



LPNQ

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Isolation

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LPN-Q, The Quarterly Journal of the Life Planning Network is produced by members of the Life Planning Network, a community of professionals from diverse disciplines dedicated to helping people navigate the second half of life.

The Life Planning Network is the leading association supporting professionals who assist people at this life stage. We intend to bring into everyday use proactive and purposeful planning for the second half of life. Learn more at lifeplanningnetwork.org.

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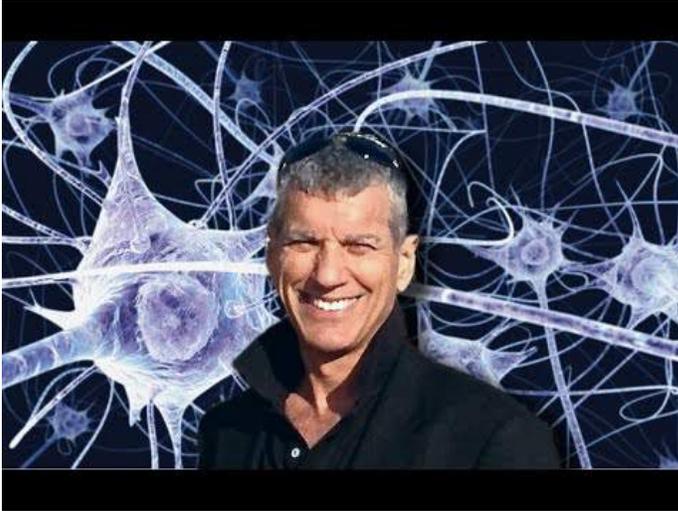
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Introduction

We of Life Planning Network are good at addressing the diverse challenges that aging lays before our clients and ourselves, the barriers to optimizing life after 50 and into our 90s. We tend, however, to focus energetically on the more concrete dimensions of wellness, the issues for which we can offer positive prescriptive solutions: housing, diet, work, finances, fitness, creativity, caregiving, and even preparing for death. We have attended less well to the single greatest global health crisis facing aging adults: isolation and loneliness.



“We think of loneliness as a sad condition, but for members of a social species being on the social perimeter is not only bad, it is dangerous,” says John T. Cacioppo, a professor at the University of Chicago, director of the university’s Center for Cognitive and Social Neuroscience.

Health researchers and care professionals, government officials, social scientists, and business leaders worldwide are sounding the alarm about the hidden costs and toxic consequences of what many are calling a “loneliness epidemic.”

“The profound effects of loneliness on health and independence are a critical health problem,” says Dr. Carla M. Perissinotto, a geriatrician at the University of California, San Francisco. “It is no longer medically or ethically acceptable to ignore older adults who feel lonely and marginalized.”

Social isolation is epidemic across all ages, but its effects are even worse among older adults who lose social confidence, mobility, transportation options, or live alone or separated from familiar communities and families. In a world driven by pressure to connect online, some solitude may be replenishing. But when being alone is involuntary and becomes long lasting, the results are potentially devastating.

The most recent U.S. census data shows more than a quarter of the population now lives alone, more than half of the population is unmarried and, since the previous census, marriage rates and the number of children per household have declined. In the United States and Britain, half of those older than 85 live alone. The prevalence of loneliness, found in various studies, ranges from 18 percent of the population feeling isolated (at least some of the time) to 43 percent feeling lonely. Approximately 42.6 million adults over age 45 in the United States are estimated to be suffering from chronic loneliness, according to AARP's Loneliness Study.

The seismic growth of the aging population globally is amplifying the issue. By 2050, the over-60 populations of Germany, Japan, and Singapore are expected to increase by 40 percent; Brazil, Canada and the United States' 60+ population by 30 percent.

"These trends suggest that Americans are becoming less socially connected and experiencing more loneliness," says Dr. Julianne Holt-Lunstad, a psychology professor at Brigham Young University, Utah. She was the lead author of a study that looked at 218 studies into health effects of social isolation and loneliness involving nearly four million people. The researchers found that lonely people had a 50 percent increased risk of early death, compared to those with good social connections. In contrast, obesity and excessive drinking raise the risk of early death by 30 percent.

Indeed, researchers have found mounting evidence linking loneliness to physical illness and functional and cognitive decline. Since last year headlines in major newspapers and journals have blared: Loneliness is as likely to kill you as smoking 15 cigarettes a day. The total assault on other health outcomes is also fearfully impressive, including, according to Cacioppo's studies:

- 29 percent increased risk of coronary heart disease
- 32 percent increased risk of stroke
- 64 percent increased risk in developing dementia

Loneliness, Cacioppo says, affects several key bodily functions. Chronic loneliness is associated with increased levels of cortisol, a major stress hormone that raises blood pressure. Danger signals activated in the brain by loneliness affect the production of white blood cells, and potentially impair the immune system's ability to fight infection. Loneliness has also been shown to predict the progression of Alzheimer's disease and even has the power to alter our DNA and accelerate our physical decline as we age.

"Conversely, healthy connection can slow that decline," Cacioppo writes in *Loneliness: Human Nature and the Need for Social Connection*, written with William Patrick.

Loneliness also affects caregivers and families who spend a significant amount of time attending to lonely older adults, filling social gaps and addressing medical needs. Some 56 percent of caregivers report their work was affected by caregiving duties and 22 percent say their health declined as a result of caregiving.

Further, health systems are facing the daunting burden of a rising tide of older adults with somaticized and health conditions related to loneliness, according to “Loneliness and the aging population,” a 2017 IBM white paper. Frequent visits by older adults to their physicians for social interaction is straining healthcare systems. “People will somaticize, which is their ticket to get in to see the family doctor,” George Crooks, the former medical director at NHS24, Scotland’s national telehealth and telecare organization. “They actually don’t have an underlying physical problem—they just want social contact.”

Loneliness usually involves loss—the death of a family member or friend, diminished mobility, loss of visual, hearing or cognitive abilities. These physical and intellectual impairments are experienced at some level by 40 percent of adults over 65, and they can precipitate a domino effect that seriously impacts social interaction.

Understanding loneliness is, however, more challenging than generally assumed. Common assumptions have begun to give way to recent research revealing neurological mechanisms and genetic aspects of loneliness, replacing simpler psychological explanations with biological causes. Commonsense and psychological explanations appear increasingly as shallow, as flawed as pre-scientific beliefs that the world was flat.

Cacioppo, who has been working for more than 30 years to understand how brain and body intertwine in social responses, points to the importance of loneliness in the evolution of humans as a social species. Because early humans were more likely to survive if they stuck together, he writes, “evolution reinforced the preference for strong human bonds by selecting genes that pleasure in company and produce feelings of unease when involuntarily alone.”

Brain and biology have shaped us to respond to the aversive signals essential for survival. Much as hunger sends us looking for food (once by hunting, now by opening a refrigerator), thirst tells us to drink before we become dehydrated, and pain notifies us of potential tissue damage, our aversiveness to loneliness warns us—at a biological level—of a threat to our social condition, which needed to survive and prosper. Humans evolved specific biological reactions to social threats, including behaving nervously, experiencing physiological response, and producing stress-related biochemical that cause inflammation.

Cacioppo's research has found that as with other social species—rodents, for instance—our brains respond to isolation by signaling more than unhappiness, but actual danger. The lonelier the brain, the more activity occurs in an area called the temporal parietal junction. Like isolated mice that cling to the perimeter of a field rather than risking exposure to a bird of prey, humans, too, become hyper-vigilant. Looking for dangers, even unconsciously, we perceive more danger. As loneliness increases so do defensiveness and depressive symptoms. “The threat surveillance of always looking for the next foe activates neurobiological mechanisms that can degrade your health and lead to early mortality,” Cacioppo says.

For all his research, Cacioppo nearly fell off his chair last year when he read the results of a study, published in *Cell*, by neuroscientists Kay M. Tye, Gillian Matthews and their colleagues at the Massachusetts Institute of Technology. They found that when mice were housed together, certain neurons (dorsal raphe nucleus, or D.R.N.) in the brainstem were quiet. But when the mice were isolated for even a short time, the activity of those cells surged when the mice reunited with other mice. It was the first time the researchers had seen a cellular mechanism that underlies the experience of loneliness. They also found that the brain activity—a “loneliness-like” state—varied in intensity by social rank. Learn more about Tye and Matthew's amazing discoveries and their significance for potential future treatment of loneliness and other “psychological” conditions in *LPN-Q's* interview with Tye.

We're proud to begin this issue by republishing the opening statement U.S. Senator Susan M. Collins, chairman of the Special Committee on Aging, delivered in April 2017 at subcommittee hearings to call attention to the crisis of isolation and loneliness.

In “Avoiding Loneliness in Our Elder Years,” distinguished LPN member and former public radio reporter Connie Goldman writes frankly about the trials of significant loss in later life and the challenge of dealing with newly “vacant realities and feelings” as the choices and chances of being actively involved diminish. The author of the forthcoming *Wisdom From Those in Care: Conversations, Insights and Inspiration*, shares some important tips. Retirement coach Larry Jacobson offers a heartfelt examination—a *cri de cœur*—in which he tries to make sense of the suicide of his close friend earlier this year.

In “Vulnerability of the Solo Ager,” Sara Zeff Geber addresses the susceptibility to isolation and loneliness among older adults who are not parents of children and the importance of planning ahead to live with others. While some researchers say online connection does not count, Lynne Berrett offers a glimpse of how experimenting with social relations in a virtual world has ended loneliness and changed lives for the better in the real world. Finally, David Goff, a psychologist who has been severely disabled since suffering a brain aneurysm 15 years ago, provides a beautiful and provocative essay about coming to terms with solitude. Profoundly moving, it reflects the kind of letting go of the desperate urge to worry about that

over which we have no control, as expressed in the theory of “gerotranscendence” developed by Swedish gerontologist Lars Tornstam.

In addition to the excellent advice offered by Goldman and Jacobson, I’d like to share Professor Cacioppo’s recommendations for dealing with loneliness.

1. Recognize the signals of loneliness and don’t deny it. “Denying you feel lonely makes no more sense than denying you feel hungry,” he says.
2. Understand what loneliness does to the brain—that it’s a danger to you as a member of a social species and will cause your brain to trigger some unknown and unwanted effects and interfere with your interactions with others.
3. Respond. Attend to the components of connectedness: Find at least one person to trust and confide in (and who you allow to confide in you). Create emotional connectedness by sharing good times with family and friends. Engage in collective connectedness by joining to help in something bigger than yourself, possibly volunteering for something you enjoy.

It’s my hope that this issue will stimulate LPN as an organization to confront isolation and loneliness as the critical problem it is. As we advocate for positive aging and imagine the organization as a force reshaping aging, we need to address isolation and loneliness as major barriers for those we wish to help navigate a self-determined and fulfilling life.

Bruce Frankel - Issue Editor

Aging Without Community: Consequences of Isolation and Loneliness

Senator Susan M. Collins

(Following is the opening statement for a hearing on April 27, 2017 before the Special Committee on Aging.)

Good Afternoon. Today, we are shining a light on a growing phenomenon: the consequences of isolation and loneliness on older Americans who are aging without a strong sense of community. This is the first of a two-part series. In our next hearing, we will explore solutions that re-connect older people to communities.



One survey to assess isolation among seniors asks this question: If you had good news or an interesting story to tell, do you know someone with whom you could share it? Increasingly, older Americans are answering this question not with the name of a relative or a friend, but with the name of their cat or their dog. While studies have shown that pets can help alleviate loneliness, they shouldn't be an individual's only social contact. In fact, the science is clear that isolation and loneliness are dangerous to the health of our seniors. Having friends is as important for good health and well-being as food and water.

Isolation and loneliness can result in negative mental, behavioral, and physical health outcomes. Seniors who are lonely have a 45 percent greater risk of dying. They have a 59 percent greater risk of functional decline, causing deterioration in their mobility and ability to perform daily tasks. Isolation and loneliness are associated with higher rates of heart disease; a weakened immune system; more depression and anxiety; dementia, including Alzheimer's disease; and nursing home admissions. Prolonged isolation is comparable to smoking 15 cigarettes a day. I must say that was a statistic that really hit home to me.

Prolonged isolation is comparable to smoking 15 cigarettes a day.

Older Americans who are isolated or lonely are also more susceptible to financial scams and elder abuse. Last Congress, we uncovered the tragic story of a 77-year-old man from Maine who turned to the Internet for companionship. Lured by scam artists, he ended up in a European prison as a convicted drug smuggler. Without the persistent work of this committee and diplomatic negotiations, he would still be

there today. The plight of this man and thousands of seniors in his shoes could have been avoided had he and others not been so susceptible due to their desire for simple companionship.

A number of risk factors for isolation and loneliness are age related—including widowhood, chronic health conditions, and mobility impairments. The size of one’s social network also decreases with age. I have heard seniors in my state compare this phenomenon to “watching the world die before you.”, as they lose more and more of their friends.



*A house in winter in rural Maine, where residents are often isolated in their homes.
Photo by Yoon S. Byun for POLITICO.*

Maine is the oldest state in median age, is aging the fastest, and is among the most rural. An epidemic of loneliness and isolation is growing, and we face major challenges. Those who live Maine year round can be left isolated—winter can keep them indoors for long stretches; homes are far apart; and transportation is often a barrier.

Established programs such as Meals on Wheels are reaching seniors in important ways. For many, Meals on Wheels is not just about food—it’s about social sustenance, also. Seniors look forward to greeting the driver and having a bit of conversation. That’s why I am concerned that the Administration’s proposed budget cuts would affect programs like this one and many others that help keep our seniors connected. And if you look at it those cuts are really pennywise and pound foolish,

because in the end they're going to cause more hospitalizations, more nursing home admissions, and poorer health outcomes.

The fact is the consequences of isolation and loneliness are severe: negative health outcomes, higher health care costs, and even death. The root problem is one that we can solve—by helping seniors keep connected with communities. Just as we did when we made a national commitment to cut smoking rates in this country, we should explore approaches to reducing isolation and loneliness, each has a real impact on the health and well-being of our seniors.

Sen. Susan Collins (R-Maine) is the Chairwoman of the Senate Special Committee on Aging since 2015.

Avoiding Isolation in our Elder Years

Connie Goldman

The term “isolation” implies alone-ness. Sometimes that’s a chosen situation. Authors often need to be alone to do their writing. People who paint or draw talk about their creative abilities being at their best when they are alone with their thoughts, feelings or what they are viewing at the moment. There are many kinds of chosen situations of isolation. There are others that our personal changing worlds have imposed upon us. The death of a partner, mate, wife, husband or beloved pet is an obvious loss of close relationships. As one ages into their later years, there are many situations that can put one into a place in their reality or in their minds of being very often alone, feeling abandoned and limited on their own as well as facing a change of lifestyle they are not prepared to embrace.



After losing lifetime friends and relatives, the challenge, I not only believe but have experienced, can leave a person searching for what can replace the companionship and stimulation that was so comfortably and easily provided in more active years.

After losing lifetime friends and relatives, the challenge, I not only believe but have experienced, can leave a person searching for what can replace the companionship and stimulation that was so comfortably and easily provided in more active years.

Such relationships don't come gift-wrapped and aren't delivered to your door. Many times, as we seek the relationships of others, the challenge of satisfying that need has no clear path. Living alone can be waiting for someone to write you an email or a letter or hoping a neighbor or friend will call or ring your doorbell. Sometimes this happens and other times it doesn't.

When the man I had been living with passed away, I still had the companionship and responsibility of caring for our beloved, yet very needy, dog. I switched from being my partner's caregiver to the caring for a dog who had lost much of his eyesight and became the one who needed my attention.

Sadly our dog passed away about a year after my partner. After both were gone, I faced the challenge of living alone, which was far different from when I lived alone in my more active middle years.

I made a concerted effort to set up dates with friends for lunch, a play or movie or even just a cup of coffee and a stroll around the neighborhood. I was able to engage in varied conversations with them about current events as well as the challenges facing elder persons to more personal thoughts and feelings about embracing the changes we face in our own lives.

Many now find themselves limited to their local neighborhood for visiting, walking or sharing with friends. To think of our smaller world too often in terms of losses, we ignore the possibility of what positives and new experiences there might be. Acceptance of the specific changes from a busier life is an adjustment that can offer both positive as well as what is often viewed as a negative change. What do we do about the newly vacant realities and feelings that may be part of our current situation?

There is no easy answer, although I sincerely wish there was.

If someone is housebound or physically limited at whatever age, the choices and chances of being actively involved in sharing spontaneous conversation become more difficult. Certainly we can read the newspapers or watch the news on television or listen to the radio so that when the opportunity for unexpected conversation presents itself, we are ready to participate. I hope this is not sounding like a naïve suggestion; I know from my own situation and from others as well, that the world moves quickly and people are pre-occupied with their own to-do list every day.

In our elder years, the expectations of our old patterns of social exchange become varied and differ from so many areas of our previous interests. Many learn to live without driving and accept help that is usually for picking up groceries, dry cleaning, a trip to the post office or doctor, or a variety of other errands in the immediate neighborhood. Conversations on those trips are mostly about the practicalities of those errands. However, when the groceries and dry cleaning are unloaded and put away, the time for a different conversation is possible. A change of surroundings can set up an atmosphere that may open topics or concerns on the minds of one or the other. Certainly resolving the practical needs is important, but a relaxed time when that is accomplished leaves time for more fulfilling and often rewarding conversations.

When I was out walking the other day in the flourishing, blooming area of my neighborhood and adjacent park, it was interesting to see how many were enjoying a slowed up pace and a moment of conversation with someone they may not even know very well.



As I walked by, I overheard their sharing of thoughts and opinions about the beauty of the flowers and the wonderful feeling of the cool breeze along with the shining sun. The opportunity that such casual conversation can open up other aspects of interaction between two walkers as they stop to chat and get to know someone in a different way that just saying good morning. Many in my particular neighborhood no longer have to dash off to the office or to other work commitments that used to preoccupy most days of the week.

Communities and organizations across the United States have realized the negative impact that social isolation has on a person, particularly in their elder years. Because of this realization, some communities have agencies dedicated to the health and welfare of the elderly that includes opportunities for expanding social interaction to combat the feeling of isolation.

Here in my area I've discovered that our community center and several churches also have available a schedule of various groups that meet on a regular basis. Some discuss world events while others play cards or are in crafting groups. I belong to a small group of women in my neighborhood who meet every month for a book club to discuss the agreed upon book as well as a variety of other topics. My local newspaper has a calendar of upcoming events and locally scheduled workshops or presentations. Also included is a list of contacts for volunteer organizations in the area that might possibly need help. New opportunities for learning can be stimulating for thought and expands ones curiosity for continued discovery.

The elder years aren't about doing nothing. They're about exploring other things and new experiences. That's my challenge and maybe now, or at some stage of your life, it will be your challenge that will offer you pleasure and satisfaction as well.

***Connie Goldman** is an award-winning radio producer and reporter. She is the author of several books, including the forthcoming *Wisdom From Those in Care: Conversations, Insights and Inspiration*.*

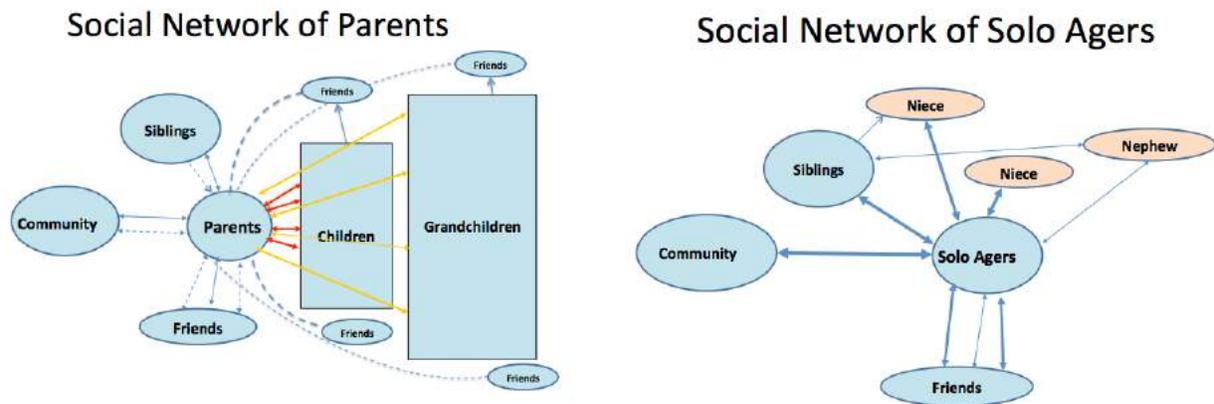
Vulnerability of the Solo Ager

Sara Zeff Geber

At age 50-something, I looked around me and noticed many of my friends spending more and more time caring for their aging parents. They arranged for drop-in caregivers, picked up prescriptions, took over management of their parents' finances, helped sell their home, chauffeured them to doctor appointments, helped choose an assisted living facility, or in one case even moved back into their childhood room so they could take on the role of live-in caregiver themselves.

Throughout that time, one of the most critical "jobs" these adult children had on their parents' behalf was that of *companion*. In many cases, without that connection those older adults would have spent a lot of time alone. I noticed this got more complicated and difficult when those grown, middle-age children lived many hours away, and had full and demanding lives of their own. But most families worked it out, often with the child in closest proximity doing most of the heavy lifting and others chipping in where and how they can.

So, what about older adults who do not have children?



Parent Network vs. Solo Ager Network

My casual research into today's 80+ generation has revealed very few child-free older adults living in retirement homes or assisted living communities. These "Solo Agers," as I like to call them, are mostly making do as best they can in their own homes—the ones they have lived in for 20 to 50 years. That can be a very isolating experience, especially as they become less mobile, relinquish their driver's license, and begin to experience vision or hearing problems.

In the baby boom generation, almost 20 percent are child-free. Those that are married or live with a partner grow increasingly dependent on each other and when one partner passes on, the loneliness and isolation can increase dramatically.

We Solo Agers need to plan for a time when we may not be able to hop in our car and drive to see a friend or attend our place of worship. Which of us will live long enough to risk isolation and loneliness? No one knows.

We Solo Agers need to plan for a time when we may not be able to hop in our car and drive to see a friend or attend our place of worship.

Solo Agers are vulnerable to isolation and loneliness in a way that parents generally are not. Planning ahead to live with others – in a retirement community or with friends – is an important part of good preparation for the future. We are social creatures. We need each other at the end of life as we did at the beginning of life. Human beings are social animals. Isolation and loneliness are a result of our increasingly “independent” culture, but we don’t have to accept that as normal. Staying connected and experiencing every stage of being in community with others who care about us is how we were meant to live. Let’s plan for it!

Sara Zeff Geber, Ph.D., is a speaker, author, retirement coach, and the founder of LifeEncore.™ Her forthcoming book, Roadmap to a Healthy, Happy Retirement Without Children, is scheduled for release in late 2017.

My Friend is Pain Free — I'm Left Both Mad and Sad

Larry Jacobson

One night last April, Tony*, my close friend of over 30 years, a marketing executive, committed suicide in his apartment in a Southern California beach town.



Mad and sad are feelings not necessarily related, yet I feel both simultaneously. My friend Tony was a brilliant man who had a deep passion for all aspects of life. He was spiritual and felt connected with the ancient gods of Hawaii. He was an advocate for safe and healthy foods, and a supporter of a healthy living lifestyle. Tony was active in many charitable foundations, donated more than his share of time and money to good causes, and was always concerned about the well being of his friends.

Raised in a religious household, Tony's childhood was a battleground, which left him scarred. At a young age he left home to be on his own, and made his way to Newport Beach and San Francisco where he lived an open, full, and successful life with several loving partners along the way.

In business, Tony was a successful marketing executive and helped more than one company make millions, only to be left behind with the paltry scraps of an employee rather than as a business partner. After his final big success, he earned enough to buy a beautiful ranch on Hawaii, only to be forced off of it years later by the un-breathable vog (volcanic smog) of Hawaii.

Tony returned to Southern California, but somehow couldn't get on his business feet again. He bounced from one missed opportunity to the next and in spite of the happy face he wore on the outside, he struggled financially—more than we knew—until the end.

Everybody was surprised and why shouldn't we have been? He exercised, ate well, drank in moderation, and didn't have any diseases or life-threatening conditions. Like me, he wrestled with 'those last 10 pounds' and the third martini. To the rest of the world, Tony always seemed the centered one; it was Tony we went to with questions about life.

Everybody was surprised and why shouldn't we have been? He exercised, ate well, drank in moderation, and didn't have any diseases or life-threatening conditions.

Love seemed to abound in Tony's life. He had friends all over the world who loved him deeply, and would surely have done anything to help him. Yet he struggled to find that one partner he could call "forever." Failing to achieve a lasting relationship, he soured on the prospects of living "happily ever after."

Did he feel isolated?

None of his friends would say he did. I spoke with him at least three times a week, and I know others who spoke with him every day. Wouldn't his isolation and pain show up, somehow? Can anyone be so good at hiding what is really going on inside his or her head?

The way I see it, Tony was in pain, and unfortunately he couldn't see his way clear. He didn't reach out to friends because doing so would have meant admitting he was in a bad place. If he needed money or was in deep debt, he could have declared bankruptcy. He was a smart guy and would have known his options. Either he chose not to pursue those options or didn't see them. Or he just made up his mind. That was Tony. Once he made up his mind, it was tough to change his thinking.

He was living in pain: spiritual, amorous, and financial but who among us has not lived in pain over those elements in life?

Beyond the pain—spiritual, amorous, and financial—Donald Trump's election seemed to add to Tony's downward spiral. The post-election realities made him angry. For the first time in my memory, I saw the pessimist in Tony as he watched environmental protections and civil rights erode. He began to say he didn't want to live in a world with such mean-spiritedness.

We had talked about suicide many times, and I know he spoke of it with other friends as well. He believed in the freedom to choose when and where to die. We often joked when we were old—very old—and were about to be put into a nursing home, and were pooping in our pants, then we would throw a big party, drink the

'magic tea,' say goodbye, and go to sleep forever.

But dammit, that was for when we were very old! It wasn't supposed to be now, not when he was just 56 years young. He broke our agreement and for that I'm mad at him.

By hanging himself, Tony ensured he would succeed. There's no going back when you choose that route. You don't have the potential second chance when the pills don't work, or the tea isn't strong enough. He clearly wanted to exit when he did, so what's the difference how he died?

As a life planning coach, I am an optimist and believe what my mother Julia taught me, "Where there's life, there's hope." I believe Tony could have crawled out of his financial holes and depression. It would have taken work, time, effort, and it might have been, at times, frustrating.

But Tony was apparently tired of the battle, which had started in his childhood and never quite seemed to end as he met one frustration after another in this world.

Tony was apparently tired of the battle, which had started in his childhood and never quite seemed to end...

While Tony believed suicide was his decision, I believe it was a selfish choice, a choice that was not fully thought through. It isn't only that he didn't wrap up all the details, that he left a few unpaid debts, that he didn't distribute his favorite belongings among friends, or that he didn't give me the chance to say goodbye.

There's also this: Tony may have thought he was eliminating *his* pain, but in truth he only shifted it to the friends who survived him. In his death, we were the ones left hurting. We were the ones left with unanswered questions. We were the ones left without the option to offer our love or money. We were left to forever wonder if we might have talked him into staying.

When the television series *The Sopranos* ended, it created uproar with its fan base. Tony Soprano was eating dinner in a restaurant and chatting with friends when the screen went black. "What happened?" wondered the viewers. They called friends, they called the cable TV company, and even called the studio. "How could you do this to us? How could you just leave us without an explanation?" We felt unsatisfied with only the ability to speculate. We were left with too many unanswered questions.

And so it was in real life with my dear friend Tony.

In a Facebook conversation not long before he took his life, he said, “I am done. I have achieved everything I wanted to in this life.”

If he were still here, though, I would argue this point with him. I would coach him that he was not done, had more to create, more to learn, and more to share with those who loved him. “You were destined to do more great things, my friend,” I might have said. Maybe I would have added, “You can discover a new possibility or passion or goal to achieve. Maybe the world needs a little more of you, something you don’t yet even know exists.” I might have helped him see that. I wish he had at least allowed me to try.

I have lost a great friend—a funny man, an intellect, and my almost daily source of entertainment and inspiration. I will never see him again. I will never hear him laugh again. I feel cheated out of more time with him, am angry he broke our agreement, and I am very sad. As I watch the screen go black, I can only say, “Go in peace and know you were loved. I’ll see you down the road.”

* NOTE: Out of respect for Tony’s privacy, Larry chose not to include his friend’s last name.

Isolation, Elder Suicide and What You Can Do

By Larry Jacobson



Social isolation is a growing and highly destructive condition for the aging population. While isolation occurs at all ages, its prevalence for the elder population is often overlooked because it is perceived as part of the aging process. As a possible consequence, the suicide rate of older adults is growing an alarming rate.

More than 7,000 people age 65 or older died by suicide in 2013, according to statistics from the Centers for Disease Control—a figure that places the suicide rate among older adults higher than the general population. Suicide rates are particularly high among older men—higher than among any other group in the United States. And these figures do not include those who have made suicide attempts or who suffer from the emotional pain of suicidal thoughts.

The causes for the increase in isolation are many: the loss of social support systems caused by the decline of community groups, churches/synagogues, and broad friendship groups all contribute. The premium placed in society—and in particular, the Boomer Generation—on independence also contributes to isolation's growth as a social phenomenon. The increasing dependence on digital instead of actual relationships contributes to social isolation even as we imagine ourselves more connected.

“There is a sense that depression is a normal part of aging and that there’s nothing you can do about it,” says Chris Miara, MS, senior project director for the [Suicide Prevention Resource Center](http://www.sprc.org) (www.sprc.org). “But it’s really important to convey it’s not a normal part of aging and there are ways to help. A lot of older people can have a good quality of life if they can get the help they need.”

Would my friend Tony still be here if he hadn’t felt isolated? Why did he feel this way if he was loved so much by so many? Isolation can take on many faces and I urge you to try to recognize if you or your friends feel alone.

If so, do something about it. Get up, get out, call someone, and cry out for help. Give a damn about it. Give a hug to someone, for the best way to be loved is to give love. And then open your heart and let the love in.

If you work with older adults and someone you know may be experiencing risk factors for suicide:

- Talk with the person in a caring, nonjudgmental way.
- Encourage the person to attend wellness sessions or classes offered by your senior center.
- Connect the person to supportive services available from the senior center (e.g., Meals on Wheels programs, assistance with financial planning).
- Connect the person to sources of counseling or other forms of support.

Source: Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers. [Click here](#) to download your free copy.

Larry Jacobson is a thought leader in the field of retirement coaching, award-winning Amazon best selling author, circumnavigator, and 2xTEDx Speaker.

Discovering the Secret Cells Behind Loneliness

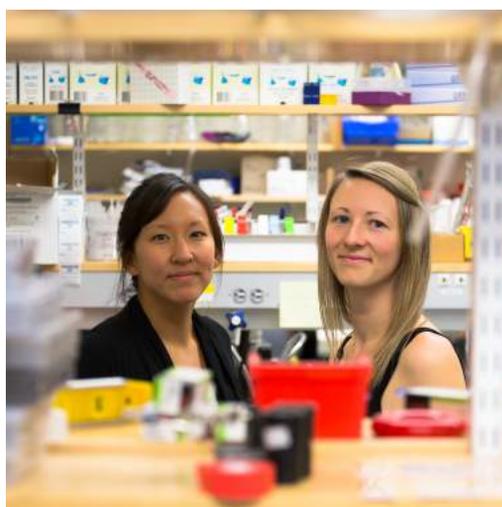
An Interview with MIT Neuroscientist Kay Tye

Bruce Frankel

When rookie neuroscientist Kay Tye took possession in 2012 of an empty lab at MIT's Picower Institute for Learning and Memory, she wasn't quite sure on what she would focus her work or how she was going to recruit researchers.

"My lab was completely empty. I looked around and asked myself, 'Where am I going to find the researchers to fill this lab?' And then I got lucky," says Tye, now 36. "That's how science works sometimes. There are a lot of serendipitous events."

Tye was attending a conference at the annual Society for Neuroscience Meeting in 2011 held in Washington, DC, when she happened into a poster presentation being given by her future post-doc Gillian Matthews. She and her graduate advisor Mark Ungless, of Imperial College London in the United Kingdom, had been using mice to study the effects of cocaine on some little-studied dopamine-releasing neurons in the dorsal raphe nucleus (DRN) of the brain stem. They were perplexed when they observed that the properties of the neurons changed when mice were separated from their cagemates, even when they weren't exposed to cocaine. When they subsequently investigated this further in Tye's lab, the isolated mice were brought out of the solitude of their cage and introduced to a young mouse, they had an increased in DRN dopamine neuron activity. The communally-housed mice did not have the same reaction.



Kay Tye (l) with Gillian Matthews

"This is so cool," Tye exclaimed as she listened.

Yes, it was, Matthews said, but she and her colleagues were still trying to understand the underlying cause.

Tye persuaded Matthews to join her new lab in Cambridge, Massachusetts and work with her on the neurological puzzle. Over the next three years Gillian Matthews and other researchers in the Tye Lab explored it through a variety of experiments.

Then, in a 2016 article, “Dorsal Raphe Dopamine Neurons Represent the Experience of Social Isolation,” published in the journal *Cell*, Tye announced the researchers’ radical and potentially revolutionary insight into the neurological basis of emotion—in particular, loneliness.

Using optogenetics, a groundbreaking technique that uses a thin optical fiber that allows researchers to manipulate neuronal activity, they had found specific neurons that may determine the intensity of loneliness one experiences when deprived of social contact and the strength of someone’s need to be reunited with others after a period of social isolation.

From her lab at MIT, Tye sat down recently for an interview by Skype with *LPN-Q*. A whiteboard wall covered with multi-colored notes and equations was visible behind her. It mirrored her fecund scientific mind, also attested to by a quickly growing list of awards and honors she has received. They include the National Alliance for Research on Schizophrenia and Depression Young Investigator Award, the NIH’s Director New Innovator Award, and the New York Stem Cell Foundation Roberston Investigator Award. Her lively expression and rapid-fire speech make palpable her excitement about her and Matthews’ study’s astonishing results and their potential value for treating mental health disorders and social impairments like loneliness in a far more targeted way than current medications allow.

What intrigued you when you first saw Gillian Matthews’s presentation?

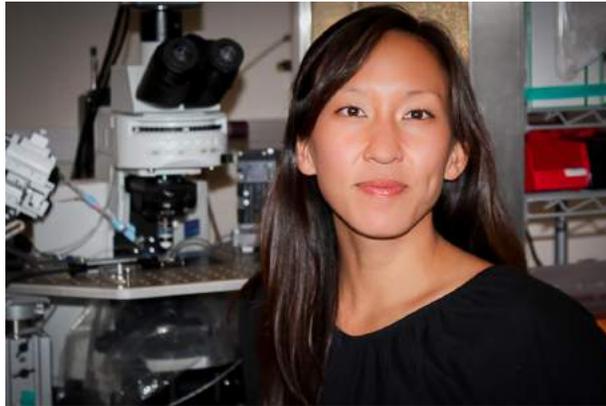
Gillian had started out doing a cocaine study to look at synaptic changes in dopamine neurons in the brain after a single exposure to cocaine. She had used three groups of mice—one that was injected with cocaine, one that received an injection of saline, and one naïve group to which nothing was done. The results were puzzling. Gillian and Mark Ungless found no difference of strengthening of the synaptic connection between the mice injected with cocaine and the one injected with saline. Transmission of neurochemical at the synapses in the area studied in the two groups was equivalent.

How did you get from Gillian’s original study to discovering cells that shape our experience of loneliness?

In the experiment she did, animals were injected and then put in a cage. We started thinking about it. Was it the stress of the injection? Did the response result from being handled to be given the injection? Was it from being put in a new cage after the injection? Or was it being isolated after the injection? We spent a year trying to make sense of why there was an aversive response when we optogenetically activated these neurons.

Why were you interested in this area of study?

I'm passionate about studying the experience of emotion. It's what I did my PhD in (at University of California, San Francisco) and it wasn't easy. When you're dealing with an internal state, what happens is difficult to quantify. It's a vast problem. It was really exciting for me to see someone like Gillian, a rigorously-trained physiologist grounded in the biology of the brain, go into a realm that many neuroscientists won't go into. What motivates me is figuring out the mechanisms that underlie the things we think and feel.



It happened that in my lab we were also studying feeding behaviors. Our feeding behaviors are driven by hunger. Hunger is why you will dig into the bottom of your bag to find and eat that old fiber bar that tastes like cardboard. You seek out compensation because you are hungry. Likewise, we seek out social contact. It is part of what makes us human beings. We do not have sharp claws or other deterrents. So why are we so successful? The difference is our ability to make social connections. Other animal species—including biomass (such as groups of fish), ants, primates, rodents—are also driven to make social connections and have intricate social hierarchies.

How did you begin to find what you call a “loneliness-like” state in mice?

We know that the motivation for social contact can be either positive or negative. Social interaction can be attractive, or rewarding, and social isolation can be aversive. We establish social bonds because they're crucial for survival. Animals stay in groups for safety and security. They join in social groups to conserve energy, to gather food, find shelter and get warmth. But initiating social relationships may be rooted in emotional states that are either positive or negative. The absence of social contact triggers a strong desire to seek social interaction. Social isolation and social disconnection can lead to loneliness, which is a strongly aversive emotional state in humans. For instance, solitary confinement in prisons, for instance, is a form of punishment.

But you studied mice. Is there a correlation to humans?

We know that social isolation is also aversive to rodents. They are innately social and prefer social housing to isolate housing. An acute period of isolation in rodents increases their motivation to seek social contact.

How did you study that?

There was a relatively unexplored population of neurons in the DRN, a region in the midline of the brain stem. There are a wealth of studies on the serotonergic neurons in the DRN, but not so many of the dopamine neurons. There have also been lots of studies of how the brains respond to social interactions, but very few studies have looked at the neural mechanism underlying the state of loneliness. Using optogenetics, we can activate or inhibit the activity of neurons, essentially turning neurons on and off. We suppressed the activity of DRN neurons and amazingly, the mice that were socially isolated for 24 hours didn't exhibit the same social interaction as controls when they were re-introduced to the group. When we inhibited these same cells when the mice were grouped we saw nothing happen. That made us speculate, maybe if I'm not lonely, nothing happens. When we study isolated animals reintroduced to a social experience we see a rebound reaction. We see rebound in humans, too. For instance, on a plane, etiquette may stop you from talking, but as soon as you get off the plane people want to talk. In in vivo studies of the mice, only after isolation did we see this big surge in neural activity. What happened next? We measured social rank and we saw that not all animals that were caged had the same response to social exposure. The dominant mice reacted more intensely to all of our optogenetic manipulations (their behavior changed more when we turned the cells on or off). Perhaps this can be explained by dominant mice enjoying their social environment more and finding isolation more aversive. Stimulating the DRN dopamine neurons led to more social activity. Suppressing the neurons made dominant males less interested in social contact after isolation.

What does that tell us?

If we look at social rank, what are the factors that make one get lonely or not? Loneliness may be difficult to test directly in mice—and a loneliness-like state for mice may not be experienced the same way humans experience loneliness. We can never assume to know the subjective emotional experience of a mouse. We can only look at the behavioral outputs, but social rank is one way to estimate an individual's social experience.

Are there factors that explain why dominant mice experience something like loneliness and others didn't?

It could be that mice that were not dominant felt safer in isolation, so they didn't have the same reaction. How much control you have over a situation may be a factor. If you were bullied, you might feel great not getting beat up every day. You might not feel so badly about being isolated. Everyone's set points are different.

What's the takeaway for you?

The brain is not soup. When you take drugs they bathe the whole brain. Neurons communicate by transmitting neurochemicals, but it's not as if they get sent all over the brain. The synapse, the gap between the pre-synaptic axonal neuron and the post-synaptic neuron (receiving the neurotransmitter) is very small. (Tye makes two fists and pushes them together at the knuckle to demonstrate the proximity of pre- and post-synaptic neurons.)

It's better to think of the brain as a bundle of wires with scaffolding than a bowl of soup. So when you talk about a drug for depression, bipolar disorder, or anxiety, there is often a long list of side effects—and that's something we currently accept as normal. I don't think it's close to the best we can achieve. We create psychological hypotheses to explain behavior, but we lack knowledge to understand what goes on a neurological level. If we can safely manipulate the neural connections involved in such feelings as anxiety or disorders like PTSD, we might find therapies that are more precise and cause fewer side effects. We can do better.

Bruce Frankel is Editor of *LPN-Q*, Editorial Director of *Redstring, LLC*, and the author of *What Should I Do With The Rest Of My Life?*

Overcoming Loneliness in a Virtual World

Lynne Berrett

Loneliness is one of the most common and painful feelings many people experience when they get older. Sometimes it comes with the loss of partners, friends, work. Sometimes it appears when they become housebound because of health problems or live in isolated locations. Joining lifetime learners programs, senior centers, or retirement communities are often suggested to ease loneliness. But what if people, for a variety of reasons, don't have access to those resources? What other options might they have? I spoke recently with several people over the age of 60 who found themselves in this difficult and not so unusual position and would like to share their solutions for others in the same situation.

John is in his mid-60s, living alone in subsidized housing in a fairly large city in the Southwest. He used to socialize—mostly in bars, mainly because alcohol helped him feel less shy. When he was arrested for driving under the influence, however, he decided to stop drinking. As he lost a major way of spending time with people, his comfort level with others also lessened, especially when his financial situation worsened. He became depressed and withdrew from friends. He became, as he says, a sad and lonely guy.

Peter is in his late 60s and lives the Southeast. He has no money worries because he and his wife retired with generous pensions. Peter was happy to retire from a demanding job, but he had no particular plans or goals. His wife pursued her dream and opened a small shop locally, which he supported wholeheartedly. But that left him alone much of the week. He was never a joiner, he explains, or very social. He felt aimless and started to experience loneliness for the first time.

Karen is in her early 70s. Divorced, she moved herself from the upper Midwest to the South, seeking a milder climate and a cheaper place to live on a limited budget. She loves to write, create art, and listen to music. But once relocated, she couldn't find people with similar interests in the new location. She started having health problems, and she began to wonder what she would do if they got worse, without family nearby. She felt scared and alone and, yes, lonely. Where did I meet these people and many others with similar stories? In a place we each discovered separately, a free online virtual reality world called SecondLife.com.



What is a virtual reality world? It's a three-dimensional environment on the computer screen that allows you to spend real time with people from all over the world. You can choose an avatar that represents the way you want to be seen. You can make up the name you want to be called. When you interact with others as your avatar, you feel as if you are actually with them. It's a unique and powerful experience.

Each of these people—John, Peter, Karen—had the curiosity and courage to explore what computer-based worlds have to offer. They each say their lives have been changed in ways they couldn't have imagined.

For John, anonymity allowed him to feel more confident and outgoing. He even joined an acting troupe as a teddy bear avatar. He found that people from all over the world responded positively to him. He now performs live from his living room, playing acoustic guitar and singing at the many musical events held to raise money for charities in Second Life.

Peter has developed a whole new sense of purpose. He loves to support other people by using his avatar to befriend their avatars and help them feel good about themselves. He says his own life has benefited from the social skills he has learned to practice in Second Life. More recently he has even developed a following among people who love listening to and dancing to music – a favorite activity in Second Life. He has learned how to become a DJ, streaming in classical and ragtime piano music. He is in great demand for large events like conferences and memorials to people who have passed away.

Karen's artistic and personal interests have also been satisfied in a very real way. She holds musical and artistic events for the community she has built in Second Life. She has written a series of books with the encouragement of book groups there. She even found a romantic partner from Canada in Second Life, a rock musician now in his seventies too. When she had to undergo treatment for cancer, his concern and

concrete help made her feel much less afraid. Last year they married in real life and are living happily together in western Canada.

I could tell you many more stories like these. I know them because I founded The Community of Creative Elders in Second Life to give mature people a place to spend time together. I have seen at first hand how valuable virtual worlds can be, especially for the lonely. This is one clear way that computer literacy can truly enhance our lives as we age.

That is why I am partnering with a local university that offers an Intergenerational Computing course. We train students to help older Community Partners become comfortable in a virtual environment. The students work with their partners for seven weeks, one hour a week. We introduce the seniors to other mature residents of Second Life. We give them the skills to participate in social and other activities that will increase their well-being right within Second Life, anytime of day or night, in any weather anywhere, so long as they have a computer and an internet connection.

Thinking outside the box about loneliness is crucial. There are many underserved people in the aging population. Some of them have found their way to these global social worlds, even with minimal computer skills and inexpensive computers. Virtual reality engages people in a very real way. The need is there. How can we open this avenue to a rich social life for more people aging in place?

***Lynne Berrett** is co-founder of the nonprofit Ageless Mind Project and Director of Whole Brain Health virtual brain-training programs.*

Making Solitude Out of Loneliness

David Goff

Once upon a time, not that long ago, I feared the corrosive effects of being alone. I didn't really have a life of my own, and so I wanted to avoid the empty, hollow times when I was forced by unavoidable circumstance to experience loneliness. I know from experience how the holiday seasons—summer vacation and around Christmas and New Years—is fraught with images of family and connection. It is a time when loneliness, the feeling of being without, or beyond, meaningful connection is particularly hard. So, I feel compelled to write, at this time, to affirm what I have learned, the precious opportunity that loneliness presents, and the genuine hardship that comes along with it.

I spent some Christmases alone. Notice, I'm referring to more than one. I've had a chance to drink deep of the bitter seasonal ale, the one that ferments in one's lonely heart.

I [knew I'd] be spending 4th of July alone. The feel of this time coming, contrasts so sharply with those days of the past. I was alone then in a painful heartbreaking way, now my aloneness blankets me with comfort, love, and support. I want to write about the difference, to remind myself of what once was, and to make sure I'm clear about how I made the change. My well-being relies upon staying clear about how a lame, broken and fearful man was converted into a sparkling and energetic mystery. Aloneness was always a sign of my inferiority, of my inadequacy. I don't know why. I could speculate about it. I'm sure I could come up with some compelling theories now, but then, it just felt like something must be wrong with me. I know I suffered a kind of dread about being alone. Loneliness came, despite me. I've gone from quaking before the possibility, to seeking it. Transitioning from one kind of experience, and one kind of attitude, to another, has been a great gift I gave myself. This gift has rebounded to others as well. How this happened, I want embossed in my soul, and available to others, because something quite miraculous lies deep within the alchemy of this change.

I learned to love myself. That would not have happened so clearly for me if I hadn't been alone. Loneliness became solitude, because no one else was around to distract me. I sat in my own juices, some might say, "my own shit," until I started to feel some compassion for what I was doing.

**I learned to love myself.
That would not have
happened so clearly for
me if I hadn't been alone.**

The loneliness turned, it became something else, something friendlier and more supportive, because I had to face myself. I not only came to terms with me, but I began to hold my life as on-going miracle.

Solitude began, when I realized that I, despite my fear and distaste, was always present. Solitude became something I hadn't expected. There was someone in the silence, someone who heard my complaining soul, someone who stayed with me, and someone who eventually calmed me down.

I didn't take to being loved, especially by me. I kept thinking, "it was a dirty job," that "someone had to do it." I wanted someone else to have to do it (this was no favor). But, no one else was around. Loneliness, the absence of anyone else, brought me to my self. Now, thanks to that unwelcome development, I know that I never leave my side. I am now never truly alone. I have reluctantly become self-possessed. I am accompanied now, never alone, happy to have time with the one who stands inside me, even when I am quivering. I am now full in a way I was never before, and it is because I couldn't run away from me.

Loneliness became solitude, and solitude became desirable when I discovered that inside myself lives a being making my life a desirable mystery. I want to know, and be, this man, as much as possible. Solitude has become an everyday thing. It is my way of staying true to the one within me. My new world of social relations is enriched by the presence of this one. I am alive as never before.

Solitude has become an inner love affair. I want to spend time with myself. I don't have much fear of a time of looking at my life, evaluating whether I made good use of it, because now I have the only real compass that was ever granted to me. I am, in part, what I am created to be. I chuckle now, remembering how much I wanted to hide from myself, how much I feared being who I was, I am happy now, as an aging man, because ripeness is setting in, and it all came through being alone. Loneliness became solitude. I became myself. The world opened. The miraculous became more evident.

David Goff is the founder of the Elder Salon in Sebastopol, California. This article was first published at ChangingAging.org.

Contributors



Lynne Berrett is a psychotherapist and coach who focuses on the why and how of healthy aging. She is certified in an evidence-based, multi-dimensional approach to well-being by Total Brain Health®. She and her husband, Joshua Berrett PhD, present workshops on Proactive Aging and Music as Brain Food at lifetime learners institutes, libraries, and both real world and virtual conferences.



Sen. Susan Collins (R-Maine) is the Chairwoman of the [Senate Special Committee on Aging](#) since 2015. First elected in 1996, she has earned a national reputation as a moderate Republican and an effective legislator who works across party lines. In 2015, she was ranked the most bipartisan member of the U.S. Senate by the Lugar Center and Georgetown University. She also serves on the Intelligence Committee as well as the Committee on Health, Education, Labor and Pensions. She is the most senior Republican woman in the Senate. She has never missed a vote in 19 years, more than 6,000 votes.



Bruce Frankel is the Editor of *LPN-Q*, Communications Chair for Life Planning Network, and co-Chair of LPN New England. He is the author of the prize-winning, *What Should I Do with the Rest of My Life?* and the bestselling *World War II: History's Greatest Conflict*. Formerly a national reporter for *USA TODAY* and a senior writer and editor for *People* magazine, Bruce is the editorial director for BSLI Redstring and a co-host of Age Without Borders Global Summit. He can be reached at Brucefrankel@mac.com.



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Sara Zeff Geber, PhD, is a speaker, author, retirement coach, and the founder of *LifeEncore*.™ She has a special interest in “Solo Agers:” people over 50 without children and aging alone. Her book, *Roadmap to a Healthy, Happy Retirement Without Children*, is scheduled for release in late 2017. To find out more about Sara, check out her website, www.LifeEncore.com



David Goff, the founder of the Elder Salon in Sebastopol, California, had a brain aneurism in 2003 that led to a rare brain syndrome from which he nearly died and was permanently disabled. This experience had a transformational effect on David, which made him “Lucky,” and cued him into how radically connected all things are. He can be reached at connect@transitionsebastopol.org



Connie Goldman is an award-winning radio producer and reporter. She is the author of several books, including *Who Am I Now That I’m Not Who I Was? – Conversations with Women in Mid-Life and Beyond* and the forthcoming *Wisdom From Those in Care: Conversations, Insights and Inspiration*.