It’s Friday night and you just got off work. As you walk toward your car, you hear people chatting with friends about weekend plans—that person is going to the movies, those people are going out to eat. As for you? You’re binge-watching Netflix by yourself. Again.

Psychology professor Dr. Julianne Holt-Lunstad has spent her career researching loneliness and social connection. Both are important facets of humanity that have the potential to make or break a life. In the study “Social Relationships and Mortality Risk: A Meta-Analytic Review,” Holt-Lunstad and her colleagues found that loneliness is as damaging as smoking and alcohol to physical health and is actually a bigger risk than physical inactivity and obesity.

So what can people do to improve their social relationships? According to Holt-Lunstad, the first step is to distinguish between loneliness and isolation. Isolation means having objectively few social relationships or infrequent social contact, whereas loneliness is the discrepancy between one’s actual and desired levels of social connection. Although loneliness and isolation may occur together, the two are not always linked. Some people do not feel lonely when they are by themselves (they may enjoy their solitude), while others might feel lonely even when they are in a large group.

Holt-Lunstad says that increasing social interactions may be effective for someone who is both isolated and lonely. For someone who is experiencing loneliness without isolation, however, this tactic may be unsuccessful. Unfortunately, there is no magic guidebook on how to cure loneliness. “Just as we need to carve time out of our busy schedules to be physically active, we need to make time to be socially active,” says Holt-Lunstad. Positive social interactions are critical to our health; to disregard them would be detrimental.

While loneliness and isolation can affect all of us, this is a particular issue for those experiencing disabilities. At the 14th annual Marjorie Pay Hinckley Lecture, Dr. Erik Carter, a professor at Vanderbilt University, said, “As I talk to young people with disabilities and their families, they want to be much more than integrated. They want to be much more than just included. They want to belong. We want to experience belonging.”

Carter focused his remarks on how to better include people with disabilities within faith communities. He identified “10 dimensions of belonging.” Those with disabilities and their families felt that they belonged when they were

1. present
2. invited
3. welcomed
4. known
5. accepted
6. supported
7. cared for
8. befriended
9. needed
10. loved

How do we ensure that those with disabilities feel belonging? One way is to refrain from creating a special separate program for those with disabilities. “Special programs are not bad,” said Carter, “as long as the individuals are integrated with other people.”

“You don’t have to have any special training [or] an advanced degree to promote meaningful inclusion,” said Carter. “Disabled people don’t have ‘special needs.’ Their needs are the same as ours. It’s the type of support they need that’s different, and it’s everyone’s job to provide that support.”

Carter said, “It is through simple actions that all in a congregation will feel welcomed and [feel] a sense of belonging.”

How Do We Foster True Belonging?

By Madison Lunnen

PHOTO BY BRADLEY SLADE