Human Connection in Health and Illness

Hear the reed’s complaining wail! 
Hear it tell its mourning tale! 
Torn from spot it loved so well, 
Its grief, its sighs our tears compel.

—Rumi (Persian mystical poet and philosopher, 1207–1273 A.D.)

It is not good for man to be alone.

—(Genesis 2:18)

Preamble

Human beings are evolved to connect together for survival. Among the factors that fulfill the human need for affiliation and connectedness are social institutions, such as marriage, family, and the social support network, including clinician–patient empathic relationships. Human connection serves to promote health and prevent disease. Conversely, an absence of satisfactory human connection, experienced as loneliness, is detrimental to physical, mental, and social well-being. The mechanisms involved in linking the quality of human connection to health or illness are not well understood. However, opportunities for empathic engagement and involvement of a multisystem of psychoneuroimmunology may provide some explanations for the beneficial effects of human connections. The clinician–patient relationship is formed by the drive for connectedness that increases with illness. The empathic connection between clinician and patient can serve as a special kind of social support system with beneficial healing power.

Introduction

Human beings are evolved to be social. We are, according to Larson (1993) “pre-wired” to be connected by evolutionary design for the sake of survival. Our survival depends on our ability to understand others and skills to communicate our understanding. Social relationships provide opportunities for empathic engagement, which in turn reinforces human connections, a cycle that has always been in motion in the evolution of humankind. In
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the often-cited list of basic needs proposed by psychologist Henry Murray (1938), the need for “affiliation” as well as the needs for “understanding” and “succorance” (to be gratified by being understood) are listed among the human being’s basic psychosocial needs. Without fulfillment of those needs, Murray said, self-actualization cannot be fully achieved.

In this chapter, I describe the importance of human ties in health and illness and describe the consequences of making and breaking human connections on one’s physical, mental, and social well-being. Also, I will attest that clinician–patient empathic engagement is the epitome of human connection.

The Need for Connectedness

Human connection is the bedrock of empathic growth. The urge for connectedness arises from the human need for affiliation. That basic need prompts us to fall in love, marry and establish a family, raise children, associate with other people, enjoy the company of others, and develop interpersonal relationships with help seekers and help providers. The need for affiliation has survival advantages and is deeply rooted in the evolutionary history of humankind.

Feeling connected leads not only to psychological pleasure but also to biophysiological changes and activities in the endocrine system. For example, female students living together in university dormitories noticed that their menstrual cycles had become synchronized, and this hormonal synchronization occurred not only among roommates but among networks of close friends as well (McClintock, 1971).

People interacting with one another often show behavioral synchronization, usually unconsciously, that is reflected in such nonverbal clues as “facial mimicry” and the “motor mirroring” reaction (see Chapter 4). These signals are not necessarily learned; they seem to be the outcomes of a built-in behavioral repertoire that facilitates interpersonal exchanges (see Chapter 8).

The Making of Connections

It is now widely recognized that making connections has a powerful effect on the maintenance of health and that breaking connections can lead to the development of illness (Cohen, 1988). This recognition is not new, however. Early research by the French sociologist Emile Durkheim on factors contributing to suicide found that erosion of the capacity for social integration and human connection was the triggering factor for social miseries, including people’s attempt to end their lives (Durkheim, 1951).

In their widely cited epidemiological research conducted more than a quarter century ago, Berkman and Syme (1979) showed that the absence of human connections was significantly linked to an increase in disease and