



The Loneliest Disease

by Wayne Persky

Many of us would describe microscopic colitis (MC) as a lonely disease. Some of us might even describe it as the loneliest disease in the world, after trying to live with it for a while. The fear of an urgent need to run to the bathroom, or even worse, having an "accident", often dominates our thoughts. We soon become afraid to leave the house. Most of us tend to become so discouraged after numerous bad experiences eating away from home, that our default response when a friend or relative invites us to meet over a meal, is to regretfully decline. Not surprisingly, eventually, the invitations stop coming.

Humans are social creatures (Young, 2008)¹. Consequently, the loss of social contact imposes even more hardships on our general health and well-being. And losing our social contacts isn't the only cause of loneliness associated with MC.

When my gastroenterologist failed to take biopsy samples during my colonoscopy, and then he told me at the follow-up that there was nothing more he could do for me, because there was nothing wrong with me, the true meaning of loneliness began to sink in. Whatever I had was ruining my health and my life, and obviously, no one could help me. I kept wondering, "Am I the only one in the world who has this disease?" I had never heard of anyone else who had all of the symptoms that I had.

Fortunately, I stumbled on an old MC discussion and support forum.

And after I read a few posts, a huge sense of relief swept over me, as I realized, "Hey, these people are just like me!" I immediately joined, and my loneliness was ended.

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MC symptoms can increase loneliness and reduce social contacts.

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The MC Foundation provides social support.

But as we all know, not eating away from home is not a perfect solution.

For those of us who have MC, living alone certainly simplifies the process of preventing our food from being cross contaminated. And that's a possibility only if we happen to live alone. Otherwise, other family members almost always insist on maintaining their "gluten habit". So it becomes necessary to cook two separate meals at every meal time, and be especially vigilant that our meal doesn't become cross contaminated from countertops, plates, utensils, or gluten particles floating in the air because someone opened a bag of wheat flour. Cross contaminated meals are a constant threat when family members aren't willing to change their diet along with us.



But living alone, may not be a perfect solution either.

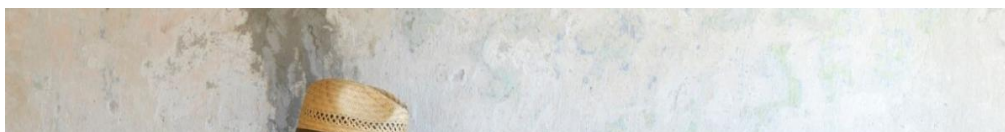
Those of us who live alone are usually well aware of the possibility that living alone may cause neurological issues due to the loss of social networking. Not only do we tend to lose contact with family members, but our friends slowly slip away. And it seems that living alone is becoming increasingly common because of various personal, social, and psychological factors.

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Living alone with MC has advantages, but at the expense of increasing loneliness.

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Friends can slip away with MC.





Single status is increasing globally.

In Canada, for example, the percentage of young adults aged 25 to 29 living single has increased from 32% in 1981, to 61% in 2021, almost doubling in 40 years. This trend appears to be due to various reasons, including personal choice, focusing on career goals, dating difficulties, and breakups of relationships.

Living alone has been studied in detail.

A recent study published in the *Journal of Personality* describes the experiences of individuals who choose (or find themselves) living alone (Pepping, Girme, Cronin, and MacDonald, 2024)². The study shows that the satisfaction and well-being of people living alone tends to depend on their attachment style.

Attachment theory

Studies of this type fall under a well-established psychological framework known as "attachment theory". Attachment styles typically fall into four categories:

1. Secure attachment — Individuals in this category tend to show lower levels of attachment anxiety and avoidance, and they're comfortable with intimacy and independence.
2. Anxious attachment — Individuals in this category tend to show high levels of attachment anxiety, and they worry about being loved, and fear rejection.
3. Avoidant attachment — Individuals in this category tend to have high levels of attachment avoidance, they're uncomfortable with intimacy, and they prioritize independence.
4. Fearful avoidant attachment — Individuals in this category tend to have high levels of both attachment anxiety and avoidance, and they desire closeness, but fear rejection and discomfort in intimate relationships.

The subjects in this study were classified accordingly.

This study considered 482 younger singles and 400 older long-term singles, and identified the distribution of attachment styles and their impact on the well-being of the individuals. The study found that:

1. 22% are secure singles, and are generally happy with their single status. They maintain good relationships with their family and friends, and they also fulfill their social and sexual needs outside of romantic relationships. In general, they exhibit high life satisfaction.
2. 37% are anxious singles, and they tend to worry about being single. They typically have lower self-esteem, feel less supported by others, and they show relatively low life satisfaction.
3. 23% of younger singles, and 11% of older singles are avoidant singles, and they tend to show little interest in romantic relationships. They're generally satisfied with their independence, but they have fewer close relationships and lower overall life satisfaction.
4. 16% of younger singles and 28% of older singles are fearful singles, and they tend to experience significant difficulties in maintaining close relationships. They tend to struggle with regulating their emotions, and report some of the lowest levels of life satisfaction.

Note that the combined total of group number 4 is the largest of the four groups, at 44%.

The study provides insight into why living alone can range from being a rich and fulfilling experience, to a life filled with anxiety and fear, suggesting that support and possibly professional help might be beneficial for those who have attachment styles that fall into the categories associated with low life satisfaction.

In many cases, living alone is associated with loneliness.

Loneliness tends to be a persistent and often misunderstood condition that influences the lives of many individuals, typically both at the beginning, and the end of their lifetimes. Recent research published in Psychological Science suggests that loneliness usually follows a U-shaped curve that peaks in young adulthood, declines through midlife, and rises again in later years, typically becoming particularly noticeable around age 80 (Graham, et al., 2024)³.

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Attachment styles influence loneliness.

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Loneliness is a health risk, both long and short-term.



Sleep quality is even associated with loneliness.

The relationship between sleep and mental health is well-established, and recent research presented at the SLEEP 2024 annual meeting highlights the significant impact of sleep health on loneliness. This study, conducted by the American Academy of Sleep Medicine, found that better sleep health is associated with lower levels of loneliness across various dimensions, including total loneliness, emotional loneliness, and social loneliness (Nielson, Boyle, and Dzierzewski, 2024)⁴. The association is particularly strong among younger adults. The study found that adequate sleep helped to reduce loneliness by:

1. Improving mood and emotional regulation, which tends to make individuals more approachable and better able to engage in social interactions.
2. Improving cognitive function and social engagement, which benefit from better memory, attention, and decision-making to allow for more effective communication and relationship building.
3. Reducing stress and anxiety, which otherwise contribute to social withdrawal and loneliness.

By the time a government official notices a problem, it's serious.

Surgeon General Vivek Murthy noticed a common concern among students during a nationwide college tour last fall — difficulty connecting with others in an age dominated by online interactions and declining participation in community groups. When I was in college, roughly 6 decades ago, at least three or four decades before the creation and rapid growth of the Internet, and its accompanying social media, the problem of connecting with others seemed so much simpler. We made friends, and joined associations and organizations much more easily. Loneliness existed, but it was far less of a problem, compared with today. Back then, people didn't commit suicide, simply because they were lonely. Without the distractions of social media, neighbors visited neighbors on weekends, and families and friends shared their lives and their experiences the old-fashioned way — face to face and shoulder to shoulder.

Looking at our own data.

Considering the results of our (The Microscopic Colitis Foundation) recent survey, 63% of the respondents to that survey are over 60 years old. That suggests that a relatively high percentage of us (high, compared with the general population) are more likely to be retired, and therefore no longer likely to be attending work-related social events. Furthermore, most of us don't have school-age children, so we're no longer eligible to attend school related and high school sports related social events. And many of us also have other health issues that may limit our capabilities. Clearly, because of our demographics, as a group, we're not only more likely than someone in the general population to be living alone, but we're also more likely to be lonely.

Chronic loneliness is known to cause health risks.

Doctor Eileen K Graham, the lead author of the study concluding that living alone is associated with loneliness, points out that as people age, social opportunities tend to diminish, contributing to feelings of isolation. Most of us are well aware that unrestrained loneliness poses a serious risk to both physical and mental health. Medical research has associated it with heart disease, dementia, and suicidal thoughts.

Loneliness triggers inflammation.

Probably, the increased health risks associated with isolation and loneliness are due to the chronic inflammation caused by those lifestyle characteristics. A study recently published in *Brain, Behavior, and Immunity*, concluded that, "social isolation was robustly associated with increased inflammation in adulthood, both in medical patients and in the general population." (Matthews, et al., 2024)⁵.

Even short-term loneliness can cause health symptoms.

Research conducted by Penn State University, and published in the *Journal Health Psychology* showed that even temporary feelings of loneliness, or high variability in loneliness can lead to daily health issues such as fatigue, headaches, and nausea (Witzel, Van Bogart, Harrington, Turner, and Almeida, 2024)⁶.

This can even apply to individuals who don't realize they are lonely.

This is significant because it shows that even individuals who do not generally identify as lonely or typically experience loneliness can suffer physical health symptoms from short-term bouts of loneliness. The research involved 1,538 participants aged 35 to 65 from the National Study of Daily Experiences (NSDE). Participants were asked to report their daily stress, mood, and physical symptoms over eight consecutive days, with these assessments repeated twice, ten (yes 10) years apart.

The study found that participants experienced fewer and less severe physical health symptoms on days when they felt less lonely than their average. Interestingly, stability in loneliness levels across the eight days was associated with less severe physical health symptoms. And the findings emphasize the importance of addressing daily fluctuations in feelings of loneliness, not just long-term chronic loneliness.

Socializing can help.

Humans are social creatures, and the study showed that increasing social connections, even for short periods, can potentially reduce daily health symptoms, providing a micro-intervention strategy for individuals experiencing loneliness. Interacting with others tends to not only relieve feelings of loneliness,

but it relieves stress, and helps to refocus our thoughts.

Socializing through social media rather than face to face increases loneliness.

However, socializing in an effort to reduce difficult feelings (presumably including loneliness) has the opposite effect of decreasing loneliness. A study published in *Health Psychology and Behavioral Medicine* explores the relationship between social media use and loneliness (Bonsaksen, et al., 2023)⁷. The study involved survey results from 1,649 adults, who were from Norway, the United Kingdom, the USA, and Australia, based on their social media use between November 2021 and January 2022. Study participants completed a cross-sectional online survey that assessed their social media usage, motives for using social media, and levels of loneliness.

The study revealed the following findings:

1. Younger participants, those who were not employed, and those without a spouse or partner reported higher levels of loneliness.
2. More time spent on social media was generally associated with higher levels of loneliness.
3. The association between social media use and loneliness varied depending on the motives for using social media:
4. For those using social media to avoid difficult feelings, time spent on social media was not significantly associated with loneliness.
5. For those using social media primarily to maintain relationships, more time spent on social media was associated with higher levels of loneliness.

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Social connections combat loneliness.

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Minimize social media.





Does living alone increase the risk of developing MC?

Unfortunately, there's no published research to provide any specific data confirming this possibility. But because chronic inflammation is a primary factor associated with the development of MC, it's relatively easy to visualize how the inflammation associated with the isolation typically associated with living alone (at least for certain attachment types who tend to be lonely, and dissatisfied with their lives), could easily contribute to an increased risk of developing MC.

Reach out sooner, rather than later.

Doctor Louise Hawkey, a research scientist at the University of Chicago, points out that waiting until old age to address a lack of social networking makes forming new connections more difficult. She suggests a minimum of 4 to 6 close relationships, and the variety and quantity of these connections are important. Can you support the people in your life, and rely on their support, and are each of these relationships mostly positive?

If you're not happy with your social network, consider joining community groups or social sports leagues, or volunteering to help with an organization that performs public service. Participating in organizations that interest you can provide a sense of belonging, and increase the odds of forming new, person-to-person connections.

Minimize the use of social media.

Research done by Jean Twenge, a professor of psychology at San Diego State University, suggests that heavy social media use is typically linked to poor mental health, particularly among teenagers (San Diego State University, 2022, March 16)⁸. Instead of spending time with online interactions, prof Twenge suggests meeting friends or family for a meal (without phones, ideally), or a walk that provides the additional benefits of fresh air and exercise.

Loneliness tends to make reaching out to others more difficult, but taking the first step is crucial to establishing new relationships. Offering to help someone, for example (or volunteering to help with an organization performing public service), makes connecting much easier, and also provides the benefits of the mood boost that comes with helping others.

Everyone's situation is somewhat different.

If we're living alone, and enjoying life without a twinge of loneliness, then why would we want to change anything? On the other hand, if the shadow of loneliness is frequently hanging over us, and interfering with our happiness and overall well-being, then the sooner we reach out to others (who may be in a similar situation), the sooner we will begin to enjoy life, again.

Food doesn't have to be part of the experience.

Get-togethers are typically associated with sharing meals or snacks, but they don't have to be. There's nothing wrong with joining others for exercise or relaxation sessions such as casual walks, yoga or meditation sessions, birdwatching, volunteer work, quilting sessions, or even a few hours of playing board games, card games, or dominoes, for example. And even for those of us who are not yet in stable remission, we can certainly enjoy hiking in remote areas, especially if we come prepared to deal with a quick dash behind the brush, in case that should become necessary.

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References

1. Young, S. N. (2008). The neurobiology of human social behaviour: an important but neglected topic. *Journal of Psychiatry & Neuroscience*, 33(5), pp 391–392. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2527715/>
2. Pepping, C. A., Girme, Y. U., Cronin, T. J., & MacDonald, G. (2024). Diversity in singlehood experiences: Testing an attachment theory model of sub-groups of singles. *Journal of Personality*, 00, 1–21. Retrieved from <https://onlinelibrary.wiley.com/doi/full/10.1111/jopy.12929>
3. Graham, E. K., Beck, E. D., Jackson, K., Yoneda, T., McGhee, C., Pieramici, L, . . . Ong, A, D. (2024). Do We Become More Lonely With Age? A Coordinated Data Analysis of Nine Longitudinal Studies. *Psychological Science*, 9567976241242037. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/38687352/>
4. Nielson, S., Boyle, J., and Dzierzewski, J. (2024). 0746 Rested and Connected: An Exploration of Sleep Health and Loneliness Across the Adult Lifespan, *Sleep*, 47(1), pp A319–A320. Retrieved from https://academic.oup.com/sleep/article/47/Supplement_1/A319/7654860?login=false#
5. Matthews, T., Rasmussen, L, J.H., Ambler A., Danese, A., Eugen-Olsen, J., Fancourt, D., . . . Moffitt, T. E. (2024). Social isolation, loneliness, and inflammation: A multi-cohort investigation in early and mid-adulthood. *Brain, Behavior, and Immunity*, Volume 115, pp 727–736. Retrieved from <https://www.sciencedirect.com/science/article/pii/S0889159123003562>
6. Witzel, D. D., Van Bogart, K., Harrington, E. E., Turner, S. G., and Almeida, D. M. (2024). Loneliness dynamics and physical health symptomology among midlife adults in daily life. *Health Psychology*, 43(7), 528–538. Retrieved from <https://psycnet.apa.org/fulltext/2024-72018-001.html>
7. Bonsaksen, T., Ruffolo, M., Price, D., Leung, J., Thygesen, H., Lamph, G., . . . Geirdal, A. Ø. (2023). Associations between social media use and loneliness in a cross-national population: do motives for social media use matter? *Health Psychology and Behavioral Medicine*, 11(1), 2158089. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9817115/>
8. San Diego State University. (2022, March 16). The Effects of Social Media on Teens and Young Adults. San Diego State University (SDSU), Retrieved from <https://psychology.sdsu.edu/social-media-and-kids-mental-health-jean-twenge/>

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