

LONELINESS



“Nighthawks”, oil on canvas, Edward Hopper 1942, The Art Institute of Chicago, Chicago, USA.

“Yes, they’re sharing a drink they call loneliness. But it’s better than drinkin’ alone”.

*It’s nine o’clock on a Saturday
The regular crowd shuffles in
There’s an old man sitting next to me
Makin’ love to his tonic and gin*

*He says, “Son, can you play me a memory
I’m not really sure how it goes
But it’s sad and it’s sweet and I knew it complete
When I wore a younger man’s clothes.”*

*la la la, di da da
La la, di di da da dum*

*Sing us a song, you’re the piano man
Sing us a song tonight*

*Well, we're all in the mood for a melody
And you've got us all feelin' all right*

*Now John at the bar is a friend of mine
He gets me my drinks for free
And he's quick with a joke and he'll light up your smoke
But there's some place that he'd rather be
He says, "Bill, I believe this is killing me."
As his smile ran away from his face
"Well I'm sure that I could be a movie star
If I could get out of this place"*

*Oh, la la la, di da da
La la, di da da da dum*

*Now Paul is a real estate novelist
Who never had time for a wife
And he's talkin' with Davy, who's still in the Navy
And probably will be for life*

*And the waitress is practicing politics
As the businessman slowly gets stoned
Yes, they're sharing a drink they call loneliness
But it's better than drinkin' alone*

*sing us a song you're the piano man
sing us a song tonight
well we're all in the mood for a melody
and you got us all feeling alright*

*It's a pretty good crowd for a Saturday
And the manager gives me a smile
'Cause he knows that it's me they've been comin' to see
To forget about their life for a while
And the piano, it sounds like a carnivore
And the microphone smells like a beer
And they sit at the bar and put bread in my jar
And say, "Man, what are you doin' here?"*

*Oh, la la la, di da da
La la, di da da da dum*

*sing us a song you're the piano man
sing us a song tonight
well we're all in the mood for a melody
and you got us all feeling alright*

Billy Joel, "Piano Man", 1973.

Edward Hopper's "Nighthawks" is one of the 20th century's iconic images, representing the loneliness of the big city. It was supposedly inspired by a diner on New York's Greenwich Avenue in the 1930s and 40s, but there is some uncertainty about this. Hopper began the painting soon after the attack on Pearl Harbor when an all pervading gloom over the declaration of war had gripped the nation, and indeed the rest of the world. The diner itself is now long gone. The haunting image in any case has a timeless quality about it that transcends locale and time.

The scene depicts an all-night diner in which three customers, all seemingly lost in their own thoughts are seen at the bar. The seamless pane of glass that separates us from the figures and the lack of a clear entrance enhance the figures' isolation from us as the observer, and indeed their isolation from the rest of the world. The surrounding street has a dream like quality to it. It is completely deserted. There is no sign of human life or even evidence that it exists outside of the diner. The shop windows are like dummy props from some nuclear test site, they are completely void of everyday objects one would expect to see in the real world. Only the diner itself is identified in any way via its painted sign "Phillies". This striking technique, a leitmotif of much of Hopper's works, adds to the intense sense of isolation. The diner emits a striking soft glow, in sharp contrast to the darkness of the street, which draws the viewer's attention to the sad occupants within it. The "night owl" or "nighthawk" occupants appear to be as remote from each other as they are from the observer, all staring off in different directions.

Hopper's work has become a timeless image of the last refuge of the lonely. Unfortunately 24 hours diners are largely a thing of the past. In the 1970s Billy Joel's "Piano Man" took up the mantle of the lonely in via a different medium, but piano bars are not "24/7" either. Often the last refuge of the lonely will now be a public hospital Emergency Department! We are sometimes called upon to simply be the "piano man" for these people.

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Introduction

The prevailing orthodoxy of economic rationalism focuses attention on funding measurable outputs.

But as anyone who works in a busy public hospital Emergency Department knows there are some “outputs” that are simply beyond measurement. Being beyond measurement tends to translate to an “out of sight - out of mind” attitude among higher administrative levels that have never, or at least not in a very long time, set foot inside an Emergency Department. An unfortunate consequence of this, appears to be “if its not measured”, then it “never happened”!

Emergency Department personnel are constantly called upon to deal with the most difficult, aggressive, disturbed and socially dispossessed members of society that no one else is willing to deal with.

Why do many of these people come to a public hospital Emergency Department for issues that seemingly have nothing to do with an Emergency Department? In an insightful vignette (featuring the prototype “Harry Hobo”), O’Reilly et al ¹ have surmised:

“...Historically, hospitals have acted as a refuge for the sick, the frail, the elderly and the infirm. In some instances, hospitals have been the last option for the less fortunate members of our society seeking help. Hospital Emergency Departments are now one of the few agencies available 24 hours a day to assist people in crisis”.

And so they come to us in desperation simply because there is no where else to go...piano bars are not open “24/7”!

Whilst an administrator may look at a spread sheet and see only a “category 5 patient” who came to the ED in the middle of the night and messed up the waiting time “KPIs”, what they do not see is the patient themselves - a desperately sad, socially isolated, chronically drug or alcohol affected person, who is simply too difficult for anyone else to deal with.

A category 5 patient is not always - as is sometimes claimed - “a GP patient” - how can a GP deal with an aggressive personality disorder with no discernable pathology in a 10 minute consult? This kind of patient can often take *many hours* of emotionally exhausting management in the ED. Yes they are a category 5 but they are not a GP patient - they are an *ED patient* - who just happens to be *of the fifth priority*. Harassed junior staff often have to deal these people at night, whilst at the same time still maintaining their institution’s expected “standard of excellence” with all their other concurrent patients with complex “legitimate” (measurable) medical problems.

Some of these category 5 presentations - that offer no positive financial incentives for the hospital - will be called loneliness, a condition which O'Reilly et al point out, simply cannot and *should not* be measured.

Pathology

Risk factors

Factors associated with social isolation include:

- Lack of family
- Cultural isolation including language barriers
- Chronic drug and alcohol abuse
- Chronic mental illness
- Personality factors, including:
 - ♥ Personality disorders
 - ♥ Introversion
 - ♥ Low self-esteem
- Geographic remoteness
- The elderly
- Rejection by peers in adolescence
- Homelessness:
 - ♥ This is a strong predictor of frequent presenters, (usually for trivial or non-existent medical reasons).³

Complications

Mental health complications:

- Depression
 - ♥ Which in turn may predispose to drug and alcohol use as well as suicide
- Anxiety
- Disturbed sleep patterns, leading to chronic fatigue and poor concentration.

Physical health complications:

Loneliness has well documented adverse effects on mental health. It is perhaps not as well appreciated however that loneliness also has adverse effects on physical health as well. Social isolation does predict increased morbidity and mortality.²

Exact mechanisms are not understood but suggestions have included:²

- Neuro-endocrine effects:
 - ♥ Via chronic stress, depression and anxiety associated with chronic loneliness has been postulated.
- Behavioural factors:
 - ♥ Health behaviours are one determinant of long-term health, and stress can undermine a healthful lifestyle. Social relationships can indirectly affect health by influencing lifestyle variables, health behaviours, and appropriate and timely utilization of healthcare. Lacking supportive social ties, lonely individuals have been hypothesized to engage in fewer health-promoting behaviours and more health-compromising behaviours.
- Altered immune responses:
 - ♥ Reduced in the chronically fatigued and stressed

Associations between loneliness and disease have been documented for:

- Alzheimer's Disease.⁴
- Cardiovascular disease⁵
- Malignant disease, (breast cancer)⁶

Clinical assessment

The diagnosis of loneliness is of course a diagnosis of exclusion.

Even if this diagnosis is made, there will usually be significant associated health issues that need to be addressed.

Important conditions that will require exclusion before a simple label of loneliness can applied will include:

1. **Medical issues:**
 - Ensure that there are no genuine medical issues that require urgent or at least timely intervention
 - Assess whether the patient is drug or alcohol affected
2. **Psychiatric issues:**
 - Assess whether there is any immediate psychiatric illness that requires urgent or timely interventions such as Depression/ anxiety/ psychoses
3. **Social emergencies:**
 - Is this actually a presentation of social emergency nature, such as homelessness or pathological grief reaction?
4. **Frequent presenter:**
 - Is this part of a recurrent pattern of recurrent ED presentations, that will require a formal management plan?

Management

Having come to the conclusion that a patient has no real acute medical or psychiatric illness and has presented out of loneliness, there should not be a dismissive or angry response.

These people are in a type of social crisis even if there is no formal “diagnosis” the hospital can label them with. They will still have significant psycho-social issues and presentation can be a form of a “cry for help”, even though there may seem to be no easy solutions or suggestions to be made in the middle of the night!

A limited amount of empathic time spent with the patient will often go a very long way to providing them with what they require as well as avoiding compounding the issues if the patient perceives that they are being ignored.

Strategies may include:

1. Allowing the patient enough time to say their piece or vent frustration.
2. Allowing some time to stay in the ED waiting room if they so wish, perhaps just to watch the television, provided they are not disturbing other patients or obstructing the workflow of the department.
3. In some cases, in particular when the patient is well known to the department, engagement by ED volunteer workers or security staff can prove very useful.

4. Occasionally in the case of the homeless “hobo” the provision of a meal or even a shower and fresh clothing may be offered.
5. Social work/care coordination:
 - Social work and/ or care coordination referral may be appropriate in some cases. In *selected situations*, such as homelessness a brief admission into a short stay unit whilst awaiting consultation may be appropriate.
6. Psychologist referral:
 - Unfortunately the public hospital system has little to offer in this regard.
 - Private referrals may be offered however this is not usually an option for the type of marginalized person who presents to public hospital Emergency Departments. They simply have no means of paying for these types of services.
7. General suggestions:
 - General health advice.
 - Develop further any interests/ hobbies the patient may have.
 - Seek out possible social support groups that may be relevant to the patient.
 - Pets:
 - ♥ As trite as this sounds, there is evidence that pets can have substantial benefits to both the mental and physical health of the lonely. Good health indeed is more than just the absence of disease.⁷



“Boulevard of Broken Dreams” (after Nighthawks) watercolor on cardboard, Gottfried Helnwein, 1984.

Of course loneliness is not simply confined to the poor and dispossessed of society - who seem to find their way to public hospital Emergency Departments - it is a scourge that can affect any level of it - even the very pinnacle. Take a close look at one of the most famous poster images of the late 20th Century, “Boulevard of Broken Dreams” by Gottfried Helnwein. This work was of course inspired by Edward Hopper’s “Nighthawks”. Each of these immensely famous people suffered depression - and loneliness in their own way - and despite fame and fortune and every opportunity life could offer - had loneliness and tragically short lives!

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