The Therapeutic Nature of Social Connection

As the holiday season approaches, some are motivated by feelings of belonging to return home, while others choose not to or unable to do so. The global COVID-19 pandemic gave people the opportunity to experience being social isolated and lonely. It brought this modern societal reality into focus. The U.S. Surgeon General , Vivek H. Murthy, MD wrote a book in 2020, Together, which outlined the health cost of loneliness and the healing power of connection. In April 2023, his office issued a public health advisory about the epidemic of loneliness and isolation. It was a call to action to address this impediment to general health and well-being. Occupational therapists are able to assess and address this domain as part of their scope of practice. Do clients have quality social connections that meet their expectations or wishes? Do they feel lonely? How is that affecting their participation in occupations of meaning and purpose?

Loneliness is “the subjective feeling that you’re lacking the social connections you need”. There are 3 dimensions of loneliness tied to human social connections: intimate, relational, and collective. Intimate is a longing for a close affectionate and trusted partner. Relational is quality friendships and social companionship. Collective is a need for a community of others with similar senses of purpose and interests. (Murthy, p. 8).

Isolation is the “objective physical state of being alone and out of touch with people”. It can be a risk factor for loneliness and it is different than solitude. Solitude can be defined as “a state of peaceful aloneness or voluntary isolation” (Murthy, p. 9)

One of the most commonly used and robust assessment tools is the UCLA Loneliness Scale. Panayiotou et al (2023) studied the age measure invariance of the 20-item version of the scale and concluded that UCLA-LS-4 and UCLA-LS-9 may be more suitable choices as reliable, valid and brief measurement tools for community organizations working on this public health issue.

In an attempt to address loneliness, social isolation and ill health, the United Kingdom introduced Social Prescribing Initiatives. These are non-clinical healthcare programs where health professionals connect their patients to community groups and activities. Their intention is to improve patients’ health and wellbeing by reducing loneliness and increasing illness self-management and social integration ( 2024, Staras et al). There is evidence of positive health outcomes, but research has yet to identify the underlying processes and develop prescribing protocols for consistent benefits. A systematic review using the Social Identity Approach to Health (SIAH) theory was conducted to identify UK-based social prescribing initiatives that were primarily designed to increase social connection and reduce loneliness. The SIAH theory application identifies which psychological processes are at work. It contends that group identification unlocks valuable psychological mechanisms which in turn benefit health and well-being. The review focused on program evaluations, which measured social connectedness, belongingness and loneliness within their study groups. Participation increases quality of life. Social prescribing gave opportunity for belonging and social support. In turn, social connection reduced loneliness and improved health and well-being.

18 programs were included in the review, with participants aged 18 to 85. The quality of the social connections allowed individuals to feel connected to other group members and access psychological resources. Participants need to join psychologically meaningful groups. Other members empathize with and share similar, psychologically challenging experiences. Trust and mutual understanding meant emotional authenticity with other group members. Valuable and high quality relationships reduce loneliness. Group facilitators impart empathetic and tailored support to create a space and understanding for users to reflect on personal progress, which increases participants’ self-efficacy. Individuals became empowered to develop their skills and apply them to other areas in their lives. They develop autonomy to take back control of their physical environments, health and emotions, which lead to better health.

There is growing interest in the intersection of the social realm and well-being. Wright et al. (2024) conducted a study in rural North Carolina to better understand the perspective of frail older adults and community organizations on what social and functional needs impacted older adult’s health. Participants were 65 years old or older, had a PCP within the health system, lived in Forsyth County, were frail and at risk of having unmet social needs (using the 2019 Area Deprivation Index (ADI) greater or equal to the 75th percentile.) Older adults experienced inconsistent access to transportation, frequently felt lonely and isolated, and had to make difficult decisions about how to use limited financial resources. Physical function limitations were a constant concern and exacerbated patients’ social needs. Their experiences with receiving support varied widely. Many did not have family or friends available, and often a home aide was insufficient. Older adults stated that their health care provider did not ask about social/ functional needs. Community organizational staff stated that older adults did not have awareness of or comfort with accessing resources and that there were system level barriers to access.

Volkmer (2022) used the Model of Human Occupation (MOHO) framework to design a case study intervention for a socially isolated older adult. Secondary to COVID19 infection prevention and social distancing, a community dwelling older woman became very isolated, which significantly decreased her engagement in tasks and occupations, leading to increased debility, weakness, a fall, hospitalization and rehabilitation. Addressing her feelings of helplessness, the OTP focused on her grooming ADL that was important to her well being, gradually building habituation to improve her self-efficacy and performance capacity. Upon discharge, the client had plans to engage in meaningful occupations adapted to overcome the barriers imposed by COVID restrictions.

Occupational therapists can be the health care professional to ask about and address social connection as an important part of sustainable health and well being. Human beings have evolved to need social support to thrive and participation in interactions of high value and meaning enhance feelings of self-efficacy.

References:

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