

PRAISE FOR
TOGETHER

‘If we could put *Together* in a capsule, it would be a blockbuster drug. Dr Murthy brilliantly unpacks the foundations of loneliness and the science of why it’s so toxic to both our health and longevity. Then, he offers a compelling prescription for better connecting with our community, friends and family so we elude loneliness to live our best, longest life.’ Dan Buettner, *National Geographic* Fellow and author of *The Blue Zones*

‘Sometimes the most obvious thing is the hardest to see. Thank goodness we have Dr Vivek Murthy to light the way towards understanding loneliness and its dark comers. This book is a gift for us all.’ Susan Cain, author of *Quiet*

‘I love both the message and the messenger of this brilliant book. Listen to what Vivek Murthy has to say about social connection – and then take his advice. It’s exactly what the doctor ordered.’ Angela Duckworth, author of *Grit*

‘A moving and timely celebration of the healing power of community, and a valuable antidote to our epidemic of isolation.’ Gavin Francis, author of *Adventures in Human Being*

‘Vivek Murthy reminds us that our national conversation about medicine has been too narrowly focused on hospitals, doctors and drugs – and not enough on the human connections that sustain us. *Together* stands with Atul Gawande’s classic, *Being Mortal*.’ Malcolm Gladwell, author of *Outliers*

‘This Surgeon General isn’t here to warn us about smoking. He’s on a mission to fight loneliness and show us what it takes to build community and connection. With a compelling narrative, rigorous evidence, and a timely call to action, this book is a good omen for our mental health and social well-being.’ Adam Grant, author of *Originals*

‘Dr Murthy had the intuition and insight to identify one of the most vexing health problems affecting people from all walks of life when he was serving our country as Surgeon General: loneliness. Now, in *Together*, he compassionately unveils the hidden perils of loneliness and offers stories of healing. His book is a welcome beacon towards meaningful connection.’
Arianna Huffington, author of *Thrive*

‘This powerful and important book looks at loneliness as a public health issue. Vivek Murthy shows why loneliness evolved in our species, how it can be harmful, why it’s on the rise today, and what we can do about it. By creating better connections with our friends and our communities, we can lead healthier lives and help our friends be healthier.’ Walter Isaacson, *New York Times* bestselling author

‘Profound, empathic, ultra-savvy about the plight of disconnect and the power of human connection in the digital age, Murthy has his finger precisely on the pulse of what ails us as a nation and as a world, and what we can, and really have to all do about it, each in our own way – together.’ Jon Kabat-Zinn, Founder of MBSR, author of *Full Catastrophe Living*

‘In *Together*, Vivek Murthy has put his finger on an important and under-recognised health hazard. By identifying loneliness as a key factor underpinning so many mental and physical illnesses, he opens the door to acceptance and offers much-needed solutions. We need Murthy’s book now more than ever.’
David A. Kessler, author of *The End of Overeating*, and *Fast Carbs, Slow Carbs*

‘Here is a doctor who identifies loneliness as a major killer. In this moving and well-evidenced book, he shows how the deadly effects take hold and what we can all do to defeat this scourge of modern society.’ Lord Richard Layard, author of *Happiness*

‘Murthy’s book makes a powerful case for the role of community and human connection in medicine. He provides cogent and compassionate insights about the art of healing.’
Siddhartha Mukherjee, author of *The Emperor of All Maladies*

‘Some books enlighten but others stun. *Together* is a stunner. It made me rethink much of what I believe about physical health, public policy and the human condition. By revealing America’s epidemic of loneliness – and then offering an array of remedies for the condition – Murthy has done a great service, and made *Together* the most important book you’ll read this year.’ Daniel H. Pink, author of *Drive*

‘*Together* is an extraordinary and essential book for our time. With powerful stories and sobering truths, Dr Murthy does a masterful job of showing how, even in the digital age, there’s no substitute for authentic human connection.’ Ben Silbermann, Co-founder and CEO of Pinterest

‘*Together* is a brave and beautiful exploration of the epidemic of loneliness that is a feature of modern living. Vivek Murthy brings his medical expertise, his considerable travels and his intellectual curiosity to explore what is clearly a new frontier, one that has been previously ignored. The solutions he offers are necessary and gratifying both for us as individuals, but as a society.’ Abraham Verghese, author of *Cutting for Stone*

Vivek H. Murthy, MD

Together

Loneliness, Health and What Happens
When We Find Connection

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Preface

On December 15, 2014, I began my tenure as the Nineteenth Surgeon General of the United States. I expected that my focus as the “nation’s doctor” would encompass issues like obesity, tobacco-related disease, mental health, and vaccine-preventable illness. That’s what I’d told the US Senate at my confirmation hearings some ten months earlier, and there was plenty of data to support these as important focus areas. But the surgeon general’s position, which oversees more than six thousand uniformed Commissioned Corps officers working throughout the federal government to protect, promote, and advance the health of the nation, comes with high expectations. For more than a century, the physicians holding this office have addressed national health crises ranging from yellow fever and influenza outbreaks to the aftermath of hurricanes and tornados to the terrorist attacks on 9/11. Over the past few decades, the nation’s doctor also has become America’s most trusted voice on public health issues such as smoking and HIV/AIDS. It mattered to me that the issues I selected as focus areas also mattered most to the people I served.

I hadn’t grown up in the public eye or as a creature of politics. I was a child of medicine. Much of my youth was spent in my

father and mother's medical office, where my father practiced medicine and my mother managed everything else. My sister and I spent many afternoons after school helping out with paperwork, filing charts, cleaning the office, and greeting patients as they came and went. It was there that I found my inspiration to go into medicine. I saw the way people arrived looking anxious and left more peaceful and reassured, with my parents as partners in their healing. Medicine for my parents was all about relationship, and they built those connections by listening. Insurance companies would protest their spending more than the approved fifteen minutes with their patients, but my parents understood that to truly listen, you have to meet people where they are, emotionally and physically, however long that takes.

That was the kind of medicine I strived to practice. That was the kind of leader I wanted to be. And so, as I began my tenure, I decided to listen before setting my agenda and laying out my plans. That meant taking time. And it meant showing up where Americans lived. "Let's go talk to people and see what they need," I told my new team.

We spent the next few months on a listening tour of America. We were welcomed into communities from Alabama to North Carolina, from California to Indiana. We sat down in small group meetings and large town halls, spending time with parents, teachers, pastors, small business owners, philanthropists, and community leaders.

Everywhere we went, we asked a simple question: *How can we help?* The answers in some cases confirmed what I suspected were major pain points: the opioid epidemic and rising rates of obesity, diabetes, and heart disease, to name a few. Other responses took me by surprise. Teachers in Washington State, for example, told me that children were vaping *during* class. Kids weren't allowed to chew gum or smoke in class, yet there were no rules prohibiting the use of e-cigarettes in school. It turned out, the schools were waiting for guidance from the local government, which in turn was waiting for the federal government.

These conversations played a central role in guiding the agenda I pursued during my time in office and beyond. They moved me to produce the first surgeon general's report on the addiction crisis and to launch a national campaign to address the opioid epidemic. And it was those teachers, along with parents, scientists, and policymakers, who inspired me to issue in 2016 the first federal report on e-cigarette use by youth.

But one recurring topic was different. It wasn't a frontline complaint. It wasn't even identified directly as a health ailment. Loneliness ran like a dark thread through many of the more obvious issues that people brought to my attention, like addiction, violence, anxiety, and depression. The teachers and school administrators and many parents I encountered, for example, voiced a growing concern that our children were becoming isolated—even, or perhaps especially, those who spent much of their time in front of their digital devices and on social media. Loneliness also was magnifying the pain for families whose loved ones were struggling with addiction to opioids.

One of the first times I recognized this connection was a chilly morning in Oklahoma City when I met a couple named Sam and Sheila, who had tragically lost their son Jason to an opioid overdose. We met at their local treatment facility more than a year after Jason's death. The pain that both carried was visible in their exhausted faces. Once they started talking about their son, it didn't take long for their eyes to well up. Their wounds were still raw. Losing Jason had been unimaginably painful. But what made it even worse was that, at their hour of greatest need, they found themselves without the people they'd counted on for years.

"When bad things happened to our family before," Sheila said, "our neighbors would show up to help or express their support. But when our son died, no one came by. They thought we might be embarrassed that he died of a disease they believed was shameful. We felt so alone."

Sam and Sheila were far from alone in their loneliness. In Phoenix, Anchorage, Baltimore, and many other cities, I listened

to men and women who told me that the hardest part of addiction to alcohol and drugs was the profound loneliness they experienced when they felt like their family and friends had given up on them. This loneliness, in turn, made it harder for them to stay on the path of treatment and recovery. It's not easy handling a substance use disorder, they would tell me. "Everyone needs some support."

The people of Flint, Michigan, felt much the same way, though for different reasons. I went to Flint at the height of their water crisis and visited the home of a couple whose daughters had toxic levels of lead in their bodies from the city's contaminated water. It was bad enough that they felt they'd failed to protect their daughters, but as the weeks went by with no agreement on how to fix the city's water supply, they also felt forgotten by their government and their country. This was loneliness as abandonment; the feeling of being left behind, cast out, ignored by society.

In some cases, loneliness was driving health problems. In others, it was a consequence of the illness and hardships that people were experiencing. It wasn't always easy to tease out cause and effect, but clearly there was something about our disconnection from one another that was making people's lives worse than they had to be.

As much as I learned about how prevalent loneliness is, I also learned a great deal about the healing power of human connection. In Oklahoma, for example, I met a group of Native American teenagers who felt lost in their identity and forgotten by the outside world, so they developed the "I Am Indian" program to strengthen a sense of culture and belonging among their peers and reduce their risk of alcohol and drug addiction. I saw the power of connection in a support network formed by parents in New York whose children struggled with addiction. Having a community of fellow parents who truly understood what they were going through made it easier to cope when a child relapsed or when they blamed themselves for what was happening. In Birmingham, Alabama, where obesity and

chronic disease were on the rise, I met a community of people who gathered to run, walk, and swim together. Even those who felt too ashamed and discouraged to exercise alone came out because their friends were participating. In Flint, too, human connection became part of the solution when community members organized to go door-to-door to educate neighbors about how to properly install filters and avoid the lead in their city's drinking water.

In these instances and so many others, I could see the vital role that social connections can play when individuals, families, and communities face difficult problems. While loneliness engenders despair and ever more isolation, togetherness raises optimism and creativity. When people feel they belong to one another, their lives are stronger, richer, and more joyful.

And yet, the values that dominate modern culture instead elevate the narrative of the rugged individualist and the pursuit of self-determination. They tell us that we alone shape our destiny. Could these values be contributing to the undertow of loneliness I was witnessing? In Baltimore, a couple expressed joy at having young children, but they also confided that so much of their time was devoted to child care that they felt cut off from their friends. In Los Angeles, a successful hospital executive reluctantly told me he had just spent his birthday alone at home because his intense work schedule had caused him to lose touch with his friends. People didn't easily volunteer these stories. Many were embarrassed to admit how alone they felt. This shame was particularly acute in professional cultures, like law and medicine, that promote self-reliance as a virtue.

Deeply committed doctors, nurses, and medical students I met in Boston, Nashville, and Miami said they felt emotionally isolated in their work, but they didn't tell anyone for fear of repercussions from colleagues and patients. Some even worried the medical licensing boards might question their fitness to practice medicine if they even remotely admitted having mental health concerns. Nevertheless, they knew that their loneliness was con-

tributing to their burnout and emotional exhaustion. They just weren't sure what to do about it.

Others didn't even realize that loneliness was what they were feeling. But once one person in the room broke the ice by naming loneliness, I'd see hands go up with more stories to share. Men, women, children. Highly trained professionals. Tradespeople. Minimum-wage earners. No group, no matter how educated, wealthy, or accomplished, seemed to be exempt.

Many people described what they were feeling as a lack of belonging. They'd tried to do things about it. Many had joined social organizations and moved to new neighborhoods. They worked in open-office settings and went to happy hours. But the sense of being "at home" remained elusive. They missed the foundation of home that is genuine connection with other people.

To be at home is to be known. It is to be loved for who you are. It is to share a sense of common ground, common interests, pursuits, and values with others who truly care about you. In community after community, I met lonely people who felt homeless even though they had a roof over their heads.

Sitting in my hotel room late at night at the end of a packed day of town halls and community meetings, I would reflect on these stories with a mix of curiosity and concern. I was no stranger to loneliness myself. During my early years in grade school, when my parents dropped me off in front of my school each morning, I'd have this sinking feeling in the pit of my stomach. It was like first-day jitters, except that it repeated every day of the school year. I wasn't scared about exams or homework. I was worried about feeling alone. And I was too ashamed to tell my parents that I was lonely. Making that admission would have amounted to much more than saying I didn't have friends. It would feel like admitting I wasn't likable or worthy of being loved. The shame that accompanied loneliness intensified that familiar pain for

years until I eventually found a group of friends in high school with whom I felt I truly belonged.

In spite of my personal bouts of loneliness, however, I'd never considered this issue as a potential public health priority. It certainly wasn't on the agenda I'd shared with the US Senate during my confirmation hearings less than a year earlier. But suddenly it loomed very large indeed.

The question was how to address it. Many of the people I was meeting assumed I had billions of dollars in discretionary spending and a staff of tens of thousands. I often had to tell them this was off by a few orders of magnitude. Despite this, my new position gave me a bully pulpit from which to raise public awareness about loneliness, to convene conversations with key stakeholders, and to make the case for shifts in everything from research and policy to infrastructure and individual lifestyles.

The more I studied the seesaw relationship between loneliness and togetherness, the more convinced I became of the great power of human connection. So many of the problems we face as a society—from addiction and violence to disengagement among workers and students to political polarization—are worsened by loneliness and disconnection. Building a more connected world holds the key to solving these and many more of the personal and societal problems confronting us today.

Social connection matters to an office worker who wishes to be seen and appreciated, or a CEO who wants to connect with employees. It matters to parents of young children who need more support from friends but wonder how to ask. Or to citizens who see a way to make their community better but wonder who'd care if they spoke up. And yes, social connectedness matters to a doctor who wants to help patients get better but doesn't know how to heal their loneliness—or the doctor's own.

To my surprise, the topic of emotional well-being, in general, and loneliness in particular, received the strongest response from the public of any issues I worked on as surgeon general. There were few issues that elicited as much enthusiastic interest from

both very conservative and very liberal members of Congress, from young and old people, or from urban and rural residents alike. After my presentations to city mayors, medical societies, and business leaders from around the world, it was what everyone seemed to want to talk about. I think this is because so many people have known loneliness themselves or have seen it in the people around them. It's a universal condition that affects all of us directly or through the people we love.

The irony is that the antidote to loneliness, human connection, is also a universal condition. In fact, we are hardwired for connection—as we demonstrate every time we come together around a common purpose or crisis. Such was the collective action of the Parkland high school students in South Florida after the 2018 mass shooting at their school claimed seventeen lives. We also see this instinct in the outpouring of aid and assistance by volunteers that follows major hurricanes, tornados, and earthquakes around the globe.

One of the most dramatic demonstrations of community in the wake of tragedy occurred on September 11, 2001. When the twin towers of the World Trade Center fell that terrible morning in New York City, thousands of people in lower Manhattan fled south in search of escape from the growing inferno behind them. When they reached the Hudson River and realized they had no way to cross, panic mounted. Recognizing they had no way to rescue so many people in time, the US Coast Guard made an unprecedented decision. It issued a radio call asking civilian boats to help.

The response was swift. Scores of boats pierced the dense cloud of dust and debris and ferried their frightened, soot-covered passengers to safety. In nine hours, the 9/11 Boat Lift rescued nearly half a million people, becoming the largest boat rescue in the world's history—even larger than the Dunkirk evacuation of WWII.

Vincent Ardolino, the captain of the *Amberjack*, said his wife thought he was crazy for wanting to take his boat toward

Manhattan that morning after the call. But he knew that he had to go. “Never go through life saying you should have,” he said later, reflecting on the decision.¹

Our community instincts remain alive and well. When we share a common purpose, when we feel a common urgency, when we hear a call for help that we are able to answer, most of us will step up and come together.

My own desire to heed this call continued beyond my tenure as surgeon general. So did the persistent questions around loneliness that arose from the people and experts I’d met. What exactly has led to the fraying of relationships in communities and such high levels of loneliness? What other aspects of health and society are affected? How can we overcome the stigma of loneliness and accept that all of us are vulnerable? How can we create stronger, more enduring and compassionate connections in our own lives and communities, and a more unifying sense of common ground in our larger society? How do we shift the balance of our lives from being driven by fear to being fueled by love?

These are just a few of the questions that launched my journey to write this book. Many more unfolded as I absorbed the research that’s shaping our understanding of the critical roles that both loneliness and connection play in every one of our lives. Beyond the facts and data are the people you will meet throughout the pages of this book—scientists, philosophers, doctors, cultural innovators, community activists, and people from all walks of life—whose stories continually remind us that, truly, we’re better together.

The first section of the book is focused on the underpinnings of loneliness and social connection—the reasons why loneliness evolved in our highly social species and the ways in which different aspects of culture may help or hinder our efforts to bond with others and establish a sense of communal belonging. The second section addresses the process of connection that each of us individually must navigate in our own lives, beginning with our relationship with ourselves and moving outward through family and friends to ultimately build a more

connected world for coming generations. My hope is that the stories you are about to read will deepen your awareness of your own place in our social universe and also inspire and encourage you to reach out to those around you with a renewed sense of the vital role we all play in one another's lives. As you'll see, when we strengthen our connection with one another, we are healthier, more resilient, more productive, more vibrantly creative, and more fulfilled.

In the writing of this book, I've come to realize that social connection stands out as a largely unrecognized and underappreciated force for addressing many of the critical problems we're dealing with, both as individuals and as a society. Overcoming loneliness and building a more connected future is an urgent mission that we can and must tackle together.

Together

SECTION I

Making Sense of Loneliness

CHAPTER 1

Under Our Noses

The whole conviction of my life now rests upon the belief that loneliness, far from being a rare and curious phenomenon, peculiar to myself and to a few other solitary men, is the central and inevitable fact of human existence.

—Thomas Wolfe, *God's Lonely Man*

My first day as a doctor began one bright June morning when I walked through the doors of Boston's Brigham and Women's Hospital. I was wearing a pressed white coat and my best shirt and tie. I smiled at the security guards and passing staff. For them, this was just another day at a busy urban hospital, but for me, it was a day I'd remember for the rest of my life.

My head was stuffed full of medical facts and trivia that I'd gathered from medical school. My pockets were overflowing with tools, including a stethoscope, ophthalmoscope, tuning fork, reflex hammer, *Pocket Medicine* handbook, three black ball-point pens, blank index cards for recording patient details, a list of phone numbers for key hospital services, and laminated cards filled with algorithms for everything from cardiac resuscitation to the treatment of diabetic ketoacidosis. Yet none of those cards

and manuals mentioned the most common ailment I was about to encounter among my patients.

In the days ahead, as I went on bedside rounds with my team of medical residents and senior physicians, I focused my attention on getting the right diagnosis and prescribing the right medications, treatments, and tests. It was overwhelming at times, but as the months wore on, I got more and more comfortable managing common illnesses like diabetes and cancer and unusual ones that I had only read about in textbooks. As I slowly ascended the steep learning curve of medical training, I began to notice other aspects of the people I was caring for, including their social lives—or lack thereof.

Some patients always had a visitor in their room to keep them company in the unfamiliar hospital setting. If they took a turn for the worse or were nearing the end of life, they had an entourage of family and friends who traveled from near and far to be with them and to explain to the doctors and hospital staff how much their loved one meant to them. But other patients went days and even weeks with no visits, no phone calls, no one from the outside world asking how they were doing. Some of them died alone with nobody but me and my hospital colleagues to witness their last moments.

It wasn't just the physical presence or absence of friends and family that I noticed. It was the hunger for companionship that was evident in so many of the men and women who came through our hospital doors. While most patients were eager to get out of the hospital and resume their lives, a sizable minority turned to the medical staff for a long-missed friendly ear. They shared lengthy stories of their lives with anyone willing to bear witness to their existence. I often found myself torn between wanting to be there for those patients and knowing that I had many other patients who were waiting for me.

My focus as a physician was medical. The social issues, as wrenching as they were, seemed outside the domain of doctoring.

It would take a patient named James to teach me just how wrong I was about this.

I only met James once, on the afternoon he walked into our clinic for help with his diabetes and high blood pressure, but this middle-aged gentleman taught me a profound and indelible lesson about loneliness and connection that day.

James was stocky, with brown hair and red, rugged skin that bore the signature of many New England winters. His face was set in a grim look of frustration, which I assumed was related to the health problems I saw noted in his chart.

“It’s good to meet you,” I said. “Tell me how I can help.”

James described the challenges of dealing with diabetes, high blood pressure, his weight, and the accompanying stress he often felt. He looked tired as he spoke. His gestures were listless. He seemed defeated by life.

Then, out of the blue, he delivered what seemed to me at the time a complete non sequitur. “Winning the lottery was one of the worst things that ever happened to me,” he said.

“Really?” I’m sure my bewilderment showed in my voice. “Why?”

Given this invitation, James poured out his whole story. It turned out he was being quite literal: he actually had won the lottery. Prior to that, he told me, he’d been a baker. He was good at his craft, and his customers appreciated his talent. He enjoyed his work and was gratified that the food he prepared gave people happiness and pleasure. Although he was single, he had a community of people he liked. They worked alongside him at the bakery, so he never felt alone. When he won the lottery, all that changed.

Suddenly, he was “rich,” so he thought he should upgrade his life. Taking his cue from the messages he’d absorbed from television and movies and advertising and other cultural media, he decided to enter the world of luxury and leisure. He assumed this would make him happier than slaving away in the kitchen. It was as if his new status compelled him to become a different person.

James quit his job and moved to an upscale neighborhood in an oceanside community. There, with all his needs met and a constant stream of money coming in, he was living the proverbial dream. Yet despite his new trappings, this dream felt like a nightmare. Instead of being fulfilled, he was sick and miserable. Previously good-natured, humorous, and outgoing, James grew increasingly withdrawn, isolated, and angry. He put on weight and eventually was diagnosed with the diabetes and high blood pressure that brought him in to see me. Instead of spending time with his bakery colleagues and regular customers, he now visited doctors and otherwise sat alone at home.

Too late, James realized that it had been a terrible mistake to do what he thought a lottery winner ought to do, instead of heeding his own heart. “I traded in my friends and a job I loved and moved to a neighborhood where people keep to themselves in their giant houses. It’s lonely.”

James’s experience was an example of how what we seem to value most in modern society—status, wealth, achievement, and fame—doesn’t guarantee happiness. With more money, we can purchase more privacy, we can live on secluded estates, we can even travel exclusively on our own boat or plane. While all of these privileges have their appeal, there can be a hidden human cost. If we’re not vigilant, such success can lead to a life that feels increasingly lonely as the distance between the individual and other people grows.

If James could find a way to break out of his gilded cage and strengthen his human connections, I suspected his health would improve dramatically. He’d likely become more active, engaged, happier, and more *himself*. After all, he’d had community and connection before he won the lottery. But that would mean bucking the prevailing assumptions about success and redefining his own ambitions in social, rather than financial terms. He seemed to understand this, but the process of change was daunting, especially now that his health was in jeopardy. How could I, as his doctor, help him?

In our one session together, I did my best to serve James. I listened carefully and asked questions. I recommended adjustments to the doses of his diabetes and blood pressure medication to bring his readings into a healthier range. And I offered to refer him to our hospital social worker, who might be able to help him make some community connections. Beyond that, though, I honestly had no idea how to address the loneliness that seemed to be driving his medical problems. It saddens me even now to think about it, but as a fledgling doctor, I learned far more from James on this subject than I was able to offer him.

My medical education did not prepare me to recognize the impact of social connection on health, and it certainly didn't give me tools to help my patients who were struggling with loneliness. Instead, my training had been focused almost entirely on the physical body. When we did discuss emotions, it was primarily in the context of managing a psychiatric illness like depression or building a trusting doctor-patient relationship so that patients would feel comfortable to participate in the healing process.

This was simply not enough when meeting patients like the young woman I took care of who had a bacterial infection on her heart valve related to her intravenous drug use. I could counsel her on the dangers of future intravenous drug use and the precautions she needed to take going forward. I knew how to discuss the complexities of treatment pathways, antibiotic courses, and the timing of follow-up imaging studies. I could empathize with the stress and emotional toll of being seriously ill, and I could listen to her and her family as they shared their worries. All of this was very important, but it failed to address the critical need for healthier connections in her life. Her relationships or lack thereof were an important factor in both causing addiction in the first place and determining whether or not she would return to drugs again. I was never trained to assess or address loneliness, and now when confronted with it, I didn't know where to start.

One Isn't Always the Loneliest Number

What is loneliness, anyway? This seemingly simple question becomes unexpectedly complex upon closer examination.

Many people think of loneliness as *isolation*, but the difference between these two terms is substantial. Loneliness is the subjective feeling that you're lacking the social connections you need. It can feel like being stranded, abandoned, or cut off from the people with whom you belong—even if you're surrounded by other people. What's missing when you're lonely is the feeling of closeness, trust, and the affection of genuine friends, loved ones, and community.

Researchers^{1 2 3} have identified three “dimensions” of loneliness to reflect the particular type of relationships that are missing. *Intimate*, or emotional, loneliness is the longing for a close confidante or intimate partner—someone with whom you share a deep mutual bond of affection and trust. *Relational*, or social, loneliness is the yearning for quality friendships and social companionship and support. *Collective* loneliness is the hunger for a network or community of people who share your sense of purpose and interests. These three dimensions together reflect the full range of high-quality social connections that humans need in order to thrive. The lack of relationships in any of these dimensions can make us lonely, which helps to explain why we may have a supportive marriage yet still feel lonely for friends and community.

Because everyone's level of need for social connection is different, it's impossible to say how many friends are required to prevent loneliness. The level varies not only throughout life, but also by personality. People who are more extroverted tend to crave human contact and social activity, feeling energized by networking with strangers. Those who are more introverted need more time by themselves and feel drained by too much interaction, preferring to socialize in smaller groups or one on one. Both introverts and extroverts can experience loneliness, however, and both need strong relationships in order to feel a secure sense of belonging. What

often matters is not the quantity or frequency of social contact but the quality of our connections and how we feel about them.

Unlike the feeling of loneliness, which is subjective, isolation describes the objective physical state of being alone and out of touch with other people. Isolation is considered a risk factor for loneliness simply because you're more likely to feel lonely if you rarely interact with others. But physically being alone doesn't necessarily translate into the emotional experience of loneliness. Many of us spend long stretches by ourselves when we're so involved in our work or creative pursuits that we don't feel at all lonely. On the other hand, we can feel lonely and *emotionally* alone even when we're surrounded by other people. What defines loneliness is our internal comfort level.

This is what makes loneliness distinct from *solitude*. When we feel lonely, we're unhappy and long to escape this emotional pain. Solitude, by contrast, is a state of peaceful aloneness or voluntary isolation. It is an opportunity for self-reflection and a chance to connect with ourselves without distraction or disturbance. It enhances our personal growth, creativity, and emotional well-being, allowing us to reflect, restore, and replenish. For millennia, monks and ascetics from various spiritual traditions have sought out solitude as an opportunity for introspection and to renew their connection with the divine. Unlike loneliness, solitude is not burdened with shame. Rather, it can be a sacred state.

Solitude also can feel a bit daunting, even scary, since it allows both positive and negative thoughts and emotions to surface. The space where we confront our demons is not always a space we enter willingly. But it's in the grappling that we work through issues, gain clarity about our feelings, and build comfort with ourselves. Developing comfort with solitude, then, is an essential part of strengthening our connection to ourselves and by extension enabling our connection with others. Solitude, paradoxically, protects against loneliness.