The Epidemic of Loneliness and its Effects on Health and Healing

Kym Juntti

Objectives:

Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities at the level of the state.

Discuss the ethical issues related to persons with developmental disabilities

Identify and emphasize attitudes that enhance the opportunities for persons with DD to achieve their optimal potential

Develop strategies to promote community inclusion in meeting the needs of persons with developmental disabilities

Notes:
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Kym Juntti - Director of the Center for Positive Living Supports - MORC Inc.

My Friend Jim

“Let me tell you this: if you meet a loner, no matter what they tell you, its not because they enjoy solitude, its because they have tried to blend into the world before, and people continue to disappoint them.”

-Jodi Picoult, *My Sister’s Keeper*

Loneliness Defined

Loneliness can be defined as a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those we want (Perlman and Peplau, 1981).

Loneliness is on the rise

- All demographics affected
- 40% report feeling lonely up from 20% in the 80’s
- New methods of communication playing a role
- Social networks decreasing F-F contact
- Persons with ID/DD/MI at increased risk
- 25% (GP) report they have no one to discuss important matters with

Loneliness is on the rise

- In a 1984 study respondents most frequently reported having 3 close confidents. When asked the question again in 2004 the most common response was 0.

- John Cacioppo (Professor of Social Neuroscience at University of Chicago) believes this trend is unfortunate. Just having 3-4 close friends can ward of the effects of loneliness
Its about quality vs. quantity

David Pitonyak on Being Hardwired to Belong

“Human Beings are complex. Knowing someone in a deep and meaningful sense is a strategic resource.”

Causes and risk factors

- Attachment disorders
- Genetics
- Care giving vs. coverage
- Independence as the brass ring
- Decreased or impaired ability to read social cues
- Both the lonely and those with ID/DD/MI exercise less, eats foods with higher calories, fats and sugars
- Few or non-existent meaningful relationships

Causes and risk factors

- Segregation
- Poverty
- Caregivers lack skills to build relationships
- Not knowing those served in a meaningful sense
- Focus on “detached, objective professionals”
- Growing reliance of Medicaid-losing track of relationships

Causes and risk factors

- Little focus on importance of relationships
- Little understanding of the effects of chronic loneliness on health and healing
- Funding streams offer few opportunities to connect to others
Reactions to loneliness

Three common reactions to loneliness:

1) Get frustrated and angry, motivating them to do something about the problem
2) Become sad and apathetic, feeling hopeless and afraid about their life
3) Become bitter, angry, awkward towards others

The chronically lonely often fixate on finding a romantic partner or feel like they are excluded from all social groups.

Loneliness Assessment

UCLA Loneliness Scale. The most common and widely used measure of loneliness with over 500 citations in the literature.

Scores have been found to predict a wide variety of mental (anxiety, depression) and physical (immunocompetence, mortality and other health outcomes)

Think of someone within your service system who you suspect suffers from chronic loneliness. Please rate what their response to these questions might be.

O = “I often feel this way
S = “I sometimes feel this way
R = “I rarely feel this way
N = “I never feel this way

1) How often do you feel unhappy doing so many things alone?
2) How often do you feel you have nobody to talk to?
3) How often do you feel you cannot tolerate being so alone?
4) How often do you feel as if nobody really understands you?
5) How often do you find yourself waiting for people to call or write?

6) How often do you feel completely alone?
7) How often do you feel unable to reach out and communicate with those around you?
8) How often do you feel starved for company?
9) How often do you feel it is difficult for you to make friends?
10) How often do you feel shut out and excluded by others?

Interpreting the UCLA Scale

1 point for each question you answered “Never” N
2 points for each question you answered with “Rarely” R
3 points for each question you answered with “Sometimes” S
4 points for each questions you answered with “Often” O

Add your ten answers together
Scoring System

- 15-20: operating comfortably and experience an average level of loneliness.
- 21-30: Struggling a little with social interactions, experiencing frequent loneliness
- 31-40: Indicate a person experiencing severe loneliness

“We have only begun to sense the tragic wounds that so many (persons with disabilities) may feel when it dawns on them that the only people relating to them—outside of relatives—are paid to do so. If you or I came to such a sad realization about ourselves it would rip at our souls to even talk about it.”

Bob Perske (1988)

Impact on Health and Healing

Loneliness has a wide range of negative effects on both physical and mental health. Some of the health risks associated with loneliness include:

- Risk factor for increased vascular resistance and increased blood pressure
- Metabolic syndrome
- Fragmented sleep
- Impairs immune function
- Boosts inflammation, increasing risk of arthritis
- Hardening of the arteries due to BP
- Slower healing process
- Inflammation in the body
- Decreased learning and memory
- Increased levels of cortisol (stress hormone)
- Poor decision making (food, health, exercise, moderation, relationships)
- Increased paranoia
- Increased social evasion
- Increased drug and alcohol abuse
- Progression of Alzheimer’s disease
- Altered brain function
- Antisocial behavior
- Increased hyper-reactivity to negative behavior of others
- Disrupted regulation of cellular process premature aging
Impact of Health and Healing

A 2010 Brigham Young University Study involving more than 300,000 people concluded:
- Loneliness as unhealthy as smoking 15 cigarettes a day or being an alcoholic
- Older adults had a 56% higher risk of functional decline (losing ability to walking, climbing stairs)

Loneliness is Contagious

In a ten-year study (Cacioppo) found those close to someone experiencing loneliness were 52% more likely to become lonely as well.

How can we help?

Recognize that loneliness is a sign something needs to change!

Moving questions from what's wrong with you? to how do we fix you?
- What's wrong with you?
- How do we fix you?
- What do we do with you when we can't fix you?
- Are there enough people engaged in the person's life?
- Are those people champions for hope and a better future?
- If not, how do we find, develop those relationships?

How can we help?

- Make relationships a top priority
- Give hope
- Increase our understanding on the value of positive supports/relationships in health and recovery
- Look for signs of loneliness
- Invest in training for DSP and Managers
- DSP should be interacting positively every 15 minutes
How can we help?

- Measurable goals focused on relationships
- Plan to mentor relationship skills
- Start with strengthening DSP relationship and expand to greater community
- Effects of loneliness can be overcome with increased positive interactions
- Set interactions up for success

How can we help?

- Create an environment conducive to relationships
- Work on self esteem-sense of worth
- Increase opportunities for social interaction
- Investigate the values, interests, strengths, vulnerabilities and past experiences with relationships. Know their story
- Examine trauma history

How can we help?

- Start where the person is at
- Plan and structure opportunities for positive social engagements (help with scripts when necessary).
- Talk about the quality of relationships at staff meeting
- Avoid punishment and consequences for lack of/fear of relationships

A sense of belonging appears to be a basic human need— as basic as food and shelter. In fact, social support may be one the critical elements distinguishing those who remain healthy and those who become ill.”

Kenneth Pelletier-Stanford Center on Research and Disease Prevention

Thank You !!!!!!!!

The Michigan Center for Positive Living Supports, an affiliate of MORC, Inc.

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Resources

- 101 Ways to Make Friends
  Susan Kurlak and Aaron Johannes (2009)
- Loneliness is the only real disability: Implications and Recommendations for Policy Makers, National Association of DD Directors 2003 Annual Meeting-David Pitonyak
- Being Hardwired for Belonging: David Pitonyak
  http://www.youtube.com/watch?v=sa5z2CGK20
Resources

- The Importance of Belonging - David Pitonyak
- The Loneliness Workbook - Mary Ellen Copeland
- Mind/Body Health: The Effects of Attitudes, Emotions, and Relationships - Brent Hafren, Keith Karren, Katheryn Frandsen, and N. Lee Smith
- UCLA Loneliness Scale