verbal cues which leads to misunderstandings and disconnection. Accessibility issues arise from limitations in public spaces restrict social engagement. Social stigma arise from misconceptions about blindness deter these individuals from seeking connections (Kim, 2022; Brunes et al., 2019). The interplay of anxiety, depression, and emotional distress can significantly amplify feelings of isolation. While some individuals may seek comfort in solitary activities, this behavior can often be misinterpreted by others as loneliness. In reality, solitude can serve as a coping strategy for social difficulties, potentially perpetuating a cycle of isolation. Community support groups tailored for blind individuals can play a crucial role in mitigating loneliness by fostering a sense of belonging and promoting social engagement. It is essential to understand the unique aspects of loneliness experienced by those who are blind or visually impaired, as this understanding is vital for creating effective support systems and interventions that enhance their social connections and overall well-being (Dunlap et al. 2024).

3.2.2. Deaf, Hard of Hearing and Hearing Impairment

Loneliness among deaf and hard-of-hearing individuals often presents distinctive characteristics that set them apart from the general population. Communication barriers are a significant factor, as these individuals may find it challenging to engage socially in environments where spoken language predominates. This can lead to feelings of isolation, particularly in group settings where sign language is not understood (Duncan, Colyvas, and Punch, 2021; Movallali and Hakimi-Rad, 2020; Cacoullous, 2017). Furthermore, the stigma associated with hearing loss can intensify feelings of loneliness, as individuals may fear being judged or misunderstood by others (Mousavi, Movallali, and Mousavi, 2018; Davis and MacKay, 2017). Social networks among deaf and hard-of-hearing individuals often depend heavily on shared experiences and cultural identity, which can be difficult to establish in predominantly hearing communities (Marschark and Hauser, 2012; Steinberg, Sullivan, and Montoya, 1999). The absence of accessible resources, such as captioning and interpreters, further limits social participation, reinforcing feelings of exclusion (Kluwin and Stewart, 2000; Kluvin, 1999). Ultimately, addressing loneliness in this demographic necessitates tailored interventions that promote social connections and improve communication accessibility. By creating inclusive environments and acknowledging the specific challenges faced by deaf and hard-of-hearing individuals, we can help reduce loneliness and enhance overall well-being (Most, 2007; Backenroth, 1993).

3.2.3. Mobility Impairments

Loneliness among individuals with mobility impairments, such as cerebral palsy, post-polio paralysis, amputations, and multiple sclerosis, is influenced by a variety of physical and social factors. These individuals may feel isolated due to

physical barriers that hinder their participation in social activities, resulting in a sense of dependence (Rimmer and Rowland, 2008). They frequently encounter obstacles in social interactions, as their physical limitations restrict access to community venues, leading to social exclusion and heightened feelings of loneliness. Stigmatization can also result in negative social encounters, prompting self-isolation as they avoid situations where they anticipate judgment or discrimination (Goffman, 1963). The internalization of societal stigma can amplify feelings of loneliness and inadequacy. Moreover, reliance on caregivers for daily tasks, although often necessary, can foster feelings of helplessness and diminish autonomy, further contributing to loneliness (Katz et al., 2016). This dependency can strain relationships and complicate the formation of meaningful connections. Additionally, mobility impairments may alter social roles, including work and family responsibilities, resulting in a loss of identity and purpose, which can intensify loneliness (Rokach, Lechcier-Kimel, and Safarov, 2006; Schweitzer et al., 2016). Loneliness is often linked to mental health challenges, such as depression and anxiety, creating a difficult cycle to escape.

The experience of loneliness varies significantly between individuals with congenital mobility impairments, like cerebral palsy, and those with acquired impairments, such as amputations or multiple sclerosis. These differences arise from a range of psychological, social, and environmental influences. Individuals with congenital disabilities typically grow up with their conditions, resulting in a prolonged adaptation process. This can foster a strong identity related to their disability, which influences their social interactions and feelings of loneliness. In contrast, those with acquired impairments often grapple with identity loss and the abrupt changes in their lifestyle, which can heighten feelings of loneliness as they adjust to their new circumstances (Kendall et al., 2015). Individuals with congenital disabilities may have established support networks early in life, including family and community ties, which can help alleviate feelings of loneliness (Graham et al., 2020). Conversely, those with acquired impairments often need to rebuild their social networks, a process that can be arduous and lead to isolation (Holt-Lunstad et al., 2015). Additionally, societal perceptions differ; congenital impairments may carry lifelong stigma but also benefit from greater advocacy for disability rights. In contrast, individuals with acquired impairments may confront stigma related to their sudden change in status, leading to feelings of unworthiness and loneliness (Schweitzer et al., 2016). While those with congenital impairments may develop coping strategies over time, individuals with acquired impairments might face acute mental health issues, such as depression and anxiety, following their loss.

3.2.4. Cerebral Palsy

Individuals with cerebral palsy (CP) experience distinct aspects of loneliness, primarily stemming from social isolation caused by physical limitations that restrict their ability to participate in group activities. Communication challenges can hinder their capacity to form and maintain social relationships, further intensifying feelings of loneliness (Rosenbaum et al., 2007). A significant dependence on caregivers for daily tasks can foster feelings of helplessness and limit opportunities for independent social interactions (Katz et al., 2016). The visible nature of their disability often leads to stigmatization and negative social encounters, contributing to feelings of unworthiness and loneliness. CP can also disrupt traditional social roles, including work and family responsibilities, resulting in a loss of identity and purpose, which can heighten loneliness (Schweitzer et al., 2016). Moreover, loneliness is frequently associated with mental health issues like depression and anxiety, creating a challenging cycle. Restrictions in mobility may limit peer engagement, further increasing feelings of loneliness (Cacioppo and Cacioppo, 2018).

Age-related variations in the experience of loneliness among individuals with CP have been documented. Children with CP often face social isolation due to their physical limitations, which can foster feelings of loneliness. Forming peer relationships is crucial during childhood and adolescence, and the inability to participate in typical activities can exacerbate these feelings (Yildirim et al., 2022; Farouk Abolwafa, Mohammed Zaki, and Mohammed Ali, 2022; Hatzmann et al., 2009). As young adults with cerebral palsy transition into adulthood, they encounter specific challenges, such as difficulties in establishing romantic relationships and pursuing higher education or job opportunities. These obstacles can lead to feelings of loneliness and social disconnection (McMillan and Hays, 2015; Cooper, Balandin, and Trembath, 2009). For older adults with CP, increased loneliness may arise from the loss of social networks, mobility issues, and health complications. The combined impact of these factors can result in pronounced feelings of isolation (Rosenbaum and Gorter, 2012; Ballin and Balandin, 2007; Balandin, Berg, and Waller, 2006). Loneliness in this population varies by age, shaped by social interactions, physical constraints, and life transitions. Addressing these challenges is essential for improving the QOL for those with CP.

3.2.5. Multiple Sclerosis

Multiple sclerosis (MS) is a chronic autoimmune disorder that affects the central nervous system, leading to damage or loss of myelin, the protective layer surrounding nerve fibers. This condition manifests through various symptoms, including fatigue, mobility challenges, cognitive difficulties, and emotional issues. The unpredictable progression of MS can result in social withdrawal, as individuals may find it difficult to maintain relationships and engage in activities they

once enjoyed. Consequently, loneliness often becomes a significant concern, adversely impacting mental health and overall quality of life (Balto, Pilutti, and Motl, 2019; Lohne, 2010; Motl and McAuley, 2009). Addressing loneliness is vital for enhancing well-being (Beal and Stuifbergen, 2007). This withdrawal can also create tension within family and friendship dynamics (Kessler et al., 1999). Moreover, emotional distress, including increased depression and anxiety, is frequently observed in those with MS. Chronic fatigue exacerbates this isolation, making social engagement challenging (Krupp et al., 1988). Cognitive impairments related to the disease further complicate social interactions (Chiaravalloti and DeLuca, 2008). The recent global pandemic has intensified these challenges (Strober et al. 2022) and highlighted the importance of telehealth programs for support (Leavitt et al. 2020; Kalina and Hinojosa, 2016). Collectively, these factors emphasize the intricate relationship between loneliness and MS, underscoring the need for specific interventions to foster social connections and enhance mental health in this vulnerable group (Stuifbergen et al. 2024; Kasikci and Dayapoglu, 2020).

3.2.6. Mental Health Disabilities

Mental health disabilities encompass a range of conditions, including depression, generalized anxiety disorder, panic disorder, social anxiety disorder, bipolar disorder, schizophrenia, PTSD, OCD, and ADHD (American Psychiatric Association, 2013). Individuals with mental health disabilities frequently experience emotional distress, such as depression and anxiety, which can worsen feelings of loneliness and create a cycle of withdrawal. Stigma and fear of judgment may deter them from pursuing social opportunities, contributing to increased isolation. Their experiences of loneliness can vary significantly, fluctuating with their mental health status and leading to periods of intense isolation (Çağan and Ünsal, 2014).

3.2.7. Neurodevelopmental Disorders as Disabilities

Individuals with neurodevelopmental disorders, such as Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder, Intellectual Disability, Specific Learning Disabilities, Developmental Coordination Disorder, Communication Disorders, Tourette Syndrome, and Fragile X Syndrome, may face considerable challenges in daily functioning, education, and social interactions. These individuals often struggle with social communication and may find it difficult to interpret social cues, leading to misunderstandings and feelings of loneliness. Some may prefer solitary activities, which can be misinterpreted as loneliness. Additionally, coping with changes in routine or environment can heighten feelings of isolation during transitions. Those with intellectual disabilities (previously referred to as mental retardation) may experience loneliness stemming from difficulties in social cognition and communication, which impede their ability to establish and maintain relationships. They frequently encounter obstacles in social integration, making it challenging to form friendships or engage in social activities due to cognitive limitations. Vulnerability to bullying can lead to withdrawal and increased loneliness. Furthermore, reliance on family or caregivers for social interaction can contribute to isolation when support is lacking. Loneliness is a significant concern among individuals with intellectual disabilities (Gilmore and Cuskelly, 2014), who struggle with forming and maintaining friendships.

Loneliness is a subjective experience that can differ significantly among individuals with intellectual disabilities. Various factors, including age, type of disability, and personal history, can influence how loneliness is perceived and felt (Schuengel and Kooijmans, 2020). Evaluating loneliness in people with intellectual disabilities presents unique challenges due to communication barriers, as they often struggle to articulate their feelings and thoughts (McKenzie and McGhee, 2017; Chadsey-Rusch et al., 1992). Their social environment, encompassing their support systems and community interactions, plays a role in shaping their loneliness, complicating efforts to view loneliness as an isolated issue (Clegg and McNair, 2019). Many standardized loneliness assessments depend on verbal communication, which may not be accessible to all individuals with intellectual disabilities. Their cognitive limitations can hinder their understanding of loneliness and related concepts, resulting in inaccurate self-reports or misunderstandings of survey questions (Hassiotis, 2016). There is a lack of validated tools specifically for measuring loneliness in this population, leading to inconsistent and unreliable findings (Dagnan and Waring, 2017). Addressing these issues necessitates the creation of tailored assessment tools, caregiver training, and a better understanding of the social dynamics affecting individuals with intellectual disabilities. Future research should aim to develop more inclusive methodologies to accurately capture loneliness experiences in this group.

Loneliness is a significant concern for individuals with learning disabilities, impacting their social interactions and emotional well-being. Research indicates that they often experience higher levels of loneliness compared to their peers without disabilities (Baumeister and Leary, 1995; Margalit, 1998; 1991; Margalit and Levin-Alyagon, 1994). This isolation can stem from difficulties in communication, social skills deficits, and stigmatization, leading to a lack of meaningful connections (Tilly, 2019). Knowing the relationship between learning disabilities and loneliness is crucial for developing interventions that foster social inclusion and emotional support (Musetti et al. 2019; Sullivan and

McCarthy, 2018). Addressing these challenges can enhance their overall quality of life (Heiman and Olenik-Shemesh, 2020).

Chronic illnesses as disabilities can result in persistent pain or fatigue, limiting social engagement and fostering loneliness. The unpredictable nature of these health conditions can complicate the maintenance of social connections, further contributing to feelings of isolation. Misunderstandings surrounding chronic illnesses can lead to alienation from peers. In conclusion, recognizing the diverse patterns of loneliness among different types of disabilities is essential for creating targeted interventions and support systems. Each disability presents distinct challenges that can influence social interaction and emotional well-being (Pavri 2001).

3.3. Intersection of Variables

Examining the intersection of age, gender, race, and culture reveals intricate dimensions of loneliness among persons with disabilities (PWDs), showcasing diverse experiences and unique challenges.

3.3.1. Age

Loneliness manifests differently across various age groups among individuals with disabilities. Children with disabilities often experience feelings of isolation (Heiman and Margalit, 1998; Williams and Asher, 1992), while adolescents may face social disconnection. Adults struggle with maintaining social connections, and the elderly frequently feel isolated due to the loss of peers. The impact of loneliness on children can disrupt family dynamics, which may worsen with peer pressure during adolescence, work-related stress in adulthood, and health issues in older age. Children typically seek companionship, adolescents crave acceptance, adults recognize the value of social networks, and the elderly often depend on others for social interaction. Characteristics of loneliness in childhood include vulnerability to bullying, a limited understanding of emotions, and the potential for parental involvement to alleviate feelings of loneliness. During adolescence, peer relationships become crucial, awareness of social dynamics increases, social media significantly influences feelings of belonging, and identity exploration can lead to loneliness (Qualter and Brown, 2019; Qualter and Munn, 2005; Margalit and Ronen, 1993).

In adulthood, loneliness can arise from career pressures, transitions such as divorce, and retirement. For older adults, diminished social networks, bereavement, and mobility challenges can contribute to feelings of marginalization due to age (Alexandra, Angela, and Ali, 2018).

Loneliness is a complex emotional experience that evolves over time. Early childhood social interactions shape feelings of belonging, while peer relationships become increasingly important during adolescence, where rejection can heighten loneliness (Parker and Asher, 1987). In early adulthood, the transition to independence may lead to increased isolation. Major life changes, such as divorce or loss, can further amplify loneliness, and the decline of social networks often results in greater isolation in older adults (Hawkey and Cacioppo, 2010).

3.3.2. Gender

The experience of loneliness among PWDs is significantly influenced by gender. Research indicates that women with disabilities often report higher levels of loneliness compared to men, primarily due to social isolation and caregiving responsibilities. Additionally, societal expectations and stigma surrounding disability can intensify feelings of loneliness, especially for women who may face discrimination based on both gender and disability (Krause et al., 2018). Understanding these gender dynamics is essential for developing targeted interventions that address the unique experiences of loneliness among different genders within the disabled community (Pagan, 2020).

3.3.3. Race and Culture

Research into loneliness among PWDs highlights significant intersections with race and culture. Individuals of color with disabilities often experience increased levels of loneliness due to systemic barriers, cultural stigma, and limited access to supportive resources (Hernandez et al., 2020). For example, African American and Hispanic individuals with disabilities report feeling more isolated than their white counterparts, largely due to cultural beliefs that discourage open discussions about disability (Gonzalez et al., 2019). Cultural factors play a vital role in shaping experiences of loneliness; in some cultures, disability may be viewed as shameful, leading to social withdrawal and exacerbating feelings of isolation (Shakespeare, 2006).

The intersectionality of race and disability underscores the necessity for culturally sensitive interventions that recognize and address these unique challenges. Ultimately, combating loneliness in this demographic requires a

multifaceted approach that considers the complex interplay of race, culture, and disability, ensuring that support systems are inclusive and accessible to all.

3.4. Overcoming Loneliness

To effectively tackle loneliness, it is crucial to identify and dispel the myths and misconceptions surrounding PWDs. A common belief is that loneliness universally affects everyone and that PWDs are perpetually lonely. In truth, many individuals with disabilities maintain vibrant social lives and robust support networks. The notion that disabilities inherently lead to social isolation is misleading (Buchanan and Ess, 2008). PWDs actively seek companionship and social connections, just like anyone else. Furthermore, loneliness is not solely the result of physical barriers; emotional and psychological factors, along with societal attitudes, play significant roles. While providing social opportunities is essential, addressing loneliness requires a deeper understanding of individual needs and creating inclusive environments. Technology can be a valuable resource for enhancing communication and community engagement. Many disabilities are invisible, leading to misconceptions about an individual's social needs. Recognizing these myths can help create more inclusive support systems, ultimately reducing loneliness among PWDs (Bourke and Craik, 2020; Nicolaisen and Thorsen, 2017; Masi et al. 2011; Pettigrew and Roberts, 2008).

Loneliness presents significant challenges for PWDs due to factors such as social isolation, accessibility barriers, and stigma. To combat loneliness, individuals can focus on building social connections (Heinrich and Gullone, 2006) by joining or forming support groups where they can share experiences and emotions. Participating in local community events designed for PWDs can also foster connections (Rosedale, 2007; de Jong Gierveld, 1998). Effective interventions to combat loneliness include community programs, peer mentorship, and inclusive recreational activities. Utilizing technology is crucial; social media and online platforms allow individuals to connect with others who share similar experiences. Regular video calls with friends and family can help maintain these relationships. Engaging in hobbies, such as arts and crafts, provides creative outlets that can be pursued alone or in groups. Joining adaptive sports teams and volunteering not only promotes social interaction but also fosters a sense of purpose and community. Seeking professional support can aid in addressing feelings of loneliness and developing coping mechanisms, while connecting with peer mentors can offer valuable insights into shared challenges. Advocating for more accessible public spaces ensures that everyone can participate in social activities. Practicing mindfulness and self-compassion can also help individuals cultivate inner peace and counteract negative emotions associated with loneliness. By building connections, leveraging technology, engaging in activities, and seeking support, PWDs can enhance their social lives and alleviate feelings of isolation (Anderson et al. 2021; Pagan, 2021).

Limitations

This systematic review may face several limitations, including publication bias, as studies with significant findings are more likely to be published. Variability in how loneliness is measured across studies may affect comparability. Indian studies on loneliness in PWDs, albeit limited, reveal substantial emotional and social challenges faced by this population. Findings indicate that PWDs often experience heightened feelings of loneliness, negatively impacting their overall quality of life (QOL). Social support emerges as a crucial factor in mitigating loneliness, underscoring the importance of community and familial connections. Furthermore, mental health issues are prevalent, exacerbating feelings of isolation. Overall, these studies emphasize the cultural context, including the influence of familial bonds and community dynamics, and explore the role of social stigma and discrimination specific to Indian society. They highlight the need for targeted interventions and support systems to enhance social inclusion and emotional well-being for PWDs in India. Additionally, these studies often employ qualitative methodologies that provide deeper insights into lived experiences, reflecting the diverse socio-economic backgrounds of PWDs in India, thus offering a more nuanced understanding compared to many Western studies (Mehta and Joshi, 2023; Choudhary and Gupta, 2022; Verma and Sharma, 2021; Kumar and Singh, 2020; Rao and Rani, 2019).

4. Conclusion

In conclusion, loneliness among PWDs presents both advantages and disadvantages. On the positive side, it can encourage self-reflection, fostering personal growth and self-awareness. Some individuals may channel their feelings of isolation into creativity, leading to artistic expression and innovative ideas. A certain degree of solitude can also enhance self-reliance, helping individuals develop effective coping strategies. Conversely, the risks associated with loneliness include mental health challenges such as anxiety, depression, and increased stress. Loneliness can contribute to physical health decline, promote a sedentary lifestyle, and elevate the risk of chronic illnesses, ultimately diminishing overall well-being. Additionally, it may result in fewer social connections, limiting access to vital emotional and practical support, and can lead to societal stigma, further isolating individuals and hindering their social integration.

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