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Challenging Care: Examining Intersections Between Individualism, Community, and Mental Health in America

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Abstract

This literature review is an examination of the discourses on community and care in America. It aims to address the intersectionality of terms like ‘social support, ‘belonging,’ ‘care,’ and so many more across disciplines that are really an attempt at addressing the root causes of the rise of mental illness, loneliness, and hopelessness in America. This interdisciplinary cross-examination of how the practices of caring for others is influenced by the ideals of individualism in this country works to showcase how individualistic values shape the social and emotional intelligence of individuals and thus impacts the connections (or lack thereof) within communities. How people need one another and how that need is satisfied can be understood through observing the broader gestures of care (and gestures that are labeled as care but in fact are not) characterized by the individualistic framework. Through these critiques and examinations, the door to rigorous, thoughtful, and intentional explorations of caring notions metabolizes what these forms of ‘care’ are trying to achieve. Lastly, this literature review will explore a divergence from harmful and/or ineffective practices of care and delve instead into opportunities for conviviality and community healing.

Key Terms: America, care, collectivism, close bonds, community, connection, hopelessness, hyper-individualism, individualism, isolation, loneliness, mental health, relationships, sense of belonging, social isolation, social and emotional intelligence (SEI), social support, suicide.
Challenging Care: Examining Intersections Between Individualism, Community, and Mental Health in America

Social isolation has been a growing concern in America for many years, even before the COVID-19 pandemic forced the public to finally reckon with the human need for connection. For years mental ‘illness’ rates have risen drastically, and accompanying that rise is increased social isolation, hopelessness, and loneliness. COVID-19 was merely a catalyst for more people to recognize the significance of the issue. This reckoning has pushed forth research and awareness on the topics of mental health and social isolation and generated critical discourse surrounding the ways the American society has utilized various forms of care to solve symptoms of greater underlying issues in the country. Ultimately, caring efforts in this country all contend with the same idea: how is it that issues of mental illness and social isolation persist in this country regardless of current interventions and what else can be done to better care for the American people?

In evaluating care and its relationship with community and the rise of mental illness in America, one is simultaneously analyzing a broader cultural structure within the country that drives social and emotional interactions: Hyper-individualism. So, to properly examine forms of care and community in America, it’s important to understand the impact of America’s hyper-individualistic cultural lens. Even further, one must see how individualism facilitates social and emotional intelligence, social connection (and thus community), and the correlations between community and well-being.

The Gaps

Research on the convergence of community, individualism, care, and mental health remains scattered and disconnected across the disciplines of psychology and mental health, sociology,
nursing/medical journals, anthropology, and social work/human services. A large pitfall of the current research is that it neglects the intersections of these disciplines. For example, many studies on care are focused on an anthropological context, specifically regarding kinship, and do not reference psychology articles on communal forms of care (Cubellis, 2020; Tatjana, 2015). This example is also good at pointing out how hyper-specificity can become a detriment to research.

The singularity of most scientific studies takes away from intersectionality and interconnectedness, which goes against concepts like the biopsychosocial model. For example, one such study looks at how the ‘housing-first’ narrative can support stronger and healthier community construction (Adame, et. al, 2020). While this gives a beautiful insight into how housing plays a part in a person’s need for stability in a community, it neglects to address forms of care that support the sustainability of stable housing (which is known to be greatly impacted by an individual’s mental health, job security, and more). This apparent anthropological versus psychological divide on care and community immediately causes a rift in understanding how care can be utilized in the context of community to promote well-being.

By assessing care, social connections, and the cultural framework of American society this literature review can begin the synthesis process of current and past literature on topics that should have always been related to one another. Because not many people have connected the current research thus far, there will be a lot of sifting through terms and comparing them. As the writing continues each concept will be explained, defined, and pulled together with its predecessors to give a better foundation. How some of that will occur lies within the breakdown of three key concepts.

**Key Concepts**
Throughout this review several terms will be critiqued, compared, and correlated to create a solid foundation for understanding potential interpersonal solutions to the rise in mental illness and isolation in America. Because there are so many terms, they will be grouped into three different categories: social connection, care, and community.

Social connection in relation to this review will be the basic, broad understanding of how and why people need other people to both survive and thrive in life. On a surface level, it will first be examined through the lens of proximity vs isolation. Being socially connected is seen as having connections with others or having a network of relationships in one’s life. After that, a deeper examination of how and why people need other people will take place in two parts. The first will be how sense of belonging and attachment theory set the stage for understanding the innate need humanity has for deep, meaningful bonds in life. Then, the terms social integration, social support, and social identification will be defined and compared. The second part of the examination will be about the associated skills and practices that maintain close and meaningful connections. This will fall under the term ‘social and emotional intelligence’ or SEI. Much like the term ‘care’ there are several different definitions for SEI, and a number of them will be looked at and compared in this review.

Care is the second concept that will be examined in the body of the literature review. It is difficult, and perhaps ignorant, to create one comprehensive definition of care because it is utilized in various ways in numerous cultural contexts. Anthropologist Tatjana Thelen states that “research on care is also fragmented by orientation toward different categories of care receivers, such as the elderly, those with disabilities and chronic illnesses, or children” (Thelen, 2021, p. 1). So, instead of trying to define what care ‘should’ be, this review aims to explore methods of care to better understand the ways in which American society is attempting to ameliorate the rise in
mental illness. This section hopes to lead to ponderings about community care based in the understanding of Individualistic culture and its impacts on people’s social and emotional intelligence, as well as with awareness of the pertinent ways in which people need other people. After social connections and care are thoroughly explored, the review will close by taking a look at the third concept of community as a form healing.

**Continuing the Conversation**

In no way does this review aim to close the door to understanding community and care in America, nor does it aim to find a single solution to lowering the rates of mental illness in the country. Instead, it hopes to encourage further discourse, research, and theorizing around the ways in which the American people can build stronger, healthier, and more socially connected communities. The rise of mental illness in this country is not separate from the ways in which people care for one another, and therefore the individualistic cultural schemas that govern SEI skills of the American people become deeply relevant to their health and well-being. By exploring community, care, and social connection this review will bridge some long-standing gaps across disciplines and advocate for holistic solutions that dig at the roots of issues rather than bury them deeper.
Literature Review

Setting the Context: A Hyper-individualistic Society

Individualism and Collectivism are two ends of a philosophical spectrum that have characterized societies for years. The values of these philosophies not only shape the views of the people but influence those peoples’ ability to form and maintain community with others (Baumgarte, 2016; Bhullar, et. al, 2012; Le, 2020; Nezlek & Humphrey, 2021; Scott, 2010; Zhang, et al, 2007; Zheng, et. al, 2021). Individualism emphasizes independence from others and a self-construct based on personal responsibility and achievement, whereas Collectivism emphasizes that humans are interdependent and that social roles and hierarchies a part of self-construct and purpose. On the far end of individualism is what this review will call ‘hyper-individualism’ which highlights social shifts in America such as the industrial revolution that enable the rearrangement of family and community connections. While collectivism and individualism may seem simplistic on a broad scale, they become more nuanced when one examines how they map onto the individual. Individuals begin to mirror these values in their social lives and thus socially shape the communities around them.

In a previous essay written by Nico Murch and Hailey Bridges, they explored the ways in which Individualism and Collectivism have been measured and understood by scholars in most current research. Scholars have adapted the collective/individual binary into a two-dimensional spectrum, adding in vertical (emphasizing hierarchy) and horizontal (emphasizing equality) definitions to further illustrate how these values show up independently within individuals (Germani, 2020). This scale is an important perspective because it diversifies the discourse about an individual’s placement within the values of Collectivism and Individualism rather than leaving things black and white. The results gained from Germani’s studies stress the need for
values of both Individualism and Collectivism. On an individual level, people who believe in both Individualism and Collectivism tend to have greater perceived “well-being” (Chen, 2015). This is why, when focusing on American society and its rising rates of mental illness, one must come to understand the effects of hyper-individualism. Take it one step further and one must equally understand what sort of balance the American people can strike on the collective/individual continuum to improve the well-being of its people, and how that relates to care in American society.

The existing bodies of research about individualistic and collectivist values have already connected the mental health of communities to their social connections. These connections are facilitated not only by the values of individualism or collectivism, but the resulting social and emotional intelligence (SEI) skills people practice (or don’t practice) because of those values (Baumgarte, 2016; Bhullar, et. al, 2012; Hallowell, 1999; Larson, 2008; Nezlek & Humphrey, 2021). Isolation, which is correlated with individualistic values, is caused by a lack of community and social connection, and consequently becomes an indicator of poorer mental health (Calati, et. al 2019; Motillon-Toudic, et. al, 2022; Van, et. al, 2010). This connection between poorer mental health and individualistic values is not without nuance, however. To fully understand the correlations, it is imperative to examine what social connections are, what maintains them, and what deteriorates them.

**Proximity and Social Connection**

From an early age and onward humans exhibit behaviors in support of the idea that social connection is vital to survival. Infants depend on physical interaction with others, and when not held, death or extreme developmental complications occur (Ardiel & Rankin, 2010; Hallowell, 1999). Throughout infancy and childhood development people also have a drive to be connected
to primary caregivers. In lifespan development this is known as proximity-seeking behavior which describes the need to have physical closeness with a primary attachment figure (Belsky, 2020). By seven months humans have ‘clear-cut’ attachments with a primary caregiver (Belsky, 2020). As people grow up, the need for physical touch evolves into the need for social proximity.

In a publication in the Harvard Business Review, Psychiatrist Edward Hallowell discussed various studies on in-person socialization and coined the term “the human moment” to describe “an authentic psychological encounter that can happen only when two people share the same physical space” (Hallowell, 1999, p. 59). Here, Hallowell explicitly confronts the importance of face-to-face interactions, something that has been a continuous topic of conversation ever since the invention of the internet and social media.

Heightened by the impacts of the COVID-19 pandemic, more recent studies have also contended with the need for in-person interactions. In 2022, an article came out about social connections during the pandemic. At the time of its publication, “emerging research [had already] highlighted several concerns for mental health that [were] likely to result from decreased social connection and increased social or physical isolation, including risks of increased psychological distress and lowered life satisfaction (e.g., Biddle et al., 2020; Killgore et al., 2020)” (Scott, et al., 2022). Unlike Hallowell’s article, the authors of this publication contend with the online connections in conjunction with rather than in opposition of in-person social connections. In fact, they even claim that online friendships can be a positive so long as they are maintaining offline connections (Scott, et al., 2022, p.2). While online connections cannot effectively replace in-person connections, they may have the ability to enhance preexisting in-person connections.

Social Isolation and Loneliness
Regardless of in-person interaction or not, there are adverse effects to those who do not have or lose social connection with others. Besides the pain of ostracism, people’s mortality rates can be greatly impacted by social isolation. Social isolation is when someone has a lack of connections to others in their community and doesn’t have multiple relationships to interact with regularly. In his master’s thesis, epidemiologist Panayotes Demakakos writes that those who lack social connections have a higher chance of dying prematurely (Demakakos, 2005). Specifically, the odds of premature death for those who experience social isolation is 29% higher than those who are socially connected (Lennartsson, 2022). According to a study done on loneliness and isolation in 2022, social isolation is considered more highly correlated with mortality than just loneliness (Lennartsson, 2022). At the very basic level, people need numerous connections in their life to have an increased lifespan and better well-being.

However, what about those who find themselves socially connected but still lonely? While loneliness and social isolation are sometimes misconstrued as the same phenomena in public discourse and media, the 2023 editorial explains that all “previous research has shown they are distinct psychosocial constructs that are weakly to moderately correlated with each other” (Taylor, et al., 2023, p.1). If social isolation is the tangible loss of connections and a network, loneliness can be understood as the mental state of isolation and disconnect. The editorial describes loneliness as “a perceived/subjective condition in which an individual is dissatisfied with the quality and/or quantity of their social relationships,” (Taylor, et al., 2023, p.1). It does not matter how many people are in someone’s life if they are perceiving themselves to be lacking belonging, unsupported, or uncared for. The research shows that perceiving loneliness is associated with a 26% increase in mortality (Lennartsson, 2022) as well as an increased risk for
conditions such as cardiovascular disease, dementia and cognitive decline, worsening anxiety, worsening depression, and more (Taylor, et al., 2023).

Because social isolation is more highly correlated with mortality than loneliness is, it may come as no surprise that “social isolation is one of the main risk factors associated with suicidal outcomes” as well (Calati, et al., 2019, p. 1). Suicidal tendencies or ‘outcomes’ can be described as various things, including ideation, self-harm, suicide attempts, and more. Suicide is an important factor in understanding the need for social connection and community with others in life because it shows one of the many symptoms of America’s hyper-individualistic culture. As described earlier, individualism is characterized by independence and lacks a focus on interconnectedness of people. The Interpersonal Theory of Suicide (ITS) argues that it is the lack of belonging and perception of burdensomeness that creates the ‘mental states preceding suicidal ideation’ (Calati, et al., 2019, p.1). There are two parts to this theory, with one very easily relating the lack of strong social connections that characterize the social climate of American society. The second is the idea of being a burden can be caused by various factors such as economic stress, sexism, bullying, an unsafe home environment in any capacity, and more.

When looking at the causes and factors that lead to a loss of meaning in life, hopelessness, and suicide, several existing bodies of research have observed isolation to be one of the most prevalent aspects (Calati, et. al, 2019; Motillon-Toudic, et. al, 2022; Van, et. al, 2010). Social isolation and its relationship to suicide is complex and warrants continued research, especially because of the pre-existing research and speculations on interpersonal connections as a buffer for suicidal tendencies. Even without further research, the aspect of belongingness can be a springboard for understanding the ways in which community interventions might support those who are suicidal and those who are experiencing social isolation. In fact, sense of belonging is
one of the subcategories that falls under the social connection umbrella. Loneliness, while a perception, can also be contended with through community if people’s perceptions of strong social connections changes. In other words, tackling the narratives that hyper-individualism perpetuates in social connections could help mediate feelings of loneliness.

**Belonging and Meaning in Life**

Social connection does not have to be defined only by the negative impacts of its absence. People’s perceptions of social connection matter, and life satisfaction and happiness are correlated with being socially connected. Feeling socially connected is known as having a sense of belonging, and it turns out belonging has a lot to do with people’s sense of purpose in life. Not only do “most people explicitly acknowledge the role of social relationships” when speaking of their perceived meaning in life (Zhang, et al., 2019, p. 243), but strong relationships have proven to be a stronger predictor of life satisfaction than social class, wealth, fame, IQ, and even genetics (Mineo, 2017). Having a sense of belonging means having a strong, secure sense of safety with those in one’s community. To belong is to be deeply socially connected, and sense of belonging can be considered an innate drive to connect with others in the most meaningful of ways (Lambert, et al., 2013).

The current director of a decades long study, Professor Robert Waldinger, published a book on the findings and how they reveal the key(s) to having a good, happy life. This study lasted for 80 years and aimed to learn about well-being in adult development. Physical health, emotional health, and more were all carefully examined over the years as well as various other aspects of the participant’s lives. In an interview he explained to his surprise that “strong relationships help to delay mental and physical decline. Taking care of [one’s] body is important, but tending to [one’s] relationships is a form of self-care too” (Zipes, 2023). Waldinger claimed that the results
were both positive and negative because “while strong community seems to protect [people] from the literal coughs and colds of everyday life, a lack of community is also deadly” (Zipes, 2023).

An article published in 2019 from the academic journal “Motivation and Emotion” explicitly aimed to find correlations between belonging and people’s perceived meaning in life, only further supporting the later compiled evidence of the Harvard study. Across three separate studies the authors of the 2019 article investigated three hypotheses. The first aimed to discover if a threat to sense of belonging would cause people to change their source of meaning in life (MIL) in order to find out if social relationships are indispensable, second the study aimed to find if people experience lower MIL when they choose not to rely on social relationships, and third they tested to see if reduced reliance on social relationships could ease the need to belong and be socially connected (Zhang, et al., 2019). The report stated that, “by fulfilling the [need to belong] social relationships positively contribute[d] to the experience of MIL” (Zhang, et al., 2019, p. 243). In conclusion, the results proved that when an individual’s need to belong was threatened, they tried to replace that loss with another facet. However, that facet couldn’t make up for the initial threat of exclusion and resulted in a lower MIL. As for those who found MIL in another facet and weren’t threatened by exclusion, they still reported lower MIL than those that attributed their MIL to social relationships (Zhang, et al., 2019).

Assessing well-being in relation to social connections is complex. Understanding the effects of the absence of social connection or the positives of fostering it are interesting in theory, but what about practice? In the Harvard study, it was emphasized that relationships needed to be close and strong to be correlated with overall happiness (Zipes, 2023). In young children loneliness rates rise not only when they don’t feel connected to peer groups but when they lack a
close, intimate friendship with at least one other child (Parker & Asher, 1993). When it comes to social isolation and loneliness, the latter requires addressing someone’s perception of connectedness. These findings prove that the types of social connections one has are just as important as being socially connected. Feeling a sense of belonging requires deeper connections, and this need for meaningful social connection lasts from early childhood to old age. In studies done on nursing homes and the health of their residents, it’s been proven time and time again that the impact of in-person visitation is indispensable. A decade long study by the MacArthur Foundation on aging Americans showed the top predictors of well-being were frequency of visits and attendance of meetings of organizations (Hallowell, 1999, p. 62). It wasn’t just about being around others in the nursing home but being visited frequently by those close to them and creating stronger bonds with others at organization meetings.

People need to be socially connected, but even when connected they can still experience loneliness and/or poor mental health outcomes. Those who see relationships as their MIL have improved well-being, but what is it about those relationships that improve their well-being? If ‘strong connections’ are required to support the idea that social connection promotes better well-being, then it is imperative to understand what a ‘strong connection’ actually is. A study done in South Korea evaluated the effects of community integration on an individual's mental health and concluded that merely physical community integration was not enough to impact someone’s mental health positively (Jun, et. al, 2019). The study left readers on the note that “[there is] a need to strategically establish intervention for people with mental health difficulties living in the community, such as ‘making healthy friends’” (Jun, et. al, 2019, p. 305).

Social connection is being described in many ways with many different implications and ‘requirements.’ Part of this is the idea of mental schemas and cultural views surrounding social
connections (i.e. Individualism vs Collectivism). Therefore, a remaining pertinence to the discussion of social connection and its necessity is the understanding of perception in conjunction with the ‘strength’ or ‘closeness’ of a connection. After all, the researchers who examined impacts of social isolation vs social connection stated that “social well-being is influenced by one’s perceptions of, and satisfaction with, meaningful social relationships (Larson, 1993)” (Scott, et al., 2022, p. 10). Addressing how past and current studies have chosen to define and explain belonging can give a better lens into the implications of existing research as well as what the current terminology is communicating about perceptions of loneliness and meaningful social connection.

**Attachment Theory and Connection**

Proximity is only a part of being socially connected, and people also need to form close, safe attachments with others. Humans are “hardwired for close attachments” (Larson, 2008, p. 9). People need to feel connected and secure with those closest to them. British psychiatrist John Bowlby, coined the term attachment theory to describe this basic need to connect for survival (Belsky, 2020). Disruption to attachment in childhood (and even in other life stages) can have significant negative effects on a person’s capability of forming healthy attachments throughout the rest of their life. This can be understood through May Ainsworth’s four attachment styles; (Belsky, 2020).

Having healthy attachments is imperative to overall well-being and losing connection with others is physically painful for the human brain. Ostracism, being pushed out of a group, elicits activity in the Anterior Cingulate Cortex (i.e a cortex that is known as the “pain center” of the brain) causing those who are ostracized to feel physical pain (Myers, 2013). In the study on
social connection and MIL, eight individuals abandoned their questionnaires at the very idea of being excluded (Zhang, et al., 2019, p. 248).

**Social Identification and Social Integration**

Social connection warrants proximity, a sense of belonging, and close attachments. There are also two other terms researchers are utilizing to understand and describe belonging and social connection. While a sense of belonging is understood as the drive to connect (Lambert, et al., 2013), that belonging can be understood through social identification and facilitated by social integration. Social identification is a part of Social Identification Theory which claims the role of self-concept derived from social groups is “a core tenet” of belonging (Hoffmann, et al., 2020, p. 214). Social integration can be understood as the process in which individuals become a part of the community and social groups, obtaining belonging on multiple different levels.

Social identification is group membership (Hoffmann, et al., 2020). Not only does someone feel like they belong but they are a part of something bigger than themselves. This could be something as broad as being a part of a religion or as small as being part of a school clique or sports team. Perceived ‘in-group’ status for an individual can positively or negatively contribute to well-being. When someone belongs to a group that they feel is positively viewed by others in society, social identification becomes a significant positive predictor of psychological well-being (Hoffmann, et al., 2020). Conversely, when someone is a part of a group in which they feel they belong but the group is perceived negatively, they actually suffer from poorer psychological well-being (Hoffmann, 2020).

When someone has a general sense of belonging and belongs to a group, they can be considered socially integrated. Social integration “refers to a state where an individual [has] social relationships (both formal and informal) which are meaningful throughout all the societal
levels—from the most intimate ones (e.g. spouse) to the outer ones (e.g. membership in social groups)” (Demakakos, 2005, p. 20). Social integration means someone has a full support network around them. More than just a group identification but having friends, family, and one or more significant others as well. Furthermore, these relationships should be positive and curated from strong social support. All in all, social integration is the opposite of social isolation. To be integrated means that isolation has deteriorated, and vice versa (Demakakos, 2005, p. 21).

Social Support

First defined by Sydney Cobb in 1976, social support entered the psychology field to emphasize people’s need for attachments when coping with stress (Gottlieb, 1992). Social support begins the foundation for understanding more specifics when it comes to supporting others and being supported by others in secure, safe attachments. Sydney Cobb “emphasized the psychological sense of being loved, cared for, and connected to a reliable network” and intended social support to be a stress-buffer (Gottlieb, 1992, p. 306). Social support is first and foremost a relational context. It’s about how people naturally support one another through natural stressors in life. This process is important to communities because it is the glue that makes everyone much more resilient and healthier.

Belonging and community are both great things so long as the bonds holding them together are healthy attachments with social support. Much like social integration is the opposite of social isolation, researchers also view a lack of social support as the opposite of loneliness (Drageset, 2021). Social support begins to bridge the gap between perceived loneliness and social connection. Because the two are mutually exclusive, it is important to find ways for both to be strengthened for those in a community, and pairing social support with sense of belonging is an integral part of that.
Social support has 6 tenets that make it effective and meaningful. These tenets are part of the Social Relationships Theory which discusses primary and secondary relationships and are as follows: attachment (emotional closeness), social integration, opportunity for nurturance (a sense of responsibility for the well-being of another person), reassurance of worth (acknowledgement of unique competencies and skills), guidance (having someone who gives advice), and reliable alliance (the assurance that connections are secure). All six of these supportive instruments are what make social support a positive “predictor of physical and mental health” as well as “a buffer that protects people from the bad effects of stressful life events” (Drageset, 2021, p. 143).

The types of relationships people have matter both perceptually and in practice. Moreover, the existing literature on the association between social connections and health show that merely focusing on the quantitative element of social relationships (number of social relationships) and exploring their association with health is just a part of a broader picture. Social integration must be paired with social support, and social support takes practice of its six different descriptors. Social support is a steppingstone to understanding the pertinence of social and emotional intelligence in relationships (SEI). Without SEI, an understanding of both one’s own perception and the perception of others becomes more difficult and practicing the six tenets of social support consequently wavers as well.

Social and Emotional Intelligence (SEI)

Ignorance about the qualitative element of social connection is consequently ignorance of the importance of SEI. A Finnish research group found that hostile individuals with many social contacts had the highest prevalence of physiological CHD risk factors like serum cholesterol and triglycerides (Keltikangas-Järvinen & Ravaja, 2002). Social integration did not result in better health and well-being, contrary to the correlations other studies have found. The number and
frequency of social contacts do not necessarily give the “whole picture” of the interaction
between sociability and health outcomes. Quantitative adequacy of social contacts does not
guarantee the social skills necessary to use engage with those contacts in a fruitful way
(Keltikangas-Järvinen & Ravaja, 2002).

One can survey various sources and get different definitions of SEI, but comprehensively
they all attempt to explain the same thing. Social and emotional intelligence is defined by a set of
skills based on emotional and social understanding and expression: utilizing empathy, having
healthy emotional expression, and understanding both the emotions of oneself and others. A
general consensus appears to be that SEI requires empathy and the understanding and regulation
of emotions (Goleman, 1995). What the participants from the Finnish study were missing could
not be derived primarily from social integration nor social support (Keltikangas-Järvinen, 2002).
In fact, even when the young adults in the study received social support their hostility didn’t
decrease and, consequently, nor did their health increase. It takes understanding one’s emotions
and learning how to regulate them to truly reap the benefits of social support and connection.
Utilizing what is known as ‘affective community’ one study on mental health interventions for
socially isolated individuals proves that shared emotional burdens can act as a bridge between
differing individuals and form a community that promotes healing and belonging in groups who
often feel like they do not belong (Von, et. al, 2020). When SEI skills are applied, the positive
impacts of community and social connection can begin to arise.

Still, SEI is complex, and it is important to understand that many researchers can’t fully
agree on the specific skills that help someone build and maintain SEI. Some researchers believe
the facilitation of SEI must occur through self-reflection (Scott, 2004) and self-discovery
(Rogers, 1951). When testing SEI, there are two forms of social communication to look at. There
is intrapersonal communication and interpersonal communication, (Goleman, 1995; Labrode, 2022). Interpersonal communication refers to communication that happens between two or more people, while intrapersonal refers to communication that occurs in one’s mind (Goleman, 1995; Stephens, 2022). One is an inner process and highly associated with ways of growing and maintaining SEI, whereas the previous is associated with how to apply SEI skills to communication with others. Because there are many manifestations of SEI, there is not one single way to test people’s SEI.

For the most part, testing SEI has been through a quantitative survey process (Coury, et. al, 2020; Giang, et. al, 2023; Laborde, 2021; Min, et. al, 2018; Mónaco, et. al, 2021; Obeid, 2021; Scott, 2010; Schutte, et. al, 2007; Schutte, et. al, 2009; Schutte & Malouff, 2015; Soltys, 2021; Stamouli, et. al, 2021). For example, there are two forms of testing SEI presented in one recent article on the topic (Labrode, 2022); the Profile of Emotional Competences (PEC) and the Trait Emotional Intelligence Questionnaire (TEIQue). There are roughly 14 SEI tests currently available that have been empirically tested by a substantial amount of research (Goleman, 1995), though there has yet to be research assessing and comparing all of these to see their effectiveness in relation to predicting strong bonds and healthy interpersonal relationships.

Despite the scattered forms of testing, the correlational studies about SEI and health still hold weight in that engaging with and attempting to be socially and emotionally intelligent is important to constructing healthy attachments with others. When it comes to connection, people must feel like they are heard/understood, loved/cared for, and like they are needed by others as much as they need others (Larson, 2008). After the initial introduction to the psychological theory of unconditional positive regard by Stanley Standal in 1954, it was popularized by humanist psychologist Carl Rogers in a therapeutic context (Standal, 1954). Carl Rogers claimed
that people must feel respected and heard when they are in communication with others and in order to form long-lasting and strong connections with others, we must be willing to consistently engage in self-discovery (a form of social/emotional intelligence) in addition to giving one another unconditional positive regard (Rogers, 1951). The facilitation of these needs is supported by later research after Carl Rogers’s passing which proves that relationships require empathy, genuineness, and acceptance (Myers, 2013). Overall, well-developed SEI does increase a person’s overall well-being (Mónaco, et. al, 2021) as well as their meaning in life (Zhang, 2019).

Hyber-individualism and Social Schemas

Throughout this review the idea of perception has woven in and out. While people need proximity and face-to-face connections, they must also be perceiving deeper, meaningful attachments that provide them with a sense of belonging and social support. Being socially integrated is in part a psychological process. A schema is how the brain conceptualizes and stores information. Social schemas in America are products of the hyper-individualistic culture. These schemas map onto the micro and macro levels of how people care for one another in the country.

Experiences of belonging in America is shaped by individualistic values, creating the phenomenon that occurred in the MIL study where people didn’t associate social relationships with MIL but still reported lower MIL. Basically, the schemas not only limit people’s perceptions but do so to the detriment of those who have them. In one of the most recent surveys on social isolation and loneliness in different countries, it was reported that “in the United States, 43% of adults felt they lack companionship, 43% felt that their relationships [were] not meaningful, 43% felt isolated from others, and 39% no longer feel close to anyone” (Taylor, et al., 2023, p. 2). Yet, someone who receives social support and has social identification in
America can, and likely will still feel isolated and alone despite being given those positive factors. 

In America social and emotional intelligence has little room to grow when the breakdown of social connections and intergenerational communities characterize the country. Seen as a place of job opportunities, it is commonplace, encouraged, and woven into the fabric of American society to displace oneself for work. Long-lasting connections with those in one’s community are much harder when people must move for work or school. Further, those that attempt not to move still risk changes in urban planning and development in their place of residence that could raise the cost of living. American society doesn’t facilitate the types of communities that might naturally produce socially and emotionally intelligent individuals.

The schemas perpetuated by American society surrounding interpersonal relationships is more than just displacement. Individualism also impacts family construction in the country. The ‘nuclear family’ does not support intergenerational living, making the process of raising kids harder for those who want to. In the 2022 analysis of social isolation and loneliness research it was found that mortality was highest among older adults feeling loneliness and social isolation (Lennartsson). In the context of America, this is a concerning result considering how American society treats its elderly population. Paired with the hyper-individualistic model that makes intergenerational households and communities near impossible, the problem of social isolation and loneliness only persists throughout the entire lifespan; from childhood until death people suffer from loneliness and social isolation in this country.

Individualism shows up in relation to social interventions, as well. America’s lack of social emotional intelligence shows in how punitive models of the justice system function. In a peer reviewed journal called “Reclaiming Children and Youth” which examined delinquency in youth
and intervention methods, Dr. Scott Larson (2008) argued that the current forms of juvenile justice intervention are a great example of how individualistic societies promote treating individuals harshly and exacerbate current mental health issues in youth. This harshness comes from the idea that each individual is responsible for their suffering, rather than a collection of factors contributing to someone’s experience. Dr. Larson discusses that one of the biggest factors in poorer mental health in youth is lack of social connections, and that what these kids really need are community interventions. Awareness of the communities’ kids come from, the intergenerational trauma that may be present in those communities, the economic hardships, and more can all be effective perspectives in curating more caring interventions.

Individualism tends toward preventing close attachments, and this has been empirically tested over and over in existing bodies of literature (Baumgarte, 2019). Presently, “various studies indicate that societal connectedness and community involvement are declining [in western societies], particularly among emerging adults” (Nezlek & Humphrey, 2021). Even earlier research has been following this trend from the beginning, and it correlates with the rise of mental illness in America. Relationships in individualistic societies have specific characteristics that psychologist Dr. Greg Scott has observed through study after study on individualism and well-being. According to Dr. Scott, individualistic societies are indeed known for their “lack of close relationships” and “social and emotional separation is a fundamental characteristic of individualism, and of idiocentrics” (Scott, 2004, p. 144).

When exploring cultural variations in friendships, psychologist Roger Baumgarte began to look at the associated perceptions of those with individualistic vs collectivist values. He concluded first that those in individualistic cultures see their friendships as “fragile” and in need of constant “maintenance” (Baumgarte, 2016, p. 13). Not only is the social climate of America
dictated by social and emotional separation as Dr. Scott described, but the pressure and anxiety to form and maintain connections seems to be heightened as well. Baumgarte’s research and studies have led him to believe individualists “appreciate having their friendly behaviors enthusiastically reciprocated” and in result, “demonstrate a high need for social approval” (Baumgarte, 2016, p. 10). It would seem that those in individualistic cultures lack much needed social support and tend to be more sensitive to ostracism, exclusion, and social isolation. Some of Dr. Scott’s research strongly supports this claim, as an experiment he conducted on evaluating emotional competencies stated that negative life events have a stronger impact on individualists than collectivists because collectivist cultures have “well developed social support systems” (Scott, 2004, p. 144-145).

**Individualism and the Biomedical Model**

Excessive individualism perpetuates cycles of harm and suffering in the country due to its easy synthesis with the biomedical model of disease. Individualizing people and their suffering goes hand-in-hand with ignoring the social contexts in which suffering can and do occur. For example, looking over a set of symptoms and diagnosing someone with depression, individualizing their experience and claiming there is a problem with their brain biologically, negates the causes and reasons outside of biology that may be contributing to this individual’s experience. In the book *Healing the Soul Wound* by Eduardo Duran, he describes how pathologization of illness and disease is a form of colonization that causes patients to see themselves as having “defects” (Duran, 2019). The medicalization and pathologizing of social disconnection can be (in part) understood through attachment theory as well. Rather than community care and integration, one goes to therapy to discuss and heal their ‘attachment disorder.’ Individualization of suffering is a product of medical advancement because systematic
categorization comes from western research and the curation of diagnostic tools like the DSM to aid in not only treatment but pharmaceutical practice.

The push for innovation and progress is a part of the industrial revolution and modernity in America. In 1973 an Austrian theologian named Ivan Illich identified that “the Westernized public learned to demand effective medical practice as defined by the progress of medical science” (1973, p. 1). At the very root of the western scientific method is singularity because it can ‘prove’ ‘objectivity’. While nothing is truly singular, and thus nothing is truly objective, the westernized model still strives for that individualism. This is furthered by professionalization in areas of care, such as social services, health services, non-profit work, and more. Professionalization often requires specialization to climb the corporate hierarchy. For example, Dr. Casey Means a former Harvard medical student, describes how she would have had to continue to specialize in her work to gain not only prestige but better job opportunities (Mercola, 2024). Specialization causes a lack of holistic understandings of health and healing, which can miss connections at best and blatantly ignore them at worst. This idea is further emphasized by a 1995 article called Specialists Without Spirit: Limitations of The Mechanistic Biomedical Model when the authors discuss the “disenchantment of the world” and the rationalization of invalidating non-western healing practices (Hewa & Hetherington, 1995).

Modern technological advancement and progress are often described as inherently good and efficient. The idea of progressive efficiency is at the root of westernized scientific discovery and innovation. This is not to say that there is no value or credibility to western medicine, it is no question how much advances have improved safety, increased the lifespan, and helped stop deadly infectious diseases. However, it is equally important to acknowledge the ways in which the medical model has perpetuated disease and profited off human suffering as well. According
to the book Tools for Conviviality, “the resolution of the crisis begins with a recognition of the failure” (Illich, 1973, p. 10). It is from there that one can understand the ways in which caring in the United States becomes a form of treating symptoms rather than root causes.

**Caring as a Band-aid**

When looking at the ways America deals with the rise of mental ‘illness’, the concept of care must be brought into the conversation, considering the various ways care has been implemented into community-creating and community-supporting services like public health, human services, government aid, and more. However, the topic of care is a vast and complex concept. Etymologically speaking, care is about sorrow, anxiety, and grief (Cubellis, 2020). Broadly, care is often viewed in the most positive of ways. It is attending to someone’s needs, responding to a crisis, giving ‘ethical’ support. Anthropologist Lauren Cubellis describes care as “a labor that is intensely present, and that is experienced affectively, even as past and future threaten to shift and distort that image” (Cubellis, 2020, p. 2). In Lisa Stevenson’s *Life Beside Itself: Imagining Care in the Canadian Arctic*, she writes that the way most people understand care often connotates “good intentions, positive outcomes, or sentimental responses to suffering” (Stevenson, 2014, p. 3). In a psychological context care is considered good-natured due to its employment of helping or saving someone. In an essay exploring a therapeutic technique called “Open Dialogue,” the author wrote that “clinical characterizations of care often describe the desire to help, to better, to improve, or to correct” (Cubellis, 2020, p. 16).

Care, when considered only a purely positive, selfless act, becomes a moral subject. In social contexts, care can become a conversation of ‘the deserving vs the undeserving,’ thus roping in even more complexities of morality and piety. Because care tends to one’s needs, whatever is culturally considered outside the ‘normal’ becomes ‘suffering’ that needs care. This is why
understanding the impacts of culture on disease and illness is so important. If American society hopes to address its perceived rise in mental ‘illness’ it must contend with how it views illness, what is actually causing the suffering, and what methods of care it is deploying to address it. Unfortunately, the cultural understanding of disease in America is more about a quick fix for symptom management than finding the root of the problem. It is considered more efficient to diagnose someone with depression and give them what Robert Whitaker describes as a ‘magic bullet;’ a pill to ‘fix’ them than to delve into a more holistic healing approach (Whitaker, 2010). Culturally, America views people’s natural responses to stress (like the stress of the current economy, the capitalistic work structure, and more) as diagnosable issues when in fact many of these ‘disorders’ are normal responses to suffering. When describing social support and how it buffers stress, (Gottlieb, 1992) writes that people need to understand that “across the entire lifespan, transient depressive mood is a commonly experienced affective state, and represents one shading in the broad spectrum of human emotions” (p. 309).

When care is institutionalized and generalized it is given to populations, not people, with little to no regard for the individual(s) receiving it. Because “all human beings are dependent on others’ care at certain points in their lives,” (Thelen, 2021, p. 5) care becomes an even more powerful tool that creates reliance or obligation. Care then becomes more than just a cultural agent or a moral one but also a social and economic one. In the book *Tools for Conviviality*, the author writes about how ‘care’ has become ‘services,’ replacing the convivial forms of care given from one person to another (Illich, 1973). Ethical dilemmas arise from care being serviced in this way because money becomes a barrier to people’s basic needs to be cared for, service workers are often undervalued and thus under supported in their endeavors, and organizations are forced to become individualized and hyper specific in their services in order to get anything
done. Dr Thelen wrote that “care not only expresses inequalities but also shapes them,” referencing how the curation of care services targets a society’s inequalities and when ineffective can perpetuate them and keep people trapped in cycles of need (Thelen, 2021, p. 12). Turning care into a service disconnects it from its inherently social origin and gives it “a narrow focus on the resources people extract from others” (Gottlieb, 1992, p. 308).” Professionalization of the human services field (and other fields of care like social work, nursing, and more) comes back around to the medical model and a lack of holistic healing, which is a part of this cyclical disconnect of care.

**Explorations of Community Care**

Bringing care back into the hands of connected communities can begin to open more doors to collective healing. The institutionalization of care services and thus the pairing of generalization and individualization of care itself cannot and does not ‘cure’ suffering in America. This biomedical model is limited in its approach, practice, and effects. To move forward in the discourse of community and care it is pertinent to evaluate new avenues of healing that do not depend on current models in order to function. Understanding the ways in which social connections, sense of belonging, social support, and SEI come into play can give a unique insight into how a viable key to healing is each other. There is no one way to engage with community healing, and this review might only dream of covering them all. However, there are a few specific concepts that are worth mentioning to get the ball rolling.

In a research article on life satisfaction and well-being of emerging adults in western countries, it was found that “community involvement is positively related to well-being” and that “societal connectedness and community involvement” are declining (Nezlek & Humphrey, 2023, p. 521). Community can mean different things to different people, but the simple definition is a
feeling of fellowship with others or unification of a group of people who have similar interests and are in a similar area (Merriam-Webster, n.d.). This definition includes location as an important factor of maintaining a community because stronger social relationships depend on physical interaction (Hallowel, 1999; Scott, 2004). Fellowship is defined by social relationships/social connections such as friendships and kinships (Merriam-Webster, n.d).

Engaging in community care is also, in a way, an act of resistance toward institutionalized forms of care because it goes against some of the structural norms of American society such as displacement. Growing roots in a community, actively forming connections in a single area with the intention of sustaining them for years and years to come isn’t how things are normally done.

A shared belief or goal strengthens a community. Furthermore, religion is one of the examples in which community and care intersect (Von, et. al, 2020). In recent years, studies have found that having religious beliefs often increase an individual’s longevity of life, and this is not because of the beliefs themselves but the communal aspects of going to church and being in relationship with others who have shared faith (Sandoiu, 2018). In short, the ritual and ceremony of coming together with others in a purposeful and intentional way was both healing and revitalizing for those involved. In this respect, religion becomes a form of community care.

This is seen in another study on how Roma people found community in the church when their government was not providing them with the care and sense of belonging they needed (Doležalová, 2021). Many religious communities function as non-profits or other forms of care in place of larger government-based care. In this study on Roma communities neglected by state care, the Roma peoples formed a sense of belonging and community through the church, where communal activities (like providing food, shelter, etc) were provided to make up for the absence of government care, and resulted in improved well-being (Doležalová, 2021). This is not
exclusive to religion, as indigenous and spiritual communities all around the world often have their own forms of care and healing practices that bring them together too (Stevenson, 2014). A community forming around care is a wonderful example of where the discourse on healing America’s rise in mental ‘illness’ has the potential to go.

Another way of engaging in community care is through ceremony. Having intentional communal practices, religiously or spiritually affiliated or not, is an important practice that has been lost in American culture. In chapter 5 of *Healing the Soul Wound: Trauma-Informed Counseling for Indigenous Communities*, an indigenous therapist named Eduardo Duran guides readers through understanding suffering as transformation, not a waste, and ceremony as a deeply human aspect of life (Duran, 2019). Understanding experiences that are normally pathologized or considered disordered through the lens of ceremony changes the relationship and offers a new method of healing. What’s more is that ceremony cannot be done alone. In an individualistic lens, people go off on their own to deal with themselves and end their suffering, but in ceremony there can be connection and guidance from others. Duran gives an example of group dream work therapy (Duran, 2019).

Awareness of special moments and sacred connections can improve one’s mental health and experience in this life, too. The last community care option this review will leave readers with is not one that can be easily created or set up. An anthropologist named Edith Turner broadened a term first coined by her late husband, Victor Turner: Communitas (Baker, 2013). Turner evolved ‘communitas’ from an experience with liminality to the experience of collective joy after “inversion of structural order [and] abandonment of status and acquisition” (Baker, 2013, p. 98). By nature, communitas is spontaneous and therefore cannot be intentionally created out of the blue. However, it is inherently *communal* and occurs within groups that have a deep sense of
connection. The presence of communitas in this section of the literature review is an offering of awareness to reflect on past times of communitas or an opportunity to be present when future communitas occurs.

**Conclusion**

This literature review has been a way to challenge how American society and its people have cared for each other for years. With hyper-individualism breaking down community structures and altering the social and emotional intelligence of the America people, it has become harder and harder to genuinely make meaningful connections with one another. American society speeds forward with its biomedical models of treatment while people’s suffering rises and holistic healing is invalidated. People need people, and yet America still chooses to utilize care services to fix crisis and symptoms in place of creating caring communities. The needy community is not just about those being serviced but those who are servicing. The care industry itself is a symptom of the biomedical model’s failures and the pervasive values of hyper-individualism.

Bringing back healthy communities in America is a gateway to communal healing. There is nothing wrong with those suffering the symptoms of a disconnected and estranged society. People’s bodies are having normal and just reactions to a lack of connection and meaningful support. Whether through moments of communitas, ceremony, or something completely new and different there are ways of changing this. It is counterintuitive to move forward without embodiment. Continuing the conversation is important but so is taking the time to recognize and be present with each other. There is not a singular fix to the myriads of problems that contribute to social isolation and loneliness, but by caring for one another in communities everyone can open the doors to the myriads of solutions.
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