



# SOCIAL ISOLATION AND LONELINESS DURING COVID-19

Loneliness is a subjective feeling of isolation that creates a stress response and increases poorer mental health.

Everyone's circumstances are different. Some people who are alone will not find it problematic. Others who live in a full house can feel very lonely. Some people find their own company quite distasteful. Others feel that being alone is the ultimate utopia. Some will find loneliness hits a spot that creates high levels of distress leading to anxiety and depression. Others will find solitary activities satisfying. There is no one size fits all. It is a very subjective experience.

Like all human emotions, the feeling of loneliness comes and goes, but it has a purpose. Loneliness motivates us to connect with others. It also has the potential to increase our empathy for others who are also feeling lonely which in turn increases community spirit and solidarity.

I was recently listening to two researchers in the field of loneliness, Dr Michelle Lim and Professor Jo Badcock and was interested in their research findings. At this point in time, we don't know if COVID-19 is making people lonelier. More time, research and monitoring are required and it is likely the results will be retrospective, so for now we need to use the information that we do know. That is, regardless of how much or how little we feel lonely, we were created with a basic human need for belonging, acceptance and connectedness. How that looks for each of us will be different.

### **Here are some strategies that may help to reduce feelings of loneliness:**

- If the thought of making new relationships is daunting, look to strengthen existing relationships or make little efforts with an acquaintance to build a friendship.
- If communicating that you are feeling lonely is awkward, maybe say that you are bored and invite someone to participate with you.
- On a daily walk or at the shop, say hello to people in passing. Quick openers like "Morning!" are a way of testing if someone is open to chatting – then you can use small talk like, "You are out early this morning".
- Do not assume that our older adults are not techno savvy! Many of them are. Ask if there is a form of technology they are using. Ask them if you can help so you can keep in touch.
- If you don't have technology to stay connected, we still have phones and mail. Imagine the joy of receiving a letter from a person and not a utility service in the mail!
- We are still allowed to take part in physical distancing conversations over the fence, across the road, on a walk etc. It is the physical distancing and hygiene that will keep us physically safe, not socially distancing and disconnecting.
- Never underestimate the value of a cuddle with a pet. It sets our neurons firing and the endorphins flowing.
- Consider other times you have overcome feelings of loneliness. Perhaps some of those strategies could be helpful now also.
- Adopt a balanced and meaningful routine (more on this shortly!).

During our COVID-19 experiences, some may have developed a sense that we are losing control. Restrictions are regularly changing to keep us safe, but it can leave us thinking that things are changing without our permission! Try to focus on the things that you do have control of – that is, your decisions as to how you will manage this time.

Andy Thomas is an astronaut who was born in Adelaide and spent 141 days with two Russian astronauts on the Mir Space Station. He expected the space mission to be tough in a confined space with the same people, breathing the same air, 24/7 for four months. But he reports it turned out to be a "really good experience." In fact, once he worked out the balance, he said "the experience of confinement can be tranquil and serene." Really?

A key component of Thomas' experience was creating a balanced day. It ensured that he was productive, had a sense of purpose, incorporated his values and met his basic needs. He had to be adaptable! I don't necessarily want to use the terms 'routine' or 'schedule' as this can be too restricting for some and overwhelming for others. On the other hand, some people like predictability. The point here is that there is a plan to intentionally meet our physical, emotional, mental and spiritual needs.

- Meal times (nutrition to support our body and brain/nervous system)
- Hygiene (shower, brushing teeth, hair, nails etc.)
- Exercise (to support general and mental health)
- Self-care (ask yourself, what do I need right now?)
- Regular wake/sleep cycles (consistency – avoid the slippery slope into late nights and late mornings)
- Balance between work and recreation
- Distinction between weekdays and weekends
- Time to be alone (especially for those who are surrounded and need the space)
- Time to connect with others (especially for the mental health of those who are lonely)
- Time to focus with God privately and with others

Fighting and resisting things that are not able to be changed can lead to feelings of distress and failure. The alternative is to accept that it is, what it is. Hang onto the hope that things will not be like this forever. Change is a certainty. Good things will come of this time. For example, restrictions are likely to strengthen our ability to connect with others.

It can be difficult to check in about our mental health due to stigma or a fear of shame. We fear that our social life or mental life doesn't match up to others we connect with. So, we withdraw, feel inadequate and are less likely to own up to feeling lonely. Maybe with the COVID-19 restrictions we are all feeling a bit lonely and might find it easier to start talking about it. You could start a conversation with a friend. Or if you feel you need professional help, make an appointment with your General Practitioner for a referral to see a psychologist. You may be eligible for Mental Health Treatment Plan that provides Medicare rebates for up to 10 sessions per year and/or Telehealth (telephone or video conference) services.

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