Chris Sims: Patrick Arbore is the founder of the Center for Elderly Suicide Prevention. He is an author, he is nationally recognized and he lectures at some universities. But, beyond all that, I just think the world of this guy. He's helped so many people and I just think he’s wonderful. So whenever he comes to Chico I am happy to bring him. So if that's okay for an introduction I will just say Patrick Arbore.

Dr. Patrick Arbore: Good morning everybody and I thank you for coming out this morning on a Friday morning. And also for all of you Giants fans, I know this was a very happy day. I was saying to Chris that my son is like over the moon because two months ago he was so depressed over these Giants. But of course you know they make us work for it, like the ninth-inning or eighteenth-inning.
So I’m very happy to be here with you today and also it’s nice to see people that I haven’t seen in a while. That’s always nice to see old friends. And I’m always happy when Chris calls me and people from Passages. So thank you for inviting me and we are going to be talking about loneliness today. And some of the hidden risk particularly in terms of mental health issues that surround this particular topic.

And what we want to be aware of, for example, is recognizing the complexity of issues when it comes to older people, when we care for older adults. And one of the things that we have to really figure out, and it’s not always easy to do, is that loneliness and being older are not synonyms. That just because somebody is 76 or 96 doesn’t mean they’re necessarily lonely. And so we have to be thoughtful about that and we will talk about this a little bit, too. A little bit of this has to do with ageist issues. That because an older woman, for example, is living alone doesn’t necessarily mean she is lonely. So being an older female isn’t, again, a synonym for loneliness, but a lot of people have that in their head. It’s a belief that if you’re older, if you’re female, and you choose to live alone than we are going to kind of brand you as you being lonely, and that may not be the case at all. There may be women here in this group who live alone and are choosing to live alone. And so we are going to be [Inaudible] about that. We also want to tell you [Inaudible] our 24-hour Friendship Line. Some of you may be familiar with that.
Again we want to look at differences and similarities between loneliness and social isolation. One of the big dreads of our time is loneliness and people who are lonely you know can really also slip into social isolation. The two again are not exactly the same term and we’ll be talking about that. And we need to think about, how do you screen for loneliness? What questions do you ask? How did we find out who might be experiencing intense loneliness? And that will help us identify what steps we take to change that kind of perspective.

And then we want to look at the effects of loneliness on mental health. Particularly the relationship with depression the relationship [Inaudible] with [Inaudible]. We’ll look at those factors as well.

And then we are going to want to be familiar with some of the strategies for addressing loneliness.
And that's going to be part of our task this morning at twelve. It's kind of an ambitious subject matter to try [inaudible] to three hours. Or really, two hours and 45 minutes because we'll have a 15 minute break thrown in there as well. But what really heartens me is the fact that so many of you are interested in this particular topic. Because it's also something we can do something about.

And the Friendship Line which is something that means a great deal to me. This is our 41st year. We began in 1973 and part of the reason why the Friendship Line exists is to help decrease loneliness in older people. We began the Friendship Line in response to the high rates of suicide among Bay Area seniors back in the late 60s, early 70s. And with a small grant from what was then called the San Francisco Commission on the Aging -- they had invited us to see if we couldn't come up with another way to reach older people who may be ideating suicide, who may be slipping into isolation. And so [inaudible] to do was to -- rather than have a program that says “Hello, suicide prevention or crisis this is crisis intervention, how can I help you? -- we decided to rename our hotline the Friendship Line. “Hello this is the Friendship Line, my name is Patrick how can I help you?” And what we're trying to do is invite a conversation rather than a confrontation. And what we have learned over the years is that with traditional suicide prevention center that you know...you're familiar with in Butte County is that when you look at the stats in terms of who calls those lines often the bulk of the calls, and I think rightly so, is from younger people or young adults up to maybe 50 or a little bit older. In terms of people 75+ those people are much fewer in...
number, and the irony is that people 75+ have one of the highest rates of suicide of any age population. And one of the factors that contributes is depression. Another factor is substance abuse. And then to see that loneliness is linked to both of those issues is something that we felt very strongly about back then. And out of the change in terms of creating the Friendship Line then I created the Center for Elderly Suicide Prevention and Grief Related Services. And I am very proud of the fact that the program has continued even during very lean times. And certainly as lean times -- you know that no one can predict that they're coming and then it hits you. And how do you keep the program going? Particularly, one that is 24 hours a day, seven days a week, 365 days a year. So it hasn't necessarily been easy. And the Friendship Line and how many of you are familiar with the Friendship Line?

So quite a few of you are. And as I was saying to Chris, back in 1973 when we began, if we had 50 calls in a month that was pretty exciting for us. Because we were trying to get the word out. As I was saying to Chris, last month we had something like 9500 contacts during the month. And so it's really, you know we see that there is a real need there. And so we're very pleased that we can fill that need. And the 800 number is certainly a number that anybody here in Butte County or anywhere throughout the country can utilize. Where we used to have one volunteer per shift, now we have four volunteers per shift. And even then we have to have a staff person in there to also help answer the calls because we have a lot of volume. And the other thing that we do that is also an option for people here in this county is that we'll call out to people who are really wanting to live as independently as possible. But they might have some memory loss, they might be depressed, but being treated hopefully but for a lot of reasons might not be willing to make the call. To call out, whether that's just services here in your county or Friendship Line. And so we will call out to them on a regular basis depending upon their need. So what we see is that we have more men, older men that we call out to than older men who call in. Does that make sense to you? Because there's a lot of factors that come up for men in terms of being able to reach out for help. And we want to reduce the stress and tension around that and so were happy to call out to them. And so that's something also that can be arranged, and you can talk to [Inaudible] who is my Friendship Line manager, and she can help you with that.
Don't hesitate to talk to her if you have somebody that you thought might benefit from us call out. Particularly people that are maybe in frail health, who aren't as able to get around as they once had. Particularly people who the driver's license has been taken away. For men and women that's a huge grief experience because of its impact on my independence. So we're happy to talk to them. I just like this particular quote “The world suffers a lot not because of the violence of bad people, but because of the silence of good people.” And I think that's just such an important remark.

And it again really makes me feel good to see that so many of you are willing to come here and spend half a day and looking at these issues, and talking about these issues. And I think that...you know, we've got to break the silence around loneliness.
So when we look at the population here in America with people who live alone, in 2010 what we saw was approximately 29,000,000 people living alone. And it's a 30% increase since 1980. So that is a tremendous change. So what we're seeing is that people are not again choosing necessarily to live with others. Or because of losses, maybe many times older people say to me and I am sure say to you, “My friends and family have died or disappeared. I don't know what happened.” And so they might wind up living alone by default, not necessarily by choice. And then some researchers found that elderly individuals who live alone are lonelier than age matched individuals living with others despite comparable social interaction frequency and personal network adequacy. And so that is something that we want to be aware of too, that a lot of older adults who live alone are lonelier even if they have similar connections with people outside. And so there's something about that that we want to consider when we are looking at family members who are living alone or clients or consumers who are living alone. That they might wind up lonelier despite the fact that they do have connections. And so that's just another piece of information we want to tuck away in our assessments and we want to make sure that we don't assume that they're okay because they've got friends. That doesn't necessarily mean that in terms of the literature.
And so we want to take a minute to think about what loneliness means to you. And one of the things it would be really remiss of me if we are doing a talk loneliness and you're sitting at a table and you don't even know who's there. And we have to -- we have to practice some of this because it used to be, and I know not that long ago, if you were walking down the street...I was in Corning last night I decided to stay overnight rather than drive up early this morning. And as I was walking around a little bit there and what I noticed was that people are just on their cell phones. You know, they are just walking like this. They don't even look to see who is coming. And the same is true in San Francisco, or the little town where I was born in Western Pennsylvania. Whereas when I was growing up and if somebody was walking down this little town -- I lived on a farm and so I thought people in Latrobe were really exotic you know in this little town. And if you saw somebody that you didn't know you were like, oh wow, here's somebody new, you know, a stranger. A stranger wasn't perceived as bad, you know, back in the day. But we've lost a lot in terms of community. And we say we have friendly communities and that might be true, but you wouldn't know it when you're walking down these streets. Right? And so we have to be able to look at, how do I feel when I approach somebody that I don't know? Is it comfortable for me? Do I have eye contact? Just gentle eye contact. Am I able to look at somebody? We're so conditioned, particularly younger people, to look at screens. As Chris said, I teach at a number of universities and what I noticed, that even in class and I know you hear this, is that students can’t ... adult students that I teach...if I can tell there cellphone something happened, they are getting a message and they have to look at it. Even though I am in the middle of a lecture.
They have to look at it. And it's really...there is now information that some people really looking at what's happening to the art of conversation. We're not used to having meaningful conversations that have depth to them because in a 140 characters, what can you do when you're texting “Oh my mother died.”? Well there is much more that one wants to say, but you might not be able to fit that in. You know it's really something that we've got a look at because we're losing the ability to connect. And some of the researchers that have been looking at it are saying what’s going to happen is that because we don't do any in-depth discussions -- so much happens on tweets or texts or whatever -- that we're going to have a whole group of people, a whole generation of people, that aren't going to know how to deal with that feeling of loneliness. Because they don't have the vocabulary. Because they're not practicing.

So if you could for a few minutes just make sure at your tables that you introduce yourself to one another. If the two ladies over here want to join another group just to meet. And I apologize to all of you who are introverted, I know this is a big challenge. But, I think you can do it. And if you could just talk about what loneliness means to you and also share what brought you here this morning. OK. If you could do that for just four or five minutes.

[Video Edit]
Dr. Patrick Arbore: So was that difficult to do? No.

Audience still talking.

Dr. Patrick Arbore: And what I urge us to do at the...end of this talk, and this afternoon or over the weekend, I would really urge you to think of people in your neighborhoods, think about family members that you may have not had contact with. Particularly, people maybe in other locations throughout the state or the country. And I would urge you to go to a card shop -- remember those cards that come with the envelopes and then you print things on there? And then you get a stamp. Remember those? And one of the things that I see and I know many of you in here will resonate with this, when I go to see some of my older clients or consumers what they'll show me immediately upon entering are two things. One are photographs, and the others are recent cards. That they got from a nephew or a son or a sibling or something. And how important that is, and they can't wait to read it. And I just want to express how powerful that kind of connect is to this cohort of older adults. That they really value that. And so I want you to think about them as were going through this discussion today.
And also just the terms of the aging population, what we’re seeing again is that there is an enormous growth in older adults. And so what we’re going to see is that -- more and more -- that older people are going to be surviving and what we hope will be doing is thriving in our communities. The older population 65+ numbered 41 million in 2011, and that was an increase of 18% since 2000. And also we are just seeing in all the categories growing numbers. Almost half of older women, 46%, age 75+ live alone. And again some of those older people choose to live alone. If you're familiar with May Sarton, May Sarton, was a writer. Very popular in the 60s, 70s, and 80s and nowadays we hardly remember that she existed. Which is our short-term memory when it comes to history and the people in it. And she said ... she had had two strokes, and she was in her early 80s, and people were trying to convince her that she had to move out of her home where she lived for many many, many, many years. And she said “They don't understand that solitude is my great love. It’s where I feel most myself. And if somebody lived here with me it might make other people feel comfortable but it’s going to end or shorten my life.”

And so we have to really again figure out how to have a conversation with older people about this. The 85+ population is projected to increase from 5.7 million in 2011 to over 14 million by the year 2040.
So there's going to be just this enormous explosion in terms of older adults. And this age wave and what we have to figure out is, how can our communities, how can our social service agencies, how can we support this group of people?

Because the other issue that is embedded in here, unless there is a cure, has to do with Alzheimer's disease. Susan Jacoby and her book the “Myths and Realities of the New Old Age” Susan Jacoby asserts and the National Association of Alzheimer's also says something similar. They say that Alzheimer's is the disease of the aging baby boomers. And unless there is a cure, by the time I turn 85 -- I am 66 -- that half of my cohort is going to be diagnosed with dementia, probably Alzheimer's. And the other half of my cohort are going to be taking care of them. And so many of you in this room I know already have been touched by Alzheimer's disease in terms of caring for a relative or a client or a consumer. And so we want to be aware of that, because caregivers often wind up very isolated. We know this in terms of dementia, when an older woman will have been married for 40 or 50 years and she's talking about her husband who has early-stage dementia. And there's a lot of concern. Adult children and others will get very involved until year six or year eight. The thing with we know with Alzheimer's disease is it can last for years and years and years. And the caregiver winds up very isolated at some point in the process because people tire. I can't keep doing it because I've got children or whatever. So caregivers can often be slipping into loneliness.
Loneliness affects millions of Americans either acutely or chronically. When you were talking about what loneliness means to you. Will somebody share what you were thinking about or what your table was talking about? What does loneliness mean to you?

Audience member: [inaudible]

Dr. Patrick Arbore: Loneliness for this gentleman is disconnection. You're just not a part of anything. And that doesn't feel good, does it? Loneliness -- I'm disconnected. Somebody else. What...how else were you defining loneliness? Now you were all talking, I know. Yes

Audience member: That it is possible to be lonely even when you're in a crowded room.

Dr. Patrick Arbore: Ah - It's possible to be lonely even when you're in a crowd of people. Because, see, we don't have a big L on our forehead, right? And it can be very challenging because even here there could be people who are not just introverted. There could be people who really want to connect but they're just not sure. Because one of the big things when we take that risk -- even at this table, I know this was a risk because some of you were thinking, “I don't have anything interesting to say. People are going to reject me.” And we know that happens. And it can be really, really painful, you know? And so people are quiet because there just not sure if people are going to connect with them. Yes.

Audience member: Maybe feeling alienated, feeling different, [inaudible].

Dr. Patrick Arbore: Yeah. Feeling alienated, feeling less than, feeling not accepted. And that's really a hard experience. To be able to support our self-esteem or our confidence when we feel like “I just don't fit in.” Another term for that is “I don't belong. There's not a place for me at the table.” And so that feeling of not being connected that’s what I'm sure those of you who are involved in aging services here in your county when you're trying to reach out to people, I'm sure your belief is very similar to mine. Which is connections are what bind us to life. That's how we get through some of the hard times. That we have people that we connect with.
My son's mother has a great aunt who is 92 and as often happens there's a lot of stress in terms of her relationship with her three daughters. And my son's mother is her niece and then I know they have been really having a hard time and it's been about the estate. It's a very modest – this is a middle-class woman whose husband died many years ago. And the daughters are fighting over this estate. Now the mother isn't even dead yet. And I talk to her on the phone because I care about her, I have known her for a long time. And she said, “They are talking about their money. It’s their money.” And she said “Patrick it’s my money.” And I said “Yeah, that’s right.” And she said “Now they are not talking to me.” And it's been very, very difficult. And this is not…this is just a regular family. You know very nice girls. You know they are all in their 60’s, but very lovely people. And I'm shocked at their…the intensity of their issue, which is don't give this one more than you're giving me. It is so silly. And there’s not like big bucks. This isn’t you know millions of dollars. And so I have been you know writing to her on a regular basis. You know just sending her cards to cheer her up. And she sent me one back and she said, “You don't know how important your cards are.” And they’re just like -- I just say I am thinking about you and love you and that kind of thing. But I know, and her one daughter wrote a little note on it, and she said “Patrick this is so important to my mother. When you send these cards on she says ‘Oh my gosh Patrick sent me a card’.” And it’s just a little pick-me-up when you're having a lot of stress.

But we are hardwired to connect with people. That’s the important element here. We’re hardwired as humans. You know that even those among us that are shy want to connect. Want to be a part of -- just like we don’t want to be alienated; we want to be connected. We want to participate, belong. Have a place at the table. And this need to belong is really powerful and fundamental. So when it’s not there -- we don’t feel a part of. You know, because of illness. There's often a secrecy around illness. Whether we call it mental health, psychological problems, or we call it physical health. And you know that, that many people who -- I know people in my cohort who have been diagnosed with pancreatic cancer or whatever, and don't tell people. Say to their spouse “I don’t want anybody to know,” and then they die. And friends of 30 or 40 years don't have a chance to say goodbye because of that secrecy. I don't want people to see how I feel. And we've got to again open that up. At a time when we really need, you know, to know that people love and care about us. And we can figure out how not to tire or fatigue the individual who is ill. But, there is that secrecy around health issues, and we've got to pay attention to that. Everyday loneliness is painful when people are isolated from family members and friends. And I see this with you know, this 92-year-old, she's not even my aunt. But I can just feel her distress. She is 92. At a time when she should be kind of allowed the luxury of not having these little petty things. But we do “petty” clear up until the end. Surely, there's a better enough path.
And loneliness, if unchecked can evolve into depression. And that’s what the latest information is, based upon studies by Cacioppo. We are going to see Perissinotto [phonetic spelling], a geriatric physician at UC Berkeley or UCSF. So why do we want to focus on older adults in the first place? Well, because of the challenges, because of the complexity.
Of the medical issues with older people. That some of the – and we know this -- that some of the cures, the medication, that is meant to help people can really trigger depression. That you feel so fatigued or so nauseous. That you don't want to connect with people, and you know this. We know this. When you don't feel well it's really hard to even talk on the phone. I just can't, you know.

And so we want to be aware of the complexity. But also the heterogeneity, but what this means is that older people are very different from one another. Just because you happen to be born in the same era doesn't mean that you were raised the same way. And so we want to be aware that, that people are not the same. And that is a challenge for us.
So multiple chronic diseases and problems in other domains can add to functional decline. So that you if I’m being treated for a heart condition that might interfere with my ability to do walking, which I love to do with some of my friends or family members on a regular basis and I can't do it as much. And I start to slip into loneliness because I'm feeling bad. My self-esteem is sinking. And then I start to have functional problems, mobility problems. I'm afraid that I might fall.
You know, that's one of the big fears. And certainly is very grounded because if I fall and I break a hip, everything is going to change like that. Life for me is not going to be the same. Or if I fall in the bathroom and I hit my head on the sink, I might have organic -- some organic brain problem, and that's going to interfere.

So what we have to think about is, what is normal aging? You know, what is normal wear and tear? And I often say this, which is normal aging means -- as I said I'm 66, and when people say to me "Oh no, no, Patrick, 66 is the new 46. 76 is the new 56." It's like this is not 46 and those of you in your 40s know, just to take a look at me, this is not 46. And I remember 46, but this ain't it. [laughter] And so we watch the subtle ways in which we refused to let people be the age that they are. And so it makes it really hard then to say "Oh, I have got hearing loss because I don't want people to think I'm old. So what I say is 'Speak up, you are not talking loudly enough.'" And then when we try to introduce, uh "Oh maybe you have a bit of a hearing loss." "I do not." And the reason of course is that I associate that with old people. Well somewhere along the line somebody has got to volunteer and say, "I am old." It doesn't have to be a bad thing. But what we do is we impoverish the meaning of older age.
You know, we take away the opportunity for wisdom. As Eric Erickson has talked about -- and if you’ve taken any psych classes along the way is that we know that what is part of the process of getting older is the development of wisdom. We have been around for a while. I have some experience. I might be an asset. But what we see is old, and we see disposable. And so of course older people are trying to cling to middle age. Oh 76 is the new 56. Oh okay, then I am… then I still have a place at the table. And we’ve got to look at that. You know, because if you can't be yourself you're going to feel really lonely inside. And then we slip into social isolation or loneliness or depression. And that's going to really be very debilitating.
How many of you know who Robert Butler is? How many hands went up? Oh good, see it’s really good I’m here because you need to be reminded who Robert Butler is. Robert Butler was a pioneer in the field of aging. He died several years ago, maybe in 2010. And um…and he is the reason I’m standing here, and the reason many of you are working in aging services. It’s because of the work of Robert Butler. He was also the first person, and the only person so far, that has won a Pulitzer Prize; for writing a book on aging. And the book was “Why Survive Growing Old in America?”, and came out like in 1969. And that is the only book written on aging that has won the Pulitzer Prize. He also coined the term “ageism.” And so we owe a debt of gratitude to him for exposing the way in which the culture devalues and devalues older people.
And so when this lady was talking about loneliness and she was saying about feeling alienated and feeling devalued, that she’s also acknowledging the work of Robert Butler, in terms how we perceive older people. And so we have to be very -- we have to be very strategic about being able to ask ourselves “How do I feel – A -- about my own aging?” B – “About the aging of my parents or grandparents? And C – “What does that mean to me?” If I have a negative feeling about being, what Irvin Yalom, the author of “Staring at the Sun,” would talk about in terms of “round birthdays” -- when somebody turns 50 or 60 or 30 and people will say, “Oh my God. I am so old. And I say, “You're 30. I am 60. Let’s chat.” There is a window of opportunity to talk about impermanence. And we need to be aware of that.

But if we cease to recognize older family members, older members of my church or organizations as being real people. You know, with legitimate thoughts and feelings. We’re going, we’re going to distance from them and deny our own aging experience, and that is not going to help his nation when you see this age wave that is occurring. We are going to have those that belong and they're going to be younger, and those that don't belong and they're going to be older. And we've got to – we've got to pay attention to that because if we cease to identify elders as human beings we’re saying something about ourselves.
Loneliness

Theorist Harry Stack Sullivan wrote:
Loneliness is the worst emotional experience imaginable – He stated that the deepest emotional problems for people are loneliness, isolation and low self-esteem

Because given more birthdays you're all going to be 66, and 76, whatever. When we care that the 85-plus population is the fastest-growing age category in America today, what people say, “Oh that is really great.” But I say to them “But you are not going to be 40 for the next 40 years, you are going to be 45 and 50 and you know, etc., etc.” Oh, then it loses some of its luster. And we have to change that because every age has its contributions to make. Unless we shut them out. And we've got to pay attention to this.
Loneliness

- Loneliness is a feeling of longing and emptiness that is caused by the lack of emotional attachment and/or social ties.

Harry Stack Sullivan, who was a noted psychologist and author -- and he said, “Loneliness is the worst emotional experience imaginable.” He stated that the deepest emotional problems for people are loneliness, isolation, and low self-esteem. Loneliness, isolation, and low self-esteem, as being the deepest emotional problems. We want to think about that because we can change that. We can change that just by smiling at somebody.

Or when you going to Starbucks and instead of being on a phone call with somebody from your office or a family member and you don't even look at the clerk. And he or she is giving you change, and you don't even have eye contact at all. She might as well just be a machine. When I’ve stopped and been behind people in line whether its Safeway or wherever, and I will say to the clerk or to the cashier, and I’ll say “How was that for you?” And they’ll say, “Demeaning” And they will say, “You can’t imagine how many people don't even thank me, or look at me, or even recognize that I exist.” A steady diet of that is not going to be good for her self-esteem. We've got to be, like, present. Can we be present and not devalue people? Because we act like, “They're just there to serve me. I don't have to say hello to them.” We've got to really ponder that, just think about it. What that feels like. You know loneliness is a feeling of longing and emptiness that is caused by the lack of emotional attachment and/or social ties.
### Myths about loneliness

- It is a normal part of aging
- It is synonymous with depression
- It cannot occur if you live with others and have friends
- It does not exist in married couples
- It will go away if you join a social group

So these are some of the myths we have about this:

- “It’s just a normal part of aging.” And as I said earlier -- no we've got to – no, that is a myth. We need to debunk that.
- “It’s synonymous with depression.” It is not a synonym but it is a risk factor. So if we can decrease loneliness we may in turn decrease depression.
- “It can’t occur if you live with others and have friends.” No, living with people, as somebody said, being around people, isn’t necessarily a panacea. There has to be a connection, something alive that says I see you. You exist. I really want to know how you are. That whole thing with that little smiley face, those emoticons are not going to get -- no matter how many smiley faces or frowny faces -- is not going to get the job done. We've got to stop being a culture that when you say to someone how was your weekend and they want to say, “Terrible. My loved one got a diagnosis that was very unpleasant. I'm really upset…” But you're already halfway down the hall because you're just assuming they're going to say “fine.” Life is not “fine.” It is fine sometimes, and we rejoice. But sometimes it's difficult. Right now people are in clinics and they're getting sometimes not very good news. And we want to give them an opportunity to talk about that.
- “It [loneliness] doesn't exist if you're married.” Well, [long pause], that's an interesting one, isn't it? If any of you wound up with divorces because you said, “No more loneliness in my own house. This is not working out for me.” And yet we know many people stay in relationships that are not filled with joy, filled with some kind of partnership that is meaningful. And they can be quite lonely.
- “It'll go way if you join a social club.” Not necessarily.
“In a real sense, through our own self-talk, we are either in the construction business or the wrecking business.” – Dorothy Corkville

You’ve got to do something. In a real sense, through our own self talk, we are either in the construction business or in the wrecking business. You know, and I love that quote where to look at what we say to ourselves. And many times older people will say, “I would love to go to this function but I don’t think anybody would want me to be there. What would I have...” And so all of a sudden they’re saying all these demeaning things about themselves because they have bought into this ageist culture. And they then wind up fostering their own feelings of loneliness by believing they have nothing to offer. And then, sadly, the society kind of reflects that when nobody talks to them. And we've got to change that. We've got to be very persistent about it.
You know, loneliness is different than being alone. We are born alone, we die alone, so we've got to get comfortable being with ourselves and having inner vocabulary. Some people call that prayer. You know, spirituality, religion. Others called it other things. Some people, as I said, prefer solitude. Loneliness is a highly subjective and personal feeling. And that's why I wanted you to think about that, what does loneliness mean? How do I know if I'm feeling lonely? You know, what are the cues I'm getting? What are the messages I'm getting? Where I need to reach out. I need to contact somebody in my county or in my town. You do this, I know you do it on some kind of a regular basis and what happens when you call someone that you would say is your best friend? You know, it might be an aunt, it might be a spouse, your sister or brother, it might be somebody that you went to grammar school with and have kept in touch with. How you feel when you really call somebody and say, “Hey I need to talk about this issue?” And they say “I'm here for you”? How does that feel? It feels wonderful. And it feels really wonderful when you are the person who says, “I'm here for you.” And many of you do that for older clients or older consumers or older relatives. And loneliness makes a person vulnerable to different situations, again depression, use of drugs, higher blood pressure. So we know that, that according to particularly recent studies in the five years we are seeing a relationship physiologically between people that do not feel lonely and people that do. And those studies are very exciting.
Loneliness

According to Weiss (1973) loneliness can be described as a gnawing chronic disease without redeeming features – has been recognized as a strong correlate of depressive symptoms.

I like this by this author. According to Weiss, “Loneliness can be described as a gnawing chronic disease without redeeming features and has been recognized as a strong correlate to the depressive symptoms.” You know, and I love that it's “a chronic gnawing disease.”
Living Together Loneliness

- Can result when there is a difference between expected and achieved contact
- More than ¼ of married people, the majority of them female, suffer from “living together loneliness”
- Germaine Greer wrote “Loneliness is never more cruel than when it is felt in close propinquity with someone who has ceased to communicate”

You know, where you just, sitting there watching TV. And you’re just clicking the stations and you’re just trying, you want something on that TV to awaken you, to touch you. But TV is not going to do that; it is passive. We need people. We need each other particularly when we are grieving. Grief demands others to witness what we’re going through. But many older people go through this all by themselves. And the weight of that can have an impact on their self-esteem.

So as we talked about living together... Loneliness it results when there is a difference between expected and achieved -- expected and achieved -- contact. You know, and many times older people say to me that -- this one older woman said, “When my husband died,” - - they had been married something like 60 years -- and, she said, “Of course, you know, I miss him,” But she said, “I have to admit the truth, the truth is, he hadn’t talked to me in at least 20 years.” And she said, “It is not that he doesn’t say pass the coffee or whatever or whatever or pass the potatoes” but she said, “We haven't had any kind of a meaningful, meaningful connection in years.” She said, “But when my cat recently died. That broke me up because that cat loved me unconditionally.” “Even though,” she said, “my cat had an attitude as we know cats tend to do.”
I talk to so many people. I just had a gentlemen the other day who said he was 78 and his dog of 17 years, he had to put down. And he said, “Patrick, I have friends, you know, I've had, I was married twice and my wives both died” and he said, “but this love, the unconditional connection with this pet has touched me in a way no human has.” And I think we need to look at that -- we can learn a lot from animals. You know, in their unconditional positive regard for us as humans. More than a quarter married people, the majority of them females, suffer from this “living-together loneliness” issue. Germaine Greer wrote many years ago, “Loneliness is never more cruel than when it is felt in close propinquity with someone who has ceased to communicate.” You know, that when you're saying, “Hey, we need to talk,” and they slam the door and walk away. And I know some of you have had that experience. It might have been recently, where, “Hey we need to talk about mom. She’s 90. She may not be able to live alone. She's been falling. We’ve got to do something.” And the person just cuts you out or gets angry: “It's not time yet and yet you know you're sitting there saying, “Well it is past time.” Why can’t we have this conversation. You know, because one of the ways we can decrease loneliness is that we have meaningful conversations. It doesn't matter about what. But so many times people aren’t able to do that. And we’ve got to think about that as a society. You know, we’ve got to talk about this.
Hawkley, et al (1999) proposed that there are three dimensions to loneliness: **Isolation, connectedness, and belongingness**

- Loneliness has been linked to physical illness, alcoholism and suicide
- Lonely individuals have been found to express pessimistic views, be low in positive affect and are more likely to be shy and less satisfied with life.
And all of us in our toolkits of being human can help reduce loneliness. We don't have to have a PhD or an RN or an LCSW or an MFT or any other kind of higher academic training. What you have to have is compassion. Care.

And again, I just urge you to think about people in your community. We know more about, you know, that crazy girl, Miley Cyrus, than we know about the neighbor next door. And a society that knows more about celebrities than their neighbors are in trouble. We are in trouble because we really don't see celebrities. You know, that is not who we know. Then when we act like we do -- we are acting like “superficial information is enough for me.” But that's not enough for our neighbors or family or ourselves. We need to think about that. You know, again loneliness is the big threat of our times.
Most of us have experienced it and most of us fear it. And so that's why it becomes a fertile field for addictions. Because I don't want to be in this space where I feel so empty, so I fill it with all kinds of things. Gambling...I fill it with alcohol or prescription meds or illicit drugs or whatever. We need to pay attention to that. Loneliness been called an important public health issue it has significant impact on the quality of life of older adults. Some authors refer to loneliness as an epidemic. A key element in loneliness is that it incorporates the entire self. Loneliness is a time of excruciating awareness of one's self and how one is situated in the world.
One gentleman who is in his 90s has had hearing loss in both ears. And he said that hearing aids can do nothing for him. He is past the stage where hearing aids can do anything. And he said to me one day after an incident where I was giving a talk to about 75 seniors and this really lovely residence. And I didn't realize he was hard of hearing so he was sitting up here like you are, and I turned to answer her question so I moved out of his eyesight. I didn't know he was reading my lips and so I answered the question. When I came back up he raised his hand -- he just happened at the same question that she did. And so when I went to -- then I realized, of course, what I did -- If I would've known he was hard of hearing, I would've stood like this. And so I got -- I was processing that for a second. And somebody back there an older man got up and came up to him and said, “We all hate you. You make every, every setting like this miserable. You shouldn't be here. Get out. We don't want you here.” And so he got up and he -- there was a door and he ran to that door. And I was like, oh my God, the irony was I was talking about communication. And -- but this was interesting. So I had to go and see what was going on with him. And that's when he told me, he said, “You have no idea Patrick how cruel people can be when you have any kind of a disability that needs some kind of compassion from people.” And he went to his mailbox and I was standing there with him and he pulled out a note, and I'm sure was written by the same gentleman, who said, “Do us all a favor and don't come to any of our events or lectures.” And so we dealt with him. But I had to come back to that group and I said we can't continue this discussion after what just happened. And I said not only did this gentleman, you know, really offend him and upset him but I said nobody intervened. And we've got to talk it. About bystanders who do nothing to me are just as culpable as the person who did the bullying behavior. And we've got to look at that and it's really painful. My social worker, I called her and she came up and met with him and continued working with him.
Loneliness is a time of excruciating awareness of oneself and how one is situated in the world. Now Ebersole & Hess also then talk about social isolation. As I said it’s a little different than loneliness, and is a response to conditions that inhibit ability or opportunity to interact with others or is a result of the desire not to interact. So I might isolate myself, and that’s what this gentleman was doing, because he said, “You know, Nobody wants to take the time to have to repeat,” you know?” We are such a “let’s just move on kind of society. If you don’t get it, too bad. And so we’re very quick to kind of blame the victim rather than to understand that this is just a health problem. He didn’t do anything to deserve not being able to hear. And I know there are people in this room that have hearing loss in one ear or both. You might have hearing aids, you may not. And we’ve got really ask ourselves why would we treat one another in that kind of way.

Isolation increases, again, vulnerability to disease, suicide, and death. Isolation can occur as a result of age, race/culture, frailty poverty, appearance, sexual orientation or stereotypical thinking. So we want to be aware of that.
Social isolation has many causes and numerous defining characteristics. Absence of supportive significant others.

When we have major losses, whether it’s a partner, a spouse, it might be a sibling, when somebody outlives and you have six brothers and sisters, and you are the sole survivor of your family of origin, that is very painful. Nobody expects that I’m going to outlive my sibs. And we devalue sibling death, which is something we really need to ponder. There was somebody at work – her brother, who was 62, died and he died quite suddenly. And she went to the funeral in Michigan and had to help clean out his place and came back seven days later. And about a month later I checked in with her because of our grief work. And one day, but six months later, I said to her, how you doing with your brother Stefan? She said, “You know” she said, “It is sad. My brother is dead and I’m used to being,” it was just the two of them, and she said, “That’s hard to be a sister without a brother.” And she said it’s amazing how quickly people forget. And if they do remember they say how old was your brother? And she says 62. And they, like oh, okay, like that’s not so bad. If you said that he was in his 30s or 40s and 50s but he was 62, well he was old. And she said, “I don't even want to say anymore what his age was because I know people are going to somehow, do something with that information.” And they’re going to devalue the relationship. And so we want to be aware of that.
And we want to be aware of environmental structures - loss of family or friends, an inability to perform certain activities, particularly activities of daily living. And driving, as I mentioned earlier -- if you are no longer able to drive the car, that is really challenging for people. One older woman wasn’t able to drive her car anymore because of a stroke, a paralyzing stroke, but what she did every day she comes down to her driveway and sits in her car for about an hour, an hour and a half. And she said, “And when I'm sitting in a car I remember how independent I was.” And she said, “And I fantasize driving here or there or whenever.” And she said, “I can't do that anymore but sitting in the car is a reminder of how independent I once was.” And not surprisingly she feels lonely.
So again we just want to be aware of ageism. And as I said some women choose to live alone, it's not that all women who are older are lonely.

### Stereotypes of Aging

According to Cheng (2005):

- Be aware of ageism and gender stereotypes especially related to women who **choose** to live alone
- Not all older women who live alone report feeling isolated
And then there is emotional isolation. You know, where I really, where I really, in my grief groups when I’m working with older people that have lost their partners, you know, one of the questions I say is, “Can you talk about the loss of affection? Can you talk about that loss of intimacy?” And what they invariably say to me is “Nobody asked me about that.” And this one woman said, “It’s almost as if I feel embarrassed to say that I just miss -- I just miss holding my husband’s hand. I miss lying in bed with him.” And she said, “Nobody seems to be comfortable to ask me about that. And I infer from that they don’t want to hear it.” So we want to talk about that emotional loss that can really trigger deep feelings of loneliness. We’ve got to help people be able to talk about these kinds of situations.
Depression & Isolation

- When emotions go unexpressed, we can become depressed, irritable, and emotionally unavailable
- Some days depression and loneliness can trigger withdrawals – isolating versus reaching out
- Taking time for ourselves (solitude) is very different from isolation

And then when emotions go unexpressed we can become depressed or irritable or emotionally unavailable. You might know through older grandparents or older parents when there is a loss of a spouse or loss of the partner. If you who is the adult child says to them, “Oh don’t talk about mom’s death, Dad. That’s just depressing and I can see it upsets you.” Let him be upset. That is his friend, his partner, is wife, the mother of the children or whenever. It's okay for him to be upset. Let him share that. And we have to recognize that adult children have a different relationship with mother and father than do the spouses or the partners. We've got to educate adult children to allow that fact to be true. Which is, mom and dad might have had a different relationship with each other than we as an adult children have had with them. It's a different relationship. But to try to silence a parent or grandparent from talking about the death of their spouse or partner can again lead to problems such as irritability or emotional unavailability. They don't trust. And I can't tell you how many older people tell me this. Where meaningful, smart adult children are saying, basically, “Be silent,” but they say, “because that's good for you.” It's not about that parent, it’s about themselves. And so we need to pay attention to that kind of talk. Again, taking time for ourselves is very different from isolation.
So I just want to check in with you now. What are you thinking about? What's on your mind right now as we talk about loneliness and isolation? We talk about depression and physical health issues? Yes.

**Audience member:** [inaudible]

**Dr. Patrick Arbore:** How the littlest details can really matter. And that's one the things that we know from a lot of older people -- is that what does matter to them are simple pleasures. Flowers by my bed, a card that I got from a nephew or niece or grandson or granddaughter or my adult children matter. And if those things don't happen they seem on the surface rather small but they take on more meaning the older we get. And so we want to explore that with those older people. Even if it seems small to us, it could be quite important to them. What else are you thinking about? What else is crossing your minds about people that you know, about your family or clients? Yes.

**Audience member:** [inaudible] ...so she got to a point where she didn't remember that I was granddaughter. So that kind of made me feel like what am I, you know, what is my meaningness to her. And I knew I was taking care of her physically and stuff. But then when she would introduce me to other people, she would say I was her best friend. And so I just thought, gosh, I am doing something whether she knows who I am or not. Had I not been able to be there who would have been her friend? She would've been by herself.
Dr. Patrick Arbore: Right. Yes. Just so – I’m just going to repeat that so you can hear it. She is talking about her grandmother and how she was taking care of her grandmother. And grandmother had symptoms of Dementia-Alzheimer’s type. And she was saying that at some point along the way she couldn’t remember anymore that she was the granddaughter. But when she introduced her to friends she said, “Oh this is my best friend.” And then you very wisely sat and pondered that; which is, no that she isn’t alone. If I wouldn't be here she would be alone. And so she doesn't remember me as the granddaughter, but she has this feeling, “you're my best friend.” That’s very powerful. And how great that you allow that role to be there. Somebody else have a comment or a thought as were going through this?

Audience member: I’m thinking of my mother who has Alzheimer’s who has cut herself off from all her friends because she doesn’t want them to know. And what to do about that?

Dr. Patrick Arbore: Yeh. [no sound for 10 seconds] ...and the question is what can I do about that? Well, first of all we have to acknowledge something that your mother is saying without using those words, which is there’s a stigma in this country when it comes to disease, particularly ones like that Dementia-Alzheimer's type. And again we still want to say that somehow she contributed to it -- it's a character flaw on some level. Rather than here's an opportunity for your mother to be able to have her friends near her while she can still recognize them, while she can still interact. And so what I would do if -- given the fact that you know, we know, with dementia it affects our ability to think, our cognitive ability. So you might want to explore that a little bit more with her, in terms of does she blame herself in some way for this disease, and just see what she says to that. And then you want to just take little steps with her in terms of maybe. You know, taking her out somewhere and just see how she does around people in general. And then, little by little, maybe introduce one of her friends – even if the friend just came in and sat and didn't say much. So that your mother could just kind of get used to this new way of being. It’s very complicated. The thing is we don't know enough about because, again, we don’t talk about it a lot. And it's often that the burden of caregiving is on the daughters or on the sons or on the family members. And so there's a lot of ways that people can help that parent decrease their loneliness, but we need to talk about it just like you're doing here. And so people -- when we take our break -- that have a similar issue with a parent or grandparent, you know, try to talk to each other about what you saw. One of the things that I think is very helpful with the dementia is doing some activity, so the burden isn’t on, “I have to talk. Because they're aware on some level that that process “is much more difficult for me.” But if there is an activity that she can still participate in, maybe doing something very simple like drawing or art or something like that. And to bring in a couple other people, you know, slowly -- maybe one -- to just do an art exercise could be very helpful. So I would think about some things like that. Anybody else have a thought or comment? Yes.

Audience member: [inaudible]
Dr. Patrick Arbore: Well and I appreciate which is saying because I think we all get caught up in tasks whether they are work related terms of social service -- because we have to meet all these different kind of regulatory needs and get our notes together and all this. And I think it is helpful and, I mean, that’s what I -- as many of you know, I really appreciate when we can create something where people can come and we can put those cell phones down for just a little while and be able to look at the more human part of this. And to see that what I need to do is to look at people, to have again gentle eye contact with them. And, above all, listen, listen to them, recognize them.

You know, when people call me and say -- and this often happens in the medical community -- will call and say I want to refer someone to the Friendship Line. And they'll say oh, they talked about suicide and they seemed lonely and this is just how they are. Now I’m taking this very seriously and they’re just kind of being rather glib. And then the final insult is, they’ll say, “Well, and all they want is attention.” But they say it in this negative way, and I say, “And that's a problem?” That you can't recognize the importance of that? Who in this room doesn’t want attention? We all want attention. You want your sons or daughters to call, you want your grandchildren to come over, you want to connect with people. You want somebody to say, “Hey I like your haircut,” or whatever. You know, so simple, but we’ll say, “Oh, oh -- it’s very negative that they want attention.”

You know, some people want attention so much they actually do die, because nobody will give them attention. Dr. Jerry Matta, who’s a retired psychiatrist at UCSF, had a client that he wasn’t seeing that day, but he was seeing somebody else and he saw there was a note on his door. And the note said, “If anyone smiles at me on the way to the Golden Gate Bridge, I'll keep my appointment this afternoon. He never kept his appointment and he killed himself by jumping off the Golden Gate Bridge. “If somebody just smiled at me.” If somebody just recognized me, just took a second to smile. It just means so much know. And I know I do this all the time now -- I just make a point of making sure that if I’m passing somebody on the street I’ll say hello. Now that doesn't mean they’re going to say “hello” back. Most times they don’t. And I can figure they’re kind of surprised -- who’s that old dude who said hello to me. But I know it does something. Let me just see you -- recognize that we’re on this planet together. And we know where we're headed. That’s the thing; we all know where this is leading to. But some of us are getting a little closer just because of our birthday. So we need to be aware of that. But what we don’t want to do is build walls around ourselves without knowing.
You notice many older people say, “How did this happen to me? This one 84-year-old woman said, “I used to be somebody. I'm no one now, but I used to be.” And she said, “I don't know when this happened, but something did.” And I said, “Tell me something about your family? Oh, they lived – wherever they lived – in Missouri or somewhere. And she said, “Over the years they just stopped coming.” And she said, “And maybe I participated in this in some way because I said oh, that’s too much trouble” Then I say to people, tell the emotional truth. If you miss your family say, “I would love to see you -- and of course I do understand that it’s expensive or whatever -- but I want you to be here. Don't say, OK. Be co-dependent and say oh you don't have to come The message is “I don't need to see you,” but I want to see you, I want you to be here. We need to really think about that.

We fear being judged by others: “Why isn’t he or she over it?” Oh, my spouse of 50 years died suddenly in bed beside me of a heart attack. And three months later do I really have to say, I should be over it? We need to really look at how we grieve as a culture. We’re a death-denying, grief-denying, ageist culture. They all kind of go together, those themes. We need to pay attention. And withdrawing heightens the sense of isolation. So we know that happened with bereavement. With grief, we’re actually so shocked at times, so in disbelief that we withdraw. And that withdrawal, if it lasts too long, can lead to loneliness. Depression -- mild depression -- has a component of withdrawal. And if we withdraw too much and people let us slip into that, that can deepen the hold that depression has on me.
So we need to pay attention to anybody who starts to isolate, to slip away, to imply that, “I used to be somebody; I’m not anymore.” And that is heartbreaking. Simply because she has more birthdays. Older people get their minority status not through beliefs or skin color or anything like that. It has to do with just having more birthdays. And so if you were somebody that was involved with people and now, because of circumstances or health issues, you’re not -- it’s not your fault.

You know, it’s hard sometimes to ask for help. I’m giving a talk in a couple weeks on the difficulty of asking for help. All you need to say is “help me.” Two words. “Help me.” And yet I know there are people in this room that would very, very hard-pressed to say “help me,” because all kinds of other thoughts start racing through. I should take care of myself. I can do it. Even though I have two bad knees, I can hardly take it up the stairs -- but hey, I’m not going to ask someone to bring me groceries. I’ll keep going down and taking little bags up. When maybe somebody in your community would say, “I would be very happy to do that.” It would take how long? You know, lifting the groceries. We’ve got to -- and the other backdrop here is that I was saying earlier if there is an “age wave” coming into all of our communities. And what’s going to happen is that these people, 85-plus or 75-plus, are also going to be dealing with chronic illnesses. Parkinson’s -- not by itself but associated with heart problems that might be associated with mobility problems. Many of you, if you live in a situation where you’ve got stairs, are already now saying to yourself if you’re in your middle 60s. “I love my place but my knees might not love it as much as I do.” And we’ve got to think about these things. So we’ve got to in a deal with this.
So we want to see that reaching out, reaching out I can get some support. How easy is it for you in this room to reach out for help? How many of you feel it’s relatively easy to say, “You know, I ask other people for help.” If it doesn’t trigger any problems, raise your hands. I get some people who are waffling a little bit.

**Audience member:** [inaudible]

**Dr. Patrick Arbore:** Depends on who you’re asking. One of the things I say to older people is be very smart about who you’re asking. You’ve got to look at who in your family, who in your group, have you seen or heard saying, “I enjoy helping others”. That’s the person I go to. I think that’s really -- you must look at their track record. If I have people in my life who absolutely -- and I hear them say, “I don’t do this. I don’t like helping people. It just isn’t my thing.” You think I’m going to ask them? No way because I know what they’re going to say -- some version of “no.” But why do the others of you -- because only about 8 hands went up -- what holds you back? Why don’t you ask people for help?

**Audience member:** [inaudible]
**Dr. Patrick Arbore:** “I don’t want to burden other people.” That word – b-u-r-d-e-n. You know, it’s only six letters, but boy, it packs a whallop, doesn’t it? I don’t want to burden somebody. Burden. Don’t you think something kind of big with a burden. It’s like I have a mule and I’m pulling this mule. And I have all my housewares on that. Burden. See I think – I think that we have to take a look at what that word does. Language is so intense. Because if I say “burden,” rather than, “All I need is somebody to go the grocery store for me.” Most of us go to the grocery store at some point during the week. Could they get me something? But if I say the word “burden” that seems huge. What’s another? Yes?

**Audience member:** Weakness.

**Dr. Patrick Arbore:** Say a little more about that. Weakness – what...

**Audience member:** [inaudible]

**Dr. Patrick Arbore:** So if I need help I’ll be perceived as weak person. You don’t want to be perceived as a weak person. And see, that is what’s very challenging about that is those of us in the helping profession – it’s called the “helping profession.” And so we’re helping people that we wouldn’t want to be, and then it’s a tricky mental gymnastics that we have to do not to think poorly of that person who’s asking for help. And we’ve got to be thoughtful about that, which means I want to look at that belief. I want to dissect belief, I want to take that belief to its core to see where in the heck did that come? Somebody else? Yes.

**Audience member:** [inaudible] ... afraid that they’ll reject me by saying “no.” Or they won’t be available for one reason or another.

**Dr. Patrick Arbore:** Even if I trust them I still fear that they might reject me or they just won’t be available. Now see, that’s a tricky one isn’t it. Which is somebody says, “I’ll help you,” and then you [inaudible] oh, you said you could help me and so I’m going to ask for that. “Oh, I can’t do it today.” “How about tomorrow?” “I’m tied up tomorrow. How about a week from Thursday? Well, that’s not going to work either.” And so that’s a – one of those kinds of sly rejections. It doesn’t quite look like it but it is? Yes?

**Audience member:** [inaudible]

**Dr. Patrick Arbore:** Apathy. We have a lot of people in this country that are apathetic enough. It’s kind of like hey, I’m not in that situation. I wish you the best but I’m not available. That’s kind of a rejection apathy. It’s one of those things like indifference that is poison in this society.
**Audience member:** [inaudible] ...entangled with someone you don’t know well yet. You don’t know how it might complicate your life [inaudible].

**Dr. Patrick Arbore:** A fear of entanglement -- that we don't know what this means. If I start helping somebody, what's that going to do? A good example of that is a gentleman -- probably in his middle 70s -- who was helping a woman from his church. get groceries. And he's been doing that for about three years, and then they had a falling out and it was over when he was in a parking lot with her. And [inaudible] the greatest risk he was backing out and somebody was coming, but anyway they bumped fenders and it was minor. There was no damage on either car. Then she got out of the car and said to the driver of the other car, “He wasn't watching” -- meaning the guy who's taking her for groceries wasn't paying attention, and if there is any problem he's responsible. And there was nothing wrong, but he said to her when they got back in the car, “That's it. This is the last time I take you for groceries. And then I said to him, I said, “I think there's more to that.” And he said, “I never wanted to do this in the first place. I don’t like her. She's not, you know, she's not grateful that I'm doing this and she's very difficult to be around. And I said, “And what then -- you didn't want to do it but you did it anyway. And he said, “I thought I would get used to it but I didn’t.” And he was taking her every week for three years, and that was a problem. And I said, “You know, I think it's better for people to say I can't do it than to do it and resent it and just look for a reason to get out of it.”

**Audience member:** [inaudible]

**Dr. Patrick Arbore:** Being shamed for asking for help -- absolutely. And people will do -- which is they have a belief that if you're asking for help there's something wrong with you. You’re defective in some way. “You should plan for this occasion. You should know how to take care of yourself.” I just want to say shame is a real abusive experience for anybody. And any of you that have ever felt in a situation where you have been shamed I just empathize with you greatly, because that's a horrible, difficult situation.

**Audience member:** [inaudible]

**Dr. Patrick Arbore:** What she said was I hate asking people to do something for me that I really wouldn’t want to do for somebody else. And see and these beliefs -- the thing is, particularly in aging services, is we've got to look at our beliefs. What are beliefs? Judy Teitelbaum writes that beliefs are just words, ideas, concepts that have been repeated word over and over and over again, until we forget that they are actually beliefs. We think that is who we are. That's just who I am. How many times have people said that to you, or you might aid, “Hey, this is how I am. And it's usually connected with, “I'm not going to change. This is just who I am. Take it or leave it.” I mean, we are like that. “Take it or leave it,” rather than, “Wait a minute. Let me ask myself, how did I get this way? Where do beliefs come from? They come from family of origin. They’re often are not our ideas -- they were projected on us. They might come from our
community, from our academic training. What we want to do is ask ourselves is this how I want to be? Do I want to believe? I love what she was saying -- is that I perceive people that need help as, there’s something wrong. And what we're doing by just raising this question here is that it might be important for us to really ponder this. Think about it. Why am I even saying that? Where did this come from? It's like follow the bread crumbs to its source. This might not have been your idea or your thought to begin with. We have upgraded phones -- how many of you are like waiting to get your iPhone -- or whatever it is, 17 or something -- and we’re like an RTV. We want to get faster – I don’t even know what the language is, or texting or [inaudible]. But the idea is that we upgrade all these things, services, but do we ever upgrade our beliefs? Do we ever sit down and say I want to question why I’m even – why is this even in my mind? Because maybe it's time for an upgrade. And that’s what I’m hoping is going to happen as a result of being here today, is that we’re going to upgrade our beliefs. We’re actually going to ponder, think. Talk to our families, talk to people in our lives about what's going on now in our society with older people. Very important to be able to do this.

So should we screen for loneliness? You probably have a sense of where I am on this question. Should we screen? I’m, like, yes! We need to be able to screen because what people do is think like you. I don't want to say something about myself that I don't want to hear from other people because I might have to do something. And then I’m going to be entangled for the next 20 years. I’m not sure I can make that kind of commitment to my neighbor. But we have to say, do I have to do it myself? No. We’re a community. Look at how many people are in this room. I would imagine most of you live somewhere nearby one another -- and can we work together?
And so we want to think about this in terms of loneliness. Yes we want to be able to screen for loneliness. And what I urge is we need to have a vocabulary. We need to be able to ask questions that are germane.

So there's this loneliness screening to look at only three items. Three items – questions -- on that loneliness scale, and it was developed by the University of California in Los Angeles and out of a 20-item loneliness scale. We use this at Friendship Line -- that we want to ask our callers, we want to get a sense of how lonely you are. Because we get calls from people all across the United States from all the different counties in California, and so we want to have a sense of in what parts of the world, in what parts of the country, in what parts of the City and County of San Francisco or in the counties in Northern California -- are there lonely people there? And so this, the three question survey, is very simple. I feel left out – hardly ever, some of the time, or often. I feel isolated. I lack companionship. But the authors of this particular short form of loneliness -- is that they -- responses to this three item survey is just as valid and reliable as giving the 20 item. This is also developed by researchers at UCLA. And so it gives you -- if somebody scores nine what that means is if they say I often feel the way those three items are worded, they tend to be more lonely than other people. And so you then you don't have to sit there and score it. You can just in your conversations with people weave this in. And then you have a sense because it's often so subjective. I think somebody's lonely because I've got some belief that, as I said, that if you're an older woman and you live alone you can't be okay.

![ Loneliness Screening Chart](http://psychcentral.com/quizzes/loneliness.htm)
You know, we've got to again look at that as a myth. And so this way at least we have something to work on. We know that those three items are valid items that can help separate people that aren't lonely from people that may be lonely. And it gives you a little bit of a heads-up that this is happening.

The other issue, though, we have to figure out is that people don't like perceive themselves in a negative way, and so you might not get -- you might be perceiving I think this person is lonely but they're doing everything they can to make you think I'm fine, until you walk out the door or you hang up the phone. And then they're sitting there and they're feeling miserable because they're so lonely. And what they say -- because people have said this to me is -- I'll say, “I'm wondering why you just didn't tell the truth? What's wrong with telling the truth?” Oh, “I don't want her to think that I'm lonely.” Well, why not? “Well, she's going to think less of me. I should be -- I have children, and she's going to think why don't those adult children come in.” And then this whole snowball effect.

The thing every relationship, every relationship every relationship is going to be more effective if you have three elements. Certainly there are more than three, but these are the three that I think are so essential. One is you’ve got to have boundaries. You’ve got to know so that what you’re saying is that, hey, you could really help your neighbor -- I'm just making this up -- but you have some concerns. So you can say hey, I could really help him maybe once a month but I really can't do more than that. And if she's a non-codependent she doesn't have to defend, rationalize or justify her behavior. She doesn't have to be put under scrutiny: “Why can't you help me on another day? I see that you didn't even take your car out, so you're just sitting there.” You don't have to justify, defend or rationalize your behavior. Good boundaries – what is that -- good fences make good neighbors. Good boundaries.

Respect -- respect is the second. I respect you. I am not going to gossip about you. I'm not going to criticize you. I'm not going to tell you what to do. I respect your integrity

And then the third and probably most important element is honesty. You’re nowhere in any relationship if it’s not honest. And so honesty is really crucial, and you just tell people the truth. I help a lot of people. I do. But I also have to say I do have a limit, I have to say no at times. And it's not that I don't care, it's that I might be able to do it. But I might be able to refer somebody to a community agency, whether it's in the City and County of San Francisco or somewhere else that might be able to do it. But I can't do everything. That's why we have community and that could be so important.
And so there's a lot of evidence -- the thing about loneliness is that it's starting to get the attention of researchers. They're starting to see this; something is going on with loneliness. Cacioppo -- we're going to see a video of him after we take our break -- he's very involved. He's really leading the charge when it comes to this and he uses the 20-item UCLA loneliness scale to try to really help measure general feelings of social isolation and dissatisfaction. And he found that loneliness and depression both had substantial predictive value, meaning people who are depressed, you can predict are going to be lonely. People who are lonely, you can predict are probably going to be depressed if there is no intervention or action taken. But you're not going to find loneliness as a diagnostic category the diagnostic and statistical manual of the American Psychiatric Association. It's not an illness per se, but it can predict depression. And the thing about depression is, as most people now in this room, one of the most frequent causes of problems for older people. And depression often goes unrecognized and therefore untreated and the person is just slipping away from life.

So why don't we take -- it's about 10:30 now, let's take -- if we could take a quick 10-minute break because, sadly, the time is [inaudible] and I do want you to see the video.