

**“ONLY THE LONELY?!”  
CHALLENGING  
STEREOTYPES ON  
LONELINESS  
AMONG OLDER PEOPLE**



**LISE SWITSEERS**



VRIJE  
UNIVERSITEIT  
BRUSSEL

"Only the lonely?!"  
Challenging stereotypes on loneliness  
among older people

Lise Switsers

Supervisors

Prof. dr. Liesbeth De Donder

Prof. dr. Eva Dierckx

Prof. dr. Sarah Dury

A thesis submitted in fulfilment of the requirements for the degree of PhD in  
'Pedagogische Wetenschappen, richting Agogische Wetenschappen',  
Faculty of Psychology and Educational Sciences, Departement of Educational Sciences  
Adult Educational Sciences  
Vrije Universiteit Brussel

July 2021



This research was supported by the Flemish Research Foundation (Fonds voor Wetenschappelijk Onderzoek; grant number: FWOTM865)



# Dissertation committee

---

## Supervisors

Prof. dr. Liesbeth De Donder  
Faculty of Psychology and Educational Sciences  
Department of Educational Sciences  
Vrije Universiteit Brussel  
Belgium

Prof. dr. Eva Dierckx  
Faculty of Psychology and Educational Sciences  
Department of Psychology  
Vrije Universiteit Brussel  
Belgium

Prof. dr. Sarah Dury  
Faculty of Psychology and Educational Sciences  
Department of Educational Sciences  
Vrije Universiteit Brussel  
Belgium

## Doctoral committee

Dr. Leen Heylen  
Vonk3  
Thomas More University of Applied Sciences  
Belgium



## Exam Committee

Prof. dr. Willem Elias (Chair)  
Faculty of Psychology and Educational Sciences  
Department of Educational Sciences  
Vrije Universiteit Brussel  
Belgium

Prof. dr. Dominique Verté  
Faculty of Psychology and Educational Sciences  
Department of Educational Sciences  
Vrije Universiteit Brussel  
Belgium

Prof. dr. Christiaan Schotte  
Faculty of Psychology and Educational Sciences  
Department of Psychology  
Vrije Universiteit Brussel  
Belgium

Prof. dr. Jan De Lepeleire  
Department of Public Health and Primary Care  
University of Leuven  
Belgium

Prof. dr. Lieve Van den Block  
Departement of Family Medicine and  
Chronic Care  
Vrije Universiteit Brussel  
Belgium

Prof. dr. Marja Aartsen  
Department for Aging and Housing studies  
Oslo Metropolitan University  
Norway



## Acknowledgments

Met veel goesting mij gesmeten,  
4 jaren, 2 opladers en 2 bureaustoelen,... gesleten.  
Enorm veel gelachen, tijdens een traject van zigzaggen  
Ik heb gebaald, soms ook gefaald  
Het werk was zwoegen, zweten, met daaropvolgende euforie kreten  
Regelmatig gevier en heel wat plezier zorgde voor het nodige vertier  
Herinneringen werden verzameld om nooit te vergeten  
Tot in Texas en Taiwan zijn we geweten  
Ik heb veel geleerd want het liep niet altijd gesmeerd  
Herhalen en opnieuw beginnen, het kleine en grote overwinnen  
Herwerken, herschreven, heel wat werk is niet gebleven  
Omringd door veel intelligentie, geduld, warmte... en mensen die in mij geloven  
Die zichzelf af en toe voor mij uitsloven  
Uiteraard zorgde ook wat geluk voor een einde aan dit hoofdstuk  
Mijn dankbaarheid is groot waardoor dit gedicht waarschijnlijk tekortschoot,  
Geen nood  
Een persoonlijke dankjewel  
Volgt snel...

Lise Switsers

Oktober 2021 Brussel



# Table of contents

---

Dissertation committee.....	II
Table of contents.....	VIII
<b>Chapter 1.</b> General introduction.....	<b>1</b>
<b>Chapter 2.</b> “DE EENZAAMHEID” vanuit een hedendaags perspectief.....	<b>31</b>
<b>Chapter 3.</b> Exploring adverse and positive old-age life events: a qualitative study among lonely older adults.....	<b>43</b>
<b>Chapter 4.</b> Life stories from lonely older adults: the role of precipitating events and coping strategies throughout the life course.....	<b>67</b>
<b>Chapter 5.</b> Negative old-age life events and well-being in later life: The moderating and mediating role of loneliness.....	<b>95</b>
<b>Chapter 6.</b> Exploring the characteristics of older British people experiencing loneliness as positive within the BBC loneliness experiment.....	<b>117</b>
<b>Chapter 7.</b> General discussion.....	<b>137</b>
Nederlandstalige samenvatting.....	171
List of publications and contributions.....	173



# Chapter 1

---

General introduction



# Chapter 1. General introduction

This chapter presents a general introduction to the studies that form this PhD dissertation. After a background on the emergence of ageing and the increased attention for loneliness in later life, a comprehensive introduction to different aspects is presented, focusing on the diverse conceptualisations of loneliness, the cognitive discrepancy theory of loneliness, and the need for a life course perspective within research on loneliness in later life. Next, the research aim of the PhD dissertation and a structure of the different stand-alone studies are presented. This chapter ends with an overview of the various datasets that are used in the different studies.

## 1. Ageing population

Due to reduced fertility and an increasing life expectancy, the 21st century is so far characterised by an ageing population. In 2020, worldwide there were more than 1 billion older adults (13.5%) aged 60 years and older (United Nations, 2019). The number of citizens in this age group increased more than fivefold between 1950 and 2020. By 2050 it is expected that 31.3% of people living in developed countries will be 60 and older (United Nations, 2019). Belgium follows this general trend of population ageing. Belgian life expectancy at birth was 80.3 in 2010 and 81.8 in 2019 (Statbel, 2021). At present (2021), 25.7% of the Belgian population and 27.3% of the Flemish population is 60 and older (Statbel, 2021).

Not only is the proportion of older adults rising, the older population itself is also ageing further. The amount of people of those aged 80 and older in Europe is expected to more than double between 2020 and 2080, from 5.9% to 12.3% (Eurostat, 2021). At present (2021), 5.6% of the Belgian population is 80 and older (Statbel, 2021), a proportion expected to rise to 8.5% by 2050 (United Nations, 2019). This proportion is already 6.2% in the Belgian region of Flanders (Statbel, 2021).

## 2. Increasing attention for loneliness in later life

Loneliness, especially as it affects older persons, is receiving growing public and policy attention worldwide (Fried et al., 2020). Individuals are vulnerable to loneliness in later life due to several age-related losses and changes such as death of friends or a partner, health deterioration, and other negative life events (Vozikaki et al., 2018). Hence older age is associated with increased loneliness (Cohen-Mansfield et al., 2016), even though not all older adults become lonely (Newall et al., 2013).

Loneliness has been found to be a key risk factor within different negative outcomes in later life. A scoping review, for example, indicated that mental health with a focus on depression as well as cardiovascular health are among the most-researched adverse health outcomes of loneliness (Courtin & Knapp, 2017). Loneliness is conducive to negative health outcomes such as morbidity (Victor et al., 2005), suicidality (Schinka et al., 2012), mortality (Courtin & Knapp, 2017; Luo et al., 2012; Holwerda et al., 2012), deteriorating physical health (Courtin & Knapp, 2017), deteriorating cognition (Ayalon et al., 2016; Courtin & Knapp, 2017) and frailty (Davies et al., 2021). Loneliness likewise leads to a decrease in well-being (Courtin & Knapp, 2017; Kearns et al., 2015; Park et al., 2020; Patel et al., 2019). Expanding our knowledge on loneliness in later life thus seems important.

### **3. Conceptualisations and different types of loneliness**

Loneliness is mostly defined as a negative, subjective experience that occurs due to a lack of meaningful relationships (Fried et al., 2020). De Jong Gierveld (1998) notes that loneliness is conceptually, theoretically and methodologically complex, and is different than being alone, living alone or being socially isolated. While loneliness is a subjective state, social isolation concerns the objective state of a situation and refers to a limited number of social relationships or a small network (de Jong Gierveld, van Tilburg & Dykstra, 2018). At a basic level, loneliness refers to the way individuals evaluate their level of social interaction (Victor, 2000). Although there is no consensual definition, most researchers agree that when a deficit is perceived between the desired and the actual level of interaction, it is experienced as loneliness (Perissinotto et al., 2012). Literature on loneliness recognises a variety of types to delineate the concept of loneliness (Fried et al., 2020), and acknowledges that loneliness is a layered concept (Yanguas, 2018; Maes et al., 2015) that includes emotional and social (de Jong Gierveld et al., 2018; Weiss, 1973), romantic emotional and family emotional (DiTommaso et al., 1997), collective (Cacioppo et al., 2015), and more recently existential (Bolmsjö et al., 2019) and even 'positive' loneliness (de Jong Gierveld et al., 2018).

#### **3.1. Emotional, social and collective loneliness**

Weiss (1973) suggested there are different social provisions of relationships, each related to different social relationships. According to these social provisions, our psychosocial well-being depends on different recourses which can be obtained from our social relationships, in this context distinguishing between social and emotional loneliness. Weiss (1973) described loneliness as a multidimensional experience, making a conceptual distinction between two specific components of loneliness: social and emotional loneliness. Social loneliness, which refers to the absence of a broad social network and emotional loneliness, is connected to the absence of a close attachment in one's life. The absence of social contacts can result in social loneliness, whereas the absence of close, affective relationships may cause emotional loneliness (Dykstra & Fokkema, 2007). The past year, studies have implemented these two types in order to expand our knowledge concerning the determinants of loneliness (de Jong Gierveld et al., 2018). The conceptual distinction Weiss (1973) makes between social and emotional loneliness was incorporated into the De Jong Gierveld loneliness scale.

DiTommaso and Spinner (1993, 1997) suggest that emotional loneliness is too broad a concept to capture variations in its different dimensions. They note that emotional loneliness consists of two dimensions, namely family emotional loneliness and romantic emotional loneliness. The authors created the SELSA (Social and Emotional Loneliness Scale for Adults), whereby romantic emotional loneliness focuses on aspects such as sharing life with someone, having a romantic partner, and meeting needs of intimacy. Family emotional loneliness focuses on aspects such as belonging to your family and feeling part of your family (DiTommaso & Spinner, 1997).

Besides the existence of social and emotional loneliness, Cacioppo et al. (2015) also recognise the existence of collective loneliness, referring to a person's 'active network' (school, work, national identity) or their social identity, whereby people connect with similar others. This collective approach to loneliness indicates that people have the motivation and ability to connect with others, not only with individuals but also with other social groups (Cacioppo et al., 2015).

### **3.2. A turn towards 'positive type' or beneficial aspects of loneliness**

The psychotherapist Irvin Yalom (1980) describes existential concerns, such as the unavailability of death, our search for freedom, the need for togetherness and the search for meaning in life, all related to existential loneliness. Existentialists state that loneliness is an opportunity for reflection, to question why, in order to search for meaning in life (Mijuskovic, 1979). While most types of loneliness are seen as a negative experience, this type of loneliness combines negative and positive aspects. Mijuskovic (1979) and Karnick (2005) consider loneliness as a universal, normal and existential phenomenon that can affect all people during their life, with both and negative and positive aspects. For example, Karnick (2005) states that loneliness *'is considered positive when it is viewed as creative, productive and maturing, and as negative when it is defined as physical, emotional or social alienation, or isolation from self or other'*. (Karnick, 2005, p.9) One recent review on existential loneliness explores and describes this phenomenon as complex and unclear (Bolmsjö et al., 2019). In old age existential thoughts and concerns might be present, possibly experiencing the feeling that life is completed or the purpose for living is lost (van Wijngaarden, & Goossensen, 2015) as well as having thoughts of death and dying (Karlsson et al., 2014).

Although loneliness is often perceived as detrimental to well-being, and is often seen from a deficit approach as a negative experience, conversely recent literature also identifies a 'positive type' of loneliness (de Jong Gierveld et al., 2018, p. 392). De Jong Gierveld and colleagues explicitly distinguish between positive and negative loneliness. They describe the positive type as the voluntary (mostly temporary) disengagement from social contacts, and related with aspects like reflection, meditation and creative time. We can connect this positive approach to loneliness to the concept of positive solitude, which refers to the choice to spending time on an enjoyable or meaningful experience by oneself (Ost-Mor et al., 2020). Additionally, de Jong Gierveld et al. (2018) recognise the combination of positive and negative aspects in existential loneliness, as they argue that in the end existential loneliness might provide self-growth, power and inspiration. Cacioppo et al. (2014) also recognise from an evolutionary perspective that loneliness can be beneficial for a person (referring to e.g. self-preservation and increased motivation to reconnect with people).

#### 4. Cognitive discrepancy theory of loneliness

The cognitive discrepancy theory (see Figure 1) proposes that how individuals perceive their loneliness influences the intensity of the experience (Perlman & Peplau, 1981). The theory posits that loneliness is subjective and distressful, occurring because of a discrepancy between actual and needed or desired social relations. This discrepancy may concern the quantity (frequency of contact, number of relations) and/or quality (degree of intimacy) of the relations (Dahlberg et al., 2021). Cognitive discrepancy theory distinguishes between predisposing factors and precipitating events that might influence this mismatch.

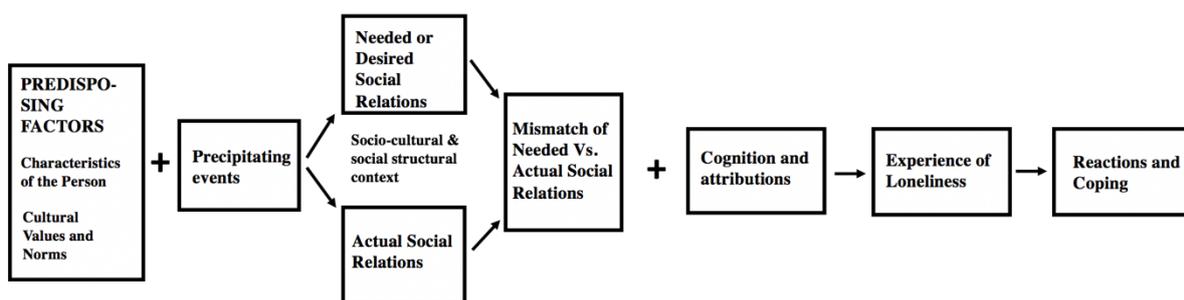


Figure 1: Cognitive discrepancy theory of loneliness from Perlman & Peplau (1981), adapted by Burholt et al. (2017)

#### **4.1. Predisposing factors: characteristics of the persons, cultural values and norms**

Perlman & Peplau (1981) describe predisposing factors as risk factors that are statistically associated with loneliness, but are not necessarily the immediate cause of loneliness. The most common risk factors within current research can refer to individual characteristics such as gender, living alone, marital status, social network, socioeconomic circumstances, health and personality characteristics (Cohen-Mansfield et al., 2016).

First, results from various studies investigating differences in loneliness show that older women indicate higher levels of loneliness than men (Cohen-Mansfield et al., 2016; Steptoe et al., 2013). The picture is complicated by studies that suggest the opposite, with men reporting higher levels of loneliness than women. De Jong Gierveld et al. (2015) found that men felt lonelier than women. A more recent meta-analysis of Maes et al. (2019) found no evidence that gender differences in loneliness are present in older age.

Second, there is greater consensus on the association between loneliness in older adults and living alone, where living alone is identified as a risk factor for loneliness (Cohen-Mansfield et al., 2016; De Jong Gierveld et al., 2009). In this regard, not being married or not having a partner, or the life event of losing a partner, are seen as risk factors for loneliness in later life (Dahlberg et al., 2021). Third, low levels of social participation or a limited social network are also risk factors for loneliness in later life (Cohen-Mansfield et al., 2016; Dahlberg et al., 2021). Fourth, disadvantaged socioeconomic circumstances, like low educational level and poor income, are associated with higher feelings of loneliness (Cohen-Mansfield et al., 2016; Fokkema, de Jong Gierveld & Dykstra, 2012). Fifth, those who are in poor self-perceived health report higher levels of loneliness (Dahlberg et al., 2021) or older people who are depressed are more at risk of loneliness (Dahlberg et al., 2021).

Sixth, personality characteristics such as fear of intimacy, feeling socially uncomfortable and being easily intimidated by others (DiTommaso, Fizell & Robinson, 2015), low self-esteem (Cohen-Mansfield et al., 2016), and having difficulties communicating with others seem to be related to higher risk of loneliness and could make it harder to cope with loneliness (DiTommaso, Fizell & Robinson, 2015). Besides individual characteristics, more general aspects like cultural values and norms, as observed in individualist and communal cultures (van Staden & Coetzee, 2010), also appear to be related with loneliness, but are not necessarily the cause of loneliness.

## 4.2. Precipitating events

Precipitating events are specific circumstances or events that cause changes and discrepancy between a person's actual social relationships and her needed or desired social relationships, potentially triggering loneliness (Perlman & Peplau, 1981). As stated earlier, individuals are vulnerable to loneliness in their later years of life because of exposure to several age-related negative losses or life events such as death of a partner or friends (Cohen-Mansfield et al., 2016), divorce in later life (Davies, Crowe & Whitehead, 2016; van Tilburg, Aartsen & van der Pas, 2015), retirement (Segel-Karpas, Ayalon & Lachman, 2018), undergoing financial difficulties, and living in an 'empty nest' when children leave the parental home (Vozikaki et al., 2018). For example, deterioration of health affects an individual's ability to maintain desired levels of social contact (Burholt & Scharf, 2014). Various losses, seen as negative life events or life changes, are related to loneliness in later life (Vozikaki et al., 2018).

Life events that trigger loneliness in later life are mainly investigated in cross-sectional studies that focus on the present (Cohen-Mansfield et al., 2016). However, recently greater attention is given to the longitudinal impact of life events on loneliness in older adults (Dahlberg et al., 2021). For example, Aartsen and Jylhä (2011) found that different negative life events such as losing a partner, increased physical disabilities, reduced social activities and intensified feelings of depression are associated with higher feelings of loneliness at follow-up. Hensley et al. (2012) found that the higher the number of negative life events during life (death of a spouse, serious financial difficulties), the more loneliness feelings in later life.

## 4.3. Reactions and coping

This discrepancy between actual and desired relationships does not necessarily lead to loneliness. Several factors may affect how a person reacts to her own situation: in their cognitive discrepancy theory Perlman and Peplau (1981) posit that cognition and attributions (e.g. controllability) influence the experience of loneliness, and that loneliness experiences are influenced by the person's reactions to and coping with the situation. Being unable to develop or maintain satisfying social relationships does not automatically lead to late-life loneliness: people can also deal or cope with certain emotions and situations (Lazarus & Folkman, 1984). In line with the definition of loneliness of Perlman and Peplau (1981), coping strategies may focus on improving the achieved level of social relationships and adapting desired levels of social contact to realistic levels. 'Improving' is related to active coping, 'adaptation of desired levels' is related to regulative coping (Schoenmakers, van Tilburg, & Fokkema, 2015).

A recent literature review on the use of different coping strategies among adults experiencing loneliness (Deckx et al., 2018) demonstrated that problem-focused coping styles or active coping (coping strategies related to behavioural and/or cognitive action such as seeking social support or developing a positive attitude) were associated with lower levels of loneliness, and emotion-focused or regulative coping styles (coping strategies related to avoidance or negative emotions) are linked to higher levels of loneliness. The severity of loneliness is therefore not only affected by the social relationships that are desired and unfulfilled – the prospect of time is also relevant towards changing difficult relationships and the potential to adapt to the situation (Perlman & Peplau, 1981).

#### **4.4. Importance of the socio-cultural and social structural context**

Parts of the cognitive discrepancy theory have been examined (e.g. Burholt & Scharf, 2014; Burholt et al., 2017; Dykstra & Fokkema, 2007), deepening our understanding of the model. For example, Burholt et al. (2017) expand cognitive discrepancy theory by including the relevance of the socio-cultural and social structural context (the social environment) as potential influencers on actual or desired social relationships – here social environment stands for the context in which people live, including attitudes and values of the persons and institutions they interact with, in terms of issues like discriminatory attitudes or stigma.

At a societal level there is limited evidence of the role of structural and cultural aspects, or societal forces that may contribute to or prevent loneliness (Prohaska et al., 2020). Scharf and colleagues acknowledge the importance of studying loneliness in later life within a broader social exclusion or inequalities framework, as loneliness seems to be related to other forms of disadvantage (Scharf & de Jong Gierveld, 2008; Scharf, Phillipson & Smith, 2005). Old-age social exclusion is the set of exclusions in terms of digital participation, social relationships, financial and material resources, access to services, the neighbourhood, housing and ageism (Van Regenmortel et al., 2016). Social exclusion of older persons affects both seniors' quality of life and a society's equality and social cohesion (Walsh et al., 2017). Social exclusion has been related to greater levels of loneliness among older adults (De Jong Gierveld et al., 2018), and the most commonly cited outcome of social exclusion for older people is loneliness (Burholt et al., 2020).

## 5. Studying loneliness in later life: need for a life course perspective

Loneliness has been extensively studied in the last decade (Prohaska et al., 2020), with a focus on old age (Fried et al., 2020). Overall, between 25 and 62 percent of older people indicate being sometimes lonely (Ortiz-Ospina & Roser, 2020). Still, the prevalence of loneliness varies per study, depending on how loneliness is measured (Fried et al., 2020). A recent study across several European countries found that 29.2% of community-dwelling older adults reported emotional loneliness, and 26.7% reported social loneliness during non-Covid times (Fierloos et al., 2021). In the UK, 22.4% of older adults indicated experiencing loneliness at times during the pandemic (Li et al., 2020). The age distribution of a German study on loneliness showed a complex and nonlinear path, with higher levels of loneliness among young people and among the oldest-old (Luhmann & Hawkley, 2016). Other studies also found evidence of this U-shaped curve, whereby young and older people indicate higher loneliness feelings compared to those in middle age (Lasgaard, Friis & Shevlin, 2016; Victor & Yang, 2012).

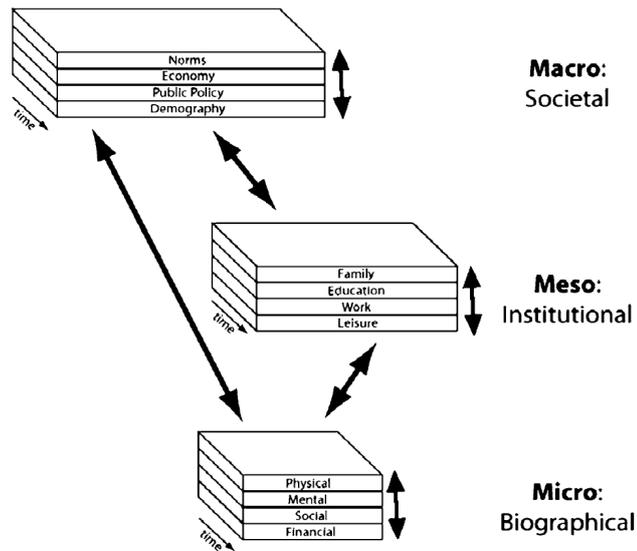
A life course perspective stresses that health and psychological well-being in later life are shaped by life events experienced earlier in life and by lifetime experiences (Kuh et al., 2003; Umberson et al., 2014). Older people are more at risk of loneliness due to different losses and transitions (Morgan, 2015). Although loneliness is not limited to later life, the conditions – such as life events – that contribute to loneliness tend to increase with age (Vozikaki et al., 2018). Studies frequently report that not only individual current circumstances (living alone, poor health; for an overview, see Cohen-Mansfield et al., 2016) but also life events impact older persons' exclusion from social relationships and affect their feelings of loneliness (Burholt et al., 2020). These life events can trigger shifts in their social relationships (Perlman, & Peplau, 1981). Current research on loneliness in later life has focused mainly on the present, in cross-sectional studies (Cohen-Mansfield et al., 2016). And yet, adverse life events earlier in life related to negative experiences with social relationships may influence why individuals experience loneliness later in life (e.g. Ejlskov et al., 2020). Such key life events may imply lifelong processes of integration and adaptation (Spiro et al., 2016) throughout the life course (Taylor, 2010). They can have a long-term impact on a person's well-being and health (Fredriksen-Goldsen et al., 2017). However, the degree to which events that take place in life have an influence on the ageing process cannot be deduced from the literature (Kok et al., 2017).

Despite the already-extensive knowledge on the role negative old-age life events play in loneliness (e.g. Cohen-Mansfield et al., 2016; Vozikaki et al., 2018), it is equally crucial to examine the role of early life events on loneliness in later life. A life course perspective is still lacking (Yang & Gu, 2020). Investigating the current circumstances and conditions of older persons (such as loneliness) without attention for the previous life course will neglect the nuanced experiences of loneliness (Merz & De Jong Gierveld, 2016; Nicolaisen & Thorsen, 2014).

The life course perspective has gained attention within the social and behavioural sciences. Especially ageing studies increasingly focus on the importance of the life span or cycle (Alwin, 2012). The key role of the life course approach has become widely acknowledged when studying ageing, and perceives ageing as a heterogeneous and dynamic phenomenon (O'Rand & Krecker, 1990). The life course perspective is a multi-theoretical concept that has been widely used to study the individual experiences of different life events over the life course (Billari, 2009; Elder, 1994). The life course perspective suggests that life events experienced earlier in life and earlier life conditions cause changes later in life. These changes are the consequence of adaptation by processes such as coping, stress and human development. These processes, activated by life events, are mitigated by other, different relevant conditions or contextual factors (gender, social class, cohort, age; Elder & George, 2016). Hence studying loneliness in old age calls for a life course perspective, where an individual's life course is taken into account together with its historical and societal context (Kendig et al., 2015).

### **5.1. Life course sociology**

Life course sociology pays attention to cohorts, social roles and historical events (Elder & George, 2016). It has been viewed from two broad approaches, namely the personological approach and the institutional approach (Dannefer & Settersten, 2010). The personological approach focuses on the influence of certain personal conditions and characteristics earlier in life on outcomes later in the life course. Institutional approaches are consistent with ecological scientists' positions towards the life course, such as Bronfenbrenner's ecological theory, which recognises that human development occurs within different environments, families and communities, and is embedded within multiple contextual structures and global systems (Bronfenbrenner, 1995; Dannefer, 2003). Silverstein and Giarrusso (2011) conceptualised a biographical-institutional-societal model of the life course that links three levels: micro, meso, and macro. Within their conceptualisation, the micro-, meso- and macro-levels have an effect on ageing individuals through time (see Figure 2).



Dynamic biographical–institutional–societal model of the life course

Figure 2: Biographical-Institutional-Societal model of the life span (Silverstein, & Giarrusso, 2011)

A specific life course model is the cumulative disadvantage approach (Dannefer, 2003), which states that the accumulation of negative and positive circumstances might increase chances of future negative circumstances and positive circumstances, leading to more inequalities in later life. Cumulative disadvantage is defined by Dannefer (2003) as the '*systematic tendency for interindividual divergence in a given characteristic (e.g., money, health, status) with the passage of time*' (Dannefer, 2003, p. 327). Dannefer (2020) recently used the concept of life course reflexivity, in order to research the processes relevant to the CDA within a broader perspective: life course reflexivity pays attention to dynamics throughout the life course, by focusing on interactive dynamics that occur between the micro and the social system across the life course, and pays attention to the individual life course and how it is affected by macro-level changes.

## 5.2. Life span psychology

Within developmental psychology, different scientists have modelled the life course to describe and investigate the psychological development of children (Gilleard & Higgs, 2016). Erikson (1963) was one of the first to outline lifelong psychological development, recognising differences related to different life stages. Erikson's lifecycle model of development consists of eight stages, each named according to the key conflict shaping the individual's development at that stage. Childhood and youth have four stages; adolescence, the fifth stage, can be seen as an orientation towards adulthood; lastly, adulthood has three stages, namely young adulthood, adulthood and maturity. Within these different stages key conflicts may arise: trust vs. mistrust, autonomy vs. shame and doubt, initiative vs. guilt, industry vs. inferiority, identity vs. role confusion, intimacy vs. isolation, generativity vs. stagnation, and integrity vs. despair. It should be noted that a person can only move to the next stage if the conflict has been positively resolved. The last stage is linked to older age and builds on how successful the previous conflicts/stages were completed (Erikson, 1963).

According to life span development theories, negative life events and age-related challenges, such as the experience of becoming ill, can cause emotional pain and might therefore contribute to loneliness (Heckhausen, Wrosch & Schulz, 2010; Vozikaki et al., 2018). Nevertheless, the use of self-protective coping strategies (e.g. positive reappraisals) may prevent the emotional pain caused by certain threats (Haase, Heckhausen & Wrosch, 2013). Most people experience loneliness as transient in nature during their life, meaning without long-lasting negative consequences (Qualter et al., 2015). In research, the transient nature of loneliness means that people temporarily experience loneliness, mostly due to a life event that creates a change in their social network, whereby people eventually overcome these loneliness feelings through recovery, in terms of coping or compensation (Shiovitz-Ezra & Ayalon, 2010). The way people cope can lower the impact of adverse life events and circumstances, not only in the near future but also in the long-term development of physical and mental health (Skinner et al., 2003). Older adults differ in their ability and capacity to deal with life events. Older people may develop meaningful relationships, skills or creative strategies to deal with adverse life events in general (Moos et al., 2006) and loneliness in particular (Kharicha et al., 2018). As loneliness is considered to be a dynamic phenomenon, which can also be resolved or diminished, interest is growing into factors that influence it positively.

## 6. Research aim

As explained above, although there is an extensive body of knowledge on the role of negative old-age life events on loneliness (e.g. Cohen-Mansfield et al., 2016; Vozikaki et al., 2018), it is equally crucial to examine the role of early life events on loneliness in later life. Limited attention was recently given to qualitative research on loneliness with a life course approach (Tiilikainen & Seppänen, 2017), yet generally when studying loneliness in later life, a life course perspective is still lacking (Yang & Gu, 2020). Researching the current circumstances and conditions of older persons (such as loneliness) without attention for the previous life course will neglect the nuanced experiences of loneliness (Merz & De Jong Gierveld, 2016; Nicolaisen & Thorsen, 2014). The present doctoral dissertation aims to contribute to the current debates on loneliness in later life by adding a life course perspective. Five different stand-alone studies were conducted to add relevance to our main research aim: **How can we nuance debates and stereotypes on loneliness in older adults by bringing in a life course perspective?**

An overview of the different stand-alone studies, referring to the different chapters of this dissertation:

- Chapter 2: Philosophical reflection – “De eenzaamheid” Leopold Flam, 1979.
- Chapter 3: Which adverse and positive old-age life events can we detect in the narratives of lonely older adults? What is the experienced impact of adverse and positive old-age life events on lonely older adults?
- Chapter 4: How do (negative and positive) precipitating events throughout the earlier life course influence current loneliness feelings of older adults? How do older persons cope with loneliness throughout the life course? How are these coping strategies connected with their current loneliness feelings?
- Chapter 5: Can loneliness moderate/mediate the effects of negative old-age life events on well-being in later life?
- Chapter 6: What are the characteristics of older persons who indicated that loneliness is experienced as something positive?

## 7. Outline of the PhD dissertation

This dissertation is divided into seven chapters. **Chapter 1** is introductory. **Chapter 2** gives a current reflection on the book and thoughts of the existentialist Leopold Flam, “De eenzaamheid” of 1979.

**Chapter 3** investigates experiences of adverse and positive recent life events. This study explores how lonely older adults experience these recent events and focuses on the experienced impact of these adverse and positive life events on their well-being and loneliness feelings. The analyses of the study focus on interviews with 53 lonely older adults. The study aims to contribute to an in-depth understanding of life events experienced in later life, given their potential role as balancing factors in the well-being of lonely older adults, as well as provide some implications for practice and policy.

**Chapter 4** gives voice to older adults experiencing loneliness and applies a life course perspective, drawing further on the role of the discrepancy theory by adding a life course perspective. This chapter explores the role of precipitating events and coping strategies throughout the life course, and their impact on old-age loneliness. A narrative analysis of the life stories of 20 lonely older adults is performed in order to gain insights into the role of precipitating events and coping strategies during the life course on old-age loneliness.

**Chapter 5** investigates the moderation and mediation effects of social and emotional loneliness on the occurrence of negative old-age life events and subjective well-being in later life. Moderation and mediation analyses were performed using the regression-based approach as conducted by Hayes and Rockwood (2017) among 770 community-dwelling older adults in Flanders (Belgium), aged 60 and older. It provides insights into the importance of emotionally and socially satisfying social contacts in order to maintain positive subjective well-being in later life when negative life events may occur.

**Chapter 6** explores the experienced positive aspects of loneliness among older adults. Given that earlier research perspectives tend to focus on a negative approach, and less is known about the positive aspects of loneliness, this study focuses on a strengths-oriented approach to loneliness. By analysing the survey of the BBC loneliness experiment (N= 5263) with a focus on older adults, this study provides insights into the characteristics of older persons who indicated experiencing loneliness as something positive.

This doctoral dissertation concludes with a general discussion in **Chapter 7**, reflecting on the research aims specified in Chapter 2. Based on the key findings in the studies, suggestions for policy and practice are also formulated. Lastly, we give a critical appraisal of the limitations of this dissertation as well as recommendations for future research.

Table 1 provides an overview of the studies included in this dissertation. These studies are developed as stand-alone articles, which may cause some overlapping between chapters.

Table 1. Overview of research articles included in this PhD dissertation

	Type of study	Population	Origin of the data	Publication status
Chapter 2. "DE EENZAAMHEID" vanuit een hedendaags perspectief	Philosophical reflection	--	"De eenzaamheid" by Leopold Flam (1979)	Published as a chapter in <i>Ecce Philosophus – Leven en werk van Leopold Flam</i>
Chapter 3. Exploring adverse and positive old-age life events: a qualitative study among lonely older adults	Qualitative study	Community-dwelling lonely older adults (N=53), aged 60 and older	D-SCOPE project	Accepted: Ageing International
Chapter 4. Life stories from lonely older adults: the role of precipitating events and coping strategies throughout the life course	Qualitative study	Lonely older adults (N=20), aged 60 and older	Life story interviews	Under review, Ageing & Society
Chapter 5. Negative old-age life events and well-being in later life: The moderating and mediating role of loneliness	Cross-sectional study	Older adults at risk for frailty (N=770), aged 60 and older	D-SCOPE project	Published: February 2021, International Psychogeriatrics
Chapter 6. Exploring the characteristics of older British people experiencing loneliness as positive within the BBC loneliness experiment	Cross-sectional study	Older adults (N= 5263), aged 60 and older	BBC Loneliness Experiment	Under review, Aging & Mental Health

## 8. Description of data used for the PhD dissertation

This dissertation uses different methodologies and different data, by including both quantitative and qualitative research methods. The complexity of the research questions demanded that both quantitative and qualitative data be collected in order to answer the research questions adequately. Chapter 3 used qualitative data from the D-SCOPE project (Dury et al., 2018). Chapter 5 used quantitative data from the D-SCOPE project (Lambotte et al., 2018). Chapter 4 used qualitative data by collecting 20 life stories of older adults with loneliness. Chapter 6 analysed data of the BBC Loneliness experiment. Although all projects are described within the relevant chapters of this dissertation, a brief description is given below for the D-SCOPE project, life story interviews and the BBC Loneliness experiment.

### 8.1. The D-SCOPE research project

The Detection, Support and Care for Older people: Prevention and Empowerment (D-SCOPE) project (2015-2018) was an international multidisciplinary research project assembling researchers from several disciplines (e.g. educational sciences, psychology, medical sciences, gerontology) from Vrije Universiteit Brussel, Universiteit Antwerpen, Katholieke Universiteit Leuven, Hogeschool Gent and Universiteit Maastricht. The D-SCOPE project aimed to conduct strategies for proactive detection and prevention of community-dwelling older adults at risk for frailty, in order to guide them towards appropriate support and care.

Chapter 3 focuses on the **original qualitative data collection within the D-SCOPE project**, which comprised 121 in-depth interviews with community-dwelling older adults at risk for multidimensional frailty. The semi-structured interviews were conducted in Flanders and in Brussels in 2016. These interviews took place at the participants' homes. The aim of the qualitative study was to collect information on participants' experienced level of frailty, mastery, care and support, quality of life, and experiences with old-age life events. Older participants were included in the study based on the following risk profiles for multidimensional frailty: gender, educational level, age, marital status, household income, relocation in the last 10 years, and country of birth (Dury et al., 2017). From the total sample of 121 interviews, Chapter 3 focused on 53 individual interviews with community-dwelling older adults who had feelings of loneliness (aged 60 and older) in Flanders and Brussels. The six-item De Jong Gierveld Loneliness Scale was used to assess loneliness (De Jong Gierveld, & Van Tilburg, 2006). Participants were scored on this scale from 0 to 6, where those who scored between 0 and 1 were categorized as 'not lonely' and were therefore not included in this study.

**Quantitative data** for Chapter 5 was derived **from the longitudinal D-SCOPE frailty study**, which was conducted in three Flemish municipalities: Knokke-Heist, Ghent and Tienen (see Lambotte et al. (2018) for a full description). The two-wave interview survey was administered in 2017 and 2018 to randomly selected participants from the census records in each municipality. The inclusion criteria were designed to target frail older persons living self-reliantly at home, through risk profiles based on age, gender, marital status, migration background, and having moved in the past 10 years (Dury et al., 2017). At baseline, 869 people with a frailty risk profile responded. Chapter 5 of this dissertation focuses on these quantitative data. Cases with missing responses to the main measures (e.g. emotional and social loneliness, life events, well-being) were excluded, leading to a final sample size of N= 770.

## 8.2. Life story interviews

The data used in the study of chapter 4 are the life stories of 20 lonely older persons living in Flanders. Data were collected between November 2019 and March 2020. **The McAdams life-story interview** is a valuable method for studying the life courses of older people (for more information, see Switsers et al. 2021). These interviews were focused on an adapted version of the life story interview guidelines of McAdams (2008). Respondents were recruited by professionals working daily with older adults, like physiotherapists, general practitioners and social workers from municipalities across Flanders, who talked to potential respondents about the study and the search for respondents. Respondents had to identify themselves as lonely and be willing to talk about their life stories and feelings of loneliness. The contact information of older adults who were interested in participating and giving consent was forwarded by these professionals to the researchers. During the intake, the de Jong Gierveld 6-item loneliness scale (de Jong Gierveld, & van Tilburg, 2006) was administered and respondents needed to obtain a score of 2 or higher, which might indicate being lonely. Because of the wealth of information, the complexity of the life stories and the sensitivity of the topic, follow-up interviews were organised aimed at asking additional clarifying questions (Birt et al., 2016; Harvey, 2015). Eight older adults participated in those member-check interviews to check the content and interpret meanings from their prior interviews. These member-check interviews were prepared at the individual level. Based on the analysis of the first interview (Harvey, 2015), additional clarification questions were prepared and a timeline was added, visualising the most important events that influenced respondents' loneliness throughout their life course. Respondents were asked if they wanted to add or modify anything. These interviews took place within two to three months of the first interview and lasted between 35 and 75 minutes.

### 8.3. BBC Loneliness Experiment

The last study in this doctoral dissertation, chapter 6, uses the data from the **BBC Loneliness Experiment**. Participants took part in an online worldwide survey, conducted by Prof. Pamela Qualter (University of Manchester), Prof. Christina Victor (Brunel University London), Prof. Manuela Barreto (University of Exeter) and Claudia Hammond (British Broadcasting Corporation, BBC), and funded by the Wellcome Trust. **The (online) survey** was launched on BBC Radio 4 and BBC World Service, and covered elsewhere on radio, TV and social media, disseminating the opportunity to complete the survey more widely. Data was collected between February and May 2018. The online survey took approximately 45 minutes to complete. Persons who participated did so on a voluntary basis. First, participants were given information about the study. Ethical approval for this study was obtained from the University of Manchester (Reference No.: 2017-2710-4594) and the study was judged to present no risks. This is a large dataset of the general population: the survey was completed by a total of 54,988 persons aged 16-99, living in 237 countries, mostly the United Kingdom. The survey provided a unique opportunity to examine experiences of loneliness. Data collection took place between February and May 2018. Those who agreed to participate answered a series of questions about their social lives, their experiences and attitudes towards friendship and community, and their experiences of loneliness, only a small part of which is the focus of this article. Chapter 6 reports data from a subset of 5263 participants aged 60 and older who lived in the UK at the time the study was conducted, and who provided data on the variables of interest. Because we expect that cultural differences concerning the meaning and value of aspects like time alone or loneliness feelings might have an impact on the experience of loneliness as positive, we decided to only include older persons living in UK (England, Great Britain, Wales, Scotland and Northern Ireland), as this cohort also constituted the majority of participants who completed the BBC loneliness experiment – the survey.

## 9. References

- Aartsen, M., & Jylhä, M. (2011). Onset of loneliness in older adults: Results of a 28 year prospective study. *European Journal of Ageing*, 8(1), 31-38.
- Alwin, D. F. (2012). Integrating Varieties of Life Course Concepts. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 67B(2), 206-220.
- Ayalon, L., Shiovitz-Ezra, S., & Roziner, I. (2016). A cross-lagged model of the reciprocal associations of loneliness and memory functioning. *Psychology and Aging*, 31(3), 255-261.  
<https://doi.org/10.1037/pag0000075>
- Barbosa Neves, B., Sanders, A., & Kokanović, R. (2019). "It's the worst bloody feeling in the world": Experiences of loneliness and social isolation among older people living in care homes. *Journal of Aging Studies*, 49, 74-84.  
<https://doi.org/10.1016/j.jaging.2019.10.0785>
- Barreto, M., Victor, C., Hammond, C., Eccles, A., Richins, M. T., & Qualter, P. (2021). Loneliness around the world: Age, gender, and cultural differences in loneliness. *Personality and Individual Differences*, 169, 110066.  
<https://doi.org/10.1016/j.paid.2020.110066>
- Billari, F. C. (2009). The life course is coming of age. *Advances in Life Course Research*, 14(3), 83-86.  
<https://doi.org/10.1016/j.alcr.2009.10.001>
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016) Member Checking: A Tool to Enhance Trustworthiness or Merely a Nod to Validation? *Qualitative Health Research*, 26, 1802-1811.  
<https://doi.org/10.1177/1049732316654870>
- Bolmsjö, I., Tengland, P.-A., & Rämgård, M. (2019). Existential loneliness: An attempt at an analysis of the concept and the phenomenon. *Nursing Ethics*, 26(5), 1310-1325.
- Bronfenbrenner, U. (1995). Developmental ecology through space and time: A future perspective. In P. Moen, G. H. Elder, Jr., & K. Lüscher (Eds.), *Examining lives in context: Perspectives on the ecology of human development* (p. 619-647). American Psychological Association.  
<https://doi.org/10.1037/10176-018>
- Burholt, V., & Scharf, T. (2014). Poor health and loneliness in later life: The role of depressive symptoms, social resources, and rural environments. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 69(2), 311-324.  
<https://doi.org/10.1093/geronb/gbt121>
- Burholt, V., Windle, G., Morgan, D. J., & CFAS Wales team. (2017). A Social Model of Loneliness: The Roles of Disability, Social Resources, and Cognitive Impairment. *The Gerontologist*, 57(6), 1020-1030.  
<https://doi.org/10.1093/geront/gnw125>
- Burholt, V., Winter, B., Aartsen, M., Constantinou, C., Dahlberg, L., Feliciano, V., De Jong Gierveld, J., Van Regenmortel, S., Waldegrave, C., & The Working Group on Exclusion from Social Relations, part of the C. R. N. 'Reducing O.-A. E. C. in R. and P. (ROSENet). (2020). A critical review and

- development of a conceptual model of exclusion from social relations for older people. *European Journal of Ageing*, 17(1), 3-19.
- Bytheway, B. (2011). *Unmasking age: The significance of age for social research* (1st ed.). Bristol University Press. <https://doi.org/10.2307/j.ctt9qgkqj>
- Cacioppo, J. T., Cacioppo, S., & Boomsma, D. I. (2014). Evolutionary mechanisms for loneliness. *Cognition & Emotion*, 28(1), 3-21. <https://doi.org/10.1080/02699931.2013.837379>
- Cacioppo, S., Grippo, A. J., London, S., Goossens, L., & Cacioppo, J. T. (2015). Loneliness: Clinical import and interventions. *Perspectives on Psychological Science: A Journal of the Association for Psychological Science*, 10(2), 238-249.
- Cohen-Mansfield, J., Hazan, H., Lerman, Y., & Shalom, V. (2016). Correlates and predictors of loneliness in older-adults: A review of quantitative results informed by qualitative insights. *International Psychogeriatrics*, 28(4), 557-576. <https://doi.org/10.1017/S1041610215001532>
- 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. <https://doi.org/10.1111/hsc.12311>
- Dahlberg, L., Andersson, L., McKee, K. J., & Lennartsson, C. (2015). Predictors of loneliness among older women and men in Sweden: A national longitudinal study. *Aging & Mental Health*, 19(5), 409-417. <https://doi.org/10.1080/13607863.2014.944091>
- Dahlberg, L., McKee, K. J., Frank, A., & Naseer, M. (2021). A systematic review of longitudinal risk factors for loneliness in older adults. *Aging & Mental Health*, 1-25. <https://doi.org/10.1080/13607863.2021.1876638>
- Dannefer, D. (2003). Cumulative Advantage/Disadvantage and the Life Course: Cross-Fertilizing Age and Social Science Theory. *The Journals of Gerontology: Series B*, 58(6), S327-S337. <https://doi.org/10.1093/geronb/58.6.S327>
- Dannefer, D. (2020). Systemic and Reflexive: Foundations of Cumulative Dis/Advantage and Life-Course Processes. *The Journals of Gerontology: Series B*, 75(6), 1249-1263. <https://doi.org/10.1093/geronb/gby118>
- Dannefer, D., & Settersten, R. A., Jr. (2010). The Study of the Life Course: Implications for Social Gerontology. In *The SAGE Handbook of Social Gerontology* (pp. 4-20). SAGE Publications Ltd. <https://doi.org/10.4135/9781446200933>
- Davies, K., Maharani, A., Chandola, T., Todd, C., & Pendleton, N. (2021). The longitudinal relationship between loneliness, social isolation, and frailty in older adults in England: A prospective analysis. *The Lancet Healthy Longevity*, 2(2), e70-e77. [https://doi.org/10.1016/S2666-7568\(20\)30038-6](https://doi.org/10.1016/S2666-7568(20)30038-6)
- 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. <https://doi.org/10.1111/jpm.12339>
- De Jong Gierveld, J., & Van Tilburg, T. (2010). The De Jong Gierveld short scales for

- emotional and social loneliness: Tested on data from 7 countries in the UN generations and gender surveys. *European Journal of Ageing*, 7(2), 121-130. <https://doi.org/10.1007/s10433-010-0144-6>
- Deckx, L., Akker, M.V.D., Buntinx, F., & Driël, M.V. (2018) A systematic literature review on the association between loneliness and coping strategies. *Psychology, Health & Medicine*, 23, 899-916.
- DiTommaso, E., & Spinner, B. (1993). The development and initial validation of the Social and Emotional Loneliness Scale for Adults (SELSA). *Personality and Individual Differences*, 14(1), 127-134. [https://doi.org/10.1016/0191-8869\(93\)90182-3](https://doi.org/10.1016/0191-8869(93)90182-3)
- DiTommaso, E., & Spinner, B. (1997). Social and emotional loneliness: A re-examination of weiss' typology of loneliness. *Personality and Individual Differences*, 22(3), 417-427.
- DiTommaso, E., Fizell, S. R., & Robinson, B. A. (2015). Chronic loneliness within an attachment framework: Processes and interventions. In A. Sha'ked & A. Rokach (Eds.), *Addressing loneliness: Coping, prevention and clinical interventions* (pp. 241-253). Routledge/Taylor & Francis Group.
- Dury, S., Dierckx, E., van der Vorst, A., Van der Elst, M., Fret, B., Duppen, D., Hoeyberghs, L., De Roeck, E., Lambotte, D., Smetcoren, A.-S., Schols, J., Kempen, G., Zijlstra, G. A. R., De Lepeleire, J., Schoenmakers, B., Verté, D., De Witte, N., Kardol, T., De Deyn, P. P., ... De Donder, L. (2018). Detecting frail, older adults and identifying their strengths: Results of a mixed-methods study. *BMC Public Health*, 18, 191. <https://doi.org/10.1186/s12889-018-5088-3>
- Dury, S., Roeck, E. D., Duppen, D., Fret, B., Hoeyberghs, L., Lambotte, D., Elst, M. V. der, Vorst, A. van der, Schols, J., Kempen, G., Zijlstra, G. A. R., Lepeleire, J. D., Schoenmakers, B., Kardol, T., Witte, N. D., Verté, D., Donder, L. D., Deyn, P. P. D., Engelborghs, S., ... Dierckx, E. (2017). Identifying frailty risk profiles of home-dwelling older people: Focus on sociodemographic and socioeconomic characteristics. *Ageing & Mental Health*, 21(10), 1031-1039.
- 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.
- Ejlskov, L., Bøggild, H., Kuh, D., & Stafford, M. (2020). Social relationship adversities throughout the lifecourse and risk of loneliness in later life. *Ageing & Society*, 40(8), 1718-1734.
- Elder GH and George LK (2016) Age, cohorts, and the life course. In Shanahan MJ, Mortimer JT and Kirkpatrick Johnson M (eds), *Handbook of the Life Course* (Handbooks of Sociology and Social Research). Cham, Switzerland: Springer, pp. 59-85.
- Elder, G. H. (1994). Time, Human Agency, and Social Change: Perspectives on the Life Course. *Social Psychology Quarterly*, 57(1), 4-15.
- Erikson, E.H. (1963). *Childhood and society*, 2nd edition. New York: W.W. Norton.
- Esteban Ortiz-Ospina and Max Roser (2020) - "Loneliness and Social Connections". Published online at OurWorldInData.org.

- Retrieved from: 'https://ourworldindata.org/social-connections-and-loneliness'
- Eurostat. (2021). Population on 1 January by age and sex. Retrieved on 6 June 2021, from [https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=demo\\_pjan&lang=en](https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=demo_pjan&lang=en)
- Fierloos, I. N., Tan, S. S., Williams, G., Alhambra-Borrás, T., Koppelaar, E., Bilajac, L., Verma, A., Markaki, A., Mattace-Raso, F., Vasiljev, V., Franse, C. B., & Raat, H. (2021). Socio-demographic characteristics associated with emotional and social loneliness among older adults. *BMC Geriatrics*, 21(1), 114.
- Fokkema, T., De Jong Gierveld, J., & Dykstra, P. A. (2012). Cross-national differences in older adult loneliness. *The Journal of Psychology*, 146(1-2), 201-228.
- Fredriksen-Goldsen, K. I., Bryan, A. E., Jen, S., Goldsen, J., Kim, H. J., & Muraco, A. (2017). The Unfolding of LGBT Lives: Key Events Associated With Health and Well-being in Later Life. *The Gerontologist*, 57(suppl 1), S15-S29.
- Fried, L., Prohaska, T., Burholt, V., Burns, A., Golden, J., Hawkey, L., Lawlor, B., Leavey, G., Lubben, J., O'Sullivan, R., Perissinotto, C., van Tilburg, T., Tully, M., & Victor, C. (2020). A unified approach to loneliness. *Lancet*, 395(10218), 114-114.
- Gierveld, J. de J. (1998). A review of loneliness: Concept and definitions, determinants and consequences. *Reviews in Clinical Gerontology*, 8(1), 73-80. <https://doi.org/10.1017/S0959259898008090>
- Gierveld, J. de J., Van Tilburg, T. G., & Dykstra, P. A. (2018). New ways of theorizing and conducting research in the field of loneliness and social isolation. In *The Cambridge handbook of personal relationships*, 2nd ed (pp. 391-404). Cambridge University Press.
- Gilleard, C., & Higgs, P. (2016). Connecting Life Span Development with the Sociology of the Life Course: A New Direction. *Sociology*, 50(2), 301-315.
- Haase, C. M., Heckhausen, J., & Wrosch, C. (2013). Developmental regulation across the life span: Toward a new synthesis. *Developmental Psychology*, 49(5), 964-972. <https://doi.org/10.1037/a0029231>
- Harvey, L. (2015) Beyond member-checking: A dialogic approach to the research interview. *International Journal of Research & Method in Education* 38, 23-38.
- Heckhausen, J., Wrosch, C., & Schulz, R. (2010). A motivational theory of life-span development. *Psychological Review*, 117(1), 32-60.
- Hensley, B., Martin, P., Margrett, J. A., MacDonald, M., Siegler, I. C., Poon, L. W., Jazwinski, S. M., Green, R. C., Gearing, M., Woodard, J. L., Johnson, M. A., Tenover, J. S., Rodgers, W. L., Hausman, D. B., Rott, C., Davey, A., & Arnold, J. (2012). Life events and personality predicting loneliness among centenarians: Findings from the Georgia Centenarian Study. *The Journal of Psychology*, 146(1-2), 173-188. [doi.org/10.1080/00223980.2011.613874](https://doi.org/10.1080/00223980.2011.613874)
- Holwerda, T. J., Beekman, A. T. F., Deeg, D. J. H., Stek, M. L., van Tilburg, T. G., Visser, P. J., Schmand, B., Jonker, C., & Schoevers, R. A. (2012). Increased risk of mortality associated with social isolation in older men: Only when feeling lonely? Results from the Amsterdam Study of the Elderly (AMSTEL). *Psychological Medicine*, 42(4), 843-853.

- doi.org/10.1017/S0033291711001772
- Karlsson M, Friberg F, Wallengren C, et al. (2014). Meanings of existential uncertainty and certainty for people diagnosed with cancer and receiving palliative treatment: a life-world phenomenological study. *BMC Palliat Care* 2014; 13: 28.
- Karnick, P. (2005). Feeling lonely: theoretical perspectives. *Nursing Science Quarterly*, 18(1), 712.
- Kearns, A., Whitley, E., Tannahill, C., & Ellaway, A. (2015). Loneliness, Social Relations and Health and Wellbeing in Deprived Communities. *Psychology, health & medicine*, 20(3), 332-344. doi.org/10.1080/13548506.2014.940354
- Kendig, H., Loh, V., O'Loughlin, K., Byles, J., & Nazroo, J.Y. (2015). Pathways to Well-being in later life: Socioeconomic and Health Determinants Across the Life Course of Australian Baby Boomers. *Journal of Population Ageing*, 1-19.
- Kharicha, K., Manthorpe, J., Iliffe, S., Davies, N., & Walters, K. (2018). Strategies employed by older people to manage loneliness: Systematic review of qualitative studies and model development. *International Psychogeriatrics*, 30(12), 1767-1781. https://doi.org/10.1017/S1041610218000339
- Kojima, G., Liljas, A. E. M., & Iliffe, S. (2019). Frailty syndrome: Implications and challenges for health care policy. *Risk Management and Healthcare Policy*, 12, 23-30. https://doi.org/10.2147/RMHP.S168750
- Kok, A. a. L., Aartsen, M. J., Deeg, D. J. H., & Huisman, M. (2017). The effects of life events and socioeconomic position in childhood and adulthood on successful aging. *Journals of Gerontology. Series B: Psychological Sciences and Social Sciences*, 72(2), 268-278.
- Kuh, D., Ben-Shlomo, Y., Lynch, J., Hallqvist, J., & Power, C. (2003). Life course epidemiology. *Journal of Epidemiology and Community Health*, 57(10), 778-783. https://doi.org/10.1136/jech.57.10.778
- Lambotte, D., De Donder, L., De Roeck, E. E., Hoeyberghs, L. J., van der Vorst, A., Duppen, D., et al. (2018). Randomized controlled trial to evaluate a prevention program for frail community-dwelling older adults: a D-SCOPE protocol. *BMC Geriatrics*, 18, 194. doi: 10.1186/s12877-018-0875-3
- Lasgaard, M., Friis, K., & Shevlin, M. (2016). "Where are all the lonely people?" A population-based study of high-risk groups across the life span. *Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services*, 51(10), 1373-1384.
- Li, L. Z., & Wang, S. (2020). Prevalence and predictors of general psychiatric disorders and loneliness during COVID-19 in the United Kingdom. *Psychiatry Research*, 291, 113267.
- Luhmann, M., & Hawkey, L. C. (2016). Age differences in loneliness from late adolescence to oldest old age. *Developmental Psychology*, 52(6), 943-959. https://doi.org/10.1037/dev0000117
- Luo, Y., Hawkey, L. C., Waite, L. J., & Cacioppo, J. T. (2012). Loneliness, health, and mortality in old age: A national longitudinal study. *Social Science & Medicine* (1982), 74(6), 907-914. https://doi.org/10.1016/j.socscimed.2011.11.028

- Maes, M., Klimstra, T., Van den Noortgate, W., & Goossens, L. (2015). Factor Structure and Measurement Invariance of a Multidimensional Loneliness Scale: Comparisons Across Gender and Age. *Journal of Child and Family Studies*, 24(6), 1829-1837.
- Maes, M., Qualter, P., Vanhalst, J., Noortgate, W. V. den, & Goossens, L. (2019). Gender Differences in Loneliness Across the Lifespan: A Meta-Analysis. *European Journal of Personality*, 33(6), 642-654. <https://doi.org/10.1002/per.2220>
- McAdams, D. P. (2008). The life story interview. The Foley Center for the Study of Lives. Evanston, IL: Northwestern University Retrieved from <https://www.sesp.northwestern.edu/foley/instruments/interview/>
- Merz, E.-M., & De Jong Gierveld, J. (2016). Childhood memories, family ties, sibling support and loneliness in ever-widowed older adults: Quantitative and qualitative results. *Ageing & Society*, 36(3), 534-561. <https://doi.org/10.1017/S0144686X14001329>
- Mijuskovic, B. L. (1979). *Loneliness in philosophy, psychology, and literature*. Assen, The Netherlands: Van Gorcum.
- Moos, R.H., Brennan, P.L., Schutte, K.K., & Moos, B.S. (2006). Older adults' coping with negative life events: common processes of managing health, interpersonal, and financial/word stressors. *International journal of aging & human development*, 62(1), 39-59.
- Morgan D.J. (2015) The transient nature of loneliness and social isolation in later life: a longitudinal cohort study. Dissertation, Swansea University.
- Moustakas, C. E. (1961). *Loneliness*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
- Newall, N. E. G., & Menec, V. H. (2019). Loneliness and social isolation of older adults: Why it is important to examine these social aspects together. *Journal of Social and Personal Relationships*, 36(3), 925-939.
- Newall, N. E. G., Chipperfield, J. G., & Bailis, D. S. (2013). Predicting stability and change in loneliness in later life. *Journal of Social and Personal Relationships*. Advance online publication.
- Nicolaisen, M., & Thorsen, K. (2014). Who are lonely? Loneliness in different age groups (18-81 years old), using two measures of loneliness. *International Journal of Aging & Human Development*, 78(3), 229-257. <https://doi.org/10.2190/AG.78.3.b>
- O'Rand, A. M., & Krecker, M. L. (1990). Concepts of the Life Cycle: Their History, Meanings, and Uses in the Social Sciences. *Annual Review of Sociology*, 16(1), 241-262. <https://doi.org/10.1146/annurev.so.16.080190.001325>
- Ortiz-Ospina, E., & Roser, M. (2020). Loneliness and Social Connections. Our World in Data. Accessed Online 6.4.20 <https://ourworldindata.org/social-connections-andloneliness#the-importance-of-personal-relations-for-economic-outcomes>
- Ost-Mor, S., Palgi, Y. and Segel-Karpas, D. (2020). The definition and categories of positive solitude: Older and younger adults' perspectives on spending time by themselves. *International Journal of Aging and Human Development*, 1-20. <https://doi.org/10.1177/0991415020957379>
- Park, C., Majeed, A., Gill, H., Tamura, J., Ho, R. C., Mansur, R. B., Nasri, F., Lee, Y., Rosenblat,

- J. D., Wong, E., & McIntyre, R. S. (2020). The Effect of Loneliness on Distinct Health Outcomes: A Comprehensive Review and Meta-Analysis. *Psychiatry Research*, 294, 113514. <https://doi.org/10.1016/j.psychres.2020.113514>
- Patel, R. S., Wardle, K., & Parikh, R. J. (2019). Loneliness: The present and the future. *Age and Ageing*, 48(4), 476-477. <https://doi.org/10.1093/ageing/afz026>
- Perissinotto, C. M., Cenzer, I. S., & Covinsky, K. E. (2012). Loneliness in Older Persons: A predictor of functional decline and death. *Archives of internal medicine*, 172(14), 1078-1083. <https://doi.org/10.1001/archinternmed.2012.1993>
- Perlman, D. & Peplau, L. A. (1981). Toward a social psychology of loneliness in R. Duk & R. Gilmour (Eds.), *Personal Relationships in Disorder*, London: Academic Press.
- Prohaska, T., Burholt, V., Burns, A., Golden, J., Hawkey, L., Lawlor, B., Leavey, G., Lubben, J., O'Sullivan, R., Perissinotto, C., van Tilburg, T., Tully, M., Victor, C., & Fried, L. (2020). Consensus statement: Loneliness in older adults, the 21st century social determinant of health? *BMJ Open*, 10(8), e034967. <https://doi.org/10.1136/bmjopen-2019-034967>
- Qualter, P., Vanhalst, J., Harris, R., Van Roekel, E., Lodder, G., Bangee, M., Maes, M., & Verhagen, M. (2015). Loneliness Across the Life Span. *Perspectives on Psychological Science*, 10(2), 250-264. <https://doi.org/10.1177/1745691615568999>
- Scharf, T., & de Jong Gierveld, J. (2008). Loneliness in urban neighbourhoods: An Anglo-Dutch comparison. *European Journal of Ageing*, 5(2), 103. <https://doi.org/10.1007/s10433-008-0080-x>
- Scharf, T., Phillipson, C., & Smith, A. E. (2005). Social exclusion of older people in deprived urban communities of England. *European Journal of Ageing*, 2(2), 76-87. <https://doi.org/10.1007/s10433-005-0025-6>
- Schinka, K. C., VanDulmen, M. H. M., Bossarte, R., & Swahn, M. (2012). Association Between Loneliness and Suicidality During Middle Childhood and Adolescence: Longitudinal Effects and the Role of Demographic Characteristics. *The Journal of Psychology*, 146(1-2), 105-118. <https://doi.org/10.1080/00223980.2011.584084>
- Schoenmakers, E. C., van Tilburg, T. G., & Fokkema, T. (2015). Problem-focused and emotion-focused coping options and loneliness: How are they related? *European Journal of Ageing*, 12(2), 153-161. <https://doi.org/10.1007/s10433-015-0336-1>
- Segel-Karpas, D., Ayalon, L., & Lachman, M. E. (2018). Loneliness and depressive symptoms: The moderating role of the transition into retirement. *Ageing & Mental Health*, 22(1), 135-140. <https://doi.org/10.1080/13607863.2016.1226770>
- Shiovitz-Ezra, S., & Ayalon, L. (2010). Situational versus chronic loneliness as risk factors for all-cause mortality. *International Psychogeriatrics*, 22(3), 455-462.
- Silverstein, M., & Giarrusso, R. (2011). Aging individuals, families, and societies: Micro-meso-macro linkages in the life course. In R. A. Settersten, Jr. & J. L. Angel (Eds.),

- Handbook of sociology of aging (pp. 35-49). New York: Springer.
- Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. *Psychological Bulletin*, 129(2), 216-269. <https://doi.org/10.1037/0033-2909.129.2.216>
- Spiro, A., Settersten, R. A., & Aldwin, C. M. (2016). Long-term Outcomes of Military Service in Aging and the Life Course: A Positive Re-envisioning. *The Gerontologist*, 56(1), 5-13. <https://doi.org/10.1093/geront/gnv093>
- Statbel. (2021). Bevolking naar geslacht en leeftijdsgroep - België 2021
- Steptoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences*, 110(15), 5797-5801.
- Switsers, L., Stegen, H., Van Regenmortel, S., & De Donder, L. (2021). Onderzoek naar de levensloop van ouderen: ervaringen met het McAdams-levensverhaalinterview. *KWALON* 26.1, 53-63. DOI: 10.5117/KWA2021.1.006.SWIT
- Taylor, M. G. (2010). Capturing Transitions and Trajectories: The Role of Socioeconomic Status in Later Life Disability. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 65B(6), 733-743. <https://doi.org/10.1093/geronb/gbq018>
- Tiilikainen, E., & Seppänen, M. (2017). Lost and unfulfilled relationships behind emotional loneliness in old age. *Ageing & Society*, 37(5), 1068-1088.
- Umberson, D., Williams, K., Thomas, P. A., Liu, H., & Thomeer, M. B. (2014). Race, Gender, and Chains of Disadvantage: Childhood Adversity, Social Relationships, and Health. *Journal of health and social behavior*, 55(1), 20-38.
- United Nations. (2019). World population prospects 2019. Retrieved on 6 June 2021, from <https://population.un.org/wpp/Download/Standard/Population/>
- Van Regenmortel, S., De Donder, L., Dury, S., Smetcoren, A.-S., De Witte, N., & Verté, D. (2016). Social Exclusion in Later Life: A Systematic Review of the Literature. *Journal of Population Ageing*, 9(4), 315-344. <https://doi.org/10.1007/s12062-016-9145-3>
- van Staden, W. (CW), & Coetzee, K. (2010). Conceptual relations between loneliness and culture. *Current Opinion in Psychiatry*, 23(6), 524-529. <https://doi.org/10.1097/YCO.0b013e32833f2ff9>
- van Tilburg, T. G., Aartsen, M. J., & van der Pas, S. (2015). Loneliness after Divorce: A Cohort Comparison among Dutch Young-Old Adults. *European Sociological Review*, 31(3), 243-252. <https://doi.org/10.1093/esr/jcu086>
- van Wijngaarden, E., Leget, C., & Goossensen, A. (2015). Ready to give up on life: The lived experience of elderly people who feel life is completed and no longer worth living. *Social Science & Medicine* (1982), 138, 257-264. <https://doi.org/10.1016/j.socscimed.2015.05.015>
- Victor, C. R., & Yang, K. (2012). The prevalence of loneliness among adults: A case study of the United Kingdom. *The Journal of Psychology*, 146(1-2), 85-104.

- <https://doi.org/10.1080/00223980.2011.613875>
- Victor, C. R., Scambler, S. J., Bowling, A., & Bond, J. (2005). The prevalence of, and risk factors for, loneliness in later life: A survey of older people in Great Britain. *Ageing & Society*, 25(6), 357-375. <https://doi.org/10.1017/S0144686X04003332>
- Victor, C. R., Scambler, S., Bond, J. and Bowling, A. 2000. Being alone in later life: loneliness, isolation and living alone in later life. *Reviews in Clinical Gerontology*, 10, 407-17.
- Vozikaki, M., Papadaki, A., Linardakis, M., & Philalithis, A. (2018). Loneliness among older European adults: Results from the survey of health, ageing and retirement in Europe. *Journal of Public Health*, 26(6), 613-624. <https://doi.org/10.1007/s10389-018-0916-6>
- Walsh, K., Scharf, T., & Keating, N. (2017). Social exclusion of older persons: A scoping review and conceptual framework. *European Journal of Ageing*, 14(1), 81-98. <https://doi.org/10.1007/s10433-016-0398-8>
- Weiss, R. S. (1973). *Loneliness: The experience of emotional and social isolation*. The MIT Press.
- Yalom, I. D. (1980). *Existential psychotherapy*. Basic Books.
- Yang, F., & Gu, D. (2020). Predictors of loneliness incidence in Chinese older adults from a life course perspective: A national longitudinal study. *Aging & Mental Health*, 24(6), 879-888. <https://doi.org/10.1080/13607863.2018.1558174>
- Yanguas, J., Pinazo-Henandis, S., & Tarazona-Santabalbina, F. J. (2018). The complexity of loneliness. *Acta Bio-Medica: Atenei Parmensis*, 89(2), 302-314. <https://doi.org/10.23750/abm.v89i2.740>

# Chapter 2

---

“DE EENZAAMHEID” vanuit een hedendaags  
perspectief



## Chapter 2. “DE EENZAAMHEID” vanuit een hedendaags perspectief

### “DE EENZAAMHEID” door Leopold Flam

Wanneer Leopold Flam in 1979 DE EENZAAMHEID<sup>1</sup> publiceert, is hij 67. De aanzet van zijn boek begint hij met volgende stelling, die vandaag, meer dan 40 jaar later, nog steeds actueel is en misschien altijd zal blijven: *“Geen enkele cultuur zal en kan ooit een einde stellen aan de eenzaamheid.”*

Dat eenzaamheid een complex gegeven is, maakt Flam duidelijk aan de hand van de uiteenzetting van vele verschillende verschijningsvormen zoals bijvoorbeeld vreemdelingen, wezen, bastaards, etc. die volgens hem onlosmakelijk verbonden zijn met eenzaamheid of afzondering.

Zelden heb ik filosofisch werk grondig gelezen en bestudeerd maar het werk van Flam omtrent ‘eenzaamheid’ was zeer inspirerend en het zette mij vooral aan tot nadenken. Als doctoraatsstudent Agogische Wetenschappen ben ik bijna dagelijks met het thema ‘eenzaamheid bij ouderen’ bezig. Hierdoor durf ik stellen dat zijn denken en schrijven over dit thema toen wel degelijk visionair was en op heden nog steeds verfrissend is. Mijn eigen kennis en inzichten zijn voornamelijk gebaseerd op empirische literatuur, het verzamelen van levensverhalen bij ouderen, het verzorgen van lezingen en gesprekken met experts omtrent het thema. Het lezen van De eenzaamheid van Leopold Flam stelde mij in staat om te reflecteren en linken te leggen tussen zijn werk uit 1979 en de hedendaagse stromingen binnen de academische literatuur.

Switsers, L., (2021) “DE EENZAAMHEID” vanuit een hedendaags perspectief. In De Mette, T., Elias, W., & Vanhee J.P. (Red.), *Ecce Philosophus – Leven en werk van Leopold Flam*. Brussels, ASP (Academic and Scientific Publishers).

## Leggen we onze aandacht soms niet verkeerd?

Leopold Flam gaf het in 1979 reeds aan met volgend voorbeeld: *“Vooral gedurende de grote gezellige feestdagen valt deze zogenaamde eenzaamheid op bij zieken, ouden, kinderen en over het algemeen bij de meeste mensen. Om hiertegen in te gaan raadt men aan een ‘eenzame’ uit te nodigen, men bezoekt zieken en gevangenen en men richt voor de ouden kerstfeesten in, zonder te bemerken dat men deze ‘eenzaamheid versterkt’, ...”* (uit: De eenzaamheid, p.60)

Bovenstaand cliché dat kwetsbare mensen vooral tijdens de feestdagen, Kerst- of winterperiodes eenzaamheid ervaren en ‘geholpen’ moeten worden, is vandaag nog steeds één van de gangbare ideeën omtrent eenzaamheid. Tegenwoordig groeit de bezorgdheid over het aantal eenzamen en de negatieve gevolgen<sup>2</sup>. In de praktijk en in de lokaliteit worden daarom regelmatig verschillende soorten interventies opgestart, bijvoorbeeld: huisbezoeken, stimuleren van ontmoetingen in de buurt of via activiteiten, burenhulp of buddy-werkingen; recent is er ook meer en meer aandacht voor het opstarten van meldpunten omtrent eenzaamheid. Meestal focussen deze interventies op het verhogen van het aantal contacten maar meer sociaal contact is niet altijd de oplossing<sup>3</sup>. Uit onderzoek blijkt immers dat psychologische problemen en eenzaamheid vaak samengaan<sup>4</sup>. Het in contact brengen met anderen is dan niet genoeg. Die groep kunnen vrijwilligers of verenigingen dan ook niet of moeilijk bereiken. Interventies die focussen op cognitieve gedragstherapie of psychologische therapie blijken hierdoor ook van belang<sup>5</sup>. Bovendien is het tot op heden niet duidelijk wat de effecten van zulke interventies zijn<sup>6</sup>. De bestaande onderzoeken tonen niet aan dat interventies eenzaamheidsgevoelens op termijn doen verminderen. Deze onderzoeken zijn wel beperkt in tijd: een meeting van een interventie neemt meestal ongeveer maximaal zes maanden in beslag. Het zou kunnen, hypothetisch, dat dit over het algemeen onvoldoende tijd is en dat onderzoeken mogelijks andere effecten zouden meten over bijvoorbeeld een periode van interventie(s) gedurende één jaar of langer. Sommige experts stellen dat er meer nood is aan langdurig onderzoek om de mogelijke effecten op langere termijn te bekijken. Zij pleiten dan ook voor de nodige financiële middelen om hier beter inzicht in te krijgen. Net zoals Flam in 1979 kan men zich vandaag nog steeds afvragen of de praktijk en de maatschappij soms de aandacht niet verkeerd leggen en hierdoor ‘eenzaamheid’ af en toe onbedoeld versterken?

## Het belang van communicatie

Het belang van communicatie, namelijk luisteren en aandacht hebben voor elkaar komt regelmatig in het boek van Flam aan bod: *“Elkeen is zonder rechtstreekse, maar in gemedieerde communicatie met de anderen.”* (uit: De eenzaamheid, p.7)

*“Het probleem van de eenzaamheid is de communicatie. Wanneer zij wegvalt of niet mogelijk is, dan verheft zich eerst de eenzaamheid.”* (uit: De eenzaamheid, p.183)

De voorbeelden die Flam vervolgens aanhaalt, zoals de communicatie in de klas (iedereen zit apart en de communicatie verloopt via de leerkracht), zijn nog steeds van toepassing. Gemedieerde communicatie ziet er vandaag de dag echter anders uit dan 40 jaar geleden. Tegenwoordig is onze voedingsbodem voor informatie en communicatie zeer groot, dagdagelijks komen wij bijna continu in aanraking met onrechtstreekse of gemedieerde communicatie. Door de komst van de digitale technologie spreken we elkaar nog meer dan vroeger via gemedieerde communicatie, via mail, Whatsapp, quotes op Twitter met maximaal 280 tekens of via andere sociale media. Flam kon zich deze evolutie toen niet voorstellen en had dit hoogstwaarschijnlijk niet authentiek gevonden. Het trekken van conclusies over de impact van de digitale wereld op eenzaamheidsgevoelens is vandaag moeilijk<sup>7</sup>. Dit omwille van tegenstrijdige bevindingen en veelal cross-sectionele studies die literatuur domineren, waardoor de oorzaak moeilijk vast te stellen is. De voorbije jaren gaat er ook veel aandacht naar het inzetten van digitale technologie om eenzaamheid te verhelpen. Vandaag wordt geëxperimenteerd met allerlei projecten. Het feit dat we met zijn allen snel in verbinding staan met elkaar via deze digitale wereld kan immers voor sommigen van belang zijn om eenzaamheid tegen te gaan of te verminderen<sup>8</sup>.

In zijn boek vertelt Flam ook over de gezelligheid versus de ongezelligheden. Waarbij hij met gezelligheid bedoelt: *“Gezelligheid of zich ‘op zijn gemak voelen’ in gezelschap van anderen, indien elkeen mee kan spreken.”* (uit: De eenzaamheid, p.13)

Ook hier verwijst hier Flam naar het belang van gehoord te worden, dat men kan mee praten: *“Iemand zit in gezelschap en het gesprek verloopt op zulke wijze dat hij niet kan deelnemen. Het wordt hem ‘unheimlich’ te moede. Wij beleven dit voortdurend. Talrijke gesprekken verlopen zonder ons, boven ons hoofd, terwijl wij er zijn, want men spreekt uit onder neem en voor ons, over ons heen.”* (uit: De eenzaamheid, p.14)

Dergelijke verhalen hoor ik af en toe ook terugkomen in de levensverhalen die ik afnam met ouderen. Zo vertelde een gescheiden vrouw, 85 jaar het volgende: *“Mijn zus komt mij iedere week halen, een keer per week, in het weekend, opdat ik eens buiten zou komen, om goed te doen, met het idee dat ik even niet eenzaam zou zijn. Maar, ja, ik zit daar dan bij h , ze (haar zus en schoonbroer) luisteren niet naar mij hoor. Ze zijn heel den tijd met hun twee bezig. Dan denk ik dikwijls: “wat zit ik hier eigenlijk te doen?” Het is niet dat dit dan helpt hoor...”*

Echt luisteren, niet over elkaar heen praten, is bijgevolg volgens Flam een belangrijk gegeven om zich niet eenzaam of afgezonderd te voelen. Ook onderzoek van Knaeps & Heylen<sup>9</sup> toont aan dat ‘babbelen’, een fijn of intiem gesprek met een professional bijvoorbeeld in de thuiszorg niet mag onderschat worden om eenzaamheid te verzachten. Misschien moeten we wat meer naar Flam luisteren en meer belang hechten aan die diepe, intieme en rechtstreekse communicatie? Terwijl de focus in de thuiszorg vandaag de dag meer en meer ligt op effici ntie vraagt dit net de nodige tijd en geduld. Vandaag is in de zorgsector echter nog steeds primair de focus gelegd op medische zorg en ondersteuning.

### **Eenzaamheid versus alleen-zijn**

Eenzaamheid als zijnde iets negatief wordt door Flam besproken als verlatenheid, gevoel van uitgesloten te worden, pijnlijke ervaringen van vernederingen en beledigingen. *“De eigenlijke mislukking van een mens is de afzondering, de verlatenheid en in zekere zin ook de eenzaamheid”* (uit: De eenzaamheid, p.31)

Ook de internationale literatuur en het onderzoek omtrent eenzaamheid focust voornamelijk op de negatieve effecten en ervaringen van eenzaamheidsgevoelens zoals bijvoorbeeld harten vaatziekten en mentale gezondheid<sup>10</sup>. Het is echter niet zo dat eenzaamheidsgevoelens automatisch zorgen voor een slechte kwaliteit van leven. Ouderen kunnen ondanks hun eenzaamheid toch een goede kwaliteit van leven, zingeving en/of autonomie ervaren. De sterktes en competenties van ouderen en hun omgeving kunnen balancerend werken voor de kwetsbaarheid of eenzaamheid die ze ondervinden<sup>11</sup>. Binnen het D-SCOPE project (Detection, support and care for older people: prevention and empowerment) waaraan ik het eerste jaar kon meewerken, noemen we dit de balancerende factoren.

In zijn boek schrijft Flam veelal moedeloos en met sombere gedachten over eenzaamheid en afzondering. Terwijl dit ook volgens hem niet enkel een negatief verhaal hoeft te zijn. Hij haalt aan dat eenzaamheid ook positief kan zijn. Deze vorm beschrijft hij als het alleen-zijn en hiermee tevreden zijn, een vrijwillige eenzaamheid, 'alleen met zichzelf kunnen zijn'. De afzondering kan immers volgens Flam ook een plek zijn waar zelf-zijn de regie heeft. Vandaag wordt binnen de literatuur hetzelfde onderscheid gemaakt, namelijk het verschil tussen eenzaamheid en sociaal isolement. Eenzaamheid wordt veelal gezien en ervaren als een negatieve beleving<sup>12</sup>; het verwijst naar het gemis in sociale relaties wat als pijnlijk en ongewenst aanvoelt, terwijl sociaal isolement een bewuste keuze kan zijn<sup>13</sup>. Sociaal isolement verwijst naar het objectief gegeven van een beperkt aantal contacten<sup>14</sup> en kan daardoor ook neutraal of zelfs positief ervaren worden, wat volgens mij verwijst naar de omschrijving van Flam omtrent alleen-zijn.

### **Niet enkel ouderen**

Daarnaast richt de maatschappij, wanneer het thema 'eenzaamheid' aan bod komt, zich voornamelijk tot de alleenstaande ouderen, zeker met het oog op interventies. Nochtans tonen verschillende onderzoeken waaronder het recente geluksonderzoek bij een representatieve steekproef van 1600 Belgen<sup>15</sup> aan dat het niet deze leeftijdsgroep is die zich het meest eenzaam voelt maar net de jongvolwassenen en de leeftijdscategorie 35 – 50 jaar. Flam maakte in zijn boek reeds duidelijk dat eenzaamheid iets van alle leeftijden is. Zo verwijst hij bijvoorbeeld naar kinderen als zijnde weeskinderen en de verweesdheid:

*"Alleen in de wereld' achtergelaten worden door een geliefde dode, dat is verraad van zijnentwege, want hij heeft ons in de steek gelaten. De weeskinderen hebben nu een moeilijk leven. Indien ze later een zware misdaad begaan, zal hun verdediger deze moeilijkheid als verzachtende omstandigheden aanhalen: op twee jaar de moeder verliezen, vader hertrouwt en overlijdt vijf jaar later, geplaatst in een bijzonder gesticht door de stiefmoeder die zelf hertrouwt. De verweesde mens is niet zomaar alleen en eenzaam, noch zomaar verlaten, hij werd in de steek gelaten, achter gelaten, verraden."* (uit: De eenzaamheid, p.65)

Impliciet vertelt Flam hier iets over de mogelijke langetermijneffecten van zulke negatieve ervaringen eerder in het leven, waar vandaag beperkt aandacht naartoe gaat binnen sociaal en psychologisch onderzoek. Mijn doctoraatsonderzoek wil hier kennis toe bijdragen door de focus te leggen op het belang van de gehele levensloop. Bijgevolg gaan wij de rol na van diverse levensgebeurtenissen omtrent eenzaamheidsgevoelens, onder andere aan de hand van levensverhalen. Het citaat heeft ook een link met wat Dannefer<sup>16</sup> omschrijft als de 'Cumulative Advantage/Disadvantage Theory'.

Dit is de systematische verklaring van hoe ongelijkheden zich doorheen de tijd ontwikkelen. Deze theorie stelt dat negatieve levenservaringen en traumatische levensgebeurtenissen, de mogelijkheden verminderen om toegang te krijgen tot bijvoorbeeld sociale, educatieve en gezondheidszorgmiddelen. De theorie stelt voor dat vroege levensgebeurtenissen een keten van gebeurtenissen opzetten die kunnen leiden tot positieve of negatieve ontwikkelingstrajecten naarmate men ouder wordt.

## Verschillende vormen van eenzaamheid

De meest bestudeerde vormen van eenzaamheid in de academische literatuur zijn 'sociale eenzaamheid' en 'emotionele eenzaamheid'. Sociale eenzaamheid verwijst naar het gemis van sociale contacten, contact met vrienden, burens of familie, terwijl emotionele eenzaamheid verwijst naar het gemis van een hechte, intieme band met iemand<sup>17</sup>. Flam heeft het ook over 'groepseenzaamheid', waarmee hij doelde op het gegeven dat ondanks vele contacten, men toch eenzaamheid kan ervaren. Hij verwijst hier mijns inziens naar emotionele eenzaamheid: *"De ervaring van de eenzaamheid in een groep is de leegte van de woorden. Zij hebben geen uitwerking, geen invloed. Men luistert naar hetgeen iemand zegt en uiteenzet, maar men integreert het niet,..."* (uit: De eenzaamheid, p.28)

Naast bovenstaande vormen van eenzaamheid (sociale en emotionele) is er recent ook meer aandacht voor 'existentiële eenzaamheid'. Momenteel is er geen eenduidige betekenis omtrent deze complexe vorm van eenzaamheid<sup>18</sup>. De psychotherapeut Irvin Yalom, die de existentiële bezorgdheid in het leven van de mensen heeft onderzocht, beschrijft wat hij 'de ultieme zorgen' noemt, zoals de onontkoombaarheid aan de dood, onze behoefte aan vrijheid, het erbij horen en onze zoektocht naar zingeving<sup>19</sup>. Zulke zaken, zoals de rol van zingeving omtrent eenzaamheid, zijn ook alomtegenwoordig in het boek van Flam: *"De oude mens is een afgedankte, een wees. Men plaatst hem in een rusthuis en hij leeft in de angst van in-de-steek-gelaten te worden, van de schaamte omdat hij tot niets dient,..."* (uit: De eenzaamheid, p.72)

## De rol van de vriendschap en de maatschappij

*“De vriendschap heft de afzondering op, maar ze eerbiedigt de andere, ze bevordert de eenzaamheid met velen als veelzaamheid.”* (uit: De eenzaamheid, p.21)

Met ‘veelzaamheid’ bedoelde Flam een positief gegeven, een soort van horizonversmelting waar vrienden raakvlakken creëren en er een soort samenvloeiing ontstaat waarbij wederzijds vertrouwen en bijgevolg ook een subjectief samen zijn mogelijk is. Wanneer je niet tot die veelzaamheid kan komen, kan de mislukking of eenzaamheid voelbaar zijn. Flam bedoelt hiermee ook dat eenzaamheid van een dergelijke subjectiviteit is en dus niet deelbaar is binnen elke vriendschap. Eerdere studies tonen aan dat verschillende vriendschapservaringen een unieke bijdrage leveren aan eenzaamheidservaringen. Van deze vriendschapservaringen bleek bijvoorbeeld vriendschapskwaliteit een sterkere voorspeller te zijn van eenzaamheid dan bijvoorbeeld groepservaringen, zoals sociale acceptatie<sup>20</sup>.

Flam haalt regelmatig in zijn boek de rol van de maatschappij aan. Hij beschrijft het belang van niet uitgesloten te worden door de maatschappij, het belang van werk, zinvolle tijdsbesteding en plek in de maatschappij maar ook het belang van gezien en herkend te worden door die maatschappij: *“De jarenlange inspanning en werkzaamheid, al hetgeen de gepensioneerde verricht heeft, wordt op zeer korte tijd door zijn opvolgers met een handomdraai weggeschoven en uitgewist, zodat er niets van overblijft. Het is alsof het nooit bestond. De gepensioneerde werd van zijn werk, namelijk zijn ziel, beroofd.”* (uit: De eenzaamheid, p.74)

Dit bovenstaande citaat van Leopold Flam doet denken aan het gedicht See me<sup>21</sup>. See me is een gedicht dat men gevonden heeft bij een oudere man na zijn overlijden in een woonzorgcentrum. Het gedicht beschrijft zijn ervaringen in het woonzorgcentrum en zijn roep om gezien te worden. Hij wenst in zijn gedicht dat hij niet enkel gezien zou worden als patiënt, als ‘cranky old man’ maar ook als een persoon met al zijn levenservaringen, kennis en vaardigheden. Om deze boodschap kunnen medewerkers binnen de ouderenzorg maar ook de ganse maatschappij niet heen.

“Herken...

Erken...

Ken...

... Mij.”

(Onbekende man)

## Tot slot

Als wetenschapper heeft men ook steeds angst om verlaten te worden, om betekenisloos werk te verrichten; ons beroep is bovendien veelal eenzaam. Ik hoop daarom dat deze tekst geen onzin is, want zoals Flam het verwoordt: "Een tekst zonder lezers is reine onzin." (uit: De eenzaamheid, p.133)

## Referenties

1. Flam, L. (1979). *De eenzaamheid*. Leuven: Acco.
2. Fried, L., Prohaska, T., Burholt, V., Burns, A., Golden, J., Hawkey, L., Lawlor, B., Leavey, G., Lubben, J., O'Sullivan, R., Perissinotto, C., van Tilburg, T., Tully, M., & Victor, C. (2020). A unified approach to loneliness. *Lancet*, 395(10218), 114-114.
3. Masi, C. M. et al. (2011), 'A Meta-Analysis of Interventions to Reduce Loneliness', *Personality and Social Psychology Review, Inc*, 15(3).
4. Domènech-Abella, J., Lara, E., Rubio-Valera, M., Olaya, B., Moneta, M. V., Rico-Urbe, L. A., Ayuso-Mateos, J. L., Mundó, J., & Haro, J. M. (2017). Loneliness and depression in the elderly: The role of social network. *Social Psychiatry and Psychiatric Epidemiology*, 52(4), 381-390.
5. Masi, C. M. et al. (2011), 'A Meta-Analysis of Interventions to Reduce Loneliness', *Personality and Social Psychology Review, Inc*, 15(3).
6. Bouwman, T., & Tilburg, T. G. van. (2020). Naar een gerichtere aanpak van eenzaamheid: Zeven werkzame elementen in eenzaamheidsinterventies. *Tijdschrift voor Gerontologie en Geriatrie*, 51, 1.
7. Nowland, R., Necka, E. A., & Cacioppo, J. T. (2018). Loneliness and Social Internet Use: Pathways to Reconnection in a Digital World? Perspectives on Psychological Science: *A Journal of the Association for Psychological Science*, 13(1), 70-87.
8. Barbosa Neves B, Franz R, Judges R, et al. (2019) Can digital technology enhance social connectedness among older adults? A feasibility study. *J Appl Gerontol* 38, 49-72.
9. Knaeps, J. & Heylen, L. (2018) "DEN BABEL" RESULTATEN BEVRAGING CLIËNTEN THUISZORG KEMPEN, geraadpleegd op 24 juni 2020, [http://www.vonk3.be/uploads/2/3/9/2/23924438/knaeps\\_\\_heylen\\_\\_2018\\_\\_den\\_babel\\_.pdf](http://www.vonk3.be/uploads/2/3/9/2/23924438/knaeps__heylen__2018__den_babel_.pdf)
10. Leigh-Hunt, N., Baggeley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N., & Caan, W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health*, 152, 157-171.

11. Dury, S., Dierckx, E., van der Vorst, A., Van der Elst, M., Fret, B., Duppen, D., Hoeyberghs, L., De Roeck, E., Lambotte, D., Smetcoren, A.-S., Schols, J., Kempen, G., Zijlstra, G. A. R., De Lepeleire, J., Schoenmakers, B., Verté, D., De Witte, N., Kardol, T., De Deyn, P. P., ... De Donder, L. (2018). Detecting frail, older adults and identifying their strengths: Results of a mixed-methods study. *BMC Public Health*, 18, 191.
12. Fried, L., Prohaska, T., Burholt, V., Burns, A., Golden, J., Hawkey, L., Lawlor, B., Leavey, G., Lubben, J., O'Sullivan, R., Perissinotto, C., van Tilburg, T., Tully, M., & Victor, C. (2020). A unified approach to loneliness. *Lancet*, 395(10218), 114-114.
13. Wang JM, Rubin KH, Laursen B, et al. Preference-for-Solitude and adjustment difficulties in early and late adolescence. *J Clin Child Adolesc Psychol* 2013;42:834e42.
14. Machielse, A. (2011). Sociaal isolement bij ouderen: Een typologie als richtlijn voor effectieve interventies. [Social isolation in older adults: A typology for effective interventions]. *Journal of Social Intervention: Theory and Practice*, 20 (4),40-61.
15. Annemans & T'Jaecx (2018). Persdossier Resultaten Nationaal Geluksonderzoek 2018 over sociale relaties. Geraadpleegd op 3 februari 2020,[https://gelukkigebelgen.be/wp-content/uploads/Persdossier\\_180705.pdf](https://gelukkigebelgen.be/wp-content/uploads/Persdossier_180705.pdf)
16. Dannefer, D. (2003). Cumulative Advantage/Disadvantage and the Life Course: Cross-Fertilizing Age and Social Science Theory. *The Journals of Gerontology: Series B*, 58(6), S327-S337.
17. Perlman, D. and Peplau, L. A. (1981). Toward a Social Psychology of Loneliness. In R.Gilmour, & S. Duck (Eds.), *Personal Relationships: 3. Relationships in Disorder* (pp.31-56). London: Academic Press.
18. Larsson, H., Edberg, A.-K., Bolmsjö, I., & Rämngård, M. (2019). Contrasts in older persons' experiences and significant others' perceptions of existential loneliness. *Nursing Ethics*, 26(6), 1623-1637.
19. Yalom ID. *Existential psychotherapy*. New York: Basic Books, 1980.
20. Vanhalst, J., Luyckx, K., & Goossens, L. (2014). Experiencing loneliness in adolescence: a matter of individual characteristics, negative peer experiences, or both? *Social Development*, 23, 100-118.
21. Cranky Old Man - A Poem By Dave Griffith, geraadpleegd op 24 juni 2020, <https://www.retirement-online.com/cranky-old-man-a-poem-by-dave-griffith.htm>



# Chapter 3

---

Exploring recent adverse and positive life events:  
a qualitative study among lonely older adults



## Chapter 3. Exploring recent adverse and positive life events: a qualitative study among lonely older adults

### Abstract

This study investigates experiences of recent adverse and positive life events, and how these impact lonely older adults. Qualitative individual interviews were conducted with 53 community-dwelling, lonely older people aged 60 years and over. Analyses identified four key findings. First, the results pointed to a variety of recent life events in different domains (i.e., health, financial status, social network, living situation and meaningful use of time), which are experienced subjectively by participants. Second, life events occur at micro-biographical, meso-institutional, and macro-societal levels. Third, recent life events can signal gradual transitions or can constitute a breaking point. Fourth, while lonely older adults experience different recent adverse life events related to loss experiences, they also experience different positive recent life events, which might have the potential to increase their well-being or reduce feelings of loneliness. Finally, recent life events can have (cumulative) effects on their well-being. The conclusions highlight the need for an in-depth understanding of life events experienced in later life, given their potential role as balancing factors in the well-being of lonely older adults, as well as providing some implications for practice and policy.

Switsers, L., Dury, S., Dierckx, E., De Donder, L. & the D-SCOPE consortium. (Accepted). Exploring recent adverse and positive life events: a qualitative study among lonely older adults. *Ageing International*.

## 1. Introduction

To date, research on the aging experience of older adults has mostly focused on the description of deficits and losses (Gladman 2019), and on adverse life events and their association with stress and depression (Ong and Bergeman 2004; Zhang et al. 2017). Research on the topic of loneliness in later life has focused in particular on life events or experiences of loss that negatively influence loneliness, such as widowhood (Davies et al. 2016), retirement (Segel-Karpas et al. 2018), divorce (van Tilburg et al. 2015) or health-related factors such as chronic illness (Victor et al. 2009). Studies frequently report that not only individual current circumstances (e.g., living alone, poor health; for an overview, see Cohen-Mansfield et al. 2016) but also life events can have an effect on social exclusion for older people and on their feelings of loneliness (Burholt et al. 2020). These life events can trigger shifts in their social relationships (Perlman and Peplau 1981). However, recent life events do not only have a negative impact on older adults. Previous research has demonstrated that such life events may also positively impact the well-being and (perceived) frailty of older adults (Seematter-Bagnoud et al. 2010; Dury et al. 2018). Therefore, the aim of this study is to understand not only adverse but also recent positive life events experienced by older adults with feelings of loneliness.

Predictors concerning loneliness in later life are mainly investigated in cross-sectional studies that focus on the present (Cohen-Mansfield et al. 2016). Moreover, life-course theories which state the importance of the life span or cycle are receiving an increasing amount of attention within aging studies (Alwin 2012). In examining the life course, several researchers have already established the importance of life events as these are associated with changes and transitions over time (Alwin 2012). Significant life events are often defined as *“events occurring across the life span that mark transitions from one life cycle stage (or state) to another that are accompanied by changes in roles, expectations, responsibilities, and behaviors. These events are typically, but not always, age graded. Events signal transitions.”* (Alwin, 2012, p. 208). Life events are experiences which can have an effect (neutral, positive or negative) on the life of an individual and may require a certain degree of adaptation (da Rosa et al. 2014). They might include (lifelong) changes in several domains such as psychological well-being (Sutin et al. 2010), health (Kristiansen et al. 2017), the social domain (Wrzus et al. 2013), the cognitive domain (Tschanz et al. 2013), the physical domain (Morley 2002), and financial status (Orel et al. 2004). However, recent research on loneliness has often only focused on a single life event in later life, such as experiencing a fall (Hajek and König 2017), a divorce (van Tilburg et al. 2015), or moving to a care home (Taylor et al. 2017). It is important to take into account the multidimensional aspect of life events.

Since life events are hardly avoidable within later life, their effects on aging need to be explored (Hsu 2011); hence, this research focuses on recent life events.

Current research on recent life events mainly focuses on events at the micro level (e.g., Hajek and König 2017). However, Silverstein and Giarrusso (2011) emphasize the importance of the aging individual who is influenced by individual, institutional, and societal circumstances, referring to the micro, meso, and macro levels of society. A recent study by Burholt and colleagues (2020) also stated the importance of such a human ecology framework to understand experiences of exclusion from social relations. At the micro-biographical level, social, physical, financial, and mental aspects of well-being develop over time as people age. The meso-institutional level refers to education, work, family, and leisure organizations or services that create prospects and form the stimulus (and deterrent) for choosing (or postponing) certain life transitions. The macro-societal level refers to the broad social environment which influences the population through demographic structures, economic circumstances, society-wide standards, and public policies (Silverstein and Giarrusso 2011). The question of how life events in these different levels are experienced by lonely older adults is less well known.

Finally, current life course research examines (recent) life events from a quantitative perspective (Silva et al. 2015). In contrast, scarce attention has been given to older adults' experiences of recent adverse and positive life events (McAdams 2005; Komp and Johansson 2015). Relying simply on a quantitative focus on the life course might lead to a fragmented picture of the individual while preventing a fuller picture from being formed (Smith 2010). Assuming that the effects of life events may be influenced by both perceived and subjective experiences, research concerning life events should focus on the narratives of individuals, qualitative methods, and exploring the experienced life course (de Vries et al. 2017).

In order to gain greater insight into the research gaps mentioned above, this study focused on the experiences of different (negative and positive) recent life events (on the micro-, meso, and macro levels) among older adults who feel lonely. The following central research questions were addressed:

1. Which recent adverse and positive life events can we detect in the narratives of lonely older adults? And how do they experience these events?
2. What is the experienced impact of recent adverse and positive life events on lonely older adults?

## 2. Methodology

### 2.1. Data collection

This paper reports on analyses of qualitative interviews focusing on the experience of recent positive and negative life events. Qualitative research acknowledges that human experience takes place according to subjective experiences, in different social contexts and in historical time; therefore, a qualitative method was preferred in this study (Thorne 2000). Data from the research project (2015–2018) – Detection, Support and Care for Older People – Prevention and Empowerment (D-SCOPE) was used. Between November 2015 and March 2016, the D-SCOPE consortium conducted 53 individual interviews with community-dwelling older adults with feelings of loneliness (aged 60 years and over) in Flanders and Brussels. During the qualitative interviews, the researchers asked the participants several open-ended questions concerning six main themes: (1) “What does frailty implies to you and can you explain your experience of frailty?” (2) “Has frailty, in your opinion, had an effect on having a qualitative and meaningful life?” (3) “To what extent do you feel that you can make your own decisions about what happens in your life?” (4) “What can older people do to maintain his or her life quality when frailty occurs; what is your own experience?” (5) “Have there been significant changes in your life, when looking at the previous year? What were the low points and highlights during the previous year?” (6) “How do you see your future? If we look one year ahead, do you think your life will have changed a lot?” The current paper focuses on exploring the questions concerning theme five, on changes and life events during the past year. Occasionally respondents shared changes and recent life events which had occurred during the past few years; these events were also included in the analyses.

Participants gave their written informed consent before the start of each interview. Ethical approval was granted by the Ethical Committee of Human Sciences at the Vrije Universiteit Brussel (file number ECHW\_031). When participants were not able to give their written informed consent, a legal representative or family member was permitted to do so on their behalf, as specified in the Belgian Civil Code. During three interviews, the informal caregiver, namely the daughter, son, or partner, was present and participated in the interview. Furthermore, an interpreter attended the interviews when necessary (N=6). Participants were informed in advance that they could withdraw their consent to participate at any time or refuse to answer questions if they wished. The participants were informed that the data would be analyzed anonymously. For detailed information concerning the research protocol, see Dury et al. (2018).

## 2.2. Participants

A goal-oriented sampling procedure was used to recruit potentially frail community-dwelling adults aged 60 years and over in Flanders and Brussels. Five homecare organizations recruited respondents among their clients. A snowball sampling was used for further recruitment. The inclusion criteria specified community-dwelling older adults who were experiencing some degree of loneliness in later life. The six-item De Jong Gierveld Loneliness Scale was used to assess loneliness (De Jong Gierveld and Van Tilburg 2006). Participants could be scored on this scale from 0 to 6, whereby participants who scored between 0 and 1 were categorized as “not lonely” and were therefore not included in this study. For these criteria, we consulted the online manual of the Loneliness Scale 1999 (de Jong Gierveld and van Tilburg 2019). Table 1 gives an overview of the characteristics of the participants. The mean age of the participants was 79 years (range 60–93 years). The majority of the participants were female (62.3%, n=33). In terms of relationship status, 20.8% (n=11) were married and 66% (n=35) were widowed. In terms of background, 17% (n=9) had a migration background (i.e., they had another country of origin than Belgium).

Table 1: Characteristics of the participants (N=53)

Characteristics		Total (N=53)	%
Mean age		79 years (range 60–93 years)	
Gender	Male	20	37.7
	Female	33	62.3
Migration background	Yes	9	17
	No	44	83
Marital status	Married	11	20.8
	Never married	2	3.8
	Divorced	5	9.4
	Widowed	35	66
	Cohabiting	0	0

### 2.3. Data analysis

The qualitative data were transcribed verbatim and both deductive and inductive thematic analyses were conducted (Vaismoradi et al. 2013). For the deductive analysis, four main labels derived from previous research focusing on life events were applied in advance of the development of the code manual (Cappeliez et al. 2008; Silva et al. 2015; Fredriksen-Goldsen et al. 2017): participants' recent life events concerning health; their living situation; their social network; and financial changes. The inductive analyses aimed to find new categories, themes, and (sub)labels, and was therefore conducted inductively: data were analyzed by means of an open coding method through which new labels were generated from reading and analysis of the transcripts (Elo and Kyngäs 2008). This inductive aspect revealed a fifth main label for life events; namely: meaningful use of time. In addition, we classified recent life events using the dynamic Biographical–Institutional–Societal Model of the Life Course (Silverstein and Giarrusso 2011). The analysis adopted a multilevel life course approach, in which it is stated that one can experience life events at the micro-(biographical), meso-(institutional), and macro-(societal) levels.

To ensure a rigorous process of data analysis, the researcher primarily followed the four coding phases for qualitative analysis developed by Crabtree and Miller (1999) as a guideline. These phases consist of first creating the code manual or labeling scheme, reading the text, then conducting line-by-line coding with the MAXQA software program. The last phase consists of sorting segments and making connections by looking for a deeper understanding of the similarities and differences between the content of the segments. Furthermore, a constant comparison process was applied; namely, when new themes, new labels, or new sublabels were discovered in new interviews, these (sub)labels were controlled for their attendance within the earlier interviews. During this process, the code manual or labeling scheme was adapted and refined based on these new insights (Dierckx de Casterlé et al. 2012). The first author was primarily responsible for completing the analysis, but feedback was obtained from the co-authors on a regular basis to deepen the analyses. This process ensured the validity of the analysis. In this way, the co-authors brought different perspectives to the data interpretation. If the co-authors disagreed on the assigned labels, they discussed the interpretation of the assigned labels and the coding was re-examined until consensus was reached. The results are based on this iterative labeling process. We continued this iterative process until no new codes emerged from the analysis and all the variations of codes were identified with consensus.

### 3. Results

#### 3.1. Life events are multifaceted and subjective

The interviews revealed a wide range of recent life events that had been experienced negatively and/or positively by older people; these were clustered into five themes: (1) Social network, (2) Financial status, (3) Health, (4) Living situation, and (5) Meaningful use of time.

Recent life events concerning a person's (close) social network were related to the death of a spouse or another relative or close friend. Participants mentioned that the resulting loss of contact had an important impact on their daily lives, with examples indicating that this resulted in feelings of loneliness and grief, going outside less frequently, and having less social contact. An 81-year-old man talked about the death of his wife and how it affected his life: *"Negatively? That's that my wife died. She died in April, last year. We never went to sleep with a fight. We got along well. I always had someone to talk to."*

Other experiences of loss noted by participants included losing contact and falling out with their children. The results differentiate between losing contact in a deliberate way, for example, because the participants' children had stolen from their parents or grandparents, and loss of contact with children due to a quarrel or disagreement or because the children had moved away. A 70-year-old woman addressed her emotional pain experienced from no longer having contact with her children because of a disagreement concerning money issues: *"Yes, I experience emotional pain from not seeing my children. They excluded me from their lives and there are consequences because of that... I've actually seen them twice this year. That is very little. My own children. They are ungrateful. No feelings, no warmth. [...] and I miss their affection and empathy."*

In contrast, recent life events concerning the social network such as family reunions, celebrations, traveling to their country of birth to visit family and friends, the birth of (great-)grandchild(ren), meeting friends or family, or getting in contact with people at the local service center were often reported by older adults as positive events which might increase their well-being.

From the analysis of the narratives, it also became apparent that one life event can be experienced as both positive and negative by the same person. A 70-year-old woman noted the example of experiencing a divorce. She described how this life event had both positive and negative effects.

She mentioned how stressful her relationship had been and how the divorce had liberated her: *"I always lived in fear. From 'what is he going to do now?' In fear. In stress. From that man. But finally, I am satisfied, and I am content that I am single. Because of what I've been through. [...] Yes, that was a liberation to leave him. Really a deliverance. Getting away from him."* But she also explained how the divorce affected her contact with the family in a negative sense: *"Yes, there are times when I feel alone, so lonely. I am here and my daughters are partying. And there are Christmas gatherings, but since I left my husband, I have not been there. And my children and grandchildren and those grandsons. And the sons-in-law, I am jealous."*

Second, regarding finance-related recent life events, participants shared life events such as the loss of their possessions because their children or others were stealing from them. An 85-year-old man cited how his children stole money from him: *"I have thrown them outside, my children. They have stripped me of (sigh). [...] Yes, they stripped me. They know how rich I was."* A participant mentioned a life event related to compensation for healthcare costs as a positive event. A 79-year-old man expressed an arrangement concerning an allowance as a positive event: *"The best thing is that I receive an allowance, from... from... I don't know anymore. It is because I am disabled. That is the only thing. And then a small compensation for skin care. That's the only positive."*

Third, regarding health-related recent life events, participants mentioned mostly negative events. For example, a 72-year-old woman cited her heart attack as a negative experience because due to this she found out that she had a tumor, and became depressed: *"I've been seriously depressed twice before and twice after I've been in the hospital. I cannot immediately process that and now I certainly could not handle it. You enter with paralysis; you know in yourself: 'I have had a heart attack.' And then they say: 'you have to go through that surgery and there is also a tumor.' [...] I have had a hard time dealing with it."*

Other recent life events mentioned by participants concerning their health included experiencing a fall, becoming chronically or temporarily ill, experiencing a cerebral infarction and having treatment or an operation. Each recent life event is a unique and therefore subjective experience. This means that one person could interpret a life event as something positive, while another person could see it from a different perspective and label it as a negative experience. For instance, participants mostly reported health-related life events as negative events, while some older adults mentioned these events as something positive.

A 69-year-old man described his operation as a positive event due to the positive impact on his life: *"A high point was that operation. It worked, and I could walk again. Being able to walk without a stick, that was great. That is an expectation or a highlight. [...] In the past, I practically could not walk anymore. And now I can walk again. Interviewer: Actually, it created a kind of positive expectation. [...] Now that you are getting better and that you can walk forward again."*

Besides their own health, participants also mentioned recent life events related to the health status of a loved one or a relative. Older adults who experienced such events discussed the sadness that these events often entailed. This is illustrated by the comment from an 89-year-old man: *"Yes. The disease of my son. Yes, that has, how should I say that now, that has saddled me with sadness."*

Fourth, the following recent life events are related to changes in participants' living situation: changes in the neighborhood and housing. Changes in the neighborhood, such as the closing down of neighborhood stores, and relatives or friends moving away, were experienced as negative changes. An 85-year-old woman explained that her son moved further away from her home and that she had less frequent contact with him due to the move: *"The sad thing about this matter is that I regret that he is now living on the coast. He used to live here and he worked here. When I stuck my head out of the window, I saw him pass by. He worked for the municipality, for public works, and he had his own car. So, he had to check the works, and then it was here, then it was there and then he often passed by. Sometimes he came along and I miss that now."* Positive recent life events indicated by participants were that they "decided to move" or they "made adjustments to the house." Both of these life events were mostly experienced by the participants as having a positive impact on their well-being. Participants mentioned experiencing greater comfort or more frequent social contact with neighbors or family than before they moved. In terms of completing an alteration to the house in order to "age in place," an 81-year-old man and his wife emphasized the importance of installing an accessible stair lift: *"That is the staircase that we have installed. [...] Because she [his wife] can now easily go up and down, and that was really becoming a problem. [...] I felt satisfied that it was in place because it is such a good tool to go upstairs. You do not have to make an effort anymore. She sits down on that chair and it goes automatically."*

Fifth, recent life events concerning meaningful use of time were events concerning “competence-related activities” or “events that stimulated their self-fulfillment”: examples include philosophical discussions with the general practitioner at regular times or the happiness of traveling leading to a sense of self-fulfillment, as expressed for instance by a 70-year-old woman: *“Oh, Venice, the biennial, that trip. Wonderful. That was the first time. [...] But wow, I enjoyed it. Only to be able to do it and to be allowed to do it. Spending my own time, stay where I want, do what interests me. Wow, that event. I was short of time.”*

### **3.2. Recent life events are experienced at the micro-, meso-, and macro levels**

Another way of classifying these recent life events is according to the micro-biographical, meso-institutional, and macro-societal levels. Various life events relating to the micro level have been described above. For example, experiencing a fall, becoming ill, and life events concerning self-fulfillment (such as traveling) may all be considered to be recent events at the micro level.

At the meso level, many participants shared recent life events concerning their family: for example, their (grand)children becoming ill, family celebrations, the birth of grandchildren, and children moving away. The results indicate that life events can also occur within the community. An 88-year-old man expressed how his local pub recently closed: *“Regularly we went there to play cards, very nice to see friends there, but that has all changed now.”*

At the macro level, participants reported recent life events concerning demographic changes through which the neighborhood changed as a result of a greater diversity of local residents with different backgrounds and origins. Furthermore, participants discussed technological, digital changes: *“No longer able to compete with, among everything that is related to the computer, everything that is digital. In fact, no longer able to compete.”* These events were mainly experienced as negative changes by older adults as they often led to feelings of anxiety and frailty. A 74-year-old woman expressed how her neighborhood had changed in the past years due to economic changes: *“And yes, the world is changing. For example, fewer stores in the neighborhood, ordinary shops, so everything that is nearby has gone away recently. Now at the end of this month, a shop where I go to take photocopies is closing. Then I will have to go much further [...]”*

### 3.3. Recent life events can be experienced as breaking points or gradual transitions

Transitions can occur as a sudden breaking point (for example, becoming ill, receiving a diagnosis or experiencing a fall). A 76-year-old woman explained how her decision to stop smoking was a breaking point. Her son: *"She used to have frequent bronchitis and now she has no problems. She has experienced a fantastic year."* Woman: *"I just stopped [smoking]."* Son: *"She spent a week in the hospital because of the accumulation of water, her lungs were bad, 30% of her alveoli were gone, seven instances of bronchitis a year. She stopped there; she sat there for 10 days without a cigarette and now no more bronchitis."*

Transitions can also take place gradually (for example, the progression of a disease, digital evolutions in society, or neighborhood changes). Older adults were aware of the fact that such life events progressed as step-by-step transitions. A 78-year-old woman expressed how the decision to move to a more accessible home was a positive life event that took place gradually: *"We have signed up for a service flat and there would be space now and I had first said that we would wait, but eventually I agreed. There is the possibility that you can speak to someone, do activities, that you can participate occasionally and then the feeling of loneliness will go away, then you have more contact with people. Now you have to wait for someone to come or you have to go over there and there is the possibility that you always have opportunity for relaxation and things are nearby everything there."*

### 3.4. Recent life events influence older adults' well-being

The narratives revealed several different recent adverse life events which negatively influenced participants' well-being. A 66-year-old man described that his health had deteriorated due to blood clots in his leg and how this affected his well-being negatively: *"So because I had blood clots on my knee, it also affected the lungs. And because of that it is more difficult for me to breathe. I have more trouble, both physically and mentally. This has made me feel 10 years older."*

Conversely, older adults also experienced positive changes, for example, growth and health improvements after a successful medical treatment. Some participants indicated that their quality of life increased after such treatment, and how this affected their lives positively. A 67-year-old woman explained her situation and positive effect as follows: *"I had bowel inflammation and therefore I had to follow a diet as treatment, which caused me to lose a lot of weight. And now I am much better, really much better, because I could not bend over. I can step better now; I can do everything better."*

Furthermore, the birth of grandchildren and gatherings with family and friends were mentioned as important events which contributed to their well-being. An 87-year-old widowed woman described the happiness she feels when she sees her grandchildren: *"When I see my grandchildren, I feel really happy, I look forward to these moments."*

### **3.5. Recent life events impact loneliness**

Many participants experienced recent adverse life events related to experiences of loss, which had a negative impact on their social network and contributed to increased feelings of loneliness. For example, a 66-year-old man explained the impact of the death of his mother as follows: *"Interviewer: How did that impact you? Participant: Very much. I go outside less. I miss going outside with her; I miss that. We went outside together every day."* Another participant mentioned that she had to deal with several deaths in her circle of acquaintances: *"This year was a less enjoyable period. I have lost some of my acquaintances. Many people around me died. That makes me feel very emotional."*

On the other hand, participants also cited experiences of recent positive life events that influenced their feelings of loneliness in a more positive way. For example, a 77-year-old woman expressed that she had experienced less loneliness since she moved to another neighborhood. This is illustrated by the following comment: *"I felt better when I came to live here [closer to family and shops]; I'm not so alone anymore... that was important; I feel better here. I have more contact with people. [...] Yes, I feel less lonely."*

Another example demonstrates how starting to visit the community service center was experienced as an important positive event in decreasing the loneliness of an 80-year-old widowed woman. During the interview, she talked about the importance for her to start visiting the community service center. She explained that it was good to see people and to talk with people at the community service center; it was for her an important moment in not feeling alone all the time: *"The service center, I started to go there this year, I had to. Interviewer: How come? Participant: My general practitioner told me to go because I cried here all-day long. I didn't eat anymore. My husband died and I ate only sandwiches with syrup for two years. My food didn't [have] taste; it didn't taste of anything. And now I eat there every Thursday, but when eating alone it doesn't have taste." Interviewer: "So, your general practitioner told you to go there?" Participant: "Yes, he told me, but it's only once a week, that's not enough. Three times a week would be better because people really look forward to that day."*

### 3.6. Recent life events have cumulative effects

The participants' narratives showed that life events could also have a cumulative effect. The narratives revealed that a single life event could trigger several different transitions. A 79-year-old woman explained that due to her illness she had less social contact; because of this event she could no longer visit people independently, and so her network had to come to her: *"That brings my illness with me. That is why it all started. That I cannot do my work anymore. That I cannot go along with it in social society [...] You have always worked and worked for so many years. And in everything, social contacts, in fact, and that is all gone now. So that is... For me, personally, that is very bad. [...] I still have social contacts but they actually have to come to me. Because I cannot do that anymore."*

Furthermore, an 85-year-old woman explained how the death of her husband influenced her whole social network in a negative way: *"We used to have a lot of comrades, many acquaintances, and that reduced step by step. From the day my husband died, that started to decrease, because soon people would say: 'we will visit you and we will come to pick you up.' But that is said more quickly than done. And consequently, no one comes any more. [...] We had many younger friends and younger acquaintances, but he has fallen away and now the rest is gone too."*

## 4. Discussion

Subjective assessments of recent life events have received very little attention in loneliness research. Therefore, this study reports on the qualitative experiences of community-dwelling lonely older adults' recent life events. The aim of this research was (1) to examine which recent adverse and positive life events we could identify in the narratives of lonely older adults and how do they experience these events, and (2) to understand the experienced impact of recent adverse and positive life events. The results point toward five main conclusions:

First, the findings revealed that recent life events are multifaceted and subjective. Based on the narratives, recent life events include five different overall domains: (1) Social network, (2) Financial status, (3) Health, (4) Living situation, and (5) Meaningful use of time. The findings revealed similarities between this study with lonely older participants and general populations that have been reported in previous research about (recent) life events and turning points (Cappeliez et al. 2008; Seematter-Bagnoud et al. 2010; de Paula Couto et al. 2011; Silva et al. 2015). However, we found that while many of the events were similar, some life events were loneliness specific. Some themes that were found to be relevant in prior studies, for example, retirement, profession, or education (Cappeliez et al. 2008; Silva et al. 2015), were not mentioned as important recent life events by older adults in this study.

This might be because there were only four participants younger than 66 years within this study and therefore most participants had retired several years ago.

Second, research concerning recent life events has often focused on negative life events (Devanand et al. 2002; Seematter-Bagnoud et al. 2010), such as becoming ill, interpersonal loss, experiencing a fall, and so on. In our study, these adverse life events were also mentioned several times. However, our research also unraveled the recent positive life events experienced by older adults: for example, the birth of grandchildren, starting to go to the local service center, family celebrations, completing a home alteration, receiving compensation for healthcare costs, starting competence-related activities, and life events increasing self-fulfillment. The narratives made it clear that this appraisal was subjective, namely that the same life event could be experienced differently by older adults. Moreover, our data indicated that a single life event can be experienced both positively and negatively by one person, due to the different positive and negative transitions. A plausible explanation for these findings might be that older adults' experiences of a life event depend on the situation and how they deal with it (Wells 2015), and is related to a person's resilience (Domajnko and Pahor 2015). Within the context of the concept of positive psychology, even when older adults experience negative or stressful life events, personal growth or development is still possible (Tedeschi et al. 2007; Gladman 2019). Whether the experience is interpreted negatively or positively also depends on their state of physical, mental, and social health (Sutin et al. 2010).

Third, our findings revealed that older people experienced recent life events at different levels (micro-, meso-, and macro levels). To the best of our knowledge, Silverstein and Giarrusso's (2011) dynamic Biographical–Institutional–Societal Model of the Life Course has never been explored in the context of experiencing recent life events. The narratives revealed that most experienced recent life events occur at the micro level. While most research on life events has focused on the micro level (e.g., Hajek and König 2017), this research obtained new insights on life events occurring also at the meso- and macro levels of the life course. At the meso level, recent life events within the family, such as birth of grandchildren, family gatherings, and others were mentioned. Also, recent life events concerning changes in the neighborhood or at the community level were mentioned. In our study, older people discussed only a few life events at the macro level, focusing on demographic changes and digital changes. This may be explained by the fact that this research focused on recent life events. Future research could focus on life events occurring at the macro level, and therefore it might be interesting to conduct life-story interviews to focus on the entire life course (McAdams, 2005; Komp and Johansson, 2015).

Furthermore, our results indicate that lonely older adults experienced recent life events not only as a breaking point (i.e., a sudden event, such as the death of a relative, a fall, or stopping smoking), but also as a gradual transition (for example, the progression of a disease, digital evolutions in society, or neighborhood changes).

Fourth, in response to the second research question, the findings indicated that recent life events can signal effects which might influence lonely older adults' well-being in general, but also their feelings of loneliness. This impact can occur in two directions: both negative and positive. Adverse life events have a negative effect on a person's social network and increase their loneliness (for example, the death of a partner or becoming ill). Conversely, they also revealed further that some positive life events had a direct link with reduced loneliness. For example, starting to go to the local service center or moving to another neighborhood can increase opportunities for social contact within the neighborhood and reduce feelings of loneliness. In the analyses, all examples provided seemed to be meso-level events. These results are in line with the research of Kemperman and colleagues (2019), which emphasized the importance of neighborhood attachment for feelings of loneliness.

Finally, the narratives and experiences of older adults indicated that recent life events can have a cumulative effect. One recent life event can trigger the beginning of other life event(s) and transitions and can affect the experience of how one ages. Cumulative advantage and disadvantage are defined by Dannefer (2003) as the *"systematic tendency for interindividual divergence in a given characteristic (e.g., money, health, status) with the passage of time"* (Dannefer, 2003, p. 327). In our study, the narratives revealed different experiences of loss which cause other negative changes; for example, the loss of a partner can decrease the size of a person's social network in the longer term. Related to this event, Naef and colleagues (2013) showed that spousal loss can influence changes in a person's social network. This is in line with the concept of life-course reflexivity but applied to recent life events (Dannefer 2020).

This study has some shortcomings, which can be opportunities for further research. One of the limitations of this study is that it was based on self-reports about recent life events, which possibly may elicit socially desirable and self-protecting reactions in the participants. For example, all participants who mentioned the birth of (great)grandchildren as a recent life event experienced this event as a positive life event or a high point. While research has indicated that the transition to grandparenting can have indeed have several positive effects on older adults' well-being or their personal growth (Taubman-Ben-Ari et al. 2012), some grandparents can experience difficulties regarding their new role (Ben Shlomo 2014).

Therefore, it could be possible that participants did not share negative or neutral feelings concerning this event because of self-protection. Similarly, people can feel nostalgic or regretful about past events (Skow 2011); remembering the past may be influenced by, for example, a person's motives, goals, or purposes (D'Argembeau and Van der Linden 2004). Second, this study only examined recent life events. Future studies concerning the life events of lonely older adults would benefit from a narrative perspective, focusing on life events within the entire life course and their impact on later life, as previous life events can also have a long-term impact on later life (Wells 2015). By also focusing on early life events, the micro–meso–macro linkages within the entire life course could be better understood. This would require a life-story approach, whereby attention is given to the experiences of the entire life course. Finally, an explanation of the link between certain positive life events and loneliness trajectories remains rather limited within our results. In the interview, we focused on recent life events yet did not directly relate them in the interviews to participants' feelings of loneliness, or the possible effect on their loneliness trajectories. This might be the reason why the link between positive life events and loneliness is only modestly discussed. A future study that directly questions the link between life events and participants' feelings of loneliness (e.g., Rönkä et al. 2018) might contribute further to our knowledge concerning the possible balancing factors of positive life events on loneliness trajectories.

## **5. Conclusion**

This study contributes to the understanding of the heterogeneous and multifaceted nature of recent life events experienced by lonely older people. Older people experience a variety of recent life events (i.e., relating to health, financial status, social network, living situation, and meaningful use of time). Similar life events are experienced subjectively, namely negatively and/or positively. Furthermore, our results indicate that recent life events can occur at multiple levels (micro-, meso-, and macro levels). Recent life events can signal gradual transitions or can constitute a breaking point in older adults' lives. Examining such life events helps us to understand how recent life events can have an impact, both in a positive and a negative way, on the aging process. The narratives indicate that although lonely older adults experience different adverse recent life events related to loss experiences, they also experience different positive recent life events, which might have the potential to increase their well-being and reduce feelings of loneliness. At this moment, within this research, mainly meso-level factors show potential in decreasing feelings of loneliness. Finally, our results indicate that recent life events can have cumulative effects and can trigger several different transitions that, although not directly, ultimately impact on the well-being of lonely older people.

For policy and practice, it is important to be aware of the individual experience of recent life events, as it seems that similar recent life events can be experienced negatively and/or positively. Additionally, more attention needs to be paid to the possible positive effects of recent life events, for example, the importance of bringing lonely older adults into contact with the local service center, which might have a positive effect on loneliness or well-being. Additionally, being aware of the possible cumulative negative effect of recent life events, and that recent life events can occur at different levels, is important to take into account within practice in order to prevent older adults from becoming lonely or to identify lonely older adults.

## 6. References

- Alwin, D. F. (2012). Integrating varieties of life course concepts. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 67, 206-220.
- Ben Shlomo, S. (2014). What makes new grandparents satisfied with their lives? *Stress and Health: Journal of the International Society for the Investigation of Stress*, 30(1), 23-33. <https://doi.org/10.1002/smi.2492>
- Burholt, V., Winter, B., Aartsen, M., Constantinou, C., Dahlberg, L., Feliciano, V., De Jong Gierveld, J., Van Regenmortel, S., Waldegrave, C., & The Working Group on Exclusion from Social Relations, part of the COST-financed Research Network 'Reducing Recent Exclusion: Collaborations in Research and Policy (ROSENet). (2020). A critical review and development of a conceptual model of exclusion from social relations for older people. *European Journal of Ageing*, 17(1), 3-19. <https://doi.org/10.1007/s10433-019-00506-0>
- Cappelliez, P., Beaupré, M., & Robitaille, A. (2008). Characteristics and impact of life turning points for older adults. *Ageing International*, 32(1), 54. <https://doi.org/10.1007/s12126-008-9005-4>
- Cohen-Mansfield, J., Hazan, H., Lerman, Y., & Shalom, V. (2016). Correlates and predictors of loneliness in older-adults: A review of quantitative results informed by qualitative insights. *International Psychogeriatrics*, 28(4), 557-576. <https://doi.org/10.1017/S1041610215001532>
- Crabtree, B., & Miller, W. L. (1999). *Doing qualitative research* (2nd ed.). London: SAGE Publications Ltd.
- Dannefer, D. (2003). Cumulative advantage/disadvantage and the life course: Cross-fertilizing age and social science theory. *The Journals of Gerontology: Series B*, 58(6), S327-S337. <https://doi.org/10.1093/geronb/58.6.S327>
- Dannefer, D. (2020). Systemic and reflexive: Foundations of cumulative dis/advantage and life-course processes. *The Journals of Gerontology: Series B*, 75(6), 1249-1263. <https://doi.org/10.1093/geronb/gby118>
- da Rosa, G., Martin, P., Gondo, Y., Hirose, N., Ishioka, Y., Poon, L. W., & Georgia Centenarian Study. (2014). Examination of important life experiences of the oldest-old: Cross-cultural comparisons of U.S. and Japanese centenarians. *Journal of Cross-Cultural Gerontology*, 29(2), 109-130. <https://doi.org/10.1007/s10823-014-9223-z>
- D'Argembeau, A., & Van der Linden, M. (2004). Phenomenal characteristics associated with projecting oneself back into the past and forward into the future: Influence of valence and temporal distance. *Consciousness and Cognition*, 13(4), 844-858. <https://doi.org/10.1016/j.concog.2004.07.007>
- 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. <https://doi.org/10.1111/jpm.12339>
- De Jong Gierveld, J., & Van Tilburg, T. (2006). A 6-item scale for overall, emotional, and social loneliness—Confirmatory tests on survey data. *Research on Aging, 28*(5), 582-598. <https://doi.org/10.1177/0164027506289723>
- De Jong Gierveld, J., & van Tilburg, T. (2019). Manual of the Loneliness Scale 1999. [https://home.fsw.vu.nl/tg.van.tilburg/manual\\_loneliness\\_scale\\_1999.html](https://home.fsw.vu.nl/tg.van.tilburg/manual_loneliness_scale_1999.html)
- de Paula Couto, M. C. P., Koller, S. H., & Novo, R. (2011). Stressful life events and psychological well-being in a Brazilian sample of older persons: The role of resilience. *Ageing International, 36*(4), 492-505. <https://doi.org/10.1007/s12126-011-9123-2>
- Devanand, D. P., Kim, M. K., Paykina, N., & Sackeim, H. A. (2002). Adverse life events in elderly patients with major depression or dysthymic disorder and in healthy-control subjects. *The American Journal of Geriatric Psychiatry, 10*(3), 265-274. <https://doi.org/10.1097/00019442-200205000-00005>
- Dierckx de Casterlé, B., Gastmans, C., Bryon, E., & Denier, Y. (2012). QUAGOL: A guide for qualitative data analysis. *International Journal of Nursing Studies, 49*(3), 360-371. <https://doi.org/10.1016/j.ijnurstu.2011.09.012>
- de Vries, B., LeBlanc, A. J., Frost, D. M., Alston-Stepnitz, E., Stephenson, R., & Woodyatt, C. R. (2017). The relationship timeline: A method for the study of shared lived experiences in relational contexts. *Advances in Life Course Research, 32*, 55-64. <https://doi.org/10.1016/j.alcr.2016.07.002>
- Domajnko, B., & Pahor, M. (2015). Health within limitations: Qualitative study of the social aspects of resilience in old age. *Ageing International, 40*(2), 187-200. <https://doi.org/10.1007/s12126-014-9201-3>
- Dury, S., Dierckx, E., van der Vorst, A., Van der Elst, M., Fret, B., Duppen, D., ... De Donder, L. (2018). Detecting frail, older adults and identifying their strengths: Results of a mixed-methods study. *BMC Public Health, 18*, 191. <https://doi.org/10.1186/s12889-018-5088-3>
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing, 62*(1), 107-115. <https://doi.org/10.1111/j.1365-2648.2007.04569.x>
- Fredriksen-Goldsen, K. I., Bryan, A. E., Jen, S., Goldsen, J., Kim, H. J., & Muraco, A. (2017). The unfolding of LGBT lives: Key events associated with health and well-being in later life. *The Gerontologist, 57*(suppl 1), S15-S29. <https://doi.org/10.1093/geront/gnw185>
- Gladman, J. R. F. (2019). Personal growth and development in old age: A clinician's perspective. *Age and Ageing, 48*(1), 8-10. <https://doi.org/10.1093/ageing/afy130>
- Hajek, A., & König, H.-H. (2017). The association of falls with loneliness and social exclusion: Evidence from the DEAS German Ageing Survey. *BMC Geriatrics, 17*(1), 204. <https://doi.org/10.1186/s12877-017-0602-5>
- Hsu, H.-C. (2011). Impact of morbidity and life

- events on successful aging. *Asia-Pacific Journal of Public Health*, 23(4), 458-469. <https://doi.org/10.1177/10105395111412575>
- Kemperman, A., Berg, P. van den, Perrée, M. W., & Uijtdeuillegen, C. G. J. (2019). Loneliness of older adults: Social network and the living environment. *International Journal of Environmental Research and Public Health*, 16(3), 406. <https://doi.org/10.3390/ijerph16030406>
- Komp, K., & Johansson, S. (2015). Introduction. In K. Komp, & S. Johansson (Eds.), *Population ageing from a lifecourse perspective: Critical and international approaches* (pp. 1-10). Bristol: Policy Press.
- Kristiansen, C. B., Bojesen, A. B., Munk-Jorgensen, P., & Andersen, K. (2017). The widowhood effect-mortality and adverse health effects when losing a spouse in old age. *European Psychiatry*, 41, S656-S656. <https://doi.org/10.1016/j.eurpsy.2017.01.1101>
- McAdams, D. P. (2005). Studying lives in time: A narrative approach. *Advances in Life Course Research*, 10, 237-258. [https://doi.org/10.1016/S1040-2608\(05\)10009-4](https://doi.org/10.1016/S1040-2608(05)10009-4)
- Morley, J. E. (2002). A fall is a major event in the life of an older person. *Journals of Gerontology Series A-Biological Sciences and Medical Sciences*, 57(8), M492-M495. <https://doi.org/10.1093/gerona/57.8.M492>
- Naef, R., Ward, R., Mahrer-Imhof, R., & Grande, G. (2013). Characteristics of the bereavement experience of older persons after spousal loss: An integrative review. *International Journal of Nursing Studies*, 50(8), 1108-1121. <https://doi.org/10.1016/j.ijnurstu.2012.11.026>
- Ong, A. D., & Bergeman, C. S. (2004). Resilience and adaptation to stress in later life: Empirical perspectives and conceptual implications. *Ageing International*, 29(3), 219-246. <https://doi.org/10.1007/s12126-996-1000-z>
- Orel, N. A., Ford, R. A., & Brock, C. (2004). Women's financial planning for retirement: The impact of disruptive life events. *Journal of Women & Aging*, 16(3-4), 39-53. [https://doi.org/10.1300/J074v16n03\\_04](https://doi.org/10.1300/J074v16n03_04)
- Perlman, D., & Peplau, L. A. (1981) *Toward a social psychology of loneliness*. In S. W. Duck & R. Gilmour (Eds.), *Personal relationships in disorder* (pp. 31-56). London: Academic Press.
- Rönkä, A. R., Taanila, A., Rautio, A., & Sunnari, V. (2018). Multidimensional and fluctuating experiences of loneliness from childhood to young adulthood in Northern Finland. *Advances in Life Course Research*, 35, 87-102. <https://doi.org/10.1016/j.alcr.2018.01.003>
- Seematter-Bagnoud, L., Karmaniola, A., & Santos-Eggimann, B. (2010). Adverse life events among community-dwelling persons aged 65-70 years: Gender differences in occurrence and perceived psychological consequences. *Social Psychiatry and Psychiatric Epidemiology*, 45(1), 9-16. <https://doi.org/10.1007/s00127-009-0035-3>
- Segel-Karpas, D., Ayalon, L., & Lachman, M. E. (2018). Loneliness and depressive symptoms: The moderating role of the

- transition into retirement. *Aging & Mental Health*, 22(1), 135-140. <https://doi.org/10.1080/13607863.2016.1226770>
- Silva, L. M., Silva, A. O., Tura, L. F. R., Moreira, M. A. S. P., Nogueira, J. A., & Cavalli, S. (2015). Changes and events over life course: A comparative study between groups of older adults. *Revista Latino-Americana de Enfermagem*, 23(1), 3-10. <https://doi.org/10.1590/0104-1169.0144.2518>
- Silverstein, M., & Giarrusso, R. (2011). Aging individuals, families, and societies: Micro-meso-macro linkages in the life course. In R. A. Settersten, Jr. & J. L. Angel (Eds.), *Handbook of sociology of aging* (pp. 35-49). New York: Springer.
- Skow, B. (2011). Experience and the passage of time. *Philosophical Perspectives*, 25, 359-387.
- Smith, C. (2010). *What is a person? Rethinking humanity, social life and the moral good from the person up*. Chicago, IL: The University of Chicago Press.
- Sutin, A. R., Costa, P. T., Wethington, E., & Eaton, W. (2010). Perceptions of stressful life events as turning points are associated with self-rated health and psychological distress. *Anxiety, Stress, and Coping*, 23(5), 479-492. <https://doi.org/10.1080/10615800903552015>
- Taubman-Ben-Ari, O., Ben Shlomo, S., & Findler, L. (2012). Personal growth and meaning in life among first-time mothers and grandmothers. *Journal of Happiness Studies*, 13(5), 801-820. <https://doi.org/10.1007/s10902-011-9291-5>
- Taylor, H., Herbers, S., & Morrow-Howell, N. L. (2017). Residents' change in socialization and loneliness since moving to senior housing. *Innovation in Aging*, 1(Suppl 1), 883. <https://doi.org/10.1093/geroni/igx004.3171>
- Tedeschi, R. G., Calhoun, L. G., & Cann, A. (2007). Evaluating resource gain: Understanding and misunderstanding posttraumatic growth. *Applied Psychology: An International Review*, 56(3), 396-406. <https://doi.org/10.1111/j.1464-0597.2007.00299.x>
- Thorne, S. (2000). Data analysis in qualitative research. *Evidence-Based Nursing*, 3(3), 68-70. <https://doi.org/10.1136/ebn.3.3.68>
- Tschanz, J. T., Pfister, R., Wanzek, J., Corcoran, C., Smith, K., Tschanz, B. T., Steffens, D. C., Østbye, T., Welsh-Bohmer, K. A., & Norton, M. C. (2013). Stressful life events and cognitive decline in late life: Moderation by education and age. The Cache County Study. *International Journal of Geriatric Psychiatry*, 28(8), 821-830. <https://doi.org/10.1002/gps.3888>
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences*, 15(3), 398-405. <https://doi.org/10.1111/nhs.12048>
- van Tilburg, T. G., Aartsen, M. J., & van der Pas, S. (2015). Loneliness after divorce: A cohort comparison among Dutch young-old adults. *European Sociological Review*, 31(3), 243-252. <https://doi.org/10.1093/esr/jcu086>
- Victor, C., Scrambler, S., & Bond, J. (Eds.). (2009). *The social world of older people: Understanding loneliness and social*

- isolation in later life*. Maidenhead: Open University Press.
- Wells, Y. (2015). *Life events and older people*. In N. A. Pachana (Ed.), *Encyclopedia of geropsychology* (pp. 1-9). Singapore: Springer
- Wrzus, C., Hänel, M., Wagner, J., & Neyer, F. J. (2013). Social network changes and life events across the life span: A meta-analysis. *Psychological Bulletin*, 139(1), 53-80. <https://doi.org/10.1037/a0028601>
- Zhang, H., Gao, T., Gao, J., Kong, Y., Hu, Y., Wang, R., & Mei, S. (2017). A comparative study of negative life events and depressive symptoms among healthy older adults and older adults with chronic disease. *The International Journal of Social Psychiatry*, 63(8), 699-707. <https://doi.org/10.1177/00207640177365>

# Chapter 4

---

Life stories from lonely older adults:  
the role of precipitating events and coping  
strategies throughout the life course



## Chapter 4. Life stories from lonely older adults: the role of precipitating events and coping strategies throughout the life course

### Abstract

Building on the cognitive discrepancy theory, this study explores how precipitating events and coping strategies throughout the life course may influence current loneliness among older adults. We qualitatively examined the experienced life courses of 20 lonely older adults living in Belgium, applying a modified version of the McAdams life-story interview scheme. First, our findings provide understanding of the importance for current loneliness of precipitating events during the life course. The results point not only to the lifetime impact of experiencing negative precipitating events during childhood and adulthood, affecting vulnerability to loneliness later in life, but also to unrealized events (for example not being able to have children) and events which did not had an impact earlier in life but appeared relevant in the emergence of loneliness in later life. Second, the narratives revealed that several older adults who had to cope with loneliness earlier in life and later in life, continued to use the same (problem-focused or emotion-focused) coping strategies throughout the life course. Some older adults did adapt their coping strategies based on earlier experiences and improved their loneliness coping skills. Furthermore, changes in people's resources, like fewer options to cope due to physical limitations, might make it difficult to cope with loneliness in later life. The discussion makes a plea for lifelong prevention of and attention to loneliness.

Switsers, L., Stegen, H., Dierckx, E., Heylen, L., Dury, S. & De Donder, L. (Under review). Life stories from lonely older adults: the role of precipitating events and coping strategies throughout the life course. *Ageing & Society*.

## 1. Introduction

As different studies register loneliness feelings from childhood to older age (e.g. Qualter et al. 2015), loneliness is currently seen as one of the main problems in society (de Jong Gierveld, van Tilburg and Dykstra 2018). Following the cognitive discrepancy theory, loneliness may emerge as a result of perceived discrepancies among desired and actual social relationships, both qualitatively and quantitatively (Bekhet, Zauszniewski and Nakhla 2008; Peplau and Perlman 1981). Precipitating events could increase or decrease desired or actual social relationships, and such changes could cause loneliness (Perlman 2004). Moreover, how a person reacts to and copes with the situation are important factors that further influence loneliness experiences (Perlman 2004). To date, little qualitative research is available on life course and loneliness experiences, even though this could provide important insights into the possible influence of adversity over time (Rönka et al. 2018). Hence this study focuses on understanding how (negative and positive) precipitating events and coping strategies throughout the life course may influence current loneliness experiences in older adults.

### **Cognitive discrepancy theory**

The present study draws on the cognitive discrepancy theory of Perlman and Peplau (1981), which posits that loneliness is subjective and distressful, occurring because of a discrepancy between actual and expected quality and quantity of social relationships. In brief, the theory distinguishes between predisposing factors and precipitating events. Predisposing factors can refer to individual personality characteristics like low self-esteem, anxiety and introversion, which are related to the risk of becoming lonely (Hawkley et al. 2008; Rokach 2015); or to more general aspects like cultural values and norms, as observed in individualist and communal cultures (van Staden and Coetzee 2010), but which are not necessarily the cause of loneliness. Precipitating events, on the other hand, are specific circumstances or events that cause changes and discrepancy between a person's achieved social relationships and her desired or expected social relationships, potentially triggering loneliness (Perlman and Peplau 1981). Examples of such negative precipitating events are widowhood or divorce in later life (Davies, Crowe and Whitehead 2016; van Tilburg, Aartsen and van der Pas 2015), retirement (Segel-Karpas, Ayalon and Lachman 2018), and health-related factors such as chronic illness (Victor, Scrambler and Bond 2009).

This discrepancy between achieved and desired relationships does not necessarily lead to loneliness though. Several factors may affect how a person reacts to her own situation: in their cognitive discrepancy theory Perlman and Peplau (1981) posit that cognition and attributions (e.g. controllability) influence the experience of loneliness, and that loneliness experiences are influenced by the person's reactions to and coping with the situation. In line with their definition of loneliness, coping strategies may focus on improving the achieved level of social relationships and adapting desired levels of social contact to realistic levels. Improving is related to active coping, adaptation is related to regulative coping (Schoenmakers, van Tilburg and Fokkema 2015). The severity of loneliness is therefore not only affected by the social relationships that are desired and unfulfilled – the prospect of time is also relevant towards changing difficult relationships and the potential to adapt to the situation (Perlman and Peplau 1981).

Several recent studies have examined parts of the cognitive discrepancy theory (e.g. Burholt and Scharf 2014; Burholt et al. 2017; Dykstra and Fokkema 2007) and deepened our understanding of the model. For example, Burholt and colleagues (2017) extend the discrepancy theory by including the relevance of the socio-cultural and social structural context (the social environment) as potential influencers on actual or desired social relationships. The social environment stands for the context in which people live, including attitudes and values of the people and institutions they interact with, in terms of issues like discriminatory attitudes or stigma (Burholt et al. 2017). In our view, the cognitive discrepancy theory of loneliness presently undervalues an important aspect of studying loneliness, namely the life course perspective. The current study therefore adds this aspect to the model (Model outlined in Figure 1).

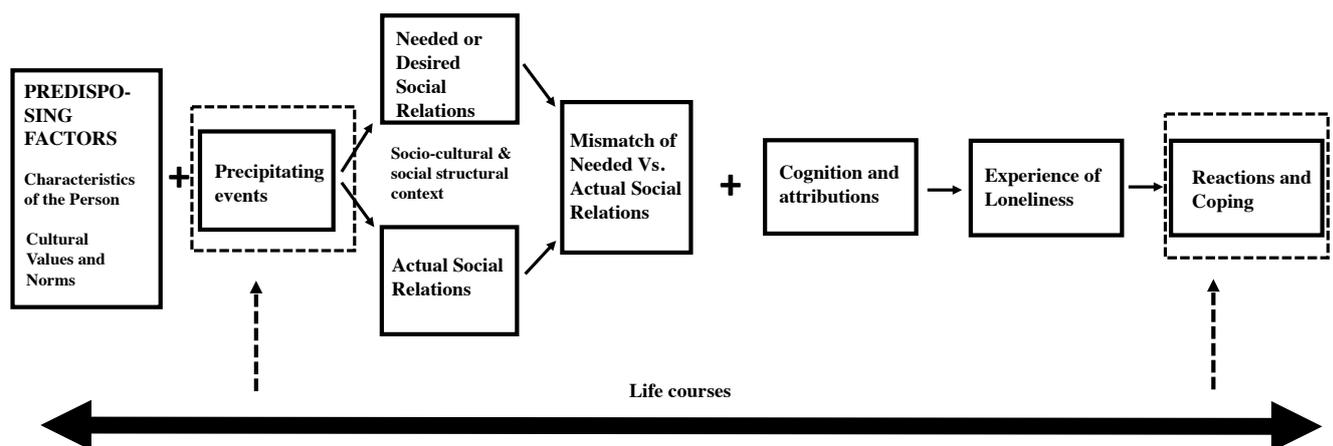


Figure 1. An adapted version of the cognitive discrepancy model of loneliness of Perlman and Peplau (1981), with the integration of the sociocultural and social-structural characteristics of the environment by Burholt and colleagues (2017).

### **Precipitating events: need for a life course perspective**

When studying precipitating events and loneliness, two important gaps can be noted. First, there is a need for attention to both positive and negative precipitating events. Much attention has already been given to the role of negative circumstances in later life, such as the death of a beloved person (partner, friend, sibling), deteriorating health, limited mobility (see for a review Cohen-Mansfield et al. 2016). Although lonely older adults undergo different adverse old-age life events related to experiences of loss, they also undergo several positive old-age life events, which could potentially increase their well-being and reduce feelings of loneliness (Switsers et al. accepted). Attention is therefore given to the relevance of both negative and positive precipitating events.

Second, the life course should receive more attention. This life course approach suggests that changes and life events in earlier life cause changes in thoughts and actions in later life (Elder 1994). Applied to loneliness, this means that although later-life conditions like poor health (Victor, Scrambler and Bond 2009) and later-life events like widowhood (Davies, Crowe and Whitehead 2016) can trigger loneliness, events earlier in life – in childhood or adulthood – can make individuals more or less vulnerable to loneliness in later life (Nicolaisen and Thorsen 2014). A quantitative study of centenarians in the USA demonstrates that the experience of negative life events earlier in the life course (death of a spouse, residential change) is associated with increased risk of loneliness in later life (Hensley et al. 2012). Still, narrative research on the life course and loneliness in later life remains limited (Hagan, Manktelow and Taylor 2020), although there is some limited attention recently (e.g. Hagan, Manktelow and Taylor 2020; Tiilikainen and Seppänen, 2017). Hagan, Manktelow and Taylor (2020) stated that the influence of cumulative disadvantages on loneliness in later life is understudied. To fully understand loneliness, it is important to investigate the role of significant life events during the life course (Merz and De Jong Gierveld 2016; Nicolaisen and Thorsen 2014). Consequently, the first research aim will be to investigate the (negative and positive) precipitating events throughout the life course that influence current loneliness in older adults.

### **Coping strategies within a life course perspective**

The way people cope can lower the impact of adverse life events and circumstances, not only in the short term but also in the long-term development of physical and mental health (Skinner et al. 2003). Older adults differ in their ability and capacity to deal with life events. Older people may develop meaningful relationships, skills or creative strategies to deal with adverse life events in general (Moos et al., 2006) and loneliness in particular (Kharicha et al. 2018). A recent literature review on the use of different coping strategies among adults experiencing loneliness (Deckx et al. 2018) demonstrated that problem-focused coping styles or active coping (coping strategies related to behavioural and/or cognitive action such as seeking social support or developing a positive attitude) were associated with lower levels of loneliness, and emotion-focused or regulative coping styles (coping strategies related to avoidance or negative emotions) are linked to higher levels of loneliness. This is also suggested by Schoenmakers, van Tilburg and Fokkema (2015), who found that emotion-focused strategies, consisting of lowering expectations, were associated with greater likelihood of loneliness among older adults. Older people's current coping strategies however might be developed and influenced over the life course and formed by individual coping strategies and different contexts (Kharicha et al. 2020). A life course perspective might therefore contribute to our current knowledge on coping strategies and their influence on current loneliness, resulting in the second research aim.

### **Current study**

This study elaborates on the cognitive discrepancy model (as modified by Burholt et al. 2017) by using a life course perspective. The focus lies on how (negative and positive) precipitating events earlier in life may influence current loneliness feelings and how older adults cope with loneliness throughout the life course, as well as how these coping strategies are connected with their current loneliness feelings.

Our specific research questions are:

1. How do (negative and positive) precipitating events throughout the earlier life course influence current loneliness feelings of older adults?
2. How do older people cope with loneliness throughout the life course? How are these coping strategies connected with their current loneliness feelings?

## 2. Methods

### Data collection and sample

The consolidated criteria for reporting qualitative research (COREQ checklist) was used to clearly depict the method of our study (Tong, Sainsbury and Craig 2007). The data used in this study are the life stories of 20 lonely older people living in Flanders, Belgium. Data were collected between November 2019 and March 2020. Professionals working daily with older adults, such as physiotherapists, general practitioners and social workers from municipalities across Flanders, talked to potential respondents about the study and the search for respondents. Respondents had to identify themselves as lonely and be willing to talk about their life stories and feelings of loneliness. When older adults were interested in participating and giving consent, the professionals gave their contact information to the researchers. During the intake, the de Jong-Gierveld 6-item loneliness scale (de Jong-Gierveld and van Tilburg 2006) was administered and respondents needed to obtain a score of 2 or higher, which might indicate being lonely. The first author prepared the data collection with support from co-authors three, five and six. The first author conducted the interviews, together with two MSC students trained as researchers. All interviewers were female. The first author is a PhD fellow researcher and has experience in the fields of social gerontology, loneliness and qualitative research. The interviews lasted between 60 and 240 minutes (average duration 135 minutes). Data saturation was obtained. Table 1 presents the socio-demographic data for the 20 respondents. Respondents' ages ranged from 60 to 92 years (average age 78.75 years), and most of them were female (N = 14). All respondents were Belgian nationals, and most were widowed (N = 13).

Table 1. Socio-demographic data of respondents (N=20)

Characteristics		Total (N)
Age (years)	78.75 average (range 60-92)	20
	60–69	3
	70–79	6
	80–89	10
	90 and older	1
Gender	Male	6
	Female	14
Marital status	Cohabiting	1
	Never married	1
	Divorced	5
	Widowed	13
Living situation	Independently at home	16
	Assisted living facility	1
	Residential care home	3
Making ends meet with current income	Is easy	5
	Is fairly easy	9
	Is rather difficult	4
	Is very difficult	2

### Ethics

One of the main ethical considerations of this study was to minimise harm to respondents. It was recognised that loneliness is an emotive and sensitive subject, which may require respondents to revisit painful or uncomfortable periods of their past or current life. It was acknowledged by the researchers that respondents might experience distress during the qualitative interview. Hence the decision was taken to conduct narrative interviews, as this approach is appropriate for emotive and sensitive topics (Petty 2017). The researchers also visited respondents approximately one week beforehand in order to communicate the purpose of the interview and the study. This encouraged and fostered the creation of a safe atmosphere, a very important prerequisite to facilitate speaking about personal loneliness experiences (Kirkevold et al. 2013). At the briefing on the previous week, and at the moment of the interview, respondents were informed about the voluntary nature of their participation and their right to refuse to answer any questions. They also knew they had the right to withdraw from the study at any time. Respondents were guaranteed confidentiality and signed an informed consent form. They were free to choose where the interview would take place; all respondents chose to be interviewed in their home environment. No one else except for the researchers were present during the interviews.

Furthermore, respondents were informed in advance that certain emotions may be evoked during or after the interview. Dickson-Swift and colleagues (2009) argue that there are multiple ways of dealing with respondents' emotions when interviewing, ranging from strong empathy and adopting the emotions to complete neutrality. During our research, we took the middle ground. We did not take over the emotions, but were empathetic: we showed respect for the emotion by letting it happen, giving space for the emotion, for example putting a hand on the person's arm and waiting. When certain emotions, stress or sadness arose during the interviewing process, the interviewer repeated the option of taking a break or stopping the interview. Two interviews were stopped earlier (after one hour). At the end of the interview, time was spent with respondents to talk about less emotive issues in order to enhance their mood and enable them to move away from any distressing emotions raised by the interview. Contact details of the researchers as well as for any psychological help after the interview were also provided. This study was approved by the Ethical Committee for Social Sciences and Humanities of Vrije Universiteit Brussel (VUB) (file number ECHW\_167).

#### **Interview scheme: Modified version of the life story interview guidelines of McAdams**

We followed the basic interview scheme of McAdams (2008), where respondents identify their life chapters, significant life events and future plans, yet making some adaptations to better fit the research aim. The main adaptation of the life story guideline of McAdams was our deletion of the sections on key scenes in the life story (e.g. vivid adult memory; wisdom event; religious, spiritual or mystical experience), on personal ideology, and on the life theme. We made this adaptation because of the time-consuming nature of the McAdams interview and given the sensitive subject and often-vulnerable respondents.

In the first phase, at the start of each interview, we focused on the respondents' actual life story, inviting them to think of their own life as a novel and to divide it into different chapters. Respondents chose the number of chapters (McAdams recommends between two and seven). Respondents then entitled and briefly summarised each chapter. These chapters were visualised during the interview for both the interviewer and the respondent, by writing down the titles of the chapters and the corresponding relevant key words together with the respondent. The second part of the interview focused on some important key scenes during respondents' life. We asked them to talk about one high point, one low point and one turning point for each life chapter. In the third phase, we asked questions about their feelings of loneliness during the life course, such as 'When did you experience loneliness (in which chapter)?', 'What caused your loneliness?', 'How did you cope with this situation?'.

The fourth phase was related to their proudest moment in life and to telling about their main life lesson. In the fifth phase respondents were asked to imagine and describe their future chapter. Given that most people did not regularly share their life story in this way, the final section consisted of some reflective questions. The interviewer asked the respondent to take a moment to reflect on this interviewing method and on sharing his or her life story.

### **Membercheck interviews**

Because of the multitude of information, the complexity of the life stories and the sensitivity of the topic, follow-up interviews were organised aimed at asking additional clarifying questions (Birt et al. 2016; Harvey 2015). Eight older adults participated in those membercheck interviews to check the content and interpret meanings from their prior interviews. These membercheck interviews were prepared at the individual level. Based on the analysis of the first interview (Harvey 2015), additional (clarification) questions were prepared and a timeline was added, visualising the most important events that influenced respondents' loneliness throughout their life course. Respondents were asked if they wanted to add or modify anything. These interviews took place within two to three months of the first interview and lasted between 35 and 75 minutes.

### **Data analyses**

A narrative approach was chosen to respect the respondent's voice and perspective (Bohlmeijer et al. 2011). Narrative enquiry allows older adults to explore and construct their own life course – which is complex, intense and embodied with changes (Phoenix, Smith and Sparkes 2010) – without losing the authentic voice (Riessman and Quinney 2005). The goal consists of developing stories, focusing on what is relevant according to the narrator, the storyteller (Hill and Burrows, 2017; Riessman and Quinney 2005), as researchers we were involved on a spectrum between story analyst and storyteller (Smith 2016; Smith and Sparkes 2008) to conduct a joint meaning construction for the narrated events (de Medeiros and Rubinstein 2015).

Smith and Sparkes (2008) mention that there is no clear or straightforward method to conduct narrative analysis. Researchers have to make difficult and complicated decisions about their analytical work that they estimate are most appropriate for their particular purpose (Smith and Sparkes 2008). Our analyses focused on the four main strategies within the dialogical narrative analysis (DNA), described by Smith (2016). These strategies are not linear or fixed, yet the researcher engages in the process of moving backwards and forwards from these phases during the analysis. The first strategy focuses on (1) *getting the story*. Interviews were audio recorded and transcribed verbatim.

During and after each interview notes and memos were written down. The second strategy focuses on (2) *getting to delve into the stories*, whereby subsuming is an important aspect. After getting the story, the first author conducted a subsuming stage whereby the 20 interviews were reread multiple times. Within this strategy of delving into the stories, identifying narrative themes and the stories' structure are important aspects. To best meet the essence of narrative reconstruction, we systematically moved backwards and forwards between the whats and the hows of the narratives (Smith 2016). To analyse the whats (content) a thematic narrative analysis was performed to identify central themes – life events, coping strategies – within stories (Smith 2016). The analyses of the life events focused on those earlier in life (during childhood or adulthood). For the different coping strategies during the life course we used the classification of problem-focused or active coping versus emotion-focused or regulative coping (Lazarus and Folkman 1984). To analyse the hows (structure of the story, plot) of the narrations, a holistic approach (Lieblich, Tuval-Mashiach and Zilber 1998) was followed to develop the life stories. This holistic approach or analysis does not fail to acknowledge the what or the content of the narrations – rather, it is necessary for keeping the story together, to structure the story (Lieblich, Tuval-Mashiach and Zilber 1998). The results will always describe an overview of each participant's entire life story, so that results are situated within the spirit of the story and can be interpreted in relation to other parts of the life course.

The third strategy of the DNA focuses on (3) *opening up analytical dialogue*, whereby questions can reveal what was unknown about the story. For example, questions like 'Which stories are affecting the respondent and the researcher emotionally?' and 'Would the respondent, the storyteller tell his or her story to everybody or not, and why not?' are raised. These responses are not applied within our results, but asking certain questions enhanced reflection on the stories (Smith 2016). The fourth strategy focuses on (4) *pulling the analysis together*; hereby we chose to move from a story analyst to a storyteller (Smith 2016), and the results section will often tell larger parts of one's life story.

Concerning the validation of narrative research, Riessman (2008) indicates that trustworthiness is more relevant than truth worthiness, whereby the evaluation of trustworthiness seems to be important. Trustworthiness was conducted for this research as follows: First, data gathering and analysis were outlined and described comprehensibly. Second, long quotations were used to respect the storyteller's voice. Third, the plots of the narratives and the main themes were discussed with the respondents in the member-check interviews and with different colleagues (with experience in loneliness, mental health, social gerontology) to ensure that the chosen themes were consistent with the narrations. Lastly, the original transcripts of the interviews were in Dutch, so the English translations of the quotations were verified by a native speaker to ensure the accuracy and closeness of the narrations.

### 3. Results

#### **How do (negative and positive) precipitating events throughout the earlier life course influence current loneliness feelings in older adults?**

The life stories revealed the lifetime impact of experiencing negative precipitating events during childhood and adulthood, leading to vulnerability to loneliness later in life. Life stories also indicated the relevance of certain unrealized events, which seem to have an impact on loneliness later in life. Lastly, stories told concerning events that did not have an impact earlier in life, appeared relevant in the emergence of loneliness in later life.

#### **Precipitating events and loneliness during childhood impact loneliness in later life**

The importance of childhood circumstances seemed to return in several life stories, not only for loneliness feelings during childhood but also in later life. Two older adults, for example, talked about feeling abandoned or unwanted by their parents, and how that still had an impact on their feelings of loneliness today.

A first life story is from a 68-year-old divorcee with three children. She talked about how she suffered from loneliness almost constantly throughout her life. She had three different partners in her life, and was separated from her children for several years as she was not allowed to see them. She grew up in a poor family, and tells how she felt unwanted by her parents and how this influenced her life: *'Loneliness has often been there, almost constantly in my life. (...) Our father was away a lot, he had to work and then you feel lonely because my mother didn't look at me so I often felt alone. And when my father was dying, he said to me on his deathbed: "my child, you are going to suffer, because you are an unwanted child." (...) If you feel unwanted as a child, you feel alone, you feel lonely.'* She talked about how she used to feel ignored at home and how that caused her loneliness: *'So I've never counted for anything – in my youth, as a mother, or now. I just don't matter.'*

A second example is a single 86-year-old man who tells how his upbringing had an impact on his life today. He lived with his parents and sister all his life, never had a relationship, and has always struggled with his sexual orientation. He was a land surveyor and worked mostly for the government. At the age of 60 he retired. Thirteen years ago, his sister died, as he was left alone in the house. He decided to move to an assisted living facility. He talked about his childhood and upbringing and how this still influenced his loneliness today: *'Yes, so my first stage of life, in the beginning ... I'm actually a replacement child, do you know what that is? My parents had my sister, then a second child who only lived for one year because of a tapeworm, they were devastated by this loss. They were advised to have another child. They wanted a girl but got a boy, me, and they tried to raise me as a girl and of course that didn't work out. (...) 'That was very difficult, and I was very lonely. (...) I feel as if I wasn't loved as a child, and that they didn't want to accept me as a boy (...) Not being able to be who you are, not being accepted as you are, that's lonely.'* He mentioned further how this impacted his life: *'For example, I didn't start a family. And that was, yes, because of fear of commitment too. I wasn't able to bond with someone through marriage or a steady relationship. My whole life I have missed intimacy, and that makes me feel lonely even today.'*

#### **Precipitating events and loneliness during adulthood which impact loneliness in later life**

Older respondents indicated that life events during adulthood, such as conflicts with colleagues and friends or spousal infidelity, caused loneliness feelings not only at the moment they happened but retained an impact on their current loneliness feelings, in later life.

An 81-year-old widow narrated her story about a conflict at work when she was 58, which caused some isolation at her workplace and which still had an influence on her current loneliness. She worked her whole life at the same school as a physical education teacher. Throughout her life she suffered from many health problems, had many operations, problems with her back and so on. At a certain point, she got extra support during her lessons, but shortly thereafter three colleagues started a petition because they did not agree with her getting this extra support. This was the start of a conflict at work, the consequences of which she still experiences: *'The whole thing was very cruel. I lost several girlfriends – at least I thought they were my girlfriends, they were more than just co-workers. And I believe this still affects my sense of loneliness today. Since it happened, I have lost some confidence in people.'*

A 60-year-old divorcee described how her divorce 20 years ago has impacted her entire life up until now. She grew up together with her sister at her aunt's house, because of their mother's death. The bond with her sister was not optimal because her sister did not get along with her aunt and uncle. The respondent described that as a young child she felt abandoned by her mother and her sister. Later on, now 20 years ago, she was abandoned by her husband. He cheated on her with another woman, and they divorced. Since then, she also lost contact with her family, with the sole exception of her son. She mentioned experiencing loneliness continuously during the past 20 years: *'Yes, and that sad loneliness in those 20 years, all those emotions and that loneliness, those years were the worst.'* After her divorce she raised her son all by herself, which wasn't easy. Because of that she rarely had time for herself: *'I was very lonely, all on my own, and it's been 20 years, I've been divorced for 20 years, and it really hit me hard at the time (...) Yes I was so lonely, I sacrificed all my energy and everything else to my son. (...) Do you understand? I erased myself.'* Later in her life, i.e. several years ago, she met someone at the local swimming pool: *'I met someone at the pool, but he's gay so we were just friends. I was really doing better, we went out a lot, did all kinds of things together, I was a lot less lonely, I had a friend.'* After a while this friend abandoned her too: *'Suddenly he didn't want anything to do with me anymore. The police came, he had filed a complaint for stalking. I didn't understand and to this day I still don't know what exactly happened. I didn't do anything wrong. So, I was abandoned again. Now I don't need anyone around me anymore, I've had enough.'* She mentioned that she has always been afraid of being abandoned again: *'The way it is now, I am no longer open to a relationship. I've been hurt so much, and abandoned by my father and mother, my husband and my family. I literally only have my son and my doctor, who I see occasionally, and that's it. Not that simple.'*

### **Unrealized events impact loneliness in later life**

The life story of an 81-year-old widow revealed the relevance of a certain unrealized event (i.e. an event that did not happen during life) that seemed to have an impact on loneliness later in life. The widow talked about her good and happy marriage. She and her husband were not able to have children for biological reasons (she suffered from tuberculosis), although they had both wanted to start a family. When everyone around her became parents, it was hard on her. She tells how she used to deal with this in her late twenties, early thirties: *'I'd cry when I saw a pregnant woman in the street. That period was so hard and painful.'* She says she was a very social person, had the chance to become a mother figure to her best friend's son. Together with her husband they often looked after many of their friends' children. The death of her husband several years ago increased her loneliness feelings, but the fact that they could not raise their own children still had an impact on her loneliness today.

This became clear from her life story: *'Now I'm alone, my husband died 12 years ago. His death has intensified my loneliness. And that's the worst part, he's not coming back, and you can't do anything about it. Yes, I miss him a lot, especially because we have no children. And then your acquaintances say: "Yes but do you think that if you had children you would see them every day?" I know, I know, but when it comes down to it, for a decision or something else, then you'd have someone you can trust 100 percent and ask for help.'* She still struggles with this today: *'And I have no one left. There are some people I can rely on, several who take very good care of me, yet that isn't satisfying. They obviously cannot replace having children or the loss of my husband. That makes me feel lonely, now that I have no family anymore, that I cannot count on any real family. That will always feel like a loss to me.'*

### **Life events earlier in life with no impact on loneliness earlier in life, but which impact loneliness in later life**

In different life stories, life events that happened earlier in life had no significance for feelings of loneliness at the time, but later did turn out to have an impact on loneliness. For example, a 75-year-old widow tells that she moved to her partner's birthplace in her twenties and that she was glad about that decision back then. However, her partner died recently and her circle of acquaintances in her 'new' place appeared to be very limited: *'Maybe I shouldn't have moved. My closest girlfriends live far away and that affects how lonely I feel now. It gets harder to travel when you're old. (...) I feel like that move from years ago is having an impact now. (...) Perhaps if I wasn't living here, I would feel less lonely.'*

### **How do older people cope with loneliness throughout the life course? How are these coping strategies connected with their current loneliness feelings?**

Life stories revealed that older adults who had to cope with loneliness earlier in life as well as later in life, continued to use the same problem-focused or emotion-focused coping strategies throughout the life course. However, some older adults indicated changing coping strategies during their life course.

### **Continuous use of problem-focused or active coping strategies during the life course**

Respondents shared how they managed to cope with loneliness feelings during their life. The narrations of coping strategies by older adults with previous loneliness experiences described mostly that a respondent used the same coping strategies throughout their life. A single 86-year-old man mentioned that going to school and the youth organisation were important for him to cope with his loneliness. Later in life he visited some sex workers in order to find some intimacy. He is still actively searching for social contact: *'Now I go to the cafeteria, where I can sit every afternoon. That does me a lot of good.'*

The life story of the 81-year-old widow revealed different active coping strategies during her life. When she used to experience loneliness feelings at work, earlier in life, she focused more with her husband on organising events for good causes and invited many people to their home. Now, later in life, she still uses certain active coping strategies. For example, she shops several times a day, in that way trying to come into contact with people: *'I go shopping in the morning for a loaf of bread, and in the afternoon, I go back to buy toppings, hoping to meet more people. Or I just drive around, I do that now and then when I feel lonely.'*

#### **Continuous use of emotion-focused or regulative coping strategies during the life course**

Some life stories indicate the use of regulative coping strategies throughout the life course, a focus that is still used in later life. A 60-year-old divorcee experienced loneliness for the past 20 years, since she was abandoned by her partner. He cheated on her with another woman, and they divorced. Since then she also lost contact with her family, with the sole exception of her son. In her narrative, she mentions how she avoids social contact and was never motivated to seek for new relationships or contacts, or repair broken relationships due to conflict. She describes how she has used regulative coping for her loneliness for the last 20 years. *'When I start feeling the pain, I watch television or I pray, it's distracting. I've been doing that for the last 20 years, but I just can't anymore.'*

#### **Change of coping strategies during the life course**

Some respondents indicated using different coping strategies during their life course. A 68-year-old divorcee expressed the need to find a partner at the age of 18, when she became legally an adult, in order to escape her loneliness at the parental home: *'I wanted to leave home as soon as possible. I didn't have many options then, as a young woman. I had to find a partner to live with so I could get away. A woman living alone, you didn't do that back then, so I had to find someone.'* In her life, she had three different partners; after each breakup, she wanted to find a new partner as soon as possible. Due to the many negative experiences with her partners, she finally decided she was better off on her own. She mentions how she now copes with her loneliness feelings in a more regulative way: *'Actually, now I don't do anything, I just wait until my daughter comes. Normally she comes every week. I am certainly not looking for a new partner.'*

An 82-year-old widow lost her husband earlier in life, at age 62. She married in her twenties, had a son, worked all her life as a pharmacy assistant and didn't experience any loneliness until her husband suddenly died: *'And then, two months before he was to retire, he had a brain haemorrhage and died. For the first time, I was lonely and felt great sadness.'* She could cope with this loss and her loneliness didn't become severe thanks to her active coping, she tells. She became a volunteer: *'My husband died and all of a sudden I was on my own. But so what, I'm only 62, what I did was, around the corner there is a care institution for older people. I started keeping older people company, I did that for three years.'* Several years later she started a new relationship: *'We had a LAT (living apart together) relationship for 15 years, sometimes at his house, sometimes at my apartment. And the day of our 15th anniversary he laid the key on the table and said, "I want my freedom back." I was 80 and he was 79. When that happened, two years ago, my loneliness began. I lost him as a partner, emotionally, but also other social contacts, some friends we used to see together.'* She talked about how she now coped differently with her loneliness due to physical limitations: *'This is worse than the first time around. I could walk and do volunteer work, so that helped (...) But now it's different. I play cards every week, but that's not enough, and now with the coronavirus it's not happening either, there is always something, it won't happen in the summer either, things are always getting cancelled. It's just not enough. (...) This makes it all much harder.'* Nowadays she has a more regulative coping style for her loneliness: *'I just wait it out till it passes.'*

#### **4. Discussion**

This study elaborates on the cognitive discrepancy model of loneliness (Perlman & Peplau 1981, as modified by Burholt et al. 2017), by using a life course perspective. We first investigated how both negative and positive precipitating events earlier in life influence current loneliness, subsequently expanding the knowledge on how older adults cope with their loneliness throughout the life course and how this impacts their current loneliness experiences. In order to answer the research questions, we collected the life stories of 20 lonely older adults living in Belgium, using the adapted version of the McAdams life story interview scheme.

Regarding the first research question, on the role of (negative and positive) precipitating events throughout the earlier life course, our results revealed three main findings. First, the narratives provide support for the lifelong influence of negative precipitating events on current feelings of loneliness. Certain negative life events can have a long-lasting influence on loneliness in later life. Although recent research focuses mostly on the role of recent old-age life events (e.g. Cohen-Mansfield et al. 2016; Switsers et al. accepted), the importance of earlier life events should not be neglected if we are to understand older people's current loneliness.

Our qualitative findings support the quantitative findings of Kamiya and colleagues (2014) and Ejlskov and colleagues (2020), which highlight the effect of childhood events on current loneliness in later life. Relationship adversities experienced during childhood (e.g. maternal or parental neglect) or childhood traumas (e.g. premature death of a parent) continue to impact loneliness later in life. One narrative research, is in line with our results, indicating that loneliness can be experienced earlier in life, due to negative life events in childhood such as loss of a parent (Tiilikainen and Seppänen, 2017). Second, the life stories revealed the relevance of certain unrealized events (e.g. remaining childless) on loneliness later in life. The specific example connects with several recent studies that found childlessness to be related to increased loneliness in later life (Vozikaki et al. 2018; Zoutewelle-Terovan and Liefbroer 2018). Other studies indicate that different unrealized events might be related to increased loneliness too, such as never having married (Gibney, Moore and Shannon 2019). Not having followed long-term education for at least eight years also seems related to loneliness in later life (Vozikaki et al. 2018). Third, our findings add that even though earlier life events might have had no impact on loneliness feelings earlier in life (such as relocation of neighbourhood at younger age), certain life events (unexpectedly) can influence old-age loneliness.

Furthermore, although recent research by Switsers and colleagues (accepted) indicate that recent positive old-age life events can impact older adults' wellbeing and loneliness, our study did not find any examples in older people's narratives of the role of positive life events earlier in life on loneliness later in life. It might be hypothesised that positive events may have a short-term impact, but their long-term impact may be limited. This is in line with findings of a recent quantitative study by Kettlewel and colleagues (2020), demonstrating that certain positive life events (marriage, childbirth, a major financial gain) caused a positive change in people's wellbeing. However, these events did not have a long-lasting impact, compared with negative events, which had a longer negative impact on wellbeing. Lastly, cumulative effects within the life courses of our respondents were noticeable, adverse and traumatic events (childhood adversities, divorce, bereavement, depression) accumulating throughout the life stories. Our study underlines the cumulative-disadvantage theory that adverse events and circumstances can accumulate throughout life (Dannefer 2020).

Regarding the second research question, on how older adults cope with their loneliness throughout the life course, two 'profiles' are found. First, several respondents used the same coping strategy to deal with loneliness throughout their entire life course. Even though coping is considered to be dynamic, fluctuating over time in reaction to changing situations (Moos and Holahan 2003), several individuals respond with a single, consistent coping style that they use in a variety of situations (Endler 2002). One explanation therefore might be that one's personality influences coping strategies (Carver and Corner-Smith (2010).

Carver and Corner-Smith (2010) found that different meta-analyses connect personality traits such as extraversion, optimism, openness and conscientiousness more to problem-focused coping strategies and neuroticism more to emotion-focused coping strategies. As personality might remain constant over the life course (Caspi and Roberts 2009), people's coping styles tend to remain stable too. It should nonetheless be pointed out that this consistent coping style among respondents could prove to be unsuccessful when used repeatedly, thus failing to resolve or diminish the loneliness experienced. This can be connected to what Young (1994) terms 'early maladaptive schemas'. These schemas are the deepest cognitive levels and the core of personality, are developed during childhood, and perpetuate the use of negative coping strategies such as avoidance, social isolation and self-sacrifice (Young, 1994). The schemas are pervasive throughout the lifetime and might be dysfunctional to a certain degree (Young, Klosko and Weishaar 2003). Although this has not been researched before, it could be hypothesised that certain early maladaptive schemas, developed in childhood, influence old-age loneliness. This is in line with the argumentation of Morgan and colleagues (2020) who stated that when emotion-oriented coping strategies are used in isolation, these coping strategies might contribute to loneliness.

Second, the results also contain life stories where older people adopt a 'flexible, learning approach' throughout their life, adapting their coping strategies based on certain positive or negative experiences and improving their coping skills with loneliness. The ability to deal with changes during the lifespan and use a variety of different coping strategies is connected with the construct of resilience (Wiles et al. 2012; Stephens, Breheny and Mansvelt 2015). Resilience is defined as a successful adaptation process, the capacity to respond and react to adverse life events, or the ability to bounce back from difficult life conditions. People use external and internal resources within such reactions and responses (Wiles et al. 2012) to overcome adversities such as loneliness. However, as one ages several internal and external resources might change (Randall et al. 2011). While respondents explained having developed resilient ways of coping with loneliness during the life course, because of age-related changes in people's resources they could no longer cope with loneliness in later life in a preferred way, resulting in increased loneliness.

### **Study limitations and paths for future research**

Although this study adds a nuanced way of understanding loneliness experiences within a life course perspective and focuses on the cognitive discrepancy model of loneliness (Perlman and Pepalu 1981), it has some limitations which can constitute opportunities for future research. First, all respondents had Belgian roots; it might be valuable to study the life courses of migrant older adults with loneliness feelings (Wu and Penning 2015), as this might reveal unprecedented knowledge on the implications of migration during childhood or adulthood for loneliness in later life. Second, the connection of the individual with society, which can be seen as the micro-macro-link (Bouvier 2011), seems to be relevant towards understanding loneliness experiences. Viewed from this perspective, loneliness is not only the attribute of individuals but an experience that is also influenced by social and structural conditions (Burholt et al. 2017; de Jong Gierveld, van Tilburg and Dykstra 2018). These might not only refer to societal-context factors (macro-link), but recent studies have shown the positive (cross-sectional) association between community factors (meso-/exo-link) and older adults' wellbeing (Zhang et al. 2018), and loneliness in particular (Kemperman et al. 2019). It is however also obvious that communities are constantly in motion and that community changes strongly affect older people (Buffel and Phillipson 2019). It might therefore be interesting for further research to conduct, in addition to individual life stories as we did, community life stories to investigate the role of contextual transitions on loneliness during the life course. Third, this study has found relevance for adding the life course perspective to the cognitive discrepancy model of loneliness. Although we only focused on the role of precipitating events and coping strategies throughout the life course, other aspects of the cognitive discrepancy model of loneliness might also benefit from a life course perspective in order to expand our knowledge of understanding loneliness, such as the focus cognition and attributions.

### **Implications**

Building on recent attention for moving from loneliness reduction to loneliness prevention (de Jong Gierveld and Fokkema 2015; Newall and Menec 2015), our findings make a plea for the lifelong prevention for loneliness. More attention is needed for the role of precipitating negative events during childhood and adulthood, as those events might still be impacting loneliness in later life. Additionally, prevention of loneliness needs to be seen within a broader perspective. The findings revealed that not only precipitating negative events are of relevance to loneliness in later life, also age-related changes and people's personal resources are relevant towards coping with loneliness effectively.

## 5. References

- Bekhet AK, Zauszniewski JA and Nakhla WE (2008) Loneliness: A Concept Analysis. *Nursing Forum* 43, 207-213. <https://doi.org/10.1111/j.1744-6198.2008.00114.x>
- Birt L, Scott S, Cavers D, Campbell C, & Walter F (2016) Member Checking: A Tool to Enhance Trustworthiness or Merely a Nod to Validation? *Qualitative Health Research* 26, 1802-1811. <https://doi.org/10.1177/1049732316654870>
- Bohlmeijer ET, Westerhof GJ, Randall W, Tromp T and Kenyon G (2011) Narrative foreclosure in later life: Preliminary considerations for a new sensitizing concept. *Journal of Aging Studies* 25, 364-370. DOI: 10.1016/j.jaging.2011.01.003.
- Bouvier, A (2011) Individualism, collective agency and "micro-macro relation". In I. C. Jarvie & J. P. Zamora-Bonilla (Eds.), *The SAGE handbook of the philosophy of the social sciences* (pp. 199-216). New York: SAGE.
- Buffel T and Phillipson C (2019) Ageing in a Gentrifying Neighbourhood: Experiences of Community Change in Later Life. *Sociology* 53, 987-1004. <https://doi.org/10.1177/0038038519836848>
- Burholt V and Scharf T (2014) Poor health and loneliness in later life: The role of depressive symptoms, social resources, and rural environments. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences* 69, 311-324. <https://doi.org/10.1093/geronb/gbt121>
- Burholt V, Windle G, Morgan DJ and CFAS Wales team (2017) A Social Model of Loneliness: The Roles of Disability, Social Resources, and Cognitive Impairment. *The Gerontologist* 57, 1020-1030. <https://doi.org/10.1093/geront/gnw125>
- Carver CS and Connor-Smith J (2010) Personality and coping. *Annual Review of Psychology* 61, 679-704. doi:10.1146/annurev.psych.093008.100352
- Caspi A and Roberts BW (2009) Personality Development Across the Life Course: The Argument for Change and Continuity. *Psychological Inquiry* 12, 49-66. [https://doi.org/10.1207/S15327965PLI1202\\_01](https://doi.org/10.1207/S15327965PLI1202_01)
- Cohen-Mansfield J, Hazan H, Lerman Y and Shalom V (2016) Correlates and predictors of loneliness in older-adults: A review of quantitative results informed by qualitative insights. *International Psychogeriatrics* 28, 557-576. <https://doi.org/10.1017/S1041610215001532>
- Dannefer D (2020). Systemic and Reflexive: Foundations of Cumulative Dis/Advantage and Life-Course Processes. *The Journals of Gerontology: Series B* 75, 1249-1263. <https://doi.org/10.1093/geronb/gby118>
- Davies N, Crowe M and Whitehead L (2016) Establishing routines to cope with the loneliness associated with widowhood: A narrative analysis. *Journal of Psychiatric and Mental Health Nursing* 23, 532-539. <https://doi.org/10.1111/jpm.12339>
- de Jong Gierveld J and Fokkema T (2015) Strategies to prevent loneliness. In A. Sha'ked & A. Rokach (eds.) *Addressing loneliness: Coping, prevention and clinical interventions* (pp. 218-230). New York, NY:

- Routledge.
- de Jong Gierveld J and van Tilburg T (2006) A 6-item scale for overall, emotional, and social loneliness—Confirmatory tests on survey data. *Research on Aging* 28, 582-598. <https://doi.org/10.1177/0164027506289723>
- de Jong Gierveld J, van Tilburg TG and Dykstra PA (2018) Loneliness and social isolation: New ways of theorizing and conducting research. In *Cambridge handbook of personal relationships, 2nd Ed* (pp. 391-404). doi:10.1017/9781316417867.031
- de Medeiros K and Rubinstein RL (2015) "Shadow stories" in oral interviews: Narrative care through careful listening. *Journal of Aging Studies* 34, 162-168. DOI: 10.1016/j.jaging.2015.02.009.
- Deckx L, Akker MVD, Buntinx F, and Driel MV (2018) A systematic literature review on the association between loneliness and coping strategies. *Psychology, Health & Medicine* 23, 899-916. <https://doi.org/10.1080/13548506.2018.1446096>
- Dickson-Swift V, James EL, Kippen S and Liamputtong P (2009) Researching sensitive topics: Qualitative research as emotion work. *Qualitative Research* 9, 61-79. <https://doi.org/10.1177/1468794108098031>
- Dykstra PA and 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, 1-12.
- Ejlskov L, Bøggild H, Kuh D and Stafford M (2020) Social relationship adversities throughout the lifecourse and risk of loneliness in later life. *Ageing & Society* 40, 1718-1734. <https://doi.org/10.1017/S0144686X19000345>
- Elder GH (1994) Time, Human Agency, and Social Change: Perspectives on the Life Course. *Social Psychology Quarterly* 57, 4-15. <https://doi.org/10.2307/2786971>
- Endler NS (2002) *Multidimensional interactionism: Stress, anxiety, and coping*. In L. Bäckman & C. von Hofsten (Eds.), *Psychology at the turn of the millennium, Vol. 1. Cognitive, biological, and health perspectives* (p. 281-305). Psychology Press/Taylor & Francis (UK).
- Gibney S, Moore T and Shannon S (2019) Loneliness in later life: A cross-sectional survey analysis of place-based factors in Ireland. *Quality in Ageing and Older Adults* 20, 80-96. <https://doi.org/10.1108/QAOA-04-2018-0015>
- Hagan R, Manktelow R and Taylor B (2020) Loneliness, cumulative inequality and social capital in later life: Two stories. *Irish Journal of Sociology* 28, 192-217. <https://doi.org/10.1177/0791603520908764>
- Harvey L (2015) Beyond member-checking: A dialogic approach to the research interview. *International Journal of Research & Method in Education* 38, 23-38. <https://doi.org/10.1080/1743727X.2014.914487>
- Hawkey, LC, Hughes ME, Waite LJ, Masi CM, Thisted RA and Cacioppo JT (2008) From social structural factors to perceptions of relationship quality and loneliness: The Chicago Health, Aging, and Social Relations Study. *Journal of Gerontology: Social Sciences*, 63B, S375-S384.
- Hensley B, Martin P, Margrett J, MacDonald M, Siegler I and Poon L (2012) Life events and personality predicting loneliness among centenarians: Findings from the Georgia

- centenarian study. *The Journal of Psychology* 146, 173-188
- Hill C and Burrows G (2017) New voices: The usefulness of a narrative approach to social work research. *Qualitative Social Work* 16, 273-288. DOI: 10.1177/1473325017689966.
- Kamiya Y, Doyle M, Henretta, JC and Timonen V (2014) Early-life circumstances and later-life loneliness in Ireland. *The Gerontologist* 54, 773-783. <https://doi.org/10.1093/geront/gnt097>
- Kemperman A, Berg PVD, Perrée MW and Uijtewillegen CGJ (2019) Loneliness of older adults: Social network and the living environment. *International Journal of Environmental Research and Public Health* 16, 406. <https://doi.org/10.3390/ijerph16030406>
- Kettlewell N, Morris RW, Ho N, Cobb-Clark DA, Cripps S and Glozier N (2020) The differential impact of major life events on cognitive and affective wellbeing. *SSM - Population Health* 10, 100533. <https://doi.org/10.1016/j.ssmph.2019.100533>
- Kharicha K, Manthorpe J, Iliffe S, Chew-Graham CA, Cattan M, Goodman C, Kirby-Barr M, Whitehouse JH and Walters K (2020) Managing loneliness: A qualitative study of older people's views. *Aging & Mental Health* 0, 1-8. <https://doi.org/10.1080/13607863.2020.1729337>
- Kharicha K, Manthorpe J, Iliffe S, Davies N and Walters K (2018) Strategies employed by older people to manage loneliness: Systematic review of qualitative studies and model development. *International Psychogeriatrics* 30, 1767-1781. <https://doi.org/10.1017/S104161021800339>
- Kirkevoid M, Moyle W, Wilkinson C, Meyer J and Hauge S (2013) Facing the challenge of adapting to a life 'alone' in old age: The influence of losses. *Journal of Advanced Nursing* 69, 394-403. <https://doi.org/10.1111/j.1365-2648.2012.06018.x>
- Lazarus RS and Folkman J (1984) *Stress, appraisal and coping*. New York, NY: Springer.
- Lieblich, A., R. Tuval-Mashiach, and T. Zilber (1998) *Narrative Research*. London: Sage.
- McAdams DP (2008) The Life Story Interview. Available at <http://www.sesp.northwestern.edu/foley/instruments/interview/>.
- Merz EM and de Jong Gierveld J (2016) Childhood memories, family ties, sibling support and loneliness in ever-widowed older adults: Quantitative and qualitative results. *Ageing & Society* 36, 534-561. <https://doi.org/10.1017/S0144686X14001329>
- Moos RH and Holahan CJ (2003) Dispositional and contextual perspectives on coping: Toward an integrative framework. *Journal of Clinical Psychology* 59, 1387-1403. <https://doi.org/10.1002/jclp.10229>
- Moos RH, Brennen PL, Schutte KK and Moos BS (2006) Older adults' coping with negative life events: common processes of managing health, interpersonal, and financial/work stressors. *International journal of aging & human development* 62, 39-59.
- Morgan D, Burholt V and Team C. W. R. (2020) Transitions in loneliness in later life: The role of social comparisons and coping strategies. *Ageing & Society*, 1-22. <https://doi.org/10.1017/S0144686X20001>

- Newall NEG and Menec VH (2015) Targeting socially isolated older adults: A process evaluation of the Senior Centre without Walls Social and Educational Program. *Journal of Applied Gerontology* 34, 958-976.
- Nicolaisen M and Thorsen K (2014) Loneliness among men and women: A five-year follow-up study. *Aging & Mental Health* 18, 194-206.  
<https://doi.org/10.1080/13607863.2013.821457>
- Perlman D (2004) European and Canadian studies of loneliness among seniors. *Canadian Journal on Aging = La Revue Canadienne Du Vieillessement* 23, 181-188.  
<https://doi.org/10.1353/cja.2004.0025>
- Perlman D and Peplau LA (1981) *Toward a social psychology of loneliness* in R. Duk & R. Gilmour (Eds.), *Personal Relationships in Disorder*, London: Academic Press.
- Petty J (2017) Emotion work in qualitative research: Interviewing parents about neonatal care. *Nurse Researcher* 25, 26-30.  
<https://doi.org/10.7748/nr.2017.e1532>
- Phoenix C, Smith B and Sparkes AC (2010) Narrative analysis in aging studies: A typology for consideration. *Journal of Aging Studies* 24, 1-11. DOI: 10.1016/j.aging.2008.06.003.
- Qualter P, Vanhalst J, Harris R, Van Roekel E, Lodd G, Bangee M, Maes M and Verhagen M (2015) Loneliness across the lifespan. *Perspectives on Psychological Science* 10, 250-264
- Randall GK, Martin P, Bishop AJ, Poon LW and Johnson MA (2011) Age Differences and Changes in Resources Essential to Aging Well: A Comparison of Sexagenarians, Octogenarians, and Centenarians. *Current Gerontology and Geriatrics Research*; <https://doi.org/10.1155/2011/357896>
- Riessman CK (2008) *Narrative methods for the human sciences*. Sage Publications, Inc.
- Riessman CK and Quinney L (2005) Narrative in social work: A critical review. *Qualitative Social Work* 4, 391-412. DOI: 10.1177/1473325005058643.
- Rokach A (2015) *Loneliness, alienation, solitude, and our lives*. In A. Sha'ked & A. Rokach (Eds.), *Addressing loneliness: Coping, prevention and clinical interventions* (p. 3-19). Routledge/Taylor & Francis Group.
- Rönkä AR, Taanila A, Rautio A and Sunnari V (2018) Multidimensional and fluctuating experiences of loneliness from childhood to young adulthood in Northern Finland. *Advances in Life Course Research* 35, 87-102.  
<https://doi.org/10.1016/j.alcr.2018.01.003>
- Schoenmakers EC, van Tilburg TG and Fokkema T (2015) Problem-focused and emotion-focused coping options and loneliness: How are they related? *European Journal of Ageing* 12, 153-161. doi:10.1007/s10433-015-0336-1
- Segel-Karpas D, Ayalon L and Lachman ME (2018) Loneliness and depressive symptoms: The moderating role of the transition into retirement. *Aging & Mental Health* 22, 135-140.  
<https://doi.org/10.1080/13607863.2016.1226770>
- Skinner EA, Edge K, Altman J and Sherwood H (2003) Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. *Psychological Bulletin* 129, 216-269.
- Smith B (2016) *Narrative Analysis*. In *Analysing Qualitative Data in Psychology*, edited by E. Lyons and A. Coyle, 202-221. 2nd ed.

- London: Sage.
- Smith B and Sparkes AC (2008) Contrasting Perspectives on Narrating Selves and Identities: An Invitation to Dialogue. *Qualitative Research* 8, 5-35. doi:10.1177/1468794107085221.
- Stephens C, Breheny M and Mansvelt J (2015) Healthy ageing from the perspective of older people: A capability approach to resilience. *Psychology & Health* 30, 715-731. <https://doi.org/10.1080/08870446.2014.904862>
- Switsers L, Dury S, Dierckx E and De Donder L (Accepted) Exploring recent adverse and positive life events: a qualitative study among lonely older adults. *Ageing International*.
- Tong A, Sainsbury P and Craig J (2007) Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care* 19, 349-357. <https://doi.org/10.1093/intqhc/mzm042>
- Tiilikainen E and Seppänen M (2017) Lost and unfulfilled relationships behind emotional loneliness in old age. *Ageing & Society* 37(5), 1068-1088. <https://doi.org/10.1017/S0144686X16000040>
- van Staden W (CW) and Coetzee K (2010) Conceptual relations between loneliness and culture. *Current Opinion in Psychiatry* 23, 524-529. <https://doi.org/10.1097/YCO.0b013e32833f2ff9>
- van Tilburg TG, Aartsen MJ and van der Pas S (2015) Loneliness after divorce: A cohort comparison among Dutch older adults. *European Sociological Review* 31, 243-252. <https://doi.org/10.1093/esr/jcu086>
- Victor C, Scrambler S and Bond J (2009) *The Social World of Older People: Understanding Loneliness and Isolation in Later Life*. Maidenhead: Open University Press.
- Vozikaki M, Papadaki A, Linardakis M and Philalithis A (2018) Loneliness among older European adults: Results from the survey of health, aging and retirement in Europe. *Journal of Public Health* 26, 613-624. <https://doi.org/10.1007/s10389-018-0916-6>
- Wiles JL, Wild K, Kerse N and Allen RES (2012). Resilience from the point of view of older people: 'There's still life beyond a funny knee'. *Social Science & Medicine* 74, 416-424. <https://doi.org/10.1016/j.socscimed.2011.11.005>
- Wu Z and Penning M (2015) Immigration and loneliness in later life. *Ageing & Society* 35, 64-95. <https://doi.org/10.1017/S0144686X13000470>
- Young JE (1994) *Practitioner's resource series. Cognitive therapy for personality disorders: A schema-focused approach* (Rev.ed.). Professional Resource Press/Professional Resource Exchange.
- Young JE, Klosko JS and Weishaar ME (2003) *Schema therapy: A practitioner's guide*. New York: Guilford Press.
- Zhang J, Zhang J, Zhou M and Yu NX (2018) Neighborhood Characteristics and Older Adults' Well-Being: The Roles of Sense of Community and Personal Resilience. *Social Indicators Research* 137, 949-963. <https://doi.org/10.1007/s11205-017-1626-0>
- Zoutewelle-Terovan M and Liefbroer AC (2018)

Swimming Against the Stream: Non-normative Family Transitions and Loneliness in Later Life Across 12 Nations.

*The Gerontologist* 58, 1096-1108.  
<https://doi.org/10.1093/geront/gnx184>



# Chapter 5

---

Negative old-age life events and well-being in  
later life: The moderating and mediating role of  
loneliness



## Chapter 5. Negative old-age life events and well-being in later life: The moderating and mediating role of loneliness

### Abstract

**Objectives:** Although older adults often experience negative life events or loss experiences, they rarely experience large decreases in their quality of life or well-being. Emotionally satisfying relationships in older adults may serve as a protective factor that reduces the impact of negative events in decreasing well-being. The availability of these close social contacts is essential and their potential for alleviating feelings of loneliness after negative events could have an important role in promoting well-being. The aim of this study was to test the hypothetical moderation and mediation effects of social and emotional loneliness on the occurrence of negative old-age life events and well-being in later life.

**Design:** This was a cross-sectional survey conducted as part of the Detection, Support and Care for older people – Prevention and Empowerment research project (2015–2018).

**Setting:** Participants were community-dwelling older adults in Flanders (Belgium).

**Participants:** The sample comprised of 770 participants aged 60 years and over.

**Measurements:** Participant demographics, social and emotional loneliness, and subjective well-being were measured. Moderation and mediation analyses were performed using the regression-based approach as conducted by Hayes and Rockwood (2017).

**Results:** Results indicated that a low degree of (social) loneliness is a protective, moderating factor and (emotional) loneliness is a mediating factor on the effects of negative life-events on well-being in later life.

**Conclusions:** Findings highlight the importance of emotionally and socially satisfying social contacts in order to maintain positive subjective well-being in later life when negative life events may occur.

Switsers, L., Dierckx, E., Domènech-Abella, J., De Donder, L., Dury, S., & D-SCOPE Consortium. (2021). Negative old-age life events and well-being in later life: The moderating and mediating role of loneliness. *International Psychogeriatrics*, 1–12. <https://doi.org/10.1017/S1041610220004196>

## 1. Introduction

Old-aged, and in particular, frail older adults have a greater risk of experiencing negative life events than their younger counterparts. These negative life events include increased health care use, widowhood, and other loss experiences, all of which may diminish their social relations and positive outcomes, such as quality of life or life satisfaction (Burholt et al., 2019; Moran et al., 2012; Singh and Misra, 2009). Despite the greater risk of such negative experiences, older adults generally experience a relatively good quality of life and subjective well-being (Gaymu and Springer, 2010; Carstensen et al., 2011). This lack of age-related decline to subjective well-being, despite what may be instinctively expected due to the development of deficits and negative experiences, is seen as a paradox (Baltes and Baltes, 1990), namely the “paradox of aging” (Mather, 2012). Carstensen’s socio-emotional selectivity theory explains this paradox by stating that, when the time left is limited (as is the case when people get older or when people do not have much longer to live due to a serious illness), people focus on experiencing as many positive emotions as possible rather than acquiring new information (Carstensen, 2016; Li et al., 2014). From this perspective, older adults, compared to younger age groups, may attach more value to emotionally rewarding social relationships than to gathering new information and expanding their circle of acquaintances (Carstensen and Turk-Charles, 1994). Other studies also indicate that qualitative social relationships (e.g. Beech and Murray 2013) and emotional support (Patrick et al., 2001) contribute to the well-being of older adults. If older adults have good social networks with emotionally satisfying relationships, this may serve as a protective factor between the loss experiences and the occurrence of depressive feelings (Carstensen, 2016). Therefore, the subjective well-being of older adults could depend on their capacity for alleviating feelings of loneliness after negative life events and those who have no or insufficient emotionally satisfying relationships or an even accessible social network are much more vulnerable to poorer well-being (Prieto-Flores et al., 2011; Theeke, 2009).

### **The different conceptualizations of loneliness**

Currently, the public and research attention focusing on loneliness has increased over the last two decades (Cohen-Mansfield et al., 2016). Loneliness has been seen as a negative emotional state that occurs when “a person’s social network is perceived as deficient, either quantitatively or qualitatively” (Perlman and Peplau, 1981). According to the social provisions theory stated by Weiss (1974), our psychosocial well-being depends on distinct recourses that can be provided from our social relationships; in this context, distinguishing between social and emotional loneliness. Social loneliness, which refers to the absence of a social network and emotional loneliness, is connected to the absence of a close attachment in one’s life.

Although most researchers have used the unidimensional conceptualization of loneliness from the UCLA (Russell et al., 1980), during the last decades, several researchers have recaptured Weiss's conceptualization (De Jong Gierveld and van Tilburg, 2010; Dykstra and De Jong Gierveld, 2004) and highlighted the necessity to distinguish between emotional and social loneliness.

### **Negative life events and well-being in later life: loneliness as a moderator or mediator**

A life event is commonly understood to be a significant experience in a person's life (Wells, 2015). However, later life is commonly seen as a period characterized by a range of relatively negative life events, including widowhood and other losses, such as the development of frailty (Seematter-Bagnoud et al., 2010). The meta-analysis by Kraaij et al. (2002) indicates the most common clusters within various studies, namely the death of significant others, severe illness in oneself, severe illness of others, negative socioeconomic circumstances, negative events within relationships, unexpected events, daily hassle and abuse. In later life, the significance of negative or stressful life events on depressive symptoms is well documented (Kraaij and de Wilde, 2001; Kraaij, et al., 2002). In addition, the literature states that stressful or negative life events have an impact not only on depressive symptoms but also on older adults well-being (Rubio et al., 2018). Furthermore, studies show that life events at any stage in life may have an impact on well-being in later life (Wells, 2015). Currently, self-reports concerning subjective well-being are increasingly a focus in current debate given that improving the well-being of older adults is also important for society (Haron et al., 2018; Steptoe et al., 2015). It is important to expand our knowledge concerning the circumstances under which older people can manage negative life events or losses and experience positive well-being (Burholt et al., 2019) and the factors that may serve as protective factors or moderators between negative life events and well-being.

Recent research supports the idea of a moderating role of social network that protects older adults from experiencing negative effects, such as depression due to age-related challenges (e.g. Hatfield et al., 2013; Hsu and Tung, 2011). Dumitrache and colleagues (2017) found that perceived social support acts as a balancing factor within the link between health problems and life satisfaction in older adults. In addition, another study has shown that emotional support buffers the negative effects of traumatic life events during the course of life on the life satisfaction of older adults (Krause, 2004). However, there is limited evidence on the potential buffering role of (perceived) social support in order to promote subjective well-being when older people experience negative life events (Dumitrache et al., 2017). Moreover, current research is related to the distinction and use of different concepts and measurements related to perceived social support and social relationships (Wang et al., 2018).

Existing studies have adapted different measurements and conceptualizations according to perceived social support. For example, the widely used subjective measurement of the Duke Social Support Index has an overlap with loneliness measurements, with items including 'I have friends with whom I have joys and sorrows' (Koenig et al., 1993). To the best of our knowledge, no studies to date have investigated the moderating or mediating role of loneliness on the association of different negative life events and subjective well-being. A study by Burhult and Sharf (2014) focused on the role of social resources as a mediation factor between health and loneliness as an outcome. Our study, however, focused on loneliness as a mediator. Consequently, the aim of this study was to focus on the role of loneliness as a moderation factor or mediating mechanism between several negative life events and subjective well-being, and their complex interplay in terms of moderated mediation.

### **Study objectives**

The present study was based on the assumption that social, emotional, and overall loneliness have a distinct role in the association between negative life events and subjective well-being, as they reflect the lack of different social provisions (Weis, 1974). Moderation is used when one is interested in testing whether the magnitude of a variable's effect on a dependent variable is dependent on a third set of variables (Hayes and Rockwood, 2017). In this respect, we first hypothesized that the absence of loneliness acts as a protective factor to counteract the negative effect of negative life events on subjective well-being. As based on the socio-emotional selectivity (Carstensen, 2016), it might be that emotionally satisfying relationships; or less feelings of loneliness may serve as a protective factor between the experiences of certain negative life events and subjective well-being. Within these moderation analyses, we focus on overall loneliness, but also on the possible differences between social and emotional loneliness (Figure 1).

Since we are also interested in the extent to which the relationship between the independent variables (negative old-age life events) and the outcome variable, subjective well-being, is actually "explained" by the relationship with a third variable, being the mediator, we also tested loneliness as a mediator. The analyses are not looking only at overall loneliness, but also specifically at the processes of emotional and social loneliness. Mediation is undertaken when one is interested in explaining the mechanism by which an independent variable influences a dependent variable (Hayes and Rockwood 2017). Second, we hypothesized that negative life events would have a negative influence on loneliness, and thus negatively influence the subjective well-being of older adults. That is, we predicted that loneliness would mediate between the experience of negative life events and subjective well-being (Figure 1).

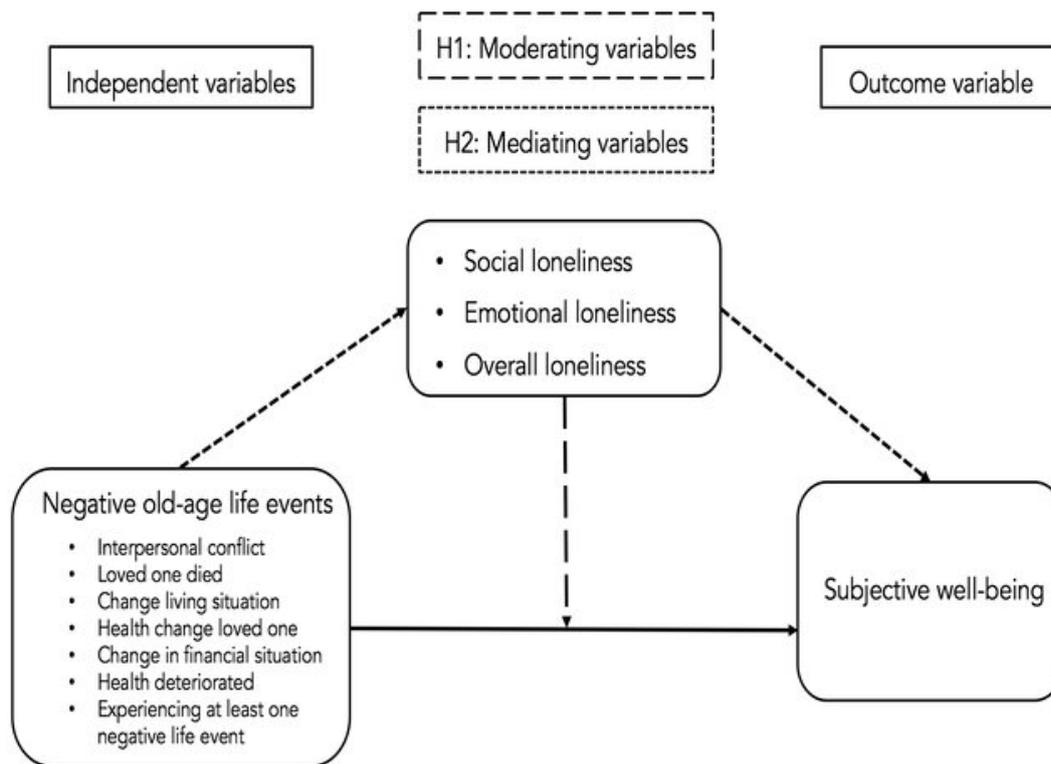


Figure 1. Moderation and mediation

## 2. Methods

### Sample

Data collected as part of the Detection, Support and Care for older people – Prevention and Empowerment (D-SCOPE) research project (2015–2018) were used in the current study. Quantitative surveys were conducted across three municipalities in Flanders (Belgium): Knokke-Heist, Ghent and Tienen [see Lambotte et al. (2018) for a full description]. The first-wave interview survey was administered in 2017 and randomly selected participants from the records in each municipality. The inclusion criteria were designed to select frail older people living independently at home, through risk profiles based on age, gender, marital situation, migration background, and having moved in the past 10 years [see Dury et al. (2017) for a full description]. The D-SCOPE protocol was reviewed and approved by the medical ethics committee of the Vrije Universiteit Brussel, Brussels, Belgium (reference number: B.U.N. 143,201,630,458).

In this cross-sectional survey, the sample comprised of 770 community-dwelling older adults (48.2% women). The participants had a relatively low educational status [36.2% had no formal education or primary education or lower secondary education (until the age of 14 years)], 37.6% had higher secondary education (until the age of 18 years) and 26% had a higher university or non-university education). Furthermore, 32.9% of the participants were married, while 33.4% were widowed, 20.1% were divorced or separated and 6.6% were single.

Finally, 6.6% of the participants were cohabiting. Overall, participants were aged between 60 to 95 years old (Mean 74.74, SD=7.89). During the past six months 8.7% of the participants experienced a negative change in financial situation, 26.1% health deteriorated, 4.7% experienced an interpersonal conflict, 16.9% loved one died, 2.5% experienced a negative change in their living situation and 2.7% experienced a health change of a loved one. 44.7% of the participants experienced at least one of these negative life events during the past six months.

## **2.1. Measures**

### **Negative life events**

Participants were asked to indicate if certain negative life events had occurred within their lives for the past six months. The questions concerning these negative life events are based on the GALES (Geriatric Adverse Life Events Scale (GALES) (Devanand et al., 2002). The original GALES consist of 26 different adverse life events, whereby 6 main themes are expressed: (1) change in financial situation, (2) health deterioration, (3) interpersonal conflict, (4) loved one died, (5) change living situation and (6) the possibility to express other life events. We used these main themes as questions for our study. As many respondents mentioned "health change loved one" as "another life event", we also added this negative life event. For all variables, respondents have to indicate if they experienced these life events or not, resulting in dummy variables. Furthermore, we created a variable 7) experienced at least one negative event, based on the previous negative life events. If an older person experienced at least one of the above-mentioned life events, this variable indicates 1, meaning that at least one negative life event occurred. As a consequence, all the variables are dichotomous variables, 0 = not experienced, 1 = negative event experienced.

### **Short Well-being Instrument for Older Adults (SWIO)**

The SWIO is a short instrument that identifies positive outcomes, namely, the level of subjective well-being in older adults at risk of frailty, with sub-dimensions including a sense of mastery, meaning in life, and life satisfaction (Duppen et al., 2019). Higher subjective well-being scores represent better feelings of subjective well-being, and this scale is scored from 0 to 100.

### **Emotional and Social Loneliness**

The six-item scale for loneliness developed by De Jong Gierveld was used. Items include emotional experience ("I experience a general sense of emptiness", "I miss having people around" and "I often feel rejected") and social loneliness ("There are plenty of people I can rely on when I have problems", "There are many people I can trust completely" and "There are enough people I feel close to").

Participants rated these items on a five-point Likert scale (1=completely disagree and 5=completely agree). We recoded the variables in the same direction with an answer category of 0–4, and we computed the variables to enhance the comparability of the scale scores. The ranges were transformed to 0–100, with higher scores representing higher levels of loneliness. A variable representing social, emotional, and overall loneliness was created, overall loneliness was calculated by summing the scores for social and emotional loneliness.

### **Demographic variables**

Sex (male vs. female) and age were used as covariates within the analyses. Other demographic variables, such as income, marital status and health-related variables were not included in the models because of the content overlap with negative life events.

## **2.2. Procedure**

### **Data analysis procedure**

Analyses were conducted using the Statistical Package for the Social Sciences software (IBM SPSS Statistics 26). We calculated correlations, means and standard deviations for all study variables. Additional analyses were done to determine the effect sizes between experiencing negative life events or not experiencing these negative life events on subjective well-being. Cohen's *d* was calculated to obtain the effect size in the case of t-tests. For the interpretation of Cohen's *d* Cohen's rule of thumb was used, thus an effect size of 0.20 is considered small, an effect size of 0.50 is considered moderate and an effect size of 0.80 is considered large (Cohen, 1988). To test whether social or emotional or overall loneliness moderated and mediated the effect that negative life events have on well-being, the bias-corrected bootstrapping approach from Hayes was used (Hayes, 2013). The moderation method allows for the introduction of both the main effects and the interaction between variables simultaneously and analyzing the effect of the predictor at different levels of the moderator (in this case low, middle, and high feelings of loneliness) which correspond to the 16th, 50th and 84th percentiles, respectively. For emotional loneliness, the scores corresponding to the 16th, 50th and 84th percentiles were 0, 16.67, and 50, respectively. For social loneliness, scores were 0, 16.67, and 58.33, respectively and for overall loneliness, 0, 20.83, and 48.5, respectively. Furthermore, we measured the effect-sizes of the moderation analyses when interaction effects were significant with Cohen's  $f^2$  (Aiken & West, 1991). Cohen (1988) has suggested that  $f^2$  effect sizes of 0.02, are small, 0.15 are medium, and 0.35 are large.

Bootstrapping was used to test the full mediation models as described by Hayes Indirect Macro PROCESS (Preacher and Hayes, 2008). When the 95% confidence intervals (CIs) of the random sampling bootstrapping results did not include zero, it was concluded that the indirect effect was significant (Preacher and Hayes, 2008). CIs (95%) were computed from 5000 bootstrap samples.

Due to the results of the first two models, we decided to test a third hypothesis. We also wanted to know whether social loneliness has an effect on the indirect effect of negative life events, through emotional loneliness, which could be interpreted from the index of moderated mediation. Hypothesis 3 stated that social loneliness would moderate the strength of the mediated relationships between negative life events and subjective well-being via emotional loneliness, such that the mediated relationship would be weaker under low levels of social loneliness than under high levels of social loneliness (Figure 2). This was a test of equality of the conditional indirect effects within social loneliness, such that when the confidence interval included zero, social loneliness had no significant effect, and the indirect effects were the same within the levels of social loneliness. The moderated mediation analyses were tested by model 59 of the Hayes indirect Macro.

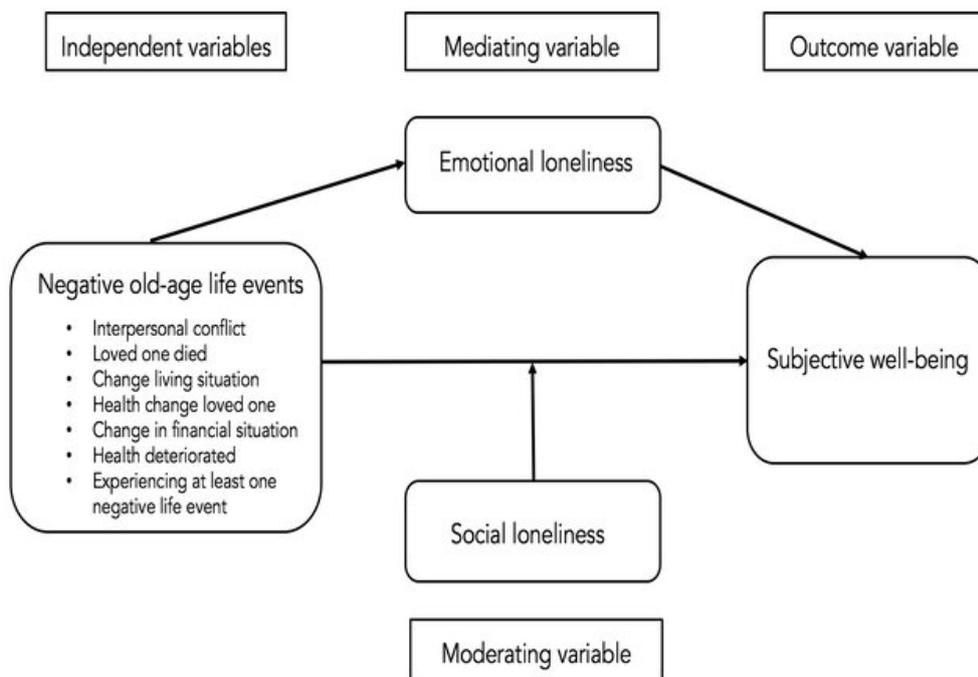


Figure 2: Moderated mediation

### 3. Results

We examined means and standard deviations within our study variables, mean overall loneliness was 24.42 (SD=27.25), mean social loneliness was 25.15 (SD=27.07), mean emotional loneliness was 22.73 (SD=26.75), mean subjective well-being was 76.9 (SD=18.62). Furthermore, we examined the correlations and found that negative life events were significantly related to lower levels of well-being except for “loved one died” and “change living situation”. All correlations show a weak or moderate relationship, as they are all between 0.09 and 0.32 (Ratner, 2009).

Moderate significant effect sizes were also found between experiencing or not experiencing these negative life events on subjective well-being. Results indicated the exception of change in financial situation, in which case the effect size was large. Participants who experienced a negative event concerning their financial situation ( $t(770) = 6.823, p < 0.05, d = 0.88$ ), health deteriorated ( $t(770) = 9.241, p < 0.05, d = 0.76$ ), interpersonal conflict ( $t(770) = 3.714, p < 0.05, d = 0.63$ ), the health change loved one ( $t(770) = 2.497, p < 0.05, d = 0.55$ ), or experiencing at least one negative life event ( $t(770) = 6.033, p < 0.05, d = 0.44$ ) obtained statistically significantly lower scores in subjective well-being than those who did not.

#### 3.1. Moderation effect

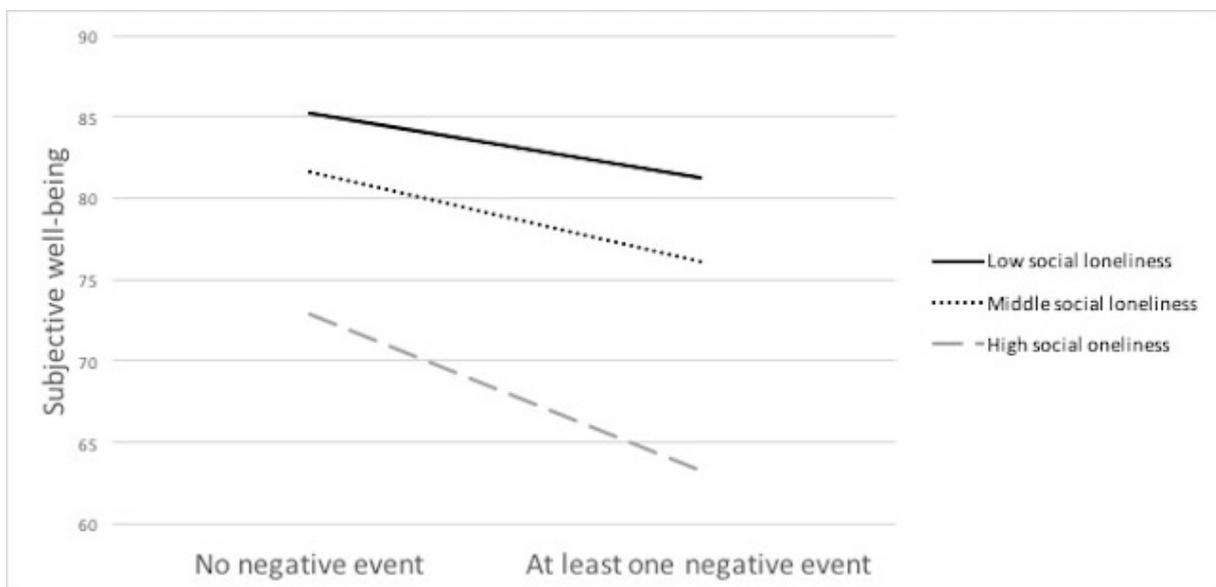


Figure 3: Moderation effect of social loneliness on experiencing at least one negative life event and well-being.

A series of moderation models were tested for each negative life event and each moderation variable (social, emotional, and overall loneliness) on subjective well-being. Results are summarized in Table 1. The interaction between social loneliness (classified as low, middle, and high based on percentiles) and “experiencing at least one negative life event” in the past 6 months was significant ( $B=-0.95$ ;  $SE=0.05$ ;  $t(770)=-2.13$ ,  $p<0.05$ ) (Figure 3). Experiencing at least one negative life event was associated with lower subjective well-being scores when the social loneliness score was high (84th percentile). Meanwhile, when the social loneliness score was moderate (50th percentile) or low (16th percentile) subjective well-being scores were higher. When analyzing the moderating role of social loneliness and the impact negative life events, the interaction between social loneliness and experiencing an interpersonal conflict was significant ( $B=-0.24$ ;  $SE=0.09$ ;  $t(770)=-2.7$ ,  $p<0.01$ ). Experiencing an interpersonal conflict was associated with lower well-being scores when the social loneliness score was high (84th percentile). No significant effect was found when the social loneliness score was moderate (50th percentile) or low (16th percentile). The interaction between social loneliness and experiencing a change in living situation was significant ( $B=-0.38$ ;  $SE=0.15$ ;  $t(770)=-2.5$ ,  $p<0.02$ ). Experiencing a negative change in living situation was associated with lower well-being scores when the social loneliness score was high (84th percentile), and no significant effect was found when the social loneliness score was moderate (50th percentile) or low (16th percentile). Likewise, the interaction between social loneliness and experiencing a change in one’s financial situation was found to be significant ( $B=-0.29$ ;  $SE=0.07$ ;  $t(770)=-4.28$ ,  $p<0.001$ ). Experiencing a change in financial situation was associated with lower well-being scores when the social loneliness score was high (84th percentile), meanwhile, when the social loneliness score was moderate (50th percentile) well-being scores were higher. No significant effect was found when the social loneliness score was low (16th percentile). Finally, the interaction between social loneliness and health deteriorated was significant ( $B=-0.14$ ;  $SE=0.05$ ;  $t(770)=-3$ ,  $p<0.005$ ). Experiencing a negative health change was associated with lower well-being scores when the social loneliness score was high (84th percentile) but meanwhile, when the social loneliness score was moderate (50th percentile) or low (16th percentile) well-being scores were higher.

The interaction between overall loneliness and change in financial situation was significant ( $B = -0.44$ ;  $SE = 0.08$ ;  $t(770) = -3.98$ ,  $p < 0.01$ ). Experiencing a change in financial situation was associated with lower well-being scores when the loneliness score was high (84th percentile), although no significant effect was found when the loneliness score was moderate (50th percentile) or low (16th percentile). Likewise, the interaction between overall loneliness and health deterioration was significant ( $B = -0.15$ ;  $SE = 0.05$ ;  $t(770) = -2.83$ ,  $p < 0.005$ ). Health deterioration was associated with lower well-being scores when the overall loneliness score was high (84th percentile) and moderate (50th percentile) but no significant effect was found when the loneliness score was low (16th percentile). No significant interaction effects were found concerning emotional loneliness. The effect-sizes of the moderation analyses concerning the significant interaction effects of social loneliness as a moderator are all moderate. The effect sizes concerning overall loneliness as a moderator between change in financial situation and health deterioration both indicate large effect sizes.

Table 1. Interaction effects between social, emotional, overall loneliness, and negative life events on well-being (N=770)

	Dependent variable: Well-being				
	Moderator: loneliness <i>B</i> (95% CI)	Social $f^2$	Moderator: Emotional loneliness <i>B</i> (95% CI)	Moderator: loneliness <i>B</i> (95% CI)	Overall $f^2$
<b>Interpersonal conflict</b>					
Interaction	<b>-0.24* (-0.41; -0.06)</b>	<b>0.17</b>	-0.11 (-0.26; 0.04)	-0.09 (-0.25; 0.08)	
<b>Loved one died</b>					
Interaction	-0.00 (-0.12; 0.12)		0.00 (-0.11; 0.11)	-0.06 (-0.19; 0.08)	
<b>Change living situation</b>					
Interaction	<b>-0.38* (-0.68; -0.08)</b>	<b>0.16</b>	-0.10 (-0.33; 0.12)	-0.14 (-0.4; 0.11)	
<b>Health change loved one</b>					
Interaction	0.02 (-0.28; 0.32)		0.09 (-0.17; 0.35)	-0.14 (-0.54; 0.25)	
<b>Change in financial situation</b>					
Interaction	<b>-0.29* (-0.42; -0.16)</b>	<b>0.22</b>	-0.12 (-0.24; 0.01)	<b>-0.31* (-0.46; -0.16)</b>	<b>0.48</b>
<b>Health deteriorated</b>					
Interaction	<b>-0.14* (-0.23; -0.05)</b>	<b>0.27</b>	-0.08 (-0.17; 0.01)	<b>-0.15* (-0.25; -0.05)</b>	<b>0.53</b>
<b>Experiencing at least one negative life event</b>					
Interaction	<b>-0.1* (-0.18; -0.01)</b>	<b>0.19</b>	-0.05 (-0.14; 0.03)	-0.09 (-0.19; 0.01)	

Note:  $* = p < 0.05$ ; **\*** **Bold** are significant (moderating) effects. All models controlled for age and gender; *B*=unstandardized regression coefficients; CI=confidence interval.

### 3.2. Mediation effect

A series of mediation models were tested for each negative life event and each mediation variable (social, emotional, and overall loneliness) on well-being. Results are summarized in Table 2. All mediated percentages were considered significant apart from the death of a loved one and change in living situation. Emotional loneliness was a mediator in the association between a change in financial situation 33.4%, health deterioration 32.5%, interpersonal conflict 54.1%, health change of a loved one 44.6%, experiencing at least one negative life event 46.8%, and well-being. Social loneliness had a less high mediation function within these associations. The percentages of social loneliness as a mediator in the association between experiencing an interpersonal conflict, a change in financial situation, health deterioration and experiencing at least one negative life event and well-being were 19.3%, 14.5, 9.2% and 12.1%, respectively.

Moderated mediation analyses: through emotional loneliness across levels of social loneliness  
To test the moderated mediation, we tested the following hypothesis: social loneliness would moderate the strength of the mediated relationships between negative life events and subjective well-being via emotional loneliness, such that the mediated relationship would be weaker under low levels of social loneliness than under high levels of social loneliness. The hypothesis was supported for the following negative life events, namely, experiencing an interpersonal conflict, change in living situation, change in financial situation, health deterioration and experiencing at least one negative life event. The hypothesis was not supported by negative life events that included the death of a loved one and health change of a loved one. Results are summarized in Table 2.

**Table 2.** Analyses of mediation and moderated mediation of loneliness between negative life events and well-being (N=770).

		Mediation: overall loneliness, emotional loneliness and social loneliness		Moderated mediation: through emotional loneliness across levels of social loneliness	
Negative events		<i>B</i> (95% CI)	% Mediated	<i>B</i> (95% CI)	
<b>Interpersonal conflict</b>					
Indirect effects	Overall loneliness	<b>-8.53 (-14.15; -3.12)</b>	<b>73.4%</b>	Low social loneliness	0.93 (-2.06; 3.79)
	Emotional loneliness	<b>-6.29 (-10.57; -2.41)</b>	<b>54.1%</b>	Middle social loneliness	-1.42 (-3.96; 0.67)
	Social loneliness	<b>-2.24 (-4.36; -0.44)</b>	<b>19.3%</b>	High social loneliness	<b>-9.56 (-15.14; -4.32)</b>
<b>Loved one died</b>					
Indirect effects	Overall loneliness	0.17 (-1.9; 2.22)		Low social loneliness	<b>-1.63 (-3.36; -0.00)</b>
	Emotional loneliness	-0.66 (-2.38; 1.0)		Middle social loneliness	-1.25 (-2.74; 0.16)
	Social loneliness	0.83 (-0.0; 1.7)		High social loneliness	0.28 (-4.38; 4.17)
<b>Change living situation</b>					
Indirect effects	Overall loneliness	-5.22 (-12.62; 1.1)		Low social loneliness	2.96 (-0.3; 7.46)
	Emotional loneliness	-4.18 (-10.08; 0.81)		Middle social loneliness	-0.16 (-2.91; 3.4)
	Social loneliness	-1.04 (-3.14; 0.86)		High social loneliness	<b>-11.18 (-18.39; -1.8)</b>
<b>Health change loved one</b>					
Indirect effects	Overall loneliness	<b>-5.58 (-9.7; -1.6)</b>	<b>53.7%</b>	Low social loneliness	<b>-7.09 (-13.44; -1.59)</b>
	Emotional loneliness	<b>-4.63 (-8.39; -0.89)</b>	<b>44.6%</b>	Middle social loneliness	<b>-5.63 (-9.97; -1.35)</b>
	Social loneliness	-0.94 (-2.93; 0.83)		High social loneliness	0.38 (-4.97; 8.47)
<b>Change in financial situation</b>					
Indirect effects	Overall loneliness	<b>-7.49 (-10.82; -4.36)</b>	<b>47.9%</b>	Low social loneliness	<b>-2.99 (-6.34; -0.29)</b>
	Emotional loneliness	<b>-5.22 (-8.03; -2.71)</b>	<b>33.4%</b>	Middle social loneliness	<b>-3.38 (-6.08; -1.05)</b>
	Social loneliness	<b>-2.27 (-3.91; -0.92)</b>	<b>14.5%</b>	High social loneliness	<b>-4.45 (-8.22; -0.95)</b>
<b>Health deteriorated</b>					
Indirect effects	Overall loneliness	<b>-5.6 (-7.71; -3.68)</b>	<b>41.7%</b>	Low social loneliness	<b>-2.33 (-4.12; -0.79)</b>
	Emotional loneliness	<b>-4.36 (-6.02; -2.85)</b>	<b>32.5%</b>	Middle social loneliness	<b>-3.01 (-4.5; -1.68)</b>
	Social loneliness	<b>-1.23 (-2.17; -0.48)</b>	<b>9.2%</b>	High social loneliness	<b>-5.07 (-7.85; -2.54)</b>
<b>Experiencing at least one negative life event</b>					
Indirect effects	Overall loneliness	<b>-4.58 (-6.29; -2.98)</b>	<b>58.7%</b>	Low social loneliness	<b>-1.92 (-3.32; -0.75)</b>
	Emotional loneliness	<b>-3.65 (-5.05; -2.33)</b>	<b>46.8%</b>	Middle social loneliness	<b>-2.56 (-3.74; -1.51)</b>
	Social loneliness	<b>-0.94 (-1.72; -0.27)</b>	<b>12.1%</b>	High social loneliness	<b>-4.54 (-7.33; -1.86)</b>

Note: Results in **bold** are statistically significant ( $p < 0.05$ ). All models were adjusted for age and sex.; *B*=unstandardized regression coefficients; CI=confidence interval.

#### 4. Discussion

The aim of this study was to examine the moderating effect of the different dimensions of loneliness in the link between negative life events and subjective well-being in a sample of community-dwelling older adults at risk of frailty from Flanders, Belgium. We also analyzed the mediation effect of the different dimensions of loneliness on the link between negative life events and well-being. Based on previous results, we conducted a moderated mediation analysis with social loneliness as a moderator and emotional loneliness as a mediator.

This study showed that the absence overall loneliness appears to be a protective factor concerning the impact of two negative life events, namely, change in financial situations and health deterioration. A low degree of social loneliness acts as a protective, moderating factor concerning experiencing at least one negative life-event, experiencing an interpersonal conflict, change in living situation, change in financial situation, and health deterioration. No significant effects were found for the moderating role of emotional loneliness within these associations. Research by Dumitrache and colleagues (2017) is consistent with our results, namely, by suggesting that perceived social support acts as a balance in the link between health problems and life satisfaction within older adults. Furthermore, a few studies have focused on the moderating role of positive social networks on negative life events and depression. For example, Katsumata and colleagues (2012) revealed that "having frequent contact with family or friends" acts as a moderator between negative life events and depressive symptoms, and highlights the importance of a strong social network. Chou and Chi (2001) found that social support as measured by the Lubben Social Network Scale moderated the influence of experiencing negative life events on depression. These results are consistent with our research concerning the moderating role of (social) loneliness.

Our results demonstrate that overall loneliness partially acts as a mediating factor and that emotional loneliness is a greater mediator compared to social loneliness concerning the experience of an interpersonal conflict, health change loved one, change in financial situation, and health deteriorated and at least one negative life event. The moderated mediated analyses show different results according to the level of social loneliness on the impact of emotional loneliness as a mediator between certain negative life events and subjective well-being. This means that the mediated relationship is weaker under low levels of social loneliness than under high levels of social loneliness. This is also the case for experiencing at least one negative life event, change in living situation, change in financial situation, health change or interpersonal conflict.

It could be plausible that, based on the socioemotional selectivity theory, emotional loneliness might have a more significant role compared to social loneliness but that someone's network in later life is important in experiencing positive subjective well-being when negative life events occur, regardless of the way the network is conceptualized [see for example, the conceptualization of social support (Dumitrache et al., 2017)]. An approach based on the importance of a positive and supportive social network and therefore the absence of (social and emotional) loneliness seems to be critical. The findings that (social) loneliness acts as a moderator between different negative life events and subjective well-being and (emotional) loneliness acts as a mediator supports the socio-emotional selectivity theory.

Despite the advantages of this study, there are some limitations that need to be acknowledged. First, this study was cross-sectional. We assumed that loneliness would predict subjective well-being. However, supportive and satisfying social relations can also be caused by joy or positive affectivity (Lyubomirsky et al., 2005). We, therefore, cannot be sure of the direction of causality. Future studies should use longitudinal designs to test the associations between negative life events, social and emotional loneliness, and well-being, and analyze the moderating and mediation effect of loneliness in the link between several negative life events and well-being. A fundamental limitation of regression-based models is the fact that time related discontinuities or changes which seem to be relevant in terms of exclusion from social relations, can not be incorporated (Burholt et al., 2019). Second, the variable "death of a loved one" had limited significant effects, while "death of a loved one", and in particular "the death of a spouse" was expected to be more disruptive than other adverse events (Yu, Kahana, Kahana and Han, 2019). One explanation for our findings might be that the question concerning this event was too broad, meaning that they could indicate, for example, the death of a neighbor, or pet. The results might be different if we questioned only "the death of a spouse". Third, in this study, no distinction was made on the basis of future prospects for older adults. In order to test the application of the socio-emotional selectivity theory, it would be interesting in future research to add information concerning the perceived time which is left and age differences. Fourth, the external validity of the findings is threatened by the study population resembling a selected share of the Flemish older adult's population. Finally, a recommendation for future research would be to gain more insight in this complex interplay of different types of loneliness concerning negative life events and well-being, with a focus on existential loneliness, as this type of loneliness is described in the current literature (Sjöberg et al., 2018).

Despite these limitations, this study contributes to a better understanding of the processes that promote subjective well-being maintenance in old age and emphasizes the moderating and mediating role of (the absence) of loneliness as a relevant factor, when older adults deal with negative life events. This is particularly relevant given that the literature until recent focused on the moderating role of social support and positive social networks (e.g. Dumitrache et al., 2017, Katsumate et al., 2012). Limited research has until now focused on studying how this resource mitigates the negative effect of different negative life events and prevents older adults from experiencing depression (e.g. Chou and Chi, 2001; Katsumata et al., 2012) or suicidal ideation (e.g. Lutzman et al., 2020). Consequently, there remains very little evidence regarding the moderating role of the absence of loneliness could play in promoting subjective well-being when older adults are confronted with negative life events. Moreover, there has been less attention in recent research to the distinction between social and emotional loneliness and their potential differential roles in well-being when older adults experiencing negative old-age life events. Our results show that a low degree of (social) loneliness is a protective, moderating factor and (emotional) loneliness acts as a relevant mediation factor. Therefore, this study highlights the role of emotionally and socially satisfying social contacts in order to maintain positive subjective well-being in later life when negative life events may occur. This study emphasizes the importance of low levels of loneliness, and specific low levels of social and emotional loneliness in order to maintain positive well-being when older adults face negative life events.

## 5. References

- Aiken, L. S., & West, S. G. (1991). Multiple regression: Testing and interpreting interactions. Newbury Park, CA: Sage.
- Baltes, P. B. and Baltes, M. M. (1990) Psychological perspectives on successful aging: The model of selective optimization with compensation. In Baltes, P. B. and Baltes, M. M. (Eds.) *Successful Aging: Perspectives from the Behavioral Sciences* (pp. 1-34). Cambridge: Cambridge University Press (European Network on Longitudinal Studies on Individual Development). doi:10.1017/CBO9780511665684.003.
- Beech, R. and Murray, M. (2013). Social engagement and healthy ageing in disadvantaged communities. *Quality in Ageing and Older Adults*, 14(1), 12-24. doi:10.1108/14717791311311076.
- Burholt, V. and Scharf, T. (2014). Poor health and loneliness in later life: The role of depressive symptoms, social resources, and rural environments. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 69(2), 311-324. doi:10.1093/geronb/gbt121.
- Burholt, V. et al. (2019). A critical review and development of a conceptual model of exclusion from social relations for older people. *European Journal of Ageing*, 17, 3-19. doi:10.1007/s10433-019-00506-0.
- Carstensen, L. L. and Turk-Charles, S. (1994). The salience of emotion across the adult life span. *Psychology and Aging*, 9(2), 259-264.
- Carstensen, Laura L. (2016). Evidence for a Life-Span Theory of Socioemotional Selectivity. *Current Directions in Psychological Science*, 4(5), 151-156. doi:10.1111/1467-8721.ep11512261.
- Carstensen, Laura L. et al. (2011). Emotional experience improves with age: Evidence based on over 10 years of experience sampling. *Psychology and Aging*, 26(1), 21-33. doi:10.1037/a0021285.
- Chou, K. L. and Chi, I. (2001). Stressful life events and depressive symptoms: Social support and sense of control as mediators or moderators? *International Journal of Aging & Human Development*, 52(2), 155-171. doi:10.2190/9C97-LCA5-EWB7-XK2W.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.
- Cohen-Mansfield, J., Hazan, H., Lerman, Y. and Shalom, V. (2016). Correlates and predictors of loneliness in older-adults: A review of quantitative results informed by qualitative insights. *International Psychogeriatrics*, 28(4), 557-576. doi:10.1017/S1041610215001532.
- Devanand, D. P., Kim, M. K., Paykina, N. and Sackeim, H. A. (2002). Adverse Life Events in Elderly Patients With Major Depression or Dysthymic Disorder and in Healthy-Control Subjects. *The American Journal of Geriatric Psychiatry*, 10(3), 265-274. doi: 10.1097/00019442-200205000-00005
- De Jong Gierveld, J. and Van Tilburg, T. (2010). The De Jong Gierveld short scales for emotional and social loneliness: Tested on data from 7 countries in the UN generations and gender surveys. *European Journal of Ageing*, 7(2), 121-130. doi:10.1007/s10433-010-0144-6.
- Dumitrache, C. G., Rubio, L. and Rubio-Herrera, R. (2017). Perceived health status and life oryion in old age, and the moderating role of social support. *Ageing & Mental Health*,

- 21(7), 751-757.  
doi:10.1080/13607863.2016.1156048.
- Duppen, D., Rossi, G., Dierckx, E., Hoeyberghs, L., De Donder, L. and D-SCOPE Consortium. (2019). Focusing on positive outcomes in frailty research: Development of a short well-being instrument for older adults (SWIO). *International Psychogeriatrics*, 31(6), 1-11. doi:10.1017/S1041610219000401.
- Dury, S. et al. (2017). Identifying frailty risk profiles of home-dwelling older people: Focus on sociodemographic and socioeconomic characteristics. *Aging & Mental Health*, 21(10), 1031-1039. doi:10.1080/13607863.2016.1193120.
- Dykstra, P. A. and Gierveld, J. de 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.
- Gaymu, J. and Springer, S. (2010). Living conditions and life satisfaction of older Europeans living alone: A gender and cross-country analysis. *Ageing & Society*, 30(7), 1153-1175. doi:10.1017/S0144686X10000231.
- Haron, S. A., Foong, H. F. and Hamid, T. A. (2018). Moderating effect of emotional support on the relationship between disability and life satisfaction in older adults. *Geriatrics & Gerontology International*, 18(9), 1361-1365. doi:10.1111/ggi.13490.
- Hatfield, J. P., Hirsch, J. K. and Lyness, J. M. (2013). Functional Impairment, Illness Burden, and Depressive Symptoms in Older Adults: Does Type of Social Relationship Matter? *International journal of geriatric psychiatry*, 28(2), 190-198. doi:10.1002/gps.3808.
- Hayes, A.F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. New York, NY: Guilford Press.
- Hayes, A. F. and Rockwood, N. J. (2017). Regression-based statistical mediation and moderation analysis in clinical research: Observations, recommendations, and implementation. *Behaviour Research and Therapy*, 98, 39-57. doi:10.1016/j.brat.2016.11.001.
- Hsu, H.-C. (2011). Impact of morbidity and life events on successful aging. *Asia-Pacific Journal of Public Health*, 23(4), 458-469. doi:10.1177/1010539511412575
- Katsumata, Y., Arai, A., Ishida, K., Tomimori, M., Lee, R. B. and Tamashiro, H. (2012). Which categories of social and lifestyle activities moderate the association between negative life events and depressive symptoms among community-dwelling older adults in Japan? *International Psychogeriatrics*, 24(2), 307-315. doi:10.1017/S1041610211001736.
- Koenig, H. G., Westlund, R. E., George, L. K., Hughes, D. C., Blazer, D. G. and Hybels, C. (1993). Abbreviating the Duke Social Support Index for use in chronically ill elderly individuals. *Psychosomatics*, 34(1), 61-69. doi:10.1016/S0033-3182(93)71928-3.
- Kraaij, V. and de Wilde, E. J. (2001). Negative life events and depressive symptoms in the elderly: A life span perspective. *Aging & Mental Health*, 5(1), 84-91. doi:10.1080/713650006.
- Kraaij, V., Arensman, E. and Spinhoven, P. (2002). Negative life events and depression in elderly persons: A meta-analysis. *The Journals of Gerontology. Series B*,

- Psychological Sciences and Social Sciences*, 57(1), 87-94. doi:10.1093/geronb/57.1.p87.
- Krause, N. (2004). Lifetime trauma, emotional support, and life satisfaction among older adults. *The Gerontologist*, 44(5), 615-623. doi:10.1093/geront/44.5.615
- Lambotte, D. et al. (2018). Randomized controlled trial to evaluate a prevention program for frail community-dwelling older adults: A D-SCOPE protocol. *BMC Geriatrics*, 18(1), 194. doi:10.1186/s12877-018-0875-3.
- Li, H., Ji, Y. and Chen, T. (2014). The Roles of Different Sources of Social Support on Emotional Well-Being among Chinese Elderly. *PLOS ONE*, 9(3), e90051. doi:10.1371/journal.pone.0090051.
- Lutzman, M., Sommerfeld, E. and Ben-David, S. (2020). Loneliness and social integration as mediators between physical pain and suicidal ideation among elderly men. *International Psychogeriatrics*, 1-7. doi: 10.1017/S104161022000112X.
- Lyubomirsky, S., King, L. and Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin*, 131(6), 803-855. doi:10.1037/0033-2909.131.6.803.
- Mather, M. (2012). The emotion paradox in the aging brain. *Annals of the New York Academy of Sciences*, 1251(1), 33-49. doi:10.1111/j.1749-6632.2012.06471.x.
- Moran, J. M., Jolly, E. and Mitchell, J. P. (2012). Social-cognitive deficits in normal aging. *The Journal of Neuroscience*, 32(16), 5553-5561. doi:10.1523/JNEUROSCI.5511-11.2012.
- Patrick, J. H., Cottrell, L. E. and Barnes, K. A. (2001). Gender, Emotional Support, and Well-Being Among the Rural Elderly. *Sex Roles*, 45(1), 15-29. doi:10.1023/A:1013056116857.
- Perlman, D. and Peplau, L. A. (1981). Toward a Social Psychology of Loneliness. In R. Gilmour, & S. Duck (Eds.), *Personal Relationships: 3. Relationships in Disorder* (pp. 31-56). London: Academic Press.
- Preacher, K. J. and Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, 40(3), 879-891. doi:10.3758/BRM.40.3.879.
- Prieto-Flores, M.-E., Fernandez-Mayoralas, G., Forjaz, M. J., Rojo-Perez, F. and Martinez-Martin, P. (2011). Residential satisfaction, sense of belonging and loneliness among older adults living in the community and in care facilities. *Health & Place*, 17(6), 1183-1190. doi:10.1016/j.healthplace.2011.08.012.
- Ratner, B. (2009). The correlation coefficient: Its values range between +1/-1, or do they?. *Journal of Targeting, Measurement and Analysis for Marketing* 17, 139-142. doi:10.1057/jt.2009.5
- Rothman, K.J. (1990). No adjustments are needed for multiple comparisons. *Epidemiology*, 1: 43-46.
- Rubio, L., Dumitrache, C. G. and Cordón-Pozo, E. (2018). Do past stressful life events and personal control beliefs predict subjective wellbeing in old age? Evidence from a Spanish nationwide representative sample. *Ageing & Society*, 38(12), 2519-2540. doi:10.1017/S0144686X17000691.
- Russell, D. W., Peplau, L. A. and Cutrona, C. E. (1980). The revised UCLA Loneliness Scale: Concurrent and discriminant validity evidence. *Journal of personality and social psychology*, 39(3), 472-480.

- doi:10.1037/0022-3514.39.3.472.
- Saville D. J. (1990). Multiple Comparison Procedures: The Practical Solution. *The American Statistician*, 44:174-180.
- Seematter-Bagnoud, L., Karmaniola, A. and Santos-Eggimann, B. (2010). Adverse life events among community-dwelling persons aged 65-70 years: Gender differences in occurrence and perceived psychological consequences. *Social Psychiatry and Psychiatric Epidemiology*, 45(1), 9-16. doi:10.1007/s00127-009-0035-3.
- Singh, A. and Misra, N. (2009). Loneliness, depression and sociability in old age. *Industrial Psychiatry Journal*, 18(1), 51-55. doi:10.4103/0972-6748.57861.
- Sjöberg, M., Beck, I., Rasmussen, B. H. and Edberg, A.-K. (2018). Being disconnected from life: Meanings of existential loneliness as narrated by frail older people. *Aging & Mental Health*, 22(10), 1357-1364. doi:10.1080/13607863.2017.1348481.
- Steptoe, A., Deaton, A. and Stone, A. A. (2015). Psychological wellbeing, health and ageing. *Lancet*, 385(9968), 640-648. doi:10.1016/S0140-6736(13)61489-0.
- Theeke, L. A. (2009). Predictors of loneliness in U.S. adults over age sixty-five. *Archives of Psychiatric Nursing*, 23(5), 387-396. doi:10.1016/j.apnu.2008.11.002.
- Wang, J., Mann, F., Lloyd-Evans, B., Ma, R. and Johnson, S. (2018). Associations between loneliness and perceived social support and outcomes of mental health problems: A systematic review. *BMC Psychiatry*, 18(1), 156. doi:10.1186/s12888-018-1736-5.
- Weiss, R. S. (1974). The provisions of social relationships. In Z. Rubin (Eds.), *Doing unto others* (pp. 17-26). Englewood, NJ: Prentice-Hall. Wildschut, T.
- Wells, Y. (2015). Life Events and Older People. In N. A. Pachana (Eds.), *Encyclopedia of Geropsychology* (pp. 1-9). Springer Singapore. doi:10.1007/978-981-287-080-3\_338-1.
- Yu, J., Kahana, E., Kahana, B. and Han, C. (2019). Depressive symptoms among elderly men and women who transition to widowhood: Comparisons with long term married and long term widowed over a 10-year period. *Journal of Women & Aging*, 1-16. doi:10.1080/08952841.2019.1685855.

# Chapter 6

---

Exploring the characteristics of older British people experiencing loneliness as positive within the BBC loneliness experiment



## Chapter 6. Exploring the characteristics of older British people experiencing loneliness as positive within the BBC loneliness experiment

### Abstract

The aim of this study is to increase the understanding of loneliness experienced as positive, by exploring the characteristics of older people who experience loneliness in this way. Binary logistic regressions were conducted using data from those aged 60+ from the BBC Loneliness Experiment (N= 5263). Spending time alone did not emerge as relevant to experiencing loneliness as positive, but enjoying time alone was important (OR = 1.550 (95% CI = 1.304–1.842)). The lonelier older people were, the less likely they experienced loneliness as positive (OR = 0.698 (95% CI = 0.635–0.7667)). Men were more likely to experience loneliness as positive compared to women (OR = 1.805 (95% CI = 1.320–2.469)), and single older people were less likely to experience loneliness as positive compared to married or cohabiting older people (OR = 0.387 (95% CI = 0.164–0.915)). Lastly, the experience of loneliness as positive was likely to decrease when older people had more years of education (OR = 0.886 (95% CI = 0.853–0.921)) but increased with age (OR = 1.067 (95% CI = 1.037–1.097)). The results are critically discussed by emphasizing the role of norms and cultures, gerotranscendence, and severity of loneliness, which might influence the experiences of loneliness. Further qualitative research is needed to elucidate the meanings of these positive experiences of loneliness.

Switsers, L., Qualter, P., Hongui, P., Barreto, M., De Donder, L., Victor, C., Dury, S., Hammond, C. & Dierckx, E. (Submitted in *Aging & Mental Health*). Exploring the characteristics of older British people experiencing loneliness as positive within the BBC loneliness experiment.

## 1. Introduction

The notion that loneliness is a negative experience, an unpleasant lack of social relationships, is common in research and theories (Prohaska et al., 2020), and constitutes a popular assumption about loneliness among older persons. Weiss (1973), one of the earliest and more often-cited authors, described loneliness as a negative feeling and experience that is abnormal. In his definition, *"The loneliness we have been told of is gnawing rather than ennobling, a chronic distress without redeeming features."* (Weiss, 1973, p. 15). Loneliness has mostly been defined with experiencing isolation, emptiness, and sadness due to a lack of trusted relations, social pain, and worthlessness (de Jong Gierveld et al., 2018). This is the definition that best fits the conceptual understanding of loneliness and which currently prevails in research and literature on older adults (de Jong Gierveld et al., 2018).

Conversely, more recent literature also points to the existence of a "positive type" of loneliness (Alberti, 2018; de Jong Gierveld et al., 2018, p. 392). One qualitative study focused on the lived experiences of those who report loneliness and what it means for people aged between 12 and 82 years (Dahlberg, 2007). The study found that people did not only think about loneliness in negative terms: they viewed it in positive terms too, with narratives that loneliness can be creative, restful, and reflective (Dahlberg, 2007). Loneliness can also be experienced as positive when people use it to focus on themselves (Dahlberg, 2007). Dahlberg (2007) indicates that: *"When the power of loneliness is given room and loneliness is something voluntary another meaning makes a gestalt: Loneliness is restful and creative."* (Dahlberg, 2007, p. 197) This positive type of loneliness is also described by de Jong Gierveld and colleagues (2018) as the voluntary (mostly temporary) disengagement from social contacts, and is related with aspects like reflection, meditation, and creativity. This description of a positive type of loneliness seems to be related to the concept of positive solitude, referring to "aleness by choice", to spending time on a meaningful, enjoyable activity, or simply to a positive individual experience (Ost-Mor et al., 2020). Despite there currently being no agreement (yet) on the definition or description of positive loneliness, it is reasonable to assume that loneliness can also provide benefits, such as growth and self-development (Graneheum & Lundman, 2010).

The negative approach does not exclude the positive approach, or vice versa; there may be a combination of negative and positive aspects (de Jong Gierveld et al., 2018). Mijuskovic (1979) and Karnick (2005) consider loneliness as a universal, normal, and existential phenomenon that can affect all individuals during their life, with both negative and positive aspects. Karnick (2005) states that loneliness *“is considered positive when it is viewed as creative, productive and maturing, and as negative when it is defined as physical, emotional or social alienation, or isolation from self or other.”* (Karnick, 2005, p. 9). Existential loneliness is described by Moustakas (1961) as the awareness of our fundamental separateness as human beings which can lead to feelings such as unbearable emptiness and sadness. A meta-analysis of existential loneliness among patients with a life-threatening illness (Ettma, 2010) showed that existential loneliness is experienced both positively and negatively, whereby the positive experience refers to self-growth and the negative experience refers to painful experience of existential loneliness.

A study focusing on the experiences of loneliness among people 85 and older found that loneliness can be severely negative or enrichingly positive, depending on life circumstances and individual perspectives on life (Graneheim & Lundman, 2010). Graneheim and Lundman (2010) describe the experiences of loneliness as twofold: the experience of loss or feeling abandoned can be negative, while feeling free and living confidently can reflect the positive aspects of loneliness. Even though considering the possible positive aspects of loneliness might not fit the current dominant conceptualizations (which tend to differentiate solitude, aloneness, isolation, and loneliness), from these descriptions it seems possible that the experience of loneliness can be positive.

### **1.1. Aim of this study**

Although the concept of loneliness as a positive experience goes back to publications in the 1960s (Mijuskovic 1979; Moustakas, 1961), theoretical papers have only begun to address it more recently (e.g., Alberti, 2018; de Jong Gierveld et al., 2018), with scarce empirical research on the topic (e.g., Dahlberg, 2007; Ettma, 2010; Graneheim and Lundman, 2010). In response to this research gap, the current study aims to increase the understanding of loneliness experienced as positive by exploring the characteristics of older people who say they have experienced loneliness as something positive. The following research question was explored: **What are the characteristics of older persons who indicated that loneliness is experienced as something positive?**

## 2. Method

### 2.1. Data collection

Participants took part in an online worldwide survey, conducted by Prof. Christina Victor (Brunel University London), Prof. Pamela Qualter (University of Manchester), Prof. Manuela Barreto (University of Exeter) and Claudia Hammond (British Broadcasting Corporation, BBC), and funded by the Wellcome Trust. The survey was launched on BBC Radio 4 and BBC World Service, and covered elsewhere on radio, on TV and on social media, disseminating the opportunity to complete the survey more widely. Data was collected between February and May 2018. The online survey took approximately 45 minutes to complete. People who participated did so on a voluntary basis. First, participants were given information about the study. Ethical approval for this study was obtained from the University of Manchester (Reference No.: 2017-2710-4594) and the study was judged to present no risks. The ethical guidelines of the British Psychological Society and the Declaration of Helsinki (2013) were followed for this study. People could stop and exit the survey at any time, without providing a reason. If someone did not wish to answer a question, they could skip it. Those who agreed to participate answered a series of questions about their social lives, their experiences and attitudes toward friendship and community, and their experiences of loneliness, only a small part of which is the focus of this article. A total of 54,988 individuals, aged 16 years or older and with nationalities from all over the world, completed the survey. This paper reports data from a subset of 5263 participants aged 60 years and older who lived in the UK at the time the study was conducted, and who provided data on the variables of interest. Because we expect that cultural differences concerning the meaning and value of aspects like time alone or loneliness feelings might have an impact on the experience of loneliness as positive, we decided to only include older people living in UK (England, Great Britain, Wales, Scotland, and Northern Ireland), as this cohort, residing in the UK, also constituted the majority of participants who completed the BBC loneliness experiment, the survey.

## 2.2. Measures

**Dependent variable.** Concerning the topic of loneliness in the survey, participants were first asked to answer the following questions: "How often do you feel lonely?", responding on a scale from 1 (= never) to 5 (= always). If participants responded 2 or higher they were asked whether this experience was positive: "Is the experience of loneliness positive?" Participants responded to this question with the following answer categories: Yes, No, Sometimes.

### **Independent variables.**

Independent variables consist of gender, age, marital status; second variables related to socioeconomic status, such as years of education and employment status; third variables related to time alone; fourth variables measured loneliness; and fifth variables related to health. Gender was coded as 0 = female and 1 = male. Participants could also respond by answering "other" or "prefer not to say." This study restricted the analyses to participants identifying as "female" or "male", excluding "other" or "prefer not to say" due to the small sample size and the potential ambiguity of such responses. Age was measured continuously (in years) and marital status was categorized as: 1 = married, in civil partnerships, or cohabiting; 2 = divorced, including formerly in a civil partnership which is now legally dissolved or separated but still legally married; 3 = widowed, including surviving partner from a civil partnership; 4 = single, never married, or never in a civil partnership; 5 = in a relationship but not cohabiting.

Second, socioeconomic variables included level of education (continuous, measured in "How many years of education did you complete?"), employment status (1 = retired, 2 = full-time work, 3 = part-time work, 4 = full-time or part-time student, 5 = non-paid work, 6 = unemployed), and the subjective feeling that one's financial needs are met (1 = poorly, 2 = fairly well, 3 = very well).

Third, variables related to time alone were measured by asking participants to indicate whether they lived alone by (1 = not living alone, 2 = living alone by choice, 3 = living alone, not by choice), time spent alone (ranging from 1 = never to 4 = always), and enjoyment of spending time alone (ranging from 1 = not at all to 5 = very much so).

Fourth, loneliness was measured by asking participants to answer questions from the UCLA Loneliness Scale (Russell, 1996): "Do you feel a lack of companionship?", "Do you feel left out?", "Do you feel isolated from others?". For each question, participants indicated how often that happened to them on a sliding scale from 1 (never) to 5 (always). The scale, averaged across the three ratings, was reliable ( $\alpha = .84$ ).

Fifth, health measures consisted of questions related to general and physical health. General health was measured by the following questions: "Would you say that, in general, your health is ...?". Participants had to respond on a scale from 1 to 5 (1 = excellent, 2 = very good, 3 = good, 4 = fair, 5 = poor). Lastly, a question concerning physical health was asked: "In the past 30 days, for how many days was your physical health not good? This includes physical illness and injury."

### **2.3. Data analysis**

Given the dichotomous nature of the dependent variable ("Is the experience of loneliness positive?" Yes/No), binary logistic regression analyses were chosen as the appropriate technique to analyze the associations between the different characteristics and whether the experience of loneliness is positive. As a precondition to conducting the binary logistic regression analyses, bivariate analyses were used to make comparisons between older adults who identified loneliness as either positive or not positive. First, multicollinearity was measured by variance inflation factors (VIF) and tolerance. VIF values were below 2 and tolerance values were higher than 0.5, indicating there is no problem with multicollinearity (Hair et al., 2010). The bivariate analyses consisted of chi-square tests for categorical variables and t-tests for continuous variables. Variables that were significantly related at a level of  $p < .05$  in the bivariate analyses were included in the binary logistic regression analyses and were introduced into the regression using an enter method. In total, 3234 independent cases were included in the regression models. All data were analyzed using SPSS 26.0.

### 3. Results

#### 3.1. Sample characteristics

From the data of 5263 participants, 4.2% identified the experience of loneliness as positive, 38.6% as sometimes positive, and 57.3% as not positive. The characteristics of the total data (N = 5263) can be found in the supplementary materials. Our further analyses focused on those participants who responded Yes or No, namely older people who find loneliness to always be positive and older people who find loneliness to never be positive, consisting of a sample of 3234 participants. To avoid bias within our analyses we excluded the group of people who responded "sometimes", as they belong to both the Yes and the No group.

Sample characteristics are presented in Table 1. Mean age of the total sample was 66.39 years, with a majority of 72% female, 31.21% married or cohabiting, 31.6% divorced or separated, 15.5% single, and 19.1% widowed. Most participants were inactive in the labor market (72%) and most older adults lived alone (64.6%), but this was not a choice for close to half (42.7%) of them. Table 1 presents the characteristics separately for older people identifying loneliness as positive (N = 219) and as not positive (N = 3015).

Table 1: Sample characteristics

Variables	Total N = 3234		Is the experience of loneliness positive?	
	%	<i>M (SD)/Med</i>	Yes N = 219	No N = 3015
	%	<i>M (SD)/Med</i>	%	<i>M (SD)/Med</i>
<b>Sociodemographic variables</b>				
Age		66.39 (5.20)	68.41 (6.11)	66.24 (5.10)
Gender				
Female	72.0		63.5	72.6
Male	28.0		36.5	27.4
Marital status				
Married or cohabiting	31.1		36.5	30.7
Divorced or separated	31.6		26.5	32.0
Widowed	19.1		24.7	18.7
Single	15.5		8.2	16.0
In a relationship (not cohabiting)	2.7		4.1	2.6
<b>Socioeconomic variables</b>				
Years of education		16.84 (3.92)	15.38 (4.17)	16.94 (3.88)
Employment				
Inactive on the labor market	72		78.5	71.6
Retired	92.4		97.1	92.1
Non-paid work	4.1		2.3	4.3
Unemployed	3.4		0.6	3.7
Full-time work	12.5		12.8	12.5
Part-time work	15.4		8.7	15.9
Financial needs are met				
Poorly	14.2		11.0	14.4
Fairly well	48.6		47.5	48.7
Very well	37.2		41.6	36.9
<b>Variables related to time alone</b>				
Living alone				
Not living alone	35.3		39.3	35.1
Living alone, not by choice	42.7		34.2	43.3
Living alone by choice	21.9		26.5	21.6
How much time alone (1 Never – 4 Always)		3.00	3.00	3.00
Enjoy time alone (1 Not at all – 5 Very much so)		3.00	4.00	3.00
<b>Loneliness measures</b>				
UCLA 3-item scale		6.65 (1.73)	5.51 (2.02)	6.73 (1.67)
<b>Health measures</b>				
General subjective health (1 excellent – 5 poor)		3.00	3.00	3.00
Physical health (0-30 days)		5.00	5.00	5.00

### 3.2. Binary logistic regression

Results of the binary logistic regression model are presented in Table 2. As mentioned, 3234 individual cases were included within this model. The variables "time alone", "general subjective health" and "financial needs are met" were excluded, as they were not significantly related to the experience of loneliness as positive at the bivariate level. We included the variables related to time alone and loneliness in block 1, the variable related to health in block 2, and all the sociodemographic and socioeconomic variables in block 3.

Concerning the variables related to time alone and loneliness, there was a tendency for loneliness to be experienced positively by older adults who enjoyed spending time alone (OR = 1.550,  $p < .001$ ). The experience of loneliness as positive was more likely to decrease when older people had higher scores on the three-item loneliness scale (OR = 0.698  $p < .001$ ). Concerning health, the predictor of physical health was not significant within the binary logistic regression. Concerning sociodemographic and socioeconomic variables, there was a tendency for loneliness to be experienced as positive by more senior older adults (OR = 1.067,  $p < .001$ ). Men were more likely than women to experience loneliness as positive (OR= 1.805,  $p < .001$ ). Loneliness was less likely to be experienced as positive by participants who were single, compared with those married or cohabiting (OR= 0.387,  $p < .031$ ), and participants with more years of education (OR= 0.886,  $p < .001$ ).

Table 2: Logistic regression – enter method

	$\beta$	SE	O.R. (95% CI)
<b>BLOCK 1</b>			
<b>Variables related to time alone</b>			
Living alone			
Not living alone (Ref.)	(Ref.)	(Ref.)	(Ref.)
Living alone, not by choice	0.108	0.369	1.114 (0.540-2.295)
Living alone by choice	0.359	0.378	1.432 (0.683-3.001)
Enjoy time alone	<b>0.438</b>	<b>0.088</b>	<b>1.550 (1.304-1.842) *</b>
<b>Loneliness measures</b>			
UCLA 3-item scale	<b>-0.360</b>	<b>0.048</b>	<b>0.698 (0.635-0.7667) *</b>
<b>BLOCK 2</b>			
<b>Health measures</b>			
Physical Health	0.011	0.007	1.011 (0.997-1.025)
<b>BLOCK 3</b>			
<b>Sociodemographic variables</b>			
Age	<b>0.065</b>	<b>0.014</b>	<b>1.067 (1.037-1.097) *</b>
Gender (Ref. Female)	<b>0.591</b>	<b>0.160</b>	<b>1.805 (1.320-2.469) *</b>
Marital status			
Married or cohabiting (Ref.)	(Ref.)	(Ref.)	(Ref.)
Divorced or separated	-0.348	0.379	0.706 (0.336-1.484)
Widowed	0.018	0.388	1.019 (0.477-2.177)
Single	<b>-0.949</b>	<b>0.438</b>	<b>0.387 (0.164-0.915) *</b>
In a relationship (not cohabiting)	0.001	0.504	1.001 (0.373-2.690)
<b>Socioeconomic variables</b>			
Years of education	<b>-0.121</b>	<b>0.020</b>	<b>0.886 (0.853-0.921) *</b>
Employment			
Inactive on the labor market (Ref.)	(Ref.)	(Ref.)	(Ref.)
Full-time work	0.239	0.241	1.271 (0.793-2.036)
Part-time work	-0.372	0.262	0.689 (0.412-1.152)
Constant	-4.437	1.130	0.012
Cox and Snell R <sup>2</sup>	0.069		
Nagelkerke R <sup>2</sup>	0.175		
H&L1 Chi-Square [df], p	2.969, [8], 0.936		

\*p &lt; .05.

1 Hosmer and Lemeshow test.

O.R.: Odds ratio. CI: Confidence interval. df: degrees of freedom.

## 4. Discussion

To our knowledge, this study is the first to explore the characteristics of older people who experience loneliness as positive. Our results indicate that attitudes toward spending time alone and some sociodemographic and socioeconomic characteristics are connected to the experience of loneliness as positive.

First, people who enjoyed more time alone were more likely to experience loneliness as positive. Spending time alone does not say much about the quality or quantity of one's relationships, and even less on the existence or absence of a discrepancy between the actual and desired levels of social contact (Maes et al., 2019). The results indicate that time alone is not relevant in order to experience loneliness as positive, but enjoyment (the positive feeling associated with this moment) of time alone is of importance. Although there is very limited research available on the role in loneliness feelings of spending time alone and its enjoyment, recent literature put forward the importance of meaningful time and meaning in life as protective factors for loneliness (Macia et al., 2021). Our findings support that early work.

Second, the experience of loneliness as positive decreased when older people had more feelings of loneliness – that is, the lonelier older people felt, the less likely they were to experience their loneliness as positive. Given that the measure of loneliness focuses on how frequently these feelings are experienced, those who score high on this measure are likely to have a greater variety or mix of experiences, some positive and some negative, than those who only rarely feel lonely. Extensive literature is available on the negative effects of loneliness on health (Crewdson, 2016) and well-being (Kearns et al., 2015; Patel et al., 2019) among older populations. A recent study found especially chronically lonely older people to be at a greater risk for depression (Martin-Maria et al., 2021). It therefore seems that the severity of loneliness might play an important role in how older people experience loneliness. It is important to note, however, that older people who reported never feeling lonely were excluded, since they were not asked to fill in the question concerning the experience of loneliness as positive.

Third, focusing on the sociodemographic and socioeconomic characteristics, the results indicated that men were more likely than women to experience loneliness as positive. Compared to women men wrestle to talk about loneliness (Franklin, 2019). A recent study found men to perceive more stigma from the community surrounding loneliness than women (Barreto et al., under review), which means men may be less likely to open up about loneliness or to see or label it differently in order to overcome the stigmatization attached to it.

A recent meta-analysis (Maes et al., 2019) did not find any evidence that gender differences in loneliness frequency are present during older age, but our findings suggest that they may indeed label it differently in order to cope with it effectively.

There was also a tendency for loneliness to be experienced as positive by more senior older adults. This might be connected to what Tornstam (2011) terms the theory of gerotranscendence. This theory views ageing as an ongoing development that has the potential of being a positive process, a shift from a rational and materialistic view of life to a more transcendent and cosmic view (Tornstam, 2011). Three levels comprise the basis to understand gerotranscendence: developmental changes in cosmic transcendence, coherence, and solitude (Cozort, 2008; Tornstam, 2003, 2005). It might be that more senior older adults have further evolved toward gerotranscendence, fearing death less than when they were younger (cosmic transcendence), viewing the pieces of their life as coming together (coherence), and having a decreased need for shallow social encounters (solitude), with the consequence that they experience loneliness as positive.

Single older people were less likely to experience loneliness as positive compared to married or cohabiting older people. A recent review of Dahlberg and colleagues (2021) found that being married or having a partner is associated with a decreased risk of loneliness. A recent study found that being single is related to enhanced feelings of loneliness (Taylor, 2020). It might be that single older people feel lonely more frequently and therefore have fewer chances of experiencing loneliness as positive.

Lastly, the experience of loneliness as positive is likely to decrease if older people had more years of education. People's relationship standards and expectations are influenced by their normative environment (de Jong Gierveld et al., 2018), such that those with better socioeconomic positions may have higher expectations of their social contacts – expectations which might not be met – and therefore experience loneliness less as positive.

Although this study uses an innovative approach, it is not without shortcomings. A large number of participants are included, yet they are not representative of the British 60+ population. Data were collected cross-sectionally, so causal relationships cannot be ascertained. Furthermore, these results might vary across cultures, even within one country (e.g. Barreto et al., 2021). To gain insights into the meaning of experiencing loneliness as positive, qualitative research should be conducted in order to investigate the notion of positive loneliness.

Lastly, the limited studies available on positive aspects or “positive type” of loneliness integrate the voluntary aspect of disengagement from social contacts within their definition (e.g., Dahlberg, 2007; de Jong Gierveld et al., 2018). Still, in most definitions and models loneliness is currently defined as an unwanted experience (Alexandrova, 2019). Because this study did not focus on the role of “choice” of disengagement from social contacts, any further insight into the role of “choice or voluntary withdrawal from social contacts” concerning the positive experience of loneliness seems to be relevant for further research.

## 5. References

- Alexandrova, N. H. (2019). Concepts of researching the loneliness of elderly. *Psychology in Education*, 1 (2), 176- 183. DOI: 10.33910/2686-9527-2019- 1-2-176-183
- Barreto, M., Van Breen, J., Victor, C., Hammond, C., Eccles, A., Richins, M., & Qualter, P. (under review). Exploring the nature and variation of the stigma associated with loneliness. Manuscript under review.
- Barreto, M., Victor, C., Hammond, C., Eccles, A., Richins, M. T., & Qualter, P. (2021). Loneliness around the world: Age, gender, and cultural differences in loneliness. *Personality and Individual Differences*, 169, 110066. doi.org/10.1016/j.paid.2020.110066
- Bound Alberti, F. (2018). This "Modern Epidemic": Loneliness as an Emotion Cluster and a Neglected Subject in the History of Emotions. *Emotion Review*, 10(3), 242-254. doi.org/10.1177/1754073918768876
- Cozort, R.W. (2008). Revising the Gerotranscendence Scale for use with older adults in the southern United States and establishing psychometric properties of the revised Gerotranscendence Scale.
- Crewdson, & Crewdson, J. (2016). The Effect of Loneliness in the Elderly Population: A Review. *Healthy Aging & Clinical Care in the Elderly*, 8, 1. https://doi.org/10.4137/HACCE.S35890
- Dahlberg, K. (2007). The enigmatic phenomenon of loneliness. *International Journal of Qualitative Studies on Health and Well-being*, 2:4, 195-207, DOI:10.1080/17482620701626117
- Dahlberg, L., McKee, K. J., Frank, A., & Naseer, M. (2021). A systematic review of longitudinal risk factors for loneliness in older adults. *Aging & Mental Health*, 1-25. https://doi.org/10.1080/13607863.2021.1876638
- Ettema, E. J., Derksen, L. D., & van Leeuwen, E. (2010). Existential loneliness and end-of-life care: A systematic review. *Theoretical Medicine and Bioethics*, 31(2), 141-169. https://doi.org/10.1007/s11017-010-9141-1
- Field, A. P. (2009). *Discovering statistics using SPSS: (and sex and drugs and rock 'n' roll)*. Los Angeles (i.e. Thousand Oaks, Calif.): SAGE Publications.
- Franklin, A., Barbosa Neves, B., Hookway, N., Patulny, R., Tranter, B., & Jaworski, K. (2019). Towards an understanding of loneliness among Australian men: Gender cultures, embodied expression and the social bases of belonging. *Journal of Sociology*, 55(1), 124-143. https://doi.org/10.1177/1440783318777309
- Gierveld, J. de J., Van Tilburg, T. G., & Dykstra, P. A. (2018). New ways of theorizing and conducting research in the field of loneliness and social isolation. In the *Cambridge handbook of personal relationships*, 2nd ed (pp. 391-404). Cambridge University Press. https://doi.org/10.1017/9781316417867.031
- Graneheim, U. H., & Lundman, B. (2010). Experiences of loneliness among the very old: The Umeå 85+ project. *Aging & Mental Health*, 14(4), 433-438. https://doi.org/10.1080/13607860903586078

- Hair, J.F., Black, W.C., Babin, B.J., & Anderson, R.E. (2010). *Multivariate Data Analysis*. Seventh Edition. Prentice Hall, Upper Saddle River, New Jersey.
- Hauge, S., & Kirkevold, M. (2012). Variations in older persons' descriptions of the burden of loneliness. *Scandinavian Journal of Caring Sciences*, 26(3), 553-560. <https://doi.org/10.1111/j.1471-6712.2011.00965.x>
- Karnick, P. (2005). Feeling lonely: theoretical perspectives. *Nursing Science Quarterly*, 18(1), 712.
- Kearns, A., Whitley, E., Tannahill, C., & Ellaway, A. (2015). Loneliness, Social Relations and Health and Wellbeing in Deprived Communities. *Psychology, health & medicine*, 20(3), 332-344. <https://doi.org/10.1080/13548506.2014.940354>
- Macià, D., Cattaneo, G., Solana, J., Tormos, J. M., Pascual-Leone, A., & Bartrés-Faz, D. (2021). Meaning in Life: A Major Predictive Factor for Loneliness Comparable to Health Status and Social Connectedness. *Frontiers in Psychology*, 12, 627547. <https://doi.org/10.3389/fpsyg.2021.627547>
- Maes, M., Qualter, P., Vanhalst, J., Noortgate, W. V. den, & Goossens, L. (2019). Gender Differences in Loneliness Across the Lifespan: A Meta-Analysis. *European Journal of Personality*, 33(6), 642-654. <https://doi.org/10.1002/per.2220>
- Martín-María, N., Caballero, F. F., Lara, E., Domènech-Abella, J., Haro, J. M., Olaya, B., Ayuso-Mateos, J. L., & Miret, M. (2021). Effects of transient and chronic loneliness on major depression in older adults: A longitudinal study. *International Journal of Geriatric Psychiatry*, 36(1), 76-85. <https://doi.org/10.1002/gps.5397>
- Mijuskovic, B. L. (1979). Loneliness in philosophy, psychology, and literature. Assen, The Netherlands: Van Gorcum.
- Moustakas, C. E. (1961). Loneliness. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
- Ost-Mor, S., Palgi, Y., & Segel-Karpas, D. (2020). The definition and categories of positive solitude: Older and younger adults' perspectives on spending time by themselves. *International Journal of Aging and Human Development*, 1-20. <https://doi.org/10.1177/0991415020957379>
- Patel, R. S., Wardle, K., & Parikh, R. J. (2019). Loneliness: The present and the future. *Age and Ageing*, 48(4), 476-477. <https://doi.org/10.1093/ageing/afz026>
- Prohaska, T., Burholt, V., Burns, A., Golden, J., Hawkey, L., Lawlor, B., Leavey, G., Lubben, J., O'Sullivan, R., Perissinotto, C., van Tilburg, T., Tully, M., Victor, C., & Fried, L. (2020). Consensus statement: Loneliness in older adults, the 21st century social determinant of health? *BMJ Open*, 10(8), e034967. <https://doi.org/10.1136/bmjopen-2019-034967>
- Russell, D. W. (1996). Loneliness scale (version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66, 20-40.
- Taylor, H. O. (2020). Social Isolation's Influence on Loneliness among Older Adults. *Clinical social work journal*, 48(1), 140-151. <https://doi.org/10.1007/s10615-019-00737-9>
- Tornstam, L. (2003). Gerotranscendence from young old age to old old age. The Social Gerontology United States and establishing psychometric properties of the Revised

Gerotranscendence Scale(Unpublished doctoral dissertation). University of North Carolina at Greensboro, Greensboro, NC.

Tornstam, L. (2005). *Gerotranscendence: A developmental theory of positive aging*. New York,NY:Springer.

Tornstam, L. (2011). *Maturing into*

*gerotranscendence. Journal of Transpersonal Psychology, 43(2),166-180.*

Weiss, R. S., Riesman, D., & Bowlby, J. (1973). *Loneliness: The experience of emotional and social isolation*. Cambridge, MA:The MIT Press.

Supplementary table: overall characteristics

	Is the experience of loneliness positive?							
	Total N = 5263	Yes N = 219 (4.2%)	No N = 3015 (57.3%)	Sometimes N = 2029 (38.6%)				
Variables	%	<i>M (SD)/Med</i>	%	<i>M (SD)/Med</i>	%	<i>M (SD)/Med</i>	%	<i>M (SD)/Med</i>
<b>Sociodemographic variables</b>								
Age		66.42 (5.15)		68.41 (6.11)		66.24 (5.10)		66.46 (5.10)
Gender								
Female	72.6		63.5		72.6			73.6
Male	27.4		36.5		27.4			26.4
Marital status								
Married or cohabiting	32.0		36.5		30.7			33.3
Divorced or separated	31.5		26.5		32			31.4
Widowed	18.2		24.7		18.7			16.8
Single	15.4		8.2		16			15.4
In a relationship (not cohabiting)	2.9		4.1		2.6			3.1
<b>Socioeconomic variables</b>								
Years of education		16.93 (3.96)		15.38 (4.17)		16.94 (3.88)		17.07 (4.01)
Employment								
Inactive on the labor market	72.5		78.5		71.6			73.6
Retired	92.6		97.1		92.1			92.7
Non-paid work	4.1		2.3		4.3			4.0
Unemployed	3.4		0.6		3.7			3.3
Full-time work	11.9		12.8		12.5			10.8
Part-time work	15.6		8.7		15.9			15.9
Financial needs are met								
Poorly	13.2		11.0		14.4			11.6
Fairly well	49.5		47.5		48.7			50.8
Very well	37.4		41.6		36.9			37.6
<b>Variables related to time alone</b>								
Living alone								
Not living alone	36.8		39.3		35.1			39.0
Living alone, not by choice	38.9		34.2		43.3			32.8
Living alone by choice	24.3		26.5		21.6			28.1
How much time alone (1 Never – 4 Always)		3.00		3.00		3.00		3.00
Enjoy time alone (1 Not at all – 5 Very much so)		3.00		4.00		3.00		3.00
<b>Loneliness measures</b>								
UCLA 3-item scale		6.42 (1.74)		5.51 (2.02)		6.73 (1.67)		6.06 (1.69)
<b>Health measures</b>								
General health (1 excellent – 5 poor)		3.00		3.00		3.00		3.00
Physical health (0-30 days)		4.00		5.00		5.00		4.00



# Chapter 7

---

General discussion



## Chapter 7. General discussion

### Abstract

This dissertation contributes to the growing field of research on late-life loneliness by adding a life course perspective. It includes five stand-alone articles, each with its own results on different aspects of the topic. By including a meta-view, this overall discussion tries to bring these different results together. Hence this discussion does not purely restate the results from the former chapters or the stand-alone articles, instead the findings are discussed in relation to the overall aim: **How can we nuance debates and stereotypes on loneliness in older adults by bringing in a life course perspective?**

This general discussion is structured in different parts, beginning with the main findings related to the overall research aim. Second, theoretical input is discussed on the cognitive discrepancy theory. Third, the limitations and future research avenues are formulated. Fourth, some overall methodological limitations are mentioned. Lastly, implications for practice and policy are discussed.

## 1. Discussion of the main findings

This dissertation has the overall aim to gain insight into: **How can we nuance debates and stereotypes on loneliness in older adults, by bringing in a life course perspective?** The dissertation supports the notion that loneliness is not limited to old age – on the contrary, it occurs at any age. Both the recent and the earlier life course are of relevance, as different life events or circumstances during childhood and adulthood could still have an impact on loneliness feelings in later life. The inability to develop or maintain satisfying social relationships does not automatically lead to late-life loneliness, as people can also deal or cope with certain emotions and situations. Further attention is therefore given to the subjective experiences of life events, to coping strategies and to the transient nature of loneliness within a life course perspective, whereby positive life events can play a role in reducing loneliness feelings in later life. To end, we discuss the current meanings of loneliness.

### 1.1. Loneliness does not occur only later in life

In contrast to common stereotypes, loneliness is not exclusive to old age, it can occur at any life stage. Both chapter 2 (Leopold Flam) and chapter 4 (Precipitating events and coping strategies throughout the life course) demonstrate that loneliness can also occur earlier in life. As part of chapter 2, Leopold Flam (1979) mentions explicitly that loneliness affects not only adults but also children, for example orphans, who might be at a higher risk of experiencing it. Younger people, especially children, remain scarce in prevalence studies that focus on different life stages; most research focuses on older persons or youth (16 and older): there are studies on adolescents from age 16 (Lasgaard, Friis, & Shevlin, 2016), 18 (Luhmann & Hawkley, 2016) and 19 (Franssen et al., 2019), but younger ages and children are mostly neglected. The importance of childhood circumstances and the experiences of loneliness during childhood seemed to return in several life stories (chapter 4). Loneliness feelings during childhood were connected with feeling abandoned or unwanted by parents, which still impacted present feelings of loneliness.

## **1.2. Importance of both recent and earlier life events during the life course in influencing current feelings of loneliness**

To fully understand loneliness, it is important to investigate the role of significant life events during the entire life course (Merz, & De Jong Gierveld, 2016; Nicolaisen, & Thorsen, 2014). In examining the life course, several researchers have already established the importance of life events as these are associated with changes and transitions over time (Alwin 2012). The importance not only of recent life experiences but also of the earlier life course needs to be acknowledged. This dissertation recognises that while some life events can constitute a breaking point, with accompanying immediate changes (e.g. death of a relative, a fall), other events can generate gradual changes or be experienced as a gradual transition (e.g. progression of a disease) during the life course. This dissertation found evidence for the relevance not only of recent life events in later life but also of earlier life events.

### **Importance of recent life events**

Chapter 3 (Exploring recent adverse and positive life events) demonstrates that lonely older persons experienced a variety of positive and negative life events in the past year (relating to e.g. health, financial status, social network, living situation, meaningful use of time). The results from chapter 3 and chapter 5 (Negative old-age life events and well-being in later life) indicate that recent life events can affect lonely older adults' general well-being, but also their feelings of loneliness. Several negative life events were mentioned which can have a negative effect and increase loneliness in terms of social network or health (death of a partner, becoming ill). In line with the findings of chapter 3, chapter 5 demonstrates that overall (both emotionally and socially), loneliness acts as a mediating factor between multiple negative old-age life events and subjective well-being, with emotional loneliness as a greater mediator than social loneliness. This means that different negative old-age life events (interpersonal conflict, changes in financial situation, deteriorating health of oneself or a loved one) have a negative influence mainly on emotional loneliness (absence of an attachment figure), and to a more limited extent on social loneliness (absence of a social network) within the association with subjective well-being. These results can be linked with the socio-emotional selectivity theory (Carstensen, Fung, & Charles, 2003), which argues that the active maintenance of a small amount of emotionally meaningful relations instead of an expanded social network delivers a base for well-being in later life, buffering negative emotions.

### **Not only recent life events matter, the earlier life course is also relevant**

Although recent research focuses mostly on the role of recent life events (e.g. Cohen-Mansfield et al., 2016; chapter 3), the dissertation also demonstrates that the importance of earlier life events should not be neglected if we want to understand older people's current loneliness. Besides the relevance of recent life events (chapter 3), the narratives of the life stories of chapter 4 provide support for the lifelong influence of negative events on current feelings of loneliness. Certain negative life events earlier in life can have a long-lasting influence on late-life loneliness. Relationship adversities experienced during childhood (e.g. maternal or parental neglect) or childhood traumas (e.g. premature death of a parent) continue to influence loneliness levels much later in life. Some respondents (Chapter 4) were being neglected by their parents and therefore feelings of loneliness already surfaced at childhood. One narrative study, in line with our results, indicates that loneliness can be experienced earlier in life due to negative life events in childhood, such as loss of a parent (Tiilikainen, & Seppänen, 2017). A plausible reason might be that children who are not raised in an open, warm, stable and sincere relationship with their parents are at a higher risk for becoming lonely (Rohner et al., 2020). Our findings also show that besides childhood, negative experiences or life events can trigger loneliness in adulthood and can be still of relevance later in life. For example, divorce or conflict at work were experienced as negative events during adulthood, which still could have an impact on people's loneliness feelings later in life.

Besides these precipitating, negative life events earlier in life, the life stories of chapter 4 reveal the relevance of certain unrealised events (remaining childless, never finding a partner) on loneliness later in life. This specific example of remaining childless connects with recent findings that childlessness is related to increased late-life loneliness (Vozikaki et al. 2018; Zoutewelle-Terovan, & Liefbroer, 2018). Different unrealised events might be related to increased loneliness too, such as never having married (Gibney, Moore, & Shannon, 2019). Our findings add that even though earlier life events might have had no impact on loneliness feelings earlier in life (such as relocation at a younger age), certain life events can unexpectedly influence old-age loneliness.

### **Life events can have cumulative effects throughout the life course**

We need to remain vigilant when trying to capture loneliness in later life: comprehending the life course offers interesting insights. Not only the narratives of chapter 3 provide evidence for the lifetime impact of cumulative negative life events on well-being, the life stories of chapter 4 (Precipitating events and coping strategies throughout the life course) also highlight the possible lifetime impact of certain negative earlier-life events and loneliness feelings on affecting seniors' vulnerability to loneliness. Over time, after experiencing various social hardships (social conflicts, repeated abandonment), it can become more difficult to alleviate or end loneliness; an accumulation of negative experiences over the life course contributes to the development of severe or chronic loneliness in seniority.

One life event can trigger the beginning of other life events and transitions, and can affect the experience of how one ages. Our findings underline the cumulative-disadvantage theory that adverse events and circumstances can accumulate throughout life (Dannefer 2020). Chapter 3 focused on recent life events, whereby adverse life events can create cumulative experiences. For example, a woman talked about the death of her husband and how this loss changed the nature of her social contacts, caused her to lose contact with several friends, and had a cumulative negative effect on her well-being. The life stories of chapter 4 found that adverse and traumatic events (difficult childhood, divorce, bereavement, depression) earlier in life can accumulate throughout the life course. A few older adults even indicated having experienced loneliness throughout their entire life, since childhood. Loneliness can occur very early on and can be taken along throughout the entire life course. It might be that those older people aged with a certain vulnerability for loneliness during their life course, due to early negative life events or experiences or the accumulation of certain negative events, and ended up experiencing loneliness more severely or chronically in later life.

### **Life events can occur at the micro, meso and macro level throughout the life course**

Life course theories recognise that human lives are embedded within different environments, families, communities, structures and global systems (Bronfenbrenner 1995; Dannefer 2003). At the individual or micro level, progress has been made in identifying which life events can impact or affect outcomes (Silverstein & Giarusso, 2011) such as loneliness (Vozikaki et al. 2018). In chapter 4, lonely older adults revealed the occurrence and relevance of many different earlier and recent life events, at the individual or micro level. Death of a partner, divorce, health-related problems were mentioned in the narratives and had an impact on loneliness feelings. Research on life events and transitions, however, continues to challenge the need for a better understanding of the meso and macro perspectives (Silverstein & Giarusso, 2011). In this sense, the results of chapter 3 and 4 also confirm that lonely seniors experience earlier and recent life events at the meso level. These life events refer to changes at the community level (changing work environment, moving to another neighbourhood), which triggered loneliness feelings both earlier and later in life.

At the macro level, recent negative life events were discovered across the several studies that relate to demographic and digital changes, transforming people's social network and social contacts. The broader social environment in terms of macro level was not mentioned directly in relation to an increase or decrease in loneliness during the life course in chapter 4 . It nonetheless became clear from the life stories that society and culture do affect how a person deals with certain negative events or copes with loneliness feelings throughout their life. A woman talked about how she wanted to leave the parental home when she was 18, she felt lonely with her family, her only chance to leave home would be by finding a partner because back then as a woman you were less free to be on your own. This is one example of how life events and their experiences are shaped by societal factors. An older man expressed how he always felt different from others and how he never got the chance or opportunity to talk about his personal issues and mental health problems with someone, only recently had he been talking with an online helpline. He stressed the fact that society has changed, and that you now have more opportunities to talk about such issues. The influence of society and culture on what people experience during the life course, and how they interpret their impact, appears to be very relevant.

### **1.3. Negative life events do not necessarily lead to loneliness**

A discrepancy between actual and desired relationships does not necessarily lead to loneliness. Not being able to develop or maintain satisfying social relationships does not automatically lead to late-life loneliness because 1) life events can be experienced subjectively, as adverse life events can also be related with positive experiences; 2) the way people cope can lower the impact of negative life events; and 3) loneliness can be reduced and/or resolved during the life course, and positive life events can even reduce loneliness feelings.

#### **The subjective experiences of life events during the life course**

The narratives of chapter 3 and 4 made it clear that this appraisal of recent life events was subjective, namely that the same life event could be experienced differently by older adults: for example the death of a partner does not cause the same degree of change in loneliness or well-being due to the subjectivity of such experiences. A single event can be experienced both positively and negatively due to individuals' different positive and negative life transitions. Our findings are in line with other life course (and narrative) research that often shows that life events are rarely simply negative or positive but something in-between – that is to say, at different points in people's lives and for different people, life events may appear to have different meanings (Domajnko, & Pahor, 2015; Sutin et al., 2010; Wells, 2015). One plausible explanation is that older adults' experiences of a life event depend on the situation and how they deal or cope with it (Wells, 2015), and are related to a person's resilience (Domajnko, & Pahor, 2015). Whether the experience is interpreted negatively or positively depends on the individual's current state of well-being (Park, 2006) and physical and mental health (Sutin et al., 2010). People who can narrate difficult life experiences as positive seem to have greater subjective well-being (King, Scollon, Ramsey, & Williams, 2000). Hence also the impact of subjective experiences and transitions of life events can be perceived differently at various points of the life course (Fredriksen-Goldsen et al., 2016).

### **Older people use the same coping strategies or adopt a 'flexible, learning approach' during their life course**

The way people cope can lower the impact of adverse life events and circumstances, not only in the near future but also in the long-term development of physical and mental health (Skinner et al., 2003). Seniors' current coping strategies, however, might be developed and influenced over the life course and shaped by individual coping strategies and different contexts. Chapter 4 demonstrates how older adults cope with their loneliness throughout the life course. Two 'profiles' were found. First, older persons can use the same coping strategy to deal with loneliness throughout their entire life. Given that one's personality influences coping strategies (Carver, & Corner-Smith, 2010), and that personality might remain constant over the life course (Caspi, & Roberts, 2009), coping styles tend to remain stable too. Nevertheless, people continue to use the same coping strategies even when it is clear these are being ineffective (Chapter 4). The consistent coping style among respondents could prove to be unsuccessful when used repeatedly, thus failing to resolve or diminish the loneliness experienced. Older persons can perpetuate the use of negative coping strategies such as avoidance, social isolation and self-sacrifice. Personality schemas are pervasive throughout the lifetime and might be dysfunctional to a certain degree (Young, Klosko, & Weishaar, 2003).

The second profile in chapter 4 illustrates how older persons adopt a 'flexible, learning approach' throughout life, adapting their coping strategies based on certain positive or negative experiences and improving their loneliness-coping skills. The ability to deal with changes during the lifespan using a variety of coping strategies relates to the construct of resilience (Wiles et al., 2012; Stephens, Breheny, & Mansvelt, 2015). Resilience is defined as a successful adaptation process, the capacity to respond and react to adverse life events, or the ability to bounce back from difficult life conditions. People use external and internal resources within such reactions and responses (Wiles et al., 2012) to overcome adversities like loneliness. However, as one ages several internal and external resources might change (Randall et al., 2011). It is also clear from chapter 4 that as people get older, their opportunities to escape loneliness or to cope also become more limited. Age-related changes (e.g. limited physical mobility due to ageing, loss of multiple friends) limit people's resources in seniority, reducing their ability to cope with loneliness effectively. Earlier in life some older adults acquire certain coping mechanisms that have proven effective, such as doing voluntary work and socialising. Ageing creates circumstances that impede coping with feelings of loneliness in this way, making it more difficult.

### **Away from the therapeutic nihilism: Loneliness can be reduced or people can overcome loneliness during the life course**

Research indicates that most people experience loneliness as transient or temporary during their life, meaning without long-lasting negative consequences (Qualter, 2015). People eventually overcome these loneliness feelings by recovering, through coping or compensation (Shiovitz-Ezra & Ayalon, 2010). The life stories of chapter 4 indicate that some people experienced loneliness earlier in life, but were able to manage these feelings so that the experiences were short-lived and of a transient nature. Chapter 3 shows that while lonely older adults experience different recent adverse life events related to loss, they also experience different positive recent life events. Certain recent life events, which were experienced as positive, even had the potential to reduce feelings of loneliness or increase well-being. Some positive events were directly linked to reduced loneliness. For example, starting to go to the community centre or moving to another neighbourhood can increase opportunities for social contact in the immediate vicinity and reduce feelings of loneliness. In the analyses, all examples provided seemed to be meso-level events. These results are in line with the research of Kemperman and colleagues (2019), which emphasised the importance of neighbourhood attachment in feelings of loneliness. It therefore seems that loneliness can be reduced or people can overcome loneliness during the life course.

#### **1.4. Discussing the current meanings of loneliness**

In the Introduction we discussed the conceptualisation of loneliness and the different types. At that point it was already clear that loneliness is not a unitary concept (Wigfield et al., 2020; Yanguas, 2018) and is difficult to define (Wigfield et al., 2020). Our studies have once again proven that loneliness is a multi-layered concept and is operationalised and felt differently by many. Chapter 4 shows that people's experiences of loneliness in old age might be different due to different meanings and experiences earlier in life, depending on the experienced life course. It is reasonable to argue, based on our life stories, that the experience of loneliness in childhood might be different from loneliness in adulthood or seniority, for example due to different social needs at different life phases. More qualitative research on the meaning of loneliness and how this may change over the life course is warranted (Ronka et al., 2018).

Chapter 6 (Experience of loneliness as positive) opened the discussion on possible positive experiences of loneliness. It indicates that people can experience loneliness as positive, however much more research is necessary in order to have a good and accurate definition and operationalisation of this concept. When older people have fewer feelings of loneliness or are not (or no longer) lonely, fewer emotional experiences may come up, so they can look at loneliness more rationally and may experience it as something positive. The results of chapter 6 indicate that the lonelier older people felt, the less likely they were to experience their loneliness as positive. It is likewise clear from chapter 2 that existential thoughts of life can be related to loneliness, like existential loneliness. In this PhD we did not explicitly focus on existential loneliness, although we acknowledge its existence, certainly in terms of possible positive experiences of loneliness. However, the difference and link between existential loneliness and positive experiences of loneliness are not clear yet. To gain insight into the meaning of experiencing loneliness as positive, qualitative research should be conducted in order to have a better understanding of the concept of positive loneliness as well as compare it with existential loneliness. The limited literature available on positive aspects or the 'positive type' of loneliness integrates the voluntary aspect of disengagement from social contacts within their definition (e.g., Dahlberg, 2007; de Jong Gierveld et al., 2018). Still, in most current definitions and models loneliness is an unwanted experience (Alexandrova, 2019). Chapter 6 did not focus on the role of 'choice' of disengagement from social contacts; gaining additional insights into the role of 'choice or voluntary withdrawal from social contacts' concerning the positive experience of loneliness seems to be relevant for further research.

When gathering the life stories, a question focusing on the experience of loneliness as positive was asked. Except for one respondent, no one indicated that they could experience loneliness as positive. Nevertheless, most of our respondents were severely lonely and some even chronically lonely, so they may not be experiencing any positive aspects linked to loneliness – we found that the severity of the loneliness is relevant to whether or not people experience positive aspects related to it. Only one older woman mentioned how her loneliness made her contact a former friend again. This might be related to Cacioppo and colleagues (2014), who likewise recognise that loneliness can also be beneficial for a person, referring for example to increased motivation to reconnect with people. It could be that 'positive' loneliness refers to positive consequences of loneliness, rather than positive experiences of feeling loneliness. The question concerning the meaning of experiencing loneliness as positive still remains. With chapter 6 we tried to open the discussion on possible positive experiences of loneliness.

Chapter 5 indicates that social and emotional loneliness are different dimensions or types of loneliness. They each play an important role on their own, and clearly seem to have a distinctive role in the connection with life events and well-being. The study shows that a low degree or an absence of social loneliness acts as a buffer for well-being against negative life events (interpersonal conflict, changes in living or financial situation, deteriorating health), whereas emotional loneliness acts as an explanatory or mediating factor. This means that different negative old-age life events (interpersonal conflict, changes in financial situation, deteriorating health of oneself or a loved one) have a negative influence mainly on emotional loneliness and to a more limited extent on social loneliness, therefore adversely influencing subjective well-being. The different meaning of social and emotional loneliness should not be neglected.

As there are different types of loneliness, not all aspects may have been captured to date. It would be interesting to ask people of all ages what loneliness means/has meant to them – ask people who are or have been lonely and perhaps also those who have never experienced loneliness. This would yield interesting insights and contribute to our understanding about the complexity of the meaning of loneliness.

## **2. Theoretical contribution: adaptation of the cognitive discrepancy model**

This dissertation builds further on the cognitive discrepancy model, originally developed by Perlman & Peplau (1981) and adapted by Burholt and colleagues in 2017, who integrated the relevance of the social cultural and structural context. This seems to be an important mechanism related to experiencing a discrepancy, in terms of needed and actual social relations. Our research finds evidence to add two components to the model: 1) a life course perspective, 2) well-being as ultimate outcome. First, the dissertation has found relevance for adding the life course perspective to the cognitive discrepancy model of loneliness. As mentioned earlier in the discussion, not only recent precipitating events seem to be relevant, the earlier life course also needs to be taken into account when explaining the mechanisms related to loneliness. Earlier coping strategies likewise seem of relevance, as older adults' coping strategies seem to be influenced over the life course. To conclude, a life course approach cannot be neglected when understanding loneliness. Although we only focused on the role of precipitating events and coping strategies throughout the life course, other aspects of the cognitive discrepancy model of loneliness might also benefit from a life course perspective in order to expand our understanding of loneliness, in terms of cognition and attributions.

Besides adding a life course perspective, both chapter 3 and chapter 5 acknowledge the importance of well-being in terms of reactions to the cognitive discrepancy model. It is important to expand our knowledge concerning the circumstances under which older people can manage negative life events or losses and still experience positive well-being (Burholt et al., 2019), as well as the factors that may serve as protectors or moderators between negative life events and well-being. Whereby chapter 3 indicates the effects of different negative life events on lonely older adults' well-being, chapter 5 emphasises the importance of the absence or low level of loneliness when negative life events occur, in order to maintain a subjective sense of well-being. Chapter 5 highlights the role of emotionally as well as socially satisfying contacts in order to maintain positive subjective well-being against possible negative life events in later life. This is in line with many other studies stating the importance of meaningful social relationships, which contribute to well-being among older persons (e.g. Beech, & Murray, 2013; Dumitrache et al., 2017). In line with the argumentation of Burholt and colleagues (2019), who stated that the evaluation of people's needed and desired social relations is influenced and related to psychological and processes and resources which can moderate or mediate their impact on outcomes – and not only on loneliness but also on well-being – it seems relevant to add well-being as an outcome of the discrepancy model.

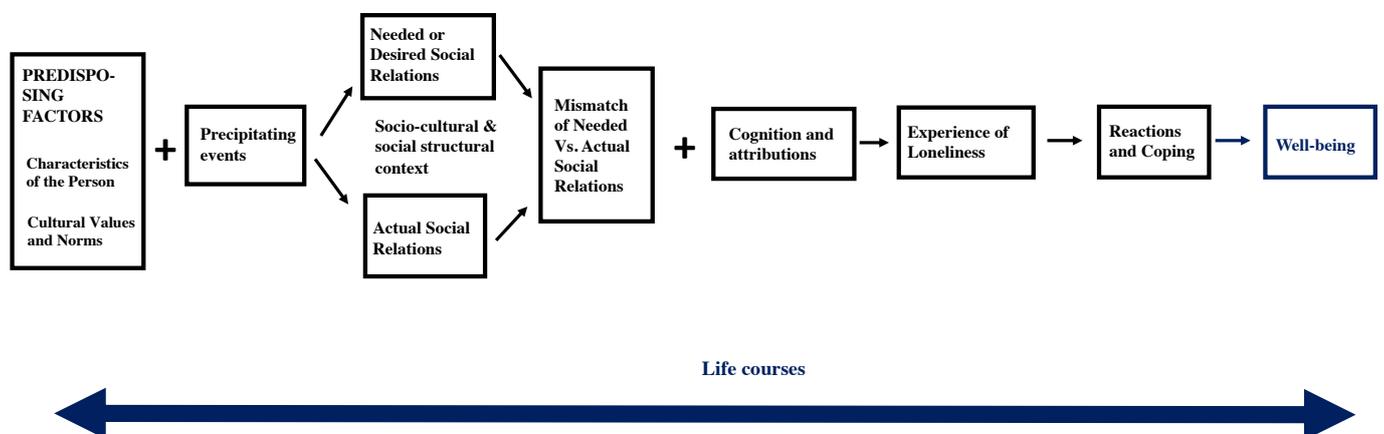


Figure 1. Adapted version of the cognitive discrepancy model of loneliness (Switsers, 2021)

### **3. Limitations of the dissertation and directions for future research**

Next to the limitations related to each stand-alone article, there are six global limitations that lead to recommendations for future research. Below we describe each of these recommendations.

#### **3.1. The role of personality**

Perlman & Peplau (1981) describe predisposing factors as risk factors that are statistically associated with loneliness, but not necessarily its immediate cause. Personality characteristics and mental health are seen as common risk factors in current research (Cohen-Mansfield et al., 2016). The first limitation focuses on the role of personal characteristics, in terms of personality: this PhD paid limited attention to their role in terms of late-life loneliness. The relevance of personality was only touched upon in chapter 4, concerning coping strategies applied throughout older people's life course, with personal characteristics possibly playing a role. Future research could focus on the role of personality when studying loneliness from a life course perspective.

#### **3.2. Role of general and mental health factors**

Second, in later life many health inequalities are present (Rueda, Artazcoz, & Navarro, 2008); it is proven that health (physical as well as mental) plays an important role in many aspects, like well-being or quality of life (Blane, Higgs, Hyde, & Wiggins, 2004). Chapter 3 shows that different old-age health-related life events can be experienced, which indeed can have an impact on well-being. The importance of depression in loneliness has been studied (Cacioppo et al., 2010). Whether loneliness is the source of depression (Domènech-Abella et al., 2018; Lee et al., 2021), or depression enhances loneliness (Dahlberg et al., 2015; Saris et al., 2017), or the two affect each other mutually (Hsueh et al., 2019), has not been confirmed fully by research. Although depressive symptoms and loneliness are related, research found that depression and loneliness are different conditions in terms of functionality (Cacioppo et al., 2006). According to Weiss (1973), loneliness refers to people's feelings about their social relationships and depression refers to how people feel in general. Although chapter 4 indeed discovered that older adults themselves experience health disadvantages – such as periods of depression – as important influencing factors during their life course, this PhD paid limited attention to the role of health and depression in late-life loneliness. Future research could focus more on health and depression when studying loneliness from a life course perspective.

### 3.3. Need for community life stories

Third, the cognitive discrepancy model of loneliness recognises that it is important not to reduce loneliness to individual shortcomings (De Jong Gierveld et al., 2018). Viewed from this perspective, loneliness is not only the attribute of individuals but an experience that is also influenced by social and structural conditions (Burholt et al. 2017; de Jong Gierveld, van Tilburg, & Dykstra; 2018). Recent studies reveal the positive (cross-sectional) association between community factors (meso/exo-link) and older adults' loneliness in particular (Kemperman et al., 2019). It is however also obvious that communities are constantly in motion and that community changes strongly affect seniors (Buffel, & Phillipson, 2019). At the meso or community level it is relevant to take into account the risks that can contribute to loneliness, such as the impact of impoverished neighbourhoods (Scharf & de Jong Gierveld, 2008; Scharf, Phillipson, & Smith, 2005), design of the built environment (van den Berg et al., 2016), crime, and feelings of unsafety (Cohen-Mansfield et al., 2016). The role of the environment seems important and can both prevent or contribute to loneliness (Prohaska et al., 2020). Within this PhD, in chapter 3 mainly meso-level factors show potential towards decreasing feelings of loneliness. For example, starting to go to the community centre or moving to another neighbourhood can increase opportunities for social contact and reduce feelings of loneliness. Although chapter 3 also recognises the importance of positive life events which can occur at the meso level, insights into the role of the environment at the community level on old-age loneliness remain limited within this PhD. It might therefore be interesting for further research to gather, in addition to individual life stories as we did, community life stories to investigate the role of contextual transitions on loneliness during the life course.

### **3.4. Acknowledging late-life loneliness within a broader social exclusion framework: link with the macro level**

At macro level, scarce evidence exists concerning the role of social-structural and cultural aspects, or societal factors which may enhance or prevent loneliness (Prohaska et al., 2020). Scharf and colleagues acknowledge the importance of studying late-life loneliness within a broader social exclusion or inequalities framework, as loneliness seems to be related to other forms of disadvantage (Scharf & de Jong Gierveld, 2008; Scharf, Phillipson, & Smith, 2004). Social exclusion has been related to higher levels of loneliness among older adults (De Jong Gierveld et al., 2018), and loneliness seems to be the most cited effect of social exclusion (Burholt et al., 2020). Although this PhD recognises the role of the macro and societal level in terms of old-age loneliness, more research needs to be conducted nonetheless. Our results might differ across cultures, as earlier research states the role of different (individualistic versus collectivistic) cultures in the experience of loneliness – Barretto and colleagues (2021) showed that loneliness increased with individualism. The focus within this PhD remains limited on the role of cultural norms and values, and much more research is needed in order to expand our knowledge of the role of cultural norms and values with respect to loneliness. Very limited research has been conducted to investigate the role of ageism and loneliness within society (Gibney, Moor & Shannon, 2019). One recent study indicated that stereotypes of loneliness, for example later life as a time of loneliness, act as self-fulfilling prophecies (Shiovitz-Ezra, Shemesh, & McDonnell, 2018). Age-based discriminatory practices enlarge social exclusion of older people and are therefore related to higher risks of loneliness (Shiovitz-Ezra, Shemesh, & McDonnell, 2018).

### **3.5. Role of time perspective and future prospects**

In chapter 5 we mention socio-emotional selectivity theory (Carstensen, Fung, & Charles, 2003). This is a life-span theory of motivation that states that age differences in goals are due to differences in future time perspectives, with limited time perspectives among older adults. When time is perceived as expansive, which is mostly the case with younger individuals, people will gravitate towards information-focused goals. When time is perceived as limited, referring to older adults, people will focus more on emotion-related goals. These changing goals influence social needs and social expectations, and the composition of people's social networks. According to this theory, older adults systematically tighten their social networks so that the available social networks meet their emotional needs. This usually results in a more limited social network. Satisfying emotional relationships within a small social network will serve as a buffer against negative and depressive feelings.

It was not the aim to empirically test the socio-emotional selectivity theory, but in chapter 5 we took this theory into account as theoretical background. Our results indicate that merely placing the emphasis on the importance of emotional relationships in order to maintain well-being is too narrow an approach. The importance of social contacts should not be neglected. More specifically, our study shows that, when facing negative life events in seniority, besides the role of emotional loneliness the role of social loneliness is also important towards maintaining well-being. Hence chapter 5 finds evidence for socio-emotional selectivity theory, but with an important nuance: it is not only the active maintenance of a small amount of emotionally meaningful relationships which can contribute to well-being in older age as is stated in the socio-emotional selectivity theory (Carstensen, Fung, & Charles, 2003). Chapter 5 indicates that the absence of social loneliness (operationalised by the De Jong Gierveld scale with the items 'There are plenty of people I can rely on when I have problems', 'There are many people I can trust completely', and 'There are enough people I feel close to') acts as a buffer against negative life events, and emotional loneliness (by means of the items 'I experience a general sense of emptiness', 'I miss having people around', and 'I often feel rejected') (De Jong Gierveld, & Van Tilburg, 2006) acts as mediating or explanatory factor in order to maintain well-being. To empirically test the application of the socio-emotional selectivity theory it would be interesting for subsequent research to add information concerning the future time perspective, as this is a core assumption of the socio-emotional selectivity theory. As said before, the socio-emotional selectivity theory suggests that *'perceived limitations on time lead to motivational shifts that direct attention to emotionally meaningful goals'* (Carstensen et al., 2003, p. 104). Accordingly, the future time perspective scale conducted by Carstensen and Lang (1996) may be used to measure this perceived time. Respondents have to rate several items scored from 1 (very good) to 5 (not at all), so that items like 'Many opportunities await me in the future' or 'I have the sense that time is running out' can be assessed.

Dahlberg (2007) stresses the importance of future prospects. More specifically, she indicates that the experience of loneliness might be affected by earlier experiences as well as by future expectations. Research on future prospects indicates that viewing ageing optimistically (seeing it as an ongoing development, highlighting the importance of a positive outlook) has a beneficial effect on health and life satisfaction, even in the face of negative life events (Wells, 2015). It could therefore be interesting to explore the role of these future prospects more in terms of old-age loneliness, as the experience of loneliness varies depending on people's future prospects.

### **3.6. More attention is needed for ethnicity**

This PhD study does not fully capture the diversity in the ageing population, as limited attention is given to older adults with a different ethnic background. For example, all respondents in chapter 4 had Belgian roots. Future research could unravel the role of ethnicity in old-age loneliness, as the vulnerability of older adults from ethnic minorities has already been described (Reus-Pons et al., 2017) and because a growing group of migrants is reaching retirement age in Europe (United nations, 2020), also in Belgium (Statbel, 2021). It might be valuable to study the life courses of migrant older adults with loneliness feelings (Wu and Penning 2015), as this might reveal unprecedented knowledge on the implications of migration during childhood or adulthood. When taking into account the ethnicity of older people, this group should not be treated as one homogeneous group – the diversity among and between migrant populations could be taken into account (Philipson, 2015).

## **4. Overall methodological limitations**

The stand-alone articles have several methodological limitations, such as the need for longitudinal quantitative research. Because of the cross-sectional nature of the data used in this PhD study, many aspects of late-life loneliness remain unclear. For example, quantitatively testing the role of positive life events within the transitions of loneliness during the life course and their potential positive effects on well-being should be investigated in the future. Next to the methodological limitations of each stand-alone article, there are three global methodological limitations that are discussed further. Four different datasets were used for this dissertation. The focus was placed on older persons at risk of frailty, lonely older adults in Flanders, and British older adults. These different research groups and respondents make it difficult to state overall conclusions based on four different studies. Two other overall methodological limitations focus on the inclusion of more women than men in our studies, and the needed attention for validity and reliability in retrospective research.

#### **4.1. More female respondents**

It is remarkable that the number of women, especially in chapter 4 and 6, is greater than that of men. For both studies it was clear in advance that people had to talk or fill out a survey about their experiences with loneliness. When recruiting lonely older adults to get life stories, it was a challenge to find men who wanted to participate in the study, as it was already clear that the conversation would focus on their loneliness feelings. Although women live longer than men (Ginter & Simko, 2013), it seems that men have greater difficulty talking about loneliness (Franklin, 2019). A recent study found that men perceive more stigma in the community surrounding loneliness than women (Barreto et al., 2021). Presumably cultural values and norms are of relevance, in terms of openness to talk about feelings. With time, these cohorts of people will change and perhaps in the future older men will be more open to talk about their loneliness feelings.

#### **4.2. Retrospective research: attention is needed for validity and reliability**

Autobiographical memories are strongly dependent on the different contexts in which they are created (Heidegger, 2012), and so is their validity and reliability (Ayalon, 2017). People seem to narrate contradicting reports of their autobiographical memories (Langeland et al., 2015). As previously stated, the emotional state of a respondent plays a role in telling their life story and talking about earlier life events (Dohrenwend, 2006). For example, people with worse mental health narrate more adverse life events (Pachana, Brilleman, & Dobson, 2011). Older people value in comparison with younger people their autobiographical memories, like events more positively (Schryer & Ross, 2014). Although we tried to increase the reliability, for example by conducting member-check interviews, we have to be aware of these possible limitations of retrospective qualitative research.

## 5. Implications for practice and policy

Public attention for loneliness has increased significantly in recent years within the societal and political debate, with more involvement of healthcare and social services policymakers to identify, prevent and reduce loneliness (European Observatory on Health Systems and Policies, 2019). For example, the Flemish Council of older adults (*Vlaamse Ouderenraad*) is placing increasing attention on the topic of loneliness. In 2020 a campaign to raise attention for psychological well-being and loneliness '*Kopzorgen verdienen zorgen*' (mental worries deserve caring worries) was set up. It is clear that loneliness is a complex and multi-layered phenomenon, so implications for practice and policy should be multi-layered too. As the development of loneliness is entangled with social contexts and needs, life events, coping resources, emotional and health contexts, and societal factors, not all people can escape from it unaided. The focus should be redirected from individual responsibility to broader relational and social contexts. Solutions for loneliness will accordingly need to be developed as well at the individual and societal levels (Prohaska, 2020). Below we discuss the practice and policy implications on the micro or individual level, meso level; the neighbourhood or community level and the macro level; policy or societal level.

### 5.1. Implications for practice and policy at the micro level

#### *Acknowledging the importance of socially and emotionally meaningful relationships*

The different studies of this dissertation identify the importance of socially and emotionally meaningful relationships, not only in seniority but also throughout the life course. Initiatives related to social activities seem to be useful in increasing older adults' social functioning but appear less adept at decreasing loneliness, suggesting a need for interventions focusing on more than only participation in social activities (see review by Gardiner et al. 2018). This is in line with the results of our studies. Nevertheless, in terms of prevention chapter 5 points out the importance of socially and emotionally meaningful relationships, or low-social and low-emotional loneliness when negative life events occur, in order to maintain well-being. In chapter 2, Leopold Flam indicated the importance of social networks, and more precisely the importance of communication and friendship. As chapter 4 shows that loneliness can be experienced even during childhood and adulthood, it seems valuable to not only identify older persons at risk of loneliness but to also focus on the earlier life course. Interventions promoting socially and emotionally meaningful relations should accordingly be developed.

Our evidence suggests that building socially meaningful relationships should be a key part of strategies to reduce loneliness. Local health and social services, the neighbourhood and the community should identify individuals at risk of loneliness, to facilitate and increase social connections and aiming to alleviate or even prevent their loneliness. To this end, it is necessary to reinforce existing social resources like community centres and develop new initiatives that stimulate people to broaden their social networks.

*Providing access to psychological and cognitive behavioural therapy during the entire life course*

All of this notwithstanding, focusing exclusively on interventions that stimulate social relations is not enough. Some people do not benefit from such interventions, due to very severe, chronic or more emotional forms of loneliness. It therefore seems appropriate to recommend providing access to psychological therapy, not only in old age but also during the entire life course, to help people improve their coping skills. Chapter 4 does point out, however, that consistently offering coping styles over the life course could prove to be unsuccessful among older persons when used repeatedly, thus failing to resolve or diminish the loneliness experienced. This can be connected to what Young (1994) terms 'early maladaptive schemas'. These schemas are the deepest cognitive levels and the core of personality, are developed during childhood, and perpetuate the use of negative coping strategies such as avoidance, social isolation and self-sacrifice (Young, 1994). The schemas are pervasive throughout the lifetime and might be dysfunctional to a certain degree (Young, Klosko, & Weishaar, 2003). Psychological therapy might thus not be sufficient to help people reduce their loneliness feelings, but cognitive behavioural therapy might help in certain situations. There is proof on the effectivity of psychological therapies for loneliness, especially among people with mental health problems, and more particularly those therapies that also target cognitive biases or attributional styles (Mann et al., 2017). Attention during the entire life course, also during childhood, in order to counteract these possible 'early maladaptive schemas' could be helpful towards preventing loneliness throughout the life course. This is in line with more recent reviews stating the potential for cognitive behavioural therapy interventions that aim to change certain cognitions in order to decrease loneliness, and highlight the need for more investigation in this area (Mann et al., 2017).

## 5.2. Implications for practice and policy at the meso level

### *Different preconditions must be met in order to cope with loneliness*

The findings of chapter 4 demonstrate that also age-related changes and personal resources are relevant towards coping with loneliness effectively. People should not be held as solely responsible for managing their loneliness. As a society we have to be aware of the impact of individual, environmental and structural factors which can exclude older persons (Scharf & Keating, 2012) and make it more difficult to cope with loneliness. In broader public health terms, attention is needed for preconditions so that people have the resources to cope if loneliness feelings surface. Focusing only on people's individual skills and competence in order to manage loneliness seems inadequate. This is in line with research indicating that several age-friendly based factors, such as low access to social services, limited opportunities for mobility and barriers to social activities, seem to relate to higher feelings of loneliness (Gibney, Moor & Shannon, 2019). It might be that people living in less age-friendly communities have fewer options to cope with loneliness effectively. Attention for age-friendly and caring communities is therefore warranted.

### *Emphasise the role of age-friendly and caring communities*

Strong social capital at the community level and a psychological sense of community are positively associated with health and well-being (Ehsan et al., 2019). Increased community belonging seems to be related with reduced loneliness (Kellezi et al., 2019; McNamara, et al., 2021). Within this PhD (chapter 3), at the community level, for example access to a community centre seems an important factor for well-being that might even reduce feelings of loneliness. Below we describe the current policy attention to loneliness in relation to the development of 'caring communities' within different governmental levels locally, regionally and internationally.

At the regional level, ageing policy is part of the Department of Welfare, Public Health and Family of the Flemish Government. The Flemish coalition agreement (2019-2024) sets the ambition to combat loneliness as an important point of the political agenda. It aims to raise awareness about loneliness in the environment and to support and develop initiatives to tackle it. To this end, the Flemish government is investing in caring neighbourhoods and supports local governments in developing caring neighbourhoods/communities.

Both local and regional policy have adopted international viewpoints in their ageing policy, such as age-friendly cities and communities, ageing in place and community care, active ageing and healthy ageing. Since 2007, the World Health Organization's age-friendly cities & communities approach aims to encourage local and federal governments to create age-friendly environments. Age-friendly cities & communities focus on recognising the competences and capabilities of older persons, starting from their needs and wishes, removing barriers in the physical and social environment, and acknowledging the elementary role that seniors play in all facets of community life (WHO, 2007). Creating age-friendly and caring neighbourhoods in which individuals at risk of loneliness are involved are ways to tackle and prevent late-life loneliness. The WHO also launched healthy ageing as a policy framework in 2015. WHO defines healthy ageing as '*the process of developing and maintaining the functional ability that enables well-being in older age*' (WHO, 2020, p.1). Functional ability is hereby seen as the capacities which allow people to be and do, in order to have good well-being. This includes the capacity to meet basic needs, grow, learn and make decisions, contribute to society, be mobile, and conduct and maintain social relations (WHO, 2020). Recently, the UN General Assembly declared 2021-2030 as the decade of healthy ageing, in order to further collaborate towards improving the lives of older persons (WHO, 2020).

### 5.3. Implications for policy at the macro level

#### *Loneliness cannot be seen as part of 'normal ageing'*

Later life is often framed and associated with isolation and loneliness. Media discussions have even tended to focus on loneliness as part a phenomenon of later life or as a part of normal ageing (Brittain et al., 2017). Leopold Flam (chapter 2) already questioned back in 1979 whether society sometimes puts a wrong focus on lonely older adults; chapter 3 likewise indicates that seniors can feel lonely earlier into the life course. We can conclude that loneliness is definitely not part of 'normal ageing'. Policy and society should acknowledge the same. These ageist views on loneliness serve to reinforce ageist assumptions that are implicitly made in government policies (Brittain et al., 2017), as they might affect older adults' experiences of loneliness. It is important to stress that although stereotypes on loneliness have negative effects, loneliness can be challenging for older adults.

The emphasis in research and policy lies on loneliness as a major public health issue – an epidemic even (e.g. Jeste, 2020; Kar-Purkayastha, 2010). Although it is important to have insights and knowledge on the negative effects and consequences of loneliness, loneliness can be experienced as positive, for example when it functions as a mechanism to promote social relationships – going out and meeting other people might link the experience of loneliness to something positive. This is linked to evolutionary theory (Cacioppo et al., 2014). As scholars we need to be critical about this established, negative representation of loneliness. Exploring the potential for loneliness experienced as positive might create important new insights for developing interventions and initiatives to reduce loneliness.

***Making a plea for lifelong prevention and detection of loneliness: need for life course-oriented policy***

Building on recent attention for moving from loneliness reduction to loneliness prevention (de Jong Gierveld, & Fokkema, 2015; Newall, & Menec, 2015), chapter 4 argues for the lifelong prevention and detection of loneliness. More attention is therefore needed for the role of precipitating negative events during childhood and adulthood, as those events might still be impacting loneliness in seniority. As chapter 4 points to the lifelong influence of certain life events and circumstances, policies tackling loneliness might approach them from a life course perspective, which means that fighting loneliness in later life already starts with preventing and fighting it sooner. Disadvantages within different life stages during the life course are interrelated, so a life course-oriented social policy is desirable. A life course-sensitive policy acknowledges that transitions and events have a substantial influence on loneliness throughout life. Given the diverse and complex nature of late-life loneliness shown in this PhD, we suggest that care should not only be integrative, comprehensive and coordinated, but also individualised. It is crucial to detect the root causes of loneliness at an early phase in people's lives and try to stop their negative spiral early on, which is not an easy task.

## 6. General conclusion

This PhD study contributes to the current debates on late-life loneliness by adding a life course perspective. Using different methodologies (with survey data, qualitative individual interviews and life stories), this PhD argues for lifelong prevention of and attention to loneliness. First, our results show that loneliness not only occurs in later life, but for some older adults goes back to childhood or adulthood. Second, the findings demonstrate how life events as early as childhood still influence loneliness in old age. Third, while gerontological research often focusses on negative life events in later life (e.g. widowhood, declining health), this PhD research also points to the role of positive life events which might have the potential to reduce or balance feelings of loneliness. Prevention of loneliness also needs to be seen within a broader perspective. The findings discovered that not only negative events are of relevance to loneliness in later life, also age-related changes and personal resources matter towards coping with loneliness effectively. Lastly, it seems the loneliness can be experienced as positive by a limited number of older people, so this PhD tries to open the debate on positive aspects of loneliness. This dissertation concludes by arguing for lifelong prevention and detection of loneliness. Implementing age-friendly policies like creating caring neighbourhoods in which people at risk of loneliness are involved, are ways to tackle and prevent late-life loneliness. Policy and society should acknowledge that loneliness is not part of normal ageing. Future pathways in research on loneliness lie within the connection with personal characteristics, health, ethnicity and the role of future prospects. More research is needed to unravel the influence of communities (e.g. community life stories) and macro processes on loneliness within a life course perspective.

## 7. References

- Alexandrova, N. H. (2019). Concepts of researching the loneliness of elderly. *Psychology in Education*, 1 (2), 176- 183. DOI: 10.33910/2686-9527-2019- 1-2-176-183
- Alwin, D. F. (2012). Integrating Varieties of Life Course Concepts. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 67B(2), 206-220. <https://doi.org/10.1093/geronb/gbr146>
- Ayalon, L. (2017). Retrospective Reports of Negative Early Life Events Over a 4-Year Period: A Test of Measurement Invariance and Response Consistency. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 72(5), 901-912. <https://doi.org/10.1093/geronb/gbv087>
- Barreto, M., Van Breen, J., Victor, C., Hammond, C., Eccles, A., Richins, M., & Qualter, P. (2021). Exploring the nature and variation of the stigma associated with loneliness. Manuscript under review.
- Barreto, M., Victor, C., Hammond, C., Eccles, A., Richins, M. T., & Qualter, P. (2021). Loneliness around the world: Age, gender, and cultural differences in loneliness. *Personality and Individual Differences*, 169, 110066. <https://doi.org/10.1016/j.paid.2020.110066>
- Beech, R., & Murray, M. (2013). Social engagement and healthy ageing in disadvantaged communities. *Quality in Ageing and Older Adults*, 14(1), 12-24. <https://doi.org/10.1108/14717791311311076>
- Blane, D., Higgs, P., Hyde, M., & Wiggins, R. (2004). Life course influences on quality of life in early old age. *Social science & medicine* (1982), 58, 2171-2179. <https://doi.org/10.1016/j.socscimed.2003.08.028>
- Brittain, K., Kingston, A., Davies, K., Collerton, J., Robinson, L. A., Kirkwood, T. B. L., Bond, J., & Jagger, C. (2017). An investigation into the patterns of loneliness and loss in the oldest old - Newcastle 85+ Study. *Ageing & Society*, 37(1), 39-62. <https://doi.org/10.1017/S0144686X15001142>
- Bronfenbrenner, U. (1995). Developmental ecology through space and time: A future perspective. In P. Moen, G. H. Elder, Jr., & K. Lüscher (Eds.), *Examining lives in context: Perspectives on the ecology of human development* (p. 619-647). American Psychological Association. <https://doi.org/10.1037/10176-018>
- Buffel, T., & Phillipson, C. (2019). Ageing in a Gentrifying Neighbourhood: Experiences of Community Change in Later Life. *Sociology*, 53(6), 987-1004. <https://doi.org/10.1177/0038038519836848>
- Burholt, V., Windle, G., Morgan, D. J., & CFAS Wales team. (2017). A Social Model of Loneliness: The Roles of Disability, Social Resources, and Cognitive Impairment. *The Gerontologist*, 57(6), 1020-1030. <https://doi.org/10.1093/geront/gnw125>
- Burholt, V., Winter, B., Aartsen, M., Constantinou, C., Dahlberg, L., Feliciano, V., De Jong Gierveld, J., Van Regenmortel, S., Waldegrave, C., & The Working Group on Exclusion from Social Relations, part of the C. R. N. 'Reducing O.-A. E. C. in R. and P.

- (ROSENet). (2019). A critical review and development of a conceptual model of exclusion from social relations for older people. *European Journal of Ageing*. <https://doi.org/10.1007/s10433-019-00506-0>
- Cacioppo, J. T., Cacioppo, S., & Boomsma, D. I. (2014). Evolutionary mechanisms for loneliness. *Cognition & Emotion*, 28(1), 3-21. <https://doi.org/10.1080/02699931.2013.837379>
- Cacioppo, J. T., Hawkley, L. C., & Thisted, R. A. (2010). Perceived social isolation makes me sad: 5-year cross-lagged analyses of loneliness and depressive symptomatology in the Chicago Health, Aging, and Social Relations Study. *Psychology and Aging*, 25(2), 453-463. <https://doi.org/10.1037/a0017216>
- Cacioppo, J. T., Hawkley, L. C., Ernst, J. M., Burleson, M., Berntson, G. G., Nouriani, B., & Spiegel, D. (2006). Loneliness within a nomological net: An evolutionary perspective. *Journal of Research in Personality*, 40(6), 1054-1085. <https://doi.org/10.1016/j.jrp.2005.11.007>
- Carstensen, L. L., & Lang, F. R. (1996). Future Time Perspective Scale.
- Carstensen, L. L., Fung, H. H., & Charles, S. T. (2003). Socioemotional selectivity theory and the regulation of emotion in the second half of life. *Motivation and Emotion*, 27(2), 103-123. <https://doi.org/10.1023/A:1024569803230>
- Carver CS and Connor-Smith J (2010) Personality and coping. *Annual Review of Psychology*, 61, 679-704.
- Caspi A and Roberts BW (2009) Personality Development Across the Life Course: The Argument for Change and Continuity. *Psychological Inquiry* 12, 49-66. [https://doi.org/10.1207/S15327965PLI1202\\_01](https://doi.org/10.1207/S15327965PLI1202_01)
- Cohen-Mansfield, J., Hazan, H., Lerman, Y., & Shalom, V. (2016). Correlates and predictors of loneliness in older-adults: A review of quantitative results informed by qualitative insights. *International Psychogeriatrics*, 28(4), 557-576. <https://doi.org/10.1017/S1041610215001532>
- Dahlberg, K. (2007). The enigmatic phenomenon of loneliness. *International Journal of Qualitative Studies on Health and Well-being*, 2(4), 195-207. <https://doi.org/10.1080/17482620701626117>
- Dahlberg, L., Andersson, L., McKee, K. J., & Lennartsson, C. (2015). Predictors of loneliness among older women and men in Sweden: A national longitudinal study. *Aging & Mental Health*, 19(5), 409-417. <https://doi.org/10.1080/13607863.2014.944091>
- Dannefer, D. (2003). Cumulative Advantage/Disadvantage and the Life Course: Cross-Fertilizing Age and Social Science Theory. *The Journals of Gerontology: Series B*, 58(6), S327-S337. <https://doi.org/10.1093/geronb/58.6.S327>
- Dannefer, D. (2020). Systemic and Reflexive: Foundations of Cumulative Dis/Advantage and Life-Course Processes. *The Journals of Gerontology: Series B*, 75(6), 1249-1263. <https://doi.org/10.1093/geronb/gby118>
- de Jong Gierveld J and Fokkema T (2015) Strategies to prevent loneliness. In A. Sha'ked & A. Rokach (eds.) *Addressing loneliness: Coping, prevention and clinical interventions* (pp. 218-230). New York, NY: Routledge.

- De Jong Gierveld, J., & Van Tilburg, T. (2006). A 6-item scale for overall, emotional, and social loneliness—Confirmatory tests on survey data. *Research on Aging*, 28(5), 582-598.  
<https://doi.org/10.1177/0164027506289723>
- Dohrenwend, B. P. (2006). Inventorying stressful life events as risk factors for psychopathology: Toward resolution of the problem of intracategory variability. *Psychological Bulletin*, 132(3), 477-495.  
<https://doi.org/10.1037/0033-2909.132.3.477>
- Domajnko, B., & Pahor, M. (2015). Health Within Limitations: Qualitative Study of the Social Aspects of Resilience in Old Age. *Ageing International*, 40(2), 187-200.  
<https://doi.org/10.1007/s12126-014-9201-3>
- Domènech-Abella, J., Mundó, J., Haro, J. M., & Rubio-Valera, M. (2019). Anxiety, depression, loneliness and social network in the elderly: Longitudinal associations from The Irish Longitudinal Study on Ageing (TILDA). *Journal of Affective Disorders*, 246, 82-88.  
<https://doi.org/10.1016/j.jad.2018.12.043>
- Dumitrache, C. G., Rubio, L., & Rubio-Herrera, R. (2017). Perceived health status and life satisfaction in old age, and the moderating role of social support. *Ageing & Mental Health*, 21(7), 751-757.  
<https://doi.org/10.1080/13607863.2016.1156048>
- Ehsan, A., Klaas, H. S., Bastianen, A., & Spini, D. (2019). Social capital and health: A systematic review of systematic reviews. *SSM - Population Health*, 8, 100425.  
<https://doi.org/10.1016/j.ssmph.2019.100425>
- European Observatory on Health Systems and Policies, Marczak, Joanna, Wittenberg, Raphael, Doetter, Lorraine F, Casanova, Georgia. et al. (2019). Preventing social isolation and loneliness among older people. *Eurohealth*, 25 (4), 3 - 5. World Health Organization. Regional Office for Europe.
- Franklin, A., Barbosa Neves, B., Hookway, N., Patulny, R., Tranter, B., & Jaworski, K. (2019). Towards an understanding of loneliness among Australian men: Gender cultures, embodied expression and the social bases of belonging. *Journal of Sociology*, 55(1), 124-143.  
<https://doi.org/10.1177/1440783318777309>
- Franssen, T., Stijnen, M., Hamers, F., & Schneider, F. (2020). Age differences in demographic, social and health-related factors associated with loneliness across the adult life span (19-65 years): A cross-sectional study in the Netherlands. *BMC Public Health*, 20(1), 1118. <https://doi.org/10.1186/s12889-020-09208-0>
- Fredriksen-Goldsen, K. I., Bryan, A. E., Jen, S., Goldsen, J., Kim, H. J., & Muraco, A. (2017). The Unfolding of LGBT Lives: Key Events Associated With Health and Well-being in Later Life. *The Gerontologist*, 57(suppl 1), S15-S29.  
<https://doi.org/10.1093/geront/gnw185>
- Gardiner, C., Geldenhuys, G., & Gott, M. (2018). Interventions to reduce social isolation and loneliness among older people: An integrative review. *Health & Social Care in the Community*, 26(2), 147-157.  
<https://doi.org/10.1111/hsc.12367>
- Gibney, S., Moore, T., & Shannon, S. (2019). Loneliness in later life: A cross-sectional survey analysis of place-based factors in

- Ireland. *Quality in Ageing and Older Adults*, 20(2), 80-96. <https://doi.org/10.1108/QAOA-04-2018-0015>
- Gierveld, J. de J., Van Tilburg, T. G., & Dykstra, P. A. (2018). New ways of theorizing and conducting research in the field of loneliness and social isolation. In *The Cambridge handbook of personal relationships*, 2nd ed (pp. 391-404). Cambridge University Press. <https://doi.org/10.1017/9781316417867.031>
- Ginter, E., & Simko, V. (2013). Women live longer than men. *Bratislavske lekarske listy*, 114, 45-49. [https://doi.org/10.4149/BLL\\_2013\\_011](https://doi.org/10.4149/BLL_2013_011)
- Heidegger M. (2012). *Autobiographical memory and the validity of retrospective reports*. New York, NY: Springer.
- Hsueh, Y.-C., Chen, C.-Y., Hsiao, Y.-C., & Lin, C.-C. (2019). A longitudinal, cross-lagged panel analysis of loneliness and depression among community-based older adults. *Journal of Elder Abuse & Neglect*, 31(4-5), 281-293. <https://doi.org/10.1080/08946566.2019.1660936>
- Jeste, D. V., Lee, E. E., & Cacioppo, S. (2020). Battling the Modern Behavioral Epidemic of Loneliness: Suggestions for Research and Interventions. *JAMA Psychiatry*, 77(6), 553-554. <https://doi.org/10.1001/jamapsychiatry.2020.0027>
- Kar-Purkayastha, I. (2010). An epidemic of loneliness. *The Lancet*, 376(9758), 2114-2115. [https://doi.org/10.1016/S0140-6736\(10\)62190-3](https://doi.org/10.1016/S0140-6736(10)62190-3)
- Kellezi, B., Wakefield, J. R. H., Stevenson, C., McNamara, N., Mair, E., Bowe, M., Wilson, I., & Halder, M. M. (2019). The social cure of social prescribing: A mixed-methods study on the benefits of social connectedness on quality and effectiveness of care provision. *BMJ Open*, 9(11), e033137. <https://doi.org/10.1136/bmjopen-2019-033137>
- Kemperman, A., Berg, P. van den, Perrée, M. W., & Uijtewillegen, C. G. J. (2019). Loneliness of older adults: Social network and the living environment. *International Journal of Environmental Research and Public Health*, 16(3), 406.
- King, L. A., Scollon, C. K., Ramsey, C., & Williams, T. (2000). Stories of life transition: Subjective well-being and ego development in parents of children with Down Syndrome. *Journal of Research in Personality*, 34(4), 509-536.
- Langeland W. Smit J. H. Merckelbach H. de Vries G. Hoogendoorn A. W., & Draijer N (2015). Inconsistent retrospective self-reports of childhood sexual abuse and their correlates in the general population. *Social Psychiatry and Psychiatric Epidemiology*, 50, 603-612.
- Lasgaard, M., Friis, K., & Shevlin, M. (2016). 'Where are all the lonely people?' A population-based study of high-risk groups across the life span. *Social Psychiatry and Psychiatric Epidemiology*, 51(10), 1373-1384. <https://doi.org/10.1007/s00127-016-1279-3>
- Lee, S. L., Pearce, E., Ajnakina, O., Johnson, S., Lewis, G., Mann, F., Pitman, A., Solmi, F., Sommerlad, A., Steptoe, A., Tymoszuk, U., & Lewis, G. (2021). The association between loneliness and depressive symptoms among adults aged 50 years and older: A 12-year population-based cohort study. *The Lancet Psychiatry*, 8(1), 48-57. <https://doi.org/10.1016/S2215->

- Luhmann, M., & Hawkley, L. C. (2016). Age differences in loneliness from late adolescence to oldest old age. *Developmental Psychology, 52*(6), 943-959. <https://doi.org/10.1037/dev0000117>
- Mann, F., Bone, J. K., Lloyd-Evans, B., Frerichs, J., Pinfold, V., Ma, R., Wang, J., & Johnson, S. (2017). A life less lonely: The state of the art in interventions to reduce loneliness in people with mental health problems. *Social Psychiatry and Psychiatric Epidemiology, 52*(6), 627-638.
- McNamara, N., Stevenson, C., Costa, S., Bowe, M., Wakefield, J., Kellezi, B., Wilson, I., Halder, M., & Mair, E. (2021). Community identification, social support, and loneliness: The benefits of social identification for personal well-being. *British Journal of Social Psychology, n/a*(n/a). <https://doi.org/10.1111/bjso.12456>
- Merz, E.-M., & De Jong Gierveld, J. (2016). Childhood memories, family ties, sibling support and loneliness in ever-widowed older adults: Quantitative and qualitative results. *Ageing & Society, 36*(3), 534-561. <https://doi.org/10.1017/S0144686X14001329>
- Newall NEG and Menec VH (2015) Targeting socially isolated older adults: A process evaluation of the Senior Centre without Walls Social and Educational Program. *Journal of Applied Gerontology, 34*, 958-976.
- Newall, N. E. G., & Menec, V. H. (2019). Loneliness and social isolation of older adults: Why it is important to examine these social aspects together. *Journal of Social and Personal Relationships, 36*(3), 925-939. <https://doi.org/10.1177/02654075177490>
- Nicolaisen, M., & Thorsen, K. (2014). Loneliness among men and women—A five-year follow-up study. *Aging & Mental Health, 18*(2), 194-206. <https://doi.org/10.1080/13607863.2013.821457>
- Pachana, N. A., Brilleman, S. L., & Dobson, A. J. (2011). Reporting of life events over time: Methodological issues in a longitudinal sample of women. *Psychological Assessment, 23*(1), 277-281. <https://doi.org/10.1037/a0021337>
- Park, C. L., & Helgeson, V. S. (2006). Introduction to the special section: Growth following highly stressful life events—current status and future directions. *Journal of Consulting and Clinical Psychology, 74*(5), 791-796. <https://doi.org/10.1037/0022-006X.74.5.791>
- Park, C.L. (2006). Exploring relations among religiousness, meaning, and adjustment to lifetime and current stressful encounters in later life. *Anxiety, Stress, & Coping, 19*, 33-45.
- Perlman D and Peplau LA (1981) Toward a social psychology of loneliness. In R. Duk & R. Gilmour (Eds.), *Personal Relationships in Disorder*, London: Academic Press.
- Phillipson, C. (2015). Placing ethnicity at the centre of studies of later life: Theoretical perspectives and empirical challenges. *Ageing & Society, 35*(5), 917-934. <https://doi.org/10.1017/S0144686X14001032>
- Prohaska, T., Burholt, V., Burns, A., Golden, J., Hawkley, L., Lawlor, B., Leavey, G., Lubben, J., O'Sullivan, R., Perissinotto, C., van Tilburg, T., Tully, M., Victor, C., & Fried, L. (2020). Consensus statement: Loneliness in older adults, the 21st century social

- determinant of health? *BMJ Open*, 10(8), e034967.
- Qualter, P., Vanhalst, J., Harris, R., Van Roekel, E., Lodder, G., Bangee, M., Maes, M., & Verhagen, M. (2015). Loneliness Across the Life Span. *Perspectives on Psychological Science*, 10(2), 250-264. <https://doi.org/10.1177/1745691615568999>
- Randall, G. K., Martin, P., Bishop, A. J., Poon, L. W., & Johnson, M. A. (2011, november 13). Age Differences and Changes in Resources Essential to Aging Well: A Comparison of Sexagenarians, Octogenarians, and Centenarians [Research Article]. *Current Gerontology and Geriatrics Research*; Hindawi. <https://doi.org/10.1155/2011/357896>
- Reus-Pons, M., Kibele, E. U. B., & Janssen, F. (2017). Differences in healthy life expectancy between older migrants and non-migrants in three European countries over time. *International Journal of Public Health*, 62(5), 531-540.
- Rohner, R. P., Putnick, D. L., Molaver, A. D., Ali, S., Butt, M. M., Ibrahim, D. M., Aurino, C., Blom, M. J. M., Darwesh, F. H., Auricchio, S., Radha, A. H., Miranda, M. C., Adamsons, K., & Senese, V. P. (2020). Psychological maladjustment mediates the link between remembrances of parental rejection in childhood and loneliness in adulthood: A cross-cultural comparative study. *International Journal of Psychology*, 55(4), 590-600. <https://doi.org/10.1002/ijop.12621>
- Rönkä, A. R., Taanila, A., Rautio, A., & Sunnari, V. (2018). Multidimensional and fluctuating experiences of loneliness from childhood to young adulthood in Northern Finland. *Advances in Life Course Research*, 35, 87-102. <https://doi.org/10.1016/j.alcr.2018.01.003>
- Rueda, S., Artazcoz, L., & Navarro, V. (2008). Health inequalities among the elderly in western Europe. *Journal of Epidemiology and Community Health*, 62(6), 492-498. <https://doi.org/10.1136/jech.2006.059279>
- Saris, I. M. J., Aghajani, M., van der Werff, S. J. A., van der Wee, N. J. A., & Penninx, B. W. J. H. (2017). Social functioning in patients with depressive and anxiety disorders. *Acta Psychiatrica Scandinavica*, 136(4), 352-361. <https://doi.org/10.1111/acps.12774>
- Scharf, T., & de Jong Gierveld, J. (2008). Loneliness in urban neighbourhoods: An Anglo-Dutch comparison. *European Journal of Ageing*, 5(2), 103.
- Scharf, T., & Keating, N. (2012). *Social exclusion in later life: A global challenge*. In From exclusion to inclusion in old age. Policy Press.
- Scharf, T., Phillipson, C., & Smith, A. E. (2005). Social exclusion of older people in deprived urban communities of England. *European Journal of Ageing*, 2(2), 76-87. <https://doi.org/10.1007/s10433-005-0025-6>
- Schryer, E., & Ross, M. (2014). Does the Age-Related Positivity Effect in Autobiographical Recall Reflect Differences in Appraisal or Memory? *The Journals of Gerontology: Series B*, 69(4), 548-556. <https://doi.org/10.1093/geronb/gbt047>
- Shiovitz-Ezra, S., & Ayalon, L. (2010). Situational versus chronic loneliness as risk factors for all-cause mortality. *International Psychogeriatrics*, 22(3), 455-462. <https://doi.org/10.1017/S1041610209991426>
- Shiovitz-Ezra, S., Shemesh, J., & McDonnell/Naughton, M. (2018). *Pathways*

- from *Ageism to Loneliness*. In L. Ayalon & C. Tesch-Römer (Red.), *Contemporary Perspectives on Ageism* (pp. 131-147). Springer International Publishing. [https://doi.org/10.1007/978-3-319-73820-8\\_9](https://doi.org/10.1007/978-3-319-73820-8_9)
- Silverstein, M., & Giarrusso, R. (2011). Aging Individuals, Families, and Societies: Micro-Meso-Macro Linkages in the Life Course. In *Handbook of Sociology of Aging* (pp. 35-49). Springer, New York, NY. [https://doi.org/10.1007/978-1-4419-7374-0\\_3](https://doi.org/10.1007/978-1-4419-7374-0_3)
- Statbel. (2021). Bevolking - structuur van de bevolking - België 2021
- Stephens, C., Breheny, M., & Mansvelt, J. (2015). Healthy ageing from the perspective of older people: A capability approach to resilience. *Psychology & Health*, 30(6), 715-731. <https://doi.org/10.1080/08870446.2014.904862>
- Sutin, A. R., Costa, P. T., Wethington, E., & Eaton, W. (2010). Perceptions of Stressful Life Events as Turning Points Are Associated with Self-rated Health and Psychological Distress. *Anxiety, stress, and coping*, 23(5), 479-492. <https://doi.org/10.1080/10615800903552015>
- Tiilikainen, E., & Seppänen, M. (2017). Lost and unfulfilled relationships behind emotional loneliness in old age. *Ageing & Society*, 37(5), 1068-1088.
- United Nations. (2020). International Migration 2020 Highlights. Retrieved on 6 June 2021, from <https://www.un.org/en/desa/international-migration-2020-highlights>
- Vozikaki, M., Papadaki, A., Linardakis, M., & Philalithis, A. (2018). Loneliness among older European adults: Results from the survey of health, aging and retirement in Europe. *Journal of Public Health*, 26(6), 613-624. <https://doi.org/10.1007/s10389-018-0916-6>
- Weiss, R. S. (1973). *Loneliness: The experience of emotional and social isolation*. The MIT Press.
- Wigfield, A., Turner, R., Alden, S., Green, M., & Karania, V. K. (2020). Developing a new conceptual framework of meaningful interaction for understanding social isolation and loneliness. *Social Policy and Society*. <https://doi.org/10.29/Developing%20a%20new%20conceptual%20framework%20of%20meaningful%20interaction%20for%20understanding%20social%20isolation%20and%20loneliness.pdf>
- Wiles, J. L., Wild, K., Kerse, N., & Allen, R. E. S. (2012). Resilience from the point of view of older people: 'There's still life beyond a funny knee'. *Social Science & Medicine* (1982), 74(3), 416-424. <https://doi.org/10.1016/j.socscimed.2011.11.005>
- World Health Organization. (2007). *Global Age-friendly cities: A guide*. World Health Organization.
- World Health Organization. (2020, July 3). <https://www.who.int/westernpacific/news/q-a-detail/ageing-healthy-ageing-and-functional-ability>
- Wu, Z., & Penning, M. (2015). Immigration and loneliness in later life. *Ageing & Society*, 35(1), 64-95. <https://doi.org/10.1017/S0144686X13000470>
- Yanguas, J., Pinazo-Henandis, S., & Tarazona-Santabalbina, F. J. (2018). The complexity of loneliness. *Acta Bio-Medica: Atenei*

- Parmensis*, 89(2), 302-314.  
<https://doi.org/10.23750/abm.v89i2.7404>
- Young JE (1994) *Practitioner's resource series. Cognitive therapy for personality disorders: A schema-focused approach* (Rev.ed.). Professional Resource Press/Professional Resource Exchange.
- Young JE, Klosko JS and Weishaar ME (2003) *Schema therapy: A practitioner's guide*. New York: Guilford Press.
- Zoutewelle-Terovan, M., & Liefbroer, A. C. (2018). Swimming Against the Stream: Non-normative Family Transitions and Loneliness in Later Life Across 12 Nations. *The Gerontologist*, 58(6), 1096-1108. <https://doi.org/10.1093/geront/gnx184>

## Nederlandstalige samenvatting

---

### Rationale en onderzoeksdoelstelling

Wereldwijd is er een groeiende aandacht voor eenzaamheid, vooral met een focus naar de oudere populatie, zowel vanuit de publieke als beleidssector (Fried et al., 2020). Individuen zijn kwetsbaar voor eenzaamheid in hun latere levensjaren door blootstelling aan verschillende verlieservaringen, zoals het verlies van vrienden of een partner door overlijden, verslechtering van de gezondheid en andere negatieve levensgebeurtenissen (Vozikaki et al. 2018). Ouderdom wordt daarom vaak geassocieerd met verhoogde eenzaamheid (Cohen-Mansfield et al. 2016), echter, niet alle oudere volwassenen ervaren eenzaamheid (Newall et al., 2013).

Eenzaamheid blijkt een belangrijke risicofactor te zijn voor diverse negatieve uitkomsten in het latere leven. Een scoping review gaf bijvoorbeeld aan dat geestelijke gezondheid met een focus op depressie, maar ook cardiovasculaire gezondheid één van de meest onderzochte negatieve gezondheidsuitkomsten van eenzaamheid zijn (Courtin & Knapp, 2017). Verder leidt eenzaamheid tot negatieve gezondheidsuitkomsten zoals morbiditeit (Victor et al., 2005), suïcidaliteit (Schinka et al., 2012), mortaliteit (Courtin & Knapp, 2017; Luo et al, 2012; Holwerda et al, 2012), achteruitgang in fysieke gezondheid (Courtin & Knapp, 2017), cognitie (Ayalon et al., 2016; Courtin & Knapp, 2017) en kwetsbaarheid (Davies et al., 2021). Eenzaamheid kan ook leiden tot een verminderd welbevinden (Courtin & Knapp, 2017; Kearns et al., 2015; Park et al., 2020; Patel et al., 2019). Het uitbreiden van onze kennis met betrekking tot eenzaamheid op latere leeftijd, wordt hierdoor belangrijk.

Ondanks dat er al een uitgebreide kennis is over de rol van negatieve levensgebeurtenissen op eenzaamheid op latere leeftijd (bijvoorbeeld, Cohen-Mansfield et al., 2016; Vozikaki et al. 2018), is het even cruciaal om de rol van vroege levensgebeurtenissen op eenzaamheid in het latere leven te onderzoeken. Recent is er beperkte aandacht voor kwalitatief onderzoek naar eenzaamheid met een levensloopbenadering (Tiilikainen & Seppänen, 2017). Het onderzoeken van de huidige omstandigheden en condities van ouderen (zoals eenzaamheid) zonder aandacht voor de voorgaande levensloop zal de genuanceerde ervaringen van eenzaamheid immers verwaarlozen (Merz & De Jong Gierveld, 2016; Nicolaisen & Thorsen, 2014). Dit doctoraatsonderzoek beoogt een bijdrage te leveren aan de huidige debatten over eenzaamheid op latere leeftijd, door een levensloopperspectief toe te voegen. Vijf verschillende studies werden uitgevoerd om relevantie toe te voegen aan het hoofdonderzoeksdoel: Hoe kunnen we debatten en stereotypen over eenzaamheid bij oudere volwassenen nuanceren, aan de hand van een levensloopperspectief?

## Bevindingen

Deze doctoraatsstudie draagt bij aan de huidige debatten rond eenzaamheid op latere leeftijd, door een levensloopperspectief toe te voegen. Gebruikmakend van verschillende methodologieën (met zowel survey data als kwalitatieve levensverhalen) houdt dit doctoraat een pleidooi voor levenslange preventie van en aandacht voor eenzaamheid. Ten eerste laten de levensverhalen zien dat eenzaamheid zich niet pas op latere leeftijd voordoet, maar voor sommige oudere volwassenen al in de kindertijd of volwassenheid vorm krijgt. Ten tweede tonen de bevindingen hoe levensgebeurtenissen, zo vroeg als in de kindertijd, nog steeds van invloed zijn op de huidige eenzaamheid onder oudere volwassenen. Ten derde, terwijl gerontologisch onderzoek vaak focust op negatieve levensgebeurtenissen in het latere leven (bv. weduwschap, afnemende gezondheid), wijst dit doctoraatsonderzoek ook op de rol van positieve levensgebeurtenissen die het potentieel hebben om gevoelens van eenzaamheid te verminderen of in evenwicht te brengen. Eenzaamheid kan weldegelijk opgelost of verminderd worden tijdens de levensloop. Bovendien moet de preventie van eenzaamheid in een breder perspectief worden gezien. De bevindingen laten zien dat niet alleen negatieve gebeurtenissen van belang zijn voor eenzaamheid op latere leeftijd, ook leeftijdsgerelateerde veranderingen en de persoonlijke hulpbronnen van mensen zijn van belang voor het effectief omgaan met eenzaamheid. Tot slot opent dit doctoraat het debat over de positieve aspecten van eenzaamheid. Dit doctoraatsonderzoek erkent het belang van een levensloopbenadering en levenslange preventie van en aandacht voor eenzaamheid. Dit doctoraatsonderzoek besluit met de aanbeveling van een omvattend, gecoördineerd, collaboratief en geïndividualiseerd beleid en interventies die aandacht hebben voor de levensloop. Verder zijn het implementeren van leeftijdsvriendelijk beleid en het creëren van zorgzame buurten waarin mensen met een risico op eenzaamheid worden betrokken manieren om eenzaamheid in het latere leven aan te pakken en te voorkomen. Beleid en maatschappij moeten erkennen dat eenzaamheid geen deel uitmaakt van "normaal ouder worden". Tot slot is meer onderzoek nodig om de invloed van buurten (bijvoorbeeld levensverhalen van buurten) en macro-processen op eenzaamheid binnen een levensloopperspectief te ontrafelen.

## List of publications and contributions

---

### Publications with an (inter)national referee system

**Switsers, L.**, (2021) "DE EENZAAMHEID" vanuit een hedendaags perspectief. In De Mette, T., Elias, W., & Vanhee J.P. (Red.), *Ecce Philosophus – Leven en werk van Leopold Flam*. Brussels, ASP (Academic and Scientific Publishers).

**Switsers, L.**, Stegen, H., Van Regenmortel, S., & De Donder, L. (2021). Onderzoek naar de levensloop van ouderen: ervaringen met het McAdams-levensverhaalinterview. *KWALON Tijdschrift voor Kwalitatief onderzoek* 26(1), 53-63. DOI: 10.5117/KWA2021.1.006.SWIT

**Switsers, L.**, Dierckx, E., Domènech-Abella, J., De Donder, L., Dury, S., & D-SCOPE Consortium. (2021). Negative old-age life events and well-being in later life: The moderating and mediating role of loneliness. *International Psychogeriatrics*, 1–12. <https://doi.org/10.1017/S1041610220004196>

Pan, H., Fokkema, T., **Switsers, L.**, Dury, S., Hoens, S., & De Donder, L. (2021). Older Chinese migrants in coronavirus pandemic: Exploring risk and protective factors to increased loneliness. *European Journal of Ageing*, 1–9. <https://doi.org/10.1007/s10433-021-00625-7>

Domènech-Abella, J., Mundó, J., **Switsers, L.**, van Tilburg, T., Fernández, D., & Aznar-Lou, I. (2021). Social network size, loneliness, physical functioning and depressive symptoms among older adults: Examining reciprocal associations in four waves of the Longitudinal Aging Study Amsterdam (LASA). *International Journal of Geriatric Psychiatry*.

Dury, S., Stas, L., **Switsers, L.**, Duppen, D., Domenech Abella, J., Dierckx, E., ... Consortium, D-SCOPE. (2021). Gender-related differences in the relationship between social and activity participation and health and subjective well-being in later life. *Social Science & Medicine*, 270, 1-10. [113668]. <https://doi.org/10.1016/j.socscimed.2020.113668>

Stegen, H., **Switsers, L.**, & De Donder, L. (2020). Life Stories of Voluntarily Childless Older People: A Retrospective View on Their Reasons and Experiences. *Journal of Family Issues*. <https://doi.org/10.1177/0192513X20949906>

Domènech-Abella, J., **Switsers, L.**, Mundó, J., Dierckx, E., Dury, S., & De Donder, L. (2020). The association between perceived social and physical environment and mental health among older adults: Mediating effects of loneliness. *Aging & Mental Health*, (Published online). <https://doi.org/10.1080/13607863.2020.1727853>

**Switsers, L.**, Dauwe, A., Vanhoudt, A., Van Dyck, H., Lombaerts, K., & Oldenburg, J. (2018). Users' Perspectives on mHealth Self-Management of Bipolar Disorder: Qualitative Focus Group Study. *JMIR MHealth and UHealth*, 6(5), e108.

Fret, B., De Donder, L., Lambotte, D., Dury, S., Van der Elst, M., De Witte, N., **Switsers, L.**, Hoens, S., Van Regenmortel, S., Verté, D., & D-SCOPE consortium (2018). Acces to care for frail community-dwelling older adults in Belgium: a qualitative study. *Primary Healthcare Research & development*, 20. <https://doi.org/10.1017/S1463423619000100>

Fret B., Mondelaers, B., De Donder, L., **Switsers, L.**, Smetcoren, A-S., Verté, D. and D-SCOPE Consortium (2018). Exploring the cost of 'ageing in place': expenditures of community-dwelling older adults in Belgium. *Ageing International*, 45(209–229).

Duppen, D., Lambotte, D.F., Smetcoren A-S., Dierckx, E., Fret, B., **Switsers, L.**, & De Donder, L. (2018). Ageing well in place: kwaliteitsvol thuis wonen met 24-uurse zorggarantie. *Verpleegkunde*, 33(2), 6-13

### Communications at international conferences as speaker

New ways for understanding loneliness – exploration of the positive sides of loneliness  
Lise **Switsers** (Speaker), Pamela Qualter (Contributor), Honghui Pan (Contributor), Manuela Barreto (Contributor), Liesbeth De Donder (Contributor), Christina Victor (Contributor), Sarah Dury (Contributor), Eva Dierckx (Contributor) 2021, Oral presentation at the 50<sup>th</sup> Annual conference of the British Society of Gerontology Conference 2021. July 7-9. Lancaster, United Kingdom (online)

The importance of low (social) loneliness for maintaining a good well-being  
Lise **Switsers** (Speaker), Eva Dierckx (Contributor), Liesbeth De Donder (Contributor) and Sarah Dury (Contributor) 2019, Oral presentation at the Gerontological Society of America's 71st Annual Scientific Meeting. 16<sup>th</sup> November 2019. Austin, Texas.

### Social isolation and loneliness

Lise **Switsers** (Speaker) 2019, Oral presentation at the institute of gerontology, college of medicine, National Cheng Kung University, 4<sup>th</sup> October 2019. Taiwan, Province of China.

### The paradox of ageing: testing moderation and mediation models of social and emotional loneliness

Lise **Switsers** (Speaker), Joan Domènech-Abella (Contributor), Eva Dierckx (Contributor), Liesbeth De Donder (Contributor) and Sarah Dury (Contributor) 2019, Oral presentation at the International Association of Gerontology and Geriatrics European Region Congress. 23<sup>rd</sup> May 2019. Gothenburg Sweden.

### Exploring old-age life events within frail older people

Lise **Switsers** (Speaker), Sarah Dury (Contributor), Eva Dierckx (Contributor), Liesbeth De Donder (Contributor) 2018, Oral presentation at the 47<sup>th</sup> Annual conference of the British Society of Gerontology Conference 2018. July 4-6. The university of Manchester (UK).

### The role of old-age life events when targeting social exclusion

Lise **Switsers** (Speaker), Sarah Dury (Contributor), Eva Dierckx (Contributor), Liesbeth De Donder (Contributor) 2018, Oral presentation at the Reducing Old-Age Social Exclusion: Collaborations in Research and Policy (ROSEnet CA15122) Organisational Meeting Programme, Thursday, 10<sup>th</sup> January 2018



**This doctoral research contributes to the current debates and challenges some stereotypes about loneliness among older people by applying a life course perspective. Four different studies were conducted to address existing research gaps on loneliness among older people. Using different methodologies, with both survey data and qualitative data including life stories, this PhD makes a plea for lifelong prevention of and attention to loneliness.**

**The findings show, amongst others, that loneliness does not only occur later in life, but for some older adults loneliness even is shaped in childhood, youth or adulthood. Subsequently, earlier life events during the life course can still influence current feelings of loneliness in older people. In addition, this PhD shows that feelings of loneliness can be reduced throughout life. Finally, this PhD opens the discussion on not viewing loneliness as something purely negative.**

**fwo**

Opening  
new  
horizons



VRIJE  
UNIVERSITEIT  
BRUSSEL