Dr. Patrick Arbore: And I just have – we’re going to start this film by Dr. Cacioppo, and he is really one of the leaders in the field that is addressing loneliness on a national level. And he is someone that I read – he has a marvelous book called “Loneliness.” And it’s just really well-written and it gives you a lot of information about loneliness. There’s also a really wonderful movie called “Still Mine.” I don’t know if anybody saw it; it came out, I think, last year or maybe the year before. S-t-i-l-l M-i-n-e. With Genevieve Bujold and James Cromwell as an older couple that are facing some of the issues that we face in life. It is a very nicely done film that really looks at the reality of having adult children who might not be on the same page as the parents when it comes to these kinds of things. But it’s very nicely done.

So we’re going to see this film that Chris is kind enough to start for me. Go ahead.
Video Starts

https://www.youtube.com/watch?v=_0hxI03JoA0 Select the Closed Caption option.
Cacioppo’s Findings Continued

- Both loneliness and depressive symptoms are relatively stable features over a 3-year period
- These data suggest that loneliness and depressive symptoms have strong reciprocal influences in middle-aged and older adults
- It is important to recognize the specific and reciprocal influences of loneliness & depressive symptoms if we are to mitigate their impact on older adults’ well-being

**Dr. Arbore:** So, any thoughts about what you were hearing Dr. Cacioppo talk about? Yes.

**Audience member:** [inaudible]

**Dr. Arbore:** Absolutely. He was saying he works for the [inaudible] and as we’re listening the people you listen for opportunities to connect, you know. One of the things I say to our volunteers all the time is three really crucial words that can bring about connectedness is “tell me more” – “tell me more.” What it implies is, “I’m really paying attention and I am connected with you and I’d like to know more.” You know, “tell me more” can be very powerful. I think that sometimes, again as I said, that we often lack the vocabulary for being able to demonstrate, as you were saying, that “I’m really connecting.” Connections are what bind us to life. What I love about Cacioppo’s talk is he reminds us again – as I said -- we’re hardwired as humans to connect, you know. We’re social beings. And as he points out so well through this research, if we are on the periphery bad things can happen. It’s dangerous for us to be isolated from one another, and I think he presents that really well in terms of some of the statistics about what happens to us.

Anything else about that video that caught your attention? Yes.

**Audience member:** [inaudible] ...we’re getting a lot of statistics, we’re getting a lot of information, and warning signs. So then what do you do about it? How do you help them? You know, when they may be showing signs of loneliness but they’re not so depressed. The loneliness – how do you intervene?

**Dr. Arbore:** That’s right. What she’s saying is that now we’ve got a really good foundation. We really understand that loneliness is a problem and that loneliness can contribute to premature
death. It can contribute to the symptomology of depression of bereavement. As he said it will take other action then because we can't talk about and that can lead to substance abuse and things like that.
So what we have to do is a member of things. One is we have to make it okay to say, “I feel lonely.” We’re going to have to start with our kids, with our peers, with our coworkers, with our parents, with our grandparents -- that we’ve got to take the stigma out of loneliness. If I say, “I’m lonely,” I’m afraid that people are going to think less of me, there’s something wrong with me. But I love what Cacioppo was saying. If we’re hungry we get a message inside of us, because of the low blood sugar, and we go and get something to eat. When we’re thirsty we don’t get something to drink because we don’t want to die of dehydration. If we have pain, that signals there’s something wrong somewhere in the body and we go to our doctor. But if we’re lonely and we’re getting signals – see, that’s the thing that that is so important for us to keep in mind. We’re getting messages that there’s something wrong in our social network. But we don’t do anything. We deny it. And again what I say is that we don’t tell the truth. And somehow we’ve got to encourage our family members to tell the truth. So one way of starting, as I said, I really believe in grass roots effort and I believe that all of us in this room have connections with people, both young as well as older. and we need to talk to them about this. That’s the first thing we can do. We have something right now that we can do and that is, I’m going to see if I can de-stigmatize loneliness. That it’s something that happens some time. And it’s okay to talk about because the person who is lonely is getting messages. There’s messages coming to them that something is wrong, just like I said that 84-year-old woman who said," I used to be somebody. I’m not anymore." What she was saying is, “I am lonely." because when I talked what she said was, “Before, I was involved; I was a volunteer.” She was actually a volunteer at the very nursing home in which she's now a resident. And she went from being involved to not involved. And so that's something that we need to think about. Just as Cacioppo was saying at the end.

You know, people who are feeling lonely, we've got to provide options for them. Where they can learn how to do things. I love what you are saying about your two kids. I've got an 11-year-old and
a 13-year-old. They’re ripe right for being involved. We just need to get them involved. So that’s the thing we want to start with. I’m going to say more about that in a minute.
Any other thoughts based upon the film? Is there anything else that caught your – yes?

Audience member: [inaudible]

Dr. Arbore: Yes. She’s talking about the social networking, and you heard Cacioppo –

Audience member: [inaudible]

Dr. Arbore: Oh, yeh, and they’re posting tons –

Audience member: [inaudible]

Dr. Arbore: No. No, because I think that, you know, technology is here –

Audience member: [inaudible]
Dr. Arbore: Yes – and I think – what he’s talking about is the research – the research of the researchers at universities who are looking at things like Facebook and all these different things. The social media. There was a study that was done about 15 years ago that was looking at how many friends an adult in this country has. And at that time their research indicated that adults have at least three friends. And they operationally define friendship to be, really, somebody that was a confidant. You know, somebody that you knew was a trusting individual that you could talk to. So the same researchers decided with this whole boom in terms of social networking, with Facebook and Twitter and all these things, they wanted to revisit that because the hypothesis being that -- with this explosion of media or social media -- that their hypothesis was that we will probably gain a friend as a result of all this social media. So instead of having three friends we’ll probably have at least four. Do you think that’s what the outcome of that study indicated? No. It was quite the opposite; we lost a friend. So now adults have two if they – keep in mind that’s an average. That means some people have more but some people have less. So social media isn’t necessarily designed to create friends. It’s really designed to share information. You know, so you see those posts, you see all the pictures and photographs. So when somebody sends one -- sometimes my students will say -- we have this discussion. I know this one young woman said, “I have 750 friends on Facebook.” And I said, “Oh my God, you should be running for public office.” [laughter] I’m lucky to have three friends. I mean, you’ve got 750.” But of course we know, as everybody knows, even they know -- the young people know -- that these aren’t friends. But it’s taking the soul out of the word “friend.” that some people really believe that these are friends when they’re not. Because, you know, friendship takes a lot. It takes a lot of cultivation. And as Cacioppo was saying – I think he said it a couple times -- you’ve got to share things together. There has to be something else happening, not just on a screen. And there is a literature out there.

Yes?
Cacioppo’s Findings Continued

- Both loneliness and depressive symptoms are relatively stable features over a 3-year period
- These data suggest that loneliness and depressive symptoms have strong reciprocal influences in middle-aged and older adults
- It is important to recognize the specific and reciprocal influences of loneliness & depressive symptoms if we are to mitigate their impact on older adults’ well-being

Audience member: [inaudible] ...something that there’s a lot of conversation going around in the professional realm is that with health care the way it is, with medical providers being so overwhelmed that they pass their – they pass that along – especially the elder population, who use the medical providers the most. That they feel like they’re being a burden and not being worth anything. One of my clients actually told me, “Well, it’s cheaper for them to kill me than to treat me.” And I think that so much speaks to them not asking for help, and that “I might as well give up and die.” I’d love to see – I wish this whole room was filled with medical providers.

Dr. Arbore: Well, I love what you’re saying, which is our – healthcare, we know, is really being stretched We know, certainly when it comes to again, that geriatricians – it was just a couple years ago I was reading some documentation that we were 17,000 geriatricians short. That was a number of years ago and so now it’s probably about 20,000 because there is no incentive for people to go into geriatrics because of the Medicare reimbursement. So they have the same debt as anyone does who comes out of medical school, but that debt can be really worked on when they specialize. So what people are doing are going into specialties, not geriatric. because there is not that kind of payment for all their effort. So I say to people all the time, if you have a parent or grandparent that has a geriatrician, don’t let that person slip away because they understand some of the components that we’re talking about here. But it’s going to be a problem down the road that we’re going to have to address. And I think your concern is really very -- not only right on, but it’s scary that an older person – and I hear this all the time and I know you hear this -- they say, why do I even bother going to see the physician because my need, whatever it is, is not being met. And many times it’s a social need as well.
Cacioppo’s Findings Continued

- Both loneliness and depressive symptoms are relatively stable features over a 3-year period
- These data suggest that loneliness and depressive symptoms have strong reciprocal influences in middle-aged and older adults
- It is important to recognize the specific and reciprocal influences of loneliness & depressive symptoms if we are to mitigate their impact on older adults’ well-being

And then the costs – I mean this is like speaking, you know, what is it? – like preaching to the choir. But when I hear people -- and I hear this all the time -- which is, “I can't afford this.” One woman said to me the medication she really needed -- and this is her physician who is prescribing it, who must know that she is not a rich woman -- and the cost per month for this medication is $350 a month. And he said, “You have to take this medication.” And Medicare won’t cover it. And she can find a generic that they would cover, but there isn’t a generic available. And so she said, “Of course I can’t take it.” And I said, “Did you discuss this with your physician?” She said, “No. I just left knowing I can't afford it.” And he’s telling her this is really vital, you must have this medication. And she cannot afford it. So I really coached her to go back and I said, “I’ll come with you.” But you’ve got to tell your prescriber, “You’re prescribing a this medication that costs $350 a month. Why do you even bother when I can’t afford it?” I mean, it's ridiculous. So I think there’s tons of things we have to think about because if I’m able to say there’s something wrong and I go to where I think I’m going to get help, but I don’t -- that’s a problem.

And it might be I go to my family for support because I’m aware -- I’m aware on some level that something’s wrong socially. I am lonely.

I am lonely, and my family says, “Oh, don’t talk about that. I see that just upsets you. Turn on the TV.” We’ve got to be more thoughtful and more compassionate because we may be in that position in not that many years. And we need to think about that. And I think that what Cacioppo is saying -- and I think you heard that -- there is urgency here because of premature death, you know. I really believe that a lot of older people that have been blessed with having a really -- one woman I’m working with, she and her partner were together for something like 50 years or whenever, 55 years, and she said, “He and I, we were – it was a great love.” It reminded me of when you mentioned Muriel Sparks in The Notebook. You know, this great love. And she said the problem,
though, with a great love is that we didn't need anybody else. And he went up and had a heart attack and died. And she said I look around and I don't have people because he was it and I didn't need anybody else. And then she said I worry that I'm going to die just because of being brokenhearted. Heartbroken. So I think that happens as well, and so I'm really working with her in terms of grief because I said you don't have to die, you don't have to die. But loneliness has cut you off.
As I was saying, it can contribute to premature death. I know you were alert to that one where it was talking about obesity and other things -- and then, loneliness. So we need to be aware of that.
What Prevents Conversations about Loneliness, Depression & Grief?

1. Lack of a Vocabulary
2. Ageism
3. Resistance

So what prevents conversations about loneliness or depression and grief is, you know, that we lack a vocabulary. You’ve got to be able to talk. That’s one of the things we were doing here today that you mention which [inaudible]. As you mentioned, now I’m seeing it. This is a problem that we’ve got to address, particularly those of us who work in aging, but any of us that have aging family or aging relatives we need to think about that. We also have to form a discussion around ageism. How do I talk about this? How do I feel about it? How do I feel about my own aging and that of others?

We’ve got to talk about that as a community. And then, why do I resist? Why do I resist communicating with somebody? Why do I resist saying hello to the clerk at Safeway? Why do I resist actually saying to somebody who says to me, “Good morning. How are you? How was your weekend?” Why don’t I say the truth? “Do you have a few minutes? And I can tell you that I had some bad news over the weekend, You know, let’s not just speak in platitudes, let’s just tell the truth. Let’s communicate.

Audience member: ...even when we had a conversation at the table, we asked each other, “How are you doing?” But we moved on. I think what happens is – people – there’s so many things going on in their life. And they don’t want to open the door to someone else. I really do.
Dr. Arbore: I agree with you. What he’s saying is that even here – we’re so used to moving on. Move on. Because we’re so fast-paced we’ve got to move on. The clock is ticking – tick, tick, tick, tick tick. So we’ve got to find a way -- how do we pause? How can we pause and say, “OK, and we spend a few minutes exploring together; exploring how do we talk about it? Just as you took a few seconds there to say, “Oh what do we do now? Somebody had their hand up...

Audience member: I came to Chico from a larger community. And I always go back there and say, one thing about Chico is that if you get up in the morning up and you’re kind of in a blue funk, just go and do your little errands. And in two hours you’ll talk to10 people that will make you feel better.

Dr. Arbore: What she was saying is that she was from a larger community, but when she’s here in Chico and wakes up feeling blue, when she runs her errands in a couple of hours she’s talked with many people. And that says something about your community, that that there is some there is some energy here that says, “You are my neighbor” or “You live in my community -- how are you?” And then hopefully there is some comment that follows up with that which is, “I’m not doing OK. I’m feeling blue today” “Well, let’s have a cup of coffee.”
Audience member: One issue that keeps coming to my mind today is continuing to discuss stepping up to the plate for those who are in this predicament. But what I find is that there’s really a very uneven playing field. Those who want to help will help, and those who won’t...

Dr. Arbore: Yes, it is an uneven playing field, as you were saying.

There are people that who are willing to help and will help, and there are people that won’t. And they’re – in the helping group there's too few. And what we have to do is we have to recognize people that help. In the helping professions, those of you who work in the field of aging or work in the field of helping, we don’t make the big bucks. But if we worked in technology we would. I know somebody 29 years old -- 29 years old -- he makes about $30,000 more than I do. $30,000, and he’s buying a house in San Francisco, by himself. I am 66. I rent. And I’m afraid to leave my apartment because I have rent control. And so now -- and I never made the big bucks. But I’m, like, really shocked that a 29-year-old makes $30,000 more than I do and he sits at a computer screen. And certainly that’s important but it’s just interesting how we reward --what kinds of industry do we support. And that’s a problem.

Audience member: [inaudible]

Dr. Arbore: Oh.

Audience member: [inaudible]
Dr. Arbore: That’s right. Anybody who works in the helping industry – whether we call that “school” or we call that “social work” or we call that, you know, “volunteer work,” or whatever, it’s going to be undervalued. And we’re often looked at, as one board member that I worked with many years ago said, “Well, we don’t worry about giving you a raise Patrick, because you're dedicated. Dedicated people don't care about money.” Ha! [laughter] And I said, “Oh my God!” Oh my God. OK.

So what we have to do is this – when we get down to this -- people who are lonely are suffering. People who are lonely, as we know, have symptoms of depression, symptoms of addiction or escape kinds of things. Both suffering and pain are often turned into technical matters requiring technical intervention. Anybody who goes into a hospital with the idea that “I'm going to get some rest there” went to the wrong place. [laughter] You know you are not going to rest there. So the normal medical response to pain is to demand more drugs. That’s something we have to think about. Drugs, and just medication on its own, is meant to help alleviate -- alleviate -- some of the symptoms, but they're not going to alleviate social isolation.

And we know there's -- some of you remember “Tuesdays with Morrie,” a wonderful book, but this is Morrie in his own words -- and if you ever have a chance to rent that that -- the videos with Ted Koppel on “Nightline” -- revisit that. Because what he was talking about back then is just as urgent today. And as you know he had ALS, Lou Gehrig’s disease. And so one of the questions that Ted Koppel kept pushing him, which it basically, “When are you going to kill yourself?”

Denial of Suffering

- One can disengage suffering and pain through the use of: alcohol – shopping – gambling – drugs – food – television – internet
- Suffering and pain are turned into technical matters requiring technical intervention
- The normal medical response to pain is to demand more drugs, doctors & hospitals
- Suffering manifests as depression, loneliness, substance abuse, suicidal ideation, anxiety, worry, hoarding and other mental health issues
And he kept saying, “That’s not what I want to do.” We know that in this culture there are so many people who are going to suggest that, why deal with these illnesses when you could just end your life? You know, assisted suicide, that kind of thing, as a way to decrease suffering when we know we can manage.

Those of you that are familiar with hospice know that hospice provides palliative care that will help people stay alert and have their pain managed And yet, do people take advantage of hospice? I would say no, not to the degree that hospice could really benefit people. And we need to be more aware of that. But where the movement is strongest is “let’s talk about ending our own life.” And there’s a wonderful ethicist – her name is Margaret Battin, and she’s written many books on these issues. But one is called, “The Least Worst Death.” And in it, she -- her theory is that because we’re so adverse to managing any kind of suffering that we would rather die early, And she said we might become a society down the road that ends our lives at the age of 60, because after 60 is when many people start having to deal with some chronic ailments. And so she said we need to think about where we are as a society that deals with loneliness, that deals with health issues and other kinds of pain that contributes to suffering. And so we need to think about these things because they’re really important. So in your handouts I have a lot of information about depression and substance abuse.
But to get to what this lady is talking about, what can we do? What helps people who suffer? And as we’re seeing about loneliness, people who are lonely are suffering.

And it's happening right now even in, you know, the lovely community of Chico or Corning or any of these places that are so lovely and still have that small-town feel to them, there are lonely people. We get calls from older people in Butte County who are sitting there right now and need to talk to people. And this one gentleman who we call out to, when he answers the phone – and he doesn’t have a phone where our number pops up – but he does says hello and he says the name of the person who calls him because she's always the person who calls him at those times. And she says, “I'm so surprised that you always say my name when you pick up.” And he said, “When you only get one call a week or one call every couple days, I know who’s calling – it’s you.” And so, you know we just want to be aware that even something like a call a couple times a week can decrease feelings of loneliness.
But what we have to do is be empathic. And that's what Cacioppo was talking about -- that people who are lonely aren't thinking about anybody else because they're into self-preservation, you know. So you cannot think that somebody who is really lonely is going to reach out to you. Because they're not going to do it, because they believe you're going to reject them. And sadly, in many instances they're probably right. So when people say, “Well, you know, if she needs me she'll call me,” that ain’t going to happen. We know that with people are grieving. To say to somebody, “Oh, call me if you need me,” and we think we're being very gracious -- that's going to fall on deaf ears because they're not going to call you. But if you say, “I'm going to call you or I'm going to come over, and if you want to talk to me, here I am. Or if you just want me to sit here with you, here I am. But you have to do anything because dealing with loss might be enough. But I’m not going to abandon you.” Listen actively -- as you were saying. But that means I've got to pay attention. I can't be doing something else, you know, like trying to multi-task and trying to be present with somebody is an oxymoron. It doesn't work, and the other person knows, even if they can't say it, they are aware that you're distracted. And what lonely people will say, “It was a bad idea. I'm just bothering you.” And what somebody said about being a burden – was that you? --I don't want to be a burden. And so they'll hang up.

Reflect feelings. Let them know, “I think I hear you saying you're scared, you don't know what to do.” Create rapport: “Let me talk to you,” and then we need to know what's going on in our resources here in our community. What is available?
Social connectedness

- “One of the National Strategy’s primary aims is to promote opportunities and settings to enhance connectedness among persons, families, and communities.
- Connectedness is a common thread that weaves together many of the influences of suicidal behavior and has direct relevance for prevention.
- Accordingly, CDC has adopted as its theme “Promoting individual, family, and community connectedness to prevent suicidal behavior” to define this area of prevention.
- We define connectedness as the degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups.

---

Slide 6 Social Connections

I know if I have an older parent who is really slipping into loneliness, because they’re going to say -- I tell my volunteers and staff all this all the time: when you make a suggestion, anticipate a “no.” Lonely people are not thinking about reaching out. They’re afraid, so you’ve got to say to them, “I know you’re probably -- I think you will probably say ‘no’ when I make a suggestion and that’s absolutely okay. But I want to talk little bit about loneliness. And that the reason you’re saying ‘no’ is because you are lonely and you’re afraid and you might not want to take this risk. So let’s kind of acknowledge that.” And then they say, “I don’t want to do that. Why would I want to go to that senior center and there’s nothing there but old people.” And I say, “How old are you?” “I’m 82.” OK -- somebody’s got to be old, as I said. I’m going to be a good old person. Because I’m going to say, “Hey, if I feel old now, and if I’m 66” -- and I don’t mean that in a bad way.

So we want to look now at social connectedness – it’s also part of a national strategy to promote opportunities and settings to enhance connectedness among persons, families, and communities. So promoting individual, family, and community connectedness also is connected to suicide prevention. So the national strategy is really mirroring what we’re talking about locally. Let’s get connected. Connections are what bind us to life. And so we need to be able to do that. And so connectedness is the degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups. So not only do we need to know what’s available here in Chico and in Butte County, but also what’s out there in other parts of the world that we can also look at. And so that is important as well.
Also, we’ve got to be able to recognize loneliness — recognize loneliness — be able to ask the question because now we have information. And I say to people who are lonely I’ll say, you know, “Are you feeling lonely?” And then I’ll say, “Are you alone most of the time? Do you feel left out of things?” I just use that three-item loneliness questionnaire. And people will say, “Yeh, often I am left out.” But they’re not letting people know, “I want to be brought in.” They say, “Oh, it’s too much to go to that picnic” or “I used to go to church, but I’d just put you out because of the walker, and it’s such a ——” Particularly if I’m in a wheelchair. Oh my God, I don’t want to disrupt you or cause you any problems or that kind of thing.

So how do we know? Well, it can be hidden or maybe disguised as a physical symptom. Discomfort. Fatigue — this is a big one, as you heard Dr. Cacioppo say — is that people who are really lonely often have sleep problems. Sleep doesn’t restore them; they’re actually more anxious. You know, you see older people who often can’t sleep at night but they sleep like gangbusters in the daytime when you’re there. with them. It’s because they feel frightened at night. I know they’ll say this: “I’m afraid somebody’s going to break in,” Even those who have had no evidence of that. Because their brain isn’t relaxing; their brain is on high alert. Because you’re isolated.

You’re separate from the group. That’s the problem — they’re anxious, they feel tension a lot, they’re withdrawing. They’ll say “no” to things they really enjoy doing; they’re going to say “no” to you. So you want to be aware. They appear restless, uneasy or uncomfortable. They may choose to stay at home or they go back to bed because they didn’t sleep well at night. But during the day they feel safer but then I can sleep at night because they slept — they took too many naps. But those are all indicators that this person is feeling lonely, so that’s really important.
Loneliness Interventions

- Ask about loneliness
- Spend time with the person in silence or in conversation
- Assist the person in keeping contact with people important to them
- Explore the nature of loneliness with the person
- Develop community support for the person

Slide 8
So what are some loneliness interventions? Asking, just simply asking, you know. Just get the person to talk. And just like that 84-year-old lady -- when she said, “I’m nobody today. I used of the somebody,” I said right there, “Well, tell me about that. How did you know you used to be somebody?” And immediately, without hesitation, “I did volunteer work. I was engaged.” And then what happened at her facility -- after we recognized she was also depressed and she was getting her depression treated. And then I came to see her and talk to her. And then I talked to the staff at the facility and I said, “Why can’t we use her again as a welcome person or whatever you want to call her, because she did that as a volunteer.” And they said, “Oh, we just don’t use residents in that role.” I said, “And is there a law against this? Is there some big thing going on here that I don’t know? “Oh no, we...” See, you have to – and then they said, “Would you like to have your old roll back? And the only reason she didn't have it anymore is because she became a resident. It wasn't because she lost her skill. And so she did -- right now, today, she's doing that. And she would never say to me now, “I used to be somebody.” Because what she's doing is she's the welcome wagon. When anybody transitions there, she's the first person who lives there who talks to them. And she is happy, really happy. It's really a great thing. I appreciate that -- I'll tell her you clapped for her. And she'll say, “You talked about me?” And I'll say, “Of course I did.”

Spend time with the person in silence or in conversation. The thing is, don't abandon them. You might keep in mind conversation might be rusty. They're not so good at it. And then -- as you shared with us -- if I have any kind of cognitive impairment I might feel embarrassed. I'm working with this 85-year-old person who's just really lovely. She's a grandmother of my daughter-in-law and when she goes to events -- when she goes to events her family is always nice -- is always very nice to her. But nobody sits and talks to her because she has -- her memory isn't so good and she repeats. And so when I'm there I'll say to her -- and she's sitting with people -- and I'll say, “Jeanne,
do you want to sit here? And she'll say, “Well I don't know” And I’ll say, “How about you and me sitting together?”
And so we’ll go off and sit down. Then I’ll say to her, “What are you noticing here?” and she said why notice that nobody talks to me and I said why do you think that is?” And then she said -- it was so great -- she said, “Because I repeat.” And I said, “Yes you do, and you know why you repeat yourself?” And she said, “I think I have early-stage Alzheimer’s.” And I said, “Yes, you do. That’s what I’ve heard from the family and from your doctor,” and I said, “But you feel okay talking with me?” And she said yes, and she said, “What if I repeat myself?” to me – I mean, do you think if somebody repeats himself, you think I would be upset about that? I said, “I’m absolutely okay with that,” and I said, “Do you want me to tell you if I’ve heard this story before? And she said, Yes, but I’m not sure it’ll do any good.” And I said, “OK, were on okay.” So I said – and I talked with her and we had a very nice time. And it’s not that her family isn’t nice, but they’re just unable to do that. And so what you want to do is sometimes just sit there with her. It’s very lovely there in Sonoma where the family goes. And it’s really nice and I sit there and I’ll read to her or she’ll talk to me. But just don’t abandon them.

Assist the person in keeping contact with people important to them. Just as I said, write that card to somebody, make that phone call. Unless inclined to say send an e-mail. I think it’s better to have your real voice or your, you know, writing something that really demonstrates I took some time to think about you. Explore the nature of loneliness with the person. And I just say to people -- do you feel lonely? And what they’ll say is “yes,” if we present it in a way that it’s okay. It’s okay, that’s what happens. Sometimes we feel lonely, sometimes we don’t. And then find community support for the person if you can. Find groups that do friendly visiting that kind of thing.
Does the person initiate contact? So there are some ways that we can look at again trying to recognize -- does the person cling to others or attempt to detain them? When you have been in nursing homes -- and I've been in too many nursing homes over these 41 years --and I have maybe a client in a room down at the end of the hall. And I'm walking down and people are sitting outside of their rooms in these little geri chairs. And they'll grab my pant leg or they'll grab my shirt and I can't keep going. These are people, you know, who are really trying to say something. And I'll say something to them, and I'll say hello or whatever. And what do you think they say? What's the most frequent comment that people in nursing homes say? “Help me...take me home...I want to go home.” And they're just sitting there. I can't -- I can't get back there unless I say something. You know you have to say a kind word.

But again, look at what we do. We segregate people. We put them in nursing homes. Just as you heard Cacioppo say, in the 1940s we didn't do that. And if we did it was under really dire circumstances. But now, how dire are the circumstances? So we need to really explore that and we need to get engaged more in our nursing homes in our county. Even if these aren't people that you know -- but they don't care about that. What they care about is someone that they can talk to. And we have lots of information that visitors to nursing homes -- particularly if nursing homes are open to you bringing a dog, you know, a friendly animal. And it can do wonders. It can change the whole demeanor of that older person. So be aware of the nursing homes in your communities and reach out.
You know, the path of compassion -- cultivating kindheartedness. You know, one of the things that I have -- and I'm sure you do, too -- is that you have intentions. What is my intention for the day? And my intention every day, every day, every day, is I'm going to be kind to people. And I'm often on the highways because I'm going to all various parts of California and it's sometimes tough, particularly on Highway 99. I don't know about you but that -- boy, people are not real friendly there. And people do wild things when they think you can't hear them. I can read lips and I can see what they're saying. But try to be kind, try to be compassionate. Try to live that. Recognize people in your community that our service -- who do service work. Waiters, waitresses, people that pour your coffee. Empathy is the visceral or emotional experience of another person's feelings. Don't just walk by somebody who looks sad. I love that Caciappo had that little child sitting there. How do we recognize that people are feeling lonely or suffering in some way? They often show it on their faces. They look sad. They look on the verge of tears or are crying. Say something. Empathy is the basis of true compassion since it makes us aware of the difficulties others face and their suffering. When -- think with loneliness that all you have to do to begin is to say “hello,” “hi.”

I just talked with somebody yesterday when I was walking across the street to the Safeway and I saw this old woman just pushing a big card with lots of stuff in it. And I said, “Can I help you with your cart? And I was dressed like this and \
I still had mine my badge on from Institute on aging. Because, you know, also in our day and age now who knows what might be going on there. And she said, “Do you really want to help me?” And I said, “Oh I absolutely do.” And she said, “Don’t you have something better to do? And I said, “No.” I absolutely we didn’t have anything better to do at the time. And so she allowed me to help her, and it was so nothing, you know. But I could tell she was so happy and she was telling me about her family and this and that. And she wanted to know why was up here, and we had this 10-minute conversation. I could tell the impact on her was great. But for me I could feel my own compassion and kindness and that was also helpful so you want to be aware of the power of compassion.
Five Insights to Contemplate

1. Everything changes.
2. All we actually ever “have” is the present moment.
3. Our thoughts are just thoughts, not always reality.
4. We are part of an interconnected web of life.
5. What we practice becomes stronger.

So, five insights that I think we just all need to contemplate today or over the weekend is – first of all, everything changes, everything changes. We might be feeling like everything is going well in our lives, but we don’t know. As Susan Jacoby talks about in her book, we don’t know what’s taking in our DNA right now. We don’t know what might befall us in the next day, week, month, or years because when it comes to death, we’re all going to die of something. There’s going to be something written on that death certificate. And it’s going to say something like – it’s going to be out of the top 20 causes of death in this country. So we know something is going on; it just hasn’t revealed itself yet because we’re still here. So we want to be aware that things change.

All we actually ever have is this present moment. See, right now this is all we’ve got. And is it okay to be here right now? Can you really just be here, without wondering at what you’re going to do for lunch or how you’re going to deal with the rest of Friday? Can you just be here with these lovely people that you’re sitting with and to see the beauty of everybody in this room. Even if I don’t know this person -- but can I recognize that we’re on this journey together? And we need each other. We desperately need each other. And in these kinds of public forums we often think that there were people here, but I might not have even seen them because the people sat up here I saw the back of their heads. So we want to be aware of the present moment.

Our thoughts, again, are just thoughts. They’re not always reality. Just because I think it doesn’t mean it’s true. In AA, in 12-step programs, they say when you start going into your mind it’s best to take somebody with you. You know, because it’s a dangerous place to go alone.

We are part of an interconnected web of life. What we practice becomes stronger. So if I practice negativity or negative thinking it’s going to become even stronger.
I like this little cartoon. It’s at a family counseling center, and the counselor says, “Do you ever communicate as a family just by speaking? So when I hear in families that teenagers are in their rooms, maybe just two doors down the hallway, and they’re texting their parent rather than having a conversation, that freaks me out. And we need to think about it. How we are communicating even at work. Of course, I have to bring Oprah into the mix because Oprah is such a grand communicator.

But there is a national movement spearheaded by Oprah about “just hello.” She is on the bandwagon about loneliness, and she’s saying if we could just speak to people, if we could just say “hello” to them, what we’re going to do is we’re going to change the climate in our our communities. And people that really have predatory thoughts are not going to do well in an environment where we want to get to know everybody. That’s going to happen less often when we talk to each other. We really are not hard-wired to be isolated. we are hard-wired to connect.
And so that's another thing that you can do. When people talk, listen completely. Most people never listen.
So connect with people, whether that's on the phone or in-person. Connections are paramount for caring – assist them with keeping contact with people that are important to them. When an older person says to you, I really -- I have a good friend but she'd moved to wherever, Milpitas. And I don't know how to communicate with her right now, I don't know how to find her. We can help her find that person, and that's where the Internet comes in handy. We can find people on the Internet. We can help them stay in contact.

Be as present as possible with people who are lonely. Empathize with them.
What We Can Do

- Anne LaMott in *Stitches* (2013) writes:
  “Daily rituals, especially walks, even forced marches around the neighborhood, and schedules, whether work or meals with non-awful people, can be the knots you hold on to when you’ve run out of rope.”

Slide 17
You know, Anne LaMott -- I love this statement. Anne Lamont, that you might be familiar with, wrote the book “Stitches” and other books as well. And she says, “Daily rituals, especially walks, even forced marches around the neighborhood, and schedules, whether work or meals with non-awful people...” Have meals or work with non-awful people. That, to me, was “hallelujah”! The clouds burst and I felt the divine presence there. “…can be the knots you hold on to when you’ve run out of rope.” And long before I read this -- but I just love it -- is that I don’t have dinners with people that are negative, that are constantly whining or complaining. That doesn’t help me. And I choose in my personal life to be with people that are non-awful, who are trying to see what they can contribute to the world as opposed to what they can take from the world. And there’s a difference between those two groups. So, active listening.
What We Can Do Continued

Based on the research of Cacioppo:
EASE your way to social connection:
1. Extend yourself to others
2. Action plan
3. Selection – the solution to loneliness is not quantity but quality of relationships
4. Expect the best – we have more control over our thoughts than what we think

Slide 18
From Dr. Cacioppo – he talked about something called “EASE” your way into social connections which is: extend yourself to others; have an action plan; selection the solution to loneliness is not quantity but as you said, quality of your relationships rather than quantity of many; expect the best -- we have more control over our thoughts than what we think.
And then you've got to take care of yourself, as well. Those are some of the things that we can do. But keep in mind people who are lonely are going to be not exactly easy to work with. Keep in mind that there is data about how the brain is now in self-preservation mode. They are not thinking about connecting with others. Their thoughts that they're not conscious of are about only themselves, you know. So it's very tough for them.

I'm going to ask you to do one more thing in relationship to this. As I said, that when we come to places like this, we come to talks and lectures, we think it's only affecting our brain. It's information, so we've been processing a lot of information. But I want us to go on a deeper level. I want us to go to our heart, our soul, our spirit. What I hope is that something happened, whether with somebody else in this room or it was Chris or with the lovely people that were signing us in when you were coming. That somebody looked at you and said, “I'm glad you're here.” You know, attempted a connection. So that when you leave here you leave here feeling a little more full in terms of social connectedness, and that you might have connected with somebody in some way that they're going to think about you or remember you or are grateful that you were here.
So what I’d like you to do -- if you could all stand for a moment, and what I’d like you to do is you stand and I’m going ask you to do something that is really simple but it can be a little challenging. I want to – when I tell you, I don’t want you to speak, I don’t want you to say anything to people. But I want you to have as much eye contact -- gentle eye contact -- not staring, we’re not in high school. I want you to have as much gentle eye contact as you possibly can have with as many people in this room as you can. And please feel free to move around, but don’t talk the talk. gentle eye contact. Just like we had, just here I want you to recognize that there are people in this room and I want you to walk around take a stroll. Just look at people, but try to refrain from speaking. Let your face communicate. Let those smiles out. Just look at people -- gentle eye contact, and stay connected with how this feels. Gentle eye contact. Let your face do the talking. Be aware of how this feels. I doubt that you have done this very often in large group. This is good – I’m proud of you. [inaudible] can be scary places from ...and yet it’s so much that’s right about you. Absolutely. So when you feel that you have connected with as many people as you can visually, then please take your seat. And just allow yourself to ask yourself, how was this? How was this for me? How was it to be at this loneliness conference, and do I have some tools, do I have something to take home? But at least now when somebody says, ‘Oh, who was at that meeting there with you? You can say I actually had eye contact with mostly everybody. And I got to see that, wow there’s a lot of people in this room. Because if I’m up here, looking this way, I can’t see all of you back here. So we’re really a diverse crowd and I’m really glad that we’ve got people of all ages here, and that’s really wonderful.

So just in closing -- what I’d just like to emphasize is that we can make a difference.
And I just want to read this little problem to us. It’s called “Forgotten” [by Inge Meldgaard]:

*Once upon a time in September*
*When Springtime’s tender blooms burst forth,*
*The joyous poet did write*
*A tale to remember,*
*Of brilliant colours,*
*Softest perfumes,*
*Birds in flight,*
*Wondrous Light.*
When morning came, the poet awoke
To feel the prison chains of truth,
To find that he’d been dreaming
Of former days, of youth.
Health and strength now gone,
The old man weeps.
No one sees
His tears
Fall.

It doesn't have to be that way, and everybody in this room can make a difference. And the difference is just being aware of who's around me and have I enough practice in simply saying, “hello” or “help me” or “tell me more” or “let me help you.” And here's what I can do and here are my limits, but here are my strengths. These are things that I can do. And so I urge us to be able to do that.

If you could also fill out that survey that Chris and his staff have left for you. And Chris, anything you want to say? Well, I just want to thank everybody for coming out and supporting your agencies here that provide social services. Passages, that you heard Chris talked about and all the others. And I just really, really hope as we move into the holiday season that we do so with a sense “a gift that I can give people in my community and a gift I can give to my family is my presence.” That doesn’t mean gifts, it means let me be present for people -- let's have lunch, let's talk, let's live together and share some good times and some good food with non-awful people.

Thank you very much.