**An exploration of help seeking, experiences, and views of loneliness in an older adult population**

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**THESIS PORTFOLIO: CANDIDATE DECLARATION**

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| I confirm that the thesis submitted is the outcome of work that I have undertaken during my programme of study, and except where explicitly stated, it is all my own work.  I confirm that the decision to submit this thesis is my own.  I confirm that except where explicitly stated, the work has not been submitted for another academic award.  I confirm that the work has been conducted ethically and that I have maintained the anonymity of research participants at all times within the thesis.  Signed: Katie Walker Date: 30.04.20 |

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**Preamble**

This research was carried out prior to the COVID-19 pandemic. The findings of the research have felt more relevant and pertinent in the current context. Requirements to self-isolate and social distance from one another have recently changed the landscape of social connectivity. It has undoubtedly highlighted the potential difficulties of loneliness and has likely speeded up the use of technology to keep people connected to one another with both family members and pre-existing social groups. In the current context this research highlights where support may well need to be focussed for older adults. As time progresses and in the aftermath of the pandemic, further insight will likely be gleaned on areas that need both community and psychological attention.

The following chapters adhere to the APA-6 referencing system.

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**Thesis abstract**

Loneliness is a subjective experience that can leave an individual feeling distressed. Loneliness can precipitate many other health concerns and has been linked to physical health decline. The following chapters aim to provide further understanding of loneliness amongst an older adult population.

Chapter one details a literature review of fourteen papers to ascertain what helps and hinders people retired from employment to seek help for feelings of loneliness. The reviewed literature found that transitioning into retirement is a critical time period for many people. Personal characteristics, social initiatives and technology are all important in abating loneliness and social isolation. Strengths and limitations of the literature are discussed. The review has highlighted a need for more research into loneliness to understand what it means for individuals and what support could be in place to alleviate it.

Chapter two presents empirical research, which was prompted by observations of the gaps in the current literature. A qualitative study was designed using semi-structured interviews informed by discussion of a written hypothetical vignette. This study aimed to explore older adults’ experiences, views and understanding of loneliness. It also aimed to consider what counteracts loneliness and consider possible barriers to accessing support for loneliness. Eight older adults living on their own who had not sought support for loneliness were interviewed. Transcripts were analysed using thematic analysis and five themes were identified from the data: Perspectives on loneliness; Vulnerability; Coping; Confidence; and Connecting. Clinical implications and future research are discussed.

Chapter three provides an executive summary of the empirical research. It has been written with the participants in mind to ensure clear and concise readability. It offers recommendations and suggestions for preventing loneliness.

**Chapter one: Literature review**

**What helps and hinders people retired from employment to seek psychological or social support for loneliness?**

Word count: 8000

*This paper has been written in accordance with author guidelines for The International Journal of Ageing and Later Life*

(Appendix A)

**Abstract**

Loneliness, which is prevalent in an older adult population, is a growing concern of modern society. This literature review explores and summarises research to understand what helps and hinders people retired from employment to seek help for feelings of loneliness. A systematic process was employed to search the literature. Fourteen papers were reviewed. The Crowe Critical Appraisal Tool (CCAT; 2013) was used to critique each paper and then a scoring system was applied to rate and compare them on their merit. Papers were synthesised thematically. Four themes were generated: predictors of help seeking; transitioning into retirement; access to social initiatives; and reducing loneliness through technology. Findings suggest that transitioning into retirement is a critical time period for many people. Individuals could be more prone to loneliness and social isolation during this time. Personal characteristics, social initiatives and technology can all play important roles in abating loneliness and social isolation. Creating a sense of belonging and community cohesion is important for those transitioning into retirement. Outreach support, particularly from primary care, would be advantageous for those approaching retirement to promote a variety of services and community initiatives for individual consideration. Future research could consider alternative ways to access hard to reach participants who may be experiencing loneliness or social isolation, to broaden understandings of help seeking.

Keywords: ‘Help Seeking’; Loneliness; ‘Social Isolation’

**What helps and hinders people retired from employment to seek psychological or social support for loneliness?**

**Introduction**

*Evolution of loneliness*

Human beings are a social species, dependent on the collective group for survival. The human brain has evolved to plan, reason and cooperate, giving an evolutionary advantage. Historically, survival relied on cooperation; by ensuring one individual could depend on another. From an evolutionary perspective, loneliness supported survival of the group (Cacioppo, Cacioppo & Boomsma, 2014), ensuring the hunter-gatherer returned with food for others, whilst gaining shelter and social support. The feeling of isolation or loneliness is an early warning sign, alerting the body to a social need to survive (Cacioppo et al., 2014). The feeling of loneliness is therefore an adaptive response supporting genetic advancement. The evolutionary perspective suggests that loneliness has developed to ensure meaningful relationships are fostered so that when in need, another can be relied upon. Quality over quantity of relationship is essential for dependable relationships (Hawkley & Cacioppo, 2010). Maintaining and developing meaningful relationships is therefore vital to prevent and dissolve feelings of loneliness.

*Defining loneliness*

Different terms are used to capture experiences of loneliness. These include social exclusion or social isolation. Weiss (2005) defines social isolation as:

A form of loneliness that results from the absence of membership in any community of emotional importance. It can be experienced as a world gone quiet, a feeling of having been sealed off from others. It is living without people to visit or events in which to participate. There are no invitations to meetings or gatherings or parties. There is no need to leave the house except to shop for necessities or, if one has a dog, to walk the dog. It is difficult to avoid a sense of not being wanted (p. 82).

Hawkley and Cacioppo (2010) further summarise loneliness as:

A distressing feeling that accompanies the perception that one’s social needs are not being met by the quantity or especially the quality of one’s social relationships (p. 218).

*Risk factors associated with loneliness*

A high proportion of adults over 50 indicate they often feel lonely (Age UK, 2018). Adams, Sanders and Auth (2004) found that grieving a recent loss, fewer social contacts and a reduced social network predicted loneliness. Isolation has also been found to be a risk factor for developing mental illnesses such as depression, which worsens when an individual is frail or has reduced mobility (Milne, Hatzidimitr & Wiseman, 2007). Consequences to social isolation have been linked to an increased likelihood of developing heart disease or stroke (Valtorta, Kanaan, Gilbody, Ronzi & Hanratty, 2016). Milne et al. (2007) considered policy and how it can promote quality of life amongst older people in rural England. They found that having a stronger support network increases a person’s capacity to cope with sickness, loss and social isolation. Not having access to social support or use of a car made individuals more vulnerable to loneliness. Residing in rural England is considered disadvantageous due to its remoteness, invisibility and lack of opportunity. Milne et al. (2007) call for more data to be gathered on older adults’ needs and experiences, and for policy makers to consider fairer allocation of financial resources considering the disadvantages of rural living.

*Loneliness in modern society*

Many older adults age in place, whereby individuals choose to live in their own homes for as long as possible as they age. As a result, services often promote independent living. Many factors contribute to an increased sense of loneliness in an older adult population. Retirement highlights a lifecycle transition from the end of working life and is a change that can be characterised by reduced social contacts (White et al., 1999) and change can occur in terms of activities, finances and social networks. Loneliness is reported more frequently with age (Iparraguirre, 2016). Older adults are more likely to experience loss of friends and family as they age and subsequently may live alone. Furthermore, older adults may be less likely to seek professional help (Trollor, Anderson, Sachdev, Brodaty & Andrews, 2007). Such factors associated with ageing, place older adults at higher risk of experiencing loneliness (Singh & Misra, 2009). Understanding of possible barriers to engagement for those who have retired would be beneficial to offer insights into ways of supporting help seeking for older adults.

Media reports across the UK have captured loneliness as a growing ‘epidemic’ (Khaleeli, 2013). The UK has an increasing ageing population and given the factors associated with loneliness and the associated risk factors, it is apparent why loneliness is attracting political attention. The Jo Cox Commission on Loneliness (2017) produced a report, which triggered Prime Minister Theresa May to announce a strategy to reduce it within the UK (Prime Minister’s Office, 10 Downing Street, 2018). Indicators of loneliness are now being considered to support the development of a UK national measure of loneliness (ONS, 2018).

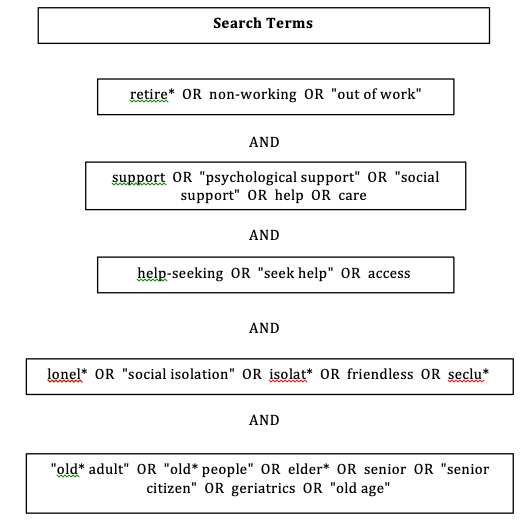
*Literature review rationale*

The purpose of the current paper is to review the literature to understand what helps and hinders those retired from employment to seek psychological or social support for loneliness. By addressing this, it is hoped that it reaches professionals in clinical practice to draw upon useful aspects to support individuals further, as well as stressing areas for development in the wider social and political context. This literature review aims to shed light on areas where knowledge or understanding is lacking and highlight areas of interest for future exploration.

**Method**

*Search strategy*

To explore the search question: ‘what helps and hinders people retired from employment to seek psychological or social support for loneliness?’ a number of search terms were established (see Figure 1).



*Figure 1.* Search Strategy

*Inclusion criteria*

1. Papers written in English
2. Participants in retirement
3. Majority of study participants over 50 years of age

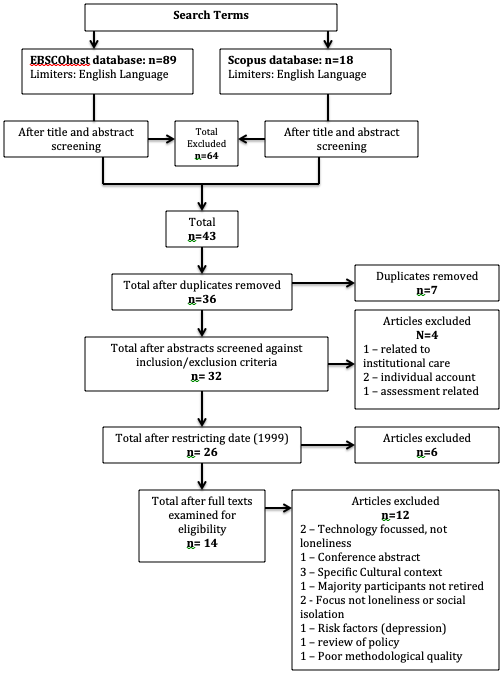
*Exclusion criteria*

1. Papers published prior to the year 1999

*Databases*

Electronic literature searches were completed during October 2018. EBSCOhost was utilised as a meta-search engine to acquire relevant literature based on the aims of the review. A search of the EBSCOhost research database included searching across papers within All Health and Life Sciences databases. This included searching for papers within AMED, MEDLINE, PsychINFO, SPORTDiscus, AgeLine, CINAHL Plus, PsychARTICLES, Academic Search Complete and eBOOK collection. Search terms were also inputted to the Scopus database. Abstracts were searched across databases. Papers were screened against the inclusion and exclusion criteria, initially by title, then abstract and finally by full text article. Articles that met criteria were included for review (see Figure 2).

By setting the search criteria broadly for older adults and those retired (see figure 1), papers retained were examined to check whether most participants were over 55 and retired; however it was not always possible to tell. Papers published prior to 1999 were excluded, as they reflected a social era without similar technology to that of the last two decades, given the developments in interconnectivity that have emerged. Earlier research may be less applicable to modern day society that continues to evolve and introduces technology that no doubt changes the interaction between people and their surroundings.

*Figure 2.* Screening process

**Results**

This literature review included 14 eligible research papers. A summary of the papers can be found in Table 1.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Table 1.* Paper Research Summaries | | | | | | |
| Authors & Publication Year | Title | Aims | Methodology | Sample | Location / Setting | Findings |
| Anstiss, Hodgetts and Stolte (2018) | Men’s replacement: Social practices in a Men’s Shed | To explore how men create a social shared space through collective labour. | Ethnographic fieldwork – participation and observation.  Themes from journal entries were explored in interviews and semi-structured focus groups. | 12 (9 retired) | Auckland, New Zealand | Main themes: “To me this is a home”: familiarity with like-minded men; Importance of activity on wellbeing: sense of belonging through ‘being’ and ‘doing’. |
| Auslander, Soffer and Auslander (2003) | The supportive community: Help seeking and service use among elderly people in Jerusalem | To explore characteristics related to joining or using a new supportive community service | Experimental design with naturally occurring data.  Collected numerical data face-to-face  Hypotheses:  1) Predisposing characteristics would not be related to joining community/services  2) Those with small social networks and less assistance would be more likely to join  3) A positive relationship would exist between perceived need and joining the service  DV: (1) membership vs. non membership in supported community (2) service use  IV: (1) predisposing characteristics (2) enabling characteristics  Perceived health status  Center Morale Scale  UCLA Loneliness Scale  Regression analyses  Univariate analyses of all variables  Multivariate analyses | 181 older residents of a supportive community project | Northern Jerusalem | *Predisposing:* Those living alone were more likely to join, though this was not significant.  *Enabling:* Gender and frequency of contact with closest child were significant. A higher percentage joined whose closest child was female. Those who had less contact with closest child were more likely to join. Those receiving help were more likely to join  *Need:* Non-members required less assistance and had positive attitudes towards ageing and health.  Members who were lonelier had more functional limitations, poorer perceived health status, and more negative attitude toward ageing.  Loneliness significantly correlated with use of distress button, social activities, on medical and ambulance service. |
| Evans, Atkinson, Darton, Cameron, Netten, Smith and Porteus (2017) | A community hub approach to older people’s housing | To explore the potential of housing with care schemes to act as community hubs. | Mixed Methods:  - Review of the literature  - Online surveys to professionals in 99 housing with care schemes  - In-depth case study interviews at 3 extra care schemes  Thematic approach | - 4 local authority commissioners  - 9 professionals based on site  - 6 professionals based off site  - 9 residents utilised off site care provision  - 4 non residents who used scheme services | England  ASSET project (Adult Social Services Environments and Settings) | The analysis highlights a range of benefits, barriers and facilitators.  - Increased opportunity to take part in activities  - Increased integration with local community partnerships  - Environmental design is important; age friendly  - Care provided on and off site can lead to uncertainty  - Sense of intrusion vs. social contact opportunities |
| Jett (2002) | Making the Connection: Seeking and Receiving Help by Elderly African Americans | To explore the relationship between the helper and the one being helped in a vulnerable older adult population | Ethnographic fieldwork  Data were collected through directed interviews, informal conversations, participant observation, and photography over a period of 9 months.  Explored ageing, frailty, survival, and help seeking | 41, 9 of which were key informants who were retired and lived alone | Rural areas in the Southern United States | - Rules related to who is eligible for help and who is expected to help and the appropriate manner of help seeking.  - Capability of help giver and receiver  - Related to essential and genuine need  - Correct hierarchy for help asking: Biological children, then female bloodline  - Commonly held belief: “God got one in the family that gonna see about ya.”  - Humility in help seeker  - Correct language, asking without asking  - Help received was a reflection of esteem and affection gained in earlier life; Help was related to status rather than shame. |
| Kajonius & Kazemi (2015) | Safeness and Treatment Mitigate the Effect of Loneliness on Satisfaction With Elderly Care | To investigate the interaction between person and process factors in predicting satisfaction with older adult care. | Secondary analysis of existing survey data from the Swedish National Board of Health and Welfare’s annual reports called Open Comparisons (2012).  Hierarchical regression analyses | 95,000 individuals using older adult care services. | Sweden | Anxiety, health, and loneliness were significant predictors of satisfaction with care, although treatment, safeness, and perceived staff and time availability were more significant predictors of satisfaction with care.  Loneliness strongest predictor of satisfaction among older persons in nursing homes.  Safeness and treatment function as mediators in linking loneliness to satisfaction. |
| Kirk, Waldrop & Rittner (2001) | More than a Meal | To explore the relationship between social support and quality of life amongst participants who attended daytime meal programs | A 23-item forced option questionnaire comparing loneliness, quality of life and frequency of social contact across different demographics.  The survey gathered demographic data: gender, age, marital status, living arrangements, and income. Information was also obtained related to access to transportation, levels of hunger, and utilisation of federal social services. Also asked about social and emergency contacts, support systems, level of loneliness, and quality of life.  Chi-Square statistical test was used to analyse the data  In addition the sample was compared to the general population of the State on variables: income, race and religion | 182 residents attending a daytime meal program | Senior centers located in South-eastern Louisiana. | Most lived alone (n = 96, 53%), participants indicated they had limited social contacts (66% indicated that they had few or only occasional contacts with others), less than one-third (30%) indicated that they were either lonely or very lonely. Authors suggest residents of rural areas do not necessarily associate lack of social contacts with loneliness. |
| Lefkowich & Richardson (2016) | Men’s health in alternative spaces: exploring men’s sheds in Ireland | To investigate men’s experiences as members of Men’s Sheds; To explore the relationship between involvement and wellbeing | Qualitative:  - Semi-structured interviews  - Focus groups  - Observations  Grounded Theory | 27 (men) | Ireland; 5 different Sheds across Ireland | Key features of Shed participation that contribute to overall wellbeing:  - Using and developing new skills  - Sense of belonging  - Supporting and being supported  - Contributing to community  Challenges to sustainability:  - Negotiating membership  - Funding  - Boundaries of peer support |
| McClive-Reed & Gellis (2016) | Psychological Distress and Help-Seeking by Residents of a Neighbourhood Naturally Occurring Retirement Community (NNORC) | To explore relationships between factors and ability to predict general health, level of psychological distress, quantity and type of help seeking behaviour. | Annual programme survey  - Rate general health, item used from SF-36  - Rate current level of pain  - Asked if exercised 3 or more times a week  - Revised UCLA Loneliness Scale  - 2 questions assessing depression; 2 assessing anxiety  - Checklist of formal support completed considering past 6 months  - Pearlin Mastery scale (measure sense of control)  - Multidimensional Health Locus of Control Scales  Used standard linear regression model to analyse data | 226 | Albany, New York. Residents of a retirement community. | -Moderate to high levels of pain, chronic disease, loneliness and life issues were reported  - 25% did not seek help  - Most common source of help was a primary care physician (70%)  - Those with chronic illness considered primary care physician to be first contact |
| Mellor, firth & Moore (2008) | Can the Internet Improve the Wellbeing of the Elderly? | To evaluate the Internet to reduce social isolation and improve psychosocial functioning amongst an older adult population. | Questionnaires  Subjective well-being: the satisfaction subscale of the Comprehensive Quality of Life Scale (ComQol); Positive affect: positive affect subscale of the Dispositional Mood Scale; Self-esteem: Rosenberg Self-Esteem Scale; Optimism: the three positively worded items of the Revised Life Orientation Test; Social Connectedness: the Social Connectedness Scale  Semi-structured interview Explored experience of using Internet, levels of social interaction and connectedness. Usage monitored and type of website documented | 20 | Melbourne, Australia.  Retirement Village Complex | Twelve participants discontinued their involvement.  The eight participants who remained reported a range of positive outcomes 12 months on. Quantitative survey data did not confirm these findings. |
| Moffatt & Scambler (2008) | Can welfare-rights advice targeted at older people reduce social exclusion? | To explore the impact upon older people on low incomes and/or in poor health of receiving additional resources | Semi-structured interviews explored: Changes in circumstances due to welfare rights advice; perceived impact of: financial benefit; mental and physical health; health related behaviours, social benefits; and views about the associations between material resources and health. Observation field notes recorded. Data analysis followed the Framework Approach (Ritchie & Lewis 2003) | 25  (14 from intervention and 11 from control group)  (22 follow up interviews completed as 3 individuals too ill to take part) | Newcastle-upon-Tyne, England | Knowledge of and access to welfare-rights services had a positive effect. The authors highlight that a level of material resources above basic level is needed for social relations and access to services and activities, which contributes to reducing social exclusion among the older people. |
| Nurmi, Mackenzie, Roger, Reynolds & Urquhart (2018) | Older men’s perceptions of the need for access to male-focused community programmes such as Men’s Sheds | To explore men’s perceptions of need for Men’s sheds and issues relating to access | Focus groups with men from Men’s Sheds and those in the local community unfamiliar with the concept.  Data analysed using The Framework Analytic Approach | 64 (men) | Canada | Two primary themes: 1) Need for male focussed community programmes (reducing isolation; forming friendships; engaging in continued learning) 2) Access to programmes (points of contact; sustaining attendance; barriers)  Findings suggest that to reduce likelihood of social isolation exposure to the concept of male focussed programming should occur before retirement. Branding to also be considered. |
| Schorr & Khalaila (2018) | Aging in place and quality of life among the elderly in Europe: A moderated mediation model | “To explore the moderated-mediation effects of perceived accessibility to the environment on quality of life in later life via two socio-spacial mediators (loneliness and connection to place) and two moderators (functional disability and marital status).” | Experimental design using naturalistic data.  Analysed quality of life using the fifth wave of the Survey of Health, Aging and Retirement | 13,828 | Europe | Those who perceived accessible services experienced greater quality of life, which was partially mediated by lower levels of loneliness and higher connection to place, and moderated by functional disability and marital status. |
| White, McConnell, Clipp, Bynum, Teague, Navas, Craven & Halbrecht (1999) | Surfing the Net in Later Life: A Review of the Literature and Pilot Study of Computer Use and Quality of Life | To consider practicality of providing internet and electronic mail access to older adults in a retirement community and to consider if this improves psychosocial wellbeing. | Intervention study with follow up  Compared two groups: Intervention and Comparison  1:1 interviews with intervention group (prior to intervention, 2 weeks following training and 5 months post baseline; Comparison group interviewed at baseline and end of study).  Four measures: Affect Balance Scale; UCLA Loneliness Scale; Duke Social Support Index; CES Depression Scale  Wilcoxon Rank Sums | 19 (4 from nursing facility, 15 from the independent living section)  After drop out, 15 participants in intervention group  8 participants were in the comparison group | America, North Carolina, Retirement Community | Teaching older adults to use the internet and email is possible.  Trend towards decreased loneliness, suggests intervention can have a positive impact on psychosocial wellbeing. |
| Yu, McCammon, Ellison & Langa (2016) | The relationships that matter: social network site use and social wellbeing among older adults in the USA. | “To examine the relationship between older adults social network site use and social wellbeing associated with non-kin and kin-relations and explored how this varied by age” | Quantitative study  Multivariate analyses on a secondary data source  Least-squares regression analyses and factor analysis | 1,620 | America | Social network site use may support people to access different social benefits as they age. |

**Overview of studies**

Five papers used qualitative methods (Anstiss, Hodgetts & Stolte, 2018; Jett, 2002; Lefkowich & Richardson, 2016; Moffatt & Scambler, 2008; Nurmi, Mackenzie, Roger, Reynolds & Urquhart, 2018); two papers presented mixed methods (Evans et al., 2017; Mellor, firth & Moore, 2008); and seven papers employed quantitative methods (Auslander, Soffer & Auslander, 2003; Kajonius & Kazemi, 2015; Kirk, Waldrop & Rittner, 2001; McClive-Reed & Gellis, 2016; Schorr & Khalaila, 2018; Yu, McCammon, Ellison & Langa, 2016; White et al., 1999). Five studies were carried out in the USA, three in the UK, one in Canada, one in Australia, one in New Zealand, one in Israel, one in Sweden and one across Europe.

Anstiss et al. (2018) employed an ethnographic research design, exploring the collective space of Men’s Sheds and the opportunities that emerge for men transitioning into retirement in New Zealand. Men’s Sheds are collective spaces designed to suit the needs of the members who often are brought together to connect socially (Men’s Sheds Association, 2019). Men’s Sheds began in Australia and have spread globally. Shed members decide on the purpose of their shed though they are often collective spaces to pursue practical interests. The authors conducted interviews and focus groups using a grounded theory approach with 12 men, nine of whom were retired. Themes highlighted the importance of familiarity with like-minded others and activity supporting wellbeing and a sense of belonging.

Lefkowich and Richardson (2016) also explored Men’s Sheds. They used semi-structured interviews and focus groups with 27 men across five Sheds in Ireland. They found that the Shed contributed to members’ wellbeing by creating a sense of belonging, developing skills and offering support. Challenges were acknowledged in relation to its sustainability.

Nurmi et al. (2018) also explored Men’s Sheds. They used a Framework Approach exploring perceptions of need for Men’s Sheds in Canada, through observation and focus groups with 64 participants over 55 years old. They explored the views of both members of Sheds and members of the community who were unaware of Men’s Sheds. They found male focussed community programmes were needed to reduce isolation and encourage learning and friendships. They also found marketing needed consideration.

Jett (2002) used an ethnographic design whilst researching help seeking amongst African Americans over the age of 65. The researcher was immersed over a nine-month period having regular contact with nine of the 41 participants involved and conducted formal interviews with all 41 participants. The nine informants lived alone. Themes were generated in relation to rules surrounding help seeking and help receiving, including being deserving of help; having essential and genuine needs; seeking help from those capable; having a humble approach; using the correct language; and waiting rather than requesting help. Rules captured eligibility for help, who is expected to help and the appropriate manner of help seeking.

Moffatt and Scambler (2008) employed a qualitative design using the Framework Approach to explore the impact of welfare rights advice following a randomised control trial (RCT) that assessed the impact of welfare rights advice. Semi-structured interviews explored the views of 25 participants who took part in the RCT. They found access to welfare-rights services had a positive impact supporting social inclusion.

Evans et al. (2017) used a mixed methods design. They sent an online survey to scheme managers utilising a community hub approach for older people’s housing in the UK. They presented four case studies based on interviews with commissioners, residents and professionals. They found that increasing activity opportunities and creating an ‘age friendly’ design to facilities was important. They also found that uncertainty could manifest in relation to whether care was provided on or off site and highlighted that some older people may find the approach intrusive on privacy.

Auslander et al. (2003) explored the characteristics of 181 residents in Jerusalem related to joining or using a community service using a cross sectional study. The authors explored a natural development settlement similar to a neighbourhood naturally occurring retirement community. They drew upon Andersen’s Behavioural Model of help seeking as their theoretical model and collected numerical data face-to-face. They found that people living alone and needing help were most likely to join and that those reporting loneliness were more likely to use services.

Kirk et al. (2001) explored the relationship between social support and quality of life amongst 182 participants attending a meal programme in semi-rural Louisiana using a survey, referred to as a ‘forced option questionnaire’. Their self-administered survey collected categorical data comparing loneliness, quality of life and frequency of social contacts with different demographics. They used chi-squared to explore relationships. Approximately half (53%) of participants lived alone. They found that 30% of attendees considered themselves lonely or very lonely.

Mellor et al. (2008) employed a mixed methods design using questionnaires and semi-structured interviews to consider internet use to improve wellbeing amongst 20 participants within a retirement complex in Australia. They found that participants reported positive gains although this was not supported by the quantitative data.

White et al. (1999) also investigated technology use by conducting a pilot study investigating internet use and its impact on psychosocial wellbeing using an intervention study with a follow up design. The authors compared an intervention group (n=15) who were given computer training, with a comparison group (n= eight) in a retirement community in North Carolina. Those participating had little prior knowledge of computers. Participants completed telephone interviews four months after the study. They found participants learnt to use the internet and email, and that there was a trend towards a reduction in loneliness.

Kajonius and Kazemi (2015) conducted secondary analyses of existing survey data of 95,000 participants from the Swedish National Board of Health and Welfare’s 2012 annual report. They considered both person and process related factors in relation to predicting satisfaction with ageing care. Using hierarchical regression analyses they found that anxiety, health, and loneliness were significant predictors of satisfaction with care. Treatment and feeling safe were mediators connecting loneliness with satisfaction.

McClive-Reed and Gellis (2016) implemented a cross sectional study using a survey design with 226 residents. They explored various factors, including loneliness and help seeking in a neighbourhood naturally occurring retirement community in New York. They used a standardised linear regression model and found that loneliness did not predict help seeking but psychological distress did.

Schorr and Khalaila (2018) employed an experimental design using naturalistic data. They analysed data from the fifth wave of the survey of health, ageing and retirement in Europe. A total of 13,828 participants’ data were included to investigate mediator and moderator hypotheses. They found those who perceived services to be accessible experienced a greater quality of life, which was mediated by lower rates of loneliness and higher connection to place.

Yu et al. (2016) utilised a cross-sectional design and employed multivariate analyses on a secondary data source. Their sample of 1,620 participants was randomly selected from those who participated in the 2012 wave of the Health and Retirement Study and who had completed a three-minute technology module asking about social network site use. They explored the relationship between social network site use and social wellbeing and how this differed by age. They found that older adults who reported stronger support from friends used social network sites more.

**Critical appraisal**

Critically appraising articles is important to ascertain the quality of research (Mhaskar et al., 2009). Not all research will be methodologically equal; it is therefore vital to critique the research to present a thorough review of the literature. The Crowe Critical Appraisal Tool (CCAT; 2013) informs the current critique. The CCAT is used for critically appraising a variety of articles, and has been found to be reliable (Crowe & Sheppard, 2011). This tool asks questions of the research, which allows the overall quality of research to be considered. Given that the articles use qualitative, quantitative and mixed methodologies, this appraisal tool was selected as it is applicable to the research methodologies presented, which will allow the studies to be adequately captured and compared against the same appraisal criteria.

*Study design*

All studies indicated aims or hypotheses leading to appropriate designs. The majority highlighted their designs and gave details. For instance, McClive-Reed and Gellis (2016) stated that their study was designed in collaboration with a local University. Similarly White et al. (1999) state their design. They conducted an intervention study with follow up, where data was collected at several time points. Mellor et al. (2008) design is not explicitly stated, which makes it difficult to ascertain what they did. The authors do however highlight that their sample was not socially isolated and consider the implications of this. Providing clearer details of the study designs could have enhanced papers.

*Recruitment strategy*

Recruitment strategy detail varied by study. Lefkowich and Richardson (2016) contacted the Irish Men’s Sheds Association and those consenting to the researchers presence were included. This led to including five Sheds in the sample with a total of 27 male participants. The authors did not thoroughly report participant demographics. They do however indicate that the participants were aged in their 20’s to 70’s, the majority of whom were middle aged or older. The authors state their results are representative of diverse regions in Ireland, albeit from those consenting to researcher involvement. Anstiss et al. (2018) targeted a Shed and recruited 12 participants to participate in interviews or focus groups whilst additional Shed members engaged through informal discussions and observations. The authors do not state the total number of members of this Shed, stating that the findings were not generalisable. Nurmi et al. (2018) employed a targeted snowball sample of those with awareness of Men’s Sheds and used advertisements for men unaware of Men’s Sheds.

Jett (2002) also employed a snowball sample to research help seeking. The recruitment strategy involved immersing the researcher with participants of the study, which appears congruent with their objectives. Evans et al. (2017) relied upon scheme managers utilising a community hub approach to identify research participants. The sampling pool was reduced as only four of nine sites were recruited from. The participants included four local authority commissioners, nine professionals based on site, six professionals based off site, nine residents who utilised off site care provision and four non-residents who used scheme services.

Snowball sampling is useful to access hard to reach populations (Faugier & Sargeant, 1997). Snowball sampling can create a community bias within the samples selected (Cohen & Arieli, 2011), as those on the fringes of the collective groups, such as the Men’s Shed, may not have been invited to participate. This could have been overcome by initially selecting the key individuals from whom the sample branches out. It is unknown if this was considered. Access to target populations can be difficult in ethnographic research (Hammersley & Atkinson 2007); to gain access gatekeepers may have been relied upon. ‘Gate Keeper bias’ could have been present, as those facilitating contact between the researcher and targeted populations may have had reasons for referring some people and not others (Cohen & Arieli, 2011). The current papers do not consider this, which limits the inferences that can be made regarding the quality of the research.

Five of the papers used surveys to obtain data from participants (Kajonius & Kazemi, 2015; Kirk et al., 2001; McClive-Reed & Gellis, 2016**;** Schorr & Khalaila, 2018**;** Yu et al., 2016). Three papers use pre-existing data; Schorr and Khalaila (2018) used data from the fifth wave of the Survey of Health, Aging and Retirement in Europe; Kajonius and Kazemi (2015) used data from the Swedish National Board of Health and Welfare’s annual report named Open Comparisons (2012); and Yu et al. (2016) used a stratified multistage sample of Americans from the 2012 wave of the Health and Retirement Study. Schorr and Khalaila (2018) do not document their recruitment strategy, nevertheless they direct the reader to the project website where data was obtained. They ensured the sample they extrapolated had full data on the dependent variable: quality of life. Yu et al. (2016) randomly selected a representative sample from the Health and Retirement Study.

Of the senior centres contacted by Kirk et al. (2001), all agreed to participate, increasing the generalisability of the research to the target population. McClive-Reed and Gellis (2016) targeted residents of a ‘neighbourhood naturally occurring retirement community’, to conduct an annual program survey. Both papers’ recruitment strategies are limited in specific details but appear to have accessed relevant populations.

Mellor et al. (2008) recruited 20 participants but do not specify their recruitment procedure. Moffatt and Scambler (2008) offer more insight; they purposively selected their sample from the RCT sample from those consenting to follow up interviews. This seemed logical given their aims were to explore the impact of receiving additional resources for older people on low incomes and/or in poor health. Auslander et al. (2003) also used a purposive sampling strategy targeted at six neighbourhoods in Jerusalem. White et al. (1999) drew their sample from approximately 300 residents within a retirement community, consistent with their research aims, which were to consider the practicality of providing internet access to older adults in a retirement community and further consider if this improves psychosocial wellbeing.

Transparency and coherence is important when evaluating qualitative research (Yardley, 2000). Given the variability in how samples were obtained, some may not have been representative of the targeted populations. Being explicit about the process, as well as ensuring a paper trail and/or implementing research diaries or photographs can help ensure the research process is coherent and transparent. Being more explicit with regards to the sampling method and protocol could have enhanced some of the papers reviewed. Without specific details, it is difficult for future researchers to replicate the research. The lack of information throughout the papers means it is hard to ascertain bias within their recruitment strategies.

*Sample and data collection*

Ensuring that the data emerges from the targeted population is important (Biernacki & Waldorf, 1981). Triangulation is a process that supports verification of qualitative research; sometimes this is done via participants or a third party (Willig, 2013). Three of the studies employed a triangulation strategy. Nurmi et al. (2018) had participants ‘member check’ by way of reviewing and verifying themes that were generated in the earlier focus groups, which were then revisited. This enhanced credibility by ensuring the themes were valid for the population they represented. Jett (2002) used a validation technique by returning the emerging findings to the informants to comment upon and then further refined the themes. Anstiss et al. (2018) also validated their findings by returning journal entries to the researchers and discussing these with the informants participating in the research, before reinterpreting the themes. Respondent validation improves the rigour of qualitative methodologies by corroborating the research findings (Barbour, 2001).

Data saturation refers to reaching a point where no new insights are generated from the qualitative data and no new themes or codes are required (Fusch & Ness, 2015). None of the qualitative or mixed method studies referred to data saturation; it is therefore unknown if data saturation was reached or whether the sample sizes obtained reflect data saturation. The sample size is also important in quantitative research to ensure findings can be generalised to the relevant population. None of the quantitative studies reported power calculations, however, given the large participant numbers in some of the studies, it is likely that the samples were adequate for the results to be generalised (Kajonius & Kazemi, 2015; Schorr & Khalaila, 2018; Yu et al., 2016). Auslander et al. (2003) detail their recruitment strategy and offer comparisons to the general population indicating their belief that the findings would be generalisable. White, et al. (1999) highlighted that their sample was relatively small and that this may have impacted generalisability. Kirk et al. (2001) also highlighted that their sample was lacking, in that their sample were compared with the general population on the variable of income, race and religion alone and because of this, results cannot be generalised. Similarly, McClive-Reed and Gellis (2016) queried the generalisability of their findings. Indicating how sample sizes were determined could enhance the findings of the reviewed papers. Power calculations would have reduced the presented limitations.

*Ethical issues*

Many of the papers failed to report aspects pertaining to ethical matters. The qualitative papers go some way to ensure participants remain anonymous and some report that ethical approval was granted. For instance Nurmi et al. (2018) detailed that informed consent was obtained and ethical approval granted. They could however have improved the quality by indicating how the research was explained to participants. Similarly Schorr and Khalaila (2018) direct the reader to a website with further information and state that there were no conflicts of interest. Anstiss et al. (2018) are transparent in how they gained informed consent and did this through audio recording some participants consenting to participate. They also offered pseudonyms to participants and specify that some chose to have their actual name detailed. Evans et al. (2017) gained ethical approval, stated the role of those funding the research and ensured confidentiality. Mellor et al. (2008) also gained informed consent from participants but fail to specify if ethical approval was granted. A general criticism of the remaining papers is that the reader has to presume consideration of ethical issues from the details given. The majority of papers would benefit from being more explicit by stating pertinent information in relation to ethical approval, funding, informed consent, debriefing etc.

*Findings and analysis*

The qualitative and mixed methods articles all produce quotation extracts, which strengthens their findings. The majority of papers do not detail demographics with accompanied pseudonyms making it unclear whether the quotes presented are evenly representative and if the themes varied across participants. Jett (2002) states that themes were crosschecked to increase inter-coder reliability and that negative cases were sought. Moffatt and Scambler (2008) also employed internal validation checks whereby they constantly compared and sought deviant cases, increasing the internal validity of their data. Adequate transparency increases the trustworthiness of qualitative research (Shaw, 2010).

Researcher reflexivity is an aspect of qualitative research, whereby researchers are explicit in how the research was carried out, considering their role in the process (Banister, Burman, Parker, Taylor & Tindall, 1994). This can involve acknowledging values and epistemological positions. This helps the reader situate the research in context and understand the lens through which the researcher viewed analysis. None of the researchers offer a reflexive account. There could therefore be bias as the authors have not been transparent with regards to their backgrounds and relationships with participants.

Five of the studies were survey designs. They used a variety of measures and mostly indicated Cronbach’s alpha values, which highlight the reliability of measures and whether the questions within a measure are measuring the same construct (Sapsford, 2007). Most of the values indicated moderate to high levels of internal validity. Kirk et al. (2001) lack detail beyond producing a 23-item questionnaire. Kajonius and Kazemi (2015) do not report Cronbach’s alpha values although indicate that self-report data can still perform well with one item. The authors give a rationale for single items and suggest that one item measuring a particular construct within a self-report questionnaire can be helpful to keep the questionnaire shorter and therefore improve response rate. It is worth being cautious when considering the reliability of their findings. Overall most quantitative studies describe the measures used and detail validated measures (Auslander et al., 2003; McClive-Reed & Gellis, 2016; White et al., 1999).

The quantitative papers select appropriate methods of analysis. Kirk et al. (2001) did not include and analyse the data of 12 participants who did not complete the questionnaire and do not indicate if they began the survey. They highlight that only completed questionnaires were used. There could therefore be bias in their findings. Some of the studies rely on participants opting into the research. This can further create bias as participants with similar characteristics might opt in, whilst those without these characteristics might naturally be unrepresented. McClive-Reed and Gellis (2016) used a mail in questionnaire and had a response rate of 30%. They stated that the census data indicated that nearly half of residents from where their sample was drawn have a disability of some kind. It is therefore questionable whether a mail in survey was appropriate. The low response rate indicates potential issues of external validity, which impacts the generalisability of the findings.

*Appraisal summary*

The CCAT has eight subsections each totalling a maximum possible score of five for each section. The overall raw score is therefore out of 40 and the percentage score for each reviewed paper has been calculated. Appraisal scores are indicated in Table 2. They ranged from 53-83%. The average paper score was 72%. The majority of papers ranged from 70-83% indicating papers were of a good quality. Three papers ranged from 53-58%.

|  |  |  |
| --- | --- | --- |
| Author, Publication Year, Title | Critical Appraisal Score | |
| *Raw Score* | *Percentage* |
| Nurmi, Mackenzie, Roger, Reynolds & Urquhart, 2018, *Older men’s perceptions of the need for access to male-focused community programmes such as men’s sheds* | 33 | 83 |
| Schorr & Khalaila, 2018, *Aging in place and quality of life among the elderly in Europe: A moderated mediation model* | 33 | 83 |
| Kajonius & Kazemi, 2015, *Safeness and treatment mitigate the effect of loneliness on satisfaction with elderly care* | 32 | 80 |
| Yu, McCammon, Ellison & Langa, 2016, *The relationships that matter: Social network site use and social wellbeing among older adults in the United States of America* | 31 | 78 |
| McClive-Reed & Gellis, 2016, *Psychological distress and help-seeking by residents of a neighbourhood naturally occurring retirement community (NNORC)* | 31 | 78 |
| Auslander, Soffer & Auslander, 2003, *The supportive community: Help seeking and service use among elderly people in Jerusalem* | 30 | 75 |
| Lefkowich & Richardson, 2016, *Men’s health in alternative spaces: Exploring men’s sheds in Ireland* | 30 | 75 |
| Mellor, firth & Moore, 2008, *Can the internet improve the wellbeing of the elderly?* | 30 | 75 |
| Moffatt & Scambler, 2008, *Can welfare-rights advice targeted at older people reduce social exclusion?* | 29 | 73 |
| Evans, Atkinson, Darton, Cameron, Netten, Smith & Porteus, 2017, *A community hub approach to older people’s housing* | 28 | 70 |
| White, McConnell, Clipp, Bynum, Teague, Navas, Craven & Halbrecht, 1999, *Surfing the net in later life: A review of the literature and pilot study of computer use and quality of life* | 28 | 70 |
| Anstiss, Hodgetts & Stolte, 2018, *Men’s replacement: Social practices in a men’s shed* | 23 | 58 |
| Kirk, Waldrop & Rittner, 2001, *More than a meal* | 23 | 58 |
| Jett, 2002, *Making the connection: Seeking and receiving help by elderly African Americans* | 21 | 53 |

*Table 2.* CCAT Critical Appraisal Scores

**Thematic synthesis**

Synthesising the literature allows for the most pertinent findings to be considered in relation to the question prompting the review. The question asked of the literature was: What helps and hinders people retired from employment to seek psychological or social support for loneliness?Given that this question is relatively broad and that the research appraised encompassed a range of methodological approaches, the decision was made to draw upon a convergent synthesis design, whereby data is analysed in a complementary fashion, considering that quantitative and qualitative research can complement one another (Noyes et al., 2019). Methods have begun to be developed to integrate the evidence from qualitative and quantitative papers; utilising both types of evidence can be beneficial when informing policy and practice (Noyes et al., 2019). Data based convergent synthesis designs usually address one review question, utilise the same synthesis method across papers and can involve transformation of quantitative data into themes (Hong, Pluye, Bujold & Wassef, 2017). Given the mixture of methodologies, use of the same appraisal tool and the emerging themes within the data sets, a thematic synthesis has been selected. The constructed themes are illustrated and discussed below in the context of the literature review question.

*Predictors of help seeking*

McClive-Reed and Gellis (2016) found that psychological distress predicted help seeking, whilst loneliness did not. Primary care providers were the first line of contact for those seeking help. Of the 226 survey respondents, 25% sought no help at all. As the overall response rate of the survey was 30%, there potentially are greater numbers who do not seek help. The authors indicate that more is needed in terms of community outreach, considering the lack of individual help seeking. As primary care facilities were the most likely type of support sought, it is vital that frontline services are able to highlight and direct individuals to available sources of support.

Conversely Auslander et al. (2003) found that loneliness was strongly associated with service use. Those who perceived a greater need for support were more likely to join the supportive community programme. Those who saw family less or rated their relationships as weaker were also more likely to join. Those reporting loneliness used more services, which included individual services. Help seeking may vary by culture and loneliness could make individuals more or less likely to seek help dependent on their context.

*Transitioning into retirement*

Three of the studies reviewed explored aspects relating to transitioning into retirement. Men’s Sheds supported transitions into retirement. Lefkowich and Richardson (2016) found that prior isolation and loneliness led to some men joining a Men’s Shed. Sheds created a sense of belonging and offered peer-to-peer support, also giving members purpose to contribute within their communities. Wellbeing was associated with challenges presented by life transitions, isolation and social exclusion. Social exclusion was found to be a motivator for joining and feelings of loneliness further motivated participants to seek peer-to-peer support. Sheds offered a safe space for these members to share their struggles. The findings also highlighted that the more successful Sheds were run in partnership with local communities and external agencies.

Although slightly less rigorous than the other reported studies into Men’s Sheds, Anstiss et al. (2018) illustrated how a Men’s Shed creates a collective space for collaboration through ‘doing’ for retired individuals. Men compare the Shed to prior experiences of working alone at home where they once experienced loneliness and isolation. Bringing people together of a similar age with similar interests supported cohesion within this small community, which was not experienced at home. The research highlighted the additional benefit of a gendered space and how this offers alternate support and social connection for these men in comparison to only spending time with their wives.

Men joining a Men’s Shed are active in addressing their needs whether their needs are related to loneliness, social isolation or a desire to be active and bond with male peers. For those who are lonely and do not seek out this environment, it is important to consider what might hinder them from doing so. Nurmi et al. (2018) highlighted that exposure to Men’s Sheds should begin prior to retirement to support transition. Exposing men to the concept was important to reduce the likelihood of social isolation by increasing social opportunities to promote connections through this transition. How a Shed is marketed and branded was considered important to create Sheds that are welcoming for diverse audiences. Knowledge of what is on offer is fundamental to allow individuals to opt into activities they perceive as beneficial.

Jett (2002) found that elders’ needs were not hidden and ‘behavioural neighbouring’ occurred, whereby members of the community lived in close spatial proximity to one another and spent time daily visiting others in the community. Jett observed young children entering participants’ homes to chat and then leave. Church would come to those who were unable to attend. Regular contact with one another allowed needs to be apparent to identify where help was needed. This likely allowed members of the community an easier transition into older age as the community had sight of who was in need.

*Access to social initiatives*

Nurmi et al. (2018) found the distance travelled to a Shed is a significant barrier to access. Language was also a barrier to those who did not speak fluent English, however the Shed itself in some instances supported individuals to learn. Health concerns were also considered a potential barrier to non-joiners. One participant identified how helpful a Shed can be in supporting individuals experiencing depression or isolation, yet acknowledged the obstacles in need of overcoming to gain such support when feeling this way.

Evans et al. (2017) considered the sharing of community hub residents’ facilities with the local community allowing the wider community to access on site amenities. They found that this integration could potentially be beneficial to reducing isolation, arguably for both residents on and off site. Negotiating privacy was important for this to work. Success relied upon location; local communities needed to be situated close by and on site facilities needed to be accessible to the community. Schorr and Khalaila (2018) also found that easy access to services was associated with less reported loneliness, and that subsequently this is linked to an improvement in quality of life. Access is therefore paramount for older people experiencing loneliness or social isolation.

Kajonius and Kazemi (2015) found that individuals who are lonelier are less likely to be satisfied with the care they receive. They found that this association reduces when the individuals’ needs are met and they feel safe. This is important when considering sharing community spaces. As mentioned, Evans et al. (2017) found that participants raise concerns for privacy when community access is granted to on site facilities. Given the association with loneliness, this could pose a potential risk to residents on site. Privacy should be fully considered to ensure residents feel safe.

Having the financial means to participate also increased access.Moffatt and Scambler (2008) found that older people on low incomes benefited from additional resources, which were accessed via a welfare rights assessment that included following up claims, supporting older people with appeals, tribunals and onward referrals. Resources allowed for participation in social activities. Participants spent resources on transport or fuel to travel further to meet socially. Without such engagement it is argued that individuals would be further isolated and prone to feeling lonely or depressed. Money is therefore an enabler to social networks and social activities. Participants also described feelings of marginalisation by having a lower income and how additional resources had supported them to gain social capital. Older people who are lonely might not have the ‘know how’ or ability to access such an assessment to gain these resources.

Kirk et al. (2001) found that 55 of 182 participants who attended a daytime meal programme indicated that they were either lonely or very lonely. The authors conclude that such an intervention might support a reduction in loneliness and improve the quality of life of attendees. The centre had their own bus service to support attendance. Participants appeared to attend for social aspects as well as for a low cost meal. The findings suggest that providing access to social activities at a low cost could reduce social isolation for some. For those seeking support this is ideal; however it is unlikely that all lonely retired people can access such resources, given the aforementioned variables such as geographical location, physical disabilities and a general lack of knowledge of the existence of programmes. Although these suggestions are of interest, the paper lacks scientific rigour.

Jett (2002) found that there were rules to help seeking and help giving specific to community culture. Although the research was identified as having less rigour than some of the other studies, the idea of help seeking and giving being deep-rooted in cultural norms is important when considering how society could support specific communities. Jett (2002) found that rules governed who was eligible for help, who was expected to help and the appropriateness of help seeking. Those requesting help needed to be in genuine need and request help from an individual with capacity to provide the type of help sought. Participants believed in relying on biological children first, then considering female blood relatives before others. Help from elsewhere had to be spontaneously offered and not asked for and would be given to those deserving of it. This reflected esteem and status for the help receiver. Although this study is specific to a certain population, it highlights the importance of understanding cultural practices and offering support consistent with how individuals would feel comfortable to accept and receive help.

*Reducing loneliness through technology*

White et al. (1999) found that teaching older adults how to use the internet and email indicated a reduction in loneliness. It is difficult to separate whether the training itself increased social interaction and therefore reduced the loneliness reported or whether the intervention accounted for the trend towards decreased loneliness. Nevertheless this study highlights the potential benefit of feeling connected. Yu et al. (2016) further found that social network sites not only improve connectivity, but also offers access to various resources to suit individual needs. Mellor et al. (2008) assessed whether the use of the internet could improve social connectedness. Quantitatively their results did not confirm positive outcomes whilst the qualitative data did. One resident saw the internet as a poor replacement for human friendship. It must be noted that the study experienced a high drop out rate. The internet might well be a beneficial extra for some but should not necessarily be the only source of social connection one has.

**Clinical application and future research**

The current review has revealed areas of understanding into the practices of supporting individuals retired from work who are lonely or socially isolated. Creating a sense of belonging and community cohesion is important to connect one another. Activity theory suggests that staying socially connected is beneficial for ageing (Teles & Ribeiro, 2019). Service partnership might be useful but should be achieved in a considerate manner, sensitive to the members of social communities. Technology and primary care appear to have a role in supporting outreach initiatives and raise individuals’ awareness of available support, particularly for those transitioning into retirement.

Mellor, Stokes, Firth, Hayashi and Cummins (2008) found that lonely people have unfulfilled needs to belong. Men’s Sheds were beneficial to males moving into retirement who were feeling lonely offering opportunity for belongingness. A lack of research emerged specifically focusing on women. This suggests gender differences in how loneliness is experienced and/or managed between genders. Rokach (2018) found research was mixed regarding gender differences and loneliness. Rokach’s (2018) review highlighted that women are more likely to express their loneliness than men; however, when loneliness was indirectly studied, men were lonelier than women. The transition into retirement might be experienced differently by gender, depending on the role individuals retire from and their support networks in place.

Considering the financial implications on loneliness – i.e. that many older adults in the UK (and elsewhere) are living in relative poverty (Age UK, 2017) and are on low incomes - financial resources must be considered by governments to support older adults in retirement. Financial cuts are likely to impact upon older people and the social aspects are perhaps the first things to go, given that activities are often seen as an addition to wellbeing rather than a necessity. The recent announcement by the UK Government of means testing TV licence accessibility for the over 75-age group is an example of potential future cuts which could have adverse affects. Whilst staying in and watching TV could be a barrier to connecting, restricting financial access could leave some feeling more disconnected from society. Humans are motivated by their need to belong (Baumeister & Leary 1995). It is important for Governments to consider the broader picture and implications of changing financial support for older adults, as the research reviewed here indicates how resources enable involvement in society, removing barriers to engagement potentially would reduce the number of individuals who report feeling lonely. The UK government has increased the retirement age for women from 60 to 66. The impact for some women working longer may not be fully known for a number of years.

Technology has the ability to increase connectivity amongst people. Wilson (2018) found that increasing technology use increased emotional attachment towards a device supporting older adults to connect. Future research could explore enhancing social connections via technology in order to consider the utility of maintaining social connections. Initiatives supporting technology use could give older adults wider opportunity to connect with others. For instance, supporting older adults to set up and make video calls could be helpful. Financial and practical considerations would need considering to give individuals resources, knowledge and confidence to use such means. Using shared community spaces to support older adults to learn and discover local initiatives might be a way of approaching this. Advertising what is available through connected spaces could further inform what is on offer. Ensuring public bus services were well connected to venues and providing services such as Ring and Ride would likely improve access.

The extent papers focussed on loneliness or social isolation varied indicating a need for more research. Future research should consider alternate ways to access hard to reach participants whom may be lonely or socially isolated. This is important to reduce the risk of biased samples emanating in future research. There are likely to be many individuals yet to be accessed, who may offer broader insights into the review question presented here. Researchers need to consider ways of accessing participants who are experiencing loneliness to explore this phenomenon. Given that the experience of loneliness might itself hinder help seeking, exploring ways to access participants who have not sought support for loneliness would be beneficial, as they may offer insights into hindrance factors. Research employing vignettes would be a novel way to explore this. Relatively little is known in this arena and more research is needed to ascertain what loneliness means for individuals, what helps or hinders them to seek support and what support might be helpful. By broadening the research populations and accessing individuals who identify with being lonely, services will be able to consider the types of support available in conjunction with community initiatives best suited to their needs.

**Strengths and limitations of the review**

A comprehensive number of databases were included and therefore a broad literature was searched. To enhance this, additional databases could have been searched or the search criteria could have been less stringent to include more papers. However, the current review offers findings from a range of geographical places considering a range of research methodologies. Given that papers had to be in English some research was potentially selected out, which may have created a bias within the data presented. Future literature reviews could consider loneliness more specifically to a particular country, as applicability of findings will differ under different political and social contexts.

The current review utilised one appraisal tool, which strengthens the critical appraisal. The same questions were asked of different research methodologies, which allowed scores of each paper to be comparable. This increases the validity of the review by increasing consistency of the critique. The author of the current review adhered to the CCAT user guide, contributing to increasing the reliability of the comparison and improving the standards of the appraisal. To further increase the validity, a second reviewer could have been utilised during the search process and critical appraisal. This would have allowed the review to be crosschecked, increasing inter-rater reliability of the appraisal and improving the overall credibility of the results.

**Conclusions**

In conclusion, it is evident from the reviewed literature that the transition into retirement is an important time for an individual. This time period appears crucial for allowing an individual to both maintain and create social bonds. For some individuals this will involve restoring their membership in some form of community to feel connected, which in turn appears to reduce feelings of loneliness and social isolation. For those who find this transition harder, they may become more susceptible to experience loneliness and experience a reduction in their reported quality of life. Awareness and access to formal and informal support systems, as well as technology, will likely help individuals to prevent or reduce loneliness. Two important factors to support this are location and financial resources; it is vital that individuals are able to access such support.

The reviewed literature highlights the benefit of peer-to-peer support and the need for services to employ outreach strategies to promote a variety of services that will appeal to a diverse population. Availability of support is important. For some, it appears that they experience loneliness and respond to this early warning sign by seeking social connection (Cacioppo et al., 2014); it is imperative that individuals know what support is on offer and how to access such support. Primary care is a good starting point to gain knowledge, given familiarity with seeking help in this format. Exploring what aspects of technology would be helpful and providing support around this would likely be beneficial to provide older adults with more choices when connecting with others. Understanding support preferences will further allow services to tailor strategies for meeting needs. Considering men in particular, the benefits of having a gendered space are appealing to some men and therefore should be promoted to allow them knowledge of alternate communal spaces of which they can participate in. This literature review summarises the current evidence base, taking account of the quality of the research presented. It identifies areas for further research, and highlights what factors need considering for those experiencing loneliness who are unknown to formal services.

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**Appendices**

**Appendix A: Target journal submission:** *The International Journal of Ageing and Later Life*

**Disclaimer**

The International Journal of Ageing and Later Life was chosen as the target journal for chapter one. For thesis submission figures have been included within text and APA-6 referencing has been followed. For thesis submission the literature review abstract exceeds the word count stated by the journal and font and line spacing also follows thesis submission guidance. Amendments will be made prior to submitting to the journal.

The guidelines below have been taken fromThe International Journal of Ageing and Later Life**:**

## Author Guidelines

Before you submit your manuscript, please make sure that your manuscript follows our submission guidelines, including manuscript length, our instructions to anonymize your manuscript, and the IJAL reference style. We reserve the right to return your submission without a decision, if the journal guidelines are not met.

## Preparation instructions for original manuscripts

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* **Format your manuscript correctly.** The main text should be double spaced and written in Times New Roman font size 12. First level headers should be written in **bold**, second level headers in italics. Do not use a numerical system in your headers (1, 1.1, 1.2 etc). Your manuscript should have page numbers. Please ensure that you se IJAL's referencing style (not APA; se below).
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* **Prepare and submit a separate attachment with author details, acknowledgements and details of ethical review.** When submitting your manuscript, also upload a separate file that provide the names and affiliations held by the author(s) and the contact details of the corresponding author (work address and e-mail). Any acknowledgements should also appear in this file. If it is applicable, the full name of the body providing the favorable ethical review and reference number should also be provided here and not in the main manuscript text. Also see point “Ethical statement” below.
* **Abstract and keywords.** The manuscript should include an Abstract with a maximum of 150 words, and up to five Keywords in alphabetical order (these are not included in the manuscript word limit). In order to facilitate the search of our articles in established database engines, we recommend authors to use keywords that are in tune with those often used in social scientific databases such as Social Science Citation Index and Sociological Abstracts.
* **Ethical statement.** Where the manuscript reports original research, confirmation must be given that ethical guidelines have been met, for example adherence to the legal requirements of the study country. In the manuscript text, authors must provide evidence that the study was subject to the appropriate level of ethical review (e.g. university, hospital etc.) or provide a statement indicating that it was not required. Provide blinded details in the manuscript and only include specific details of the ethical review in the separate attachment containing author information / acknowledgements.
* **Clarificatory footnotes should be used sparingly.** If you wish to comment or clarify a statement in your manuscript with a footnote, keep it to a minimum. In the published article, footnotes are placed at the bottom of the page (not as end notes).
* **Tables / Figures should be in a separate file.** Any tables and figures should be compiled in a separate file from the main manuscript text. Start a separate page for each figure and/or table. The tables and figures should have a short self-explanatory title and should be numbered consecutively, for example: “Table 1. Characteristics of focus group participants, 1990-1995 (n=39)”. Titles for tables should be above the table, while titles for figures should be below the figure. Check that all tables and figures are referred to in the running text and their approximate position in the text should be indicated by writing e.g. “INSERT TABLE 1 ABOUT HERE”. Photographs and figures may be supplied in color. Extremely small type must be avoided as figures are often reduced in size.
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Identify all references at the appropriate point in the text by the author/date system, e.g. (Gubrium 1975: 75). Please refer to IJAL’s style of referencing (with examples below). Note that it is similar but not the same as the APA-system. List the references at the end of the manuscript in alphabetical order. Do not forget to anonymize your own and co-authors’ own publications by referring to e.g. (AUTHOR 2018) both in the running text and in the reference list. Check that all references in the reference list are cited in the text and vice versa.

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* Citations in the text should be in the format: author(s) and year of publication without a comma, e.g.: (Stevens 2002).
* Use “&” between two authors’ names in parentheses, e.g.: (Gilleard & Higgs 2000), but “and” in the running text e.g. “As stated by Gilleard and Higgs (2000), …”.
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* Arrange the literature references alphabetically, e.g.: (Gilleard & Higgs 2000; Knipscheer et al. 2000).
* For page numbers, use colon, e.g.: (Gilleard and Higgs 2000: 67).

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* For works with up to three authors, all authors should be names in the Reference list. For works with more than three authors, use “et al.” after the third author.
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* When referring to an Internet site please include the date on which you downloaded the material in parentheses, e.g.: (Accessed: May 21, 2008). See the example below under the headline Internet.
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*Articles in a journal*

* Journals should have their full names (no abbreviations).
* Journal names should be in italics.

Knipscheer, C. P. M., Broese van Groenou, M. I., Leene, G. J. F., Beekman, A. T. F. & Deeg, D. J. H. (2000). The effects of environmental context and personal resources on depressive symptomatology in older age: A test of the Lawton model. *Ageing & Society*20(2): 183–202.

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**Reference:**

The International Journal of Ageing and Later Life. (2020). *Submissions.* Retrieved February 16

**Chapter two: Empirical paper**

**An exploration of experiences and views of loneliness in an older adult population: A vignette study**

Word count: 7999

*This paper has been written in accordance with author guidelines for The International Journal of Ageing and Later Life*

(Appendix A)

Abstract

Loneliness has implications at an individual and societal level. It is linked to a decline in health and is an increasingly recognised human phenomenon. This study aimed to explore older adults’ experiences, views and understanding of loneliness. A qualitative study was designed using a one-to-one semi-structured interview comprising a vignette to guide the conversation. There were eight participants from an opportunistic sample of older adults. Data was transcribed verbatim and analysed using thematic analysis (Braun & Clarke, 2006). Five themes were generated; the first illustrated participants’ perspectives on loneliness. The second highlighted factors increasing vulnerability. The third included elements of coping, whilst the fourth recognised the impact of confidence on loneliness. The final theme focussed on connecting with others, and the accessibility required for this. The findings suggest that connecting with others is essential, and a lack of confidence or perceived embarrassment has the propensity to halt engagement and increase a person’s susceptibility to experiencing loneliness.

Keywords: Loneliness; ‘Older Adults’; ‘Social Isolation’

**An exploration of experiences and views of loneliness in an older adult population: A vignette study**

**Introduction**

*Loneliness*

Hawkley and Cacioppo (2010) define loneliness as:

A distressing feeling that accompanies the perception that one’s social needs are not being met by the quantity or especially the quality of one’s social relationships (p. 218).

Loneliness is a subjective experience, which is not solely defined by the absence of social encounters (Local Government Association, 2012). Individuals can have a broad social network and feel lonely. Although loneliness and social isolation are often associated, they can be mutually exclusive. Social isolation does not necessarily lead to loneliness; however, being isolated and the perceived experience of isolation can indicate the onset of loneliness, given the reduced opportunity for social connectedness (Banks, Nazroo & Steptoe, 2012). Three types of loneliness have been identified, which can overlap (Mansfield et al., 2019): social loneliness refers to unmet expectations of social relationships based on perception of the quality and quantity of them; emotional loneliness refers to an absence of a meaningful relationship with an attachment figure, whilst existential loneliness is where an individual experiences disconnection from others/world. The current research focuses primarily on social loneliness but also includes elements of emotional loneliness.

Loneliness is recognised as problematic in modern society (Killeen, 1998). Humans are social creatures, arguably evolutionarily hardwired to cooperate and work collectively to support one another towards survival (Griffin, 2010). Over generations our genes have evolved to interpret others' signals to support shared survival (Griffin, 2010). However, in modern society the reliance on interpretation of the signals of others is less relied upon. The Mental Health Foundation report into people’s experiences of loneliness (Griffin, 2010) highlights the continual shift in modern society away from closeness within relationships, highlighted by increasing numbers of marital divorce, longer working days and a move away from nuclear families, where extended families were once available to support. Within the UK, citizens are encouraged to live independently, moving away from the family home as early as financially possible, thereby creating geographical distance. Financial constraints can pressurise individuals to move elsewhere to secure jobs, inevitably increasing, at least in the short term, social isolation. As individuals age, different initiatives are likely to be implemented to prolong independent living such as assistive technology (e.g. smoke alarms, fall detectors). This increases the likelihood of many people living isolated lives, thus increasing the risk of experiencing loneliness (Banks, Nazroo & Steptoe, 2012). Anyone can experience loneliness, although it is considered more prevalent amongst older adults living alone (Cacioppo, Grippo, London, Goossens & Cacioppo, 2015) and reported more frequently with increasing age (Iparraguirre, 2016). Victor and Yang (2012) found loneliness is highest for UK adults under 25 and over 65, and as individuals age, importance is placed on quality over quantity of relationships.

*Health implications of loneliness*

The UK has an ageing population; individuals are living longer, and experiencing more physical and mental health decline (Holt-Lunstad, Smith, Baker, Harris & Stephenson, 2015). When individuals feel connected, they appear less agitated, less socially threatened and less stressed compared to those expressing loneliness (Cacioppo & Patrick, 2008). Furthermore, deterioration in physical health can impact upon an individual’s quantity of social contacts, which can prompt feelings of loneliness (Pinquart, 2003).

Feelings of loneliness can precipitate other illnesses. Loneliness is a risk factor for depression (NHS England, 2017). Loneliness can remain present for a long period; subtle health changes can have significant impacts over time (Cacioppo & Patrick, 2008). Thurston and Kubzansky (2009) found loneliness was also linked to an increasing risk of coronary heart disease. As an antecedent to ill health, loneliness is a worthwhile phenomenon to be explored.

*Loneliness in the current climate*

Loneliness historically has been considered a taboo subject (Killeen, 1998), but has attracted recent research and media attention. It is reflected within UK media reports as a growing ‘epidemic’ (Khaleeli, 2013). Prime Minister, Theresa May, announced a strategy to alleviate loneliness in response to a report issued by the Jo Cox Commission (Prime Minister’s Office, 10 Downing Street, 2018). This prompted the Office for National Statistics to consider indicators of loneliness and develop a national measure of loneliness to ascertain accurate levels of UK citizens experiencing it (ONS, 2018).

As society recognises loneliness, barriers to seeking support are important to explore; loneliness can be distressing and can precipitate other health complaints. Given the ageing UK population and prevalence of loneliness amongst older adults, as well as the potential under reporting thereof, this research is crucial to explore what it means to be lonely for this population. Understanding the views and experiences of older adults who have not accessed support may help to understand their experiences of loneliness, capture resources used, identify barriers preventing support, and fuel ideas around service provision to support those experiencing loneliness.

*Research aims*

A vignette style study was designed to access individuals who have not sought support for loneliness. Individuals who have presented to their GP or other services for support around loneliness have overcome barriers that may exist, whereas individuals who are lonely but have not accessed support have potentially yet to overcome such barriers. Others may not need support, nor recognise a need for it. Vignettes allow participants to put themselves ‘in the shoes’ of someone experiencing loneliness, even if they do not identify with being lonely themselves. Drawing out what it means to experience loneliness using the perspective of another (Hughes, 1998) enables participants to consider what they would do in this situation by drawing upon their own experiences. Schoenmakers, van Tilburg and Fokkema (2012) used vignettes portraying individuals who were lonely to explore older adults’ suggestions of coping for them. The vignettes allowed participants to voice their opinions on a topic about which they might not have perceived themselves as experienced and also elicited less socially desirable answers. They found the vignettes allowed 93% of respondents to recognise either themselves or someone they knew within the vignette. Vignettes allowed individuals to feel less pressurised to speak purely from their own perspective. The research vignette in this study aimed to put participants ‘in the shoes’ of a socially isolated individual.

This research aimed to enhance professionals’ recognition of loneliness, allowing for an open conversation about what may reduce loneliness and direct professionals in supporting older adults, whilst highlighting ideas for future initiatives. Research into loneliness is beneficial to Clinical Psychologists, for identifying barriers to accessing support and potential resilience factors. Understanding loneliness could enable professionals to support people from a preventative stance, which may also benefit the health of individuals and reduce demands on services. It could also illuminate community initiatives to support people experiencing loneliness. This study sought to answer the following questions:

1. How is loneliness viewed and understood by older adults?

2. What are older adults’ experiences of loneliness?

3. What counteracts loneliness?

4. What barriers exist to accessing support for loneliness?

**Method**

*Design*

A qualitative research study was designed using semi-structured interviews informed by discussion of a written hypothetical vignette. Ethical approval for the study was granted through Staffordshire University’s Research Ethics Committee (Appendix B; C).

*Inclusion criteria*

* Aged 66 and over
* Living on their own
* Have a UK GP
* English speaking

*Exclusion criteria*

* Accessed support via their GP for loneliness
* Memory diagnosis

*Criteria rationale*

Participants were aged 66 years old or over, reflecting the UK’s national retirement age and not required to be lonely. Those cohabiting were excluded as it was anticipated that they would find it harder to relate to the vignette scenario. Those who had accessed formal support were excluded as the researcher aimed to discover the barriers preventing people from accessing support; those who have accessed support may not have perceived such barriers. Those with a memory diagnosis were excluded on the grounds that they would already be involved with services. Participants unable to give informed consent, by way of understanding what was required for participating and being able to communicate their decision were excluded.

*Recruitment*

Participants were opportunistically selected. A sample of six-10 participants is recommended for a small project, whilst 10-20 is recommended for a medium project (Braun & Clarke, 2013). The researcher aimed to recruit a minimum of six participants.

Poster advertisements were placed within the West Midlands at three community centres, on supermarket notice boards and within seven Churches (Appendix D). The researcher’s contact number facilitated enquiries. The researcher was invited to share the poster at one community centre and two Churches to discuss the research with those interested. Details of the study were shared at two groups within the community centre, via a coffee morning at one Church and with members of a congregation following a Church service at another. Those interested were given further information regarding the research with permission gained to contact them one week later (Appendix E; F).

Nineteen individuals, with whom the researcher met, expressed interest and gave their contact telephone numbers. Nobody contacted the researcher via the poster. The researcher contacted those interested as agreed and gave them opportunity to ask questions about the research. Ten people who wished to participate and met the inclusion/exclusion criteria were invited to interview. Those wishing to be interviewed at home shared their address (Appendix G). The researcher followed their employers’ lone working policy. Participants gave informed written consent prior to participating and were informed of their right to withdraw up until data analysis (Appendix H). Participants were offered an opportunity to review their transcript before data was analysed and consent was gained prior to use of verbatim quotes. Participants were offered a list of contact numbers of services following the interview (Appendix K).

*Participants*

Eight participants were recruited living within the West Midlands area of the UK. Participant characteristics can be found in Table 1, to preserve participant anonymity, pseudonyms have been used.

*Table 1.* Participant Characteristics

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Pseudonym* | *Age* | *Gender* | *Marital status* | *Current activities disclosed* |
| Dennis | 74 | Male | Single | Social activity/Church |
| Ivan | 85 | Male | Widowed | Social activity/Church |
| Jim | 85 | Male | Widowed | Church |
| Lillie | 84 | Female | Widowed | Social activity/Church |
| Michael | 67 | Male | Unknown | Group leader |
| Phyllis | 79 | Female | Widowed | Social activity |
| Trevor | 66 | Male | Divorced | Social activity |
| Rose | 79 | Female | Divorced | Social activity/volunteering/ Church/computer club |

*Procedure*

Interviews were arranged at mutually convenient times and participants chose the interview location. Six interviews took place in participants’ homes, one occurred at a community venue and one at a participant’s relative’s home. The relative was home and interrupted once. Interviews were completed during October 2019 and lasted between 39 and 83 minutes with a mean average length of 56.5 minutes.

The semi-structured interview schedule was designed by the researcher in line with guidance for qualitative interviewing (Appendix J; Barker Pistrang & Elliot, 1994), and in collaboration with the researcher’s supervisor. A vignette, designed for use during the interview (Appendix I), depicted an individual of the same gender and similar age to the participant who was portrayed as socially isolated. This was read and discussed by professionals from different backgrounds working in an Older Adult Dementia Team to ensure appropriate language and that the content was read from the standpoint of the individual in the story.

After reading the vignette, participants were asked questions from the perspective of the character within it e.g. *‘If you were Betty/Brian...what would you do in this situation?’* They were also asked what thoughts and feelings the vignette evoked and what might have prevented the situation from occurring. Participants were then asked more specifically about their own understanding and experiences of being lonely; preventative measures; barriers towards support; and solutions for counteracting loneliness. The vignette was aimed to allow participants to ‘walk in the shoes’ of others (because they had been recruited specifically as not having sought help themselves for loneliness). However in reality, although participants started the interview speaking from this hypothetical position, during the interviews, they usually then went on to discuss their own experiences and those of people they knew. In this way, the vignette also served as an effective interview icebreaker. On occasions throughout the interview, most participants returned to the vignette highlighting similarities and differences between themselves and the vignette character. Interviews were audio recorded and transcribed verbatim by the researcher. Identifiable information was changed to preserve participant anonymity.

*Analysis*

Thematic analysis focuses on what is said and is concerned with answering research questions, rather than generating theory (Willig, 2013), and aims to gain as many different perspectives of particular social phenomena within the target population being studied, to capture diversity (Willig, 2013). Braun and Clarke (2006) highlights flexibility of thematic analysis for managing datasets, which enables patterns and themes to be generated within the data.

Transcripts were analysed following Braun and Clarke’s six-phase guide (Braun & Clarke 2006). Initially the researcher approached each transcript systematically by familiarisation with the audio and transcripts whilst note taking. An inductive approach was used whereby analysis was data driven and themes originated from the data (Braun & Clarke, 2013). The researcher systematically coded each data transcript at a semantic level, giving labels to content relevant to the research questions. Sub-themes were then generated from codes by looking at semantically similar content across the data sets. Sub-themes and themes were reviewed against the data and defined before write up (Appendix M; N). Throughout the process, a reflective journal was used and the researcher had regular supervision from her academic supervisor to discuss the research. This supported reflexivity by providing a quality check of the themes.

*Epistemological position and reflexivity*

Qualitative researchers are encouraged to be transparent and state their epistemological position to provide the lens through which the data has been approached. The researcher took a social constructivist epistemological position. Social constructivism holds that knowledge exists within a social context and is defined by the meanings given to different concepts (Losantos, Montoya, Exenim, Santa Cruz & Loots, 2016). The process involved collaboration between researcher and participants to construct a shared meaning and understanding. Further information relating to the researcher and choice of topic can be found in Appendix L.

**Findings**

Five themes were generated from the data: Perspectives on loneliness; Vulnerability; Coping; Confidence; and Connecting. Table 2 indicates the themes, sub-themes and their contributors. Quotations have been used to illustrate each sub-theme. Text in square brackets represents altered text to ensure anonymity. Ellipses have been used where text has been omitted.

*Table 2.* Participant contributions to themes

|  |  |  |
| --- | --- | --- |
| *Theme* | *Included codes* | *Participant contributors* |
| Perspectives on loneliness | Personal meanings | Dennis/Ivan/Jim/Lillie/Michael/Phyllis/Trevor |
|  | Situational prompts to feeling lonely | Dennis/Ivan/Lillie/Trevor/Rose |
| Vulnerability | Loss of loved ones | Ivan/Jim/Lillie/Phyllis/Trevor/Rose |
|  | Physical ageing | Dennis/Ivan/Lillie/Michael/Phyllis/Trevor/Rose |
|  | Uncertainty | Dennis/Ivan/Jim/Lillie/Phyllis/Rose |
|  | Critical time periods | Ivan/Lillie/Phyllis/Rose |
|  | Embarrassment | Dennis/Ivan/Jim/Michael/Trevor/Rose |
| Coping | Structure and routine | Dennis/Ivan/Michael/Phyllis/Trevor |
|  | Sources of strength | Dennis/Ivan/Jim/Lillie/Michael |
|  | Adapting to own needs | Dennis/Ivan/Jim/Lillie/Michael/Phyllis |
|  | Adapting to society | Dennis/Ivan/Lillie/Rose |
| Confidence | Lacking confidence | Ivan/Jim/Lillie/Trevor/Rose |
|  | Overcoming hurdles | Ivan/Lillie/Michael/Trevor/Rose |
| Connecting | Taking an active stance | Dennis/Ivan/Trevor/Rose |
|  | Needing help from others | Dennis/Ivan/Jim/Lillie/Michael/Trevor/Rose |
|  | Accessibility | Dennis/Ivan/Jim/Lillie/Phyllis/Trevor/Rose |

**Perspectives on loneliness**

This theme represents participants’ perspectives on loneliness. It incorporates definitions and situations that activate feelings of loneliness.

*Personal meanings*

Loneliness was considered debilitating and different from solitude:

*...to be lonely it’s like being cold...nothing there to stimulate you...the woods in the middle of deep winter, you can’t hear anything but you can see if you’re out in them. (Michael, lines 261-264)*

Participants acknowledged an individuality to experiences of loneliness and it was also recognised:

*...important to have some time on your own, but if you’re in a position where there’s no escape from loneliness I wouldn’t be happy at all. (Trevor, lines 193-195)*

*Situational prompts to feeling lonely*

Participants described situations that conjured up happy memories and how these might evoke awareness of being alone and feelings of loneliness:

*…I went to a place I usually went with the children...I thought I’d make a day of it. There were loads of people around and I felt the loneliest I’ve ever felt. (Trevor, lines 295-297)*

*…after [my husband died], well I still do…I’ll go down to the local town, I’ll probably meet somebody I know, which I do very often, but I went down the Saturday and I didn’t see anybody I knew and you see people your age, couples and you do feel alone… (Lillie, lines 173-178)*

Some participants described first experiencing loneliness when they were younger; for instance, whilst raising their children or through employment. For others loneliness came following the death of a loved one and for some this was their first experience:

*...it’s when I sit down at the television and look across at her photograph that’s when I feel lonely... (Ivan, lines 55-57)*

In summary, this theme captures how loneliness is defined and what loneliness means for participants. It highlights how loneliness is subjective and illustrates participants’ perceptions of emotional loneliness in terms of the absence of close others and how the recognition of their absence can highlight their loneliness.

**Vulnerability**

This theme captured participants’ vulnerabilities. Loss was a common component. Participants described the implications of ageing and emerging uncertainty, highlighting times they felt most susceptible to loneliness. It also captured perceived embarrassment and how this could lead to reluctance in help seeking. This theme encompasses five sub-themes:

*Loss of loved ones*

Participants recognised the death of a loved one as being a significant contributor to loneliness:

*…I find this [referring to the vignette] sort of thing happens when they have lost somebody. (Rose, lines 22-23)*

*...there’s different types of loneliness. ...I never imagined what life would be without [my wife], and just the fact I can’t say ‘what would you like to do today, what do you think love?’ (Jim, lines 196-198)*

For Trevor, retiring from work and his children moving out signified a loss:

*I was too involved with my kids, bringing them up, holding a job…your children are gone and you’re waking up in a house on your own and that’s a very lonely aspect... (lines 22-28)*

*It was a big hurdle retiring because you’re not gonna see these people on a regular basis...you retire and most of that’s gone. You know, particularly people that you just socialise with at work rather than away from work. (lines 50-55)*

*Physical ageing*

Participants described how physical ageing had the ability to leave people in vulnerable situations:

*…my cousin can’t get out...[She] used to walk really well and she just shuffles now...she’s got the beginnings of dementia...has carers but she is lonely. (Lillie, lines 361-366)*

Physical health had a day-to-day impact for some:

*It’s walking, I’m struggling with, I’ve got wheel things there...I love it, but...if it’s raining you need two hands on there...so I have to have my stick which doesn’t help my shoulder... (Phyllis, lines 35-42)*

Participants described doing less than they once were able to:

*I’ve got rid of my knitting as I can’t see so well... Having to adapt and you can’t do physically what you can do 10 years ago ...it just creeps up. (Rose, lines 465-467)*

Participants described annoyance and frustration when they were unable to do what they once could:

*I am reasonably active my body is 85 years old you get frustrated with some things you can’t do. Again, I think that’s why some people get more lonely because they can’t do what they want to do. You know I used to do all the decorating but I I couldn’t do that again now...the mind thinks I can but the body says I can’t. (Ivan, lines 550-555)*

*Uncertainty*

Participants described uncertainty for the future:

*when you’ve been bought up from a lad err it does hurt to see [my friend] like that, it really does and I say, what’s going to happen, how long he’s going to stay at home I do not know. (Dennis, lines 42-44)*

For some participants uncertainty led to planning for the future in terms of prioritising surgery:

*I can feel [my shoulder] is going loose but it’s not giving me an awful lot of trouble...so if it does go I feel [my knees] are more important to have renewed than me shoulder. (Phyllis, lines 361-363)*

Planning also involved preparation:

*I’ve got a little pocket alarm...just in case, because I think take the precaution, wherever we live these days you hear about all these terrible things. (Ivan, lines 71-73)*

A lack of trust around using technology created uncertainty amongst some participants’:

*I use [the computer] for information. I don’t do any emailing, I haven’t bought anything ‘cos I’m that worried about someone hacking my account… (Dennis, lines 402-405)*

*Critical time periods*

Participants identified evenings and weekends (particularly during the winter) to be times where they felt more vulnerable:

*…this time of the year [my friend] comes and collects me and brings me back which is very nice of her. …I mean it is dark. ...you don’t see other people about...if anything did happen you’ve got nobody to er you know… (Rose, lines 100-105)*

Evenings were particularly problematic:

*…I looked at the notices...again a lot of them were in the evening. Again that’s a different world, if I still drove it might be better because you drive to your destination rather than being out in the elements in the dark on your own. (Ivan, lines 431-436)*

*…I don’t go out at night, unless somebody takes me obviously if somebody takes me but I would never, never, walk up to the shops. I wouldn’t say it’s a dangerous area but I am vulnerable...somebody has only got to push me and I’m down. (Phyllis, lines 378-381)*

*Embarrassment*

Embarrassment was identified as preventing some people from accessing support:

*Embarrassment I suppose…you think I don’t need, I don’t need any help. (Jim, lines 234-236)*

Participants’ identified embarrassment as a vulnerability, particularly amongst men:

*…men just find it hard to say I’m vulnerable, erm I don’t feel alright erm you know, I need help. I suppose we’re brought up from boys, and as we grown up, whether it’s a British thing or whether they get over it in other countries maybe they’re better at expressing their feelings if they’re lonely, but the British attitude isn’t very good in men, erm, could be a lot better. (Dennis, lines 474-479)*

Some male participants recognised differences between experiences of men and women:

*…particularly with men they are not as social beings as what women are, I think women are a lot easier with getting on in a group... (Trevor, lines 108-113)*

Participants recognised that the perceptions of others were important:

*…if you see two ladies together... who are obviously widowed nobody thinks about it but in these days if you see two men on their own you don’t know what people are thinking… (Ivan, lines 278-282)*

*He feels that people will look at him strangely, he’ll get embarrassed... (Michael, line 119)*

*…one lady was embarrassed by the state of her house...she’s in hospital now...they say ‘we’ll send you back with a care package’ and she says ‘no no I don’t need that’ but she does...she’s worried because they’ll think ‘ew look at the state of her house’...she’s embarrassed. That could be a thing that keeps people isolated... (Michael, lines 395-405)*

This theme highlights areas of vulnerability that could trigger loneliness. Declining physical health led to abandoning hobbies, reducing social contacts and becoming reliant on others. In addition, feelings of embarrassment and perception concerns indicated barriers to help seeking. Vulnerabilities were more problematic at certain times and ageing created uncertainty for some leading to precautions. Participants may wish for support from others to be offered to enable involvement.

**Coping**

This theme describes participants’ coping strategies for managing or avoiding loneliness. Participants described the individual nature of coping and having to adapt their needs to a changing society. This theme includes four sub-themes.

*Structure and Routine*

Participants described a routine for individual wellbeing as an improving and preventative measure against loneliness:

*…the first word that came into my mind about [the vignette] was discipline. About erm loneliness...you can help yourself greatly...discipline in what you eat...drink...exercise...rest…I’m sure it helps me, to, to not even get lonely. (Dennis, lines 103-116)*

Transitions, such as living on one’s own and retiring, were particularly poignant for recognising the utility of a routine:

*...when I finished work I thought oh I haven’t got that thing to force me to get up in the morning...I think you need something that you know is gonna happen in the future, otherwise your just lost aimlessly aren’t you? ...need something like that to look forward to. (Trevor, lines 246-250)*

Flexibility within a routine was also important:

*I have a routine but I don’t stick that rigidly, it’s flexible, I have a framework...and I loosely stick to that framework… (Michael, lines 53-54)*

*Sources of strength*

Participants identified different sources giving them strength. For some a strong family narrative emerged:

*When I was a kid my mum would say oh go on and ask Mrs how she was feeling, ‘why mum?’ ‘Oh I haven’t seen her for a few days’. (Michael, lines 508-510)*

*My mother said to me if anything happens to your father and anybody asks me to go out, I shall put my hat and coat on and go she said, if you refuse invitations they don’t ask you again…so now I try to accept invitations where possible... (Ivan, lines 204-214)*

Whilst for some participants strength came in the form of their faith:

*…if I’m asking you know God to protect me then I’ve got to accept that he will... (Lillie, lines 78-79)*

*Adapting to own needs*

Participants identified difficulty in adapting to living on their own:

*…for that first two years they weren’t, not good, plus for the fact I suppose I’ve always been used to somebody in the house. (Phyllis, lines 299-300).*

*It’s...difficult for some people to walk into a crowd of strange people...to start this dance it was difficult for me. (Ivan, lines 347-349)*

Consideration was given to what could not be coped with:

*...at the moment I feel as though I can cope…but I couldn’t cope if I went in and had that shoulder done...I would be far more lonely as I wouldn’t be able to get out. (Phyllis, lines 334-337)*

Adapting to physical health deterioration was also evident amongst participants’ accounts:

*…there are various things you can use...I said if I’m to clean round [my back] there’s [an elasticated] band you can buy…by inference I didn’t go to her problem, she might have been embarrassed but by inference she could use it round there as well and er she did. (Michael, lines 426-433)*

*Adapting to society*

Participants highlighted the importance of keeping up with modern life:

*[People] don’t realise. If you don’t go out you don’t keep pace with modern thinking and what’s going on you tend to drop behind. (Rose, lines 443-445)*

Participants discussed the use of computers and smart phones to browse the internet, pay bills and play games:

*…loneliness is difficult...if you try new things...it gives you new interests. …all these smart phones came out and I thought I wouldn’t mind one of those…I have what you call a smart phone...it’s given me a new interest. (Ivan, lines 490-503)*

Although participants highlighted adapting to modern technology, they were also clear of the benefits in having things remain the same:

*Things like the pharmacy where I have my tablets from have said we’ll bring your tablets down to you but I’ve said no because that gets me from a-to-b it gets me out. (Phyllis, lines 185-188)*

*I still have a milkman for a. in case its bad weather and I can’t get out and b. to keep the milkman in a job, but now they’re not going to accept cash or cheques after the 1st January. I don’t want to pay the milkman by direct debit, how do I know if I’m going to have the same milk every week? I don’t want to pay online. All that is so different, but there’s nobody to alter things... nobody to ask. (Ivan, lines 669-675)*

Ivan could see the benefit of having a technology transition period:

*…some of the old ways should have remained for perhaps another 15-20 years until the old folks have dropped off the coil... (Ivan, lines 664-667)*

‘Coping’ captures the flexible routines needed for improved wellbeing to counteract loneliness. Whilst participants recognised how others could be supported, they were inclined to support themselves rather than look elsewhere. Adapting to modern life gave participants new interests and ensured they remain contemporary. Although beneficial, there was acknowledgement that adaptations should not limit social activity.

**Confidence**

This theme captures how confidence influences individuals’ participation and how strength is needed to overcome negative feelings to participate. This theme includes two sub-themes.

*Lacking confidence*

Participants highlighted a reluctance to chat from others and a fear that could prevent people from joining in or accessing support:

*Is he one of these that’s, whose frightened to speak to anybody? (Jim, lines 99-100)*

*I think [loneliness] happens to people when they, it’s a surprising number of people are afraid to ask about things. (Rose, lines 153-155)*

Participants also shared how they or others might be reluctant to socialise:

*I go up to the other church for coffee, chat and lunch. Some come for lunch but they won’t talk but that’s what they’re going up for. The lady who took the money said ‘I’m glad you’ve come up you talk to people’, that’s what it’s all about, they’ve gone up because they’re lonely and if you talk to them it helps, I think, I hope. (Ivan, lines 144-148)*

*Overcoming hurdles*

Participants discussed how confidence was needed to overcome difficult situations and how this had developed with different life experiences:

*…I know I’m fortunate I really am because of the people that I know. See my husband was very outgoing, even to go to the supermarket…it used to take twice as long to do the shopping...he used to talk, but that has come back to me in ways… (Lillie, lines 531-540)*

Participants indicated that confidence could be context specific:

*I’ve had to address meeting[s]... Again, shyness. I would still feel shy walking into a public house because I’m not particularly a drinker... (Ivan, lines 417-419)*

Participants described how joining in was easier when the activity was:

*…something I’m fairly okay with, I’m confident I can do what they can do. (Trevor, lines 102-103)*

Confidence and courage were needed to overcome negative feelings:

*…you really have to overcome that, the negative feeling I suppose which stops you from joining in...I think particularly with men they are not as social beings as what women are... (Trevor, lines 107-110)*

*…because my wife and I always used to go dancing, it took me a while to pluck up the courage to go...I sat there and sat there and said to myself ‘you’ve come here to dance you’ve got to ask somebody’ and now I’ve got a regular dance partner... (Ivan, lines 173-177)*

This theme captures fear of involvement and how close others can boost confidence. It highlights how negative feelings need overcoming to be able to participate.

**Connecting**

This theme represents how participants become active when connecting through activity or with others and illustrates recognition for external support. It encapsulates the importance of accessibility of support and describes participants’ feelings of being a burden and how this impacts on connecting with others. This theme includes three sub-themes.

*Taking an active stance*

Participants described how action is needed when feeling lonely:

*...he’s only got to pluck up the courage for that first one...I think people who are lonely have got to do something if they can to help themselves...when you’ve had a husband a wife a partner for all those years it is lonely...you’re there in the same house and all the memories are there and to start with it’s not nice at all. (Ivan, lines 357-362)*

Recognition of the difficulty to resist loneliness was evident:

*I just simply get up and you know do something. There’s no good sitting down because it’s not going to go away. It is the one thing you have to fight against... (Rose, lines 269-271)*

*Needing help from others*

Participants recognised the importance of having outsider help:

*It sounds like he needs outside help you know like somebody to er, like I’ve got a little help... (Trevor, lines 130-131)*

Participants reflected on their own sources of help, including their children, friends and the Church:

*I don’t know what I’d have done without friends...at Church mainly and then my neighbours are really good... (Lillie, lines 55-56)*

The trajectory of loneliness was identified, highlighting a critical period where external help is most likely needed:

*Loneliness is taking yourself out of, out of the world...in many cases it’s a thing that can be avoided but more often I’ve found it’s a thing you need help to avoid, ‘cos you get yourself into that, an incident pit really, like a big funnel you start off and it’s relatively narrow it’s easier to climb out but the more you go into the funnel the steeper the sides come until eventually you can’t climb back, you need help. (Michael, lines 276-282)*

Whilst participants recognised a need for help, they also described reluctance from others to get involved:

*...you don’t get a straight answer you know, when we ask [my friend], you just have to leave it at that. (Dennis, lines 96-97)*

A need was identified by some participants and offers made to connect with members of the community:

*…tried to get...a tea club joining this square as there’s a lot of people here who are not well...and over 60 and we thought if we met once a week at Tracey’s or mine...for a chat but you could never get them to do it...I don’t know whether they expected it to come to them or what it is. (Rose, lines 57-62)*

*Accessibility*

Being involved and accessing support appeared to be conflicted by participants’ recognition of the pressures on others, particularly younger family members, and highlighted not wanting to be a burden on them:

*I do feel sometimes that I won’t phone them as putting them out because they’re ever so busy (Phyllis, lines 11-13)*

Participants acknowledged the current support in place and how this is reducing:

*…at the one Church they will pick you up...but then again their helpers are getting less as they’re getting old themselves. (Lillie, lines 375-377)*

Finances appeared key to accessibility. Participants recognised the importance of funding:

*I think a lot of people are poor as well as being isolated on their own. If there was some sort of funding, particularly for those who can’t afford it, or are retired...that would help. (Trevor, lines 351-353)*

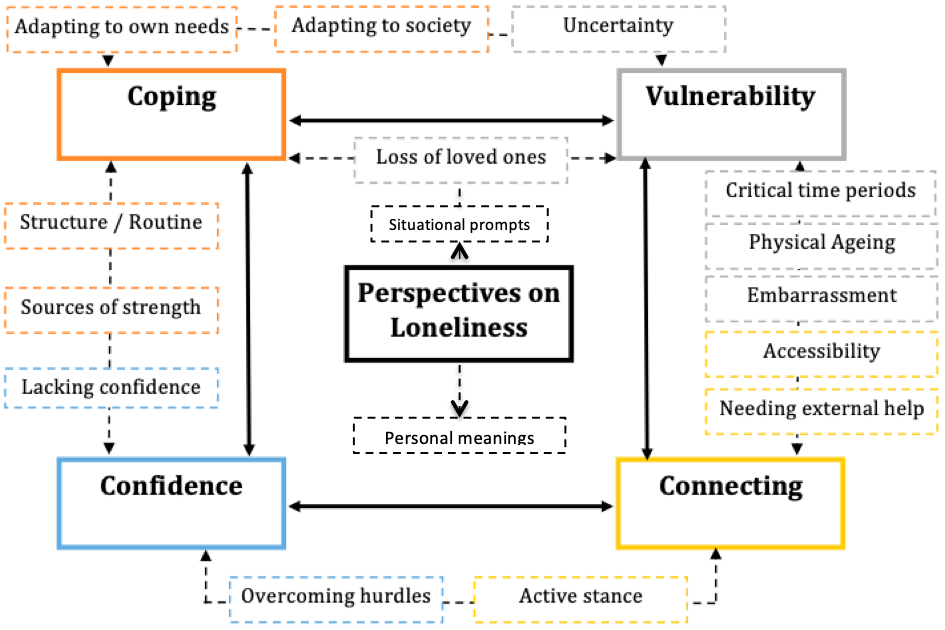
Transport varied depending on where participants lived:

*I just wish that was a little bit nearer as what I have to do is get a bus and it’s quite a walk down and there’s no buses... (Phyllis, lines 452-454)*

This theme illustrates individuals’ ‘fight against’ loneliness through connecting with others. There was recognition of individuals taking action but also acknowledgment of the support participants had to enable them to connect. Some participants saw their fate as more fortunate than others and may be less likely to seek help. Participants described feeling a burden, for instance, when telephoning a loved one; this illustrates that some would appreciate a phone call and that offers to connect (e.g. an offer of a lift to activities) are hoped for and welcomed.

*Summary of themes*

Figure 1 illustrates a thematic map of themes and sub-themes from the researcher’s interpretation of the data, although there could be other possible interpretations. The data highlights how vulnerabilities can lead to feelings of loneliness. It is likely that when individuals are not coping they would benefit from connecting with others. Having both ability to adapt and confidence to connect is essential. Although confidence was perceived as distinct from vulnerability, those lacking confidence could be vulnerable to feeling a sense of loneliness. External help to support connectivity might be vital to overcome barriers to enable individuals to connect with others.

**

*Figure 1.* Thematic map illustrating the relationships between themes and sub-themes. Dotted lines have been used to identify links between sub-themes. The arrows indicate directionality and connectedness of the themes.

The thematic map illustrates aspects needed to support individual involvement and thus contribute to reducing loneliness. By encouraging connections psychological wellbeing could be improved. Professionals could support enhancing connections by reducing some of the barriers highlighted. Professionals need to be aware of what might stop people making connections in order to support social engagement and service involvement.

**Discussion**

*Summary*

This study explored how older adults viewed and understood loneliness. It has explored the participants’ experiences of loneliness for self and/or others, highlighted elements that arguably reduce loneliness, whilst recognising barriers to accessing support. Five themes were generated; ‘Perspectives on loneliness’, ‘Vulnerability’; ‘Coping’; ‘Confidence’ and ‘Connecting’. The findings highlight the intertwining factors related to experiences of loneliness in an older adult population and how people view loneliness within these themes.

*How is loneliness viewed and understood?*

Whether talking about themselves or others, loneliness was considered bleak and desolate. Participants described factors that increased feelings of loneliness leading individuals to be vulnerable to physical health decline, grief or loss, both consistent with the wider literature (Cacioppo & Patrick, 2008; Thurston & Kubzansky, 2009; Adams, Sanders & Auth, 2004). One participant conceptualised loneliness as an ‘incident pit’, a term originating from diving to represent multiple incidents when danger escalates and can become fatal. Participants recognised how they, themselves, can reduce loneliness (e.g. by maintaining routines, connecting with others). However, participants also recognised a critical period, whereby the walls of the ‘incident pit’ become impossible to climb thereby necessitating external support.

*What can we learn about older adults’ experiences of loneliness?*

The findings suggest confidence is needed for involvement in order to reduce loneliness. For individuals who perceived themselves or others as lacking confidence, this needed overcoming. Attachment styles influence loneliness; those securely attached find it easier to develop close relationships and experience less loneliness than those with other attachment styles (Akbag & Imamoglu, 2010). People who are fearful may struggle to build relationships, which could reduce social engagement, leading to increased likelihood of experiencing loneliness. Those with avoidant attachment styles are considered to be fearful and mistrusting in relationships and have a negative image of self and others and may have reduced interpersonal skills (Akbag & Imamoglu, 2010). The current findings suggest external support is important to support individuals to affiliate, improve engagement and reduce loneliness.

Consistent with other research (Schoenmakers & Tindemans, 2017), winter and evenings proved more difficult, potentially leading to loneliness. The findings also suggested that internet use created uncertainty for participants. Activity theory correlates successful ageing with staying active and socially engaged (Teles & Ribeiro, 2019). Given technological advances and the uncertainty surrounding technology, knowledge of the internet would allow individuals to be more aware of the potential pitfalls of internet use, thereby leading to less uncertainty, more connection and online reassurance.

Corresponding to the literature (Smith, 2012), connectivity was important to reduce feelings of loneliness. External help was recognised to be critical because by accessing a group, this could be destigmatising and might allow for non-threatening discussions on the subject of loneliness through peer support. Some participants highlighted the importance of activities being of interest. Greater awareness of what is available is needed so people know what is on offer and can select their preference (e.g. art groups, Men’s Sheds, U3A). Knowing what is available and of interest could then allow individuals to explore what support might be needed to pursue them. Group memberships allow individuals to build their social identities and foster a sense of belonging, increasing an individual’s sense of self (Tajfel & Turner, 2004). Developing and maintaining relationships within a social group can reduce loneliness and improve mental health (Haslam, Cruwys, Haslam, Dingle & Chang, 2016).

Cattan, White, Bond, and Learmouth’s (2005) systematic review found that group interventions were the most effective for reducing loneliness. Overcoming barriers to access a group is therefore vital. Current findings highlight the perception of danger as restricting social participation. Underlying social fears may form a barrier for some. Goll, Charlesworth, Scior and Stott (2015) found the removal of practical barriers, although necessary, would not independently improve social participation for lonely older adults, highlighting the importance of addressing individuals’ fears. The authors highlight the benefit of addressing social fears through normalising and encouraging a friendly supportive environment. Current findings suggest that practical and psychological support would improve engagement.

*Strengths and limitations*

In March 2020 there was an outbreak of COVID-19 and due to social distancing guidance the researcher could not return to participants as planned to get feedback on emerging themes. The researcher instead asked a service user consultant to check the readability and the researcher’s supervisor quality checked the clarity of interpretation.

Although participants were not representative of all circumstances (e.g. rural backgrounds, ethnically diverse, most lonely), the use of a vignette strengthens the current research. The vignette allowed participants to speak from the perspective of ‘other’, putting participants at ease and enhancing data richness (Hughes, 1998). Although the use of a vignette does not necessarily capture reality, it was a good device to allow people who have not experienced the phenomenon of interest (accessing help for loneliness) to participate in an ‘as if’ way. The sample was inclusive of men and women. A higher proportion of men than women participated. This is unusual within the literature as men are often underrepresented (Affleck, Glass & Macdonald, 2012). Considering 50% of participants were recruited via the Church, this could have been a confounding variable, as those who attend Church likely have a belief in God and a wider support network and therefore are not alone.

The current research omitted demographic details in relation to previous employment, retirement and length of retirement. Being retired was not in the inclusion criteria or explicitly asked and could potentially reduce the homogeneity of the sample. However, the general sense was that most participants, if not all were retired and no longer working.

In terms of the analysis method, thematic analysis enabled the researcher to gain perspectives across interviews, which ensured all participants’ views were represented. As the researcher’s beliefs influence qualitative research, transparency was ensured by using a reflective log, including a reflective statement and having regular supervision.

*Recruitment*

More men were recruited into the current study. Embarrassment was a barrier preventing some from seeking help to address the loneliness, with male participants particularly observing gender differences. Henning-Smith, Ecklund, Moscovice, Kozhimannil (2018) found women reported being lonelier than men. It is possible that shame and loneliness interacted and reduced the likelihood of individuals, particularly women, choosing to participate. The BBC National Loneliness Survey (Manchester Institute of Education, 2018) found that feelings of shame relating to loneliness increased amongst those reporting loneliness, and that women experienced more shame than men. Shame may have influenced who participated in the current study, as interaction may have been more difficult for people who experience high shame. Gilbert (2011) highlights that shame accompanied:

with anxiety...can affect any of us, especially when we have to open up to others and seek help (p. 326).

Recruitment may have mirrored previous experiences of social engagement for some people, with shame leading to them feeling preoccupied with the perceived evaluations of others (Akbag & Imamoglu, 2010), which could have impeded their participation.

The target population were difficult to access and recruit. Poster advertisements alone were ineffective, possibly due to uncertainty and precaution, given the researcher was unknown. The researcher overcame this to some extent by speaking opportunistically about the study whilst placing posters. Those who met the researcher face-to-face were more inclined to enquire about the study. All those participating had met the researcher prior to consenting. This could have created demand characteristics as participants may have found it easier to participate having had an introduction or alternatively could have felt obliged to participate. The posters may have been more effective by adopting user-friendly language to build trust - e.g. using the word “conversation” rather than “research” (Ellard-Gray, Jeffrey, Choubak & Crann, 2015). Displaying a photograph of the researcher may also of helped. Similarly, one participant suggested having an advert appear on the screen in GP waiting rooms. Most participants mentioned either the television or radio during their interview; advertisements through these means could be successful, but would undoubtedly require a significant research budget.

Some participants who chose not to participate shared their reasons for this including recent bereavements, sensitivity of content; and the value of their contribution. The vignette aimed to overcome this, although a different mode of data collection may have been more appropriate. Participating in a focus group may have been less threatening for some individuals by allowing them to give their views in a more supportive environment - e.g. it may have felt less intrusive participating in one with members of the same community. Offering choice might allow for more people’s views to be heard.

*Clinical implications and future research*

Although this research did not specifically focus on retirement, there could be scope for future exploration. One participant reflected on this transition period as difficult, and although this was beyond the scope of the current study, it may be another area for consideration, focussing specifically on retirement. Trusting others was observed in some interviews as a barrier to seeking support, which potentially mirrored the recruitment process. Further research would be warranted to explore the issue of trust. All participants lived in urban areas and appeared to be White British. Future research accessing those from different backgrounds and/or living in isolated rural communities would also be beneficial.

Media campaigns encouraging communication were apparent in some interviews. Society supports the recognition of wellbeing, which is evident for example, by the introduction of Improving Access to Psychological Therapies (NHS England, 2019). It is manifested in the government’s desire to capture the number of individuals experiencing loneliness (ONS, 2018). Awareness has been raised, which is important, but whether the support is readily available is questionable. The findings highlight the need for low cost services and community projects, accessible connected transport, appropriate timing varied and safe activities of choice, as well as physical health adaptations for addressing loneliness. With embarrassment identified as problematic the support of mental health professionals in the local community would be beneficial to promote wellbeing and reduce loneliness.

**Conclusion**

The current study provides understanding of loneliness amongst older adults living on their own. The findings suggest that older adults are vulnerable as they age, and support is needed to adapt and cope with change. Connecting with others is essential and a lack of confidence or perceived embarrassment has the propensity to halt engagement and increase a person’s vulnerability to experiencing loneliness. The research provides direction for both government and services to provide opportunities for community connectivity. It highlights hurdles that would require overcoming for ensuring that older adults feel at ease; that they are able to access initiatives, and that their individual needs and preferences are taken into account. Given the nature of loneliness and the unlikelihood that the current study captured the views of ‘the very lonely’, future research is warranted, particularly focussed on overcoming the aforementioned barriers to recruitment.

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**Appendices**

**Appendix A: Target journal submission:** *The International Journal of Ageing and Later Life*

**Disclaimer**

The International Journal of Ageing and Later Life was chosen as the target journal for chapter two. For thesis submission the empirical paper abstract exceeds the word count stated by the journal and tables and figures have been included within text and APA-6 referencing has been followed. For thesis submission the font and line spacing follows thesis submission guidance. Amendments will be made prior to submitting to the journal.

The guidelines below have been taken fromThe International Journal of Ageing and Later Life**:**

## Author Guidelines

Before you submit your manuscript, please make sure that your manuscript follows our submission guidelines, including manuscript length, our instructions to anonymize your manuscript, and the IJAL reference style. We reserve the right to return your submission without a decision, if the journal guidelines are not met.

## Preparation instructions for original manuscripts

* **Check that your manuscript has the correct length.** Original manuscripts should have  4,000-9,000 words including references and footnotes but excluding the title and abstract. Tables and figures should be attached in a separate file and not included in the word imit.
* **Format your manuscript correctly.** The main text should be double spaced and written in Times New Roman font size 12. First level headers should be written in **bold**, second level headers in italics. Do not use a numerical system in your headers (1, 1.1, 1.2 etc). Your manuscript should have page numbers. Please ensure that you se IJAL's referencing style (not APA; se below).
* **Language.** You may use British or American English as long as consistency is observed. Bear in mind the multidisciplinary and international readership of the journal. Use a clear readable style, avoiding jargon. If technical terms or acronyms are included, define them when first used. Before submission, do a spell-check and a grammar check.
* **Check that your manuscript file is thoroughly blinded, even in the file’s properties.** There should be no author- or acknowledgement information in the manuscript text. Anonymize references to your own publications by referring to e.g. (AUTHOR 2019), in the main text and in the reference list. It is important that you also erase author identification information in the file's properties to ensure a double blind peer review. With Microsoft Office documents, you do this by opening your manuscript file and clicking on the tab “File”  and then “Check for Issues” and “Inspect document”. Erase "Document properties and personal information" and save. With a Mac, you can do this step under "Security" > "Remove personal information from file properties on save" and save. If you do not remove the author identification in the file properties, your document is not fully anonymized and may be returned to you.
* **Prepare and submit a separate attachment with author details, acknowledgements and details of ethical review.** When submitting your manuscript, also upload a separate file that provide the names and affiliations held by the author(s) and the contact details of the corresponding author (work address and e-mail). Any acknowledgements should also appear in this file. If it is applicable, the full name of the body providing the favorable ethical review and reference number should also be provided here and not in the main manuscript text. Also see point “Ethical statement” below.
* **Abstract and keywords.** The manuscript should include an Abstract with a maximum of 150 words, and up to five Keywords in alphabetical order (these are not included in the manuscript word limit). In order to facilitate the search of our articles in established database engines, we recommend authors to use keywords that are in tune with those often used in social scientific databases such as Social Science Citation Index and Sociological Abstracts.
* **Ethical statement.** Where the manuscript reports original research, confirmation must be given that ethical guidelines have been met, for example adherence to the legal requirements of the study country. In the manuscript text, authors must provide evidence that the study was subject to the appropriate level of ethical review (e.g. university, hospital etc.) or provide a statement indicating that it was not required. Provide blinded details in the manuscript and only include specific details of the ethical review in the separate attachment containing author information / acknowledgements.
* **Clarificatory footnotes should be used sparingly.** If you wish to comment or clarify a statement in your manuscript with a footnote, keep it to a minimum. In the published article, footnotes are placed at the bottom of the page (not as end notes).
* **Tables / Figures should be in a separate file.** Any tables and figures should be compiled in a separate file from the main manuscript text. Start a separate page for each figure and/or table. The tables and figures should have a short self-explanatory title and should be numbered consecutively, for example: “Table 1. Characteristics of focus group participants, 1990-1995 (n=39)”. Titles for tables should be above the table, while titles for figures should be below the figure. Check that all tables and figures are referred to in the running text and their approximate position in the text should be indicated by writing e.g. “INSERT TABLE 1 ABOUT HERE”. Photographs and figures may be supplied in color. Extremely small type must be avoided as figures are often reduced in size.
* **Permissions.** Authors are responsible for obtaining permission from copyright holders for reproducing any illustrations, tables, figures or lengthy quotations previously published elsewhere.
* **Your submission should not be previously published.** Submission of a manuscript to the journal is taken to imply that the manuscript has not previously been published and is not considered for publication elsewhere. The ownership of material published in IJAL remains with the author(s).
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IJAL’s style of Referencing

Identify all references at the appropriate point in the text by the author/date system, e.g. (Gubrium 1975: 75). Please refer to IJAL’s style of referencing (with examples below). Note that it is similar but not the same as the APA-system. List the references at the end of the manuscript in alphabetical order. Do not forget to anonymize your own and co-authors’ own publications by referring to e.g. (AUTHOR 2018) both in the running text and in the reference list. Check that all references in the reference list are cited in the text and vice versa.

*Citations in text*

* Citations in the text should be in the format: author(s) and year of publication without a comma, e.g.: (Stevens 2002).
* Use “&” between two authors’ names in parentheses, e.g.: (Gilleard & Higgs 2000), but “and” in the running text e.g. “As stated by Gilleard and Higgs (2000), …”.
* For works with three authors, name all authors when the reference is first used (Reynolds, Farrow & Blank 2012), and use et al. for subsequent references to the same work (Reynolds et al. 2012). For works with four or more authors, always use only the first author name and et al. in the text.
* Arrange the literature references alphabetically, e.g.: (Gilleard & Higgs 2000; Knipscheer et al. 2000).
* For page numbers, use colon, e.g.: (Gilleard and Higgs 2000: 67).

*Reference list*

* For works with up to three authors, all authors should be names in the Reference list. For works with more than three authors, use “et al.” after the third author.
* Always state the full page range in the Reference section. This applies not only to articles but also to chapters in books.
* When referring to an Internet site please include the date on which you downloaded the material in parentheses, e.g.: (Accessed: May 21, 2008). See the example below under the headline Internet.
* Given the international readership it is helpful if authors translate non-English titles of references within brackets […].

*Articles in a journal*

* Journals should have their full names (no abbreviations).
* Journal names should be in italics.

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**Reference:**

The International Journal of Ageing and Later Life. (2020). *Submissions.* Retrieved February 16, 2020 from: <https://ijal.se/about/submissions>

**Appendix B: Ethical approval**

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**Appendix C: Ethical approval amendment** (Amendment submitted in order for the researcher’s location to be known during the interviews in line with the researchers lone working policy)

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**Appendix D: Poster advertisement**

**To express your interest and find out more, please contact Katie Walker at Staffordshire University on: 07488296577 leaving your name and contact phone number and she will return your call.**

Study Title: An exploration of experiences and views of loneliness in an older adult population: A vignette study

**What is the purpose of the study?**

Carrying out psychological research is beneficial in helping understand what is, and what is not helpful when supporting people in distress. Loneliness is one experience that can cause people to feel concerned for their wellbeing. This study aims to find out how older adults understand and perceive loneliness.

**Research into Loneliness**

**Would you like to take part in research into loneliness?**

If you’re 66 years of age or over and living on your own we would like to hear from you!

**Appendix E: Cover letter to participant**

[](http://www.staffs.ac.uk/)

**Study Title**: **An exploration of experiences and views of loneliness in an older adult population: A vignette study**

*(Date)*

Dear (*prospective participant name),*

Thank you for expressing an interest in the research study exploring experiences, thoughts and opinions around the topic of loneliness. I have enclosed the participant information sheet for you to review, as discussed previously. Please take some time to review the information.

I will ring you on the number you provided a week from the date of this letter, to ask if you would like to take part and answer any further questions you may have in relation to this research.

Yours sincerely,

Katie Walker

Trainee Clinical Psychologist

Staffordshire University

**Appendix F:****Participant information sheet**

[](http://www.staffs.ac.uk/)I would like to invite you to take part in this research study. Before you decide I would like you to understand why the research is being done and what it would involve for you. Please take time to consider the below information before deciding if you would like to take part. I suggest this should take about 10 minutes to read.

**Study Title**: **An exploration of experiences and views of loneliness in an older adult population: A vignette study**

**What is the purpose of the study?**

Carrying out psychological research is beneficial in helping understand what is, and what is not helpful when supporting people in distress. Loneliness is one aspect that can cause people to feel concerned. This study aims to find out how older adults experience and perceive loneliness.

**Why have I been invited to take part?**

You have been invited to take part in this study because you have identified that you are 66 years of age or over and living alone in the UK. We would therefore like to invite you to take part in some research, which investigates loneliness.

It is up to you to decide if to join the study. The researcher will contact you as agreed, to ask if you agree to take part. The researcher will be able to answer any further questions you might have at this point. If you agree to take part the researcher will arrange an appointment time and place with you to carry out the interview. Before the interview takes place you will review a consent form and if happy to continue complete a form consenting to your participation in the study. You are free to withdraw at any time, prior to the data being analysed, without giving a reason.

**What will happen to me if I take part?**

The study involves attending a one to one interview with the researcher, Katie Walker, to discuss your experiences, thoughts and opinions regarding loneliness. The interview will last between 60 and 90 minutes and will take place at a location familiar to you, for example, at a **local community venue** or on **Staffordshire University premises**. If you would feel more comfortable taking part in the interview **at home**, this too can be discussed with the researcher and considered. The interviews will be audio recorded and the information collected will be analysed to look for themes in what people tell us about their experiences of loneliness.

**What will I have to do?**

If you choose to take part, you will be invited to an interview. A short vignette style extract will be read to you and then you will take part in a conversation with the researcher, answering some questions that give your opinions on loneliness.

**What are the possible disadvantages and risks of taking part?**

Before agreeing to participate you should consider if you are happy to give up your own time to take part. Attending the interview will take up 90 minutes. In addition, you should also consider how you might feel during the interview as the questions asked will relate to loneliness, which may bring up some feelings for you. While we do not expect you to be distressed by talking to the researcher, it is possible that the subject matter of the interview may cause emotional distress and anxiety in some individuals. The interview is not intended to cause distress, but if you do feel some distress during the interview, you will be given the option to take a break or to terminate the interview. The researcher, Katie Walker, who will be completing the interview is a Trainee Clinical Psychologist with experience of working with people and therefore, she will be able to support you with any feelings of distress you may experience. While some people can sometimes find it helpful to talk to researchers about their difficulties, this research is not the same thing as counselling. However, we will have a list of useful contacts that can be given to people, which can be used to get help if you would like it.

**What are the possible benefits of taking part?**

We cannot guarantee the study will help you directly but we hope that the information we get from this study will inform future support offered to older adults experiencing loneliness.

**What happens when the research study stops?**

Once the study has been completed, the researcher plans to publish the results in a relevant academic journal. If you decide to take part in the study and wish to be informed of the results of the study, with your consent, we will write to you after conclusions have been reached.

**What if there is a problem?**

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information about this is given in Part 2.

**Will my taking part in the study be kept confidential?**

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. The details about this are included in Part 2. Interviews will not intentionally follow a line of enquiry that causes distress. If a case of abuse is talked about during the interview and concerns for your welfare or somebody else’s exist, we would have to break confidentiality and discuss these concerns with the relevant authorities. This could involve discussion within supervision and with the Multi-Agency Safeguarding Hub (MASH) or the local safeguarding team for advice and possible reporting to the relevant authorities.

**If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.**

**Part 2:**

**What will happen if I don’t want to carry on with the study?**

You can withdraw from the study at any point prior to the data being analysed. If you do wish to withdraw from the study, please advise the researcher that you no longer wish to take part.

**What if there is a problem?**

If you have a concern about any aspect of this study, you should ask to speak to the researcher who will do their best to answer your questions. Alternatively, you can contact Dr Helena Priest at Staffordshire University. Contact details are provided at the end of this form.

**Will taking part in this study be kept confidential?**

Your data will be protected according to GDPR 2018. The information collected will be anonymised. The interviews will be recorded using an audio device however, you will not be asked to state your full name or disclose any personal information, which may lead to identification. You will be offered the opportunity to review your transcribed interview to identify any information that you wish to omit from write up, publication or dissemination. Audio recordings will be transcribed and transcriptions will be anonymised by using alternate names to change any details, which may be identifiable. The audio recordings will be deleted as soon as possible after they have been transcribed. The researcher may use quotes from the interview but these will be anonymous.

Interview data will be stored on a NHS computer server which is password protected and encrypted in line with the Midlands Partnership NHS Foundation Trust data storage policy. Should information need to be transported to another location e.g. to Staffordshire University, the Midlands Partnership NHS Foundation Trust Policy for the Electronic Transfer of Person Identifiable Data will be followed.

**Involvement of GP**

If you share difficulties with the researcher that you or the researcher may be concerned about, the researcher will advise you to book an appointment with your GP. You do not have to tell us who your GP is.

**What will happen to the results of the study?**

If you would like to receive feedback on the outcome of the study, we will provide a written summary of the main conclusions and post this to your home address. If you wish to receive information about the outcome of the study, your home address details will be kept at the researcher’s office base in line with Midlands Partnership Foundation Trust data storage policy. It is the researcher’s intention to publish the results of the study in a relevant scientific journal and to feedback findings within relevant settings. As a participant you will not be identifiable in any publications.

**Who is organising and funding the research?**

This study is being undertaken as part of the researcher’s Doctorate qualification in Clinical Psychology. No funding has been received for this research.

**Who has reviewed the study?**

All research conducted at Staffordshire University is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and approved by Staffordshire University’s Research Ethics Committee.

**Further information and contact details**

For further information about the study you can contact:

- Katie Walker, Staffordshire University,[*w024101h@student.staffs.ac.uk*](mailto:w024101h@student.staffs.ac.uk)

- Dr Helena Priest, Staffordshire University, [*h.m.priest@staffs.ac.uk*](mailto:h.m.priest@staffs.ac.uk)

**Appendix G: Consent to share address**

[](http://www.staffs.ac.uk/)

**Study Title**: **An exploration of experiences and views of loneliness in an older adult population: A vignette study**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission for my address to be shared with a colleague of Katie Walker, in order to participate in the research from my home address. I understand that the record of my address will be confidentially destroyed following the researcher leaving my home address.

Date Signature

**Appendix H: Consent form**

[](http://www.staffs.ac.uk/)Centre Number: Study Number: Participant Identification Number for this trial:

**CONSENT FORM**

Title of Project: An exploration of experiences and views of loneliness in an older adult population: A vignette study

Name of Researcher: Katie Walker

Please initial box

1. I confirm that I have read the information sheet dated.................... (version............) for the  
   above study. I have had the opportunity to consider the information, ask questions and have  
   had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, up until the data is analysed, without giving any reason, without my medical care or legal rights being affected.
3. I understand that data collected during the study, may be looked at by individuals from Staffordshire University for audit purposes. I give permission for these individuals to have access to my data.
4. I understand that if I take part in an interview, anonymous verbatim quotes may be used in the write up of this research. I understand that dissemination of this research may take the form of research publications, conferences or be used within teaching.
5. In the unlikely event that serious concerns emerge in relation to danger to self or others, I understand the researcher has a duty of care to report concerns to the relevant services.
6. I agree to take part in the above study.



1. I wish to be informed of the outcome of the research by letter and I consent to my home address being recorded and retained by the researcher for this purpose.

Name of Participant Date Signature

Name of Person taking consent Date Signature

When completed: 1 for participant; 1 for researcher site file.

**Appendix I: Vignettes**

**Study Title**: **An exploration of experiences and views of loneliness in an older adult population: A vignette study**

Betty is of a similar age to you and lives on her own. Her children are all grown up, living with their own families. Betty has limited contact with them as they are often busy and she does not want to ‘put anyone out’. Betty waits for the postman each day and will greet him each morning to see a friendly face and see if she has any post. She spends most of her time resting at home. Betty keeps on top of her bills and housework but does not socialise during the week. She sometimes will watch TV or listen to the radio. She attends her local supermarket weekly and will people watch passers-by over a coffee in the supermarket café. She wonders how they are and what they are up to. Betty does not have much of an appetite and will pick at things during the day. She thinks ‘why cook for one?’ She used to enjoy her food and would host dinner parties for friends. Some of Betty’s friends have passed away and others are unable to visit nowadays, as they have moved too far away or physically struggle to come and visit. Betty does not feel as close to them as she used to.

**Study Title**: **An exploration of experiences and views of loneliness in an older adult population: A vignette study**

Brian is of a similar age to you and lives on his own. His children are all grown up, living with their own families. Brian has limited contact with them as they are often busy and he does not want to ‘put anyone out’. Brian waits for the postman each day and will greet him each morning to see a friendly face and see if he has any post. He spends most of his time resting at home. Brian keeps on top of his bills and housework but does not socialise during the week. He sometimes will watch TV or listen to the radio. He attends his local supermarket weekly and will people watch passers-by over a coffee in the supermarket café. He wonders how they are and what they are up to. Brian does not have much of an appetite and will pick at things during the day. He thinks ‘why cook for one?’ He used to enjoy his food and would host dinner parties for friends. Some of Brian’s friends have passed away and others are unable to visit nowadays, as they have moved too far away or physically struggle to come and visit. Brian does not feel as close to them as he used to.

**Appendix J: Semi-structured interview schedule**

**Study Title**: **An exploration of experiences and views of loneliness in an older adult population: A vignette study**

**Semi Structured Interview Schedule – First draft**

Introduction and aims of the interview explained

Vignette

Questions following Vignette:

1) What thoughts and feelings did that bring up for you?

2) (If you were Betty/Brian...) What would you do in this situation?

3) What may have stopped this situation from occurring?

4) What ideas do you have that might work to prevent this situation happening to you?

Possible questions to consider:

- What does it mean to be lonely?

- What is your understanding and experience of what it is to be lonely?

- Have there been times in your life when you have felt lonely?

- what did you do? – how did you know you were feeling lonely?

- What do you feel stops people accessing support for loneliness?

- What may prevent loneliness?

- What can be done to support individuals over 66 who may be feeling lonely?

- Do you have any suggestions for people who do feel lonely?

- Is there anything else you would like to add?

**[](http://www.staffs.ac.uk/)Appendix K: Service contact numbers**

Thank you for participating in this study.

Should you have any further questions please feel free to contact me on:

Email: [w024101h@student.staffs.ac.uk](mailto:w024101h@student.staffs.ac.uk)

Phone: 07488296577

**Below are listed contact numbers from services:**

(Provided to participants in large bold print if preferred)

**Services:**

* **Improving Access to Psychological Therapies (IAPT):**

- Birmingham Healthy Minds: **0121 301 2525**

- Dudley Talking Therapies Service: **0800 953 0404**

- Walsall Talking Therapies Service: **0800 953 0995**

- Kaleidoscope Plus Group - Talking Therapies: **0121 565 5605**

* Age UK: **0800 169 6565**
* British Red Cross - Connecting Communities: **0344 871 11 11** (Mon to Fri, 9.30-5)
* Mind - MindInfoline: **0300 123 3393**
* Agewell: **0121 796 9333**

**Bereavement services:**

* Birmingham Bereavement advice  
  Tel: **0800 258 5950**  
  Web: *www.birminghambereavementadvice.co.uk*
* CRUSE National Helpline  
  Tel: **0844 477 9400**  
  Email support: *helpline@cruse.org.uk*
* Omega: **01743 245 088**

Web: <https://www.omega.uk.net/dudley-and-stourbridge-p-160.htm>

**Helplines:**

* The Silver Line: **0800 4 70 80 90**

**Web: https://www.thesilverline.org.uk**

(Provides information, friendship and advice 24 hours a day)

* Samaritans: **116 123**

**Appendix L: Researcher account**

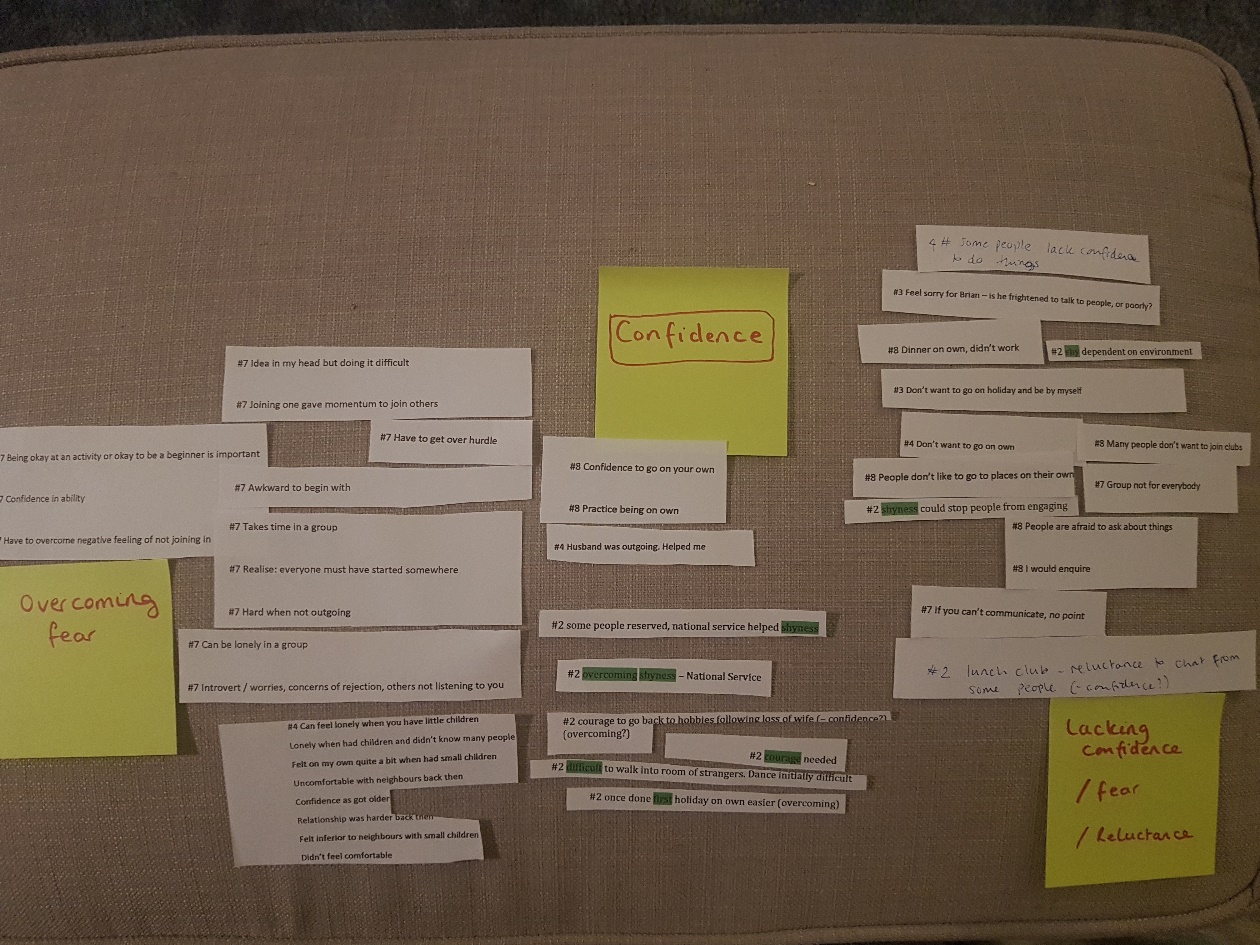
Reflexivity is particularly important in qualitative research because it allows the researcher to acknowledge their beliefs about a subject matter. Given that those participating in the current research came from a particularly different demographic background to the researcher, it is important to acknowledge my own background and viewpoint as this influences the research process.

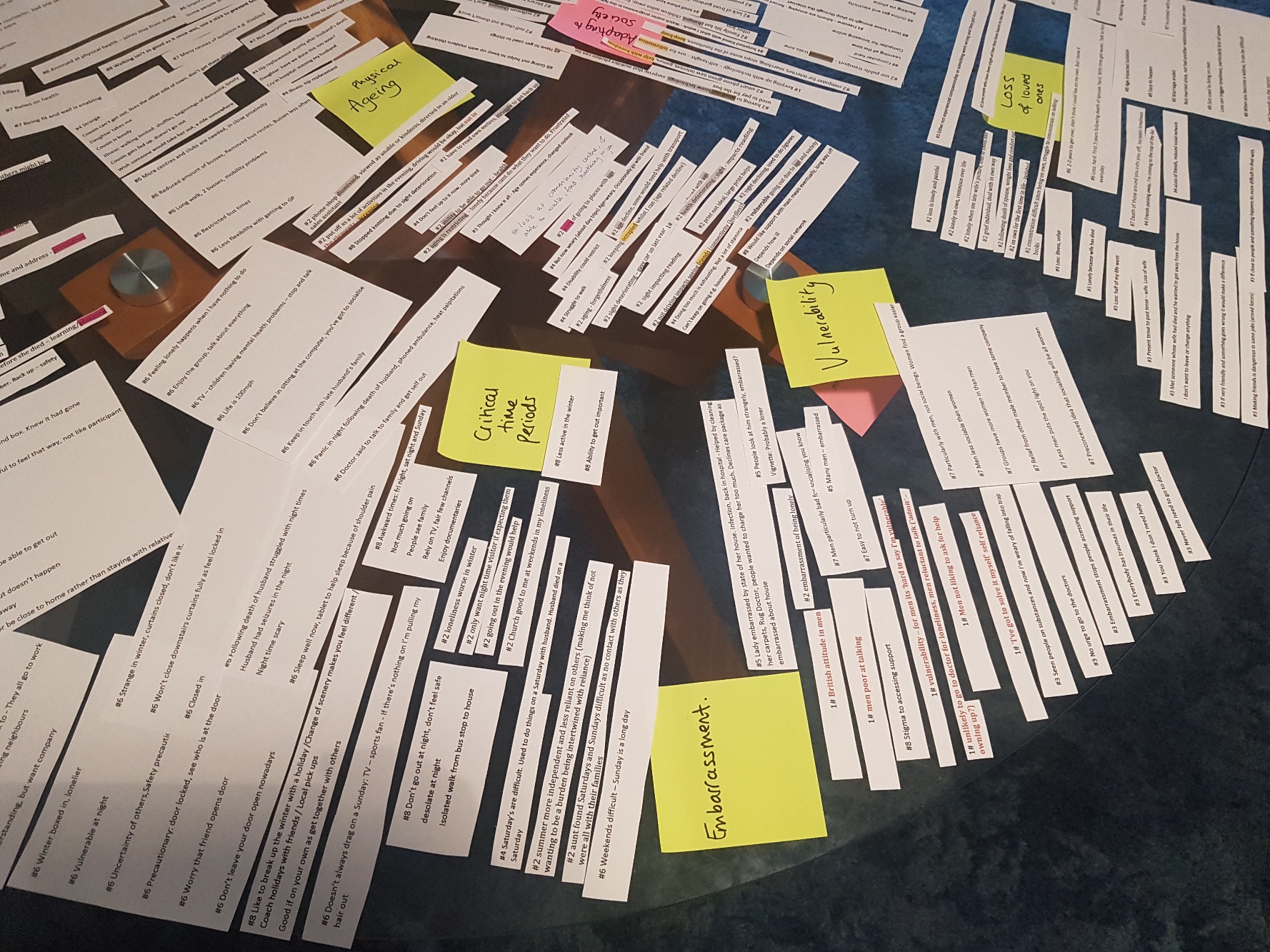
I am a 28 year-old White British female, living alone within the West Midlands. I work in an NHS setting and have had opportunity to work with people across the lifespan. The idea for the current study initially developed following experiencing a short episode of ‘post-viral blues’. This glimpse into loneliness led to exploring the literature whilst I was also on placement within an older adult dementia team. With an awareness of the UK’s ageing population, during my placement I also became aware of the risks relating to aging health decline and began to research into the phenomena of loneliness. The project was then developed focussing on those over the age of 66 as this stage of life was considered to illuminate many changes for an individual, which could potentially lead them to being aware of others who experience loneliness or to experiencing loneliness themselves.

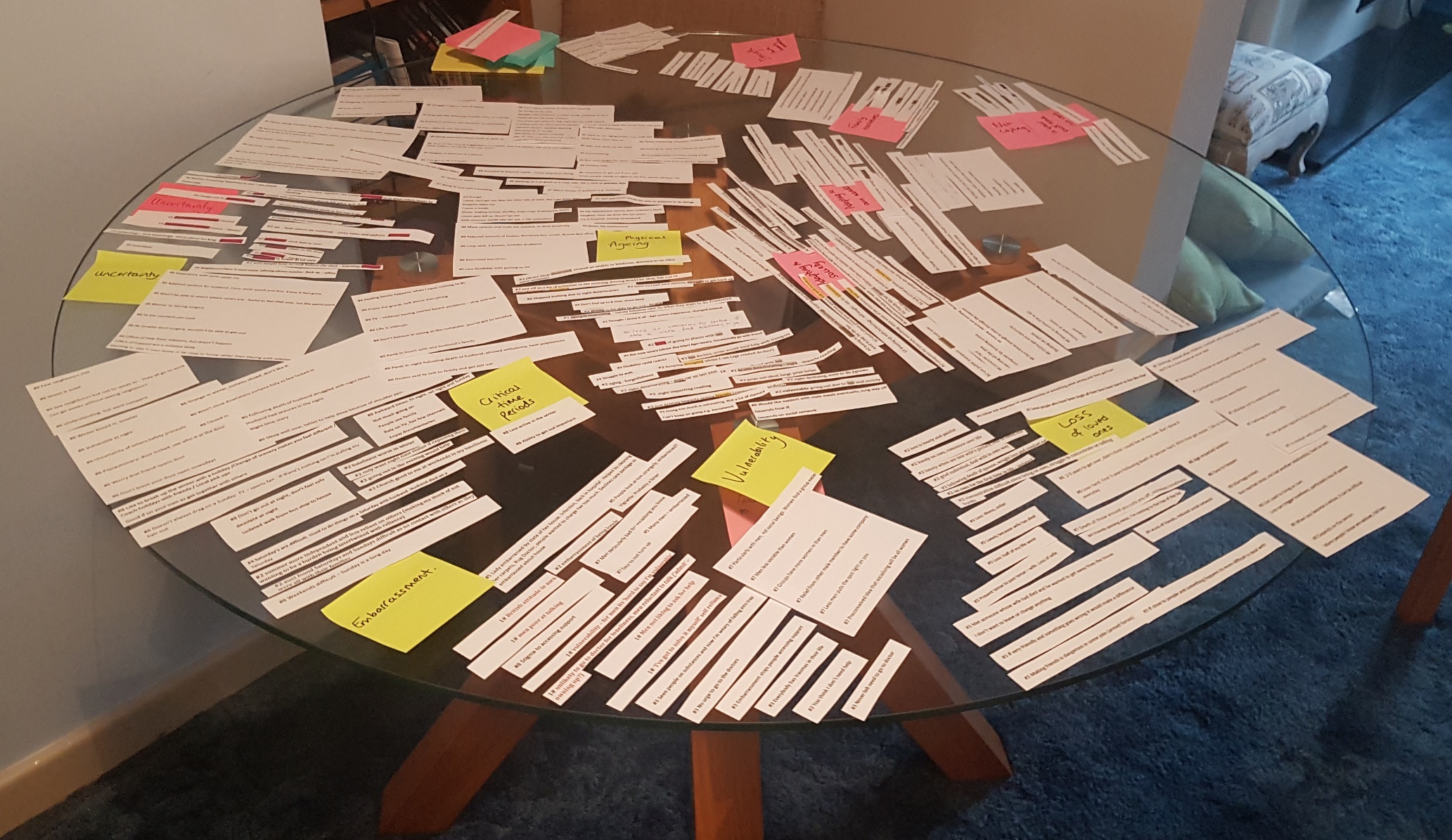
|  |  |  |  |
| --- | --- | --- | --- |
| Line Number | Transcript extract – Dennis | Emerging codes | Theme ideas /*notes* |
| * 1. –   2. –   3. –   4. –   5. –   6. –   7. –   8. –   9. –   10. –   11. –   12. –   13. –   14. –   15. –   16. –   17. –   18. –   19. –   20. –   21. –   22. –   23. -   24. -   25. -   26. –   27. – | to [the local] school when it was a grammar school. I’m kind of going through my life again, taking exams and this that the other,  I: Bringing back all those memories  P: Ye as I say living my life again, it keeps you young. And our [Emma] is erm very young as well, and is great company, so that keeps you young. That helps.  I: It sounds like you’re very close to one another  P: Ye we are, very close, very very close  I: My next question was, thinking about what might stop people accessing support if they were lonely, what might prevent people from  P: erm… you get isolated and I think especially with men I would say, they wouldn’t like to ask for help.  I: Ah okay  P: Because, erm, it it is the kind of British thing ‘the stiff upper lip’ etc and I suppose even with myself I would be reluctant, you know, I look upon myself, er and I’ve always been quite self-reliant and I’d look at it like I’ve got to solve it myself and not to look away to a doctor or… and I would be… most unlikely to go to a Doctor and say I was lonely and I think most men, most men wouldn’t admit to it really unless you really asked them and could see they were getting into trouble and it was a quiet one-to-one and then I think they might open up. Women, women would be better because women are more chatty and it helps them, it really does help, err, and we don’t do ourselves much good as men, by not talking as frankly and openly as perhaps we ought to.  I: do you think it might help, if men did what women do?  P: Yes, ye I’m sure they would  I: Is there something that prevents  P: Ye, men just find it hard to say I’m vulnerable, erm I don’t feel alright erm you know I need help. I suppose we’re brought up from | Stay interested in life, having someone young to be interested in – reminisce  Good company  Isolation  Men wouldn’t like to ask for help  British: stiff upper lip  Reluctant, self-reliant, ‘I’ve got to solve it myself’  Unlikely to go to a doctor and say I was lonely  Most wouldn’t admit it, unless one-to-one  Women more chatty  Perhaps [men] ought to  Men find it hard to say I’m vulnerable | Connect with family  Gender differences  *Need to see how to solve it? Through TV perhaps*  ‘admit’, implies owning up?  *Bad to be lonely?*  vulnerability |

**Appendix M: Thematic analysis process**

**Appendix N: Thematic analysis process**

**Example of theme development process**

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**Chapter three: Executive summary**

Word count: 2428

This paper is not intended for publication. The report has been written in an accessible style aimed at the participants who took part in the research study or people who have an interest in the findings of this research. A Service User representative read this report to comment on its readability and presentation. They offered useful insights into ethnicity, urban and rural areas and the concept of distrust and embarrassment. This was considered in the final write up.

**Background**

This report presents the findings of a study exploring older adults’ experiences and understandings of loneliness.

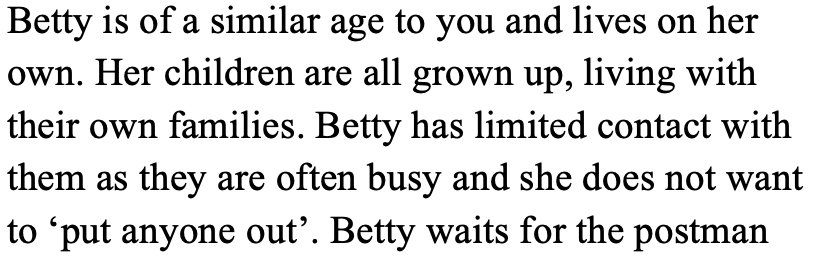
* You can be socially isolated and not lonely, but being socially isolated can reduce opportunity for social connection, which can lead to loneliness (Banks, Nazroo & Steptoe, 2012).
* Humans have become evolutionarily hardwired to cooperate and work together to support the group, which supports shared survival (Griffin, 2010). Feeling lonely signals us to connect.
* There has been a shift in modern day society. More people live away from their family and work longer hours (Griffin, 2010).
* As people age, support is offered to keep individuals living in their homes. This support could be providing for instance a falls detector to alert others if assistance is needed.
* More people are living isolated lives.
* Loneliness has been reported more frequently as people age (Iparraguirre, 2016)

**Why study loneliness in an older adult population?**

* The UK has an ageing population, individuals are living longer and have more time across their lifespan to experience physical and mental illness.
* Feeling lonely has been linked to illnesses such as cardiovascular changes and coronary heart disease (Cacioppo & Patrick, 2008; Thurston & Kubzansky, 2009).
* Physical illness can impact someone’s ability to socialise (Pinquart, 2003).
* When people feel connected with others their stress reduces and they do not express loneliness (Cacioppo & Patrick, 2008).

**Research aims**

****The current study aimed to find out more about loneliness amongst older adults. A short story known as a vignette was developed to allow participants to put themselves ‘in the shoes’ of an individual portrayed as socially isolated. The vignette captured the story of Betty/Brian who were fictional characters. An extract from the vignette is below:

****

****

**Aims:**

To consider:

* how loneliness is viewed, understood and experienced by older adults
* what counteracts loneliness
* what barriers might stop people accessing support for loneliness

**Method**

**People had to meet the following criteria to take part:**

- Be living on their own

- Have a UK based GP

- Be over the age of 66 as this was the UK’s national retirement age

- Not have accessed support via their GP for loneliness

- Were able to speak English

**The researcher would have excluded people who were:**

- aware of memory related diagnoses or concerns

- unable to give informed consent

**Recruitment**

* ****Approval for the study was granted by Staffordshire University’s Research Ethics Committee
* Poster advertisements were placed within the West Midlands at:

- Community centres

- Churches

- Supermarket notice boards

* The researcher discussed the study in two groups within a community centre and at a coffee morning at a church and following a church service.
* All participants who expressed an interest in the study received a Participant Information Sheet with further details.
* Those expressing an interest were contacted a week later to discuss the study further.
* Eight participants consented to take part.

**Data collection**

* Participants took part in a one-to-one interview with the researcher. This involved reading a vignette and answering questions such as:
  + ‘*If you were Betty/Brian... what would you do in this situation?’*
* They were asked what thoughts and feelings the vignette brought up for them and what might have prevented the situation from happening to the character.
* The participants then had a conversation with the researcher exploring loneliness further. This included exploring their own understanding and experiences of being lonely, ideas about what might prevent loneliness, consideration of barriers to accessing support and their ideas as to what might be helpful for those who felt lonely.
* Interviews were audio recorded, transcribed word for word and information was anonymised to make sure participants could not be identified.

**Participants**

* Five men and three women
* Participants were aged between 66 – 85 (mean age 77)
* Four participants were recruited through churches and four participants were recruited through a community centre

**Analysis**

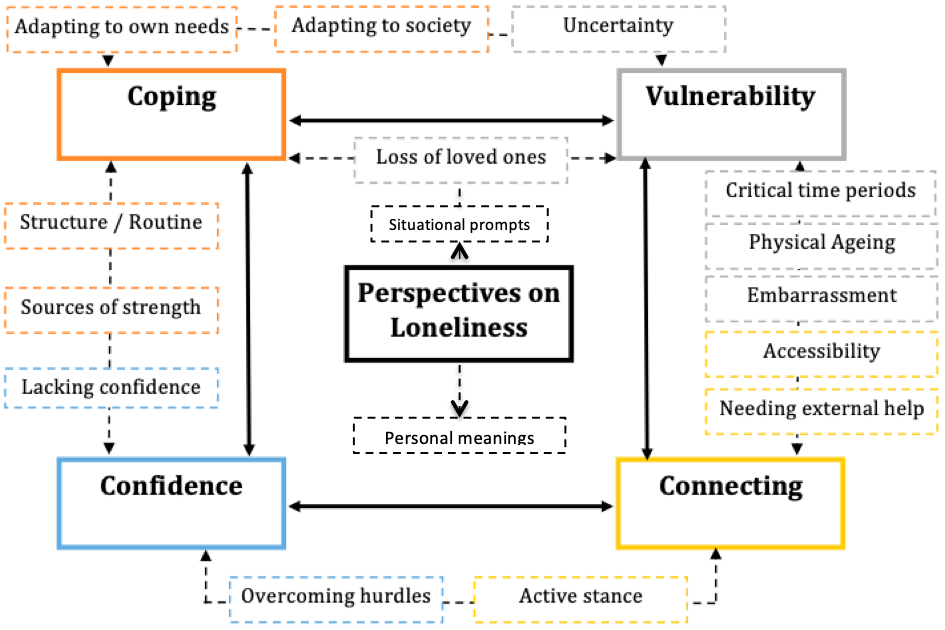
Interview data was analysed using thematic analysis (Braun & Clarke, 2006), to identify patterns and themes within data. The researcher read each transcript several times until familiar with the data and began note taking. Data was then coded into items relevant to the research questions. The codes were developed into sub-themes and then broader themes that captured the essence of the data. Themes were then reviewed against the data and discussed with the researcher’s supervisor.

**Findings**

Five themes were generated from the data:

1. Perspectives on loneliness
2. Vulnerability
3. Coping
4. Confidence
5. Connecting

A thematic map depicting the themes and sub-themes and how they interconnect with one another is illustrated in Figure 1.

****

*Figure 1.*Thematic map illustrating the relationships between themes and sub-themes. Dotted lines have been used to identify links between sub-themes.

**During the interviews participants spoke from different perspectives. This included the perspective of the character in the vignette, those they knew and from their own perspective.**

**Theme 1: Perspectives on loneliness**

The thematic map illustrates how participants’ perspectives of loneliness are central to all themes. This theme includes two subthemes capturing participants’ definitions of loneliness and situations that initiate feeling lonely.

**Personal meanings**

*“...to be lonely it’s like being cold...nothing there to stimulate you...the woods in the middle of deep winter, you can’t hear anything but you can see if you’re out in them.” (Michael, lines 261-264)*

*“…it is important to have some time on your own, but if you’re in a position where there’s no escape from loneliness I wouldn’t be happy at all.” (Trevor, lines 193-195)*

**Situational prompts to feeling lonely**

*“…once I went to a place I usually went with the children... ...I thought I’d make a day of it. There were loads of people around and I felt the loneliest I’ve ever felt.” (Trevor, lines 295-297)*

*“…after [my husband died], well I still do to a certain extent. …I’ll go down to the local town, I’ll probably meet somebody I know, which I do very often, but I went down the Saturday and I didn’t see anybody I knew and you see people your age, couples and you do feel alone…” (Lillie, lines 173-178)*

*“...it’s when I sit down at the television and look across at her photograph that’s when I feel lonely...” (Ivan, lines 55-57)*

**Theme** **2: Vulnerability**

This theme contained five sub-themes and showed participants’ vulnerabilities. Loss was a significant experience leading to some individuals feeling vulnerable. Ageing and emerging uncertainty were captured as well as times participants felt most susceptible to experiencing loneliness. The theme also captures perceived embarrassment, and how this can create reluctance to seek help.

**Loss of loved ones**

*“...there’s different types of loneliness. For me I never imagined what life would be without [my wife], and just the fact I can’t say ‘what would you like to do today, what do you think love?’” (Jim, lines 196-198)*

*“I was too involved with my kids... …your children are gone and you’re waking up in a house on your own and that’s a very lonely aspect...” (Trevor, lines 22-28)*

**Physical ageing**

*“It’s walking, I’m struggling with, I’ve got wheel things there...I love it, but...if it’s raining you need two hands on there...so I have to have my stick which doesn’t help my shoulder...” (Phyllis, lines 35-42).*

**Uncertainty**

*“I can feel [my shoulder] is going loose but it’s not giving me an awful lot of trouble at the moment so if it does go I feel [my knees] are more important to have renewed than me shoulder.” (Phyllis, lines 361-363)*

*“I use [the computer] for information. I don’t do any emailing, I haven’t bought anything ‘cos I’m that worried about someone hacking my account or whatever…” (Dennis, lines 402-405).*

**Critical time periods**

*“…this time of the year [my friend] comes and collects me and brings me back which is very nice of her. …I mean it is dark. ...you don’t see other people about ...if anything did happen you’ve got nobody to er you know…” (Rose, lines 100-105).*

**Embarrassment**

“*Embarrassment I suppose, one of the things. …you think I don’t need, I don’t need any help.” (Jim, lines 234-235)*

*“…men just find it hard to say I’m vulnerable, erm I don’t feel alright erm you know, I need help. I suppose we’re brought up from boys, and as we grown up... ...the British attitude isn’t very good in men, erm, could be a lot better.” (Dennis, lines 474-479)*

**Theme 3: Coping**

This theme describes coping strategies to manage or avoid loneliness and how to adapt to a changing society.

**Structure and routine**

*…the first word that came into my mind about [the vignette] was discipline. About erm loneliness...you can help yourself greatly...discipline in what you eat...drink...exercise...rest…I’m sure it helps me, to, to not even get lonely. (Dennis, lines 103-116)*

*“I have a routine but I don’t stick that rigidly, it’s flexible, I have a framework for want of a better thing and I loosely stick to that framework…” (Michael, lines 53-54)*

**Sources of strength**

*“My mother said to me if anything happens to your father and anybody asks me to go out, I shall put my hat and coat on and go she said, if you refuse invitations they don’t ask you again… …So now I try to accept invitations where possible...” (Ivan, lines 204-214)*

*“…if I’m asking you know God to protect me then I’ve got to accept that he will...” (Lillie, lines 78-79)*

**Adapting to own needs**

*“It’s difficult, difficult for some people to walk into a crowd of strange people. I mean to start this dance it was difficult for me.” (Ivan, lines 347-349)*

*“...no I couldn’t, at the moment I feel as though I can cope… but I couldn’t cope if I went in and had that shoulder done and I think I would be far more lonely as I wouldn’t be able to get out.” (Phyllis, lines 334-337)*

**Adapting to society**

*“[People] don’t realise. If you don’t go out you don’t keep up pace with modern thinking and what’s going on you sort of tend to drop behind.” (Rose, lines 443-445)*

*“…some of the old ways should have remained for perhaps another 15-20 years until the old folks have dropped off the coil...” (Ivan, lines 664-667)*

**Theme 4: Confidence**

This theme captures how confidence influences individuals’ participation and how strength is needed to overcome negative feelings to participate. This theme includes two sub-themes.

**Lacking confidence**

*“Is he one of these that’s, whose frightened to speak to anybody...” (Jim, lines 99-100).*

*“I think [loneliness] happens to people when they, it’s a surprising number of people are afraid to ask about things.” (Rose, lines 153-155)*

**Overcoming hurdles**

*“…you really have to overcome that, the negative feeling I suppose which stops you from joining in with other people. I think particularly with men they are not as social beings as what women are...” (Trevor, lines 107-110)*

**Theme 5: Connecting**

This theme included three sub-themes. It highlighted an individual active stance and recognised that external help is needed sometimes. It summarises accessing support and describes participants’ feelings of being a burden and how this impacts on connecting with others.

**Taking an active stance**

*“...he’s only got to pluck up the courage for that first one... I think people who are lonely have got to do something if they can to help themselves to get over that loneliness because it is lonely. When you’ve had a husband a wife a partner for all those years it is lonely because you’re there in the same house and all the memories are there and to start with it’s not nice at all.” (Ivan, lines 357-362)*

**Needing help from others**

*“loneliness is... ...a thing that can be avoided but more often I’ve found it’s a thing you need help to avoid, ‘cos you get yourself into that, an incident pit really, like a big funnel you start off and it’s relatively narrow it’s easier to climb out but the more you go into the funnel the steeper the sides come until eventually you can’t climb back, you need help.” (Michael, lines 276-282)*

**Accessibility**

*“I do feel sometimes that I won’t phone them as putting them out because they’re ever so busy both got busy, so I can understand that.” (Phyllis, lines 11-13)*

*“…at the one Church they will pick you up, I go on the bus but people who don’t walk very well. But then again their helpers are getting less as they’re getting old themselves.” (Lillie, lines 375-377)*

Active stance

External support

*Figure 2.* The incident pit of loneliness

**Tips for preventing loneliness:**

* Keep a structured routine that allows for some flexibility
* Connect with those around you, reach out to friends and family
* Seek a contact person prior to joining a new group
* Take a friend along to a new group
* Adapt where you can and ask for ideas from others
* Find out about new technology, ask somebody to show you
* Find out what’s on offer through your GP surgery or community centre

**Conclusion**

The findings of this study give insight into older adults’ experiences of loneliness. They indicate that ageing presents challenges where different types of support are likely to be needed to help individuals adapt and cope with changes. Connecting with others is important and embarrassment appears problematic as it can stop individuals from engaging with others and in activities. The findings highlighted what individuals can do to help themselves but also highlights that external help is sometimes needed at a critical point.

**Limitations**

* Participants were from the West Midlands area, which limits the generalisability of the findings.
* Poster advertisements alone were not successful.
* The subject matter ‘loneliness’ could have been difficult to talk about and this may have put people off participating.
* The inclusion criteria could have been strengthened by explicitly stating participants had to be retired. This could have increased similarity between participants recruited.
* The study did not ask specific participant details that could have been useful, such as retirement age.

**Recommendations and future research**

* Funding invested into services and community projects to allow individuals to cope would be beneficial.
* It would be beneficial for mental health professionals to support local community initiatives to promote wellbeing and reduce loneliness.
* Future research could focus on:
  + the impact of retiring.
  + alternative recruitment strategies. E.g. T.V/radio/GP advertisements.

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