

visions

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loneliness and social connection

writing through loneliness

looking beyond differences to end
adolescent social isolation



visions

Published quarterly, *Visions* is a national award-winning journal that provides a forum for the voices of people experiencing a mental health or substance use problem, their family and friends, and service providers in BC. It creates a place where many perspectives on mental health and addictions issues can be heard. *Visions* is produced by the BC Partners for Mental Health and Substance Use Information and funded by BC Mental Health and Substance Use Services, a program of the Provincial Health Services Authority.

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I want to say a big thank you for such a wonderful issue [Opioids]. I read this issue cover to cover, as it hit home in several ways. I am a nurse at a public health unit. I am a mom with a child who is living the substance use/rehab rollercoaster life. I have another child who has a physical condition and mental health issues who is struggling to find relief and pain control. I have friends and family who struggle to understand the situations. My brave mom has suffered for years with chronic, debilitating pain. I have struggled to advocate for effective, safe pain control against fears of 'addiction' by physicians mindful of the dangers of long-term opioid use.

Health care providers still need to learn that this type of pain needs to have some relief, as all the cognitive, and non-narcotic routes of pain control may not be effective in some cases. Pain is a very individualized journey. We must pair knowledge with empathy and realize people respond differently to treatments.

Be respectful. Don't judge and assume. It is easy to say 'I never would use drugs,' when we are not in excruciating pain, have not suffered abuse, nor lived with trauma or PTSD. 'There but for the grace of God, go I' was a wise tip from my grandmother. I've learned to look at people with the lens 'What happened to you?' instead of 'What's wrong with you?'

Thank you to Al Fowler, Farren, John Hilderley, Sherry Robinson, Andrew Koster, and Astrid for the courage it took to put your personal stories on paper to share with others who need to use the new lens. Thank you to the researchers who document real-time history and keep searching for a balance to help those who suffer either mental or physical pain. All I can say is a very heartfelt thank you. It helps.

—Heidi Beckerleg, RN, Chilliwack

editor's message

The way a baby is soothed by voice and touch. The way 'mirror neurons' in our brain apparently prod us to feel things that we just witnessed someone else feel or do. The way tickling and laughing are pretty hard to do without other humans involved. Never doubt: We are still tribal. At our very core, humans are designed to be connected, loved, accepted and needed.

Several of our previous issues have been culminating in a way toward this theme. You will find currents of loneliness and belonging running through recent issues on gambling/gaming, language, opioids, self-injury, stigma—the list goes on. And no surprise there: Social disconnect is both a potential risk factor and consequence of mental health and substance use problems. You know, we talk a lot about financial poverty but social poverty is just as profound.

Yet the thing is, like anger or anxiety, loneliness is normal. We all experience it from time to time and in small doses it's useful because it tells us something. Just like anger tells us something's wrong or unjust and can spur us to solve a problem, loneliness is telling us that we're not getting what we need from our relationships. Still, unlike a host of emotions we have no problems talking about, there is a lot of stigma and shame surrounding loneliness. Few people find it easy to admit they are lonely. It feels like failure or weakness to do so.

I think Western culture has something to do with it. We live in a society that values independence, self-sufficiency, confidence, popularity—heck, we even count and display 'likes' on social media. Yet loneliness is a vulnerable state as it signals that we probably need to share more of ourselves to get the connections we want, but we may fear we are not, well, likeable. Then, fear of rejection may cause us to withdraw. But as a quote I once read about loneliness reminds: "We sometimes think we want to disappear, but what we really want is to be found."

There is good news: Being socially connected is associated with a 50% reduced risk of early death¹ and the quantity and quality of our relationships is something we can change. This publication won't solve our society's plague of social disconnect but I hope, like usual, it helps shine a light and that reading the stories helps you feel a little less alone and a little more hopeful.

Sarah Hamid-Balma

Sarah is Visions Editor and Director of Mental Health Promotion at the Canadian Mental Health Association's BC Division

We Are Not Alone, We Are Part of the Majority

WE ARE ALL LONELY SOMETIMES

Ami Rokach, PhD

Throughout history, the human condition of loneliness has captured the imagination of philosophers, storytellers, artists, medical practitioners, social commentators and scientists. Today, loneliness is such a common human experience that we could even call it a 21st-century epidemic.



Dr. Rokach is a clinical psychologist with 40 years of experience combining teaching, research and therapy. Ami teaches in the psychology departments at York University in Toronto and the Center for Academic Studies in Israel. He is Executive Editor of the Journal of Psychology: Interdisciplinary and Applied. Ami's therapeutic and research interests include loneliness, anxiety, human sexuality and stress management. Ami is the author of Loneliness, Love and All That's Between (Nova, 2013)

Despite differences in language, culture and socioeconomic prosperity, all human beings are similar in fundamental ways. We all yearn for love, acceptance and understanding. People need intimacy, warmth, a sense of self-worth and frequent confirmation that they are of value to others. Lack of meaningful human contact is so painful that people will go to great lengths to fulfill their need for it.

Recently, we have begun to recognize the largescale, widespread impact of

loneliness on the health and well-being of the human population. Consider, for example, UK prime minister Theresa May's recent (2018) appointment of Tracey Crouch as the new UK minister for loneliness.¹

Unfortunately, loneliness is socially stigmatized, especially in the Western world. This means we are less likely to talk about loneliness as a condition that affects the human population as a whole, and more likely to suffer with our feelings individually. Fearing the



We can think of loneliness as our natural alarm system, designed to warn us when something integral to our health and well-being is missing or in dire need of correction—namely, our relationships with other people and our opportunities for love, human connection and support.

stigma, those of us who feel isolated and alienated tend to avoid the realization that we are lonely, or we try to seek support from others, both of which often result in the deepening of the loneliness we feel.

Some of us might wonder whether we are lonely because we are difficult to befriend, or whether an innate personal quality makes us undesirable companions or “losers.” We might worry that those who spend time with us will be branded as losers as well. Others might struggle to make meaningful human connections in a world that is increasingly busy and in which social opportunities are increasingly circumscribed and often digital rather than face-to-face.

Those of us who experience loneliness frequently may continue our everyday activities as usual but carry our pain around with us, feeling disconnected from others, intensely alone, sometimes even terrified.

What is loneliness?

We can think of loneliness as our natural alarm system, designed to warn us when something integral to our health and well-being is missing or in dire need of correction—namely, our relationships with other people and our opportunities for love, human connection and support. It is imperative that we realize, constantly, that we cannot operate, succeed or survive on our own. As human beings, we are programmed to be a part of a group; we need to develop

and consistently exercise our ability to remain part of a community.

Loneliness is not simply the condition of being geographically alone (although someone who is lonely may also be geographically isolated). Loneliness is the condition of feeling alone—feeling disconnected from others, feeling that no one cares, as if one is not part of a social or familial network. The feeling of loneliness can be present even if we know, intellectually, that people do care and that we are part of a social and familial community.

Loneliness is part of being human—a painful and frightening condition that impacts our emotional and physical well-being. The key to combating loneliness is to increase our opportunities for meaningful social connections—whether these connections happen in the physical or virtual world.

While loneliness is a universal experience, it is also a subjective one: we all feel it differently. Loneliness can be temporary, a feeling brought on by the death of a loved one, a romantic separation or the sense of being socially unwelcome. Yet for some of us, loneliness can be continuous. It can be a chronic condition brought on by significant events in childhood or other experiences, or it may be inherent and not triggered by external circumstances at all.

Loneliness is particularly painful when we are surrounded by others but still do not feel a connection with them. Some of the most painfully acute loneliness can occur in our romantic relationships. In this case, loneliness

can result in alienation from the one we love—even in a relationship that was begun with the intention of connecting with another person. When that happens, it can be heartbreaking.

Modern-day loneliness: Risk factors and wider health implications

Loneliness, which differs from solitude (that is, being alone because we choose to), is always painful and never voluntary, and can trigger a host of other physical and emotional reactions. Research shows that loneliness is correlated with illness and slower recovery from illness, high blood pressure, sleep disturbance, low self-esteem, substance use problems, criminal activity, depression, dementia, even early mortality, among other conditions.²⁻⁴

At the end of the 20th century, advancements in technology promised a more “connected” world. Digital communications technology such as email and cell phones, the launch of the Internet and various social media platforms fostered the growth of a global social community. Yet while our capacity to communicate on a superficial level with our fellow human beings has increased, our level of loneliness has not decreased. With all our increased “connectedness,” we still experience loneliness. We may have 100 friends on Facebook, for example, but many of them can’t offer us a physical hug when we need one.

The nature of our communications with each other—whether we communicate in person or digitally— affects how we feel. Research shows that those who actively share their life experiences on social media platforms feel less lonely and disconnected than

those who simply observe what other people post on social media.^{5,6}

There are several factors that increase the likelihood that we will experience loneliness. Our risk of continuous or chronic loneliness increases if we are naturally aggressive, shy or have difficulty being assertive, if we come from a family that isn’t loving or supportive or if we live on the margins of society, perhaps in poverty or with chronic illness.

Various other factors increase our risk of reactive, temporary loneliness. Age is one of these. Young adults from the ages of 18 to 26 experience loneliness most.^{7,8} Seniors aged 80 and older, who have often suffered losses in health, partners and friends, are next at risk for loneliness. In the past, many doubted that children could experience loneliness. Today we know that children can and do experience loneliness. They can describe their feelings and may show behaviours consistent with depression, social withdrawal and shyness, often without knowing how to clearly express their pain.^{9,10}

Gender plays a role as well. While men and women both experience loneliness, women seem more capable of expressing their pain and longing, while men tend to deny that they are, indeed, lonely.¹⁰ Other factors that seem to affect our loneliness are sexual orientation, family and community dynamics, substance use, mental illness and physical health and capacity.

In general, people experience loneliness to a greater extent in individualistic cultures, which emphasize the importance of

individuality, success and beauty, than in collectivistic cultures such as those of the Islamic religions and some African countries, which emphasize group and family relationships.

In the West, as our wealth and leisure time increase, and as we continue to make advances in digital communications technology, we risk becoming more and more isolated from each other as more and more of our interactions are virtual rather than face-to-face. If we experience this increased isolation as loneliness, we are likely to experience other mental and physical health problems as well.²⁻⁴

If and when we feel we are neglected, forgotten or not important to others, rather than avoiding this feeling or fearing the social stigma we will experience if we share our feelings, I believe that we need to heed this natural alarm and address our emotional needs as a serious health matter. Especially at times like this, it is important to take a proactive approach: find a good friend, deepen a friendship with an acquaintance, join a group of people who share like interests and actively work to live in community. ▽

How I Thrive Socially in the Midst of Living with a Mood Disorder

Kathy

Loneliness and the desire for human connection is something we all experience at some point in our lives. However, for a person living with a mood disorder, feeling lonely and wanting social connectedness is common.

Kathy lives in the Lower Mainland. She enjoys time with others, her volunteer work and her hobbies, which include photography, reading, writing, art projects and Aquafit. She is passionate about helping others achieve their potential and receive the care they need. She believes in the power of the human spirit

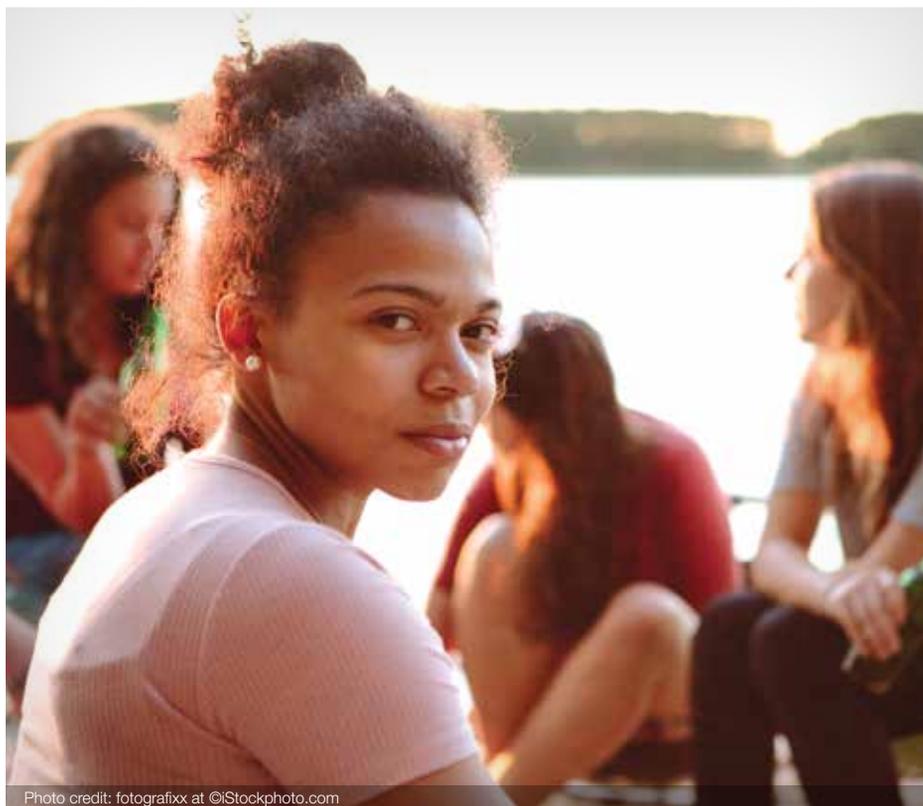


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I live with a mood disorder, and for me, feeling lonely and craving social connection has been true more often than not. But living a healthy life when you have a mood disorder also limits how you can make social connections—for many reasons. I've learned a few tricks over the years, and I hope my experience will be helpful to readers who face similar challenges.

Accepting limitation in my life

Because of my mood disorder, I live a very ordered and regimented life; I've learned that doing so helps me stay well. I eat at regular times, I pace my activities and I make sure to get enough consistent sleep. This limits what I can do, especially socially.

I am naturally an introvert. While I like to be social, I'm only social to a point. I

need alone time to re-charge and focus. I prefer one-on-one or small-group interactions.

I also have financial limitations. I am on permanent long-term disability (LTD) from my profession in a health care-related field. My illness can be unpredictable and complex, which is why I cannot work. Being on LTD limits my income, which limits my ability to engage in certain social activities with friends and in other areas of my life. In the past when I've been unwell, I have accumulated debt—something I am not proud of. I am still paying this debt off, and this contributes to my overall stress and limits my financial freedom.

When I first meet new people, I usually don't tell them about my mood disorder. Bipolar disorder 1 is still socially stigmatized, and like most human beings, I have a yearning for social acceptance. I like people to get to know me for my positive qualities, the real me, without the fact of my illness clouding their judgement.

Overcoming limitation

Over time, I have found ways to remain socially connected to others, despite my limitations. When I am well, I have most of my energy from the morning until late afternoon, so I plan my activities to take advantage of this natural energy cycle.

I also have to take medication around the same time each evening, which increases my fatigue at the end of the day. Taking the medication later isn't really an option, because doing so increases the possibility of a hangover effect, which interferes with the following day's activities.

Sometimes it frustrates me that I don't have a lot of energy in the evening, as this is when many social activities take place.

Sometimes it frustrates me that I don't have a lot of energy in the evening, as this is when many social activities take place. This means I cannot participate in as many activities as I would like, but I have learned to work within my limits, and people who know me well understand this and make plans with me during the times that work for me.

Another way that I combat loneliness is by attending a retreat centre for four or five days at a time. My retreat centre is Christian-based and allows me to focus on personal, creative projects in an atmosphere that is welcoming and supportive but not socially taxing. Going on retreat has become part of my life routine. I enjoy the solitude—connecting with myself without feeling lonely—and each time I go, I have a different, powerful experience. But I have to budget carefully in order to make it happen.

When I feel lonely at home, I do my best to distract myself in simple ways: sometimes I go for a drive or go grocery shopping, or I visit with select friends. I also get support from my medical professionals. I turn my appointment days into outings. Meeting with these people gives me the opportunity to discuss honestly how I am doing and what I need, any symptoms I may be having and strategies to manage my life in a positive way, and new research developments.

My practitioners treat me as a human being with unique strengths, which is not always the case for those of us with mental health conditions.

Attending church services and activities is another way I connect to people, God and the world. Being with my friends and meeting new people is very meaningful. It strengthens my inner being and leads me to new discoveries about myself and others. Recently, I began attending the church that many of my friends go to, where I have been embraced and accepted despite my illness, which has made a world of difference. I have even been asked to contribute to the church's new health newsletter, on mental health and wellness themes.

Volunteering has also become an important part of my life and helps me combat loneliness. Currently, I volunteer with a few organizations in the mental health field, providing education support for professionals and doing community outreach and public presentations, with the aim of advocating for improved access to mental health care services. While some of my volunteer work is done through email, I still feel connected with my colleagues and valued for the work I do. I have received positive feedback and ongoing support, and I believe my volunteering is contributing to my wellness.

Continuing to live well despite challenges

Being in an acute phase of my illness is still challenging. When my mood is low, my body feels heavy and I do not have much desire to engage with the world, no matter what the time of day. This is when I have to push myself very hard to be social, usually selectively social. It is often difficult, but I try my best. At times like this, I find it particularly difficult to connect with those of my friends who don't yet know about my illness. At the same time, the continuing stigma of mental illness keeps me from sharing my struggles with my entire social circle. That is why I really cherish the understanding and support of those who do know of my illness and who continue to value my time and my friendship.

Being in an "up" mood frequently comes with its own challenges. Sometimes I am overly friendly, and sometimes I am agitated and can't sit still. I may talk too quickly, or spend too much money or have thoughts of self-importance. I am also very energetic. Sometimes my feelings are so powerful that the energy seems like it could leak out of the edges of my body. But I have learned to recognize these symptoms as part of the rhythm of bipolar disorder, and I have developed ways to address them. Sometimes I seek medical help, and sometimes I simply withdraw from social interactions until my mood settles. My illness tends to be most challenging in the fall and winter months, so I'm always more alert to mood changes at this time of year. I focus on appreciating the days when I am well and being grateful for medical intervention when I need it.



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My illness doesn't define me and I am a productive member of society. I enjoy my volunteer work and do not miss my professional career the way I used to. I have the support of my medical professionals, family and friends near and far and my young adult godson.

As I write this today, I have been well overall for several months. My illness doesn't define me and I am a productive member of society. I enjoy my volunteer work and do not miss my professional career the way I used to. I have the support of my medical professionals, family and friends near and far and my young adult godson. This is truly a blessing and makes a difference in my life. With some personal persistence and support from others, people with mental health conditions can thrive socially, despite any limitations they may have. It is possible! v

Depression, Loneliness and the Journey Towards Recovery

A YOUNG ADULT'S PERSPECTIVE ON SOCIAL CONNECTEDNESS

Alberto Almeida

“The brain responds to depression as it does to any other illness, directing us to avoid activity—especially social activity—so that the body can focus on simply getting well But there is one crucial difference: With the flu, such withdrawal symptoms help promote recovery—with depression, it only makes things worse. So, even though depressed patients feel—right down to the core of their being—that pulling away from others is going to help, that is only because their brain has been misled. In effect, depression tricks the brain into thinking it is something akin to an infectious illness that needs to be fought.”¹



Alberto is the Health Literacy Project Manager at FamilySmart®. He lives, works and enjoys life on the unceded traditional territories of the Musqueam, Squamish and Tsleil-Waututh First Nations (Vancouver, BC). His interests are in mental health promotion, cooking, running and Muay Thai (Thai boxing)

When I first read these lines seven years ago, they resonated with me so strongly that I was never able to forget them. At that time, I was in the midst of an eight-year journey through depression, which to this day still feels like the loneliest road I could ever have travelled. It was a time

when I felt that even though I loved socializing and making others laugh, voluntarily isolating myself from friends and family was a necessity for my recovery and survival.

My fear of letting others in was amplified by my fear of being stigmatized

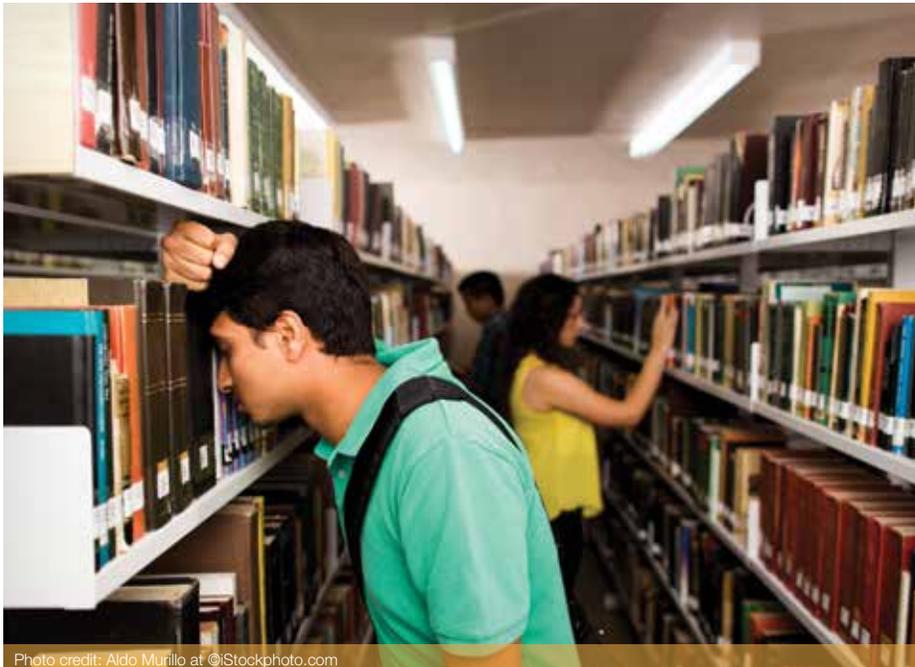


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I knew that forging new friendships and creating strong social bonds was supposed to be fun. Although I believed that, my sense of enjoyment was never great enough to shake the feelings of anxiety that came with making those new social connections.

for being different. It also felt oddly considerate to separate myself from my loved ones while living under the same roof as them, to put up figurative brick walls in order to stop them from seeing my constant, inexplicable sadness. In my head, the safest bet for me was to lock myself in my bedroom, ruminate for hours in an attempt to understand why I was the way that I was, tell myself to cry it all out and then play it off as if I felt fine, with a set of excuses ready to go. I didn't want my indescribable feelings to affect the people I cared about. My state of loneliness felt not only warranted but necessary at that

time in my life—and I grew comfortable with having my ability to socialize slowly slip away.

My experience of loneliness as a young adult was often influenced by my environment. For example, the stresses of university were compounded by the pressures of being the child of a single immigrant mother, who would tell me heart-wrenching stories about how she had to flee her home in search of safety and a better future for me and my siblings. This, along with mounting student loans, the constant side effects of antidepressants and the

feeling that I no longer had the skills to form meaningful relationships—when everyone else around me made it look so easy—reinforced the idea that loneliness equated my survival.

The stress of moving to a new city—which in my case meant leaving behind my family and friends in Toronto to pursue another degree in Vancouver at the age of 28—also proved terrifying. I worried whether I would ever find a community or make the connections that I longed for. I knew that forging new friendships and creating strong social bonds was supposed to be fun. Although I believed that, my sense of enjoyment was never great enough to shake the feelings of anxiety that came with making those new social connections.

At that time, I never *really* knew whom I could share my challenges with, or how my new acquaintances would react to my story. Luckily, I found my partner at that time and felt incredibly fortunate to feel genuinely cared for and not judged negatively for my experiences. She showed me why letting others in was one of the best decisions I've ever made—it gave me the opportunity to meet one of the kindest, most remarkable individuals I could've ever met.

Once school finished and I started working in health care, I came across an article that focused on the difference between *loneliness* and *solitude*. The author wrote that loneliness is a combination of self-alienation—or feeling separated from one's core identity—and a sense of social isolation. It is often accompanied by feelings of physical and emotional distress and pain.² This description made all my

feelings of loneliness flood back. I recognized this as exactly what I felt when I was going through my own mental health challenges.

However, the author also wrote that *solitude* is a completely different experience, often characterized as refreshing and calming rather than distressing. Solitude is more about one's choice to take time for oneself, to be alone with one's own company. Some say that solitude can be very useful in coping with loneliness,³ giving us time to reflect on what we want and how to go about getting it.

For me, solitude was very helpful in my recovery from depression. Solitude provided me with the time to reflect, to realize that I didn't want to feel sad anymore and that I would do anything to get out of my depressive state and feel genuinely and truly happy.

Solitude also gave me the opportunity to read books to help me understand what depression is, write in a journal, keep thought records and start a regular exercise program. Throughout this period of time, I was very lucky to have loved ones who made sure to remind me how important it was to like myself, that I should always be my own best friend and that at the end of the day, my recovery was for myself. They also showed me that it is okay to laugh, even when we are going through challenging times. Ironically, solitude also revealed to me that one of the most important things in my life is to be more socially connected with my loved ones, the people who make living enjoyable.

If there is one thing that I have learned through all of this, it is that

the "lonely path" — whether it be the road towards recovery from a mental health challenge or any other life challenge that comes to mind — doesn't have to be so lonely after all. For me, the keys to recovery were embracing moments of solitude and reframing those times as periods for reflection, making an effort to connect with friends and loved ones—even when I wasn't feeling my best—and spending time trying new things and exercising, which in my case meant immersing myself in the boxing and Muay Thai community. There will always be a sense of risk with trying new things, but from personal experience, I can honestly say there can be a lot of amazing rewards as well.

Looking back, I wish that I had known what other resources and supports were available. Being new to Vancouver, I didn't know how to navigate the BC mental health system. I would have liked to meet people with lived experiences similar to my own, who really understood what I was going through. This would've been incredibly helpful.

If I had known then about the organization that I now work for, FamilySmart®, I would've called a FamilySmart® Youth in Residence (YiR)—a young adult with lived experience of a mental health or substance use challenge—to support me in my journey towards wellness. A FamilySmart® Parent in Residence (PiR) offers the same supports for parents whose children are experiencing mental health challenges. I wish I had known what I know now—that there are skilled individuals out there who are willing to lead with care and compassion and offer a helping hand. All one has to do is ask.

The path towards wellness and connectedness is different for everyone. It is natural to take some time for yourself, laugh along the way, spend time with people you enjoy and feel nervous about trying something new. But there are many others on the same road, and seeking them out might be a step on your path to wellness. Find a route that works for you and keep building those connections with others. Through this, the journey to wellness will not seem so lonely after all.

To connect with a FamilySmart® Parent in Residence or Youth in Residence, visit www.familysmart.ca/programs/parents-and-youth-in-residence/

Loneliness

A DARK ABYSS

Jane

The loneliness eats at my soul. The dark abyss surrounds my every waking moment. I am all alone, no family and no friends. Just me and the deafening sound of silence.

Jane is 56 years old and lives in Victoria

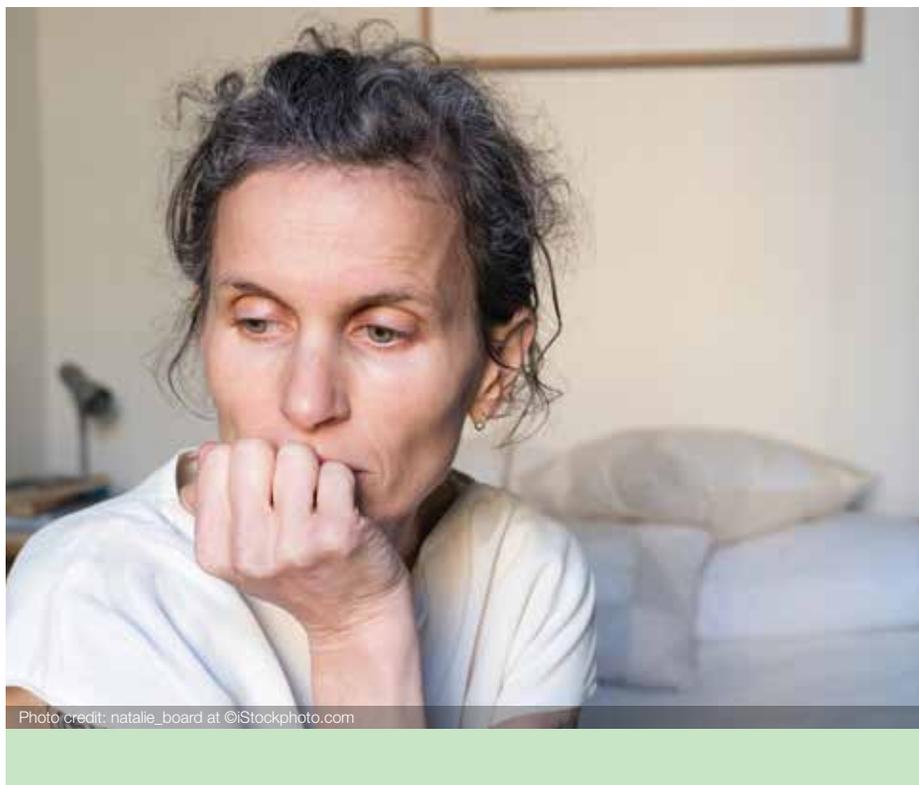


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I didn't always feel like this, but now I feel this kind of crushing loneliness almost all of the time.

I was adopted as a baby. My adopted parents both died before I was 15. At the time, I wasn't close to my two siblings, who were much older than me, so when my parents died, I started living on my own.

For the next several years, I didn't live a very stable life. I moved around, supporting myself through various jobs, like waitressing, office

work—whatever I could find. I lived a life of wild abandonment, drinking heavily and sleeping around. I went through many jobs and numerous relationships, trying to bury the pain of my loneliness.

When I was in my early 30s, in misery and alone, I was hospitalized for an attempted suicide by overdose. I was admitted to Eric Martin Pavilion, the psychiatric unit of the Royal Jubilee Hospital in Victoria, and that's when I was diagnosed with bipolar disorder 2 and borderline personality disorder.

I was in the hospital for a few months and began a long treatment process, including electroconvulsive therapy (ECT) and medication. After struggling for years, I finally became somewhat more emotionally stable. I was able to go back to school and then get steady work again. But I still felt alone; loneliness was always a shadow in the background.

In my early 40s, I thought I had finally found a strong and loving relationship. My partner worked full-time and was a great person. But after we'd been living together for just over a year, he asked me to move out because he said he couldn't handle my moods. He said he never knew what sort of mood I would be in when he came home. He decided he didn't want to live with this uncertainty. This failed relationship really hurt; I truly loved him and I had finally felt "normal." Losing him made me feel lonelier than ever.

Some time later, I moved in with my sister, who is older than me by almost 20 years. I lived with her for about five years until she, too, told me she couldn't live with me anymore because she couldn't handle my moods. Unlike my partner, whom I had never told about my illness, my sister knew about my mental health challenges. Yet she still felt the same way, and I had to move out. Again, my illness had pushed someone away.

For a long time after this, although I drank alcohol daily and still had mood fluctuations, I held a full-time job and was able to create a somewhat stable life for myself. Then, within a few months, another romantic relationship ended, I received notice that I had to move out of my apartment and I lost

my job. I became emotionally unstable pretty quickly after that. I went through numerous short-term jobs and numerous short-term relationships over the next couple of years.

I had learned over time not to show others the real me: experience had taught me that people tended to leave when they saw the real me. But the more time I spent alone, the lonelier I became. Soon, loneliness was the primary feeling I had, all the time.

Not only did I continue to lose jobs, but the constant stress of having to look for work all the time took a toll on me. Add to that the fact that I couldn't find a decent apartment to rent, I didn't have friends, I didn't have a supportive and loving romantic partner, and my relationship with both my older siblings had become distant and strained: it all amounted to a recipe for disaster.

My ongoing despair and loneliness led to my second suicide attempt. I spent one night in the hospital and was then released, but a few weeks later, I took myself back to the hospital and was admitted. I was there for two weeks and, after some changes to my medication regime, my mood stabilized again.

But while today I am emotionally stable and physically safe, the new combination of medications leaves me feeling *blah*. I have no emotions; I feel like I am in neutral all the time. I have all but lost contact with all of my acquaintances. I am on Canada Pension Plan disability and unable to work. I had to give up my apartment since I couldn't afford it anymore, and now I rent a room in a private home but I have almost no interaction

with the family I live with. I have no family of my own to reach out to. My relationship with my sister has deteriorated. My brother and I have almost no contact.

I don't have a regular doctor. I renew my prescriptions at walk-in clinics. I don't have the energy to seek out friends or relationships. The past pain of people leaving me because of my illness is always there. I have not told many people about my illness because of the stigma attached to it. The few people I have told did not react well. I have experienced first-hand how mental illness can cause isolation and loneliness.

My days are filled with nothing. I sleep 12 hours a day and then watch TV for the other 12 hours. I can go days without talking to anyone, days without leaving the house. I wage a constant battle with depression, along with my loneliness. This is not how I envisioned spending my "retirement" years.

The dark abyss of loneliness is now my life.

Addendum

Soon after I finished writing this article, I was referred to a mental health resource centre that provides options for people who are facing mental health challenges. I am feeling a bit more hopeful in anticipation of that meeting. Maybe there is hope. ▽

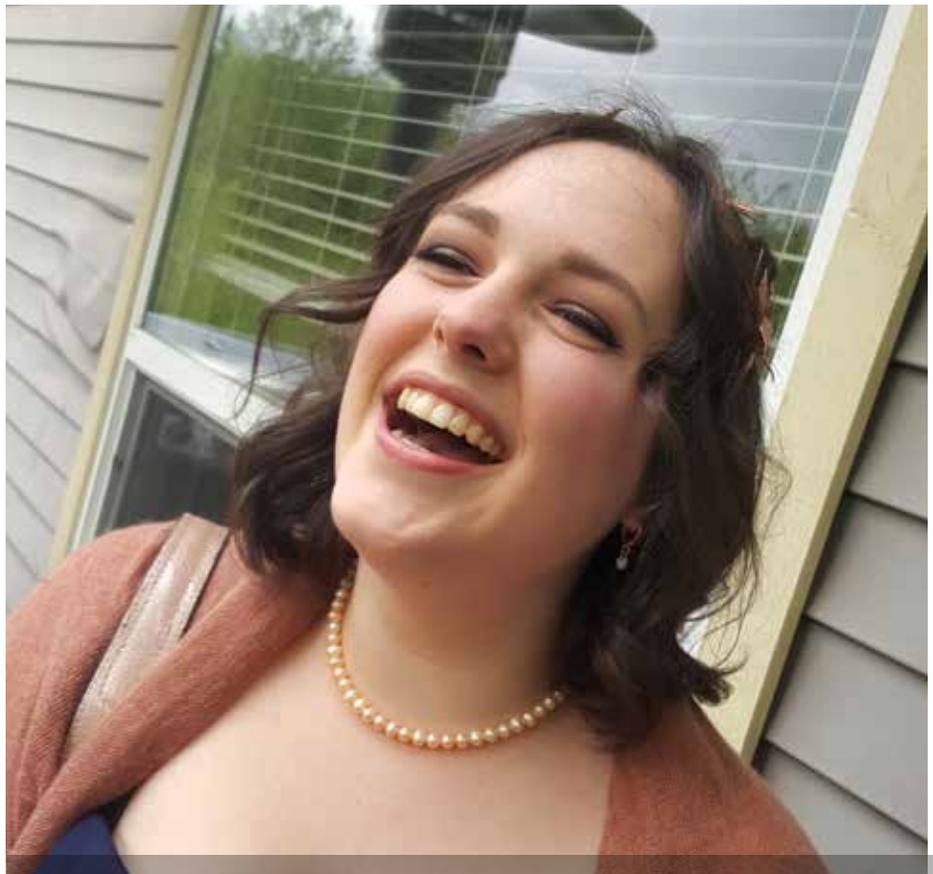
Quest for Connection

HOW A NEARLY DEADLY BATTLE AGAINST ISOLATION AND DEPRESSION RESULTED IN A STRONGER ME

Liberty Aronoff

I became depressed in high school. I gradually felt more insecure and distanced from the people I once thought of as my friends. Eventually, I switched schools, but I found myself even more isolated in the new school. There were days when, between the first bell and the last, I didn't speak a single word to anyone. Things became so bad and I felt so alone that, at the age of 16, I attempted suicide.

Liberty is 19 years old and lives in Mission



Liberty Aronoff

On the day of my suicide attempt, I had an intense argument with my mother just outside of my high school. Eventually, I got out of the car and marched angrily into the school. But I immediately dropped my things in my locker and left—and began the

two-hour hike across the city to my older brother's house to try to find sanctuary.

When I got there, however, no one was home. My emotions spiralled out of control and I tried unsuccessfully to

hang myself. It was then that I called my mom and asked her to pick me up. My mother was furious that I'd skipped school. I didn't tell her what I'd just tried to do; I was afraid it would make her even more furious. She told me to take a bus home. But I got on the wrong bus and found myself lost with no more money. Too scared to ask the driver where we were going or how to get home, I called my mother again and she finally agreed to come and get me.

When I got in the car, I told her I wanted to kill myself (still not admitting that I'd just made an actual suicide attempt). She immediately drove me to the hospital emergency room, but I refused to get out of the car. She called 911; soon, a police officer arrived. He told me that if I didn't walk myself into the emergency room, then he would physically escort me. I was scared and embarrassed, so I went in without him.

It was in the hospital that we first heard and understood the word "depression." The term had been thrown around before, but this escalation of events opened everyone's eyes. In the hours we waited to see the doctor, my mother got a chance to see just how dark my thoughts really were. Up until that point, I'd been able to hide my feelings for the most part. Now, for the first time, my family could see what was going on.

After that, my mother decided to pull me out of school. I attended a home and hospital program, where I was given a private tutor. With this wonderful man's help, I was able to complete four full courses in three months and finish Grade 10.

After about a month, the phone calls from my school friends stopped. Even my family no longer suggested that I leave my room because it was clear that I wasn't going to.

When the next school year rolled around, I again tried to attend high school. It came as no surprise that, after two days, my anxiety was so intense I had difficulty getting out of the car. At that point, I decided I was too broken to continue my classes and I refused to further my education. I didn't want to see anyone. Leaving the house—even for medical appointments—became almost overwhelming.

My medical practitioners told me that I was suffering from severe social anxiety and depression. I understood the dictionary definitions of those words, but it wasn't clear what they meant in practical terms. What did those conditions mean for my life? Was there any solution? At the time, it didn't feel like there was.

Along with the new diagnoses came recommendations for programs and support groups. I tried many types of medications in different combinations, but my emotions were still in a dark place and I began to lose hope. That's when my isolation truly became absolute. Going outside my front door became almost unbearable. Even daily tasks like showering and getting dressed became nearly impossible. I was embarrassed of who I was and what I was feeling. It felt easier to shut myself away than to try and lift

myself back up. Eventually I stopped leaving the house altogether.

Every day there was an argument as family members tried to get me to do something, anything—whether it was going for a walk, changing out of the clothes I'd been wearing the past 96 hours or even brushing my teeth. But I'd be so defiant and stuck in my depression that I wouldn't even contemplate the idea of moving off my bed, let alone leaving my bedroom. I could see that I was hurting the people around me. But I still couldn't change.

After about a month, the phone calls from my school friends stopped. Even my family no longer suggested that I leave my room because it was clear that I wasn't going to. I would spend my days staring at a screen, gaming and watching television. I could feel my brain beginning to rot. Loneliness and isolation were my new companions.

The more alone I was, the worse my depression became, and suicidal thoughts began to creep back into my mind. I ate little and lost a lot of weight, and the majority of my days were spent in tears.

At this point it had been a year since I'd left school and six months since I'd left my house. I was mortified. I thought that because I wasn't



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I was able to build myself up to attend counselling appointments once a week. I spilled out every thought and insecurity I'd ever had and I began to learn strategies to cope with my social anxieties and negative thoughts.

attending school and doing simple daily tasks such as showering and eating, I was a failure as a human being. I'd always considered myself to be a strong individual, and being as broken and weak as I perceived myself to be was scary and embarrassing.

Up until this point, I'd been consistently on medication; somewhere, deep inside, I could feel a small window beginning to open. I used that small window—and the help of my mother's will and unwavering support—to push myself out of the house and seek counselling from Child and Youth Mental Health. It was my turning point.

Once I'd been assessed and assigned to a counsellor, I felt I had someone

who would listen and validate my thoughts and emotions. My counsellor pointed out when my fears and thoughts were irrational; this gave me confidence that she wasn't just telling me what I wanted to hear.

I was able to build myself up to attend counselling appointments once a week. I started by going with my mom because I still suffered from social anxiety, but after a few months, I was able to go on my own. I spilled out every thought and insecurity I'd ever had and I began to learn strategies to cope with my social anxieties and negative thoughts. Slowly, a weight was lifted off my shoulders, and I started to look at the idea of going back to school.

We knew that a mainstream high school would be too risky. I was lucky enough to be accepted into a program for youth with mental illnesses. There, they understood what I was going through and what my limits were. Together, we determined that my one and only goal would be to attend. Nothing more.

Once my attendance was consistent, we would work our way up to other things. It was during that six-month school program that I was able to get my first glimpse into the future. It was exciting to even think that I might have a future. I'd felt so lost and alone for so long that the idea of continuing on my life path had been nearly inconceivable. For the first time, I could look ahead and see something that wasn't scary: I felt hope.

After the six-month school program ended, I began homeschool for Grades 11 and 12. It was incredibly difficult to go from an alternative school back into a home setting, to concentrate and be productive. But with patience and persistence, I got it done. I just had to give myself time, and not rush things; eventually, I got there.

I graduated from Grade 12 with honours. I was able to get a job that I loved—as a youth consultant with Child and Youth Mental Health. The working environment was one that I already knew and felt comfortable in. I worked there about 8 to 12 hours a week, doing administrative tasks and co-facilitating a child and parent anxiety group. I taught coping mechanisms to youth who suffered from various forms of anxiety.

When my contract ended after a year, I began working retail in a menswear

store. The staff there are some of the most welcoming people I have ever met. The store has been a family-owned business since it opened, and they can offer the sort of warm, friendly and supportive environment that not many other jobs can offer. The owners made me part of their family, and I could not be more grateful.

At about the same time I started the six-month school program, I was fortunate enough to receive a message from an old acquaintance who remembered I enjoyed playing Dungeons & Dragons. He invited me to play with his group, and it was there that I bonded with some fantastic and lovely new people. I've been playing with them for the past three years; our adventuring

campaigns are still going strong. I also contacted some of my old classmates, and I've been working on building stronger friendships with them. I can now say that some of my closest friends are people whom I never would have guessed I'd be close with today. I consider myself very fortunate.

I wish I could say that my depression and anxiety are no longer an issue. Unfortunately, that's not the case; I've come to accept that I am the way I am, and that depression and anxiety are things I will likely always struggle with. I am lucky enough to have found ways to deal with my mental illness and fight through every low. I have friends and family who know my past and will always support me.

I'm thankful for my experiences, for they've given me insight into myself that I don't believe I would have otherwise gained.

If you are experiencing extreme loneliness and social isolation, remember that loneliness is a condition that you can change. Tomorrow is a new day, and time heals all wounds. It isn't easy, and it isn't quick, but with the right help and some persistence, we can get where we want to be—and the rewards are incredibly exciting. ▽

IS THIS HOW YOU FEEL?

It's time to check in on your mental health

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Falling into the Depths of Loneliness

AND FINDING MY WAY BACK OUT AGAIN

Jay

My life's journey is not unlike that of many aspiring professionals. I started out my career with drive and a determination to succeed in order to get ahead in life. I sought out mentors, people with influence who could help me with the building blocks of life and work. The trip was challenging but there were lots of rewards along the way.

Jay lives in northern BC and is the father of three children, ages 11, 13 and 15. He works for a large retail outlet and volunteers with the local 4H club. He was married for 13 years but is currently separated



Photo credit: AlenaPaulus at ©Stockphoto.com

The people we meet in life—friends, family, teachers, spiritual leaders, artists, doctors, counsellors—influence us in a positive or negative way. If your self-esteem is not rock solid, the opinions of these people will have more power over you. Your shield of self-esteem may be Star Wars-strong, molded over the years to repel what you feel is wrong and invite what you feel is right. Or it may be tinfoil-thin, easily damaged by small nicks and knocks along the way. If you are like

me, it can feel like sometimes you have a Star Wars shield, and sometimes you have a shield made of foil.

For much of my adult life, my self-esteem was of the Stars Wars variety. I was a successful manager with a major retailer, and I had been given the opportunity to open my own store and hire more than 120 employees, building something that very few people get to build in their working career. I was committed to

my marriage and to raising our three wonderful kids. My career enabled us to raise our kids with mom at home, a rarity in this day and age.

But after a while, I felt that I was all shield—the real me wasn't there anymore. I had an impressive façade, but that was all I was: a façade. I had no idea who I was behind that façade.

The onset of loneliness

Two years ago, I began experiencing symptoms of depression and anxiety. This affected my ability to make decisions. My Star Wars shield began to crumble, and behind that façade, I began to erode. I had increasingly depressive thoughts and made increasingly poor decisions.

I hid my growing anxiety from my colleagues and family. At work, I focused only on the tasks that needed to be done immediately and neglected the mundane, day-to-day responsibilities necessary for the efficient management of a business. I started to spend more time in my office instead of checking in with my employees. This led to a gap in communication and, eventually, a rift between my employees and me. At home, I was exhausted; communication with family members suffered as well.

I have always responded to conflict with a “fight or flight” response. Anxiety kicks me into flight mode. When I am anxious, even the most basic conflicts give me heart palpitations and I feel the need to escape my immediate environment. This made interactions with my colleagues—particularly the more abrasive ones—more challenging, even though I am fairly adept at dealing with

I slowly pushed friends and family out of my life, hoping my depression and anxiety would pass on their own. I isolated myself so completely that the people I cared about stopped reaching out. On my most recent birthday, for example, I received no phone calls; no one in my extended family contacted me at all.

difficult personalities when I am in a non-anxious frame of mind. Conflicts at home also escalated.

I stopped seeking the support of those I trusted because I did not want to be seen as weak. This made things worse, and my communication with others at work and at home all but ceased. I became isolated and lonely.

Hitting rock bottom

In life, we can hope that we find like-minded partners, people who understand our perspective, speak with us honestly and support us through the rough patches. Unfortunately, the romantic partner I chose as my wife and the mother of our children did not see the world in the same way that I did. She became angry with me and my mental state, accusing me of being a narcissist, not capable of reason or expressing myself. This pressure amplified my feelings of loneliness and depression.

If I had known what I know now about depression, anxiety and loneliness, we might have been able to work together. But our deteriorating relationship pushed me further and faster towards a deeper depression

and anxiety. I wasn't able to explain what was going on in a way she could understand, and she was not able to offer help. Ultimately, I moved into our RV, which was parked in our driveway. I had become a stranger in my own home.

I slowly pushed friends and family out of my life, hoping my depression and anxiety would pass on their own. I isolated myself so completely that the people I cared about stopped reaching out. On my most recent birthday, for example, I received no phone calls; no one in my extended family contacted me at all. Immediate family members expressed only minimal emotion towards me.

On some level, my situation was baffling to me. How could I be in this place? I had been a family man! An attentive employer! What had happened to me? Where had all the emotionally supportive, influential people in my life gone? How had I become so overwhelmed by depression and anxiety?

At a really low point, after my wife and I had separated, I contacted my youngest son on his 11th birthday

and asked if he'd like to spend some time with me on his special day. I was crushed when he told me, "I'm too busy right now, but thanks." I have always been close with my children; to realize how bruised our relationship had become over a period of two years was devastating.

The long climb up

As I lay in bed after that phone call with my son, I did a lot of soul searching. I came to understand that life is a series of decisions. Sometimes we have a lot of information to base our decisions on, but often we don't. We make decisions based on gut instinct or interior judgement, which

depend on how strong our sense of self is, or how healthy our self-esteem is. Often, we only get one shot at making a serious decision, one that impacts love, family or work.

I realized that morning that my decisions had distanced me from the things that I believe are the most important. I had somehow allowed the battle with anxiety and depression to take over my life.

Ultimately, even the simplest decisions are affected by our emotional state. Decisions we make in a positive frame of mind can bring us great joy and pleasure. But if we allow depression

and anxiety to go unchecked, our decisions reflect our negative state of mind, setting us on a course that can be hard to reverse.

I didn't come up with any answers as I lay there in bed. The thought of re-examining all the decisions I've made in my life is overwhelming, especially when I struggle to get through each day. Sometimes I think it's like going into battle with no fuel in your tank. I see the individual with the Star Wars shield and the person with the shield of tinfoil. It's like these two individuals are waging an epic struggle inside my head, a war between Good and Evil.

Eventually, something had to change. When I started to avoid my responsibilities at work, I knew I was ready to look for support. I sought help through my employee assistance program. I also contacted my local health unit and got a referral to a psychiatrist.

Seeking help is never easy. Many people have opinions about whether you're doing it the "right" way. In my case, some people said I was playing the victim. Some thought I needed to be alone to work things out. Others thought that I was being selfish, that I should focus instead on what I was doing to my kids, to my life. But I know from experience that everyone has their own right way. No matter how you look at it, it is an uphill battle to build bonds once they've been broken. It takes a lot of time and patience and self-compassion.

In my quest for recovery, I've tried medication, counselling, even a lot of exercise, which I know is supposed to help. I took a demotion at work as



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But I know from experience that everyone has their own right way. No matter how you look at it, it is an uphill battle to build bonds once they've been broken. It takes a lot of time and patience and self-compassion.

I felt I couldn't take the organization to the next level. I let go of a lot of pride. There are days when I feel overwhelmed, like I can't do it. But I have discovered a deeper appreciation for everyone fighting a personal mental health battle. I know I am not alone, and that many are fighting worse battles—possibly with weaker shields.

Hope in the darkness

I've made a point of surrounding myself with positive, honest relationships. One-sided relationships that were enabling rather than truly supportive had to go. I started reaching out to people online to try to make new connections. It was there that I met my new partner, who helped me through some really lonely times. I am grateful for all that she has done,

but I'm also scared to lose her; I don't want to make any decisions that will result in distance between her and me.

My recovery is not over. After a three-and-a-half-month leave from work, I returned to my job. The lead-up to my return brought its own anxiety, but my employer was supportive and gave me lots of space to re-introduce myself.

My anxiety eased, and the employees were genuinely happy to see me back. While I still occasionally slip back into feelings of low self-worth, I take things one day at a time.

I still have limited contact with my kids. My ex feels that my illness is not healthy for my kids to see, even though I am recovering and the help I have received is making me a better

person. My new partner has been supportive, even offering up her house so that one or all of the kids can stay with me. But at this point I feel that the only way I will have more time with my kids is to battle in court with my ex, who has clearly established herself as our children's gatekeeper.

I hope that in sharing my story, I can be the voice for others who are waging similar battles. We are not alone. Loneliness is a state of mind, and it can be overcome. But it takes work, and we won't win every battle. We need to build up our shields slowly, surround ourselves with compassionate and supportive people and make decisions in a positive frame of mind. ▾

visions

we want to hear your story

The next issue we will be soliciting articles for is about families supporting an adult with a mental health or substance use problem.

If you have a story about family support (individual, family member or service provider), please contact us at visions@heretohelp.bc.ca by April 15, 2019.



Writing Through Loneliness

HOW ALCOHOL ISOLATED ME BUT SOBRIETY LIBERATED ME

Tabitha Montgomery

Ever since I was a young child, I have been comfortable with solitude, being free to read quietly or listen to records, or even choreograph my own dance routines to Carole King. Socially, I didn't have a lot of friends, but the few I had I felt a comfortable connection to. Although I always tried to fit in with bigger groups, I felt socially awkward and was always more comfortable alone. I did not know the feeling of loneliness until later in life.

Tabitha is dedicated to ending the stigma of substance use. Her study of introversion has deepened her appreciation for writing and solitude as healing therapies. A Vancouver resident and former board member of From Grief to Action, Tabitha has organized International Overdose Awareness Day events and helped coordinate Vancouver Public Library's participation in National Addiction Awareness 2017



Tabitha Montgomery

Spending time alone and writing have been forms of self-exploration and therapy for me since I was young. Exploring my creativity through writing is a passion that enables me to confront my inner conflicts and to better understand the human condition. Even now, at 50 years old, I use writing as a map to trace how I got to where I am today, and to explore the places I've been along the way.

This kind of self-exploration is not easy. Human beings can go through

complex and challenging life-altering experiences before we find a safe landing, a safe harbour to start our self-exploration, to begin the process of self-acceptance and healing, and—hopefully—to begin the process of accepting and better understanding others.

Early life and substance use

My understanding of loneliness and writing as a tool for self-reflection has evolved over the course of my life. I have experienced a lot of loss, which



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In hindsight, I know that my father's challenges with loneliness and addiction can be understood through the blurry lens of his own childhood. Abandoned by both of his alcoholic parents as a young child, he was raised among distant family in a series of hotels in Vancouver's Downtown Eastside.

has shaped who I am today, and how I think of loneliness and solitude.

My early childhood was happy. I was raised by a single, healthy mother and my two loving older sisters. I was close to all of my grandparents, with the exception of my absent father, who, in addition to his substance use disorder, lived with other complex mental health issues, which I did not understand at the time.

In hindsight, I know that my father's challenges with loneliness and addiction can be understood through the blurry lens of his own childhood. Abandoned by both of his alcoholic

parents as a young child, he was raised among distant family in a series of hotels in Vancouver's Downtown Eastside. Eventually, his grandmother took him and his sister to live with her in a very small, tar-paper-covered shack in the Fraser Valley.

But despite these stacked odds, he did well, meeting my mother and beginning a family. He was charismatic, polite and hard-working. It wasn't until his third child was born—me—that he experimented with drugs at a party one night. He was never the same again. He continued using drugs and eventually my mother had to leave him.

My father's infrequent visits in my otherwise peaceful life were often volatile and frightening. He was no longer the same wonderful man my mother had fallen in love with and married. Over time, his substance use and his violent moods and actions had made him a broken and disruptive man, one whom my mother feared and tried to protect her family from. My father lost everything because of his addictions.

High school and early adulthood

By the time I reached Grade 8, drinking and recreational drug use seemed to be a normal part of social connection among my peers. The social anxiety of trying to fit in became a lot easier when I learned to smoke cigarettes and drink coffee. Eventually, my friends and I tried mushrooms and cocaine and hard liquor. When regular substance use becomes such a natural part of your life, it's hard to recognize when the partying is actually excessive.

But eventually I grew up and matured enough to get a steady job and pay my own rent, despite my substance use.

By this time, it had become normal for my peers to experiment with more dangerous substances, including heroin. Some acquaintances got sick, and others died. I began to be more selective about who I hung around with. And then I became a mother in my early twenties and my priorities changed. My two children are my world. But my first real wake-up call would come a bit later.

When my eldest child was three, my dad died of a heroin overdose. I left my son with his father and went on a

I let myself be okay with crying in the dark, with feeling pain and loss and loneliness. Instead of drinking, I would pick up a pen and write. I would write through the loneliness. I got to know myself again through writing.

road trip with a friend to California. On that trip, I drank for seven days straight. It didn't occur to me that I was being unhealthy until I got the shakes. I was so alarmed that I stopped drinking for the rest of the trip.

When I got back home, I stopped heavy drinking altogether. Although I would go out once in a while, I never overdid it, and I stopped hanging out with people who did recreational drugs. That was challenging; in my community, drug use was everywhere. It seemed to be socially acceptable.

Then, a few years after my father died, my best friend also died of a heroin overdose and I went into an emotional tailspin. Losing someone to overdose brings with it an extra layer of pain, as the death is completely preventable. My grief haunted me. I turned to alcohol again, and spent nights drinking at home while my kids were away at their grandparents' house for the weekend.

Solitude was no longer something that was healing. I had become overwhelmingly lonely, drowning in my grief over the loss of my father and my friend. I literally drank more on those nights than I ever thought I could. At times I felt abandoned and

ripped off. I was heartbroken. Loneliness engulfed me.

But deep down, I knew I didn't want to become what had hurt me. I *could not do that* to my children.

I did not want to use alcohol to numb myself anymore. I quit drinking completely. But now I felt even more alone because I stopped associating with most of the people I knew. But I was determined to get back in touch with that part of me that liked her own company—that stranger who was me.

Writing a new story—or an old one

I let myself be okay with crying in the dark, with feeling pain and loss and loneliness. Instead of drinking, I would pick up a pen and write. I would write *through* the loneliness. I got to know myself again through writing. Even today, the more I write, the more I discover about myself.

Through my writing, I have also learned to accept my past. My past is part of me. My father's past is part of me. Those roots—the strong, deep ones as well as my father's broken ones—are all part of my story, and there is no shame in any of them. Every single one of us has roots and

a story, and every single root, every single line, matters.

I don't resent my father anymore, or the fact that his life story did not have a happy ending. Nor do I resent my friend or blame myself. I could not have stopped her from experimenting with heroin.

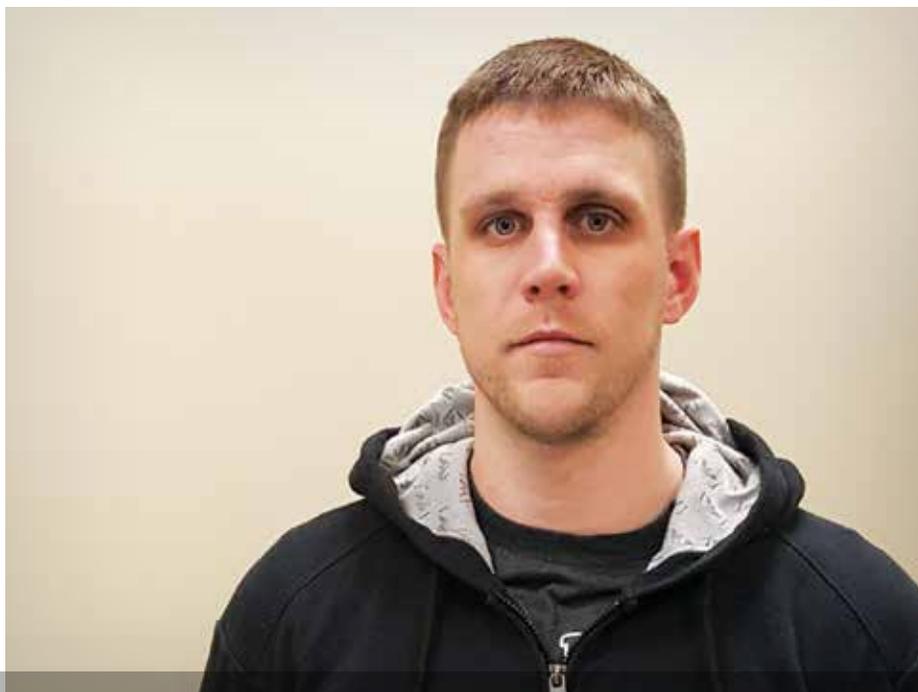
Every single one of us deals with loneliness in our own way and chooses our own path. And at times we have all been in a lonely place but not known how to help ourselves. I am one of the lucky ones. Through my own healing and my personal customized wellness plan, I not only live free from alcohol, recreational drugs and even cigarettes but I also live free and liberated to be a friend to me. In many ways, I have rediscovered the strong, free-spirited girl I was at the beginning of my story. ▼

Filling the Loneliness Void

BELONGING AND ACCEPTANCE IN A CRIMINAL WORLD

James Charman

My name is James. I'm a 31-year-old man who has spent over one-third of his life in jail.



At the time of writing, James was incarcerated at Nanaimo Correctional Centre, in the Guthrie House Therapeutic Community Program. He wrote his story by hand, supported by the centre's Acting Deputy Warden of Programs, Christine Bootsma

James Charman

Currently, I live in Nanaimo Correctional Centre's Guthrie House, which runs a therapeutic community program that offers addictions treatment and recovery management. Residents help each other to recognize negative beliefs and distorted thinking patterns as they prepare to live successfully in the outside world.

It's been a long journey to get where I am today—a journey with periods of profound loneliness. My deep desire for a sense of belonging led to a series of unfortunate life choices. But they also provided me with opportunities to learn valuable lessons about

compassion, self-reflection and my relationships with others.

I've been using drugs since age 11, and I've been in and out of jail since I was 14. Before that, I spent years feeling alone and marginalized. I found a sense of belonging in a life of crime and addiction. It seems like it's all I've ever known.

For the past decade, I have been searching for new connections with people. This is my narrative about that experience, trying to discover, then re-discover, who I am. I'm glad to have the opportunity to shed some

light on the effects of loneliness in my life.

Loneliness from a young age

My story begins in a small town in BC, the sort of town where everyone knows one another. My mother was not prepared to raise a child; she left home, and my single grandmother took on the job of raising me.

My grandmother had a rough start in life. She'd been raised by alcoholic parents and didn't have a lot of parenting or coping skills. She didn't really know how to show affection, and she didn't find it easy to encourage games or fun things

that kids do. Those things just didn't interest her. She also suffered from medical issues that made it difficult for her to keep up with an energetic boy.

I was also not an easy kid to take care of. I was argumentative and her response to my challenging behaviour was to raise her voice and use verbal putdowns. Sometimes she would hit me. But to her credit, she always supported my efforts to improve my situation. She never left me hanging. She raised me the best she knew how at the time.

We had some extended family in town, but we didn't get together very often

for group activities or events. Even when we did, no one wanted to spend a lot of time together. None of my extended family took much interest in me—except for one older cousin. But his parents saw me as a bad influence. I was impulsive and I had a foul mouth and I didn't like to follow rules. I wasn't a bad-hearted kid, but I was seen as a trouble-maker.

School was miserable. The other students didn't show up to my birthday parties and spent their free time making me feel unwelcome or entertaining themselves at my expense. I was never quite sure why—perhaps it was my behaviour, or the fact that I was a little heavier than the other kids. Perhaps it was because my grandmother and I didn't have much money. I was called names and endured other forms of bullying. I can't recall anyone else getting harassed as much as I was. I just seemed to be an easy target.

When I asked for help from teachers and other staff members, I never seemed to get it. Often, I got blamed for the situation. Teachers spoke down to me or ignored me or—worse—gave me in-school suspensions. I was the only really disruptive kid, so I received the majority of the negative attention from staff. Looking back, I don't think they knew how to deal with my struggles in a creative way.

The hardest part was that I couldn't figure out what was so wrong with me. I certainly didn't feel so different from anyone else. In hindsight, I realize I wasn't particularly self-aware as a kid. Perhaps I was socially awkward or attention-seeking. Perhaps other kids saw me as



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In a small town where everyone knows who you are, it is impossible to escape your reputation. Even if you really aren't the person that everyone thinks you are, once you're known as the troublesome kid, then that is what people see.

annoying. Whatever the case, I would often find myself in the all-too-familiar role of outcast.

In a small town where everyone knows who you are, it is impossible to escape your reputation. Even if you really aren't the person that everyone thinks you are, once you're known as the troublesome kid, then that is what people see.

Drugs, alcohol and the myth of belonging

By the time I was 12, I had quit school. My grandma couldn't take my acting out, and I was placed in an intermittent government care program on weekends. One day, my grandmother called a social worker, and I was removed from our home and placed in foster care in another town.

In foster care, I quickly met all the other kids around who were like me; for the first time, I felt a sense of belonging. I spent my days on the streets with my new friends, panhandling or stealing change from cars, drinking alcohol and smoking cigarettes and weed.

I enjoyed the sense of belonging and my increased independence, but I returned to my grandma's custody the following summer. I resented being back at home, and I spent a lot of time hitchhiking around southern BC. I revelled in what I thought of as my life of adventure: travelling from town to town, living on the streets or couch-surfing wherever I was, using crime to support my alcohol and drug use and the alcohol and drug habits of friends and acquaintances. My identity became that of the guy who could get the money and supply the drugs and

I realized in recovery that my desire to fit in was why I returned to crime and my addictions. At some point, I had decided that that world was the one in which I belonged.

booze without expecting anything in return—except a bed for the night. I felt like I was constantly seeking acceptance and a sense of family.

Eventually, my petty crimes caught up with me: at the age of 14, I went to juvie, where I had to adjust again to violence and bullying. I adapted. I developed a multi-faceted personality that allowed me to fit in anywhere. And when I had to, I defended myself by fighting back.

Over the years, I served three separate juvie sentences. When I was 17 and facing my third juvie sentence, I decided I needed a change. I elected to go to a youth home in northern BC to start over.

In the youth home, I managed to stay off substances. I met some healthy friends and a girl who was still in school, still on a straight path. The manager of the house became a father figure and I got a weekend job, started mountain biking more and felt a sense of purpose.

But eventually I started using substances again and things began to slide. I left the youth home, lost the job and began to push the girl away. I started using harder drugs and became addicted to crack. By the time I was 19 years old, gangs, violence and selling drugs had become my world—except

now I was an adult, so I began doing time in adult custody.

In 2009, a friend who was in custody with me suggested that I request the option of a full-time treatment and recovery program. I had never really admitted that I was addicted to substances, but I knew it was time to try a different approach. My girlfriend at the time was pregnant with our child, and I really wanted to be a father to my little boy.

Lessons from recovery

I realized in recovery that my desire to fit in was why I returned to crime and my addictions. At some point, I had decided that that world was the one in which I belonged. It has been a long struggle to get to the point that I feel okay to be around people who don't "get" me. I now understand that people don't *have* to know everything about me; we can still have a meaningful relationship, despite not understanding everything about each other.

I've also learned to communicate with words rather than violence. I understand why people have different perceptions and I accept that fact without feeling alienated by it. I don't have to be the same as others to find belonging among them.

I also have an open mind. Without that openness, I don't think I would

have learned how to bond with other human beings in a meaningful way.

I find myself able to help others learn the same sorts of lessons. In Guthrie House, where the recovery program focuses on community support and peer-to-peer interactions, I use my experience and compassion to support those who have not yet been given the gifts I have received over the course of 10 years of hard work, struggle, relapse and jail—experiences that make me the person I am today.

Looking ahead

My sentence will be complete in 2019. Once I leave Guthrie House, I will face challenges, but I've worked hard to ensure I have a safe place to land. I've

developed supportive relationships with people on the outside, I have a treatment plan in place and I've made arrangements for a healthy place to live.

I am grateful for the people I have in my life now, and I'm looking forward to starting something new. I am working on developing a relationship with my son, and my grandmother is still supportive. She and I have developed a strong and caring relationship, even though we live some distance from one another now.

Over time, I've thought about what it means to be lonely, and I've gained insight into my desire for acceptance. As a child, I was never accepted for

myself; I never developed a clear understanding of how to connect with others. I could feel a bond in groups of people using substances, and over time, I associated these feelings with the lifestyle I lived and the people I was with, rather than recognizing that my sense of belonging came from our similar experiences. Those of us who lacked real connection in our lives found connection among each other—however unhealthy or confusing our lives and actions were—much like people who survive traumatic experiences together. We were all lost souls on the same journey. As I look ahead to next year, I look forward to bringing my hard-earned insights with me, and to surrounding myself with people who accept me simply for myself. ▾

Looking Beyond Differences to End Adolescent Social Isolation

HOW A STUDENT-LED NON-PROFIT HAS INSPIRED A GLOBAL MOVEMENT

Laura Talmus

I always believed that my daughter, Lili, was special, but I had no idea that her life would inspire a movement that has touched millions of children and teens all over America and around the globe.



Laura and her husband, Ace Smith, founded Beyond Differences following the unexpected death of their daughter Lili Rachel Smith in October 2009. With over 35 years of experience running and consulting to non-profit organizations, Laura is passionate about bringing awareness to the issue of adolescent social isolation

** in America, middle school is the common term for a school intermediate between elementary (primary) school and high (secondary) school. If they exist in BC, they may be called middle schools or junior high schools*

Photo credit: Beyond Differences

Laura Talmus joining the Teen Board of Beyond Differences at a middle school* in Mill Valley, California to talk about the issue of social isolation in teens.

Lili Rachel Smith was born with Apert syndrome, a rare genetic disorder that causes some of the skull bones to fuse prematurely. This prevents the skull from growing normally, affects the shape of the head and face and can cause fusing or webbing of the fingers and toes. In short, Lili looked different from other kids.

When she was a little girl, Lili had friends and playdates, but as she got older, she faced a number of social challenges. Grades 6 through 8 were

the toughest time for her, as the invitations to parties and sleepovers dried up. Feeling excluded from any friend group at school, she found herself dreading lunch; often, she would retreat to the girls' bathroom and call me to pick her up.

Lili was experiencing *social isolation*, a term that until that point I had heard only in reference to senior citizens. Social isolation is different from bullying; it is a feeling of being left out, invisible and without connection



Photo credit: Beyond Differences

Teen Board members of Beyond Differences (purple t-shirts) engaging with a middle school girl who felt socially isolated at school.

to others. This feeling impacted Lili's motivation to do well in school. Ultimately, our family decided Lili would do better being homeschooled. It was a very tough decision and not one we would want other families to have to face.

Tragically, Lili passed away unexpectedly in her sleep as a freshman in high school in the fall of 2009, due to medical complications associated with Apert syndrome. At her memorial, teens who had known her as a classmate in middle school came to realize how excluded she had felt during those years. They wanted to do something to honour her life. In 2010, together with Lili's classmates, we created a non-profit organization called Beyond Differences, with the aim of raising awareness about social isolation in youth. Within a few short years, what started out as a tribute to Lili had touched a nerve in middle schools all over the country.

Research indicates that social isolation has a major impact on self-esteem, health and academic performance. A 2013 study showed that social isolation can contribute to conditions such as depression, loss of sleep, eating disorders and poor cardiovascular health.¹ In 2016, a national survey revealed that 20% of American middle-school and high-school students had trouble making friends, and nearly 50% did not participate in extracurricular school activities.²

What is Beyond Differences?

Beyond Differences is the only student-led non-profit organization and social justice movement dedicated to ending adolescent social isolation. We believe that all teens should feel included, valued and accepted by their peers. Exclusion should not be an accepted part of middle-school culture, and students can lead the way to make meaningful change in their community.

Our Teen Board of Directors is made up of about 100 high-school students who are trained to go into middle schools and talk to students—peer to peer—about what social isolation is and how to combat it. The feedback we've received has been startling. We've learned that most teens have experienced social isolation at some point in their lives, whether during school, at events outside of school or as a result of social media posts. For example, we hear often that feelings of social isolation are common when an individual discovers they haven't been included in a party or event—and peers post photos of the event on social media.

Our organization saw a huge need to help teachers, school counsellors and students create more inclusive, accepting communities at their schools. We've developed curricula, programs and national awareness days—what we call our Positive Prevention Initiatives—with resources that schools can request online and receive free of charge. Our goal is to change the culture of middle school to encourage a positive, more inclusive environment.

Our programs

In 2012, we piloted our first No One Eats Alone™ Day in just a handful of schools in Northern California. The day encourages students to sit with classmates they don't know and include students sitting alone. Our Teen Board, along with middle-school ambassadors (students who either volunteer or are recommended to take a lead role in our programs), helped facilitate the first event. We had widespread print and broadcast coverage for our first No One Eats Alone Day

event, and we were blown away by the response from the students, school staff and administrators who attended. Many students opened up about their feelings of social isolation at school, and many adults (teachers, administrators, even reporters) recalled having similar feelings during middle school as well.

The program has grown each year. In 2018, we sent over 2,200 schools a free backpack filled with everything they needed to hold No One Eats Alone Day: curriculum for in-class exercises and discussions about social isolation, armbands, posters, balloons, conversation starters and the supplies and instructions for a collaborative art project. In 2018, the art project was a five-foot-tall tree with paper apples on which students wrote their personal pledges to end social isolation. In 2019, the apples have been replaced by hearts and leaves.

To combat negative beliefs about cultural and religious differences—a key factor in social isolation—we launched the Know Your Classmates™ program. For this initiative, Beyond Differences developed a unique curriculum to teach students about personal identity and appreciating differences in others, with the goal of increasing acceptance and building strong communities within schools. Know Your Classmates focuses on breaking down barriers around culture, faith, family traditions, gender identity, immigration status and many more facets that make us who we are.

Knowing the effect that social media can have on how socially excluded we feel, we created Be Kind Online™

We've discovered that the issue of adolescent social isolation is universal. In 2017, for example, delegates from South Korea met with Beyond Differences to help address the problem in their own country.

to nurture healthy relationships and combat social isolation online. This program teaches students how to spot social isolation in the online environment, how to respond to digital gossip and how to be authentic and true to themselves online. Be Kind Online includes lesson plans, PowerPoint presentations, articles, links to videos and worksheets for in-class discussions and interactive exercises. One of the lessons, *Standing Up to Negative Online Behaviors*, includes descriptions of realistic scenarios of online cruelty for small groups to discuss. Another exercise has students watch a talk and discuss and write about the power of “likes” on social media.

In 2018, more than 5,000 schools in all 50 American states used one or more of our Positive Prevention Initiatives. As Beyond Differences has grown in the US, we have begun to receive interest and requests from schools and communities across Canada and all over the world. We've discovered that the issue of adolescent social isolation is universal. In 2017, for example, delegates from South Korea met with Beyond Differences to help address the problem in their own country. For schools outside of the US, Beyond Differences has provided comprehensive teacher guides online.

All of our resources, materials and program support are provided to schools free of charge, no matter where in the world our participants live. Beyond Differences does not receive any state or federal funding for these programs. We rely solely on the generosity of our private and corporate supporters.

I know Lili would have been proud of the work her life has inspired. We are happy knowing that we have made such an impact, but we still have plenty of work ahead of us.

We remain committed to ending social isolation in youth and look forward to a day when inclusion is the norm. For more information, contact www.beyonddifferences.org. ▼



how the built environment shapes our classroom experience

Gal Kramer

Gal is a master's candidate in the urban planning program at the Harvard Graduate School of Design in Cambridge, Massachusetts. Her undergraduate degree is from McGill University

In 2016, the National College Health Assessment reported that 66% of 43,000 Canadian postsecondary students surveyed felt lonely at least once during the previous year. About 30% of those students reported feeling “very lonely” during the previous two weeks.¹

In the past few years, there has been an increase in research exploring the relationship between social connectedness and higher education. Many studies have looked at teaching methods and means of student engagement, including changes to the curricula and facilitating classroom cooperation and participation.^{2,3} Fewer studies have explored the way the built environment shapes social connectedness. The built environment includes man-made structures such as buildings and streets, but it can also include smaller-scale items, like furniture.

Some theorists in architecture and urban planning suggest that the built environment has an impact on people's social experiences within a specific space. Research has also shown that there is a relationship between the built environment and our mental health. For example, the lighting and physical configuration of a space can affect our mood.^{4,5} Street layout impacts how people move, which affects people's interactions with others.⁶ This can also shape our perception of social connectedness and isolation.

Arguably, the design of a classroom can influence how socially connected or isolated a student feels, and this can affect a student's learning experience. My undergraduate research at Montreal's McGill University's Samuel Centre for

Social Connectedness explored how the physical layout of a classroom might impact the learning experience.

Changes in classroom setup and furniture make a difference when it comes to both social and learning experiences. McGill students surveyed indicated that they would like to see smaller classes, more opportunities to work in small groups, larger desks and work spaces and alternative seating options, and that these features enhanced both their learning and their connections with their peers.

In the past few years, many universities in Canada and the US have created Active Learning Classrooms (ALCs), designed to increase student engagement. McGill University, for example, currently has 14 ALCs. Active Learning Classrooms can take many forms, but they are generally smaller classrooms with integrated technology. Students sit in small groups, sharing table space, white boards and technology such as computers and microphones. Easily moveable chairs and tables allow students and teachers to move more readily around the classroom. This encourages students to interact with each other and with the instructor.

While changes to the physical classroom space can be costly, this cost should be weighed against the extreme cost and negative impact of students' social isolation. Less costly alternatives can also have a positive effect. Even with no budget at all, simply rearranging existing furniture can make a meaningful difference in students' learning experiences.

Now There Is Someone to Call On

ORGANIZATIONS USE A COLLECTIVE APPROACH TO CONNECT WITH ISOLATED SENIORS

Mariam Larson

Imagine the end of a really good—or really bad—day. How many people do you have in your life to share your joy—or sorrow? How many people can you call on for ordinary support or advice at a moment's notice?



As a consulting gerontologist, Mariam provides project management services for cities and community agencies, including Allies in Aging. She is married, the mother of two adult children, an active grandmother to toddler twins and the go-to support for her 87-year-old mother. She considers “life balance” a fallacy and instead aims for role integration

Roughly 30% of seniors don't have *anyone* to call on for support, advice or even a simple conversation. For many, important social connections are broken when partners, friends and family die, when people move or live far away or can't be available for other reasons.^{1,2}

Losing a partner or lifelong friend is heartbreaking. If the partner was the person who made the meals and kept the social calendar full, the daily emptiness resulting from the partner's absence can be profound. If the friend was the one person who shared stories or adventures, the sense of disconnection the senior feels when the friend is no longer available can be crippling. If the absent family member was the one who drove to appointments or picked up groceries,

a senior's essential needs can go unmet when that family member is gone.

Seniors without social connections often experience poorer emotional, mental and physical health than seniors who *do* have strong social connections.^{1,2}

Isolated seniors who might benefit greatly from community programs may not know what programs are available or how to access resources and services. If a senior has a low income or lives with a disability, a language barrier or cultural differences, it can be impossible to bridge connection gaps without skilled support.

Partners in reducing isolation

Allies in Aging is a group of more than 30 partner agencies working to reach

and connect with seniors who are at risk of isolation. The group is funded in part by the Government of Canada's New Horizons for Seniors Program (NHSP) and is one of NHSP's nine three-year initiatives aimed at reducing seniors' social isolation across Canada.

Under the leadership of four agencies, Allies in Aging provides a variety of outreach services, training for volunteers and service providers, and transportation initiatives for seniors in Vancouver, Burnaby, the North Shore and the Tri-Cities. Since its launch in 2016, Allies in Aging has connected with more than 14,000 seniors and has trained more than 2000 volunteers and service providers. It has also advocated successfully for change in regional seniors' transportation programs and provincial policies.

Allies in Aging uses a collective-impact approach to making positive social change. This means that partners commit to a shared agenda, collaborate on activities that reinforce mutual goals and engage in shared evaluation of our methods and results. A dedicated individual acts as "backbone lead," supporting the coordination, communication and connections across programs and among partners. As a group, we have found that we can have greater impact when we work together than if we try to make changes on our own.

Programs that build community

Allies in Aging runs several different initiatives, each headed by a different lead agency. Burnaby Neighbourhood House leads the Welcoming Seniors' Spaces program, which uses intentional outreach to connect seniors with people and places where they can experience

a sense of belonging and value. Volunteers and staff reach seniors at food banks and subsidized housing units, and also connect with those sleeping rough in the community. Volunteers and staff conduct simple walking trips to distribute resources and extend invitations to other seniors to come and join community meals or outings where they can build relationships through shared experience. One senior who was drawn to one of our training programs ended up organizing a community barbeque with support from the project team.

South Vancouver Neighbourhood House leads the Seniors Hub and Neighbourly Together Program, which uses door-to-door outreach to promote local opportunities and offer individual support for seniors who may rarely leave home. Project teams and senior leaders have developed creative ways to find seniors where they live. Many of the seniors targeted by this program speak little English and have limited familiarity with their community, even if they have lived there for a long time. Volunteers and staff trained through Neighbourly Together work to find common interests among seniors and to identify seniors' hidden strengths so that those who are isolated can expand their boundaries with dignity and confidence.

Volunteer Impact is a regional training program for volunteers and service providers to help them to identify, understand and connect with isolated seniors. The lead agency for this program is Family Services of the North Shore. Participants in the training sessions often attend multiple workshops designed to deepen their ability to recognize and reduce the isolating impacts of cultural

or communication barriers, anxiety and stress, dementia, depression and delirium, and grief and loss. Sessions have become so popular that most of them have waitlists. Several session resources are now available online at www.alliesinaging.ca, in various languages, making them a valuable resource for community and cultural organizations in their efforts to help reduce seniors' isolation.

Seniors on the Move, led by Burnaby Community Services, is also a regional initiative. It aims to design new transportation services, or enhance existing transportation services, to meet seniors' needs. Multi-sector collaboration through this program has resulted in significant changes to transportation services, as well as the development of resources and training to support seniors in making plans and timely changes when they are no longer able or no longer wish to drive. A partnership with Modo the Car Co-op provides access to cars for volunteer drivers to use when taking seniors out in the community. A partnership with bc211 resulted in the creation of a seniors' transportation hotline for the Metro Vancouver area: people can dial 211 to get up-to-date information about everything from bus routes to HandyDart registration to local volunteer ride programs.

For more information about Allies in Aging, check out our website: www.alliesinaging.ca. You'll find project contacts and a variety of outreach and training resources. You can also sign up to receive our regular newsletter to read about some of our success stories and keep up with our work. ▾

Connecting Generations

HOW A SENIORS CARE CENTRE AND A CHILD CARE CENTRE ARE COMBATING LONELINESS AND BUILDING COMMUNITY IN TORONTO

Robert Petruszewsky, CPA, and Rafelina Loschiavo, RECE

In June 2014, the City of Toronto and two partner organizations launched an intergenerational program designed to foster and support interactions among seniors, children and families. Through an intensive redevelopment initiative, the Kipling Early Learning & Child Care Centre, and Kipling Acres, a long-term care home, established a combined physical space and a collaborative programming environment, bringing together younger children and older adults of Toronto's diverse Kipling community.



Robert (Bob) is Home Administrator for Kipling Acres, Toronto Long-Term Care Homes & Services. A Certified Professional Accountant, Bob has worked in health care since 1989 and as a long-term care administrator since 1992. He is a proponent of community partnerships to help enhance the life of long-term care residents

Rafelina (Lina) is the Centre Supervisor for Kipling Early Learning & Child Care Centre, Toronto Children's Services. A registered childhood educator for 32 years, Lina's focus is on supporting the growth and development of young children in diverse communities throughout the Toronto area

Photo credit: City of Toronto

Nothing like two generations playing together to brighten up their day and form new friendships.

In the newly designed space, families access the child care centre by entering through the long-term care home. The unique physical layout encourages casual interactions among seniors, children and families.

For many in long-term care, depression and loneliness is an everyday reality. Simply because older residents live together in a long-term care facility does not mean they have

the opportunity or the inclination to establish meaningful relationships with other residents, and continuing loneliness can have negative impacts on an individual's physical and emotional health and well-being.¹

The importance of intergenerational programming

The presence of a strong intergenerational program at Kipling supports a wider, more diverse range of social

interactions. The program brings together senior residents and toddlers (aged 18 to 30 months) in various activities designed to foster and nurture mutually beneficial relationships, setting a positive tone for each day. Senior residents engage socially and emotionally with the young children, who in turn develop important social, emotional, language, cognitive and physical skills.

As they participate in the program, senior residents and other clients establish connections with the community's children and young families, which helps to decrease their loneliness and sense of isolation. This result is easily observed by programming staff, family members and clients alike: residents who may have been agitated become calm and smiles light up their faces as they reminisce about happy moments spent interacting with the toddlers and families who participate in the intergenerational program.

The programming teams from the early learning centre and the long-term care home work together to plan and implement a diverse program of weekly creative and interactive learning and social experiences that meet the needs and interests of both children and seniors. For example, our Move and Groove dance sessions encourage children and seniors to connect through music and movement, offering programs in dancing and singing.

In our weekly Mail Delivery program, children dress up in mail carrier uniforms and, with the support of educators, help deliver mail received at the front desk to participating seniors. This experience helps the children

develop their language and literacy skills and fosters their social and emotional development. The children take their responsibility seriously; their confidence and self-esteem soar as they embrace their postal-delivery duties. The seniors are reminded of the days when the mail carriers delivered mail to their front door. It is easy to see that both children and seniors enjoy their connection with each other.

Over the year, children and seniors participate together in a wide variety of seasonal social events and experiences, including holiday celebrations, arts and crafts classes, bingo games, cooking and gardening lessons, and yoga and drumming sessions. Throughout, personal, impromptu interactions are encouraged and welcomed.

For example, there are frequent social interactions between seniors and families when children are dropped off or picked up. One resident likes to play the piano on the second-floor mezzanine, and when the children go by, they stop and listen and sing along. During inclement weather, the children are taken for walks on the units and are able to greet the residents. And it is always heartwarming to see a senior showing a three-year-old their date of birth on their veteran's service card.

Intergenerational interaction means a healthier community

Healthy social relationships between young children and older adults benefit the well-being of both the child and the older adult in the short and long term. These connections don't replace or serve as a substitute for the valuable relationships that children have with their grandparents

and other family members. Rather, the interactions help to foster a sense of community well-being, so that children, families and seniors can experience living in an environment that supports and embraces all generations and all phases of life.

For the children, one of the most positive aspects of the program is the opportunity to develop empathy and an understanding of the needs of others, and the chance to learn about the different strengths and challenges that others may have. Many of our young families have chosen Kipling Early Learning & Child Care Centre specifically because of the intergenerational program. The program's success is also one of the reasons that our senior residents have chosen Kipling Acres as their long-term care home and our other clients choose to participate in our adult day program.

Other child care centres, long-term care homes and adult day program providers should consider the success of Kipling's intergenerational initiatives when they look at ways to support healthy aging and improve the quality of life for children, seniors, families and their communities. Kipling is certainly not the only success story. The City of Toronto now operates two other long-term care homes with on-site child care centres, Seven Oaks and Lakeshore Lodge. The popularity of the intergenerational programs at these two locations is further proof of the value of such inclusive programming for the well-being of all our communities.² ▽

Beyond Loneliness

BUILDING STRONG COMMUNITY THROUGH MEANINGFUL CONVERSATION

Amie Peacock

When my mother came from the Philippines for an extended time to attend my wedding in 2001, it was the most special period in my life. My mother is, after all, my heroine.



Amie is Founder and Executive Director of Beyond the Conversation, a non-profit that fosters belonging, self-confidence and community connection among seniors, youth, new immigrants and refugees. Amie immigrated from the Philippines more than 20 years ago. With Beyond the Conversation, she is helping to weave community and change in Greater Vancouver

Amie Peacock at the first Walk to End Social Isolation in 2018

A strong-willed person, my mother is full of life and the most generous human being I've ever known. But within six months of her arrival in Canada, I noticed a dramatic change in her physical, mental, emotional and spiritual well-being. My fashion designer sister and I became scared that our mother would spiral into such a severe depression and hopelessness that she would become unrecognizable and would cease being someone who lived life to the full.

It was clear that our mother was experiencing a profound culture shock in every sense possible, a shock that was compounded by her difficulty with

the English language, the lack of her cultivated community support and the absence of her own friends. She could not engage in any of her familiar daily activities or social networks in Canada. She had left all of that behind in the Philippines. The strong, happy and healthy person we loved so much was now displaying all the signs of stress, loneliness and depression brought on by social isolation.

I love my mother, and it would have been great to have her continue living with us in Canada so that my sister and I could look after and care for her. Having her immigrate to Canada had been part of the plan all along. But we



Photo credit: The Canadian Press/Darryl Dyck

Amie Peacock, centre, founder of the volunteer group Beyond the Conversation, speaks with a senior citizen during a weekly group meeting to help people practise their English skills, combat social isolation and foster relationships, in Vancouver, BC, on Friday February 23, 2018

realized that she could not flourish in Vancouver. She didn't feel like she had any energy left to invest in building her new community. She wanted to be independent, but she was afraid to go out and do the sorts of things that make her feel alive, like socializing with friends.

In the Philippines, my mom is dignified and loved, well liked and respected by the villagers, independent and free to do anything she wishes. She made the difficult decision to return to the Philippines. Sure enough, upon her return, my mother picked up her activities where she had left off. Now in her 90s, she is still physically active and mentally engaged, living a full and happy life.

Watching my healthy mother experience social isolation and seeing how

profoundly it affected her made me wonder how many other people also suffer from isolation. After my mother left, I vowed that I would do what I could to end social isolation for other people, even if it was for just one person. Thus was born Beyond the Conversation, an organization that fosters awareness and provides support for those experiencing loneliness in their communities.

Talking about loneliness

One of the most important things we can do to combat loneliness in our communities is to create the space we need to talk about it. In person. With each other.

In the three years since the founding of Beyond the Conversation, we have helped hundreds of seniors, new immigrants, refugees, international

students and youth make meaningful in-person social connections. We run 13 discussion groups in the Greater Vancouver area. These groups meet once each week for two hours at a time. The groups are typically small—usually 6 to 12 people—in order to foster a welcoming experience and a sense of belonging.

Although group conversations are facilitated by a trained volunteer, discussions can be wide-ranging, anything from why we serve turkey on Thanksgiving Day to what we think of pipelines. Each group hosts sessions in a unique way. We focus on building deeper relationships with each other, so we take our conversation cues from the individuals that make up each group. Discussion topics are often generated by our participants and based on issues that are relevant to them. This way, participants and volunteers feel a sense of ownership and help to generate solutions that are personally meaningful.

At Beyond the Conversation, we emphasize the importance of making intergenerational, multicultural connections in an atmosphere of absolute trust, respect and honesty. Staff and volunteers take the time to get to know our participants and listen to their stories, whatever stage of life they're at. We don't have all the answers for life's troubles, but we offer a compassionate ear, and our discussion groups provide participants with a chance to share similar experiences and to pool ideas. We listen without judgement, opening our hearts to each person as a unique individual.

When we listen this way, all of us benefit. From our participants, we often

hear comments like “It took three buses for me to get here, but it didn’t matter because I love coming to this group” and “I feel so comfortable and alive with you guys.” Many of our volunteers have also struggled with loneliness in the past, and this first-hand experience means they have a deep appreciation for what our program can offer participants. One volunteer facilitator remarked, “As we give a piece of ourselves, we also receive healing.” It’s true: when we feel like we belong, we can begin to share some of the burdens we carry. Beyond the Conversation offers a safe, welcoming space to share those burdens.

At the very heart of our work is a desire for a deeper understanding of the issue of social connectedness. Why do people feel lonely? How can they feel less lonely? What can we do to lift the burden of loneliness, even if only a little bit?

From there, we structure our discussion groups and our other events to meet the different needs of individuals. In the past, for example, we have offered basic language-skills training and a place to practise English. Yet many of our participants continue to return to our weekly discussion groups simply because we offer a space of belonging. We help individuals to establish a firmer sense of self and purpose in their community. The most fulfilling part of our job is watching participants re-find or reconnect to their inner beauty, strength and confidence.

Taking the conversation into the wider community

A friend from the Vancouver Foundation, a philanthropic organization that helps build meaningful community

connections in the Vancouver area, recently pointed out that Beyond the Conversation is not simply an organization but an innovative movement with the energy and power to change our community. Although we have no outside funding, we’ve been able to grow and collaborate on projects with a group of amazing community partners, including faith groups, neighbourhood houses, community centres, NGOs and local businesses.

We are also organic, in that everything we do begins with a very basic, real question: What do our participants need and how can we help provide them with meaningful solutions? Conversations and events that stem from this starting point result in practical, sustainable social connections.

Most importantly, we make sure that we are always having fun. This helps to engage our participants and our more than 50 volunteers.

At no point was the impact of our work clearer than on September 9, 2018, when Beyond the Conversation held its first Walk to End Social Isolation in Vancouver. The one-and-a-half-kilometre route was designed to accommodate everyone, including people with limited mobility. At the event, a series of invited speakers of various ages and backgrounds shared personal stories of loneliness and talked about how they found the courage to identify their struggles and seek help. These stories were so powerful that many in the audience were inspired to share their own stories in the open-mic session that followed. Audience members came forward to thank us for creating an environment of acceptance, honesty and respect.

The future and Beyond

Beyond the Conversation is changing the story of loneliness and isolation, one conversation at a time. Our goal is to establish 100 in-person discussion groups throughout BC and to become a nationally recognized organization by the year 2020. We are planning presentations at high schools, colleges and universities, workplaces, community centres, cultural centres and seniors’ care centres, with the aim of expanding our intergenerational, multicultural programming.

We are all touched by isolation and loneliness at some point in our lives, whether we experience it ourselves or watch a friend or family member struggle. We all know someone who needs support. At the moment when we need that support, where do we look for help?

Don’t put off making meaningful connections with others. Don’t wait for the “perfect” time, whether that time is after you graduate, after you get that promotion or after you retire. You might think it’s never the perfect time, but the truth is, it’s always the perfect time to reach out to others.

The most pleasurable moments for me as the founder and executive director of Beyond the Conversation are the ones I spend getting to know our participants and our volunteers. Getting involved—as a participant or as a volunteer—is easy. It begins with a conversation by email or phone. For more information, visit us at www.beyondtheconversation.ca or call 778-710-1499. ▼

On the Table

VANCOUVER FOUNDATION CELEBRATES COMMUNITY BY CONNECTING WITH BC RESIDENTS OVER A MEAL AND CONVERSATION

Trina Prior

In the fall of 2018, Vancouver Foundation turned 75. The community-based philanthropic organization celebrated this important anniversary with over 4,500 people around the province, sharing a meal and a conversation.

Trina is Manager of Partnerships & Community Initiatives at Vancouver Foundation, a community-based philanthropic organization. She has worked on the Vital Signs and Connect & Engage reports and with the provincial On the Table initiative. She is currently completing a master's degree in philanthropy and nonprofit leadership at Carleton University



Photo credit: Rawpixel at ©Stockphoto.com

The idea for Vancouver Foundation's On the Table initiative began almost two years ago, when we learned about the On the Table (OTT) program established in 2014 by the Chicago Community Trust (CCT).¹ The annual CCT event unites people from diverse backgrounds, bringing them together to share a meal and conversation, to build personal connections and explore ways to strengthen their community. The concept of the project resonated with us because of its simplicity and its impact.

With support and guidance from CCT, we created our own version of On the Table. The key piece of advice we received from CCT was that the On the Table initiative should fit with the work we are already doing. For Vancouver Foundation, OTT is an initiative that gets to the heart of what community foundations are all about—connecting people to each other and building stronger communities. The initiative was also a clear extension of the work we had started in 2012 with our connections and engagement research, which focuses

on social isolation in the metropolitan Vancouver area.²

In 2012, when we released our first Connections and Engagement report, we were surprised by the immediate buzz it generated. We knew then that we had hit upon something vital to the health of our communities. Through our research, we found that Vancouver can be a difficult place to make new friends, and that frequently, people's connections with their neighbours are cordial but weak. Many people were spending more time alone than they would like. The greatest obstacle to community engagement was an individual's feeling that they didn't have anything of value to offer others.

Our follow-up report in 2017³ found that levels of community participation had declined even further since the initial research. We were encouraged, however, to find that most people wanted to find ways to increase their levels of connection and engagement. Despite increasing reliance on technology, people still prefer to connect in person. Most people, particularly those who have lived in the area for a short period of time, want to get to know their neighbours better.

Over the past six years of study, we have learned that people long for a deeper connection to neighbours and community. We saw our 75th anniversary as a way to live our values of being community-inspired and increasing a sense of community belonging. On the Table became the perfect vehicle for us. Instead of organizing one large community event, we gave people the tools to create their own events, focusing on what mattered most to them.

On the Table took place on September 13, 2018. Across British Columbia, 4,500 people from communities large and small participated in 361 hosted events. The initiative served as a province-wide celebration but more importantly as a catalyst and platform for people to connect within their own communities. We learned several things from those events.

Not surprisingly, many of the conversations focused on belonging and community engagement, but an inspiring range of other topics also emerged. Some were fun and social, such as *What's Good in the Hood?* and *Does It Belong in a Museum?* Others were more serious: *Is Democracy in Trouble?* and *Mental Health and Art*. Some meals were hosted by seasoned conveners, but many others were initiated by people who had never even attended something like this, much less hosted such an event. Venues included boardrooms, coffee shops, backyards, living rooms—even a cargo container. Meals ranged from tacos and cider to kombucha and blueberries. No two conversations were exactly alike, but what they all had in common was that they were started by someone who had something they wanted to share and talk about.

We started this project with the belief that people want to connect with each other but they might need a bit of a nudge to do so. Our OTT follow-up survey proved our assumption to be correct: 98% of hosts reported that On the Table provided an opportunity to host a conversation that would not have otherwise happened.⁴ Even more exciting for us was that 72% of OTT guests said they wanted to stay in contact with someone new they had

met at an event. In addition, many participants reported that they had been inspired to take action based on their conversation.

When we launched the initiative, we were not sure if this would be a one-time event for our 75th anniversary or if it was something we could repeat and build upon. Thanks to the support and encouragement we received from community members, we are pleased to be organizing our second On the Table event in 2019. We hope to expand the circle even wider, inspiring more communities to take part and bring people together, face to face, to share food and conversation about what matters most to them.

Social isolation is a complex issue. We know that one meal is not going to solve the problem, but it is a good place to start. In September 2019, we invite you to be part of the conversation. Please visit www.onthetablebc.com to stay in the loop. ▼

resources

Federal/Provincial/Territorial Ministers Responsible for Seniors

www.canada.ca/en/employment-social-development/corporate/seniors/forum.html

Find the *Social Isolation and Social Innovation Toolkit* to learn more about loneliness among older adults in Canada and explore solutions, learn more about resources across Canada, find information for caregivers, and more.

Vancouver Foundation Connect & Engage

www.vancouverfoundation.ca/connectandengage/key-findings

A Survey of Metro Vancouver 2017 measures social connections and community engagement among Metro Vancouver residents.

On The Table Community Reflections and Insights

www.vancouverfoundation.ca/whats-new/table-community-reflections-and-insights-report

Hosts and participants reflect on the lessons they learned and show the power of simple conversations.

Beyond Differences

www.beyonddifferences.org

This US-based organization helps young people tackle social isolation at school. They offer three programs: Know Your Classmates, No One Eats Alone, and Be Kind Online, and they offer resources and tools for students and teachers.

Canadian Mental Health Association Coping with Loneliness

www.cmha.bc.ca/documents/coping-with-loneliness/

This fact sheet shares tips to help you understand loneliness and seek social connections.

HeretoHelp

Wellness Module 3: Social Support

www.heretohelp.bc.ca/wellness-module/wellness-module-3-social-support

This Wellness Module discusses the importance of social connections and describes different ways people can ask for and offer social supports. You can also take a quiz to see how much support you have.

The Loneliness Project

thelonelinessproject.org

The Loneliness Project, a Canadian initiative, is a collection of personal stories about loneliness that aims to help people develop compassion for others and themselves. Anyone can share their story—personal stories cover a range of topics related to loneliness, and some discuss strategies that are helping them build new connections.

Department for Digital, Culture, Media and Sport, UK *A connected society: A strategy for tackling loneliness— laying the foundations for change*

www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness

This report highlights the UK's national strategy to combat loneliness—headed by the Minister for Loneliness—from a better understanding of what it means to feel lonely to actions that communities can take to foster a culture of inclusion and support.

What Works Wellbeing

An overview of reviews: the effectiveness of interventions to address loneliness at all stages of the life-course

whatworkswellbeing.org/loneliness/

This UK report reviews research on loneliness, including who feels lonely and why they feel lonely, and the efficacy of interventions and different approaches to alleviating loneliness.

 This list is not comprehensive and does not necessarily imply endorsement of all the content available in these resources.



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