

The Loneliest Generation: Americans, More Than Ever, Are Aging Alone

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Danny Miner, a 66-year-old retired chemical plant supervisor, spends most days alone in his Tooele, Utah, apartment, with “Gunsmoke” reruns to keep him company and a phone that rarely rings.

Old age wasn’t supposed to feel this lonely. Mr. Miner married five times, each bride bringing the promise of lifelong companionship. Three unions ended in divorce. Two wives died. Now his legs ache and his balance is faulty, and he’s stopped going to church or meeting friends at the Marine Corps League, a group for former Marines. “I get a little depressed from time to time,” he says.

Baby boomers are aging alone more than any generation in U.S. history, and the resulting loneliness is a looming public health threat. About one in 11 Americans age 50 and older lacks a spouse, partner or living child, census figures and other research show. That amounts to about eight million people in the U.S. without close kin, the main source of companionship in old age, and their share of the population is projected to grow.

Policy makers are concerned this will strain the federal budget and undermine baby boomers’ health. Researchers have found that loneliness takes a physical toll, and is as closely linked to early mortality as smoking up to 15 cigarettes a day or consuming more than six alcoholic drinks a day. Loneliness is even worse for longevity than being obese or physically inactive.

Along with financial issues including high debt and declining pensions, social factors such as loneliness are another reason boomers are experiencing more difficult retirement years than previous generations.

The lack of social contacts among older adults costs Medicare \$6.7 billion a year, mostly from spending on nursing facilities and hospitalization for those who have less of a network to help out, according to a study last year by Harvard University, Stanford University and AARP.

“The effect of isolation is extraordinarily powerful,” says Donald Berwick, former administrator of the Centers for Medicare and Medicaid Services. “If we want to achieve health for our population, especially vulnerable people, we have to address loneliness.”

The Trump administration is looking at expanding faith-based partnerships to combat isolation among seniors, says U.S. Assistant Secretary for Aging Lance Robertson. Earlier this year, the British government appointed its first minister of loneliness to tackle the issue.

The baby boomers prized individuality and generally had fewer children and ended marriages in greater numbers than previous generations. More than one in four boomers is divorced or never married, census figures show. About one in six lives alone.

The University of Chicago's General Social Survey, which has tracked American attitudes since 1972, asked respondents four years ago how often they lacked companionship, felt left out and felt isolated from others. Baby boomers said they experienced these feelings with greater frequency than any other generation, including the older "silent generation."

Karen Schneider, a 69-year-old in East San Jose, Calif., went through an acrimonious split from her husband in the mid-1990s that left her estranged from her two daughters and without anywhere to live. Friends let her sleep on couches and a garage as she scraped by on jobs as a home health aide and Walmart greeter. Sometimes she slept in her car.

Over the years, that support network shriveled as people moved away or died, she says. When Ms. Schneider landed in the hospital with a heart attack six years ago, she had no one to call for help. "When you get older you don't have as many friends," she says. "Everything changes."

Among the most likely to lack close kin are college-educated women and people with little money, says Ashton Verdery, an assistant professor of sociology and demography at Pennsylvania State University. More senior women than men are kinless because women's life expectancies are nearly five years longer, at 81 years. Of Americans age 50 and over in 2016, 27% of women were widowed or never married, compared with 16% of men. Women are also less likely to cohabitate and date later in life, research shows.

Paula Lettice of Alexandria, Va., got divorced at age 39, remarried at 42 and was a widow by 44. Now age 69, the former senior executive says she's struggled to find a new partner.

After she retired seven years ago, Ms. Lettice worried that isolation and inactivity would hasten the onset of dementia that runs in her family. She began volunteering to drive older homebound seniors, started a business helping others organize their homes and invited neighbors over for chili on Halloween. She went on a trip to France with a tour group, although she didn't know anyone else in the group.

Her two grown sons live in Boston and Durham, N.C., with children of their own. When they don't come home for Christmas, she pretends it's just another day. She blasts "Hamilton" music and occupies herself by cleaning out her closets. One year she reupholstered the dining room chairs.

"I don't like being by myself," Ms. Lettice says. "I wish I were dating. I wish I had somebody significant." She recently gave up two tickets to a beer-tasting fundraiser when she couldn't find a date.

In a review of 148 independent studies on loneliness, covering more than 300,000 participants, Julianne Holt-Lunstad of Brigham Young University and colleagues found that greater social connection was associated with a 50% lower risk of early death.

Research suggests that those who are isolated are at an increased risk of depression, cognitive decline and dementia, and that social relationships influence their blood pressure and immune functioning, as well as whether people take their medications.

Loneliness and isolation are bad for your health at any age, but the forces that take hold late in life often compound it. Retirement shrivels social networks formed through work. Hearing loss and worsening mobility impede talking face-to-face and participating in group activities.

Some of the health risk comes from the consequences of being alone when sickness strikes.

Gary Grasmick, a 68-year-old retired federal IT worker who lives by himself, was carrying groceries into his Washington, D.C., row house two years ago when he felt his knee give out. Overweight and unable to get up, and with no phone in reach, he lay there for at least two nights as dehydration and a urinary tract infection led to sepsis. His kidneys started shutting down and he grew delirious.

“I heard the mailman come once in a while and I would yell out,” he says. “Nobody heard me.”

Mr. Grasmick tried to drag himself to a phone and a sink but couldn’t get there. He began to lose track of time.

“I remember being thirsty and having weird dreams,” he says. “I was confused and frightened.”

A friend became worried when he didn’t return her calls and called the police. When emergency personnel found him, his brain had swelled. In his delirium he thought that hospital caretakers were trying to hurt him. It wasn’t until an old fraternity brother showed up to visit that he fully understood what had happened. “Then I felt safe,” he says.

After more than two weeks in intensive care, and six months in a skilled nursing facility, he returned home last year and made some changes.

Mr. Grasmick installed an emergency call box he can trigger from a wrist band, and began tucking a cellphone into the shirt pocket on his pajamas before he climbs into bed at night.

Being by himself doesn’t bother Mr. Grasmick, an only child whose brief marriage in his mid-30s produced no children. His fall, however, showed him that his living situation makes him vulnerable. “You almost die from it and you realize this isn’t really kidding around,” he says.

In Boston, a cluster of seniors in 2002 banded together to form a “village” so they could lean on each other for household services, social activities and old-age planning. That’s spawned 350 similar groups nationwide in what is now known as the Village to Village Network. Members can tap rides to doctors’ appointments, handymen and activities like group meditation and bowling.

Mr. Grasmick joined the group after his fall, and he gets together with other participants to socialize and attend a balance class. “It gives me an excuse to get out of the house,” he says.

Meals on Wheels America, which delivers food to 2.4 million seniors annually, is enhancing its services. Most of its clients live alone and need increasing amounts of social help. In one pilot project, volunteers use an app to track whether meal recipients report feeling disconnected. Those who do are referred to a care coordinator.

“We are the only people they see,” says Ellie Hollander, president and chief executive of Meals on Wheels. “This has been an ongoing issue that I think has been a silent epidemic.”

Ms. Schneider, from East San Jose, found a support network after her heart attack six years ago through On Lok, a San Francisco Bay Area nonprofit that coordinates her medical care and weaves social activities into her visits. The group, whose name means “peaceful, happy home” in Cantonese, was started around the Chinatown area of San Francisco. She goes to the East San Jose center twice a week to get her blood sugar checked and sometimes stays for lunch and to play bingo with other patients. She found a subsidized apartment, and now that she has a stable place to live, she’s befriended a neighbor who joins her for dollar-store shopping trips.

When she’s alone in her apartment, Ms. Schneider keeps the television on from the time she wakes up until she falls asleep “just to have music and the noise. Because then you don’t feel lonely.”

Mr. Miner, the Utah retiree, hoped for a close family when he married at age 21 while in the Marines. After 17 years together and four adopted children, he and his wife split and his relationship with each child frayed. One son lives in Japan. A daughter stopped speaking to him. He rarely sees the other two.

The next two unions each fell apart after about three years. Then his fourth wife died of a prescription drug overdose. Life improved at age 50 when he married a human-resources specialist five years his senior. They spent most nights experimenting with recipes from the Food Network and playing Scrabble.

Six years ago, his wife, Carma Miner, died after battling ovarian cancer. Now the only family Mr. Miner sees regularly is a brother who stops by every few weeks to cut his hair. His main outings are trips to the VA hospital in Salt Lake City for cortisone shots in his sore shoulders and checkups for emphysema and diabetes.

Mr. Miner sought companionship in a home health aide who came weekly to clean and make sure he didn’t fall while showering. When she finished working they would sit together and talk, sharing butterscotch candies and smiling at pictures of her grandchildren on her phone.

She stopped coming in October, after she moved out of the area.

“I just loved having her to talk to,” Mr. Miner says. “You don’t realize just how lonely you are until you see someone and you talk to them.”

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