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Review Article

Loneliness, Medical Diagnosis and Illness

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Abstract

In this paper I review the connection of loneliness, medical diagnosis and illness. Loneliness is not only intimately related to diagnosis and illness but may actually interfere with medical diagnosis, and worsen illness. It is incumbent on the medical personnel to be aware of patients' loneliness and assist them in dealing with and maybe even overcoming it.

Loneliness, Medical Diagnosis and Illness

Loneliness has been around since the beginning of time. Loneliness is a prevalent, common, and disconcerting social phenomenon [1] which, suggest recent estimates, is experienced by up to 32% of adults, seven percent of whom report feeling intense loneliness [2]. Humans are fundamentally social creatures, whose quality of life is intimately intertwined with social intercourse. It is therefore noted that social disconnection negatively affects our psychological, physiological and even spiritual well-being [3]. Medical research has demonstrated that social connection is good and important to our health and while we seek to satisfy our inherent need to belong, it is not just relationships that we are after, but we also need mutual concern and caring for those relationships to be satisfactory and growth promoting [4].

Loneliness transcends age, gender, race, marital or socio economic status and it may be either persistent and continuous or short lived [5-7]. Loneliness was found to be related to sadness and depression [8] and negatively correlated with life satisfaction [9]. Depression, hostility, alcoholism, poor self-concept, and psychosomatic illnesses were linked to loneliness [6,10]. Loneliness can severely compromise the quality of life of people, especially if they are ill. Loneliness was found to be associated with a range of negative physical health outcomes [11] such as dementia [11], increased blood pressure [2] and unhealthy and damaging behaviors such as smoking, excess alcohol consumption and lack of exercise leading an d contributing to increased mortality [11].

Illness

Examining first the effects of loneliness on the body and the immune system, it was found that life events such as separation, loss, and feelings of hopelessness which are associated with the experience of loneliness, affects the endocrine system through abnormal secretion levels of the hormones produced by the pituitary and adrenal glands [12]. This may adversely affect the immune system and therefore, decrease the body's ability to fight illness and/or result in an increased vulnerability to develop serious illnesses. In persons with already compromised immune functioning, especially persons with the Acquired Immune Deficiency Syndrome (AIDS), we can observe such health deterioration due to social alienation [13]. Research found that high loneliness scores are also correlated with significant lower levels of natural killer cell activity, which are the lymphoid immune cells that play a role in cancer protection and appears to have antitumor and antiviral capabilities [14].

It is interesting, in this context, to explore how do people conceptualize illness, which help shed light as to why

loneliness is such an influential experience on the progression of illness. Leventhal and his colleagues [15,16] suggested that there are five components to how people conceptualize illness:

1. The first, *identity of the disease*, is quite influential on the patient's behaviour since the symptoms themselves are not sufficient to initiate help seeking behaviour, but labelling could make the difference. For instance, chest pain that will be labelled "heartburn" will cause a very different behaviour than the one labelled "heart attack". Similarly, a person will experience less emotional arousal when the label of their illness indicates a minor physical problem, than if it is a more serious illness.

2. *Time line* may not always correspond with the diagnosis. To illustrate, people with hypertension, a chronic condition, commonly view it as acute and that affects their adherence to treatment and the manner in which they cope with the illness, which is significantly different than addressing a chronic illness.

3. *Determination of cause* is the third component. After diagnosis we commonly seek the cause to the problem. Usually, we are affected by the cause we find which, in turn directs us to seek treatment for it and comply with instructions of the health care professional. For instance, figuring out that the pain in our leg is a result of a fall would generate a completely different reaction then if we fear that it is an indication of bone cancer.

4. *The consequences of the disease* is the fourth component. For instance, people may incorrectly understand the diagnosis and that may affect the treatment they seek. For instance, the diagnosis of cancer may be viewed as a death sentence, and thus people may feel hopeless and not seek active and lifesaving treatment for what they view as a death sentence.

5. *The controllability of a disease* is the final component and has to do with how people view the possibility of treating and controlling the disease. If they, as illustrated in #4 above, view the situation as beyond hope, they may not seek treatment, while those who view the treatment as able to help or even cure them, will take a much more active part in their healing.

Research has repeatedly demonstrated that those with social support had stronger immune systems [17]. However, those with fewer social ties had increased susceptibility to illnesses. It has been suggested that people who have well established social support, seem to be better able, to cope with stress and chronic pain. Moreover, social isolation had as negative a consequence as other well-established risk factors – cigarette smoking, obesity and a sedentary life style or high blood pressure [18]. On the other hand it was found that people with higher rates of social support have better health and lower rates of mortality [19].

Loneliness Associated with Medical Diagnosis

Many who have gone through the process of a medical diagnosis or procedure are familiar with the feelings of anxiety and loneliness that are commonly present during this phase [see for example Chappy, [20]. Mishel [21] delineated the Uncertainty in Illness theory which describes uncertainty as a cognitive state in which a person is unable to determine the meaning of illness related events. This can have an effect on one's psychological state, often manifested as anxiety, when being uncertain of what is to come and feeling powerless to determine it, is perceived as a state of danger. Compared to many other types of medical procedures and surgeries, image guided diagnostic procedures are often cutting edge and less invasive. Patients awaiting these procedures report anxiety, fears of the unknown, possibility of further interventions, destruction of body image, disruption of life plans, loss of control and disability [22-23]. Many medical professionals may assume that such minimally invasive diagnostic tests create less distress than more risky invasive approaches; however they inherently harbour uncertainty and stress. Flory and Lang [24] conducted a study comparing the distress levels in women awaiting large core breast biopsy for diagnosis of suspicious lesions with distress levels of women undergoing invasive, potentially risky treatment of diagnosed malignancies of the liver and those undergoing invasive, potentially risky treatment of diagnosed benign uterine tumors. Both groups in the study experienced abnormally high levels of perceived stress and depressed mood, but only women awaiting breast biopsy experienced abnormally high anxiety levels. It was asserted that the invasiveness of the procedure has less influence on patients' distress, and feelings of alienation, than does uncertainty of outcome. Similar research exploring patients' anxiety associated with interventional radiology procedures supported the notion that patients experience considerable anxiety and loneliness prior to undergoing interventional procedures [25]. Those procedures, that may be followed by a diagnosis of an illness, many times a serious one, no doubt cause the patients to feel alone in their waiting for an answer, in deciding how their future will unfold, and in their fight to remain alive and healthy.

To conclude, the experience of awaiting a diagnosis or a procedure can take a large psychological toll on the patient. Many of the resources in the hospital are focused on helping patients deal with their diagnoses once they have received it. It was found that there are not many support infrastructures designed to help patients cope whilst awaiting their diagnoses which, as described above, can be equally distressing. This time period harbours feelings of uncertainty, anxiety, fear, disconnection from daily living, and difficulty maintaining social relationships, all of which contribute to feelings of isolation and loneliness. Illness, similarly, ushers feelings of stress, anxiety and loneliness. In both phases, health professionals need to be aware of the emotional aspects of

'being ill' and learn how to connect and ease the patients' fears, loneliness, and misery.

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