SOCIAL ISOLATION AND LONELINESS

The New Invisible Wounds of War

Joseph M. Palmer

PREFACE

Conditions such as PTSD, Military Sexual Trauma (MST), and Moral Injury have often been referred to as the "invisible wounds of war". These wounds are not only related to military service but also afflict those who have never worn the uniform. They are in fact non-discriminatory in who they affect.

With the COVID lockdowns of 2020/21 there emerged a new and potentially more dangerous set of "invisible wounds". Those are social isolation and loneliness. These "wounds" have been experienced for thousands of years by people of every race, creed, or social background. Whether we know it, we all have heard of or dealt with social isolation and loneliness.

There are volumes of books and research papers dealing with social isolation and loneliness. Books such as *Robinson Crusoe* by Daniel Defoe or the movie *Castaway* with Tom Hanks dealt with social isolation and loneliness. In today's prison system we know of *solitary confinement*. And even in Biblical times we know of Moses being cast to wander in the desert. So Social Isolation and Loneliness are not new to us.

It is hoped that this paper will create a new awareness of these "wounds". Social Isolation and Loneliness are the box in which the other invisible wounds of war are contained. In opening that box those other wounds can be exposed and then healed. Unless one can escape social isolation and loneliness then the other wounds from which they suffer will never effectively be treated nor healed.

The opinions expressed in this paper are based on personal observations and research concerning the topic. By no means is this paper presented as an end all to the discussion or study of social isolation and loneliness. Rather, it should be a beginning.

Additional research and investigation need to be done to further an understanding of social isolation and loneliness and their detrimental effects on existing "wounds of war".

Note to Readers:

This publication is designed to provide accurate and authoritative information regarding the subject matter covered. It is based on sources believed to be accurate and reliable and is intended to be current as of the time it is written. It is provided with the understanding that the author/publisher is not engaged in rendering professional services of any type. If advice or other expert assistance is required, the services of a competent professional person should be sought. Also, to confirm that the information has not been affected or changed by recent developments, traditional research techniques should be used, including checking alternate primary sources where available. Every attempt has been made to properly credit sources and reference materials.

Social Media

The topic of social media can stand by itself as a separate and distinct subject for discussion.

There is no doubt that the rise of social media has affected the way by which people communicate and socialize. With the COVID crisis of 2020/21 the role of social media was and remains critical for some to maintain contact with friends and relatives. Platforms such as Facebook, Twitter and Zoom all provide means by which people can communicate.

However, social media is not and never will be a substitute for personal contact.

As we begin to investigate social isolation and loneliness social media is a factor that cannot be ignored. As such, the following also bears consideration:

"Social media promised to help users feel more connected. Research suggests it may have the opposite effect for younger users. A 2017 study of young adults ages 19-32 years old found frequent social media users had higher levels of perceived social isolation. The most frequent users were three times as likely to feel isolated as the least frequent users.

These results do not mean social media use is always harmful or that all people who use social media feel isolated. For some people, social media offers access to a sense of community and belonging. This can be especially true for marginalized individuals who might have trouble connecting with people in their physical location.

Social media may be a factor in loneliness when it replaces in-person connections or when fleeting online interactions substitute for more substantive conversation. When social media is just one form of interaction, or when it increases access to meaningful relationships, it may reduce isolation." CYBERPSYCHOLOGY, BEHAVIOR, AND SOCIAL NETWORKING Volume 17, Number 10, 2014

The effects of social media on society are numerous and research continues to investigate its effects on society. It has even opened a whole new field of study termed: Cyberpsychology

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Definitions and Effects

Opening the Box

Topics such as a Moral Injury, PTSD (Post Traumatic Stress Disorder), PTS (Post Traumatic Stress), TBI (Traumatic Brain Injury), MST (Military Sexual Trauma) or emotions such as guilt and sorrow are all issues found in the box called Social Isolation and Loneliness. None of those issues can be addressed until the box is opened to reveal them.

A traumatic event that causes PTSD might be associated with a Moral Injury. It might cause guilt or sorrow or remorse. Those unseen emotions or pains may lead to physical harm which may lead to death by suicide. Every uncovered issue is different and each carries with it their own level of pain.

What all the issues contained in this box have in common is that in one form or another they are related to social isolation and/or loneliness. Unless they are allowed to come out of the box they can never be treated or healed.

Social Isolation & Loneliness Defined

In their simplest form social isolation is something physical and loneliness is an emotion.

> Loneliness is the feeling of being alone, regardless of the amount of social contact. Social isolation is a lack of social connections. Social isolation can lead to loneliness in some people, while others can feel lonely without being socially isolated. (CDC, 2021)

Social isolation was associated with about a 50% increased risk of dementia and other serious medical conditions. (CDC, 2021)

A General Overview

Health Risks of Loneliness

Although it is hard to measure social isolation and loneliness precisely, there is strong evidence that many adults aged 50 and older are socially isolated or lonely in ways that put their health at risk: (CDC, 2021)

- Social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
- Social isolation was associated with about a 50% percent increased risk of dementia.
- Poor social relationships (characterized by social isolation or loneliness) were associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.
- Loneliness was associated with higher rates of depression, anxiety, and suicide.
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

Immigrant, LGBT People Are at Higher Risk

The report highlights loneliness among vulnerable older adults, including immigrants; lesbian, gay, bisexual, and transgender (LGBT) populations; minorities; and victims of elder abuse. It also points out that the literature base for these populations is sparse and more research is needed to determine risks, impacts, and appropriate actions needed. (CDC, 2021)

Current research suggests that immigrant, and lesbian, gay, bisexual populations experience loneliness more often than other groups. Latino immigrants, for example, "have fewer social ties and lower levels of social integration than US-born Latinos." First-generation immigrants experience stressors that can increase their social isolation, such as language barriers, differences in community, family dynamics, and new relationships that lack depth or history, the report states. Similarly, gay, lesbian, and bisexual populations tend to have more loneliness than their heterosexual peers because of stigma, discrimination, and barriers to care. (CDC, 2021)

Why is it Important to Learn About Social Isolation?

At some point, those in childhood and adolescence as well as many older adults will experience social isolation and feelings of loneliness because of changes and losses in their social network. Social isolation or loneliness has many negative consequences on health and mental health. It is incumbent upon everyone to understand those consequences. Of equal importance it is necessary to create awareness of social isolation and loneliness so they can be dealt with before those negative consequences arise. (CDC, 2021)

What Are Signs/Symptoms of Isolation (CDC, 2021)

Physical

- Signs of self-neglect such as unexplained weight loss, poor self-care
- Lethargy

Emotional

- Feelings of loneliness
- Feelings of sadness
- Feelings of despair

Cognitive

- Confusion
- Not oriented to time
- Nervousness
- Forgetfulness

Social

- Social withdrawal: never leaving the home
- Lack of interest in social relationships or lack of social relationships

Depression

Depression is an emotional or psychological state characterized by feelings of sadness and despair. Depression is the most common psychological problem facing older adults in the U.S. About 8% to 20% of older adults in the community suffer from depression and 37% of older adults in primary care settings (doctor's offices) are estimated to have depression (Surgeon General, 1999). Often depressive symptoms are misunderstood and/or misdiagnosed to be the consequence of other age-related conditions such as: chronic illness, medication reactions, 'old age,' dementia, or Alzheimer's disease. Depression has many negative consequences for an individual's health and mental health. (CDC, 2021)

Impact of Depression

Physical: Depression may lead to developing alcohol dependence, increased disability from medical illnesses, and increased death rates due to heart attack, stroke, and cancer (Reynolds et al., 2002). However, most notably, depression increases the risk of death due to suicide. Suicide rates increase with advancing age. In fact, in the U.S., people over the age of 65 have the highest suicide rate of any age group (Surgeon General, 1999). A depressed person may also lose the motivation to take care of themselves.

Emotional: Depression may cause or contribute to feelings such as sadness, melancholy or feeling low, anxiety, anger, worthlessness, hopelessness, and intense feelings about the self and others. For example, a depressed person could have angry outbursts towards family and friends because of these different emotions.

Cognitive (mental): Depression may cause an older adult to suffer from disorientation, a shortened attention span or cognitive impairment. For example, someone who is depressed may find that their thoughts are wandering because of an inability to concentrate.

Social: Depression may cause an older adult to withdrawal from family members and friends. As a result, social familial/relationships may deteriorate. (CDC, 2021)

Risk Profiles (What factors increase the risk for depression?)

Physical: Illness, disability, and pain may cause stress that influences the onset of depression. For example, depression is common among those who have had cardiac bypass surgery. Furthermore, some medication may have depressive side effects.

Social: There are many social factors which contribute to depression in older adults. For example, death of a spouse or care giving for a family member with physical illness or dementia can contribute to depression. Also, social isolation, relocation, and retirement can cause depressive symptoms in older adults. Lack of a confiding relationship and interpersonal disputes such as family conflicts are also causes of depression in the senior population. (CDC, 2021)

Loneliness vs Social Isolation

However, loneliness and social isolation are two distinct concepts, nevertheless, their discrepancies and distinct characteristics are not easily seen.

Social isolation is a condition where the individual is socially isolated (objective isolation) as opposed to the individual who experiences negative emotions stemming from social isolation (subjective isolation) (Nummela et al., 2010, Luanaigh et al., 2012, Tilvis et al., 2011).

Social isolation can be seen as the opposite of social participation, whereas loneliness is the opposite of the feeling of belonging.

Loneliness and its association with social isolation is multidimensional and complex. Loneliness may occur because of limited social connections. Neither every person suffering from loneliness is necessarily socially isolated nor does any socially isolated person suffer from loneliness. There are people who have very few social relations but never see themselves as lonely and others who have a vast network of social ties and still not have a sense of belongingness. (Gierveld et al. 2006, p. 486).

Alone in a crowd?

While definitions may seem confusing, isolation and loneliness are something that everyone has felt at one time or another to varying degrees. Consider being at an event such as a ballgame by oneself. There are thousands of people in the stadium but being that the individual went to the game by themselves they may feel alone. A situation often quickly remedied when conversations develop over an umpire's call.

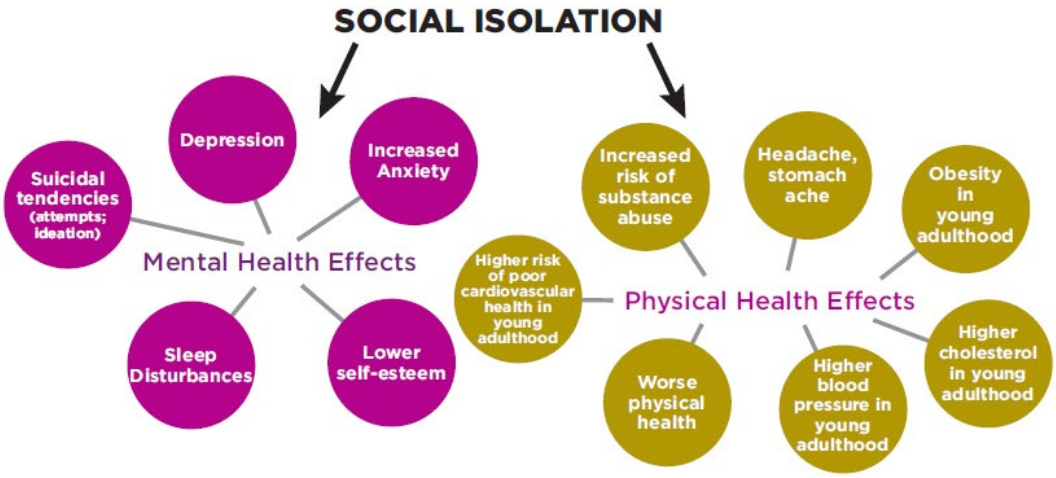
Also consider meditation retreats where an individual is isolated and by themselves in contemplation, but when "meditation time" is completed, they return to the group for socialization.

Whether at a ball game or attending a meditation retreat the individual can experience social isolation and loneliness at the same time with no detrimental effects. It is when adjustment to the situation cannot be made that detrimental effects such as depression occur.

One only needs to think of the effects bullying has on an individual as the victim (who may have no support system) can be ostracized from the group until their self-worth and belongingness are evaluated. Social isolation and loneliness begins at the start of being bullied. At what stage does the then victimized individual sink into depression and its consequences?

SOCIAL ISOLATION

Youth and Adolescents



Existing research demonstrates that social isolation during childhood and adolescence has both concurrent and longer-term health effects. Findings also suggest a cumulative effect of chronic isolation.
https://www.beyonddifferences.org/wp-content/uploads/2019/04/consequences_of_social_isolation_2015-2016.pdf

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Depression and anxiety. Hall-Lande and colleagues (2007) survey over 4,700 adolescents and find that social isolation is significantly associated with higher depressive symptoms; and Lohre (2012) reports that more frequently perceiving loneliness is significantly associated with sadness and anxiety among 419 Norwegian children between the ages of 7-16. Lohre, A. (2012). The Impact of Loneliness on Self-Rated Health Symptoms among Victimized School Children, Child and Adolescent Psychiatry and Mental Health, 6, 20.

Lower self-esteem. Hall-Lande et al. (2007) find in their sample of over 4,700 adolescents that social isolation is significantly associated with lower self-esteem.

Sleep disturbances. Two studies find that loneliness is correlated with more sleep disturbances and taking longer to fall asleep (the first with a sample of over 200 British children aged 8-11, and the second with a sample of 11–17-year-olds). (Harris, R.A., Qualter, P., & Robinson, S.J. (2013). Loneliness Trajectories from Middle Childhood to Early Adolescence: Impact on Perceived Health and Sleep Disturbances, Journal of Adolescence, 36: 1295-1304.)

Suicidal tendencies. One longitudinal study finds that loneliness in middle childhood is associated with suicidal behaviors at age 15,34 and a contemporaneous study similarly finds via survey research with over 4,700 adolescents that social isolation is associated with an increased risk of attempted suicide. These findings are especially poignant given suicide is the third-leading cause of death among children aged 15 to 19. (Centers for Disease Control and Prevention (2015). Retrieved from http://www.cdc.gov/)

Substance use. Stickley et al. (2014) find from their one-time survey of about 4,000 US and Russian students between the ages of 13-15 that adolescent loneliness is associated with an increased risk of substance use7.5

Somatic symptoms. Lohre (2012) surveys over 400 Norwegian children between the ages of 7-16 and finds that more frequent perceived loneliness was significantly associated with somatic symptoms like stomach aches and headaches. Lohre, A. (2012). The Impact of Loneliness on Self-Rated Health Symptoms among Victimized School Children, Child and Adolescent Psychiatry and Mental Health, 6, 20.

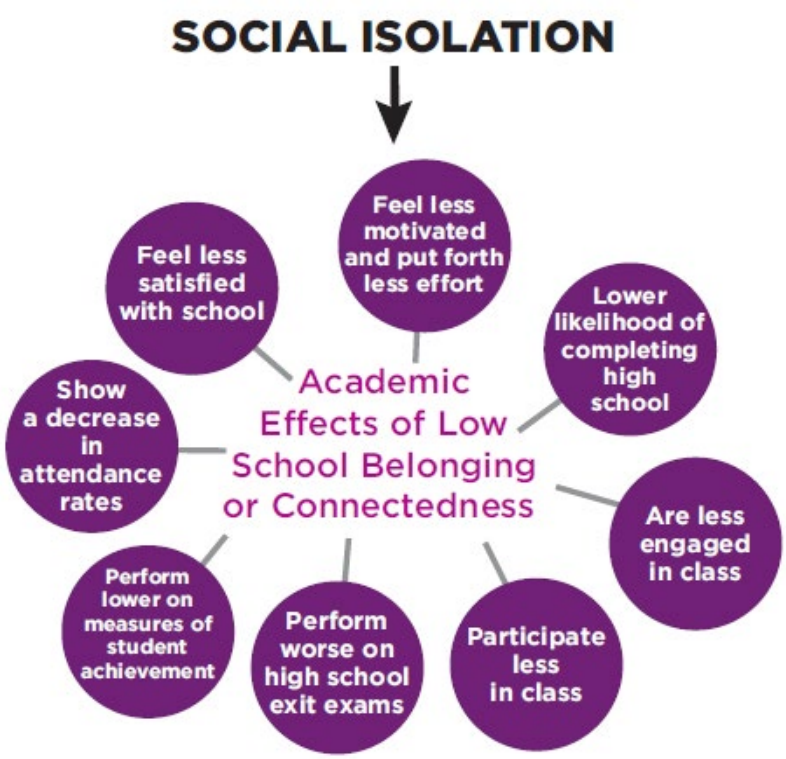
Worse perceived physical health. Higher levels of loneliness among 11-15 year old in nine European countries were contemporaneously associated with worse physical health and well-being.37 Two longitudinal studies find similar results: Qualter et al. (2013) find that persistently high levels of loneliness between ages 5 -17 were associated with more doctor visits and lower self-rated health at age 17;31 and, Goosby et al. (2013), using three waves of nationally representative AddHealth data collected from 132 middle and high schools, found that loneliness during adolescence significantly increased the risk for fair or poor self-rated health in young adults. Goosby, B. J., Bellatorre, A., Walsemann, K. M. and Cheadle, J. E. (2013), Adolescent Loneliness and Health in Early Adulthood. Sociological Inquiry, 83: 505–536.

Increased risk of poor health. One longitudinal study using a nationally representative dataset finds that loneliness during adolescence predicted a greater risk for high cholesterol, high blood pressure, and obesity in young adulthood. Starting social isolation interventions at younger ages makes sense given the research showing that social isolation may be experienced during childhood and adolescence, and that its negative effects on health are concurrent, cumulative, and long-lasting. Goosby, B. J., Bellatorre, A., Walsemann, K. M. and Cheadle, J. E. (2013), Adolescent Loneliness and Health in Early Adulthood. Sociological Inquiry, 83: 505–536.

Connectedness and Belonging in School is Critical for Academic Success

Research findings from the secondary school's literature – which tends to measure students' sense of "belonging" and "connectedness," viewed broadly as inverse indicators of social isolation – further supports the need for bolstering student connectedness:

school belonging is important for motivational, behavioral, and performance outcomes. For example, students who report lower belonging or connectedness at school tend to feel less motivated and less satisfied at school, tend to be less engaged in and participate less in their classes, have worse attendance records, perform worse on high school exit exams, have a lower likelihood of completing school, and tend to perform lower on measures of student achievement for which schools are held accountable. These findings are summarized and then cited below.



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The Promising Possibilities of Establishing Social Isolation Prevention in Schools

Belonging and feeling socially included are powerful needs which, left unmet, have deleterious physical, mental, and academic effects. The need to belong is such a fundamental human need that – in the context of schools – young students who do not have a sense of belonging at school will exhaust themselves while seeking to satisfy this need and will not be capable of the higher-level functioning needed to excel in school.

Yet in an era of high stakes accountability, schools are notoriously more focused on efforts to improve test scores than those aimed at "softer" skills or problems, such as social isolation. The research summarized in this brief reminds us that efforts often perceived as soft can have a significant effect on many key correlates of academic success.

As adolescence is a period of especially high risk for loneliness, and young people spend a large amount of their awake time in schools, embedding prevention or intervention efforts in schools seems promising. Schools are an ideal context for practicing and promoting healthy relationships and social skills—both at the individual level (e.g., teaching students about the importance of including others and helping those who feel isolated learn techniques to improve their connectedness) and at the school level (e.g., nurturing a positive school climate that minimizes opportunities for social isolation).

A school-wide intervention approach is supported by research. (Qualter, 2003) argues that a whole-school intervention for childhood loneliness is a preferable route because (a) it does not single out, label, or stigmatize individuals as being lonely, and (b) changing the practices and ethos of social periods – such as lunch and recess – will go a long way towards helping lonely children without singling them out. (Spratt, 2006) adds that the structures and cultures of a school may unintentionally perpetuate issues like social isolation; therefore, environmental factors are important, and need to be deeply examined and potentially modified to best support the mental well-being of students. Qualter, P. (2003). Loneliness in Children and Adolescents: What Do Schools and Teachers Need to Know and How Can They Help? Pastoral Care in Education, 21 (2): 10-18.

The process of social integration needs to start at an early age. It is evident that lockdowns and "stay at home" orders do not help in the socialization of the young. It is incumbent on all in the education community (parents, teachers, and administrators) to recognize those who are socially isolated or suffering from loneliness and to address those issues immediately. Failure to do so will only lead to more dire consequences later.

As identified in the recently released CDC Report (Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021. MMWR Morb Mortal Wkly Rep 2021;70:888–894. DOI: http://dx.doi.org/10.15585/mmwr.mm7024e1)

"During 2020, the proportion of mental health related emergency department (ED) visits among adolescents aged 12-17 years increased 31% with during 2019."

Further reports (Child Suicide Rates during the COVID-19 Pandemic in England: Real-time Surveillance. National Child Mortality Database; 2020.) from show that:

"Preliminary data from England suggest that child suicide deaths may have increased during the first phase of lockdown, possibly due to disruptions to education, extracurricular activities, and support services."

Schools need to be aware of the mental condition of their returning students and ensure all within the educational system are aware of suicidal warning signs.

SOCIAL ISOLATION

Bereavement

Bereavement

Bereavement is the process of grieving and letting go of a loved one who has died.
(https://www.psychologytoday.com/us/conditions/bereavement)

Defined

Bereavement is the state of loss when someone close to you has died. The death of someone you love is one of the greatest sorrows that can occur. Feelings of bereavement can also accompany other losses, such as the decline of one's health or the health of someone who is cared about, or the end of an important relationship. Grief is a normal, healthy response to loss.

Everyone feels grief in their own way, but there are certain stages to the process of mourning. It starts with recognizing a loss and continues until that loss is eventually accepted. People's responses to grief will vary depending upon the circumstances of the death.

If the person died of a chronic illness, for example, the death may have been expected. The end of the person's suffering might even come as a relief. If the death was accidental or violent, coming to a stage of acceptance could take longer.

Symptoms

A wide and confusing range of emotions may be experienced after a loss. There can be five stages of grief. These reactions might not occur in a specific order, and can (at times) occur together. Not everyone experiences all these emotions:

- Denial, disbelief, numbness
- Anger, blame
- Bargaining (for instance, "If I am cured of this cancer, I will never smoke again")
- Depressed mood, sadness, and crying
- Acceptance, coming to terms

Those who are grieving will often report crying spells, some trouble sleeping, and lack of productivity at work. At first, they may find it hard to accept that the loss has actually occurred.

Once the initial shock has worn off, denial of the loss is often replaced by feelings of anger. The anger may be directed toward doctors and nurses, God, other loved ones, themselves, or even the person who has died. They may experience feelings of guilt, with sentiments such as "I should have… ", "I could have… ", or "I wish I had…. "
Such thoughts are common. Emotions may be very intense and may have mood swings. These are all normal reactions to loss.

Each type of loss means the bereaved person has had something taken away. Grief may be experienced as a mental, physical, social, or emotional reaction. Mental reactions can include anger, guilt, anxiety, sadness, and despair. Physical reactions can include sleeping problems, changes in appetite, physical problems, or illness. Social reactions can include feelings about seeing family or friends or returning to work. Grief processes depend on the relationship with the person who died, the situation surrounding the death, and the person's attachment to the person who died. Grief may be described as the presence of physical problems, constant thoughts of the person who died, guilt, hostility, and a change in the way one normally acts.

Mourning is the process by which people adapt to a loss; mourning is also influenced by cultural customs, rituals, and society's rules for coping.

Bereavement is the period after a loss during which grief is experienced and mourning occurs. The time spent in a period of bereavement depends on how attached one was to the person who died and how much time was spent anticipating the loss.

If one feels that they are not coping with bereavement, it is important to seek help. Although it may seem easier to bury pain than to face it, unresolved grief can cause long-term physical or emotional illness. (https://www.psychologytoday.com/us/conditions/bereavement)

Causes

One’s reaction to loss will, in part, be influenced by the circumstances surrounding it. The death of a loved one is always difficult, particularly when it is sudden or accidental. One’s relationship to the person who has died will greatly influence their reaction to the loss.

A Spouse's Death

The loss of a husband or wife is particularly hard. The surviving spouse will usually have to deal with a multitude of decisions regarding funeral arrangements, finances, and other legalities at a time when they may feel least able to deal with such matters.

The bereaved spouse may also have to explain the death to children and help them through their grief. In addition to the severe emotional trauma, the death may lead to financial problems if the deceased spouse was the family's main source of income.

Returning to the job market (or entering it for the first time) can be one of the most challenging tasks for the recently bereaved spouse. When searching for a job, widows or widowers can look for ways to capitalize on the skills they have developed over the years.

A Child's Death

Regardless of the cause of death or the age of the child, this is an emotionally devastating event that overwhelms a parent. A child's death arouses an overwhelming sense of injustice—for lost potential, unfulfilled dreams, and senseless suffering.

Parents may feel responsible for the child's death, no matter how irrational that may seem.

Parents may also feel that they have lost a vital part of their own identity.

A Parent's Death

No matter what one's age—young or old, single or with a family—people will still be deeply affected by the death of one's mother or father. When one's mom or dad dies, it may be one of the most emotional losses you will experience in life. It is only natural to feel consumed by a combination of pain, fear, and deep sadness at the loss of such a significant influence in your life.

The specifics of how one grieves will depend on several personal factors, including the relationship with a parent, age, gender, religious beliefs, previous experience with death, and whether one believes it was time for your parent to die.

When a parent dies, one may also lose a lifelong friend, counselor, and adviser. Therefore, the loss may suddenly make one feel very much alone, even if they have the support of other family and friends. Even the loss of a parent's home as a natural place for family gatherings can add to the grief one can experience.

After the initial shock fades, people will experience what is called secondary loss. This is when they may begin to think of all the upcoming experiences that their parent will not be there to share in. Things like career accomplishments, watching children grow, and other milestones. Depending on one's age, the death of a parent may bring up issues of their own mortality.

Allowing one to grieve for the loss of a parent will help to say goodbye and loosen the emotional bonds to a loved one who has been a special part of one's life.

A Loss Due to Suicide

For every suicide, it is claimed that an average of six people suffer intense grief. Those affected include parents, partners, children, siblings, relatives, friends, coworkers, and clinicians. Coping with bereavement after a suicide can be more difficult than dealing with other losses because of the feelings of stigmatization, shame, guilt, and rejection that are often experienced. The stigma that still attaches to deaths by suicide in many cultures can increase the bereaved person's sense of isolation and vulnerability.

A Pet's Death

The death of a pet will often mean the loss of a cherished family member and can trigger great sorrow. People love their pets and consider them members of their family. Caregivers celebrate their pets' birthdays, confide in their animals, and carry pictures of them in their wallets. So, when a beloved pet dies, it is not unusual to feel overwhelmed by the intensity of sorrow. Animals provide companionship, acceptance, emotional support, and unconditional love during the time they share with us. Other people may find it hard to understand such a reaction to what they may see as the loss of "just an animal," and they may, therefore, be less understanding of grief. However, the loss is significant, and one should allow permission to mourn the passing of a beloved pet. (https://www.psychologytoday.com/us/conditions/bereavement)

Anticipatory Grief

Anticipatory grief is the normal mourning that occurs when a patient or family is expecting a death. Anticipatory grief has many of the same symptoms as those experienced after a death has occurred.

Anticipatory grief includes depression, extreme concern for the dying person, preparing for the death, and adjusting to changes caused by the death, but it can give the family time to get used to the reality of the impending loss. People can complete "unfinished business" with the dying person (for example, saying "good-bye," "I love you," or "I forgive you"). Anticipatory grief may not always occur. A person does not necessarily feel the same kind of grief before a death as that felt afterwards. There is no set amount of grief that a person will feel. Grief experienced before a death does not make the grief after that death easier or shorter in duration.

Some people believe that anticipatory grief is rare. To accept a loved one's death while he or she is still alive may leave the mourner feeling as if the dying patient has been abandoned. Furthermore, expecting the loss can make the attachment to the dying person stronger. Although anticipatory grief may help the family, witnessing the grief of family and friends can be extremely hard for the dying person, who can become withdrawn as a result. (https://www.psychologytoday.com/us/conditions/bereavement)

Some grief reactions are not considered "normal." For example, persistent and intrusive feelings of guilt in the survivor (or thoughts that he or she should have died along with the deceased) are more characteristic of depression than normal bereavement. Depression in bereavement can be successfully treated.

Other losses occurring in later life may precipitate grief or depression. Retirement, loss of income, deteriorating physical health, and having to give up driving are just some of the more common occurrences that might cause grief reactions in old people.

In a study, conducted by Rebecca L. Utz, Kristin L. Swenson, Michael Caserta, Dale Lund, and Brian deVries, they explored the dynamic relationship between loneliness and social support within a recently bereaved sample of older spouses. Although there is considerable empirical overlap between social support and loneliness, the expression of loneliness (feeling lonely) appears to be distinct from the reality of one’s social support (being alone).

The social support received from friends appears to be slightly more meaningful than the support from family members. This is stated not to downplay the important role that family members play in supporting recently bereaved persons but to emphasize the critical role that friends might play in supporting recently bereaved persons. Finally, this study provides compelling evidence that although there is great variation in the feelings expressed and the perceived quality of social support reported, most bereaved spouses undergo similar processes of change over time. (Utz, Rebecca & Swenson, Kristin & Caserta, Michael & Lund, Dale & Devries, Brian. (2013). Feeling Lonely Versus Being Alone: Loneliness and Social Support Among Recently Bereaved Persons. The journals of gerontology. Series B, Psychological sciences, and social sciences. 69. 10.1093/geronb/gbt075.)

In this regard, it seems that widowhood requires an inevitable period of readjustment, in both how much loneliness is felt and how much social support is received.
(https://www.medicinenet.com)

The subject of bereavement is of particular importance in relation to the COVID pandemic.

Thousands of families never had the opportunity to cope with the death of a loved one, whether spouse, parent, child, or friend. Social distancing and limitations on gatherings prohibited many from even attending funerals. As the restrictions on social distancing and gatherings are removed it is important that the social network that existed prior to the pandemic be renewed or strengthened.

As families and friends begin to gather again for cookouts and reunions there is the risk of delayed guilt resulting from the loss of a loved one. The renewed or strengthen social network can help to alleviate that guilt. Further, that social network can help to bring those who lost a loved one and are “lonely” back into a network of support.

Bereavement is natural but there are emotions that can lead one to become socially isolated and alone. The restrictions of the pandemic only made the process of bereavement more difficult. Through a re-established social network those individuals can complete the grieving process.

SOCIAL ISOLATION:

Veterans and Military Personnel

A chapter in, “They Don’t Receive Purple Hearts”, focuses on Military Culture. The following is an excerpt from that chapter dealing with Unit Cohesion:

“Unit Cohesion

The process of transforming civilians into military personnel is a form of conditioning that encourages inductees to partially submerge their individuality for the good of their unit. This conditioning is essential for military function because combat requires people to endure stress and perform actions that are simply absent in normal life.
Military units are therefore incomparable to civilian organizations (perhaps excluding first responders) because each participant is in mortal danger and often depends on the others.

The bonding that takes place in a unit is as strong, if not stronger, than what the service member may have ever experienced. It may even be stronger than that of their immediate family. For what was started in basic training and carried forward in all future training is the development of unit cohesiveness, bonding, and reliance. One member of the unit will rely on the other, in many cases for each other’s lives. This reliance transcends the unit as well. A pilot relies on the mechanic to ensure the plane will fly properly. An infantry unit at a remote base relies on the supply depot soldier to keep them stocked with an adequate amount of food, clothing, and ammunition. This sense of reliance permeates every job within the military…all creating a bond and sense of family.

Cohesion has long been a central tenet in military writings. Our understanding of cohesion has matured over time as it has been the subject of critical evaluation. In the years immediately after World War II, Marshall (1947), Shils and Janowitz (1948), and Stouffer et al. (1949) argued that social cohesion within the soldier’s primary group is essential to military effectiveness. Shils and Janowitz offered the following (1948, p. 281):

It appears that a soldier’s ability to resist is a function of the capacity of his immediate primary group (his squad or section) to avoid social disintegration. When the individual’s immediate group, and its supporting formations, met his basic organic needs, offered him affection and esteem from both officers and comrades, supplied him with a sense of power and adequately regulated his relations with authority, the element of self-concern in battle, which would lead to disruption of the effective functioning of his primary group, was minimized.

Task Cohesion vs Social Cohesion

- Task cohesion is the shared commitment among members to achieving a goal that requires the collective efforts of the group. A group with high task cohesion is composed of members who share a common goal and who are motivated to coordinate their efforts as a team to achieve that goal.
- Social cohesion is the extent to which group members like each other, prefer to spend their social time together, enjoy each other’s company, and feel emotionally close to one another.

Cohesion exists in a unit when the day-to-day goals of the individual soldier, of the small group with which he identifies, and of unit leaders, are congruent—with each giving his primary loyalty to the group so that it trains and fights as a unit with all members willing to risk death and achieve a common objective (Henderson, 1985, p. 4).

The empirical literature since 1993 provides ample evidence to support the distinction between task cohesion (i.e., the shared commitment among members to achieving a goal that requires the collective efforts of the group) and social cohesion (i.e., the nature and quality of the emotional bonds of friendship, liking, caring, and closeness among group members). Although there have been some contrary views (Schaub, 2010; Wong et al., 2003), the empirical literature since 1993 on unit cohesion and its correlates provides considerable support for the conclusions that interpersonal liking is not essential to effective unit performance—what is important is a shared commitment to the unit's task-related goals.

Richard Gabriel observes that "in military writings on unit cohesion, one consistently finds the assertion that the bonds combat soldiers form with one another are stronger than the bonds most men have with their wives (Grossman, On Killing: The Psychological Cost of Learning to Kill in War and Society)." (They Don't Receive Purple Hearts, 2015)

So why provide the above information on bonding and social cohesion from a publication dealing with Moral Injury and other invisible wounds of war when the focus of this writing is social isolation and loneliness?

Because it is important to understand from the perspective of Veterans and service personnel the value of bonding as it relates to an individual and his/her unit. The bond created forms the service members social network and when that bond is broken it can result in isolation and loneliness unless a new bond is created. This is one reason that proper transitioning to civilian life is of such importance to those who are leaving military service.

Nothing exists in a vacuum when dealing with the various forms of invisible wounds that those that have served in the military face. However, those wounds are not unique to the military or to those who have served. It is thus important to remember that any of the "invisible wounds of war" can and do affect those who have never served. Nurses, first responders, or any individual can and will suffer from social isolation and/or loneliness and may also then face the other "invisible wounds" that are often associated with military service.

What is termed the "Hemingway Effect" by its authors is an example how the invisible wounds of war, social isolation, and loneliness can affect an individual, both physically and mentally. The section is presented verbatim. Bold type highlights references to social isolation and or loneliness.

The Hemingway Effect (Older Veterans)

Ernest Hemingway, one of America's greatest literary figures, died by suicide when he was 61 years old, only six years removed from having been awarded the Nobel Prize for Literature [40]. In many respects, Hemingway's life and death exemplifies the complexities of suicide in elder veterans. Hemingway saw combat during the Spanish Civil War, World War I, and World War II. Although he never wore the uniform, he served. During the Spanish Civil War, he participated in direct combat activities: during World War I, he collected and sorted body parts of blown-up soldiers; and during World War II after the Normandy landing, he led a group of French fighters, for which he was tried under a military court since "civilians" were prohibited from leading uniformed military, and for which he was subsequently acquitted. For those who subscribe to the combat (or trauma) theory of suicide, Hemingway's suicide can clearly be attributed to his extensive combat experience. Those who favor a genetic-based explanation for Hemingway's suicide can find evidence in the fact that Hemingway's father, brother, and sister also died by suicide. For those who prefer the chronic pain and poor physical health hypotheses, evidence can find in the fact that Hemingway suffered from chronic back pain from two plane crashes and his severe medical conditions associated with cirrhosis of the liver, due to his life-long history of heavy drinking, which is also another possible explanation for his suicide. Hemingway was also an avid hunter and expert in the use of firearms, so support for the weapon use hypothesis can be found here. Strong support for the mental health hypothesis for his suicide is present as Hemingway struggled with severe depression, and possibly PTSD, throughout his life. **Finally, Hemingway's social support network was disrupted and weakened, first with the death of his immediate family members (father, sister, brother), and then the loss of many of his close personal friends: and he was estranged from his mother and children.**

Viewing Hemingway's death within the interpersonal psychological theory of suicide, one can easily see the presence of the three hypothesized components necessary for dying by suicide: **lack of belongingness**, burdensomeness, and acquired capability. Yet, why did Hemingway decide to end his life when he did? **In cases of elder veterans like Hemingway, the transition from middle life to later life is fraught with increases in burdensomeness and lack of belongingness**. Physical and psychological health tends to deteriorate later in life, especially injuries incurred while serving in the military. As we saw, this was certainly true for Hemingway. Family members and close friends, especially friends with combat and military experience, begin dying, significantly disrupting the veterans' social support network and thus their sense of belongingness. Again, as we saw, this was the case for Hemingway. (Castro, C.A., Kintzle, S. Suicides in the Military: The Post-Modern Combat Veteran and the Hemingway Effect. *Curr Psychiatry Rep* **16,** 460 (2014). https://doi.org/10.1007/s11920-014-0460-1)

The above solidifies the premise that with all the many issues that Hemingway faced it was a weak and disrupted social network that in the end may have been the reason for his death by suicide. When a social network begins to collapse then social isolation and loneliness builds and can lead to, as in the case of Hemingway, death by suicide.

Interpersonal-Psychological Theory of Suicide and the Military Transition Theory

Interpersonal-psychology theory of suicide proposes death by suicide occurs when individuals perceive a high sense of burdensomeness, low belongingness/social isolation, and the acquired ability to enact lethal self-harm. Perceived burdensomeness involves strong feelings of being a burden to family, friends, the community, even to the world. Thwarted belongingness is defined by a lack of meaningful personal connections, as well as having strained relationships. Death by suicide, however, will not occur unless perceived burdensomeness and thwarted belongingness is accompanied by the acquired capability to enact self-harm, that is, the ability to complete an act of suicide. Suicide attempts occur when hopelessness stemming from thwarted belongingness and burdensomeness, meets acquired capability. It is important to note that all three components must be present simultaneously for death by suicide to occur.

All military veterans have acquired the capability to die by suicide through military training, meaning this component of the interpersonal-psychological theory of suicide is always present in all service members and veterans. Although military training does emphasize gun safety and respect for weapons thereby restricting the possible means from dying by accidental death, the acquired capacity for self-harm is not diminished. So, this component of the interpersonal psychological theory of suicide is not useful in helping us identify when a military service member or veteran might die by suicide. What about the other two components of the theory: Are there times when belongingness and burdensomeness are particularly threatened, which might place the service member or veteran at increased risk for suicide? The military transition theory provides some insight as to when thwarted belongingness and perceived burdensomeness is likely to come together concurrently, along with the ever present acquired ability to inflect lethal self-harm.

Military transition theory describes the progression through which service members' transition out of the military. Military transition entails moving from the military culture to the civilian culture, producing changes in relationships, assumptions, work context, and personal and social identity. The theory postulates three interacting and overlapping phases describing individual, interpersonal, community, and military organizational factors that impact the military transition process.

The first phase, approaching the military transition, outlines the personal, cultural, and transitional factors that create the base of the transition trajectory.

The second phase, managing the transition, refers to individual, community, organizational, and transition factors impacting the individual progression from service member to civilian.

The final phase, assessing the transition, describes outcomes associated with transition. The key outcomes include work, family, health, general well-being, and community.

The military transition theory illustrates how certain factors may create susceptibility to negative outcomes, including suicidal behavior. Older veterans as well as young veterans are particularly vulnerable to acts of self-harm. Despite this, the causes of the development of perceived burdensomeness and thwarted belongingness may be attributed to different factors in each group. What former service members in both vulnerable age groups share is that they are experiencing a period of transition. The specific challenges each group face, as well as the specific transition elements identified in the theory, may create an understanding into the contributing factors associated with the interpersonal psychology theory of suicide. Military transition theory provides context into not only how thwarted belongingness and burdensomeness may develop but where interventions can be more effectively identified and targeted. (Suicides in the Military: The Post-Modern Combat Veteran and the Hemingway Effect, Castro, Kintzle, 2014)

Life in and after the Armed Forces:
Social Networks and Mental Health in the UK Military

This study conducted in the UK focuses on the influence of structural aspects of social integration (social networks and social participation outside work) on mental health (common mental disorders (CMD), that is, depression and anxiety symptoms, post-traumatic stress disorder (PTSD) symptoms and alcohol misuse). The study examined differences in levels of social integration and associations between social integration and mental health among service leavers and personnel still in service. Data were collected from regular serving personnel and regular service leavers (Veterans) from a representative cohort study of the Armed Forces in the UK.

Researchers found that service leavers reported less social participation outside work and a general disengagement with military social contacts in comparison to serving personnel. Service leavers were more likely to report CMD and PTSD symptoms. The increased risk of CMD but not PTSD symptoms, was partially accounted for by the reduced levels of social integration among the service leavers. Maintaining social networks in which most members are still in the military is associated with alcohol misuse for both groups, but it is related to CMD and PTSD symptoms for service leavers only. (Sociology of Health & Illness Vol. 35 No. 7 2013 ISSN 0141–9889, pp. 1045–1064 doi: 10.1111/1467-9566.12022)

There are volumes of papers written on Veteran and Military suicide. There are millions of dollars spent every year on suicide research and prevention. Missing is a national program to provide a dedicated and systematic transitioning program to civilian life for those who have served the nation. While serving in the military a social network was formed. Upon discharge that social network becomes non-existent and a new one needs to be created. As can be seen in research conducted in the UK a new social network may be small or non-existent. That failure to create a new network can lead to social isolation and loneliness and perhaps death by suicide.

LONELINESS

All the lonely people

Where do they all come from?

(Beatles 1966)

All the lonely people

Where do they all come from?

All the lonely people

Where do they all belong?

You may recognize these lyrics from The Beatles' 1966 song Eleanor Rigby. Its haunting harmonies tell the stories of Eleanor and Father McKenzie, both older people who exist in a state of solitude and loneliness. However, the lyrics never answer the question posed by the chorus: Where do the lonely people come from, and where do they belong?

Who Are the Lonely People?

Several recent studies have focused on the phenomenon of loneliness, with similar results. A 2018 international survey conducted by the Kaiser Family Foundation (KFF) and The Economist found that 22% of U.S. adults report a feeling of loneliness or social isolation, compared to 23% in the U.K. and 9% in Japan. Health services and life insurance company Cigna's 2018 survey showed that 46% of Americans report they sometimes or always experience loneliness, while 53% said they have meaningful in-person social interaction.

You might think that in today's ever-expanding hyperconnected society, loneliness will become a thing of the past. How can anyone feel lonely when the average Facebook user has 338 "friends" in their social network?" Social media may have magnified our digital connectedness but having online access to someone does not offer the intimacy of real-life social interaction and true friendship. Some experts believe social media may contribute to loneliness, although the Cigna study found similar loneliness scores in social media users (43.5%) as in non-users (41.7%).

You might assume that older adults suffer from more chronic loneliness than younger people. That might have been true in the past. A 2005 study by the University of Michigan found that nearly 60% of seniors felt lonely. The deaths of friends or a spouse, retirement, and isolating long-term illnesses like dementia or Alzheimer's all contribute to feelings of loneliness in old age. However, a different age group has recently earned a sad distinction as the loneliest: Generation Z. According to the Cigna study, young adults ages 18 to 22 in the United States suffer from feelings of isolation and loneliness as well as more health problems than other generations. (Jaclyn Lopez Witmer, Psy. D. January 24, 2020)

Various Forms of Loneliness

Loneliness is not restricted to seniors and young adults, though. Any human being, at any age or life stage, may feel lonely or isolated at any time. The different types of loneliness stem from various situations you may encounter during your life journey.

Situational loneliness occurs when you are separated from close friends and family members due to a new life situation, like starting a new job or relocating to a new location. Young children and adolescents often feel lonely when starting a new school full of unfamiliar kids. This loneliness usually subsides when you begin to develop new relationships.

Developmental loneliness is the feeling of being excluded or left behind. Your friends are getting engaged or receiving promotions, but you are still single and in a dead-end job. Your roommate is making all A's, but you are struggling to maintain a C average. You become a lonely person even though your relationships with the people in your life have not changed.

Internal loneliness is the perception of being alone, even when you are around other people. Perhaps you feel that you lack social skills to interact with others, so you do not try. Or maybe you friends with lots of people, but they are not really friends. Supportive social relationships rely on trust and deeper social connections than just casual acquaintances. More casual or superficial relationships happen to a lot of people who become leaders or gain fame and lose the trusting relationships that they once had with others — thus the saying, "it's lonely at the top."

There are other causes of loneliness, too. The KFF study found that loneliness is closely tied to real-life problems such as the death of a loved one, a severe injury, or an adverse change in financial status. Both KFF and Cigna found lower levels of loneliness among individuals who lived with partners than those who were single, divorced, or widowed.

Risks Of Loneliness

As mental health conditions, loneliness and isolation are often associated with sadness, unhappiness, and even depression. However, loneliness can have a significant effect on your physical health. The late Dr. John Cacioppo, who wrote the book on loneliness, was the first to describe the state of mind as a disease that is contagious, inheritable, and physically damaging. In his 2008 book Loneliness: Human Nature and the Need for Social Connection, Dr. Cacioppo, a psychologist and University of Chicago professor, found that "chronic loneliness increases the odds of early death by 20%," which is about as much as obesity. (Cacioppo, J. T., & Patrick, W. (2008). *Loneliness: Human nature and the need for social connection.* W W Norton & Co.)

Feelings of isolation and loneliness can be a risk factor for heart disease, arthritis, Type 2 diabetes, high blood pressure, sleep problems, and weight gain. Chronic loneliness can compromise your immune system, leaving one more vulnerable to illness. (Jaclyn Lopez Witmer, Psy. D. January 24, 2020)

Dr. Cacioppo and other psychologists at the University of Chicago also found a correlation with inflammation due to stronger responses to stress hormones in lonely people. Physical pain and aches like headaches or stomach aches are also common.

The worst result of isolation and pervasive loneliness is suicide. The KFF study found a significant percentage of sufferers had suicidal thoughts or thoughts of hurting others, with 31% thinking about harming themselves or taking their own lives and 15% thinking about committing a violent act.

Overcoming Chronic Loneliness

There are many ways to overcome short-term or chronic loneliness, but the first step is to admit that you are lonely. Many people feel there is a stigma associated with loneliness, and that "lonely" is associated with "loner" or even "loser." Sharing your loneliness with close friends or family members for the first time can be anxiety-provoking, but it can be helpful to your recovery.

Experts also recommend taking stock of your existing social connections to discern which of your friends' behaviors make you feel lonely or disconnected from them. They may show that they care about you in different ways than those you expect. For example, if someone does not "like" every one of your social network posts but takes the time to help you move to a new place, they most likely care about you.

There is anecdotal evidence that pet ownership can reduce feelings of loneliness. Pet owners also report lower blood pressure and levels of cholesterol. In addition to the relationship to the pet itself, owners also found comfort by creating social networks with other pet owners. Finding a group of people with whom you share interests or hobbies can decrease feelings of loneliness and alienation. (Jaclyn Lopez Witmer, Psy. D. January 24, 2020)

Getting Professional Help

The symptoms of loneliness are internal; you are the only person who can truly determine if you feel lonely or isolated. If you're not sure, consider using the UCLA Loneliness Scale, a short survey that was developed by psychologists in the 1980s to help people and their health care providers determine levels of loneliness.

If you believe you are suffering from loneliness or social isolation, consider seeking help from a therapist or other mental health professional. A good therapist can help you to build a truer understanding of yourself. With cognitive-behavioral therapy (CBT) or psychodynamic therapy, you can explore what exactly has led to your feelings of loneliness and learn new behaviors and ways of thinking to overcome them.

The preceding is a copy of an article written by Jaclyn Lopez Witmer, Psy. D. January 24, 2020

Types of Loneliness

Consider that there are two types of loneliness: positive loneliness and negative loneliness.

Where a person deliberately withdraws from society to achieve higher goals, such as meditation or to serve God and reflect upon things, this is considered a positive type of loneliness. In modern literature, positive loneliness is termed as privacy in the sense that people may willingly and freely choose to avoid social contact for a certain period.

The negative type of loneliness is a condition where a person undesirably and unwillingly suffers from lack of social connections.

Emotional Loneliness

The negative types of loneliness are employed by researchers and theorists in their definition of loneliness (Gierveld et al. 2006). Other experts distinguish loneliness into emotional loneliness and social loneliness. Weiss argues that emotional loneliness is the result of a lack of close emotional relationship, such as the loss of a partner, a lover or a close friend; such loss is accompanied by an intense sense of emptiness, anxiety and stress, whereas social loneliness results from lack of a wider range of meaningful relationships, such as connecting with friends, colleagues and neighbors and is accompanied by a feeling of boredom and social marginalization. He also stresses that emotional loneliness can be treated with the launch of new close relationships and cannot be solved only with the support of family or friends, because this alone cannot fill the emotional gap resulting from the absence of the person with whom close contact had been established (Weiss, RS 1973).

Loneliness Anxiety

Loneliness may be short-termed and temporary and may be caused by some type of temporary situation or a life-long problem which persists throughout one's lifetime (Tiikkainen & Heikkinen, 2005). Loneliness anxiety results from a fundamental breach between what one is and what one pretends to be, a basic alienation between man and man and between man and his nature. The predicted and controlled quest for security, order and avoidance of anxiety ultimately generates feelings of despair and the fear of loneliness.

Loneliness anxiety is a widespread condition in contemporary society. The individual loses any sense of affiliation with the food one eats, clothes one wears or the shelter one lives in. He ultimately fails to participate in the satisfaction of the vital needs of his family and society. He lives in an impersonal urban or rural community where he meets others not as real persons, but according to the prescribed rules of conduct and manners of behavior. He struggles to acquire the latest technological inventions that offer him comfort, convenience and are in fashion.

Many people have a strong desire to find themselves with others and find love, but they are hampered by their own inhibitory fears. The feeling of loneliness anxiety often goes hand in hand with an underlying – yet desperate rage– and a desire to take revenge on those who "excluded them from life".

The inferiority feeling is associated with loneliness anxiety. The sense that one is deprived of love and faces neglect causes pain and suffering.

Loneliness is a dimension of human life, whether existential or social or psychological. It is a fact of life. Fear, isolation, rejection and attempts to escape the experience of being alone will isolate the person from their own existence, will crush them and then disconnect them from their own energy sources. Thus, development, creative emergence, awareness heightening, perception or sensitivity will not exist at all. If the person does not train himself to withstand loneliness, he will fail in developing the skill and dimension of being human by renouncing them altogether.

Recent studies have defined loneliness as a disorder that inflicts changes in the structure and function of our brain, altering our perception and thoughts. Moreover, loneliness increases the risk for high blood pressure and poor sleep quality and seems to contribute to the poor functioning of the immune system, cognitive decline, depression and possible suicidal thoughts. A typical explanation is that lonely people have no life mentors, i.e., people who encourage healthy behaviors and reduce harmful ones.

More specifically, after studying 800,000 UK citizens, Cacioppo et al. (2014) found that lonely people are sensitive to negative social conclusions, and this resulted in the reduction of their reactions to various social contexts. Their research was supported by a series of experiments which contained negative social words. It was found that lonely people perceived negative social words faster than non-lonely. In other experiments under the same research involving the detection of masked pain in virtual persons, again only lonely people showed hypersensitivity when such persons were disliked.

Additionally, lonely people appear to suppress nerve responses to social rewarding stimuli, which reduce their enthusiasm for potential social contacts. Also, lonely people appear to have reduced activity in parts of the brain involved in the prediction of possible thoughts of others, of what may others think. This is a possible defense mechanism hinging on the idea that it would be better not to know. The authors referred to the above using the term social "self-preservation mode". (Tiikkainen & Heikkinen, 2005).

When it comes to associating loneliness with different manifestations of suicidal behavior, there are studies showing positive correlations with specific population subgroups such as students, elderly, and psychiatric patients. In a recent study by Stravynski A. & Boyer R. in 2011, the general population showed strong correlations between suicidal ideation, para-suicidal behavior and for someone to be by himself (to feel subjectively alone and objectively be alone, without relatives and/or friends). As social beings, most people live in a spectrum of relationships, which largely determine their identity and personality. Moreover, the significance of these connections transcend cultural differences. (Heine, Lehman, Markus and Kitayama, 1999, Kitayama & Markus, 1994, Silvera & Seger, 2004).

Given this coexistence of relations with others, factors such as "belonging" and loneliness are important predictors of mental health. (Baumeister 74 ENCEPHALOS 52, 70-78 2015 & Leary, 1995, Ernst & Cacioppo, 1999, Townsend & McWhirter, 2005).

A Risk Factor for Suicide Ideation

Loneliness may also be a risk factor for the development of suicidal ideation, para-suicidal behavior and for a fatal suicide attempt. In a survey conducted amongst persons who have attempted suicide, loneliness is often described as a factor that urges someone to make a suicide attempt. (Bancroft, Skrimshire, & Simkins, 1976, Birtchnell & Alarcon, 1971, Maris, in 1981, Nordentoft & Rubin, 1993, Wenz, 1977). Conroy, Smith and Peck (1983) have argued that loneliness is a factor that contributes to a fatal suicide attempt.

Finally, numerous studies on high school pupils and students have demonstrated correlations between loneliness, suicidal ideation, and para-suicidal behavior. (Garnefski, Diekstra, & de Heus, 1992, Rich, Kirkpatrick-Smith, Bonner, & Jans, 1992, Roberts, Roberts & Chen, 1998, Rossow & Wichstroem, 1994, Weber, Metha & Nelsen, 1997, Yang & Clum, 1994).

Everyone at one time or another has felt lonely. It is not a new experience. Moses certainly felt it when he was exiled from Egypt and was wandering through the desert. As a matter of fact, examples of loneliness have been used throughout the Bible to relate to bringing one closer to God. Even Jesus in the garden of Gethsemane felt lonely as He awaited his being taken to the high priests. In modern days we have examples of POWs being held in forced loneliness through solitary confinement.

In any of these cases people were able to overcome their loneliness through belief in a higher power in the case of Moses and Jesus or through a social network if support, as was the case for POWs.

The key is to identify those who suffer from loneliness at attempt to provide them with a social network that they can go to in coming out of their loneliness. Humans need to belong and to create. Social networks can provide that belongingness and opportunity to create.

SOCIAL ISOLATION AND LONELINESS:

The New Invisible Wounds of War

The Box Containing All Others

Note: While this section focuses on Veterans and military service personnel any or all the conditions described can and do occur within the civilian population.

Within the medical field areas dealing with Post Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), Traumatic Brain Injury (TBI) as well as numerous other mental disorders have been well documented. While not part of the DSM 5 Moral Injury (MI) has also been recognized as a contributing factor to one's mental condition. These and other conditions are under constant review and papers by researchers and scholars continue to be published.

In many studies, as referenced in this paper, social isolation and loneliness are considered a contributing factor to the main issue (PTSD, MST, etc.) affecting an individual.

It is this writer's contention that Social Isolation and Loneliness are the box in which all the other conditions are held, and it is when that box is opened that those conditions can be treated and healed.

Reflections of a POW

In an article published on August 20, 2020, former Vietnam War POW George Coker relayed how he and others endured solitary confinement (the ultimate social isolation and loneliness) and captivity for more than 6 years. Coker stated that:

"I learned that lethargy and bemoaning my situation would waste my days. I struggled to cultivate self-esteem. Every minute spent in depression is a minute stolen from a productive life. We POWs encouraged one another and urged those who were suffering to join our mental gymnastics. We worked together to prepare for a productive future. Though at times all our learning and communication required tapping on walls, we persevered."

It can be seen how the POW's formed a "social network" to help themselves overcome the conditions in which they existed. Certainly, they felt mental physical pain but, in the end, they were able to survive. Coker further stated:

"Unity over self" were the words that guided us. We struggled, suffered, fought depression, and succeeded as a group. We could not quit."

That sense of being in a social network helped sustain POW's during their captivity. There is no doubt that many suffered from PTSD, MI and more. However, they did survive because of the bond established through their social network. A Network that gave strength and support to each member.

Is that any different than the need for a supportive social network today?

Loneliness and Suicide

Research suggests there may be a link between loneliness and later suicidal ideation and/or behavior (SIB), but until now rigorous reviews have been lacking. (Cacioppo et al 2002)

It is interesting to note what is occurring in the United Kingdom (UK). The UK has seen the creation of a Minister for Loneliness and a Loneliness Strategy (HM Government, 2018). While the creation of a minister whose responsibility is limited to a single emotion may seem unusual, research suggests that the focus is warranted; being lonely is associated with higher risk of physical health issues, like cardiac disease and immune deficiency and mental health issues, such as anxiety and depression (Cacioppo et al 2002). Furthermore, loneliness is common: in the UK over 9 million (or almost 1 in 5 people) say they are always or often lonely (British Red Cross and Co-Op, 2016). Additionally, the recent global spread of self-isolation associated with COVID-19 has put an even stronger public focus in this area, hastening a need to better understand the risks of loneliness to formulate appropriate mental health responses.

Theory of Thwarted Belongingness

According to the theory, thwarted belongingness is a psychologically-painful mental state that results when the fundamental need for connectedness—described by as the "need to belong"—is unmet. The theory proposes that the various indices of social isolation that are associated with suicide—living alone, loneliness, and low social support—are associated with suicide across the lifespan because they are indicators that the need to belong has been thwarted.

Research has several implications for how we think about the causes of suicide. For example, the Interpersonal Theory of Suicide (Van Orden et al, 2010) identifies thwarted belongingness, a concept similar to loneliness, as a significant precursor of suicidal behaviors. Similarly, the Integrated Motivational-Volitional model of suicide (O'Connor and Kirtley, 2018) frames loneliness as a motivating factor in developing a sense of entrapment, which is a primary precipitant of suicidal intentions/ideation.

Studies have also indicated that loneliness tended to be more highly associated with Suicidal Ideation and/or Behavior (SIB) in the medium to long term (between one month and five years) rather than in short term settings. The conclusion can be reached that loneliness appears to predict future Suicide Ideation and/or Behavior (SIB).

Reflecting on the POW experiences of Coker and others it also appears that the development of a strong social network can help reduce or eliminate the loneliness of an individual who may be associated with SIB.

Suicide Among Veterans and Active-Duty Military (Watson Institute Report)

Veteran and Active-Duty Military deaths by suicide continue at an alarming rate. This even though millions of dollars have been spent addressing the issue. Both DoD and VA have established numerous programs to deal with the subject, but the numbers do not go down.

So where does the problem lay?

Transitioning

As service members transition back to civilian life, they face an incredible challenge of reintegration amid the psychosocial stress of losing their role identity as members of the Armed Forces. This stress is, aside from loss of identify, also in part due to the loss of the bond created while in the service with fellow service members.

Alcohol and Drug Abuse

Alcohol use disorder affects roughly 7 percent of veterans overall, while substance abuse disorders affect roughly 11 percent of all veterans who use the V.A. health care system. Rates of alcohol and substance abuse have continued to rise in the past 20 years. As with active-duty personnel, research shows a strong association between alcohol/substance abuse and completed suicides, 30 percent of which were preceded by alcohol and drug abuse. Prescription drug misuse and alcohol abuse and dependence are among the strongest predictors of suicide among veterans overall. On the one hand, this behavior may extend from habits learned in the military itself. A survey of over 16,000 active-duty military personnel found about 43 percent of them engaged in binge-drinking or drinking five or more drinks for men or four or more drinks for women in one sitting. (https://www.forces.net/news/alcohol-misuse-costly-problem-us-military)

On the other hand, this behavior may mask the traumas personnel bring back with them.

In any case, alcohol and substance abuse remain essential factors and predictors of suicidal behaviors among veterans, and it should remain a substantial piece of the puzzle in proposing causes for rising suicide rates.

Homelessness

Homelessness among veterans is also a potential factor in suicide rates. There are roughly 37,000 identified homeless veterans in the U.S. (va.gov) While homelessness alone is associated with an increased risk of dying by suicide, it is even worse for veterans. In a recent study of over 36,000 homeless in the U.S., homeless veterans were almost eight times more likely to attempt suicide than their non-homeless veteran counterparts. Non-veteran homeless were only four times more likely. These findings suggest homelessness is itself a suicide risk factor and is worse for veterans.

PTSD-Moral Injury-MST

Moral Injury

Moral injury is the term psychiatrists, chaplains, and scholars use to describe “experiences of serious inner conflict arising from what one takes to be grievous moral transgressions that can overwhelm one’s sense of goodness and humanity.” In other words, moral injury is the result of trauma that shakes the foundations of one’s sense of moral goodness, right and wrong. Indeed, although service members come home with other psychological and physical injuries, moral injury is a “trauma as real as a flesh wound.” Although the concept has only become prominent in the last 15 years or so and is yet to have a Diagnostic and Statistical Manual of Mental Disorders (DSM-5) entry for psychiatrists to use when making an official diagnosis, it has risen to the forefront of psychiatric research.

Those who suffer from a moral injury are often prone to become socially isolated and withdrawn due to feelings of guilt and shame. Those “feelings” can lead to an individual considering and then ultimately committing death by suicide. An exact number of those with a moral injury may be difficult to determine as it is not listed in the DSM-5.

PTSD

One clear contributor to the tendency towards suicide affecting many service members across every branch (in both combat and support roles) is exposure to traumatic events. Service members and Veterans that have PTSD likely perpetrated, witnessed, or experienced a horror of war, causing an overwhelming sense of fear, which "triggers an alarm system set deep in the amygdala."

The individual is then incapable of turning off the biological fight or flight response to danger; that is, PTSD is an actual physiological (and psychological) response to traumatic events. The symptoms last for at least one month and result in distress and impairment in social functioning. The symptoms tend to only be diagnosable as PTSD six months after a traumatic event, although some symptoms may occur immediately. As mentioned, PTSD is associated with suicidal behavior on its own, let alone when combined with other traumas.

Military Sexual Trauma

Trauma may commonly occur outside of combat. As one veteran explained, “I'm not a combat veteran, but I didn't have to go to combat to go through something incredibly horrifying.” The veteran in question experienced military sexual trauma far from the theater of war and must continue to deal with adverse mental health symptoms after her attack, representing one significant form of trauma one may experience without ever deploying.

Psychiatrists and other scholars often separate MST from other forms of trauma like combat trauma, morally injurious events, and the like, even while it may, like other forms of trauma, result in PTSD or moral injury, mainly because it is such an act of betrayal. The feeling of betrayal is part of what makes MST distinctive from sexual trauma in the civilian sector.

Like PTSD and moral injury, MST has a close association with suicidal behaviors and ideation, particularly among men. One study found approximately 75 percent of MST survivors reported experiencing post-MST suicidal ideation overall. Further, about 40 percent reported attempting suicide following MST. (va.gov)

Veteran Suicide

Veterans commit suicide at an alarmingly high rate, about 20 deaths a day. A recent study identified loneliness as the main cause of suicidal thinking among thousands of older soldiers who had not experienced direct combat. Loneliness ranked higher than posttraumatic stress disorder, disability or psychiatric problems in contributing significantly to the risk of developing suicidal thinking. (World Psychiatry, Sept. 2017)

Loneliness may represent the most important component of connectedness, as it is associated with depression severity, suicidality, and health-related behaviors concluded a study of how social connectedness correlates to depression among veterans. (Journal of Affective Disorders, April 2018)

Given this knowledge it might be assumed that national organizations would seek to address this issue through supportive programs and services.

There are numerous national organizations whose purpose it is to serve Veterans and service personnel.

The Department of Defense has numerous programs and personnel to help them address various issues encountered by active-duty service men. Whether they be spiritual, physical, or mental, every branch of the military has a program and/or personnel available.

What is missing after military service is the strong social network to provide these men and women with the comradeship and sense of belonging that they felt while performing military service.

While the VA has numerous programs to assist Veterans in dealing with suicide prevention, homelessness, mental disorders, addictions and more it does not have a "social network" program for those under their care. (This is not to state that inside the VA there are not PTSD, Caregiver groups, etc.)

Organizations such as Wounded Warrior, Team Rubicon, Team Red, White, and Blue can provide local sources of support **if they are available in the Veteran's community.** National service organizations such as the American Legion, Veterans of Foreign Wars have the potential of serving those who have served if their national, state, district and local officers are aware of the issues affecting those who have served. There are also non-military connected organizations such as the Lions, Rotary, Knights of Columbus and more that can provide a social network for the Veteran at the local level. All this is predicated on the Veteran joining one of those organizations. However, many of these organizations at the local level are gradually fading from the landscape due to lack of membership or financial difficulties.

Finally, there is the faith-based community. At one time houses of worship were the bulwark of this nation's social backbone but within the faith-based community attendance is dwindling and as such so does their support for community programs.

Religious attendance is associated with higher levels of social integration and social support and that social integration and social support are associated with lower levels of loneliness. Involvement in religious institutions may protect against loneliness in later life by integrating older adults into larger and more supportive social networks. (Rote, S., Hill, T. D., & Ellison, C. G. (2013). Religious attendance and loneliness in later life. *The Gerontologist*, *53*(1), 39–50. https://doi.org/10.1093/geront/gns063)

Certainly, governmental restrictions on religious assembly during the pandemic affected attendance and the potential to provide services to the community.

As with the closing of schools and other community-based outreaches the effects of closure and lockdowns will be felt for years.

Organizations need to re-energize their efforts in a post-pandemic environment to reach out to those within their community to become again part of a social network.

It is a mission that can only be accomplished on the local level.

SUMMARY

Two National Studies

Prevalence of Loneliness and Social Isolation: Don't deny the problem!

As reported in the Kaiser Family Foundation Report on Loneliness and Social Isolation in the U.S., U.K., & Japan (https://www.kff.org/other/report/loneliness-and-social-isolation-in-the-united-states-the-united-kingdom-and-japan-an-international-survey/):

More than a fifth of adults in the U.S. (22 percent) and the U.K. (23 percent) say they often or always feel lonely, feel that they lack companionship, feel left out, or feel isolated from others, about twice the share in Japan (nine percent), referred to here as those reporting loneliness or social isolation. Not everyone experiences loneliness and social isolation the same way and some do not see it as a problem for them; however, most of those reporting loneliness across the U.S., the U.K., and Japan do. About one in twenty across countries say their loneliness is a "major" problem for them. In the U.S. and the U.K. there are more saying it is a minor problem or not really a problem for them, whereas in Japan, most people who report feeling lonely say it is a major problem for them.

Across the U.S., the U.K. and Japan, majorities say they have heard at least something about the issues of loneliness and social isolation in their country. In the U.S., the public is divided as to whether loneliness and social isolation are more of a public health problem or more of an individual problem (47 percent vs. 45 percent), and a large majority (83 percent) see individuals and families themselves playing a major role in helping to reduce loneliness and social isolation in society today and fewer see a major role for government (27 percent). In contrast, residents of the U.K. and Japan are more likely to see the issue as a public health problem than an individual issue (66 percent vs. 27 percent in the U.K. and 52 percent vs. 41 percent in Japan). And, while large majorities in the U.K. and Japan also think individuals and families should play a major role in stemming the problem, six in ten also see a major role for government, unlike in the U.S. Most people in the U.K. say "cuts in government social programs" is a major reason why people there are lonely or socially isolated, compared to minorities in the U.S. and Japan.

In a recent study conducted by Harvard University (https://mcc.gse.harvard.edu/reports/loneliness-in-america Feb 2021) that was gauged to determine the effects of loneliness and isolation during the COVID pandemic the following were some of their key findings:

1. In our recent national survey of American adults, 36% of respondents reported serious loneliness—feeling lonely "frequently" or "almost all the time or all the time" in the four weeks prior to the survey. This included 61% of young people aged 18-25 and 51% of mothers with young children.
2. 43% of young adults reported increases in loneliness since the outbreak of the pandemic. About half of lonely young adults in our survey reported that no one in the past few weeks had "taken more than just a few minutes" to ask how they are doing in a way that made them feel like the person "genuinely cared."
3. Young adults suffer high rates of both loneliness and anxiety and depression. According to a recent CDC survey, 63% of this age group are suffering significant symptoms of anxiety or depression.

Their recommendations were simple:

1. Providing people with information and strategies, including public education campaigns, that can help them cope with loneliness, including strategies that help them identify and manage the self-defeating thoughts and behaviors that fuel loneliness.
2. Building not just our physical but our social infrastructure at every level of government and in our communities. We need to begin reimagining and reweaving our social relationships in health care, schools, and many other institutions.
3. Working to restore our commitments to each other and the common good to renew a founding promise of this country: that we have commitments to ourselves, but we also have vital commitments to each other, including to those who are vulnerable.

Whether they be governmental, educational, fraternal, or religious these studies should sound an alarm among the various social institutions across the nation to act.

Where Do We Go from Here?

In the sections of this paper, it is hoped that an awareness of Social Isolation and Loneliness will be considered as the box in which PTSD, MST, and even Moral Injury are held. If Social Isolation and Loneliness remain unaddressed then no number of speeches, therapies, retreats or counseling sessions will address those other "invisible wounds of war".

Science states that nature abhors a vacuum and will seek to fill it when one is created. This is equally true of Social Isolation and Loneliness. If nothing fills the void one is experiencing then perhaps drugs, alcohol, physical abuse, and death by suicide may fill that emptiness.

It is thus the responsibility of those in leadership positions at all levels of society, whether they be in government, education, or faith based to recognize this new "invisible wound" and to take corrective steps to address and solve the problem.

These are national issues to be sure, but they cannot be resolved by a national program. National awareness can and should be created through government, national organizations, and religious beliefs. The failure to create awareness is one of the greatest errors made by the government (at all levels) during the COVID pandemic of 2020/21. By forced lockdowns and closures of religious and many social organizations social isolation and loneliness may have created a larger social problem than before the pandemic.

Resolution must occur at the local level. And that begins with the family!

While no specific research has been identified as to a specific "treatment" to address social isolation and loneliness all studies that have focused on treatments have shown that something done in a positive manner to establish social contact is better than not doing anything.

On the website, WhoWeServe.com, there are provided links that can be used to provide further resources and information focusing on social isolation and/or loneliness. These links provide what others are doing to establish within their community means to deal with social isolation and loneliness.

There is much to be done in dealing with the subject matter addressed in this paper. When the realization is made that Social Isolation and Loneliness are the "new invisible wounds of war" then we will be better able to address the needs of the whole person as opposed to treating a single issue.

Perhaps in the U.S we should create, as they have in the U.K., a "Loneliness Awareness Week"? It would be a good beginning!

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About the Author

Joseph M. Palmer is a graduate of Southern Connecticut State University where he earned a Bachelor's Degree in Political Science. He served in the United States Air Force from 1966 to 1972 as a Security police K-9 handler with service in Okinawa, Vietnam, the Philippines, and Francis E. Warren Missile Base. He is active in developing programs for Veterans. As a Life Member of the Veterans of Foreign Wars of America he has served as an All American Post Commander as well as having attained the prestigious honor of being an All American District Commander. He has conducted numerous presentations and webinars on topics that center on the Veteran and Military Community. He is past Executive Director and President of Military Outreach USA. His papers include; Moral Injury: A Guide for Clergy and Lay Ministers, They Don't Receive Purple Hearts: A Guide to Understanding and Resolution of the Invisible Wound of War Known as Moral Injury, as well as the working guide; Community Covenant with Veterans and Military Families.