

Are You Feeling Lonely, Isolated, Both or Neither?

I am often asked why SOAR Together's mission encapsulates both loneliness and social isolation, as it's a long phrase which seems duplicative. The short answer is social isolation and loneliness are two different things, with social isolation the more objective of the two and loneliness a more personal and subjective measure of one's feelings. When we think about an individual's experience with both loneliness and social isolation, it can be broken down into four categories:



Isolated and Lonely: The combination of an individual feeling lonely and being socially isolated places them in the most at-risk group for health-related implications, ranging from depression to diabetes to dementia. Layers of life challenges and personal experiences add nuance to what makes someone socially isolated and lonely, and there is more research needed to assess how specific life events and ongoing socio-emotional and health challenges manifest into levels and degrees of social isolation and loneliness.

From a triaged-perspective, as we begin to actively address the epidemic of loneliness and isolation across America, these are the members of our communities whom we need to reach in the immediate-term to help connect them with resources in therapeutic and meaningful, measured ways. This is the most at-risk group for significant mental and physical health challenges and the first of the four groups for whom programmatic and policy solutions need to be developed.

Socially Isolated: Social isolation is an objective measure of social connection, as measured through numbers of social interactions an individual has with others on a daily, weekly or monthly basis. An isolated individual may be lonely, but it is important to note that individuals may qualify as isolated based on their lack of daily social connections yet not feel the same negative emotional impacts of loneliness as those who seek and benefit from more social time with others. For some, over-stimulating social interactions can be anxiety-provoking and emotionally draining. For these individuals, more time spent alone correlates to increased contentment and elevated degrees of mental and physical health. One can prefer to engage

more in individualized life passions and thrive with singular pursuits and a quieter social life. Social isolation can lead to and co-exist with loneliness, yet it is important to parse the two and distinguish them as potentially singular experiences.

Lonely: When I think about individuals in this category, I am reminded of a phrase I have heard often since launching SOAR's mission: "I feel loneliest in a crowd." An individual may feel profound loneliness, even while their physical world is quite connected. Loneliness is a subjective measure, often tracked through a singular research question to gauge an individual's level of feeling alone at a moment in time. While it seems a simple yes/no quantitative question, the qualitative, follow-up questions of "Why" someone feels lonely and "What might help," is where the therapeutic, programmatic, and policy changes necessary to end loneliness begin.

A trove of recent research tells us that technology "over-connectivity" is directly correlated with increased levels of depression, loneliness, and negative health outcomes, though the answer is also not as straightforward as putting down our phones and/or deleting social media apps. Dictating behavioral change is a slippery slope of seeming condemnation, and we need to find solutions which embrace our historic reality of the role (both positive and negative) technological connectivity plays in our daily lives.

Connected and Contented: Individuals in this group experience a level of social connection on a regular basis which feels good to them (whether alone, in small groups, or larger gatherings) while also not reporting feelings of loneliness. There is a powerful role these individuals can play in helping inform further research and also address the epidemic of loneliness and isolation in more action-oriented ways. As those who feel connected to the level they would like to connect on a daily basis (through both in-person and digital connections) and also feel inner contentment, they can model for others and share steps taken to be part of this life quadrant of connected and contented.

Discussion: Surgeon General Vivek Murthy, and Senators such as Chris Murphy from our home state of Connecticut, are currently advocating across the country and in the halls of Congress to spark awareness and rally support around the social truth tearing into the seams of social life across America. The epidemic of loneliness and isolation is a mental, physical, and community health crisis in our country.

There are answers to the sociological outcomes of isolation and loneliness which need to be further studied so they can be caught earlier, mitigated, and accurately predicted reverse negative outcomes. While this can feel like a thimble in the ocean problem, it is also successfully addressed one social engagement at a time. The solutions are simultaneously straightforward while complicated and nuanced. The researched and documented solution to social isolation is positive social engagement - a line can be drawn between the two. It is important to note that there are levels, frequencies, and degrees of social engagement which work for one individual, yet cause social anxiety, fear, and trepidation for another.

We all need to engage with one another in more positive, uplifting ways. There isn't a doubt in my mind about this social truth. We can all find ways to participate in the service of others, which is another strongly researched solution to personal feelings of loneliness. Find where the social gaps are in your own communities, and where your passions and skills align with a need.

Ending this social epidemic will take time, but we can only change this world for our next generations if we start where we are today and use our voices, networks, and platforms to act on the change we all know we need.

On a Personal Note: As healing can only be sparked when we have the courage to share our own stories, I wanted to share where I personally fall on this chart (which is ultimately why a chart can only show so much and we need to blur the lines in reality): I fall into the category of those who need a significant degree of social isolation/amount of time alone to feel connected and contented. I do well in pairs and small groups, start feeling lost in groups of eight, get thoroughly noised-out by 12-15, and feel exhausted and in need of complete refueling after a crowd of 20 or more. I can speak in front of thousands of strangers, though I often hesitate to meet people in-person when I am not feeling up to it.

I prefer virtual connections to phone calls if given a choice, as when I can't see facial expressions I tend to miss a beat and never quite know when to talk and when to listen (which ultimately leads to botched phone calls over which I berate myself for making a mess out of a simple social connection).

In the end, we each have our own vibrations, our own needs, our own capacities to connect. It doesn't make any one of us better or worse, more healed or more broken than the other. It makes us beautiful and human and flawed and ultimately strong and capable of helping heal others walking similar journeys to our own paths.

Ginger Smith, MSW

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About the Author:

With thirty years of experience in the social services, divided equally between program development, fundraising, and direct practice, Ginger Smith has the experience, passion, and drive to launch and scale SOAR Together to become a nonprofit leader and collaborator in the movement to end the epidemic of loneliness. As a Senior Campaign Manager for The Leukemia & Lymphoma Society, Ginger's Light The Night campaign ranked #1 nationally in year-over-year growth, and as a Fundraising Director for The Multiple Myeloma Research Foundation she raised over 7M in major gifts and planned giving. An honors graduate of Dartmouth College and All-American athlete in two sports, Ginger also received a Master of Social Work degree from Boston University.

Ginger's athletic career took her to Dartmouth's Athletic Hall of Fame, the Ironman World Championships in Kona, Hawaii, course-record breaking 50K and 50M trail races across the US, and most recently a win at the Lake Placid Marathon in June 2022 five months post breast cancer surgery. Her resilience and power to overcome are her trademark.

Ginger returned to her direct practice roots during Covid, spending the past three years working with adults with intellectual disabilities at STAR, Inc. She was a case management, taught daily Zoom classes, and coordinated in-person classes across 4 groups in 3 locations. SOAR Together is a natural extension of her careerlong work, and a way for Ginger to be a leader in the coordinated efforts necessary to end the epidemic levels of social isolation and loneliness felt by millions across the US and around the world.