Can talking relieve illness caused by loneliness?

Nicky and Elizabeth Forsythe explore the rationale of Talk for Health, a mental health programme running in a general practice in North London

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Loneliness is a growing problem in the UK and has a significant impact on mental and physical health (Griffin, 2010). Perry (2014), writing in The Guardian, referred to loneliness as a 'disease'. If loneliness is a disease, what is the remedy?

According to Professor John Cacioppo of the University of Chicago (2014), the effect of loneliness on physical health is twice that of obesity. Loneliness causes poor sleep, raised blood pressure, depression and an increase in the stress hormone cortisol. Lonely people are nearly twice as likely to die prematurely, and they risk negative impacts on their health equivalent to those of smoking (Hawkley and Cacioppo, 2007). However, the health risks of loneliness may be underestimated in primary health care services. A poll of GPs found that 36% of those questioned did not think loneliness made a significant contribution to early death (Campaign to End Loneliness, 2014).

A variety of sociological factors have led to reduced connectedness, one of these being an ageing society. The so-called 'baby boomers', born in the years following World War II are now reaching pensionable age, and the UK population is becoming increasingly older (Office for National Statistics, 2014). The number of people over 70 years of age in the UK has risen by 80% since 1951 (Rutherford, 2012). Many of them live alone because of the death of a partner or a divorce late in life.

Historically, people remained in the same occupation for their entire working lives and, although they usually had less money after retirement, continued to live in the same area. That has changed. For financial survival, many people have had to be adventurous during their working lives, chasing new or different employment in areas distant from family and friendship networks.

On retirement, those who have been more successful during their working lives may move away from family and old friends to find an idyll. That idyll can disintegrate, particularly after the death of a partner or the onset of a serious condition. At a time of life when physical abilities are failing and co-morbidities are increasing, the lack of someone to talk to can be a particular handicap.

Another factor leading to loneliness is change in community. At one time, people lived in close-knit communities where mothers could allow their children to play in the street with their neighbours' children. The demolition of small houses and the building of high-rise flats changed this, leading to more isolated families. At the same time, by far the biggest growth in employment in recent years has come from start-ups from sole traders. The more solitary nature of our lives is reflected in the burgeoning rate of single person households—from 12% in 1961 (Office for National Statistics, 2011) to 29% in 2013 (Office for National Statistics, 2013).

A third factor is attitudinal. We place a high value on individualism and self-reliance, prizing 'productive' activities such as work over relationships and social ties. Two Harvard professors of psychiatry have written of the 'cult of busyness' where, in striving to be productive, we have come to treat relationships as incidental rather than (as is the case) central to our wellbeing (Olds and Schwartz, 2009).

The nature of loneliness

Being alone is not the same as being lonely. Many individuals value solitude and find it a source of comfort. Loneliness depends on the quality not quantity of relationships. Dutch researcher de Jong-Gierveld (1987) distinguished the concept of 'emotional loneliness', and related it tow the quality of relationships, where quality equals closeness. Thus, it is possible to feel a sense of connectedness with one or two close friends, and to feel 'lonely in a crowd' with many acquaintances of whom none is close.

Equally, John Cacioppo and his colleagues at Chicago University have concluded that it is not solitude per se, but the subjective sense of loneliness that has the most negative impact. To alleviate loneliness, Hawkley et al (2005) point to the three dimensons of connecting (*Table 1*).

Connectedness and talk

Importantly, the main medium of connectedness between people is talk. Talk has a profoundly healing effect in the case of mental distress, as has been shown by decades of

research—talking cures of all kinds achieve an average recovery rate of 65% for depression (Seligman, 2011).

However, less attention has been paid to the benefits of informal variations on therapeutic talk. For example, the process of confiding has been shown to have significant therapeutic benefits. Having confidants relieves mental distress, prevents mental illness and protects against physical disease, as noted by the Government Office for Science's Foresight report on building mental capital (2008), Halpern's work on social capital (2005) and Cooper's work on the impacts of counselling (2008), among others.

If confiding is simply the act of telling truths to another person or persons, it is worth considering the relationship between having confidants and the more formal 'talking cures'. In fact, it turns out that they are very similar in effect. Decades of research indicate that the 400 or more varieties of therapy work, and they work because of the simple ingredients they share, known as the 'common factors', e.g. simply having a space to confide (Duncan et al, 2004).

The effectiveness of psychotherapy boils down simply to having an experience of the right kind of talk, a fact reinforced by experiments comparing the psychotherapeutic effectiveness of ordinary empathic people with that of seasoned professionals. A meta-analysis of such experiments has shown that ordinary empathic people can achieve equivalent, and in some cases better, outcomes than therapists (Christensen and Jacobson, 1994). Similarly, Professor Howe concluded in his classic study of clients' experiences of psychotherapy, 'it is talking which cures and not particular therapeutic schools and their preferred techniques' (Howe, 2004).

Among others, it was practitioners of transactional analysis, an integrative approach to the theory of psychology and psychotherapy, who distinguished varying levels of interpersonal dialogue from small talk to deeper contact, hypothesizing that the latter was more therapeutic (Stewart and Joines, 1987). More recent research has confirmed this: deeper conversation and face-to-face contact are good for our wellbeing and much better than small talk and social media (Mehl and Vazire, 2010).

The Talk for Health programme

The Talk for Health programme builds on these findings and trains ordinary people to conduct effective therapeutic group talk.

The principle underlying the programme is that it is possible to teach ordinary people—including those with mental health diagnoses—the principles of effective therapeutic talk, namely the courage to tell one's inner truths and the empathy to respect each others' truths.

The programme is a psycho-educational course run for groups of up to 12 people. To begin with, a four and a half days' training (over the course of a month) teaches participants the essential skills of therapeutic talk:

➤ Self-awareness
➤ Talking about one's inner experiences
➤ Listening and responding emphatically to others
➤ While also setting boundaries.

Following this initial training, the group meets regularly for mutual support, and may continue to meet for many months or years. The ongoing groups are a critical aspect of Talk for Health and contrast with traditional therapy, where the process of therapeutic talk has a defined ending. The talk for Health programmecan lead to long-lasting, profound and nurturing relationships.

The programme runs in different parts of London and the UK, and is currently funded by NHS Islington—a borough where rates of mental illness and social isolation are high and where addressing loneliness is a feature of GP practices' day-to-day work. One GP commented, 'We see people come in to talk to the front desk to just pass the time of day. It's desperately sad that they're not touching base with relatives, friends and loved ones. I see that as very much part of our role here—to have a frontline situation where we're welcoming and warm' (Cripplegate Foundation and New Economics Foundation, 2013).

Talk for Health has, since its inception in 2008, been found helpful by a wide range of groups—not only people who have mental health diagnoses but members of the general public who are seeking greater wellbeing, and professionals or volunteers with stressful occupations where emotional support is vital.

Talk for Health trainers do not have to have psychotherapeutic or medical training but must have completed the Talk for Health programme. Suitable candidates are selected to complete a 6-day intensive course, followed by an assessment of suitability to lead the Talk for

Table 1. The three dimensions of connectedness
Intimate connectedness comes from having someone who affirms our sense of who we are
Relational connectedness comes from rewarding face-to-face contact
Collective connectedness comes from feeling that we are part of a bigger group
From: Hawkley et al, 2005

KEY POINTS

➤ Loneliness can have a significant impact on mental and physical health. It can affect sleep, blood pressure, depression and stress levels

➤ People in the UK are leading increasingly solitary lives and are treating relationships as incidental rather than central to their wellbeing

➤ Research shows that talking with others can have a significant impact on wellbeing

➤ The Talk for Health programme trains ordinary people to conduct effective therapeutic group talk

➤ Talk for Health programme has shown statistically significant improvements in the wellbeing of participants

Further information

The **Talk for Health** programme was set up to provide user-friendly, talk based routes to wellbeing. For further information, please visit: www.talkforhealth.co.uk

Health programme. Support and supervision is provided for new leaders as they run their first programmes.

Conclusions

In quantitative terms, evaluations using validated research instruments have shown that Talk for Health achieves statistically significant improvements in wellbeing. Qualitatively speaking, the benefit of connecting at a deeper level is valued most by Talk for Health participants. At the beginning of the programme, participants are afraid to share their inner truths and vulnerabilities, believing that others are coping and that they are the only ones who struggle.

Lonely people often keep up a front, while the sense of sadness and isolation they feel remains unabated. The victim feels that he/she is the only one afflicted and does not want to expose his/her fragile and vulnerable centre. He/she develops ploys to cover up this sensitivity, but in doing so the person makes barriers to honest and close interpersonal relationships, fuelling the (faulty) belief that they are alone in his/her struggle.

In daring to tell the truth, participants can learn that their feelings of doubt, depression and isolation are experienced by other members of the group. They discover that their problems are ordinary and not extraordinary.

By the end of the programme, when participants report on what has been of value to them, the following comment is typical: 'In everyday life, people don't show their true feelings, so to hear this showed me that many people, regardless of age and class, have the same issues as myself. I'm not alone!'.

The group setting appears to be of particular benefit. Irving Yalom (1995), in his classic text on group psychotherapy, points to something he calls 'universality' as one of the key therapeutic benefits of a group: the realization that one is not alone and that our experience is shared with others.

In the recognition of universality, the subjective experience of loneliness is dissolved, and the corresponding mental health benefits are reaped—as one participant said: 'you realize you're not the only one. You thought you were weird all your life, or that things only went wrong in your life, and that's not the case'.

As Cacioppo has suggested (2014), intimate connection, face-to-face contact and belonging to a bigger group appears to combat loneliness and its effects on mental—and potentially physical—health.

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