Social Isolation Inquiry Submission

Date: 18/08/2021

To: Committee Secretary
Community Support and Services Committee
Parliament House
George Street
Brisbane Qld 4000

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Introduction.
This submission is responding to the question of isolation and associated risks. As a result, it will focus primarily on that which we can improve. It is not designed to be read as a criticism. As someone who grew up in the 70ies, I am glad to observe that we have been gradually changing the world to be more inclusive. This submission aims to highlight areas (and processes) that we can focus on to continue this positive change. As much as possible, the focus was on brevity and readability, rather than precision, detail, and completeness.

1. NATURE AND EXTENT – Humans are bonding organisms. In describing this, Dr S Johnson suggested our species are better called Homo Vinclum to highlight the importance of bonding and belonging. Traditionally, human behaviour used to be understood from the standpoint of survival and life-death drives. This has changed and humans are now better understood as acting on both needs – * to survive; and – * to belong. There's sufficient evidence now to link exclusion and isolation to adverse health outcomes, hospitalisations, and mortality. The current understanding of the mechanism of this is – chronic sense of isolation leads to a chronic experience of 'un-safety'. Short-term threat-responses (e.g. stress) are useful, but when experienced chronically (no opportunity to return to safe state), can lead to increased burden of disease. Particularly (and not surprisingly), inflammatory disease (inflammation is our physiological threat-response). Regular return to a sense of connectedness (safety in belonging) allows for rest and repair in bonding organisms like humans. Simplest way to think about isolation risks is to compare it to impact of chronic experience of danger. Thus, health risks of isolation can be alleviated by regular experiences of inclusion, belonging, and connectedness.
    a. All of us. Vulnerable populations like people with disability. Men. Adolescents. Mature adults. Parents (particularly, the non-working parent, likely mother). People from CALD backgrounds. Other marginalised people like people changing social circles to achieve personal growth, recover from addiction, etc. People processed by the legal system, like the ones recently released from incarceration.

b. COVID 19 impact has been documented globally
(https://www.who.int/news/item/31-05-2021-world-health-assembly-recommends-reinforcement-of-measures-to-protect-mental-health-during-public-health-emergencies) . I am not aware of local figures, but from my own practice as a Psychologist, I am seeing an amplification of previous vulnerabilities. For example, in families where parents struggle with kids behavioural issues, there is a loss of the release valve of their home's 'pressure cooker'. Going to work/school meant temporary relief. Without it, conflicts escalated. Similarly, with difficult relationships. Similarly, with mental health concerns. Particularly impactful instances include being stranded apart from loved ones. It is typical for the particularly vulnerable populations to utilise maladaptive coping strategies, like using alcohol, etc.

2. CAUSES AND DRIVERS

a. Cultural-Historic. Culturally, we struggled to accept the notion of being a bonding organism seriously. Despite having solid evidence since the 50's (Dr John Bolby), we continued to parent/teach from the perspective that the only drive that motivates us is life-death survival. Kids were to be 'seen-not-heard' and fearing the 'wild jungle' fury of survival responses we used a combination of boarding schools, belts, and rolling pins to 'beat the mollycoddling' out of them.

b. Experiential-Avoidance. Our population may be under a continuous barrage of messages suggesting that having feelings is wrong, pathological, and must be avoided. This is very concerning from multiple perspectives. From social inclusion perspective – it is imperative that we develop resilience around uncomfortable feelings if we are to open ourselves up to connect with other humans. Perfectly normal feelings of embarrassment, social-fears, insecurities are simply the flip-side of our need to belong. Instead, 'trigger warnings' and 'may offend' warnings seem to cause harm and offer no benefits according to a recent Harvard University study.
(https://journals.sagepub.com/doi/full/10.1177/2167702620921341)

c. Masculinity-Strength. One vulnerable group in our population is men. From early on, they are taught that showing feelings (other than anger and excitement) is un-manly and weak. Worse still, they are taught that their worth is not inherent – their worth is in their contribution. More recently, men have been shamed for our patriarchal past. I am a strong believer in the women empowerment movement and have raised strong daughters. Still, I do not believe that the movement should focus on putting men down. Instead, on empowering women.

d. Punishment-Reward. Our current attempts at 'mandating' social inclusion run the risk of disconnecting people. Yes – coercion is one way that people can be motivated. No – it is not the best motivator by far. Yes – coercion seems to be a culturally preferred practice. Consider for example, when was the last time you received an envelope in the mail with a thank-you photo of you driving through an intersection legally? Chances are, you had to do a double-take of this sentence because of how far removed rewards are from our culture. Instead of incentivising social inclusion, we

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prohibit use of certain words and practices. As a result, we may have an HR-type workplace where people are afraid to speak to eachother for the risk of saying something wrong.

e. Education-Priorities. Typical schooling offers Maths daily, which helps to prepare children for becoming good workers. Comparatively, relationship skills, psychological-coping skills, parenting skills, etc. receive close to zero attention. Meaning that children receive no content, no practice, no homework, no assignments/challenges, no exams. My children experienced Harold the Giraffe trailer with a (tired) nurse wearing a costume, who showed them videos and spoke to them about safety, sex, and drug use. Imagine Maths being offered in a van like this? When compared to the scientific approach to training our population in other disciplines, it is not surprising we de-prioritise belonging later in life. Importantly, we risk teaching kids to prioritise profits over humans.

f. Science-Tradition. It seems difficult to persuade the public to turn to science. Partly, this may be due to science being for-sale and scientific work must be independent of financial investments for it to regain public trust. As a result, despite Education Qld beginning to implement "Wellness" programs, it seems like these programs have little to do with psychological scientific principles. To my understanding, Psychologists didn't write the program and are not involved in its delivery. In personal discussions, I heard a teacher complaining that he had no idea how to deliver a wellness program.

g. Agenda-Process. Another driver of isolation is our focus on the agenda and poor understanding that the process may be more important. In simple terms, a parent may either yell at the kids and get to work on time (agenda) or focus on modelling conflict resolution practices (process) and be late to work. Similarly, a teacher may send a misbehaving (i.e. distressed) pupil to the principal and complete lesson content (agenda) or model pro-social response (process) to pupil's protest and miss out on some of the lesson content. As a result of our primary focus on the agenda, we miss out on training our population in relationship skills.

h. Subject-Delivery. Does it cause the patient lose weight when GP says, 'you need to lose weight'? Do laws prevent crimes? Do environmental scientists stop/reverse climate emergency? There is a common thread to these questions. They highlight the importance of delivery. Yes – it is important to have medical research into the impact of obesity. And – it is also important to have the science of Delivery. Behavioural Science offers the know-how behind Delivery. One of the causes of isolation I believe, is insufficient consultation and limited resources directed toward the Delivery of social inclusion programs.

i. Digital-Physical. It seems like we lost the fight and social media is the new reality for us and our children. Despite clear indications of the disconnect and disparity that the echo-chamber of social media creates, we have accepted profit-driven content-offering algorithms that make going on social media pleasurable. The costs of these to our community are divide and disconnect. Netflix documentary 'Social Dilemma' makes a simple

account of the mechanisms behind this driver of social exclusion and loneliness.

j. Objectification-advertising. Professors Rob Ryner and Tim Kasser (and others) focused their research on linking 'materialistic' values to illness and increased hospitalisations. Belonging is a basic human need. Yet, much of our population is fed a steady stream of information that their worth is dependent on some external factors like money, house-size, brand of bag, etc. This is particularly concerning with our young people, who are particularly exposed to advertising and promotion materials, but lack the insight to recognise they are being manipulated. This work is quite encompassing, spanning 30 countries, all ages, and across many occupations; you can see one article here http://www.austlii.edu.au/au/journals/DeakinLRev/2005/3.html

k. Public-Commercial. Most public social spaces expect visitors to spend money. Some populations will find access to these more difficult. These include adolescents.

l. Ageism-Segregation. We seem to group people by "date of manufacture" (Sir Ken Robinson). The way human species are understood, all ages have their important value in the community and these segregation practices are un-natural, fairly recent, harmful, and isolating.

m. Psychology-Medicine. We turn to Medicine for Psychological information. I hold a B Behavioural Science and a Psychological Science with Hons. My education trained me as a scientist-practitioner. The focus of expertise in Psychology is human behaviour. The focus of Medicine is on biology, anatomy, etc. In a humorous account by Adam Kay and the more sombre accounts by Dr Gabor Mate, Medical students are trained (selected) to disconnect from others. Through gruelling long hours and unpredictability of training/employment, Doctors lean on the side of isolation and loneliness, not the opposite. Whilst I am at a loss as to why we subject our Medical trainees to this (and how we hope that they will promote healthy behaviours later), I am primarily concerned that we rely on this profession for information and diagnoses of Psychological Health and Illness. To clarify, I have great respect for Medicine when it comes to organic disorders. When it comes to Mental Health, I suggest that we turn to the experts – Psychologists.

3. PROTECTIVE FACTORS
   a. Cultural – collectivist cultures maintaining family unity
   b. Religious – increased sense of community as well as belonging/connection with God (or a greater entity than self, e.g. 'Land')
   c. Sport – possibly offering a sense of community and belonging
4. EXAMPLES and MEASURES of EFFECTIVE STRATEGIES
   a. Mens Shed Association - https://mensshed.org/
   b. School trips
   c. Community centres
   d. Public libraries

        e.   Ex military organisations like https://engage.forcenet.gov.au/ https://soldieron.org.au/events-cover-page/ https://mates4mates.org/get-help/our-services/social-connection-activities

5. PREVENTING, MITIGATING and ADDRESSING the DRIVERS and IMPACTS of SOCIAL ISOLATION and LONELINESS

    a.   Education. As a practicing Psychologist, I regularly observe an appallingly poor understanding of own humanity in my community, but a fair understanding of Maths. I would suggest that psychologically flexible community can easily pick up Maths. But Mathematically minded community will not easily increase their Psychological Flexibility. Our emphasis should be a lot more on training our community to work WITH themselves, rather than AGAINST themselves. What I am suggesting is that our curriculum should highlight Psychological, Relationships, and Parenting skills with more weight than Mathematical skills.

    b.   Public awareness. Regular, consistent messages that increase awareness of our humanity as being bonding organisms. To counteract the antique belief that our bonding needs are a weakness.

    c.   Media. Invest in artists, who use their craft to spread messages that bring people together and reduce isolation. I am one such artist and you may enjoy my song Never Alone here https://soundcloud.com/drcarrot/never-alone?in=drcarrot/sets/remastered.

    d.   Social Media. Honestly, I am not too sure. We've allowed a Wild West lawlessness of internet to take solid foothold in our children's (and our) lives. My kids for example, at times have struggled to be accepted by their peer group if they are not fluent in the current events of the popular influencer (YouTuber, TickTocker, etc.).

    e.   Advertising. If we accept the evidence that propagating ideas of separateness can be linked to increased costs to the taxpayer, we should tax such advertisers. We already to this in other areas, like alcohol and tobacco. The evidence is clear (see work of Profs Rob Ryner and Tim Kasser) that promoting materialistic gains as measure of success divides people, impacts on their health, and costs the taxpayer. Taxation of such advertising should reflect this. Similarly to tobacco and alcohol.

    f.   Birth. Our connectedness and trust in the world begin in birth. Please consider educating our population with messages that empower women and their partners to have a natural birth experience as much as possible. Please consider orienting Medicine to only assist in emergencies (not ones that they have created). Environment that imparts trust and safety is essential for the woman giving birth to open up to this monumental undertaking. Lifelong bombardment with images of women on their back, in a hospital gown, in agony, disempowered, with their legs in stirrups, and the clueless, helpless, useless, shell-shocked husband – these are damaging messages. Yet, we accept them as the norm in media all around us.

    g.   Funded community hubs. Places offering a range of good activities for grownups and kids that promote connectedness. Preferably free.

h. Reward-orientation. On a personal level, we need to move from our culture of 'penal code' to 'rewardal code'. I know it's difficult to envisage. Just like sending people to space and many other things were difficult to envisage. If we decide it's important, we direct resources, and one-step-after-another reach unimaginable goals.

i. Employer support. Workplaces are a big part of our life. Please consider empowering and funding them, especially the small businesses, to invest in their staff connectedness.

j. Psychology. We turn to Medicine for Psychological information. GPs routinely diagnose Depression after a short conversation with their Patient. Instead, we need to consider shifting the mindset to those who are experts in human behaviour – Psychologists.

k. Taxation. One way that we can offset the damage caused by loneliness is to tax the creators of misinformation to compensate the community for the toxic information they have disseminated. Again, similarly to toxic substances. Our assumptions matter. Reader may consider that their assumption of current safety (you are going to survive reading this) allows them to engage with this submission in a very sophisticated way (read, critically evaluate, etc.). Would it still be the case if Reader assumed their life was in immediate risk? Of course not! That is the power of our assumptions. The assumptions that we make about ourselves, eachother, the world, and so on – all come from our experiences. Most of these experiences are force-fed to us through our plethora of media channels. Assumptions whether I am lovable without a Ro… fancy watch. Assumptions whether another person is safe to talk to. These are simple examples of our mental worlds (for more on stories we live in, see Yuval Harari's work). Consider that in the past, believing that someone is a witch meant they were not just excluded, but tortured and murdered. Furthermore, the rest of the population had to ensure they're not seen as witches. If we accept the power of assumptions/beliefs, we must act to ensure the beliefs we foster and invest in promote togetherness – not loneliness and isolation.

Kind regards,

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Date: 18 / 08 / 2021

https://www.parliament.qld.gov.au/work-of-committees/committees/CSSC/inquiries/current-inquiries/socialisolation

Structure reference:
1. The nature and extent of the impact of social isolation and loneliness in Queensland, including but not limited to:
    a. identification of and consultation with vulnerable and disadvantaged individuals or groups at significant risk across the life course, and
    b. the interplay of COVID-19 with this issue.
2. The causes and drivers of social isolation and loneliness, including those unique to Queensland.
3. The protective factors known to mitigate social isolation and loneliness.
4. The benefits of addressing social isolation and loneliness, examples of successful initiatives undertaken nationally and internationally and how to measure social isolation and loneliness in Queensland to determine if implemented strategies are effective.
5. How current investment by the Queensland Government, other levels of government, the non-government, corporate and other sectors may be leveraged to prevent, mitigate and address the drivers and impacts of social isolation and loneliness across Queensland, including:
    a. services and programs such as health and mental health, transport, housing, education, employment and training, sport and recreation, community services and facilities, digital inclusion, volunteering, the arts and culture, community development, and planning for accessible, inclusive and connected communities, and
    b. targeted support to vulnerable and disadvantaged groups and those most at risk.
6. The role, scope and priorities of a state-wide strategy to address social isolation and loneliness, considering interactions with existing Queensland and national strategies.