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## Loneliness Among Adult with Visual Impairment

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### ABSTRACT

Loneliness is a multifaceted experience which can be understood through the lens of the biopsychosocial model which is an interdisciplinary approach that looks at the interconnection between biology, psychology, and socio-environmental factors in affecting health, illness, psychological experiences and disturbances. This study compared the qualitative dimensions of loneliness between blind and visually impaired persons and the general population, rather than the frequency or intensity of their loneliness. To the best of our knowledge, no studies have specifically evaluated depression in young and middle-aged people with visual impairment (VI). Discrimination may exacerbate these difficulties. High prevalence of loneliness among the visually impaired elderly persons, that reports a prevalence of 54% in the visually impaired elderly aged  $\geq 55$  years. In addition, the risk of loneliness was higher for those who were aged 36 to 50 years, exposed to bullying or physical or sexual abuse, had blindness, other impairments, or were unemployed. The mean score for loneliness was 4.83 (SD 1.82), 4.88 for women and 4.78 for men ( $p = 0.46$ ). The majority of participants reported missing somebody to be with sometimes (39.0%) or often (21.1%). The aim of this study to estimate the prevalence of loneliness and associated factors in adults with visual impairment.

### 1. Introduction

Vision is one of the most important functions in human beings and supports the majority of everyday functioning and contact with external reality. Visual impairment (VI) defined as presenting visual acuity worse than 6/12 estimated to affect approximately 2 million people in the United Kingdom. People with VI are usually classified into congenital and acquired vision loss, and into moderate VI, severe VI, and blindness. Loneliness is an unpleasant experience, encompassing a lack of (quality of) certain relationships, which results in a decrease of well-being. Although loneliness has the highest prevalence among the elderly, the integration of adolescent autonomy and kinship provides a window of risk and adaptability for later loneliness). In addition, loneliness and social isolation have already been experienced during adolescence, which indicates that there will be discomfort and health risks in future life. When people become isolated from society over

multiple life cycles, they may even have a cumulative impact on health outcomes. Those who are lonely for a long time have a higher risk of death. Therefore, it is important to understand the early roots of loneliness.

People who have already experienced visual impairment, but they haven't before. "Blind" refers to a person who has no eyesight at all. Vision is the level of detail that an individual can see. It can also be assessed by the individual's ability to perform daily activities that require vision, such as driving, reading, and going up and down stairs. Many people fear sight loss more than loss of any other sense. Those diagnosed with eye problems may experience anxiety, worry and concerns about the future, and even depression and increased emotional distress. Quality of life can, significantly, be negatively affected by sight loss and can result in shock and grief.

The most frequent changes caused by vision loss

operate on one's self-concept, life goals, and social functioning. During the adjustment process, people are at high risk of emotional distress and social isolation, and as a consequence can have psychological problems, such as depression, anxiety, and sleep disturbances. Such psychological problems often encompass an additional source of disability for these patients and tend to interfere with vision rehabilitation and social reintegration.

Visual impairment has also been linked with poorer out-comes in other domains of well-being. Heightened levels of loneliness in those with visual impairment compared with those with good sight has been reported in Dutch and US samples. However, no significant increase in levels of loneliness was reported in a German study. In the United Kingdom, no study has assessed loneliness specifically, but several surveys indicate that social exclusion and reduced social contact may be experienced after sight loss. Taken together, several reports suggest that many individuals with visual impairment experience discrimination and poorer well-being. However, evidence comparing the prevalence of discrimination among people with visual impairment with that in the general population is lacking. The association between discrimination and well-being in those with visual impairment is unknown. Our study, therefore, investigated this issue in a community sample of older English adults.

## **2. Discussion**

All of this research aims to determine an increase in depression towards visual impairment. Systematic review by Senra et al, of a total of 3948 citations retrieved, 52 eligible studies published between 1946 and 2014. The majority of studies were observational and cross-sectional in nature. Our review suggests that high levels of depression occur during the adjustment to IVL. Better adjustment to IVL was associated with greater acceptance of vision loss and use of instrumental coping, good social support, positivity, and use of assistive aids. The overall findings indicate that IVL often has negative effects on patients' quality of life and mental health and that such effects tend to remain over time.

Brunes et al, cross-sectional study found that the prevalence of having any depressive disorder varied considerably across the four age groups, with 11%-23% in women and 9%-17% in men, and with highest rates for the youngest participants. Losing vision in adulthood and having additional impairments were found to be independently associated with increased rates of depression, whereas older age was associated with decreased rates. Furthermore, participants who were depressed had considerably lower life satisfaction compared with those who were not depressed. The youngest adults had worse outcomes than the older adults in terms of functional limitations. This study illustrates that visually impaired adults of young or middle age are at particular risk of developing depressive disorders and that the demand for mental health care in these age groups is substantial.<sup>2</sup> Contrastingly with Alma et al, they found the prevalence and degree of loneliness among visually impaired elderly persons and made a comparison with a matched reference group of normally sighted elderly persons. In addition, we examined determinants of loneliness among the visually impaired study participants with a special focus on the SMAs self-efficacy and taking initiatives. These abilities may support the visually impaired elderly in coping with feelings of loneliness. This study showed that the visually impaired elderly are at risk for loneliness; they experience significantly more loneliness than normally sighted elderly persons. Furthermore, the results showed that the SMA self-efficacy, partner status, and self-esteem were directly associated with loneliness among visually impaired elderly persons. Severity and duration of visual impairment had no effect on loneliness.

Jackson et al found that older adults with impaired vision are at increased risk of perceived discrimination. Those who reported experiencing discrimination had higher levels of depressive symptoms and loneliness and lower quality of life and life satisfaction. Action to address discrimination may help mitigate the increased risk of poor well-being in this population. In this population-based sample of older adults in England, participants with poor

eyesight were 40% more likely to report perceived discrimination compared with those who rated their eye sight as good. Participants who reported poor eyesight and had experienced discrimination were more likely to report depressive symptoms both cross-sectionally and prospectively during 6-year follow-up than those with poor eyesight who did not report discrimination. More than half (52.1%) of the sample who reported poor eyesight experienced discrimination in their day-to-day life. This study has the same result with Alma et al, Osaba et al, and Brunet et al, they found a high prevalence of loneliness among the visually impaired elderly persons, that reports a prevalence of 54% in the visually impaired elderly aged  $\geq 55$  years using the same Loneliness scale of De Jong Gierveld. These prevalence rates are higher than the prevalence of 20% found among blind American veterans. Interestingly, there is no significant association between loneliness and the vision-related characteristics included in this study (e.g., self-perceived vision, duration of vision loss, and degree of visual impairment). Apparently, merely having a visual impairment is associated with more feelings of loneliness, whereas the severity and the duration of the visual impairment play no additional or significant role within a sample of highly visually impaired persons. Another surprising finding was the lack of a significant association between loneliness and the social network. This is in contrast with previous studies in older adults, which showed that the size and the heterogeneity of the network influenced the exchange of social support and feelings of loneliness.

But the result of this study is different with study by Heppe et al, there is no association was found between perceived parent support and loneliness in later life. For perceived peer support a quadratic growth pattern was found, with an increase in peer support up to age 27, and thereafter a decrease. Both the initial level and the rate of change in perceived peer support significantly predicted loneliness in adulthood. The course of peer support is a better indicator for the risk of loneliness in later life than support from parents. Normative life transitions may

affect the already vulnerable social support for young people with a visual impairment. This study highlights the importance of establishing and maintaining peer relationships throughout life. Findings revealed that from adolescence to adulthood, parent and peer support decreased in importance during adolescence, after a peak in importance for perceived peer support in early adulthood. This is consistent with our first two hypotheses. Those adolescents who already started with relatively little peer support as well as those who experienced the most rapid decline in perceived peer support experienced most loneliness 20 years later, confirming the third hypothesis for perceived peer support but not for perceived parent support. These findings are in line with previous research on the development of the importance of social support figures and social support in typically developing young people.

The present study by Rokach et al examined the qualitative aspects of people with blindness or significant sight challenges, by comparing them to that of a comparable sample of the general population. It was emphasized, by previous research, that serious illness or disability such as blindness, is related to loneliness and perceptions of social isolation. This results indicated that in each of the two population groups, the quality of men's loneliness does not seem to differ from that of women's. This is has the same result with study by Osaba et al they found despite the higher number of males, there were no statistically significant differences in the age of patients when comparing both sexes. According to the Zung scale, 29% of patients had depression, of whom 12% had mild depression, 5% moderate depression and 12% severe depression.

Brunet et al show that almost one in two adults with VI have moderate or severe loneliness, demonstrating consistently higher rates across age groups than the general population. In addition, the risk of loneliness was higher for those who were aged 36 to 50 years, exposed to bullying or physical or sexual abuse, had blindness, other impairments, or were unemployed. Lastly, high levels of loneliness

were associated with lower life satisfaction. The age of VI onset ranged from 0 to 76 years (mean 19 years). Thirty-five percent had moderate/other VI, 40% had severe VI, and 25% were blind.

### 3. Conclusion

Individuals with Visual Impairment have a higher risk of loneliness across all age groups especially in older. Loneliness strongly associated with young age and older age, severe degree of impairment and unemployment. The findings of this study underscore the relevance of efforts to foster and expand social networks of people with visual disabilities, not only in old age but also during the transition to adulthood. Because of the high depression rates and their strong associations with quality of life, we recommend the initiation of efforts that would improve access to professionals trained in the needs and challenges of people with Visual Impairment. Health care practitioners may consider querying patients with visual impairment about their well-being to identify those who would benefit from additional support

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