Social Isolation and Loneliness: Definitions, Assessment and Interventions

Presented by UIC College of Nursing
Purpose and Objectives

- Understand definition, description and characteristics of isolation and the distinction between it and loneliness
- Identify population groups vulnerable to social isolation
- Obtain awareness of health factors inherent in social isolation (illness/disabilities)
- Gain knowledge of various technologies that might assist in avoiding social isolation and promote independence
- Discuss intervention tools to help avoid social isolation, prevent or delay the deterioration of wellbeing resulting from ageing, disability or illness, and delay the need for more costly and intensive services
Quotes

- “People must belong to a tribe,...they yearn to have a purpose larger than themselves” (E.O. Wilson, biologist)

- “If you want to go fast, go alone. If you want to go far, go together” (African proverb)

- The fundamental illusion of humanity is to suppose that I am here and you are out there (Zen master Yasutani Roshi)
Prevalence of Social Isolation

- Friends, family, significant others
- How many confidants do you have?
  - In 1985, Three was the most common answer
  - In 2004: 25% said none
Landscape for Loneliness

- Residents of transient communities
- Decline in civic engagement
- Global disconnection
- China
- Commodity culture
SOCIAL ISOLATION (SI):
- A distancing of an individual, psychologically or physically, or both, from his or her network of desired or needed relationships with other persons, a loss of place within one’s group. (sociologic state)

LONELINESS:
- subjective, negative feeling associated with loss. Alienation of the self (Psychological state)
  - Terms used somewhat interchangeably
  - Solitude
  - Extroverts vs. introverts
Nature of Isolation

- **Community**: Where one feels integrated or isolated from the larger social structure
- **Organization**: Work, school, churches
- **Confidantes**: Friends, family, significant others
- **Person**: Personality, intellectual ability or sense to interpret relationships
Vulnerable Groups

- Population groups vulnerable to social isolation/loneliness
  - young care-givers,
  - refugees,
  - those with mental health problems,
  - older adults,
  - those living in sheltered housing or residential care,
  - Those with lack of money

Note: isolation/loneliness is less prevalent in rural areas
Pre-disposing Risk Factors for Social Isolation

<table>
<thead>
<tr>
<th>Status altering physical disabilities or illnesses</th>
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<tbody>
<tr>
<td>Frailties associated with advanced age or developmental delays</td>
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<tr>
<td>Personality or neurological disorders</td>
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<td>Environmental constraints</td>
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Physiological Causes and Contributing Factors

- Chronic Illness Stigma
  - Chronic illness multidimensional
  - HIV/AIDS
  - Traumatic Brain Injury
- Aging
Socio-Cultural Causes and Contributing Factors

- Change in Social Roles (e.g., job loss, marital status change)
- Cultural components
- Social components
Demographic Risk Factors

- Socio-economic factors
- General family factors
- Gender
- Marital status
Stress Triggers

- Stressful life events which affect individual’s ability to relate to others and cause anxiety
- Can cause or contribute to social isolation
  - Socio-cultural – changes in social and cultural life
  - Psychological – prolonged mental illness
  - Physiological – changes in our bodies, health and vitality can contribute to isolation while in turn, the loneliness/isolation exacerbates the physical health issues
People begin to perceive themselves as different and outside mainstream

- Illness or disability becomes more apparent
- Change in social status/network/relationships can cause friends or family to withdraw

- Individual withdraws
Presentation: What does it look like?

- Living alone in a room
- Inability to communicate
- Withdrawal
- Lack of eye contact
- Preoccupation with one's own thoughts
- Repetition
- No meaningful action
- Verbal outpouring
- Prolonged holding of hand or arm
- Body language; defeated demeanor, tightly crossed arms or legs
- Drab clothing
Feelings Associated with Social Isolation

- Sense of loss and/or marginality
- Boredom, exclusion
- Loneliness, anger, despair, sadness, frustration, and even relief, if rejected or not accepted
Behaviors Associated with Social Isolation

- Less spontaneous
- Apathetic
- Moody facial expression
- Poor ADLs and/or IADLs
- Reduction or absence of personal communication
- Urinary retention
- Decreased activity
- Lack of self-esteem
Beliefs Related to Social Isolation

- **Powerlessness** - belief held by an individual that one’s own behaviors cannot elicit the results one desires or seeks

- **Normlessness** - individual has the belief that socially unapproved behaviors are necessary to achieve goals

- **Self-estrangement** - the divorce of oneself from one’s work or creative possibilities

- **Meaninglessness** - few significant predictions about the outcomes of behavior can be made
Adverse Effects

- Health: lonely individuals have higher blood pressure than less lonely peers, cardiovascular risk factors (including smoking), cause or consequence of depression
- Body Failure/personal identity
- Increased risk of Mortality
Three distinct features:

- Negativity
- Involuntary, other-imposed solitude
- Declining quality and numbers within isolates’ social network

Commonly used measures:

- Lubben Social network Scale (Lubben, 1988)
- Berkman-Syme Social Network Index (Berkman and Syme, 1979)
- UCLA Loneliness Scale (see handout)
Assessment of Social isolation

- Ptp. feels lonely or rejected by others
- Ptp does not feel safe being with other people
- Ptp. feels slow and tired of spending time with people
- Ptp is not able to concentrate and make decisions
- Ptp feels worthless
- Ptp not sure about continuing to live
Assessment Tools

See Attachments:
- Quick Assessment
- Loneliness scale
Interventions: Counteracting Social Isolation

- Any intervention needs to be at the discretion of participant or caregiver
- Balance of responsibilities between healthcare worker and participant
- Evaluation and assessment are key
Identity Transformation
- clarifying how social networks form and function

Charmaz (1987) hierarchical identity transformations:
- supernormal identity
- restored self
- contingent personal identity
- salvaged self
Intervention: Integrating Culture into Health Care

- Cultural Competence
For isolates and their caregivers

- Purpose
- Time
- Activities
- Place
Intervention: Support Groups and Other Mutual Aid

- Identified for a wide variety of chronic illnesses and condition
- Spiritual well being
- Rebuilding family networks
- Befriending
- Mentoring
- Wider community engagement
- Suitable housing
Intervention: Self-Management

- Develop “social resilience”
- Foster “social contact”
- Increase “social cognition”
Intervention: Engagement

- Fostering trusting relationships
- Helping pts. know the cause of social isolation
- Helping ptp to recognize the benefits associated with others
- Help ptp recognize the losses by not associating with others
- Provide opportunity to express feelings
14 Ways to Help Seniors Avoid Social Isolation

1. Make transportation available
2. Promote sense of purpose
3. Encourage religious seniors to maintain attendance at their places of worship
4. Give a senior a pet or plant to care for
5. Encourage positive body image
14 ways

6. Encourage hearing and vision tests
7. Make adaptive technologies available
8. Notify neighbors
9. Encourage dining with others
10. Address incontinence issues
11. Give a hug
14 ways

12. Give extra support to Seniors who have recently lost a partner
13. Identification of socially isolated seniors by public health professionals
14. Help out a caregiver in your life
Intervention: Communication Technologies

- Telephone
- Computers
- Touch
Software Interface: Angela

[The]...software interface is delivered to the care recipient through a friendly simple user interface called Angela. Angela offers a fun and inviting antidote to the number one issue for the elderly looking to remain independent: social isolation.

Featuring an expertly designed and easy to use, intuitive interface, Angela comes ready to use with large screen fonts, higher contrast and brighter colors geared to the needs of the elderly
By Interacting with Angela embedded on the TV or tablet, care recipients have easy and effortless access to:

- Video chat
- Integrated health information
- Important appointment reminders
- Games
- Easy family photo and message shaping
- Community events and dining options

Meet Angela video: 
https://www.youtube.com/watch?v=lwP8gAzqg0A

(800) 815-STAY (7829) Ext. #3 | http://www.independa.com/us/contact-us/
“That’s what I love about social media. I can have connections with thousands of people and yet still be completely isolated and alone.”
Resources/References


- Biordi, Diana Luskin and Nicholson, Nicholas R. *Social Isolation, from Bridges to Opportunity*. Jones and Bartlett, publishers.


- Windle, Karen; Francis, Jennifer; Coomber, Caroline. *Preventing Loneliness and social isolation: interventions and outcomes*. Social care Institute for excellence, (2011)