


The Cost of Social Distancing for Persons With Aphasia During COVID-19: A Need for Social Connectedness

Journal of Patient Experience
 Volume 8: 1-3
 © The Author(s) 2021
 Article reuse guidelines:
sagepub.com/journals-permissions
 DOI: 10.1177/23743735211008311
journals.sagepub.com/home/jpx


Charles Ellis, PhD, CCC-SLP^{1,2} , and Molly Jacobs, PhD³

Keywords

aphasia, COVID-19, social distancing

The COVID-19 pandemic has resulted in unprecedented restriction to everyday life worldwide. As scientists have learned more about the contagious nature of the 2019 novel coronavirus that causes COVID-19, significant efforts have emerged to reduce the spread of the disease and its impact on the public. Worldwide, disease prevention strategies have emphasized precautionary steps including “social distancing” to prevent the continued spread of the coronavirus. In the absence of widespread vaccination, social distancing is critical to ultimately stopping the disease (1).

However, while the practice of social distancing prevents disease spread, it comes at a cost of everyday social connections with family, friends, and others in the community (2). Individuals who have been quarantined for long periods of time report stress, insomnia, emotional exhaustion, and increased substance abuse (2). Given that the impact of social distancing varies greatly across individuals by factors including age, engagement in essential work, resilience, and family support structure, its unintended consequences are not easily remedied. According to Sikali, social distancing can limit the fundamental need of socialization which can translate into a loss of sense of community while also negatively impacting learning and personal growth and ultimately community wellness (3). Additionally, the long-term effects of quarantine can be significant and impacted by other factors such as inadequate information and financial loss (4).

Individuals suffering from certain conditions or comorbidities, known as “vulnerable populations” appear more susceptible to the negative impact of social distancing. One such vulnerable population includes individuals with adult onset neurologically based communication disorders. Specifically, persons with aphasia (PWA), an acquired communication disorder that commonly occurs after stroke and reduces communication ability (language comprehension, language expression, reading, writing, attention, cognition) (5). Even in the absence of COVID-19, many individuals

with aphasia can experience a dramatic reduction in well-being caused by their inability to communicate, develop relationships, and engage in society (6). Many report significant changes in their perception of their position in life which results in feelings of isolation and depression that translates into dramatic reductions in quality of life (2,6).

To prevent PWA from feeling isolated and disconnected resulting in depression and loneliness, we recommend a reconsideration of the commonly used term social distancing to “physical distancing and social connectedness” (PDSC). Physical distancing and social connectedness prevents the transmission of viruses and other infections while also potentially providing PWA and other adult onset communication disorders with the intangible, but pivotal benefit of social and emotional fulfillment. Feeling socially connected, especially in an increasingly isolated world, is more important than ever. The rationale for this change in terminology emerged from the need for social distancing required to reduce the spread of COVID-19 has likely resulted in dramatic reductions in the number and frequency of social contacts of PWA. This is important because whereas social distancing is important for disease containment, the isolation could exacerbate the communication issues experienced by the PWA. For example, the communication difficulties among PWA can independently lead to disconnected relationships with family, friends, and

¹ Department of Communication Sciences & Disorders, College of Allied Health Sciences, East Carolina University, Greenville, NC, USA

² Communication Equity and Outcomes Laboratory, College of Allied Health Sciences, East Carolina University, Greenville, NC, USA

³ Department of Health Services and Information Management, College of Allied Health Sciences, East Carolina University, Greenville, NC, USA

Corresponding Author:

Charles Ellis, Communication Equity and Outcomes Laboratory, Department of Communication Sciences and Disorders, East Carolina University, 3310AA Health Sciences Building, MS 668, Greenville, NC 27834, USA.
 Email: elliscl4@ecu.edu



the community at large. Further, there is evidence that PWA have experienced significant restrictions related to meeting with friends and engaging in social activities as well as reducing their overall social participation (2,7). A recent study by Pisano and colleagues, further noted that PWA were not spared from the COVID-19 as they reported higher anxiety and depression than pre-COVID. The concern for these findings center on the fact that many PWA were already living in states of isolation prior to the onset of the pandemic (8). These findings are important because evidence suggests that individuals who experience neurological conditions such as stroke (the primary cause of aphasia) benefit from having stroke “social networks” and supportive social relationships (9).

The importance of these relationships lies in both the number of individuals they include and the strength of the relationships that they foster as measured by the emotional closeness, contact frequency, or physical distance between members. Therefore, social connections enable PWA to feel loved, cared for, and valued (10). Unfortunately, the current state of COVID-19 has reduced the physical connectedness of most individuals including PWA. Although, virtual connectedness can provide an additional venue for emotional fulfillment there are limitations to virtual connections for PWA resulting from the presence of aphasia and ability to communicate in the absence of all levels of information (eg, verbal, visual, gestural).

We do however note evidence from studies of the impact of COVID-19 on social connectedness indicate that it is not simply the number of individuals involved in the connectedness but who is engaged in the connection. Okabe-Miyamoto et al examined household composition and social connected and found that although household members can feel needs of connection, living with a partner offered greater connection than the number of individuals in the household. It is unclear how many PWA benefit from having a partner/companion during the pandemic and how this translates into feeling of connectedness (11).

Similarly, there is some evidence of increased connectedness during the pandemic resulting from increased use of digital communication (12). Finally, it is important to note that the burden of social isolation is not uniform across individuals and families and some report greater opportunities for relationship building and positive relationships due to increased communication during the pandemic (13).

Ultimately, the benefits of social connectedness should not be overlooked for three fundamental reasons. First, the most common cause of aphasia is stroke—a chronic disease that, along with its comorbid conditions, increase risk of COVID-19-related death. However, social connections and social support allow PWA living with these comorbid conditions to fill their natural human need to belong, to feel supported and valued despite their stroke-related disabilities. Second, connecting socially also provides other health and well-being benefits. Through PDSC, PWA do not have to operate in isolation during the pandemic. They are provided with the opportunities to communicate and engage in society

despite their communication deficits. Studies have documented the physical and emotional benefits of social engagement. Individual with personal connections report higher quality of life, improved mental health outcomes, increased life span, and have a lower risk of suicide. To address these issues, PWA and their families where appropriate should engage in PDSC aphasia treatment and/or support groups as well as other appropriate age-related activities designed to accommodate individuals with communication disorders. Similarly, greater attention and frequent welfare checks by providers should be given to the potential mental health consequences of individuals with communication disorders and facing isolation. Others suggest digital support technologies that are designed to connect college students with older adults for virtual conversations (14). These proposed connections can be beneficial for PWA to reduce social isolation while also facilitating much needed communication opportunities.

Even at a time when physical closeness presents eminent danger to those with chronic conditions and the nation faces a time of fear and disquietude, social connectedness provides a feeling of comfort, confidence and a sense of belonging within a larger social context that instills the solace that so many PWA often lack. Struggling with any type of communication disorder or stroke-related disability can make it difficult to find a sense of connectedness and feel that kinship with those around them. Persons with aphasia often struggle to develop or maintain relationships or to understand their new role in the world, leading to isolation and withdrawal. These feelings of isolation can then lead to other consequences such as low self-esteem, distancing one’s self from society, a lack of trust, and also the absence of a sense of belongingness and feelings of loneliness (15). Being socially connected, even amid current physical distancing guidelines, not only reduces depression and emotional difficulties but also fulfills a basic human desire and need to communicate, which offers each individual to feel a part of the greater society at large (16).

ORCID iD

Charles Ellis, PhD, CCC-SLP  <https://orcid.org/0000-0001-5823-9653>

References

1. MacIntyre CR. Case isolation, contact tracing, and physical distancing are pillars of COVID-19 pandemic control, not optional choices. *Lancet Infect Dis*. 2020. Accessed March 1, 2021. [https://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099\(20\)30512-0.pdf](https://www.thelancet.com/pdfs/journals/laninf/PIIS1473-3099(20)30512-0.pdf)
2. Kong AP. The impact of COVID-19 on speakers with aphasia: what is currently known and missing? *J Speech Lang Hear Res*. 2021;64:176-80.
3. Sikali K. The dangers of social distancing: how COVID-19 can reshape our social experience. *J Community Psychol*. 2020;48:2435-8.

4. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*. 2020; 395:912-20.
5. American Speech-Language-Hearing Association, Adult Speech and Language. Aphasia. 2017. Accessed March 1, 2021. <http://www.asha.org/public/speech/disorders/Aphasia/>
6. Hilari K, Needle JJ, Harrison KL. What are the important factors in health-related quality of life for people with aphasia? A systematic review. *Arch Phys Med Rehabil*. 2012;93: S86-95.
7. Kong APH, Lau DK-Y, Chai VN-Y, Chan KP-Y, Sum KH-T. Understanding the impact of the COVID-19 pandemic on the psychosocial well-being among people with aphasia. 2020. Conference Presentation at the Academy of Aphasia 58th Annual Meeting, Online, United States.
8. Pisano F, Giachero A, Rugiero C, Calati M, Marangolo P. Does COVID-19 impact less on post-stroke aphasia? This is not the case. *Front Psychol*. 2020;11:564717. doi:10.3389/fpsyg.2020.564717
9. Dhand A, Lang CE, Luke DA, Kim A, Li K, McCafferty L, et al. Social network mapping and functional recovery within 6 months of ischemic stroke. *Neurorehabil Neural Repair*. 2019;33:922-32. doi:10.1177/1545968319872994
10. Hilari K, Northcott S. "Struggling to stay connected": comparing the social relationship of health older people and people with stroke and aphasia. *Aphasiology*. 2017;31:674-87.
11. Okabe-Miyamoto K, Folk D, Lyubomirsky S, Dunn EW. Changes in social connection during COVID-19 social distancing: it's not (household) size that matters, it's who you're with. *PLoS One*. 2021;16:e0245009.
12. Nguyen MH, Gruber J, Fuchs J, Marler W, Hunsaker A, Hargittai E. Changes in digital communication during the COVID-19 global pandemic: implications for digital inequality and future research. *Soc Media Soc*. 2020;6. doi:10.1177/2056305120948255
13. Evans S, Mikocka-Walus A, Klas A, Olive L, Sciberras E, Karantzas G, et al. From "it has stopped our lives" to "spending more time together has strengthened bonds": the varied experiences of Australian families during COVID-19. *Front Psychol*. 2020;11:588667. doi:10.3389/fpsyg.2020.588667
14. Lewis C, Shah T, Jacobson G, McIntosh A, Abrams MK. How the COVID-19 pandemic could increase social isolation, and how providers and policymakers can keep us connected. 2020. Accessed March 1, 2021. <https://www.commonwealthfund.org/blog/2020/how-covid-19-pandemic-could-increase-social-isolation-and-how-providers-and-policymakers>
15. Nyström M. Aphasia—an existential loneliness: a study on the loss of the world of symbols. *Int J Qual Stud Health Well-Being*. 2006;1:38-49. doi:10.1080/17482620500501883
16. Fraser E, Pakenham KI. Resilience in children of parents with mental illness: relations between mental health literacy, social connectedness and coping, and both adjustment and caregiving. *Psychol Health Med*. 2009;14:573-84.

Author Biographies

Charles Ellis, PhD CCC-SLP, is a professor in the Department of Communication Sciences and Disorders at East Carolina University (ECU). Dr Ellis is also the director of Research at the ECU Center for Health Disparities.

Molly Jacobs, PhD is an assistant professor in the Department of Health Services and Information at East Carolina University. Dr Jacobs' research emphasizes health disparities and economic outcomes.