



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

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3 **Full Title: Managing loneliness: a qualitative study of older people's views**

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5 **Short title: Older people's views on managing their loneliness**

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9 **Abstract**

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

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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.

50 **Key words**

51
52 Older people, loneliness, coping strategies, qualitative research

Background

The loneliness strategies for England (Department for Digital Culture Media and Sport, 2018) and Scotland (Scottish Government, 2018) 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 *et al.*, 2009). Interventions to alleviate or prevent loneliness by decreasing the discrepancy between desired and actual levels (Peplau and Perlman, 1982) focus on improving the quantity and quality of social interaction (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 and loneliness being an independent risk factor for depression in later life (Courtin and Knapp, 2017).

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 which they manage themselves (Kharicha *et al.*, 2017). While burgeoning definitional debates argue the concept's complexity, less is known about how older people respond to loneliness themselves. 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 ranging from prevention, action, acceptance and endurance of loneliness. Most studies had recruited participants through older people's services or relied on others to identify older people 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 in developing policy and practice responses to loneliness to listen attentively to the views of those who may not be engaging with services for 'the lonely', and to consider their own strategies for managing. The aim of this study was to explore how community-dwelling lonely 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 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 & Tilburg, 2006) (a score of ≥ 2 indicating loneliness).

A topic guide developed by a multi-disciplinary research 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 (XX 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

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3 gaze. Ethics Committee approval was granted by NRES Committee South East Coast – Surrey (reference
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5 number).
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10 **Findings**

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13 All 158 older people who identified as lonely from questionnaire responses to either one or both of the
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15 loneliness items in the preceding study (Walters *et al*, 2017) were invited to interview and 28 agreed. Their
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17 characteristics are presented in Table 1.
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21 Table 1 near here
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24 Nine participants reported being lonely much of the time on the single-item question and eight participants
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26 were lonely on both measures. Nineteen of the 28 participants were lonely based on responses to the de Jong
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28 Gierveld 6-item scale alone; 16 were moderately lonely (scores 2-4) and 3 severely lonely (scores 5-6). Based
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30 on responses to the two loneliness measures, a range of experiences in terms of severity of loneliness is
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32 included in this paper.
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35 Participants were physically able to leave their home independently and 13 participants lived with others, all
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37 long-term partners. Interviews ranged in length from 75-135 mins; most were in participants' homes, five at
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39 the university.
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41 **Managing loneliness**

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47 The subjectivity of loneliness in participants' accounts and the different contexts of their loneliness experience,
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49 were mirrored in the range of coping strategies they had developed over time to help them manage.

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51 Responses were shaped by life experiences and individual coping styles, health and wellbeing, living
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53 arrangements, relationships and access to social networks. These contextual factors combined in different
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55 ways for each individual and participants' accounts could not be neatly divided into those experiencing social
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57 or emotional loneliness. Multiple strategies were used, some simultaneously or variably over time. Responses
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59 can be grouped into three broad areas: (i) ways of engaging and contributing, both with others and to society,
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3 which are meaningful to the individual, (ii) cognitive strategies to re-frame the negative feelings, and (iii)
4 respecting the wish of those who prefer to manage loneliness privately. The conceptual themes of 'outside'
5 and 'inside' worlds were developed from the range of strategies described by participants. Coping in an
6 'outside world' described strategies to find meaningful engagement, connection and belonging to people and
7 place. Strategies included going outdoors regularly (though not necessarily to have contact with others), being
8 engaged with others or the local community in a way that felt meaningful and strategies that were shaped by
9 earlier life experiences (such as work) in which they had felt part of an 'outside world'. The 'inside world'
10 described cognitive strategies in which loneliness was managed privately, kept hidden or re-framed to make
11 the feelings more manageable. This included those who lived with others but chose to deal with their feelings
12 of loneliness alone. Themes such as comparative thinking, interests and hobbies, the role of religion and using
13 alcohol straddled both the 'inside' and 'outside' world.
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29 Strategies are presented under the themes of 'outside world' and 'inside world' and their sub-themes, as
30 shown in Figure 1.
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34 Figure 1 near here
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37 **Outside world**

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

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56 Being outdoors promoted a sense of connection with the outside world despite not always involving any
57 contact with others. All were able to leave their homes independently (some required aids to do so) and going
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3 outdoors regularly, even for short periods of time, was an important way to cope with loneliness. Participants
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5 reported appreciating the simple pleasures of the physical environment and natural world, including stepping
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7 out into their k garden:
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10 *“You feel like you’re drawing breath, somehow. I mean, it’s a lovely house, isn’t it,and I’m very*
11 *comfortable in it, but actually opening the door I feel, oh, I’m out in the world again” (Interview 15*
12 *female, aged 65, lives with another)*
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16 Some declared needing a purpose to go out and planned outdoor activities and pastimes. For others walking
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18 outdoors was sufficient, and had become part of their daily routine. This was particularly so for those living
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20 alone, who described the increasing opportunities for chance social encounters:
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23 *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*
24 *somebody saying that the car park has been vandalised, so you should not leave your car there.*
25 *(Interview 1, female aged 89, lives alone)*
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30 **Using technology**

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33 Landline telephones and computers were central to engagement with the outside world for most participants.
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35 As well as frequent ‘checking in’ contacts from children, the telephone was used for more in-depth
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37 conversations and to stay in touch with those who had moved away. For those living alone and with smaller
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39 networks the telephone was the main means of contact with others:
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42 *“Occasionally she’ll [friend] come and see me, but almost every day I speak to her on the phone ...*
43 *Which makes a lot of difference. ... And there aren’t many people that I can ring up and speak to*
44 *actually.” (Interview 1, female aged 89, lives alone)*
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49 Mobile phones were owned by many but kept mainly for emergencies. Computers were used by fewer
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51 participants; they were predominantly used to browse the internet, follow the news or play games, but a few
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53 also used email for social contact:
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56 *“Well, I don’t use it for much. I read the papers (from home region). I do games on it. Anything I*
57 *want to find out. I do emails, and if I have any queries about something.” (Interview 6, female aged*
58 *90, lives alone)*
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60 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 relying on 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

Within the activities and plans described, some participants focused on activities that they felt more engaged in or were more meaningful than those that just filled the time. For many, the context of relationships with family (particularly children and grandchildren) and friends were the focus of their social networks and promoted a sense of purpose. Others related experiences of voluntary work and views on continued learning. Activities often required a particular skill linked to earlier working life, for example, giving advice on benefits forms, being involved in running 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. This included acceptance, endurance, internalising emotions, positive re-framing 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 more philosophical stance to situations and describing a comfort in solitude; this was particularly so amongst those who had experienced long-term loneliness and 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)

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3 Many accounts of endurance illustrated a tension between inside and outside worlds. Many who lived with
4 others but managed alone, described how they knew they could come through times of acute distress, as they
5 had previously: .
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10 *“...there will be three or four days at a time sometimes when I cannot leave the house and I couldn’t*
11 *speak to anyone without bursting into tears. Again, I now know when I’m feeling like that and so I*
12 *make sure that I stay at home.” (Interview 25, female aged 68, lives with another)*
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20 **Revealing and hiding**

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22 Although participants were able to describe the circumstances that had led to their loneliness, most found it
23 harder to articulate how being lonely made them feel at any given moment. Most interviews were emotive,
24 several participants became tearful and upset, and interviews were paused. The private nature of managing
25 loneliness was evident in these accounts and many managed by keeping their loneliness hidden from others,
26 possibly reflecting the social stigma of loneliness. Some kept their true feelings concealed from people they
27 described as good friends, not wanting the knowledge of their loneliness to impact on their relationships:
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36 *“And if you put the act on ... I mean, your friends don’t want to see you moping about, do they?”*
37 *(Interview 28, female aged 67, lives with another)*
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41 **Positive attitude and motivation**

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43 Other cognitive strategies were attributed to personality and coping styles and included the ability to maintain
44 a positive focus and motivation despite the challenges faced:
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48 *“I am blessed. There are a lot of things that are not so good in my life, but I try and think positively –*
49 *you have to” (Interview 28, female aged 67, lives with another)*
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54 This included overcoming initial reservations; the underlying effort required was evident in some accounts:
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57 *“... but you also have to force yourself to go out and do things. Because if you didn’t you really would*
58 *become very insular, wouldn’t you and never do anything. And sometimes you have to do it; it’s*
59 *almost like I’m going to do this, because what is the alternative?” (Interview 27, female aged 66, lives*
60 *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:

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3 *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*
4 *anywhere, he's quite happy to just be. ... I need to go out and socialise with people, ... he doesn't feel*
5 *the same need. (Interview 19, female aged 69, lives with another)*
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9 **Comparative thinking**

10 Comparative thinking as a coping strategy was a way of 'distancing' themselves from current distress by
11 comparing it to times when they had been lonelier or to other people seemingly in a worse situation.
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13 Relationships were again a feature both those who had felt lonelier earlier in life when they had hoped to form
14 a significant relationship but had not, or those whose relationships had ended acrimoniously after which they
15 had not started a new relationship:
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23 *"It may be that I have ... yes, I think things would be much more difficult for me from the point of view*
24 *of being on my own in other periods of my life than they are at the moment.... I think, yes, I'm getting*
25 *awfully used to it, to finding ways and means of coping." (Interview 1, female aged 89, lives alone)*
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28 Participants talked both specifically about people they knew or more generally about 'others' to compare how
29 things could be worse:
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36 *"Then I think, well, there's always somebody worse off than me, that's the way I look at it" (Interview*
37 *7, male aged 68, lives alone)*
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41 Relative thinking also applied to time spans; a focus on the short-term future feeling more manageable than
42 looking ahead. Thoughts of managing loneliness in the future were mixed in with broader thoughts on ageing
43 and the likely decline of health and independence:
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48 *"And try not to look too far ahead because you can look at all the things that could go wrong about it,*
49 *and then that would probably outweigh it." (Interview 27, female aged 66, lives alone)*
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Religion and spirituality

Less than half of the participants described religious beliefs or practices as a way of managing difficult times including their loneliness. Participants talked about religion in terms of its potential to promote reflection within an inside world and as a set of 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

Within 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. Responses to loneliness include (i) meaningful engagement and contribution, both with others and to society, (ii) cognitive strategies to re-frame negative feelings, and (iii) respecting the wish of those who prefer to manage privately.

A broader range of strategies were identified from participants' accounts in our study 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 keeping loneliness hidden (Roos & Klopper, 2010; Pettigrew and 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 Cattan 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

Individual responses to the distress of loneliness reported in this present 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.*, 2009) 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 themselves 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).

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3 Our findings may reflect the fact that many of the participants in this study (n=19) were aged 65-74 years and
4 the majority of these had not long retired. Many of the patterns they sought to continue drew on working life,
5 for example, going out every day, planning daily and weekly routines, and meaningful engagement for
6 example in volunteering, which drew on previous skills. A relationship between loss of role at the end of
7 working life and loneliness has been reported (Barke, 2017), as has the potential of volunteering to ease the
8 transition of retirement from work (Smith and Gay, 2005). Recent research has identified necessary elements
9 to support the retirement transition (Calouste Gulbenkian Foundation and the Centre for Ageing Better, 2017).
10 Our study suggests that, for some, identifying how skills developed during working life might be used in
11 retirement may also be useful to reduce the negative impact of being lonely.
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23 The ability to articulate strategies to manage loneliness as reported by study participants does not imply that
24 older people should be left responsible for managing alone. Nor does it negate the influence of structural,
25 environmental and individual factors that can exclude older people and which require a broader policy
26 response (Scharf and Keating, 2012). However, the agency of the older people in this study who articulated
27 their experiences and responses to loneliness is counter to the passive and deficit-based ageist stereotypes of
28 lonely older people.
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38 Much research on loneliness in later life has focussed on those living alone. This study adds the experience of
39 those living with others in long-term relationships. Participants described how they had to accept the
40 difficulties of their relationship to be able to stay within it, implying that it was possibly better than being
41 alone. Evidence suggests that married adults are less lonely than unmarried adults (Stack and Eshleman, 1998;
42 Scanlan *et al.*, 2001) and that marriage protects individuals from emotional and social loneliness due to the
43 presence of a potential confidante and access to a wider circle of family and friends and to social activity which
44 can often be 'couple-based' (Weiss, 1973; Dykstra and de Jong Gierveld, 2004). This study suggests that this
45 'protection' does not apply to all. Instead, our findings tally with a US study of older women that found
46 relationships were a major source of loneliness and that, if the relationship was stressful, other relationships
47 were not an adequate substitute (Essex and Nam, 1987). It is also important to consider relationship
48 preferences of being single or not, which may be influenced by experiences (Dykstra, 1995; Dykstra and
49 Fokkema, 2007). Expectations of being in a relationship may differ at different times of life: accounts of a
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3 stronger desire to be in relationships in earlier adult life compared to later life were shared by participants
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5 who had always lived alone or who had divorced a long time ago.
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10 Strengths of the study include that participants identified themselves as lonely from questionnaire responses
11 using two scales, including one which does not use the word 'lonely' in the text which may help to overcome
12 the social stigma and difficulty of admitting loneliness. The sample was not recruited from services supporting
13 older people, which is the source of participants for the majority of studies on managing loneliness (Kharicha
14 *et al*, 2018).
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25 There are limitations to the study. Despite volunteering to participate, it may have been difficult to admit to
26 not managing and positive coping strategies may have been over represented. Those who found it harder to
27 articulate or admit to being lonely or unable to cope may not have agreed to participate and the relatively low
28 response rate may mean that the 28 who participated out of 158 may have held a particular set of views. This
29 sample does not reflect the views of those living in supported/residential environments or those unable to
30 leave their homes. There is little data from minority ethnic or migrant groups whose experiences of managing
31 loneliness may also differ.
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42 Most interventions for loneliness focus on the 'outside world' and making connections. An important way to
43 manage loneliness in participant accounts was to identify ways of engaging and contributing, both with others
44 and to society, which was meaningful to the individual. Rather than being recipients of intervention to increase
45 social contact, older people wanted to be meaningful social contributors. A greater focus on strategies in the
46 'inside world' which is relatively neglected in terms of interventions, may also be appropriate. Our findings
47 echo those from a recent conceptual review of qualitative studies (Mansfield *et al.*, 2019) reporting that most
48 research conceptualised predominantly social loneliness whilst the significance of emotional loneliness was
49 understated. In our study, cognitive strategies of acceptance and endurance to manage loneliness were
50 identified. Further research to explore whether psychological interventions, such as acceptance commitment
51 therapy (Hayes *et al.*, 2002) or the principles of it, may help lonely older people deal with their loneliness. This
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3 would reflect a shift from 'ending' loneliness to acknowledging and accepting that loneliness may not always
4 be remediable. Further the implications of this present study resonate with Barke's (2012) conclusions that
5 older people need to be more 'visible' socially, and that loneliness should be normalised and discussed without
6 stigma.
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10 11 12 13 14 **CONCLUSIONS**

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17 This study describes how lonely older people managed their loneliness at an individual level, within
18 relationships and wider social networks, as well as at a broader community, societal and environmental level.
19 They articulated strategies used over their lives to deal with loneliness as well as other distress related to
20 difficult life events and circumstances and can be regarded as active agents in managing their loneliness. This
21 suggests the need to reframe discussions of loneliness from simplistic solutions of offering advice or
22 intervention to more person-centred discussions about individual coping styles and contexts, in order to
23 identify responses that are acceptable and meaningful. Rather than being recipients of intervention, it may be
24 more appropriate to consider older people as meaningful social contributors.
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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

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

