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Managing loneliness: a qualitative study of older people's views

K. Kharicha^a, J. Manthorpe^b, S. Iliffe^a , C. A. Chew-Graham^c, M. Cattan^d, C. Goodman^e, M. Kirby-Barr^f, J. H. Whitehouse^f and K. Walters^a

^aDepartment of Primary Care and Population Health, University College London, Royal Free Campus, London, UK; ^bNIHR Policy Research Unit on Health and Social Care Workforce, King's College London, London, UK; ^cSchool of Primary, Community and Social Care, Faculty of Medicine and Health Sciences, Keele University, Keele, Staffordshire, UK; ^dFaculty of Health and Life Sciences, Northumbria University, Newcastle upon Tyne, UK; ^eCentre for Research in Public Health and Community Care, University of Hertfordshire, Hatfield, UK; ^fPatient and Public Involvement Member, London, UK

ABSTRACT

Engaging with older people who self-identify as lonely may help professionals in mental health and other services understand how they deal with loneliness. The evidence-base for effective interventions to address loneliness is inconclusive. This study aimed to explore how community-dwelling lonely older people in England manage their experiences of loneliness. Twenty eight community-dwelling older people identifying as lonely, based on responses to two loneliness measures (self-report and a standardised instrument), participated in in-depth interviews between 2013 and 2014. Fifteen lived alone. Thematic analysis of transcribed interviews was conducted by a multidisciplinary team including older people.

Participants drew on a range of strategies to ameliorate their distress which had been developed over their lives and shaped according to individual coping styles and contexts. Strategies included physical engagement with the world beyond their home, using technologies, planning, and engagement with purpose in an 'outside world', and acceptance, endurance, revealing and hiding, positive attitude and motivation, and distraction within an 'inside world'. Strategies of interests and hobbies, comparative thinking, religion and spirituality and use of alcohol straddled both the inside and outside worlds. Participants conveyed a personal responsibility for managing feelings of loneliness rather than relying on others. This study includes the experiences of those living with loneliness whilst also living with other people. When developing policy and practice responses to loneliness it is important to listen attentively to the views of those who may not be engaging with services designed for 'the lonely' and to consider their own strategies for managing it.

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Older people; loneliness; coping strategies; qualitative research

Background

The loneliness strategies for England (Department for Digital Culture Media & Sport, 2018), Scotland (Scottish Government, 2018) and Wales (Welsh Government, 2020) demonstrate a commitment to alleviating loneliness in the United Kingdom (UK), despite limited research evidence for effective strategies to achieve this aim (Victor et al., 2018). Widely used definitions of loneliness draw on psychosocial theories of loneliness as a subjective experience of the lack of satisfying human relationships (Andersson, 1998) or as a consequence of social isolation, reflecting deficient social networks (Victor, Scambler, & Bond, 2009). Interventions to alleviate or prevent loneliness by decreasing the discrepancy between desired and actual levels of social interaction (Peplau & Perlman, 1982) focus on improving their quantity and quality (such as befriending and group activities). Less research has focussed on emotional loneliness and the psychological aspects of loneliness (Mansfield et al., 2019) despite loneliness and depression being over-lapping (but distinct) constructs. Loneliness is an independent risk factor for depression in later life (Courtin & Knapp, 2017) and loneliness with severe depression is associated with early mortality (Holwerda et al., 2016).

Loneliness is stigmatised (Rokach, 2013) in a society that values independence and where ageism is the most

commonly experienced form of prejudice in Europe (Royal Society for Public Health, 2018). For many older people, loneliness may be a private matter (Kharicha et al., 2017). While burgeoning definitional debates demonstrate the concept's complexity, less is known about how older people respond to loneliness. A systematic review of English-language qualitative evidence found only 11 papers focussing on strategies employed by community-dwelling lonely older people to manage their loneliness (Kharicha et al., 2018). Strategies identified in this review described (i) the context of coping (either alone or with others/others in mind) and (ii) a spectrum of strategies including prevention, action, acceptance and endurance of loneliness. Most studies had recruited participants through older people's services or relied on others to identify those considered to be at risk of loneliness. They did not involve older people who may not be known to services or consider how lonely older people manage their loneliness by themselves. It may be important for policy and practice to listen attentively to the views of those who may not engage with services for 'the lonely', and to consider their own strategies for managing. The aim of this study was to explore how community-dwelling older people who self-identify as lonely manage their experiences of loneliness.

Methods

Older people who self-identified as lonely in a postal survey on health and wellbeing in later life from urban and semi-rural English localities (Walters et al., 2017) were invited to participate in an interview. Those invited were community-dwelling adults (excluding those living in long-term care facilities) aged 65+ years with capacity to consent to interview and whose responses to two measures of loneliness: (i) the single-item question: 'Do you feel lonely much of the time?' (yes/no response) and (ii) the de Jong-Gierveld 6-item loneliness scale (de Jong-Gierveld & van Tilburg, 2006) (a score of ≥ 2) indicated loneliness.

A topic guide developed by a multi-disciplinary team including lay members, with expertise in primary care, social care, public health, ageing and mental health, and the voluntary sector, was piloted. If participants did not raise the topic of loneliness themselves as the interview progressed, they were reminded of their questionnaire responses to the loneliness items and asked to reflect on them. The line of enquiry was participant-led but broad areas were included in most interviews, namely how the individual felt when they were lonely, their response to these feelings, what support they desired or considered helpful, and how they managed their loneliness. Time was spent ensuring that interviews ended positively. A 'red flag' system was established to respond to participants perceived to be at risk of harm and clinical supervision was available to support the interviewer. Interviews were conducted at the participant's home or the university and, with consent, were audio-recorded and transcribed verbatim.

Thematic analysis was conducted to identify and report patterns of meaning both within individual as well as across cases (Spencer et al., 2014). All authors read transcripts (KK read all; others read and identified themes from the majority). Data were managed and coded in Nvivo 10. Once the data had been coded and mapped to descriptive categories a series of multi-disciplinary team meetings discussed clustering codes into provisional higher and lower themes. Data within each theme were read, considered and revised iteratively. The final stage of analysis involved moving from thematic description to interpretation of the data; to develop the conceptual themes of inner and outer worlds that identified how people who saw themselves as living with loneliness coped. Analysis was conducted within the multi-disciplinary team to minimise the bias of a single gaze. Ethics Committee approval was granted by NRES Committee South East Coast – Surrey.

Findings

All 158 older people who identified as lonely from questionnaire responses to one or both of the loneliness items in the preceding study (Walters et al., 2017) were invited to interview, and 28 agreed. This sample size allowed for data saturation of major themes and oversampling for diversity in age, gender, socioeconomic status, ethnicity and severity of loneliness among participants. Their characteristics are presented in Table 1.

Nine participants reported being lonely much of the time on the single-item question and eight participants were lonely on both measures. Of the 28 participants, 19

Table 1. Characteristics of participants and self-rated loneliness ($n = 28$).

Characteristic	N	
Gender	Female	18
	Male	10
Age	65–74	19
	75–84	5
	85+	4
Ethnicity	White UK	25
	Other (Irish, Indian and White Other)	3
Education:	Up to 16 years old	11
	17 years and over	17
Living arrangements	Lives alone	15
	Lives with others	13
Self-rated loneliness	Responded 'yes' to 'Do you feel lonely much of the time?':*	9
	Scored 2 or more on de Jong-Gierveld 6-item scale*	27

*8/28 participants were lonely on both measures.

were lonely based on responses to the de Jong-Gierveld 6-item scale alone; 16 were moderately lonely (scores 2–4) and 3 severely lonely (scores 5–6). Based on responses to the two loneliness measures, a range of experiences in terms of severity of loneliness is included in this paper.

Participants were physically able to leave their home independently and 13 participants lived with others, all long-term partners. Interviews ranged in length from 75 to 135 mins; most were in participants' homes, five on university premises.

Managing loneliness

The subjectivity of loneliness in participants' accounts and the different contexts of their loneliness experience, were mirrored in the range of coping strategies they had developed over time. Responses were shaped by life experiences and individual coping styles, health and wellbeing, living arrangements, relationships and access to social networks. These contextual factors combined in different ways for each individual and participants' accounts could not be neatly divided into those experiencing social or emotional loneliness. Multiple strategies were used, some simultaneously or variably over time. Responses fell into three broad areas: (i) ways of engaging and contributing, both with others and to society, which are individually meaningful, (ii) cognitive strategies to re-frame negative feelings, and (iii) respecting the wish of those preferring to manage loneliness privately. The conceptual themes of 'outside' and 'inside' worlds were developed from the range of strategies described by participants. Coping in an 'outside world' described strategies to find meaningful engagement, connection and belonging to people and place. Strategies included going outdoors regularly (though not necessarily to have contact with others), being engaged with others or the local community in a way that felt meaningful and strategies that were shaped by earlier life experiences (such as work) in which they had felt part of an 'outside world'. The 'inside world' described cognitive strategies in which loneliness was managed privately, kept hidden or re-framed to make the feelings more manageable. This included those who lived with others but chose to deal with their feelings of loneliness alone. Themes such as comparative thinking, interests and hobbies, the role of

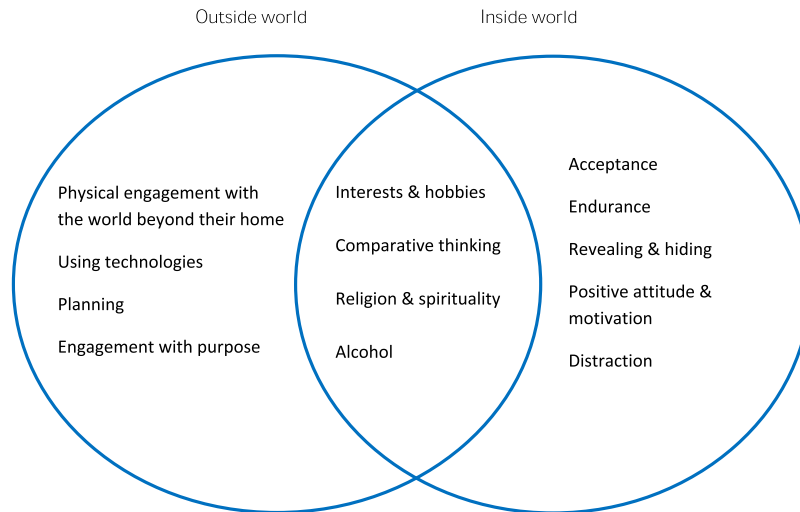


Figure 1. 'Inside' and 'outside world' strategies for managing loneliness.

religion and using alcohol straddled both the 'inside' and 'outside' world.

Strategies are presented under the themes of 'outside world' and 'inside world' and their sub-themes, as shown in Figure 1.

Outside world

Strategies used to engage with an outside world showed how participants strove to maintain connections and patterns of activity practised over their lives but which required increasing effort. These strategies were common amongst those with social loneliness and smaller networks, reflecting transitions such as recent retirement, moving to a new area, household changes or bereavement. Engaging with the physical world beyond their home and using technology were particularly important for those living alone.

Physical engagement with the world beyond their home

Being outdoors promoted a sense of connection with the outside world despite not always involving any contact with others. All were able to leave their homes independently (some required aids to do so) and going outdoors regularly, even for short periods of time, was an important way to cope with loneliness. Participants reported appreciating the simple pleasures of the physical environment and natural world, including stepping out into their garden:

"You feel like you're drawing breath, somehow. I mean, it's a lovely house, isn't it, ...and I'm very comfortable in it, but actually opening the door I feel, oh, I'm out in the world again" (Interview 15 female, aged 65, lives with another)

Some needed a purpose to go out and planned outdoor activities and pastimes. For others walking outdoors was sufficient, and was part of their daily routine. This was particularly so for those living alone, who described the increasing opportunities for chance social encounters:

But it's just a fact that I nearly always do speak to somebody when I go to the park, even if it's only somebody saying that the car park has been vandalised, so you should not leave your car there. (Interview 1, female aged 89, lives alone)

Using technology

Landline telephones and computers were central to engagement with the outside world for most participants. As well as frequent 'checking in' contacts from children, the telephone was used for more in-depth conversations and to stay in touch with those who had moved away. For those living alone and with smaller networks the telephone was the main means of contact with others:

"Occasionally she'll [names friend] come and see me, but almost every day I speak to her on the phone ... Which makes a lot of difference. ... And there aren't many people that I can ring up and speak to actually." (Interview 1, female aged 89, lives alone)

Mobile phones were owned by many but reportedly kept mainly for 'emergencies'. Computers and tablets were used by fewer participants; they were predominantly used to browse the Internet, follow the news or play games, but a few used email for social contact:

"Well, I don't use it for much. I read the papers (from home region). I do games on it. Anything I want to find out. I do emails, and if I have any queries about something." (Interview 6, female aged 90, lives alone)

No participant reported using the Internet to cultivate new friendships or relationships.

Planning

The effort put into forging connections with people and places and having commitments to anticipate was evident. Participants described the responsibility for making arrangements as being up to themselves rather than others. For many the planning and anticipation seemed as important as the event:

"... it was quite busy for about six weeks and, yeah, that made me feel quite good. I thought, oh, great, I've got that to do and that to do, and I'm going there..., and it's little events that I look forward to ... so I think that's part of the loneliness and the isolation, you know, that helps me when I've got events to look forward to." (Interview 3, female aged 71, lives alone)

Weekly patterns were recounted both from those who filled every day with somewhere to go or something to do, to those who could describe at least one thing to look forward to. Looking further ahead usually involved plans with relatives for those who had them.

Engagement with purpose

Some participants focused on activities that they felt more engaged in or were more meaningful than those that just filled the time. For many, relationships with family (particularly children and grandchildren) and friends were central to their social networks and promoted a sense of purpose. Others related experiences of voluntary activity and views on continued learning. Activities often required a skill linked to earlier working life, for example, giving advice on benefits, being involved in interest-based groups, speaking another language, and even helping with employment, as described by this former healthcare worker:

"... working on a voluntary basis in the (local) libraries, which I love doing because I help people write their CVs, and of course it's a bit like interviewing a patient;... .. Well, I missed my patients, I still do. I suppose my library is a sort of substitute. I enjoy talking to people and I always learnt." (Interview 20, female aged 78, lives alone)

Inside world

Strategies developed over time to manage loneliness inwardly were prominent, particularly among those with long-standing and more severe loneliness. They included acceptance, endurance, internalising emotions, positive reframing and distraction.

Acceptance

'Acceptance' described a sense of resignation to a situation that participants felt they could not change but had come to terms with, for example the loss of a partner or deciding to stay in an unsatisfactory relationship. Feelings were re-framed by many to consider loneliness as commonplace, or by adopting a philosophical stance to situations and describing comfort in solitude; this was particularly so amongst those who had experienced long-term loneliness, and among older participants:

"I get a bit philosophical and just think, well, I'm not going to live forever. I never thought so, but as you get older, you accept the fact that we're all mortal." (Interview 8, male aged 85, lives alone)

Others in long-term but unsatisfactory relationships described an acceptance of their emotional loneliness as they coped alone:

"... but I do know that I'd live my life very differently if I were on my own. At least I'd have an open door for people to come here". (Interview 26 female aged 78, lives with another)

Endurance

Endurance described the patterns developed over time to manage difficult life experiences that participants felt had contributed to their loneliness:

"Well, I've told you about my early life and because of that I've learnt, you know, the hard conditions, is perhaps a better expression, to suppress the feelings and push them to one side and just get on with it." (Interview 2, male aged 68, lives alone)

Many accounts of endurance illustrated a tension between inside and outside worlds. Many who lived with

others but managed alone, described how they knew they could come through times of acute distress, as they had previously:

"... there will be three or four days at a time sometimes when I cannot leave the house and I couldn't speak to anyone without bursting into tears. Again, I now know when I'm feeling like that and so I make sure that I stay at home." (Interview 25, female aged 68, lives with another)

Revealing and hiding

Although participants were able to describe the circumstances that had led to their loneliness, most found it harder to articulate how being lonely made them feel at any given moment. Most interviews were emotive, several participants became tearful and upset, and interviews were paused. The private nature of managing loneliness was evident in these accounts and many managed by hiding their loneliness from others, possibly reflecting loneliness' social stigma. Some kept their true feelings concealed from people they described as good friends, not wanting the knowledge of their loneliness to impact on their relationships:

"And if you put the act on ... I mean, your friends don't want to see you moping about, do they?" (Interview 28, female aged 67, lives with another)

Positive attitude and motivation

Other cognitive strategies were attributed to personality and coping styles and included the ability to maintain a positive focus and motivation despite the challenges faced:

"I am blessed. There are a lot of things that are not so good in my life, but I try and think positively – you have to" (Interview 28, female aged 67, lives with another)

This included overcoming initial reservations; the underlying effort required was evident in some accounts:

"... but you also have to force yourself to go out and do things. Because if you didn't you really would become very insular, wouldn't you and never do anything. And sometimes you have to do it; it's almost like I'm going to do this, because what is the alternative?" (Interview 27, female aged 66, lives alone)

Distraction

Simple, solitary activities usually around the home filled time and provided temporary distraction from loneliness, often being difficult to pinpoint other than by phrases like 'doing something' or 'keeping busy':

Well, basically I mean try and busy yourself really. I mean the worse thing in the world is to just sit down and do nothing. (Interview 13, female aged 84, lives alone)

Within these descriptions was an awareness of the purpose of these ways of passing the time and why it was necessary:

"I suppose all of the activity is just trying to fill that in, but it never does; it can't do because it's always there. But, I don't know, it's a distraction; it's trying to distract from actually thinking about that, because if you think about it all the time, well, goodness knows what would happen" (Interview 16, male aged 65, lives alone)

Both inside and outside world

Some themes straddled both the inside and outside worlds of participants.

Interests and hobbies

Most participants could describe pastimes, both solitary and social activities, either inside or outside their home. They provided a sense of pleasure or accomplishment that might not be obtained from 'distraction':

"I think the main thing is to have something of interest; you don't have to be an expert at it. I'm not an expert at calligraphy by any means, but I get some enjoyment out of it." (Interview 8, male aged 85, lives alone)

"And I go to this class which is this balance class. Well, they're all older women and some of them I've known for years and years. It's a nice class, but I go for the company". (Interview 6, female aged 90, lives alone)

Within relationships individuals had to forge their own interests and pastimes if their preferences were different to their partner's:

I know I've still got a husband, but he doesn't need me to be his friend, because he doesn't want to go anywhere, he's quite happy to just be. ... I need to go out and socialise with people, ... he doesn't feel the same need. (Interview 19, female aged 69, lives with another)

Comparative thinking

Comparative thinking as a coping strategy was a way of 'distancing' themselves from current distress by comparing it to times when they had been lonelier, or to others seemingly in a worse situation. Relationships were again a feature for both those who had felt lonelier earlier in life when they had hoped to form a significant relationship but had not, and those whose relationships had ended acrimoniously after which they had not started a new relationship:

"It may be that I have ... yes, I think things would be much more difficult for me from the point of view of being on my own in other periods of my life than they are at the moment.... I think, yes, I'm getting awfully used to it, to finding ways and means of coping." (Interview 1, female aged 89, lives alone)

Participants talked both specifically about people they knew or more generally about 'others' to compare how things could be worse:

"Then I think, well, there's always somebody worse off than me, that's the way I look at it" (Interview 7, male aged 68, lives alone)

Relative thinking also applied to time spans; a focus on the short-term future feeling more manageable than looking ahead. Thoughts of managing loneliness in the future were mixed with broader thoughts on ageing and the likely decline of health and independence:

"And try not to look too far ahead because you can look at all the things that could go wrong about it, and then that would probably outweigh it." (Interview 27, female aged 66, lives alone)

Religion and spirituality

Less than half of the participants described religious beliefs or practices as a way of managing their loneliness.

Participants talked about religion in terms of its potential to promote reflection within an inside world and as beliefs from which they drew strength. A few attended regular religious services and described the benefits of belonging to a community with shared beliefs:

"I think faith comes into it a little bit; if you've got a reasonably strong faith ... now, I'm not a church-goer, I was brought up very much as a church-goer, church every Sunday and that's it. But I have retained my faith, and I think that has helped quite a bit to help; you know, you draw strength from what you believe and that does help quite a lot." (Interview 18 female aged 78, lives alone)

Using alcohol

A few participants mentioned drinking alcohol to help them manage times of loneliness and distress, both alone and with others. Most drank at home, usually later in the day when perhaps it was more 'acceptable' and/or because the evenings were harder to fill. One man described the variations in what he did to manage his loneliness at different times of the day:

"Something around the house normally, unless it's after 6pm, and then I'll have a drink." (Interview 17, male aged 70, lives with another)

One participant felt that many were judgemental about older people drinking alcohol:

"... or I have a glass of whisky! (slight laugh) I know you're always asking older people how much you drink, but I don't see how you can get through this without, I really don't. ..." (Interview 6, female aged 90, lives alone)

Discussion

From the discourses of lonely older people reported here, we conceptualised inside and outside worlds within which they coped. Multiple strategies were reported to manage distress; behaviours, thoughts and feelings were contained within an inside world, or utilised to engage with other people or places, in the outside world. A range of responses developed over their lives and shaped by individual coping styles and contexts was drawn upon to ameliorate their distress. Loneliness was managed by (i) meaningful engagement and contribution, both with others and to society, (ii) cognitive strategies to re-frame negative feelings particularly for those with more severe loneliness, and (iii) respecting the wish of those who prefer to manage privately. These strategies were at least partially successful in ameliorating their loneliness and may be useful to consider when developing policy and practice responses to loneliness.

A broader range of strategies were identified from participants' accounts including the desire for privacy in managing feelings and agency in responding to feelings. Many of our findings are consistent with other studies. These include the strategies of making an effort to create plans, routines and identify pastimes, forging and maintaining connections with others, religious practice, cognitive strategies including comparative thinking perceiving loneliness as commonplace, focusing on positive aspects of solitude and hiding loneliness (Roos & Klopper, 2010; Pettigrew & Roberts, 2008; Stanley et al., 2010; Lou & Ng, 2012; Smith,

2012; Kirkevold et al., 2013; Davies et al., 2016; Sullivan et al., 2016; Taube et al., 2016; Cattán et al., 2003; Graneheim & Lundman, 2010). A recent meta-synthesis of qualitative studies of older people's experiences and responses to loneliness (Kitzmüller et al., 2018) reported an over-riding theme, expressed as a metaphor "trapped in an empty waiting room" (ibid p221). Although the authors state that the lonely older person may "open the door" themselves, the emphasis appears to be on the door being opened by someone else. This contrasts to the findings of this study in which participants conveyed agency in their response to loneliness.

Individual responses to the distress of loneliness reported in this paper emphasise the breadth of strategies carried out alone which are largely not specific to later life, drawing on theories of resilience (Hildon et al., 2010) and the life-course (Elder, 1994). The responses and views towards loneliness were heterogeneous and highly context-dependent, with many people wishing to deal with loneliness as a private matter. This might explain why the 'one-size fits all' approach of focusing on increasing social interaction may not be effective (Victor et al., 2018).

Our findings may reflect the fact that many of the participants in this study ($n = 19$) were aged 65-74 years and the majority of these had recently retired. Many of the patterns they sought to continue drew on working life, and meaningful engagement which drew on previous skills. A relationship between loss of role at the end of working life and loneliness has been reported (Barke, 2017), as has the potential of volunteering to ease the transition to retirement (Smith & Gay, 2005). Research has identified necessary elements to support the retirement transition (Calouste Gulbenkian Foundation & the Centre for Ageing Better, 2017). Our study suggests that, for some, identifying how skills developed during working life might be used in retirement, may also be useful in reducing loneliness.

The ability to articulate strategies to manage loneliness does not imply that older people should be left responsible for managing alone. Nor does it negate the influence of structural, environmental and individual factors that can exclude older people and which require a broader policy response (Scharf & Keating, 2012). However, the agency of the older people in this study who articulated their experiences and responses to loneliness is counter to the passive and deficit-based stereotypes of lonely older people.

Much research on loneliness in later life has focussed on those living alone. This study adds the experience of those living with others in long-term relationships. Participants described how they had to accept the difficulties of their relationship to be able to stay within it, implying that it was possibly better than being alone. Evidence suggests that married adults are less lonely than unmarried adults (Scanlan et al., 2001; Stack & Eshleman, 1998) and that marriage protects individuals from emotional and social loneliness due to the presence of a potential confidante, access to a wider circle of family and friends and social activity which can often be 'couple-based' (Dykstra & de Jong Gierveld, 2004; Weiss, 1973). This study suggests that this 'protection' does not apply to all. Instead, our findings tally with a US study of older women that found relationships were a major source of loneliness and that, if the relationship was stressful, other relationships were not an

adequate substitute (Essex & Nam, 1987). It is also important to consider relationship preferences of being single or not, which may be influenced by experiences (Dykstra, 1995; Dykstra & Fokkema, 2007). Expectations of being in a relationship may differ at different times of life: accounts of a stronger desire to be in relationships in earlier adulthood compared to later life were shared by participants who had always lived alone or who had divorced a long time ago.

Strengths of the study are that participants identified themselves as lonely from questionnaire responses using two scales, one of which does not use the word 'lonely' in the text, which may help to overcome the social stigma of loneliness. The sample was not recruited from services supporting older people, which is the source of participants for most studies on managing loneliness (Kharicha et al., 2018).

There are limitations to the study. Despite volunteering to participate, it may have been difficult to admit to not managing, and positive coping strategies may have been over-represented. Those who found it harder to articulate or admit to being lonely or unable to cope may not have agreed to participate, and the relatively low response rate may mean that the 28 who participated out of 158 may have held a particular set of views. This sample does not reflect the views of those living in supported/residential environments or those unable to leave their homes. There is little data from minority ethnic or migrant groups whose experiences of managing loneliness may also differ.

Most interventions for loneliness focus on the 'outside world' and making connections. An important way to manage loneliness was to identify ways of engaging and contributing, both with others and to society, which was meaningful to the individual. Rather than being recipients of interventions to increase social contact, older people wanted to be meaningful social contributors. A greater focus on strategies in the 'inside world', which is relatively neglected in terms of interventions, may also be appropriate. Our findings echo those from a recent conceptual review of qualitative studies (Mansfield et al., 2019) reporting that most research conceptualised social loneliness whilst the significance of emotional loneliness was understated. In our study, cognitive strategies of acceptance and endurance to manage loneliness were identified. Further research to explore whether psychological interventions, such as acceptance commitment therapy (Hayes et al., 2007) or the principles of it, may help lonely older people deal with their loneliness. This would reflect a shift from 'ending' loneliness to acknowledging and accepting that loneliness may not always be remediable. Further the implications of this present study resonate with Barke's (2012) conclusions that older people need to be more 'visible' socially, and that loneliness should be normalised and discussed without stigma.

Conclusions

Lonely older people managed their loneliness at an individual level, within relationships and wider social networks, as well as at a broader community, societal and environmental level. They articulated strategies used over their lives to deal with loneliness as well as other distress related to difficult life events and circumstances and can be regarded as

active agents in managing their loneliness. Identifying support requires person-centred discussions about individual coping styles and contexts; responses may include options for meaningful engagement and contribution, both with others and to society, cognitive strategies to re-frame negative feelings, and respecting the wish of those who prefer to manage privately. Rather than being recipients of intervention, it may be more appropriate to consider older people as meaningful social contributors.

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ORCID

S. Iliffe  <http://orcid.org/0000-0003-2806-3997>

References

- Andersson, L. (1998). Loneliness research interventions: A review of the literature. *Aging & Mental Health*, 2(4), 264–274. doi.org/10.1080/13607869856506
- Barke, J. (2017). Community-based research and approaches to loneliness prevention. *Working with Older People*, 21(2), 115–123. doi:10.1108/WWOP-10-2016-0032
- Calouste Gulbenkian Foundation and the Centre for Ageing Better. (2017). *Evaluation of transitions in later life pilot projects: Executive summary and full report*. UK Branch: London: Calouste Gulbenkian Foundation.
- Cattan, M., Newell, C., Bond, J., & White, M. (2003). Alleviating social isolation and loneliness among older people. *International Journal of Mental Health Promotion*, 5(3), 20–30. doi:10.1080/14623730.2003.9721909
- Courtin, E., & Knapp, M. (2017). Social isolation, loneliness and health in old age: A scoping review. *Health & Social Care in the Community*, 25(3), 799–812. doi:10.1111/hsc.12311
- Davies, N., Crowe, M., & Whitehead, L. (2016). Establishing routines to cope with the loneliness associated with widowhood: A narrative analysis. *Journal of Psychiatric and Mental Health Nursing*, 23(8), 532–539. doi.org/10.1111/jpm.12339 doi:10.1111/jpm.12339
- Department for Digital Culture Media and Sport. (2018). *A connected society: A strategy for tackling loneliness - laying the foundations for change*. London HMSO: Department for Digital, Culture, Media and Sport (DCMS).
- Dykstra, P. A. (1995). Loneliness among the never and formerly married: The importance of supportive friendships and a desire for independence. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 50, S321–S329. doi:10.1093/geronb/50B.5.S321
- Dykstra, P. A., & de Jong Gierveld, J. (2004). Gender and marital-history differences in emotional and social loneliness among Dutch older adults. *Canadian Journal on Aging / La Revue Canadienne du Vieillessement*, 23(2), 141–155. doi:10.1353/cja.2004.0018
- Dykstra, P. A., & Fokkema, T. (2007). Social and emotional loneliness among divorced and married men and women: Comparing the deficit and cognitive perspectives. *Basic and Applied Social Psychology*, 29(1), 1–12. doi:10.1080/01973530701330843
- Elder, G. H. (1994). Time, human agency, and social change: Perspectives on the life course. *Social Psychology Quarterly*, 57(1), 4–15.
- Essex, M. J., & Nam, S. (1987). Marital status and loneliness among older women: The differential importance of close family and friends. *Journal of Marriage and the Family*, 49(1), 93–106. doi:10.2307/352674
- de Jong-Gierveld, J., & van Tilburg, T. (2006). A 6-Item Scale for Overall, Emotional, and Social Loneliness. *Research on Aging*, 28(5), 582–598. doi:10.1177/0164027506289723.
- Graneheim, U. H., & Lundman, B. (2010). Experiences of loneliness among the very old: The Umeå 85+ project. *Aging & Mental Health*, 14(4), 433–438. doi.org/10.1080/13607860903586078 doi:10.1080/13607860903586078
- Hayes, S. C., Pankey, J., & Gregg, J. (2007). Acceptance and commitment therapy. In DiTomasso, R. A. & Gosch, E. A. (Eds) *Anxiety Disorders: A Practitioner's Guide to Comparative Treatments*, 110–136.
- Hildon, Z., Montgomery, S. M., Blane, D., Wiggins, R. D., & Netuveli, G. (2010). Examining resilience of quality of life in the face of health-related and psychosocial adversity at older ages: What is “right” about the way we age? *The Gerontologist*, 50(1), 36–47. doi:10.1093/geront/gnp067
- Holwerda, T. J., van Tilburg, T. G., Deeg, D. J., Schutter, N., Van, R., Dekker, J., ... Schoevers, R. A. (2016). Impact of loneliness and depression on mortality: Results from the Longitudinal Ageing Study Amsterdam. *British Journal of Psychiatry*, 209(2), 127–134. doi:10.1192/bjp.bp.115.168005
- Kharicha, K., Iliffe, S., Manthorpe, J., Chew-Graham, C. A., Cattan, M., Goodman, C., ... Walters, K. (2017). What do older people experiencing loneliness think about primary care or community based interventions to reduce loneliness? A qualitative study in England. *Health & Social Care in the Community*, 25(6), 1733–1742. doi:10.1111/hsc.12438
- Kharicha, K., Manthorpe, J., Davies, N., Iliffe, S., & Walters, K. (2018). Strategies employed by older people to manage loneliness themselves: Systematic review of qualitative studies and developing a new model. *International Psychogeriatrics*, 2018, 1–15. doi:10.1017/S1041610218000339
- Kirkevoid, M., Moyle, W., Wilkinson, C., Meyer, J., & Hauge, S. (2013). Facing the challenge of adapting to a life ‘alone’ in old age: The influence of losses. *Journal of Advanced Nursing*, 69(2), 394–403. doi.org/10.1111/j.1365-2648.2012.06018.x doi:10.1111/j.1365-2648.2012.06018.x
- Kitzmüller, G., Clancy, A., Vaismoradi, M., Wegener, C., & Bondas, T. (2018). Trapped in an empty waiting room—The existential human core of loneliness in old age: A meta-synthesis. *Qualitative Health Research*, 28(2), 213–230. doi:10.1177/1049732317735079
- Lou, V. W. Q., & Ng, J. W. (2012). Chinese older adults’ resilience to the loneliness of living alone: A qualitative study. *Aging & Mental Health*, 16(8), 1039–1046. doi:10.1080/13607863.2012.692764
- Mansfield, L., Daykin, N., Meads, C., Tomlinson, A., Gray, K., Lane, J., & Victor, C. (2019). A conceptual review of loneliness across the adult life course (16+ years) Synthesis of qualitative studies. What Works Centre for Wellbeing.
- Roos, V., & Klopper, H. (2010). Older Persons’ Experiences of Loneliness: A South African Perspective. *Journal of Psychology in Africa*, 20(2), 281–289. doi.org/10.1080/14330237.2010.10820377 doi:10.1080/14330237.2010.10820377
- Peplau, L. A., & Perlman, D. (1982). Perspectives on loneliness. In: L. A. Peplau, & D. Perlman, (Eds.), *Loneliness: A sourcebook of current theory, research and therapy*. New York: Wiley-Interscience.
- Pettigrew, S., & Roberts, M. (2008). Addressing loneliness in later life. *Aging & Mental Health*, 12(3), 302–309. doi.org/10.1080/13607860802121084 doi:10.1080/13607860802121084
- Rokach, A. (2013). *Loneliness updated: Recent research on loneliness and how it affects our lives*. Oxon: Routledge.
- Royal Society for Public Health. (2018). *That age old question. How attitudes to ageing affect our health and wellbeing*. London: RSPH and Calouste Gulbenkian Foundation.
- Scanlan, J. M., Vitaliano, P. P., Zhang, J., Savage, M., & Ochs, H. D. (2001). Lymphocyte proliferation is associated with gender, caregiving, and psychosocial variables in older adults. *Journal of Behavioral Medicine*, 24(6), 537–559.
- Scharf, T., & Keating, N. C. (Eds.). (2012). *From exclusion to inclusion in old age: A global challenge*. Bristol: Policy Press.
- Scottish Government. (2018). *A Connected Scotland: Tackling social isolation and loneliness and building stronger social connections*. Edinburgh: Scottish Government.

- Smith, J. M. (2012). Toward a better understanding of loneliness in community-dwelling older adults. *The Journal of Psychology, 146*(3), 293–311. doi:[10.1080/00223980.2011.602132](https://doi.org/10.1080/00223980.2011.602132)
- Smith, J. D., & Gay, P. (2005). *Active ageing in active communities: Volunteering and the transition to retirement*. Bristol: Policy Press.
- Spencer, L., Ritchie, J., Ormston, R., O'Connor, W., & Barnard, M. (2014). Analysis: Principles and Processes. In J. Ritchie, J. Lewis, C. McNaughton Nicholls, and R. Ormston (Eds.), *Qualitative Research Practice, A guide for social science students and researchers*. London: Sage.
- Stack, S., & Eshleman, J. R. (1998). Marital status and happiness: A 17-nation study. *Journal of Marriage and the Family, 60*(2), 527–536. doi:[10.2307/353867](https://doi.org/10.2307/353867)
- Stanley, M., Moyle, W., Ballantyne, A., Jaworski, K., Corlis, M., & Oxlade, D. (2010). Nowadays you don't even see your neighbours': Loneliness in the everyday lives of older Australians. *Health & Social Care in the Community, 18*, 407–414. doi:[10.1111/j.1365-2524.2010.00923](https://doi.org/10.1111/j.1365-2524.2010.00923)
- Sullivan, M. P., Victor, C. R., & Thomas, M. (2016). Understanding and alleviating loneliness in later life: Perspectives of older people. *Quality in Ageing and Older Adults, 17*(3), 168–178. doi:[10.1108/QAOA-06-2015-0031](https://doi.org/10.1108/QAOA-06-2015-0031)
- Taube, E., Jakobsson, U., Midlov, P., & Kristensson, J. (2016). Being in a bubble: The experience of loneliness among frail older people. *Journal of Advanced Nursing, 72*(3), 631–640. doi:[10.1111/jan.12853](https://doi.org/10.1111/jan.12853)
- Victor, C. G., Scambler, S. J., & Bond, J. (2009). *The social world of older people*. Milton Keynes: Open University Press
- Victor, C. R., Mansfield, L., Kay, T., Daykin, N., Lane, J., Grigsby Duffy, L., ... Meads, C. (2018). *An overview of reviews: the effectiveness of interventions to address loneliness at all stages of the life-course*. London, UK: What Works Centre for Wellbeing.
- Walters, K., Kharicha, K., Goodman, C., Handley, M., Manthorpe, J., Cattan, M., ... Iliffe, S. (2017). Promoting independence, health and wellbeing for older people: A feasibility study of computer-aided health and social risk appraisal system in primary care. *BMC Family Practice, 18*(1). doi:[10.1186/s12875-017-0620-6](https://doi.org/10.1186/s12875-017-0620-6)
- Weiss, R. S. (1973). *Loneliness: The experience of emotional and social isolation*. Cambridge, MA: The MIT Press.
- Welsh Government. (2020). *Connected Communities. A strategy for tackling loneliness and social isolation and building stronger connections*. Welsh Government.