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Invited Perspective

Loneliness Versus Wisdom Amid Two Concurrent Pandemics of Loneliness

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Today we are living in the midst of two ongoing pandemics. One of them began a couple of decades ago, with increasing social isolation and loneliness (SI/L) associated with growing social anomie resulting from progressive globalization and impossibly rapid changes in technology. This has led to a 33% increase in suicides and a 6-fold increase in the number of opioid-related deaths in the US since the late 1990s. SI/L is a major factor underlying this pandemic of deaths of despair.¹ In the UK, a new Minister of Loneliness was appointed in 2018 out of concerns about lost productivity caused by loneliness among workers. Added to this silent but dangerous pandemic of SI/L is the new pandemic of Covid-19. While most of the recent attention has understandably focused on the morbidity and mortality directly caused by the coronavirus, looming under the surface is a related iatrogenic pandemic of greater SI/L, especially among older adults, resulting from social distancing requirements to stem the spread of coronavirus.

The timely and important article by Donovan and Blazer² on the National Academies Report on SI/L, published in this issue, provides an insightful and actionable review of SI/L among older adults. Both the authors were members of the committee that released the Report in early 2020 as the COVID-19 pandemic was beginning to spread across the world. In their review, the authors share central findings and conclusions from this influential and scholarly Report as well as how these findings may be relevant to the care and well-being of older adults during the new pandemic. As Donovan and Blazer state, while social isolation during COVID-19 can be lifesaving, it also deprives older adults of fundamental human needs for companionship and community. Altogether, this thoughtful, balanced, and forward-looking article will be of immense value to the field of geriatric psychiatry for years to come.

Eventually we will develop one or more vaccines to defeat the coronavirus, as we have done with

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countless microorganisms over the centuries. However, how will we handle the SI/L caused by social distancing, which might continue long after the acute infectious pandemic is brought under control? What is the behavioral vaccine for the behavioral pandemic of SI/L that has been ravaging the world for over two decades? There is no simple answer to this question. However, there are some hopeful indicators supporting the potential for wisdom-based interventions. Our studies across the adult lifespan have found a consistently strong inverse correlation between wisdom and loneliness.³ Wisdom is a complex personality trait comprised of specific components – pro-social behaviors like empathy and compassion, emotional regulation, self-reflection, decisiveness while accepting uncertainty and diversity of perspectives, as well as spirituality. Of these components, the one with the highest inverse correlation with loneliness is pro-social behaviors. Wisdom, including empathy and compassion, is potentially modifiable and can be enhanced with psychosocial interventions^{4,5}

Reynolds and Blazer⁶ have presented an important analogy for a complex trait like wisdom with depression interventions and neurobiological research. As they have stated eloquently, more than one treatment component may be needed to optimize health effects and elucidate mechanisms of action and underlying neurobiology. The same model should apply to SI/L, a construct with subjective and objective components, as well as cognitive, emotional, and behavioral dimensions. A meaningful approach should involve targeting an individual's distress, increasing their skills to make deeper social connections, presenting opportunities for useful interactions with others, and developing the ability to enjoy being alone, i.e., positive solitude. Some exciting genomic, brain imaging, and neurophysiological research has hinted at important overlaps between loneliness and wisdom in terms of specific brain regions involved.

On the positive side, the increasing attention on SI/L during the Covid-19 pandemic is leading to the consideration of possible interventions to reduce SI/L through technology. The role and limitations of technology for managing SI/L among older adults remain open to debate, however. Many older adults are reluctant to embrace technology because of unfamiliarity with and even fear of technology. Donovan and Blazer have emphasized that many older adults do not have access to email, social media, or

videoconferencing, which partially compensate for the lack of in-person social contacts in the general population. Moreover, the advantages of technology may be offset in seniors by missing aspects of human interaction like touch and three-dimensional perspective. Additionally, reliance on technological solutions places a higher burden on older adults with cognitive or sensory impairments. On the other hand, many aging Baby Boomers enjoy challenging themselves and learning new technology. In our own studies within senior housing communities, we have found a rapid growth in the use of smart phones (including FaceTime), emailing of pictures and videos, and celebrations of family or group events on Zoom video-conference by older adults who had previously never used such technologies. One can socialize remotely, and while the remote socialization is not qualitatively the same as physical proximity or contact, it may be the best possible alternative. Further research on how to foster meaningful virtual connections in older populations is needed.

As an example of professional creativity in the Covid-19 era, geriatric psychiatrists are increasingly implementing technologies to provide better care to older adults. Parker et al.⁷ have reported that the Covid-19 pandemic has catalyzed the adoption of telepsychiatry at record speed in the US. In China, a coordinated national response through a collaboration among professional psychiatric, geriatric, and other interdisciplinary societies to address mental health needs was helpful in reducing psychiatric morbidity in seniors and their caregivers⁸.

We believe that the scientific community has passed the first stage of research on the basic construct of SI/L, as summarized so well by Donovan and Blazer. We must now consider challenges to advancing empirical mechanistically-based neuropsychiatric research and developing efficacious and personalized interventions for SI/L. The far-reaching effects of SI/L will warrant multi-level and multi-faceted approaches to improve outcomes on individual and societal levels. Building a society that has psychosocial resilience and wisdom will require multi-disciplinary expertise and widespread investment, and the NASEM Report is a critical call for action. Research in these and other related arenas will not only help mitigate the disastrous effects of SI/L during the present Covid-19 pandemic but will also address the ongoing behavioral pandemic of SI/L that has been taking a huge toll over the last 20+ years.

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