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Loneliness and Depression among Adults with Visual Impairment

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ABSTRACT

Loneliness has been termed a social epidemic, especially by people with disabilities; one of them is visual impairment. To our knowledge, no study has obtained specific estimates of depression for young and middle-aged adults with visual impairment (VI). These difficulties may be compounded by discrimination. Observational data revealed that those with sight loss were twice as likely as those with another impairment to have experienced discrimination. There is evidence that individuals with visual impairment have poorer mental health than their impairment-free counterparts. In health care settings, an association between visual impairment and depression has been consistently reported. Greater prevalence of depressive symptoms in those with visual impairment has also been reported. This study aimed to examine the prevalence of and factors associated with loneliness and depression in adults with visual impairment and examine its association with life satisfaction.

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.¹ Visual impairment (VI) refers to a substantial and often irreversible loss in one of the functions of the visual system. About 1.3 billion people are classified with near or distance VI on a global basis and the numbers are projected to increase in the future due to an aging population and the greater burden of vision-threatening conditions such as diabetes and stroke.² Loneliness is a subjective feeling of distress resulting from to discrepancy between desired social contact and perceived availability. While loneliness has its highest prevalence in elderly people, the integration of autonomy and relatedness in adolescence presents a window of risk and resilience for later loneliness).

Furthermore, experiencing loneliness and social isolation already during adolescence forebodes ill-being and health risks in later life. When people become socially isolated during multiple life periods there may even be cumulative effects on health outcomes. Those who are chronically lonely have a higher mortality risk. It is, therefore, important to understand the early roots of loneliness.³

The literature on depression in people with VI is quite extensive, with many studies suggesting a link between vision loss and depression. However, the prevalence estimates for depression have been found to vary greatly across studies. A meta-analysis of depression or depressive symptoms in people with vision-related conditions revealed that the prevalence

estimates ranged between 5% and 57%, with a mean of 25%.²

Visual impairment refers, generally, to poor vision. The term “sight loss” refers to people who have developed a visual impairment, when they have previously not had one. “Blind” is used for those who have no seeing capability at all. Visual acuity is the level of detail that can be seen by an individual. It may also be assessed by the extent to which an individual is able to perform daily activities for which sight is necessary, such as driving, reading, and climbing up and down stairs. Many people fear sight loss more than the loss of any other sense. Those diagnosed with eye problems may experience anxiety, worry, 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.⁴

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 psychologic problems often encompass an additional source of disability for these patients and tend to interfere with vision rehabilitation and social reintegration.¹

Visual impairment has also been linked with poorer outcomes in other domains of well-being. Heightened levels of loneliness in those with visual impairment compared with those with good sight have 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. 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.

Discrimination received by a blind adult

Brunes et al, a 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 the 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.²

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 eyesight as good. Participants who reported poor eyesight and had experienced discrimination were more likely to report depressive symptoms both cross-sectionally and prospectively during a 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.⁴ This study has the same result as Alma et al, Osaba et al, and Brunen 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 ≥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 vision-related characteristics included in this study. 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 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.²⁻⁵

But the result of this study is different from a 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 of 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.⁶

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. These 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.⁷ This has the same result as a study by Osaba et al which found despite the higher number of males, there were no statistically significant differences in the age of patients when comparing both genders. According to the Zung scale, 29% of patients had depression, of whom 12% had mild depression, 5% had moderate depression and 12% had severe depression.⁸

Brunes 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 was unemployed. Lastly, high levels of loneliness were associated with lower life satisfaction. The age of VI onsets ranged from 0 to 76 years (mean 19 years). Thirty-five percent had moderate/other VI, 40% had severe VI, and 25% were blind.⁸

2. Conclusion

Individuals with visual impairment have a higher risk of loneliness across all age groups. Loneliness is strongly associated with young 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.

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