



Emotional Support, Loneliness and Physical Health During COVID-19

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Background and Introduction

Does loneliness affect physical health?

- Chronic loneliness can lead to worse health outcomes such as increased risk of coronary artery disease, increased blood pressure (Heffner et. al, 2011).
- More illness symptoms as loneliness increases (Tuncay, 2018).

What are we trying to study?

- COVID-19 pandemic introduced isolation to people that may not be chronically lonely.
- Emotional support has positive outcome on reducing loneliness (Cacioppo, 2015).
- We wanted to test whether emotional support buffers the impact of loneliness on illness symptoms.

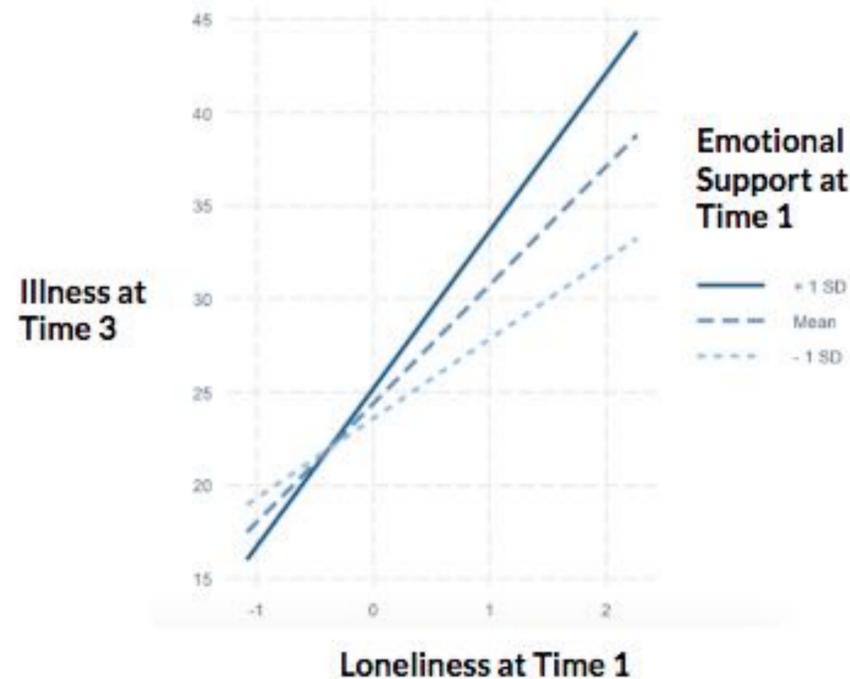
Hypothesis

H1: Loneliness is a positive predictor of number of illness symptoms.

H2: Emotional support at T1 is a predictor of illness at T3.

H3: Emotional support moderates the relationship between loneliness and illness symptoms, such that higher emotion support will reduce the relationship between loneliness and illness symptoms.

Figure 1: Emotional Support as a moderator of Loneliness and Illness Symptoms



The figure shows the interaction between emotion support and loneliness in predicting illness symptoms.

Methods

- Data was collected in 2020 at three different time points 4 weeks apart starting April 1 via MTURK (N=574, 49.6% male).
- Participants were asked to report their loneliness on a 5 point likert scale (Russell et. al, 1978), the amount of emotional support they received (PROMIS, 2020), and a 13-item illness symptoms checklist (Elliot & Sheldon, 1998)
- Data was analyzed via SPSS. All predictors were mean-centered.

Limitations

- We were only able to capture the information during pandemic times, and the pandemic severity changed over time
- We relied exclusively on self-report measures for this study

Results and Conclusion

- The overall model was significant $F(3, 246) = 13.07, p = .000, R^2 = .1375$. Loneliness significantly predicted illness symptoms ($B = 5.277, P < .001$). Emotional support did not significantly predict illness symptoms ($B = .719, p = .425$).
- However, there was a significant interaction between illness symptoms and emotion support ($B = 1.584, p = .034$). Simple slopes analysis (figure 1) revealed all slopes were significant ($p < .001$), but greater emotion support was more strongly associated with greater illness, supporting our moderation hypothesis but in the opposite direction.
- One possible explanation is that those with high levels of emotion support may also be suffering the most from lack of sociality and heightened isolation, thus leading to greater illness symptoms.

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