Available online: https://e-journal.unair.ac.id/jps

Case Report

Addressing Loneliness in Dementia Patient's Caregiver Through Spiritual Aspect

Christophorus Aditya Pawitan[1], Agustina Konginan[2]

[1]Psychiatry Resident, Faculty of Medicine, Universitas Airlangga - Dr Soetomo General Academic Hospital, Surabaya, Indonesia
[2]Psychiatrist, Consultant Liaison Psychiatry, Department of Psychiatry, Faculty of Medicine, Universitas Airlangga - Dr Soetomo General Academic Hospital, Surabaya, Indonesia

Received: May 16, 2024
Accepted: July 12, 2024
Published Online: December 2, 2024

Correspondence Author:
Email: aditpawitan@ymail.com

Abstracts

Introduction: In this brief case report, we aim to focus on the spiritual aspect and how it may benefit in addressing loneliness. **Case:** The case is a female 62 years old, diagnosed with generalized anxiety disorder with a psychosocial stressor of perceived isolation (loneliness), treatment approach consists of medication and spiritual-integrated cognitive behavioral therapy focused on her loneliness. **Discussion:** According to the definition spirituality is related to a transcendental being (vertical) and relation with others, the environment, and oneself (horizontal). In loneliness, the psychosocial symptom of perceived social isolation might be caused by the falling apart of a spiritual relation, either vertical or horizontal. **Conclusion:** Loneliness might be prolonged by a change in spiritual value and addressing loneliness through a spiritual aspect is an area that needs to be explored in future studies.

Keywords: Spirituality, Loneliness, Spiritual Intervention, Caregiver, Mental Health

Cite this as: Pawitan. C. A., and Konginan. A. "Addressing Loneliness in Dementia Patient's Caregiver Through Spiritual Aspect". Jurnal Psikiatri Surabaya, vol. 13, no. SI1, pp.35-39, 2024. doi: 10.20473/jps.v13.isi1.62653

INTRODUCTION

Loneliness can be seen as a stressor alleviated by using spiritual coping. This would explain why we often find high loneliness and high spiritual well-being together [1, 2]. But what if we take a look from the perspective of spirituality as a part of the holistic aspect? Can changes in spiritual aspect value (due to life experience) affect the psychosocial in such a way that creates loneliness?

CASE

Mrs. FXH, 62 years old, is a college graduate, she used to work in the management of a big factory and now she is on her pension. She came to the psychogeriatric outpatient clinic with a sleep problem that has been around for about 1 year, she complained of difficulty to sleep for almost every day. She was worrying nonstop about unclear things, accompanied by tremors on her hands, sweating, and palpitation. This problem occurred since she became the sole caregiver for her husband which diagnosed with dementia in the last 2 years, to the point the husband cannot manage any of his daily activities without her help.

She only lived with her husband and refused to have a helper for household chores because she could do it. She had 5 sons with whom she had good relations, she was conflicted about wanting them to help her but she also didn't want to disturb them, because each already had their own family. She felt lonely, angry, and overwhelmed by her husband (and sons) but she pushed herself to do everything. She had relief from religious group support, but she believed that she could not depend on other people.

She is diagnosed with generalized anxiety disorder and treated with Sertraline 25mg and Lorazepam 1mg. Nonpharmacology therapy includes relaxation techniques and spiritual-integrated cognitive behavior therapy. CBT targets the improvement of her daily stress ultimately points back to the feeling of suffocating loneliness and subsequent decisions that keep her isolated.

DISCUSSION

Loneliness definition.

Loneliness is easily seen in this case, in which the patient perceives herself in social isolation. As per definition, loneliness is a psychosocial symptom of perceived social isolation (living alone, no transportation, subjective distressing feeling of being alone) and is associated with lower HRQOL. But what caused loneliness to spike in this case, multifactor might be the answer but if we look at a specific direction we might find that spirituality might have something to do with this [3, 4].

Evolutionary Theory of Loneliness

Evolutionary Theory of Loneliness (ETL) posits that loneliness is an adaptive evolutionary signal. When the organism is in an environment with a low chance of mutual benefit or altruism in the environment, there is an automatic signal that causes the organism to perceive social isolation. This signal is an adaptive function that fosters short-term survival, but in the modern world can have long-term deleterious consequences [3, 4].

ETL explains:

1. How feelings of loneliness emerge and are maintained over time.

There is a strong need for connection in humans. While the important bonds are absent, under threat, or low in quality, loneliness emerges as a response to motivate people to repair the deficient bonds. When loneliness subsides, it becomes an internal reward and renewed social connection. This evolutionary process increases individuals' chances of survival and opportunities to pass genes to the next generation.

But, loneliness can also interfere with the motivation to repair bonds. The bad experience (or lack of protection/assistance from others) that comes from loneliness promotes an emphasis on short-term self-preservation (hypervigilance for social threats and increased concern for one own interest which leads to a behavior of avoiding other people to avoid further rejection and can cause

them to miss out on opportunities for reconnection or rewarding social interaction. In short, loneliness is a signal for people to renew their connection. Loneliness causes a feeling of lack of protection or assistance. It may cause increased self-preservation, lead to a strong avoidance behavior, and a decreased desire to affiliate, which causes the loneliness to become chronic [3 - 6].

Another explanation of the ETL theory of how loneliness emerges and is maintained is that loneliness sets off a multistep process. For the first step, people withdraw from initial social interaction to ponder their options. In the second step, they are hypervigilant for social cues, both opportunities for social reconnection and threats. When people notice such opportunities quickly, they regulate their behavior effectively reconnect to others and their feelings of loneliness are short-lived. But when they interpret their social situation potentially threatening, they will withdraw further from social interactions, and leads to prolonged loneliness [7].

2. How loneliness can affect physiological functioning and health.

There are known physiological changes that come with loneliness, research on older adults has confirmed the association with greater reactivity of stress system, cardiovascular problems, and early mortality [8 - 10]. The increase of HPA activity and fragmented sleep as an evolutionary process can be understood as an optimal response to the bad experience of a deficient and unsafe environment [11]. These changes can be adaptive in the short term, but not in the long term.

3. How loneliness changes how people process information in the brain,

There are changes in the interpretation of social cues that signal a threat or an opportunity to renew a connection. There was increased activation of brain regions involved in emotion processing (limbic system) in lonely people which reflects hypervigilance to all sorts of social and non-social threats. Also, there was decreased activation of brain regions associated with processing reward (e.g., the ventral striatum) that reflect lower sensitivity to social rewards [12].

4. How genetic factors can affect loneliness.

Cacioppo's evolutionary model states that loneliness is typically a joint product of nature (i.e., the genetic code) and nurture (i.e., the social environment) [13]. Gene associated with less effective emotion regulation (i.e., the serotonin transporter gene or 5-HTTLPR) or lower sensitivity to rewards (i.e., the dopamine receptor D2 or DRD2) felt lonelier [14, 15]. These results should be interpreted with some caution because the initial finding was not replicated in one study [16].

Spirituality definition and association with loneliness.

The definition is important. As mentioned in the introduction there have been studies showing a high level of loneliness occurring with a high level of spiritual wellbeing [2]. A possible explanation is how stress is related to the use of coping. Loneliness as a stressor is alleviated by the use of spiritual coping. In this context that would explain things, but is spiritual coping the same as the spiritual aspect of one life? Spirituality is different from spiritual coping.

Spirituality by definition is the relation with a transcendental being (vertical) and the relation with others, the environment, and oneself (horizontal). This meaning/value of connection in the spiritual aspect has a profound place and might affect one's thinking and actions. Concerning loneliness, the psychosocial symptom of perceived social isolation might be caused by the falling apart of a spiritual relation, either vertical or horizontal. This makes the spiritual aspect an important domain that might affect the loneliness of caregivers and their health-related quality of life [17, 18].

Association of spiritual and health

Higher spirituality is often associated with better health, but findings find that the association is not direct. It was mediated by

factors such as loneliness in this case report or might be by self-efficacy on others. King (2021) found that higher spirituality has an indirect on better health-related quality of life through reduced loneliness among Hispanic cancer caregivers, which is consistent with Hawkley and Cacioppo's (2007) model of health and loneliness which posits that lower perception of loneliness predict better health outcomes [2 - 4].

The patient's loneliness was expressed explicitly by her during the interview, especially the relationship or bonds with her husband, and her sons. The stressor from various difficulties can be relieved by religious activity which shows that she is still using spiritual coping from time to time. She is lonely and she is sometimes using spiritual coping, so it's not about she is not using spiritual coping or having a "bad spirituality".

As a fundamental value, spirituality will set a stone for the basic values that can affect how a person thinks and acts. These basic values are crucial to be understood in psychotherapy. Spiritual assessment will provide the information needed to design and implement interventions that will help integrate spiritual value into psychotherapy. Spirituality is a private and sensitive topic. It requires a good rapport, time, and techniques to explore. Spirituality might be helpful in some cases and irrelevant in others [19].

In this case, the Patient's loneliness comes from the lasting bad relationship/situation with her husband, then instead of connecting with her sons, she withdraws from them, this prolongs the loneliness instead of resolving it (also can be caused by her premorbid character). There is a point in the theory of loneliness as an adaptive evolution function, where loneliness causes hypervigilance toward social cues, both to social threats or opportunities for repairing bonds. From the spiritual perspective, the value of relation to others, patients have an impaired spiritual value in the horizontal direction, a value that can affect the interpretation of threats and opportunities for repairing bonds, and can be an important piece of the puzzle in her therapy, for caregiving for dementia, not a one-man job. Sadly, the patient is lost to follow-up, but at the last visit, she had changed her perception of her sons being distant from her, and she started to talk about a plan to visit her son and about her and her husband's condition.

CONCLUSION

This case of a dementia caregiver with anxiety might benefit from addressing loneliness through spirituality, as changes in spiritual value (caused by life experiences) toward others (or toward God) might cause prolonged loneliness. Meanwhile, there is still no reliable data that can support the benefit, this point of view hopefully illustrates an area of further investigation between spirituality, loneliness, and mental health, to improve caregiver quality of life.

CONFLICT OF INTEREST

The author(s) of this article declare no conflict of interest.

FUNDING

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

REFERENCES

[1] M. . James L. Levenson, Textbook of psychosomatic medicine and consultation-liaison psychiatry, Third Edit. The American Psychiatric Association Publishing, 2019.

[2] J. J. King, C. Segrin, T. A. Badger, and C. A. Thomson, "Exploring the relationship between loneliness, spirituality, and health-related quality of life in Hispanic cancer caregivers," Support. Care Cancer, vol. 30, no. 6, pp. 4781–4788, Jun. 2022, doi: 10.1007/s00520-022-06800-5.

[3] A. F. Danvers et al., "Loneliness and time alone in everyday life: A descriptive-exploratory study of subjective and objective social isolation," J. Res. Pers., vol. 107, p. 104426, Dec. 2023, doi: 10.1016/j.jrp.2023.104426.

[4] J. T. Cacioppo, S. Cacioppo, and D. I. Boomsma, "Evolutionary mechanisms for loneliness," Cogn. Emot., vol. 28, no. 1, pp. 3–21, Jan. 2014, doi: 10.1080/02699931.2013.837379.
[5] J. T. Cacioppo, H. Y. Chen, and S. Cacioppo, "Reciprocal Influences Between Loneliness and Self-Centeredness: A Cross-Lagged Panel Analysis in a Population-Based Sample of African American, Hispanic, and Caucasian Adults," Personal. Soc. Psychol. Bull., vol. 43, no. 8, pp. 1125–1135, Aug. 2017, doi: 10.1177/0146167217705120.
[6] J. Nikitin and A. M. Freund, "Social Motives Predict Loneliness During a Developmental Transition," Swiss J. Psychol., vol. 76, no. 4, pp. 145–153, Sep. 2017, doi: 10.1024/1421-0185/a000201.
[7] M. Mund, M. M. Freuding, K. Möbius, N. Horn, and F. J. Neyer, "The Stability and Change of Loneliness Across the Life Span: A Meta-Analysis of Longitudinal Studies," Personal. Soc. Psychol. Rev., vol. 24, no. 1, pp. 24–52, Feb. 2020, doi: 10.1177/1088868319850738.
[8] E. G. Brown, S. Gallagher, and A. Creaven, "Loneliness and acute stress reactivity: A systematic review of psychophysiological studies," Psychophysiology, vol. 55, no. 5, May 2018, doi: 10.1111/psyp.13031.
[9] R. Freak-Poli, A. Z. Z. Phyo, J. Hu, and S. F. Barker, "Are social isolation, lack of social support or loneliness risk factors for cardiovascular disease in Australia and New Zealand? A systematic review and meta-analysis," Heal. Promot. J. Aust., vol. 33, no. S1, pp. 278–315, Oct. 2022, doi: 10.1002/hpja.592.
[10] R. M. Long et al., "Loneliness, Social Isolation, and Living Alone Associations With Mortality Risk in Individuals Living With Cardiovascular Disease: A Systematic Review, Meta-Analysis, and Meta-Regression," Psychosom. Med., vol. 85, no. 1, pp. 8–17, Jan. 2023, doi: 10.1097/PSY.0000000000001151.
[11] L. Goossens, "Loneliness in Adolescence: Insights From Cacioppo's Evolutionary Model," Child Dev. Perspect., vol. 12, no. 4, pp. 230–234, Dec. 2018, doi: 10.1111/cdep.12291.
[12] K. E. Smith et al., "Perceived control, loneliness, early-life stress, and parents' perceptions of stress," Sci. Rep., vol. 13, no. 1, p. 13037, Aug. 2023, doi: 10.1038/s41598-023-39572-x.
[13] D. Franco-O'Byrne et al., "The neurocognitive impact of loneliness and social networks on social adaptation," Sci. Rep., vol. 13, no. 1, p. 12048, Jul. 2023, doi: 10.1038/s41598-023-38244-0.
[14] N. M. L. Wong, P. P. S. Yeung, and T. M. C. Lee, "A developmental social neuroscience model for understanding loneliness in adolescence," Soc. Neurosci., vol. 13, no. 1, pp. 94–103, Jan. 2018, doi: 10.1080/17470919.2016.1256832.
[15] M. Verhagen et al., "A <scp>SNP</scp> , Gene, and Polygenic Risk Score Approach of Oxytocin-Vasopressin Genes in Adolescents' Loneliness," J. Res. Adolesc., vol. 30, no. S2, pp. 333–348, Feb. 2020, doi: 10.1111/jora.12480.
[16] A. W. M. Spithoven, S. Cacioppo, L. Goossens, and J. T. Cacioppo, "Genetic Contributions to Loneliness and Their Relevance to the Evolutionary Theory of Loneliness," Perspect. Psychol. Sci., vol. 14, no. 3, pp. 376–396, May 2019, doi: 10.1177/1745691618812684.
[17] A. Ghaderi, S. M. Tabatabaei, S. Nedjat, M. Javadi, and B. Larijani, "Explanatory definition of the concept of spiritual health: a qualitative study in Iran.," J. Med. ethics Hist. Med., vol. 11, p. 3, 2018.
[18] K. I. Pargament, J. J. Exline, and J. W. Jones, Eds., APA handbook of psychology, religion, and spirituality (Vol 1): Context, theory, and research. Washington: American Psychological Association, 2013. doi: 10.1037/14045-000.
[19] D. R. Hodge, Spiritual Assessment in Social Work and Mental Health Practice. Columbia University Press, 2015. doi: 10.7312/hodg16396.