

Title:

Strategies employed by older people to manage loneliness: Systematic review of qualitative studies and model development.

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Funding details: National Institute for Health Research (NIHR) School for Primary Care Research FR5

Disclosure statement.

The authors report no conflicts of interest.

Abstract (250 words) currently 248 words

Objectives: To (i) systematically identify and review strategies employed by community dwelling lonely older people to manage their loneliness and (ii) develop a model for managing loneliness.

Method: A narrative synthesis review of English-language qualitative evidence, following Economic and Social Research Council guidance. Seven electronic databases were searched (1990 - January 2017). The narrative synthesis included tabulation, thematic analysis and conceptual model development. All co-authors assessed eligibility of final papers and reached a consensus on analytic themes.

Results: From 3043 records, 11 studies were eligible including a total of 502 older people. Strategies employed to manage loneliness can be described by a model with two overarching dimensions, one related to the context of coping (alone or with/in reference to others), the other related to strategy type (prevention/action or acceptance/endurance of loneliness).

The dynamic and subjective nature of loneliness is reflected in the variety of coping mechanisms, drawing on individual coping styles and highlighting considerable efforts in managing time, contacting others and keeping loneliness hidden. Cognitive strategies were used to re-frame negative feelings, to make them more manageable or to shift the focus from the present or themselves. Few unsuccessful strategies were described.

Conclusion: Strategies to manage loneliness vary from prevention/action through to acceptance and endurance. There are distinct preferences to cope alone or involve others; only those in the latter category are likely to engage with services and social activities. Older people who deal with their loneliness privately may find it difficult to articulate an inability to cope.

Keywords (up to 8) Ageing, loneliness, qualitative

Running title: (50max inc spaces)

Older people's strategies for managing loneliness (49 characters)

Introduction

Loneliness is a subjective and distressing experience arising from inadequate social relationships, about which much has been written (see Weiss, 1973; Peplau & Perlman, 1982; Andersson, 1998). It has been characterised in terms of frequency, severity and duration of episode, illustrating the heterogeneity of the loneliness experience (Victor et al., 2005).

The links between loneliness and its harmful physical and mental health correlates have been the subject of much research (Luanaigh & Lawlor, 2008; Holt-Lunstad et al., 2010; Valtorta et al., 2016). Efforts to alleviate loneliness have largely focussed on interventions to increase contact with others and several systematic reviews have reported on the effectiveness of interventions on loneliness and social isolation. The majority are limited to quantitative outcome studies (Cattan & White, 1998; Findlay, 2003; Cattan et al., 2005; Dickens et al., 2011; Hagan et al., 2014; Cohen-Mansfield & Perach, 2015) and have produced some contradictory and inconclusive findings (Windle et al., 2011). A recent integrative mixed-methods review reiterated the poor quality of the evidence base and called for more qualitative studies to understand the mechanisms underlying successful interventions (Gardiner et al., 2016).

These efforts are not reflected in the proportion of older people reporting loneliness over the last few decades (Victor et al., 2002; Honigh-de Vlaming et al., 2014); European studies have reported either a small decrease or no change (Dykstra, 2009) and a recent American survey reported an increase in loneliness over the last decade (Wilson & Moulton, 2010).

The subjective nature of loneliness pertains not only to how loneliness is experienced but also to how people respond to and cope with the feelings (Hauge & Kirkevold, 2012). There is little research into broader strategies older people employ to cope with feelings of loneliness. We have reported the private nature of loneliness and the desire to manage these feelings without involvement of others (Kharicha et al., 2017). This may be a matter of personal preference or due to the stigma of admitting to loneliness (Mental Health Foundation, 2010). Qualitative studies are key to understanding not only the type but also the extent of support lonely older people might want and would accept. The aim of this review is to (i) systematically review qualitative data to identify strategies employed by community dwelling lonely older people to manage feelings of loneliness themselves, and (ii) develop a model for managing loneliness.

Method

A systematic review of qualitative studies was carried out using a narrative synthesis approach and followed guidance from the Economic and Social Research Council (ESRC) methods programme (Popay et al., 2006), using the stages and tools relevant for this review. The individual stages are outlined in further detail below.

The following databases were searched: Medline, Embase, PsychInfo, CINAHL, WoS, Social policy and practice, ASSIA. Search terms addressing three areas: i) older people, ii) social isolation and loneliness, and iii) coping strategies, were developed iteratively and Mesh terms were used where available (see Appendix 1). The search was run in January 2017 and included papers in the English language from 1990 to January 2017.

Papers were included if participants were aged 65 years and over, were identified or self-identified as lonely, living in the community (including assisted housing arrangements/supported care), reported coping strategies for loneliness, and in which loneliness is the focus of the study. Papers were excluded if study participants were living in residential/nursing care/long-term care facilities or in hospital settings, and those who were terminally ill/receiving palliative care.

Database searches identified 3043 records and no additional papers were identified from reference lists of included papers or citation tracking. After de-duplicating records, the lead author (KK) reviewed 2398 titles/abstracts and identified 52 papers for full-text review. A random sample of over 10% of full papers was reviewed by second reviewer (ND). Eligibility of final papers and any papers where there was disagreement were discussed with all co-authors and a consensus reached.

The narrative synthesis approach included the following. A preliminary synthesis extracted relevant data into a predefined table and enabled brief textual description of the eleven studies. Data extracted included author, year, country, study design, number / type of participants, analysis and main themes related to older people's views of coping with loneliness (see Table 1). The Critical Appraisal Skills Programme tool (Critical Appraisal Skills Programme (CASP), 2006) was used to critically reflect on the included studies, but not as a basis to exclude studies. Thematic analysis of text (Strauss & Corbin, 2008) from the findings and conclusions of the papers was carried out; authors' comments in discussion sections were not included in data extraction or synthesis. Finally, a conceptual model was

developed by all co-authors to visually represent the relationship between key emergent themes from the review (Popay et al., 2006). This review paper addresses the 21 items in the guidelines for enhancing transparency in reporting the synthesis of qualitative research (ENTREQ) (Tong et al., 2012).

Results:

Description of studies included

Eleven eligible papers were identified as shown in the PRISMA flow chart (see Figure 1) and a summary of each paper is reported in Table 1.

Figure 1: PRISMA flow chart, near here

Table 1: Description of studies included, in chronological order, n=11, near here

Data from a total of 502 participants are reported predominantly from interviews or from focus groups. Sample sizes varied from 12 to 170 reflecting the data collection method used. Nine papers reported primary analysis of data and two reported secondary analysis (Kirkevold et al., 2013; Sullivan et al., 2016) with one of these combining both secondary and primary analyses of data (Sullivan et al., 2016). Two studies also collected professionals' views (Cattan et al., 2003; Stanley et al., 2010); these findings were reported separately in the papers and were excluded from this review. The nine papers reporting primary research all used one-to-one, face-to-face interviews, either semi-structured or in-depth. In addition, two also used focus groups (Cattan et al., 2003; Stanley et al., 2010), while another was a mixed method study collecting additional quantitative data (Smith, 2012).

All studies included participants aged 65 and over, although age ranges varied from 55-94 years (Cattan et al., 2003) to 85-103 years (Graneheim & Lundman, 2010). Similarly, all studies included community dwelling older people living either in their own homes or living independently in retirement villages or independent living units. Two studies also recruited older people living in more supported housing including long-term care (Stanley et al., 2010) and residential care facilities (Roos & Klopper, 2010). Findings are not differentiated by age band, the type of housing or support/care the participants received, including whether participants required assistance to leave their homes.

Quality appraisal

Overall the studies were of mixed quality. Several papers reported both *experiences* of loneliness as well as *responses* to loneliness (eg Smith, 2012; Davies et al., 2016; Taube et al., 2015; Sullivan et al., 2016) and in two papers the data on responses were particularly

limited (Cattan et al., 2003; Stanley et al., 2010). Two papers used the term social isolation interchangeably with loneliness (Cattan et al., 2003; Pettigrew and Roberts, 2008). Other papers categorised participants as being 'lonely' or 'not lonely' and inferred that strategies described by those who were 'not lonely' were potential strategies to prevent loneliness (eg Kirkevold et al., 2013; Lou & Ng, 2012). The implications of how lonely older people are identified were important and are discussed below. These papers were included in this review, but the contribution of the data is limited accordingly.

Recruitment in primary studies was reported in varying detail. Some employed multiple strategies reflecting the potential difficulty in recruiting lonely older people to loneliness research. Information on notice boards (Roos & Klopper, 2010) or newsletters and flyers (Stanley et al., 2010) was used alongside asking key contacts within organisations to recruit potential participants. Recruitment via professionals was common (Cattan et al., 2003; Pettigrew & Roberts, 2008; Roos & Klopper, 2010; Stanley et al., 2010; Lou and Ng, 2012; Smith, 2012; Davies et al., 2016). One study changed its recruitment approach after failing to recruit sufficiently (Smith, 2012). Only Taube et al., (2015), who recruited from a larger intervention study, report any detail of response rates. The papers reporting secondary analyses refer to the original sources of data and little can be gleaned about recruitment from reading the two papers alone.

There was no direct reference to reflexivity although two studies (Davies et al., 2016; Taube et al., 2016) described researchers' professional backgrounds and any previous knowledge of the study participants. One (Roos & Klopper, 2010) recognised the importance of being wary of researchers' views of loneliness whilst interviewing. Two studies (Cattan et al., 2003; Pettigrew & Roberts, 2008) involved participants in respondent validity (by sharing transcripts or early themes) but did not report if the analysis or interpretation were shaped by this. Two papers referred to having used the COREQ checklist (Tong et al., 2007) for reporting (Davies et al., 2016; Taube et al., 2016).

Results were well mostly well presented with core themes and verbatim quotes. However, authors' reflections were not consistently backed by data (Sullivan et al., 2016), or quotes were merged within the descriptive text without accompanying demographic data for information or to gauge the spread of participants' views (Roos & Klopper, 2010). Two papers reported the hierarchy of themes (Roos & Klopper, 2010; Taube et al., 2016). However, one paper combined data from older people attending community groups, and those attending who were thought to be lonely by the staff, not differentiating between the two data sets in their findings (Cattan et al., 2003).

Culturally bound interpretations, specific to Hong Kong Chinese and South African culture, are reported by Lou & Ng (2012) and Roos & Klopper (2010) respectively, but there is no discussion of cultural differences in the secondary analysis of the three-country dataset by Kirekevold et al., (2013).

Identifying older people who are lonely

Four different approaches were used to identify older people who might be lonely, summarised in **bold text** here (most studies used more than one approach). Firstly, older people **self-identified** as lonely in 3 of the 11 eleven studies. Smith (2012) interviewed those responding positively to the question: “Have you experienced loneliness within the last six months?” although it is unclear whether this initial question was asked verbally or presented in written form. Others had reported being ‘lonely’, ‘sometimes lonely’ or given an indication of strength of loneliness feelings in an earlier study from which they were then purposively sampled for interview (Sullivan et al., 2016; Taube et al., 2015) or reported being lonely or sometimes lonely during an interview (Sullivan et al., 2016).

In four studies, participants had not necessarily identified themselves as lonely but simply reported that they were **willing to talk about loneliness**, (Stanley et al., 2010; Pettigrew & Roberts, 2008; Roos & Klopper, 2010; Kirekevold et al., 2013). Several studies (6 out of 11) **relied on practitioners** at community organisations running groups or activities for older people, general practices, or elder care / retirement village managers, to identify potential participants, that is, older people they thought were lonely or at risk of loneliness and likely to be interested in participation (Cattan et al., 2003; Pettigrew & Roberts, 2008; Lou & Ng, 2012; Roos & Klopper, 2010; Smith, 2012; Davies et al., 2016). Lou & Ng’s (2012) culturally specific approach to coping strategies for loneliness was the only study to use a validated loneliness measure (de Jong-Gierveld scale) (de Jong-Gierveld, 1987). They excluded those whose scores indicated severe loneliness and included all others who were hence considered to be coping with loneliness as they did not report being severely lonely despite living alone. Finally, in 8 of the 11 papers, a range of **‘risk factors’ was used as proxy measures** to identify loneliness. These included being widowed (Davies et al., 2016) or being very old (85 years and over) and living alone (Graneheim & Lundman, 2010), attending community groups/day centres or those living in retirement villages (Cattan et al., 2003; Pettigrew & Roberts, 2008; Roos & Klopper, 2010; Stanley et al., 2010; Lou & Ng, 2012; Smith, 2012; Davies et al., 2016). These participants may or may not have been lonely themselves; they often talked of ‘others’ rather than themselves. Furthermore, Sullivan et al.,

(2016) reported that some who had previously rated themselves as lonely did not go on to volunteer this when interviewed.

Findings of the synthesis

The thematic analysis identified strategies employed by older people to manage their loneliness. The themes can be grouped into two overarching themes or dimensions. The first dimension relates to context and describes whether people cope (and choose to manage) alone or prefer to cope with/in reference to others (that is, with others in mind). The second dimension refers to the type of strategy employed, and represents a spectrum ranging from prevention or action in response to loneliness or acceptance or endurance of loneliness. Prevention of loneliness describes both the strategies participants reported they would put in place *if* they felt lonely, as well as actual strategies practised in an attempt to deter loneliness. The former 'hypothetical actions' may arise as a result of how participants were identified (as discussed above) and the uncertainty in whether or not they were in fact lonely, and/or the difficulties of disclosing or describing feelings of loneliness. Actions were the strategies people described they performed to alleviate their distress. Acceptance and endurance of loneliness overlap to some extent in their definition but differ in that 'acceptance' is taken to mean an adequate resolution to the experience of loneliness and 'endurance' that the unpleasant feelings continue and are 'lived with'. The two dimensions can be represented as a model of managing loneliness, as presented in the Discussion section of this paper (see Box 1).

The findings of the synthesis are presented below, with themes grouped within the two overarching dimensions, as appropriate. Some themes, including personality related factors, the effort involved in planning, cognitive strategies and going outdoors, are mentioned more than once as they describe strategies which can be placed within both dimensions. Verbatim participant quotes are used to illustrate themes where possible from papers that reported primary data.

Coping alone

A range of factors were identified across studies that supported coping alone with loneliness.

Prevention and action

- **Personality related strategies** included being determined and motivated to stay active, focusing on good times, taking pride in yourself and your environment, the ability to shift the focus away from yourself and onto the outside world and finding humour in situations

(Kirkevold et al., 2013; Stanley et al., 2010; Lou & Ng, 2012, Roos & Klopper, 2010), as this quotation illustrated:

'You have to keep pushing yourself all the time. I am actually conscious of not sitting in my chair. I have to keep getting up and doing something'. (Stanley et al., 2010 p410)

The driver for these strategies was the belief that it is an individual's responsibility to manage their feelings of loneliness (Roos & Klopper, 2010; Stanley et al., 2010; Sullivan et al., 2016) and a lack of response would mean they could possibly lead to depression or worsen it (Roos & Klopper, 2010). Some personality related strategies may have been lifelong traits whilst others were age related, for example, feeling a 'freedom of expression' in later life that allows a licence to behave differently (Taube et al., 2015).

- The **efforts involved in establishing and maintaining plans, structure and routines** were described by many, often in an effort to fill the time. This was in relation to daily structures as well as re-establishing routines and adjusting after significant life events and losses and planning for inevitable loneliness (Lou & Ng, 2012; Sullivan et al., 2015; Roos & Klopper, 2010; Kirkevold et al., 2013; Davies et al., 2016). A common element within daily routines was **going outdoors regularly** for stimulation (eg Roos & Klopper, 2010; Lou & Ng, 2012).
- The idea of '**keeping busy**' was mentioned in most accounts. Solitary pastimes ranged from activities, interests and hobbies that were considered more engaging or 'meaningful' than others such as reading, gardening, walking and following current events, compared with those that were considered a distraction or more 'passive' such as watching TV other than the news (Pettigrew & Roberts, 2008; Roos & Klopper, 2010; Lou & Ng, 2012; Smith, 2012; Kirkevold et al., 2013; Taube et al., 2015; Sullivan et al., 2016). As one study participant reported: '... I keep busy and I don't get lonely.' (Kirkevold et al., 2013 p397).
- **Religion, spirituality and philosophical approaches** were raised in papers reporting the experiences of the very old living alone and of a South African older population. Having a religion or faith and a belief that you are not alone as God is with you, in life as well as death, made them less fearful. Spiritual practices reported included prayer, singing, and reading alone as well as engaging in meditation or 'forced calmness' (Graneheim & Lundman, 2010; Roos & Klopper, 2010), as illustrated by one study

participant: 'I know I'm never alone, the Lord is always with me.' (Roos & Klopper, 2010 p286).

Acceptance and endurance

- **Loneliness as inevitable.** Perceiving loneliness as inevitable, commonplace and experienced by all was a way of coming to terms with feelings of loneliness and accepting them (Pettigrew & Roberts, 2008; Graneheim & Lundman, 2010; Roos & Klopper, 2010).
- **Personality related strategies** relating to an acceptance or endurance of loneliness portrayed a positive attitude, an ability to draw on 'inner strength', a sense of control over one's experience of loneliness and the extent to which it is experienced (Roos & Klopper, 2010; Sullivan et al., 2016). For the very old this was described as having a 'fateful' approach and living in the moment, being happy for each new day and not wanting more: 'Yes, you should take everything as it comes . . . nothing is that important . . . I am just a little dot in the universe and still I am wonderful . . . a wonderful creation.' (Graneheim & Lundman, 2010 p436).
- Acknowledging the **temporal nature of loneliness** helped people cope. Learning from previous episodes of loneliness and understanding that both the episode and how acutely it is felt can pass (Roos & Klopper, 2010; Stanley et al., 2010; Sullivan et al., 2016). The strategies were not described as 'cures' for loneliness, and there was no sense of permanent resolution. Rather they were strategies that could be drawn on to bring temporary relief to feelings of loneliness which came and went at different times of day, week or season, after specific life events and over their life course and varied in intensity at different times. One paper summarised such a situation thus: '... he felt lonely at night after his wife had gone to bed, but his salvation was his reading – this time provided an opportunity for him to become aware of his loneliness but able to temporarily escape it ...' (Sullivan et al., 2016 p174).
- Another strategy was **comparative thinking** in which people found some relief by comparing their current situation and feelings to times of life that had been more difficult emotionally, for example when younger (Graneheim & Lundman, 2010; Lou & Ng, 2012; Sullivan et al., 2016).

- **Re-framing loneliness** to consider the advantages of being alone was reported by some who focussed on their time alone as an opportunity to reflect and rest, or enjoy the freedom to do what one wanted and a pride in one's ability to live alone in later life (Graneheim & Lundman, 2010; Roos & Klopper, 2010; Taube et al., 2016), as mentioned by this one study participant: 'When you're alone and have chosen to be alone. When you think, "oh, how nice it is to sit here"' (Taube et al., 2016 p637).
- For loneliness that is private and persistent, one paper used the metaphor of 'fighting' to describe the **constant effort to fight the feelings** of loneliness, including an acknowledgment of its persistence, and efforts to find small relief where possible (Taube et al., 2016).

Coping with/in reference to others

In this section we describe strategies identified from studies on coping through the involvement of other people.

Prevention and action

- **Establishing, maintaining, nurturing, repairing relationships and connections** throughout life were described in most papers. This most commonly referred to family and friends, but also pets (Smith, 2012) and care workers (Graneheim & Lundman, 2010). These contacts took place both inside and outside the home (including the use of the telephone), and were for social and/or emotional loneliness, that is from 'simple' contact to having confidantes. As one paper noted, this could be routinized: 'I look forward to being able to wander over there (the retirement village's communal lounge area) at 5 o'clock each night and be able to sit and have a couple of drinks for an hour and then come home and have tea.' (Pettigrew & Roberts, 2008 p306).

Within this was a sense of hierarchy of relationship between families and friends, as well as the need for both, whilst having boundaries around what is shared within these groups in order to maintain the relationship(s) (Roos & Klopper, 2010; Pettigrew and Roberts, 2008; Stanley et al., 2010; Lou & Ng, 2012; Smith 2012; Kirkevold et al., 2013; Davies et al., 2016; Sullivan et al., 2016; Taube et al., 2016).

- The **effort to plan and initiate arrangements** in reference to 'others' most commonly occurred over food and drink rituals, both more 'formal' meals or special occasions that may have been practised throughout life and 'informal' exchanges such as 'having a drink' (alcohol), 'going for coffee', 'having tea', which were often culturally bound (Pettigrew & Roberts, 2008; Lou & Ng, 2011; Smith, 2012). People also described having plans or 'back up' strategies if they were to start feeling lonely (Sullivan et al., 2016) such as this study participant's practice: 'I mean I could always go up and talk to the girl, the sisters, or go and talk to Sam and Catherine. There are several people, if I felt lonely, which I don't. Or they'd come and see us [...] I mean if I really felt lonely I'd take the dogs over to the common and I'd find someone to talk to very, very quickly.' (Sullivan et al., 2016 p173).
- Again, **going outdoors regularly** as a strategy was discussed this time with the hope to initiate or increase the likelihood of chance encounters and exchanges with others (Lou & Ng, 2012; Cattan et al., 2003; Sullivan et al., 2016). One person described this approach: 'I try not to get lonely but I do. I go out to try to stop being lonely. I sit and talk to people in the park. I get lonely a lot – that's why I go out a lot.' (Cattan et al., 2003 p25).
- **Shifting the focus away from yourself and onto others** either by engaging in activities that were considered meaningful and worthwhile such as volunteering and caring responsibilities as well as socialising for the sake of others and not just yourself also emerged (Pettigrew & Roberts, 2008; Smith, 2012; Kirkevold et al., 2013; Roos & Klopper, 2010; Taube et al., 2016).
- **Being open to new experiences** such as clubs or activities to establish contact with others was raised in a few papers and conveyed a reluctant necessity in the description. It required courage and was often challenging. This was sometimes due to a loss of confidence that had developed over time in initiating such contacts or following life events such as bereavement. Those that had tried this approach described it as a 'life-line' when there were no other alternatives, where they had found some enjoyment in a safe environment (Cattan et al., 2003; Lou & Ng, 2012; Kirkevold et al., 2013; Davies et al., 2016), for example, 'I go to a club now you see, it's nothing fancy but it serves a purpose ... It took me three or four visits before I started to settle in. We play games and that sort of thing, it takes you mind off things.' (Davies et al., 2016 p 536).

- Having a **religion or faith and engaging in religious practices** including contact with religious leaders as well as social gatherings helped some and provided particular support after a traumatic event or loss. Religious leaders helped ‘to pull the wagon through the ditch’ (Roos & Klopper, 2010).

Acceptance and endurance

- **Keeping loneliness hidden or a secret** was described in a few papers. People reported distancing themselves from others or denying their own loneliness and describing the loneliness of ‘others’. This was due to the perception of admission of loneliness as failure and not wanting this to impact on relationships or the difficulties of speaking about loneliness (Lou & Ng, 2012; Stanley et al., 2010; Sullivan et al., 2016). Such a view was expressed by one study participant: ‘Society sees it as a nasty problem that they don’t want to know about and also people who are lonely ... [feel unable] to express this without feeling that they are a failure of some kind.’ (Stanley et al., 2010 p410).
- **Comparisons** were made either to other people or situations perceived as being ‘worse’ or times when they themselves were ‘worse off’. For example, loneliness may be safer than disappointment, preferring living alone rather than finding a new partner (Cattan et al., 2003; Taube et al., 2016). One participant expressed such wariness thus: ‘I guess maybe I could have found myself a woman. . . but. . . I haven’t felt that lonely. . . I’ve preferred being alone. . . If you had a wife who was sick for ten years and it was only trouble, then. . . for the most part . . . you think of that. . . you don’t want to experience that again.’ (Taube et al., 2016 p637).
- **Taking the focus away from yourself and onto ‘collective well-being’**, for example, by living alone rather than with families, thus reducing the potential pressures on wider family, was described in a cultural context by Lou & Ng (2012) and without any reference to culture by Kirkevold et al., (2012). These papers described an adjustment of expectations to fit with the needs of the wider family, rather than their individual needs.

As might be expected, most of the strategies identified in this review were positively framed. However, a small number of instances were described or alluded to in which people described coping less well, reflecting the fact that it is probably easier to talk about how you cope or would cope, rather than how you might not be managing. These include feelings of desperation (Cattan et al., 2003), boredom, gloominess and feeling abandoned (Graneheim

& Lundman, 2010), boredom and meaninglessness (Kirkevold et al., 2012), feeling fearful, vulnerable and hopeless (Taube et al., 2016), descriptions of guilt and shame of not coping, and crying (Roos & Klopper, 2010), heavy alcohol consumption (Pettigrew & Roberts, 2008) and talking about 'others' rather than themselves (Sullivan et al., 2016). These have not been included in this analysis as they were only briefly mentioned in the papers.

Discussion:

Summary of findings:

This review of strategies employed by lonely older to manage their loneliness identified two main dimensions. Firstly, the context of coping which was either alone or with/in reference to others. Secondly, the approach to coping which ranged from prevention or action as a response, or acceptance or endurance of loneliness. The two dimensions can be represented as a model of managing loneliness in later life (see Box 1).

[Insert Box 1 near here]

An individual at a given point in time could be placed on these continuums according to their desire to involve others in their loneliness and their preference of strategy type within the spectrum. This model is novel in that it moves beyond understanding the phenomenon of loneliness itself to consider the range of ways older people with loneliness wish to address the issue.

Within the main dimensions, a range of strategies were described, drawing on individual personality related coping styles, the considerable efforts in managing time, making contact with others and keeping loneliness hidden. Cognitive strategies were used to re-frame negative feelings, to make them more manageable or help shift the focus from the present time or themselves. As such these themes may appear within more than one dimension of the model. Difficulty talking about loneliness may account for strategies that might be perceived as being less successful and were infrequently described.

Strengths and limitations of this review:

While much has been written about the experience of loneliness in later life and how it might be alleviated, the papers identified in this review of strategies to self-manage loneliness were limited to only 11 in number, all except one having been published within the last 10 years. Over time there appears to have been a slight shift from exploring how services and interventions can help alleviate loneliness to understanding how people manage their distress themselves.

Limitations:

Although a systematic approach was taken to this review, it is possible some papers were missed. This review was mainly secondary analysis of primary research based on both verbatim quotes and original author interpretations, but also included papers reporting secondary analysis. The analysis and interpretations reported in this review build on previous interpretations from the authors of the included studies and increasing distance from the views of older people themselves.

Caution is also needed regarding the positive framing of coping with loneliness; it appears as if most lonely people have successful coping strategies. It was not possible to differentiate between those with temporary and chronic loneliness; coping strategies are likely to differ according to length and intensity of loneliness experience. It may also be harder to talk about not coping and those who were struggling may not have volunteered to be interviewed.

Methodological limitations:

The range of settings from which older people were recruited meant this review included participants from a wide age range, and varying health needs, living circumstances and cultural backgrounds. Papers also included both those who self-identified as lonely and those willing to talk about it who may or may not have been lonely. This latter group were often recruited on the basis of a risk factor for loneliness, such as living alone. There was no differentiation or sub-group analyses, although these characteristics may well impact on experience or views of loneliness and/or coping strategies.

Strategies employed by those who were not lonely despite being considered 'at risk' were inferred as being protective factors against loneliness. There is an implication that these protective factors could be used as coping strategies by those who were lonely, especially if symptoms of loneliness were 'caught early', including by professionals in contact with these older people. However, this may be more attributable to personality factors, lifelong traits, ways of doing things and individual coping styles.

Comparison with other literature:

The heterogeneity of coping mechanisms for loneliness in later life identified in this review mirrors the breadth of experiences of loneliness that have been reported (Peplau & Perlman, 1982; Andersson, 1998; Victor et al., 2005). Defining loneliness as a discrepancy between actual and desired levels of social engagement (Peplau & Perlman 1982) aligns with a deficit model of ageing. This review identified responses to loneliness, both private and with others,

which are largely initiated by an older person suggesting that older people should be regarded as active agents in managing their loneliness (Elder & Johnson, 2003).

Most people experience loneliness at some point in their lives; identifying who might benefit from more intensive psychological support and what this should include is less clear. Services for loneliness currently focus mainly on promoting engagement in group social activities or one-to-one befriending; however, the evidence for effectiveness of existing interventions is mixed (Cattan et al., 2005; Hagan et al., 2014; Cohen-Mansfield & Perach, 2015; Gardiner et al., 2016). There are no interventions to our knowledge currently widely used in practice that explicitly aim to facilitate older people to develop cognitive strategies including acceptance.

Additionally, it has been argued that loneliness is not only about how people view themselves, but also about how they feel they are positioned in society. Societal and community level responses to loneliness include both a normalisation of loneliness and manufactured opportunities to re/engage with local communities in later life (Barke, 2017).

Implications:

Based on the findings of this review, we have proposed a tentative model to describe ways in which older people may wish to manage their loneliness. Given the dynamic nature of feelings of loneliness it should not be regarded as static. The model has potential for use by practitioners to engage in discussion with lonely older people to identify ways in which they may want to address their feelings of loneliness drawing on individual coping styles and preferences. Further research is required to explore the acceptability of the model to lonely older people and its applicability to different contexts, settings and groups.

Conclusions:

Based on the findings of this review of qualitative studies, we have developed a model for managing loneliness in later life. The model conceptualises coping styles for loneliness as being on two key dimensions representing a spectrum of strategies from prevention or action through to acceptance or endurance, and coping alone or coping with/in reference to others. Older people who choose to deal with their loneliness by themselves may find it difficult to articulate an inability to cope. This taxonomy of coping with loneliness could have implications for interventions to reduce loneliness, if validated by other studies.

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Table 1: Description of studies included, in chronological order, n=11

	Authors	Year / country	Study design	Number / type of participants	Analysis	Main themes related to older people's views of coping with loneliness
1	Cattan, M., Newell, C., Bond, J. and White, M.	2003 / England	Semi-structured interviews & focus groups	23 staff members from voluntary sector projects targeting loneliness and social isolation in older people, 22 focus groups with 145 older people who participated in project activities, 25 interviews with older people whom project staff considered to be socially isolated and lonely. Older people were 55-94 years old.	Framework analysis	i) Perceptions and experiences of social isolation and loneliness, ii) Coping strategies, iii) Perceptions and experiences of services and activities, iv) Solutions
2	Pettigrew, S. and Roberts, M.	2008 / Australia	Semi-structured interviews	19 older people living in retirement villages or on their own, aged between 65-95 years.	Thematic analysis (though not stated)	i) Social interaction: a) Interacting with others, b) Eating and drinking rituals; ii) Solitary activities: a) Reading, b) Gardening and c) Television.
3	Granheim, U.H. and Lundman, B.	2010 / Sweden	Interviews	30 people aged 85-103 years old, who lived alone in their own homes or	Content analysis	Themes related to loneliness are intertwined with themes related to experiences of ageing whilst living alone. Four main themes:

				apartments in houses for older people.		<p>i) Living with losses: Suffering from bodily decline; Being dependent; Mourning significant others; Missing zest for life; Longing for meaning.</p> <p>ii) Feeling abandoned: Feeling set aside; Feeling invisible.</p> <p>iii) Living in confidence: Feeling safe and secure; Leaving everything in God's hands; Feeling content; Accepting the loneliness.</p> <p>iv) Feeling free: Being able to decide about one's own business; Feeling spared from duties and worries; Resting in peace and quiet; Having the opportunity to make new friends.</p>
4	Roos, V. and Klopper, H.	2010 / South Africa	In-depth interviews	31 older people, 4 lived in residential care, 3 with their children, 1 in own home, the rest (n=23) in own house/flat in a retirement village. 16 Afrikaans speaking had mean age 79 years (SD 9.6), 15 English speaking Tswana people had mean age 70 years (SD	Phenomenologica I approach to identifying themes	3 themes: expressions of loneliness, causes of loneliness and coping with loneliness. Coping with loneliness: Self-awareness and preferred style of interaction; Humour; Preparations for and dealing with losses; Meaningful interpersonal contact; Religion; Active engagement with life.

				6.0)		
5	Stanley, M., Moyle, W., Ballantyne, A., Jaworski, K., Corlis M., Oxlade, D., Stoll, A. and Young, B.	2010 / Australia	Focus groups and semi-structured interviews	8 focus groups with approximately 64 support / service providers for older people, and interviews with 60 older people living in long-term care, independent living units and the community, aged between 67 and 92 years.	Thematic analysis	Key themes describing loneliness, as: i) Private, ii) Relational, iii) Connectedness, and iv) Temporal. The themes focus on experiences of loneliness with limited accounts of coping strategies.
6	Lou, V.W.Q. and Ng, J.W.	2012 / Hong Kong, China	Semi-structured interviews	13 community dwelling adults, living alone and not severely lonely (on de Jong-Gierveld loneliness scale), aged 62 to 88 years.	Interpretive approach	A cultural specific model: relationship-oriented resilience to senses of loneliness in a Chinese context. 3 primary themes: i) Cognitive resilience: a) Cognitive pragmatics, b) Everyday competence ii) Self and personality: a) Interdependent self, b) Open and accommodating, iii) Social relations: a) Social affiliation, b) Social companionship.
7	Smith, J.M.	2012 / USA	Mixed methods (quantitati	12 people aged between 74 and 98 years old, either attending senior centers or	Interpretative phenomenologica l approach	i) Sustaining connections with others: a) Reaching out to others, b) Helping those in need (volunteering), c) Seeking companionship

			ve & semi-structured interview)	(the majority) via personal contact from colleagues and friends.	including thematic analysis	with pets. ii) Finding comfort in television and other hobbies.
8	Kirkevold, M., Moyle, W., Wilkinson, C. Meyer, J. and Hauge, S.	2013 / Australia, Norway & UK	Secondary analysis of in-depth interviews	78 older people: 15 from Australia (mean age 79 years), 33 from the UK (mean age 81 years) and 30 from Norway (mean age 85 years). Twenty six lived in long-term care, 19 in an independent living unit, and 33 in private homes.	Thematic analysis (though not stated)	Impact of losses was closely related to loneliness experience. Four central themes related to losses were dichotomised by 'not lonely' / 'lonely' groups as follows: i) Accepting losses and moving on vs. being overpowered by accumulating losses, ii) Staying committed to activities vs. unable to carry on with activities, iii) Staying connected to other people vs. being isolated from other people, iv) Creating a meaningful life in one's own company vs. a life alone is an empty life.
9	Davies, N., Crowe, M. and Whitehead, L.	2016 / New Zealand	Narrative inquiry	40 older widow/widowers, aged 70-97 years.	Thematic analysis	Three broad themes: i) Experiencing the absence, ii) Loss of routine connection and iii) Establishing new routines, which describe the experience of loneliness following widowhood from an acute phase of experiencing an absence and the associated loss of routine connection to the establishment of new

						<p>routines that provided new connections and a new sense of identity as an individual rather than a couple. The process was facilitated by keeping active and being mobile. The participants also described having to manage the social norms associated with what behaviours others expected from a widow or widower. This was not a linear trajectory of recovery from loneliness and many of the participants continued to experience periods of loneliness.</p>
10	Taube, E., Jakobsson, U., Midlov, P. and Kristensson, J.	2016 / Sweden	Semi-structured interviews	12 older people purposively selected from a larger intervention study (randomized controlled trial), aged 68-88 years (mean 79 years).	Content analysis	<p>Overall theme: Being in a Bubble 3 themes with subthemes within this:</p> <p>i) Barriers: a) The ageing body, b) Fear, c) The influence of losses, d) No one to share daily chores with</p> <p>ii) Hopelessness: a) A constant state, b) Feeling sad, empty and anxious, c) Being invisible to others, d) Losing the spirit</p> <p>iii) Freedom:</p>

						a) Having time to reflect and reload, b) Being free to make decisions, c) Being able to create meaningfulness, d) Having a social belonging, e) Being protected from disappointment
1 1	Sullivan, M.P., Victor, C.R. and Thomas, M.	2016 / England, UK	Secondary analysis of in-depth interviews from study 1 informed the development of primary data collection using in-depth interviews in Study 2	<p>Study 1. 25 people aged 67-87 (mean 81 years) who identified as lonely / sometimes lonely in a larger mixed methods study on loneliness and social isolation in later life.</p> <p>Study 2. 12 people aged 65-81 (mean 71 years) participating in a mixed methods pilot longitudinal study on temporal variations in loneliness.</p>	Thematic analysis	<p>Findings separate the accounts of those who talked 'openly' about loneliness from those who found it harder to talk about, emphasising the dynamic and multi-dimensional aspects of loneliness.</p> <p>Coping strategies include internal factors eg acceptance, finding, inner strength, keeping loneliness hidden, and external factors eg reading, 'keeping busy', having routines, maintaining and activating social networks</p>

Appendix 1: Search terms

Older people

- elder*.mp.
- exp Geriatrics/
- exp "Aged, 80 and over"/
- old* person.mp.
- old* people.mp.
- exp Aging/ or ag?ing.mp.
- old* age.mp.
- senior*.mp.

Loneliness and social isolation

- exp Loneliness/
- lonel*.mp.
- exp Social Isolation/
- social isolation.mp.
- solitude.mp.
- solitary.mp.
- liv* alone.mp.
- exp Social Alienation/

Coping strategies

- exp Self Care/
- self manag*.mp.
- exp Adaptation, Psychological/
- (emotion* adj3 manag*).mp.
- (feeling* adj3 manag*).mp.
- (psycholog* adj3 manag*).mp.
- (coping adj3 mechanism*).mp.
- (psychological* adj3 adjust*).mp.
- (emotion* adj3 adjust*).mp.
- (behavio?ral* adj3 adjust*).mp.
- (psychological* adj3 adapt*).mp.
- psychological adjust*.mp

- (psychological adj3 strat*).mp.
- (emotion* adj3 strat*).mp.
- exp Self Efficacy/
- (coping adj3 strat*).mp.
- (coping adj3 behavio?r).mp.
- exp Coping/
- coping skill*.mp
- self reliance.mp.
- exp Resilience, Psychological/
- resilience.mp.
- manag* lonel*.mp
- exp adaptive behavior/
- exp coping behavior/

Box 1: A model for managing loneliness in later life

