COACTION

EMPIRICAL STUDIES

Older Norwegians' understanding of loneliness

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Abstract
This interpretive study explored older people's understanding of loneliness and what they considered appropriate and effective ways of dealing with it. Thirty elderly people were interviewed in-depth; 12 described themselves as "lonely" and 18 as "not lonely." We found a striking difference in the way "lonely" and "not lonely" people talked about loneliness. The "not lonely" participants described loneliness as painful, caused by the person's negative way of behaving and a state they should pull themselves out of. The "lonely" participants also described loneliness as painful, and gave more detailed descriptions of loneliness as disconnection from others, from their former home and from today's society. The "lonely" participants were more reserved and subdued in trying to explain loneliness, attributing it partly to themselves, but mostly to the lack of social contact with important others. Some felt able to handle their loneliness, while others felt unable to cope. This study underlines the importance of subjective experiences in trying to understand a phenomenon like loneliness and of developing support for lonely older people unable to cope on their own.

Key words: *Loneliness, older people, aging, attitudes*

Introduction

The purpose of this article is to describe older people's understanding of loneliness. Most studies of loneliness among older people are surveys aimed at describing the prevalence of loneliness. The findings of these studies vary substantially, indicating a prevalence ranging from 7–10% (Paul, Ayis, & Ebrahim, 2006; Steed, Boldy, Grenade, & Iredell, 2007) to 35–49% (Holmen, Ericsson & Winblad, 2000; Jylha, 2004; Savikko, Routasalo, Tilvis, Strandberg, & Pitkala, 2005; Schnittker, 2007; Thorsen & Solem, 2005; Victor, Scambler, Bowling, & Bond, 2005). However, due to differences in age groups and assessment instruments (Luanaigh & Lawlor, 2008; Victor, Grenade, & Boldy, 2005), it is hard to compare the findings. Nevertheless, they underscore the importance of exploring loneliness among older people in further detail.

A small number of studies have applied qualitative approaches to investigate older people's understanding of loneliness. These studies give some insight into elderly people's descriptions of what loneliness might be, and how older people deal with loneliness. Loneliness is described as a negative state of silent suffering, or a feeling of fear and anxiety (Dahlberg, 2007; McInnis & White, 2001; Sand & Strang, 2006), and, in some cases, as ugly and shameful (Dahlberg, 2007). However, one study presented findings of loneliness in positive terms by describing loneliness as restful and creative (Dahlberg, 2007). Loneliness is closely connected to social relations. However, this has more to do with feelings of not belonging than the number of relations available (Dahlberg, 2007; McInnis & White, 2001; Sand & Strang, 2006; Slettebø, 2008). The research literature reports that elderly people handle their loneliness partly by solitary activities such as doing their housework, gardening, and thinking of good memories, and partly by interacting socially to minimize the loneliness experience (McInnis & White, 2001; Pettigrew & Roberts, 2008).

Conducting research on loneliness is challenging due to the lack of clear and consistent

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conceptualizations of the term, both in everyday language and in the research literature. In the classical research literature on loneliness, there are two substantially different definitions and descriptions of the concept. Karnick (2005) and Mijuskovic (1979) view loneliness as a normal, universal, and existential phenomenon relevant for all human beings, with both positive and negative connotations. In contrast, Weiss, Riesman, and Bowlby (1973) describe loneliness as an abnormal, and solely negative feeling related to social and emotional isolation. These diverse understandings of loneliness mirror the conceptual diversity discussed in several theoretical analyses of the concept (de Jong Gierveld, 1998; Donaldson & Watson, 1996; Karnick, 2005; Nilsson, Lindstrom, & Naden, 2006; Weeks, 1994). For instance, Karnick (2005) claims that loneliness "is considered positive when it is viewed as creative, productive and maturing, and as negative when it is defined as physical, emotional or social alienation, or isolation from self or other" (p. 9). Although the concept of "positive loneliness" is used in some publications (Dahlberg, 2007; Karnick, 2005; Nilsson et al., 2006; Routasalo & Pitkala, 2003; Tornstam, 1990), in most cases loneliness is interpreted as a term used to describe a negative and unpleasant state.

In addition, there is also confusion in the literature with regard to the fact that the terms "loneliness," "being alone," and "living alone" are used interchangeably (Davies, 1996; Karnick, 2005; Routasalo & Pitkala, 2003), and that loneliness is even used as a term to describe depression (Barg et al., 2006). In addition, the concept of solitude, usually used to describe a positive state (Long, Seburn, Averill, & More, 2003), is in some cases used to describe a negative state (Long et al., 2003; Moustakas, 1972; Pilkington, 2005).

In response to the confusing use of the terms, attempts have been made to describe loneliness, and the relationship between loneliness and other related concepts, along a continuum (Killeen, 1998; Younger, 1995). Killeen (1998) has proposed a continuum which ranges from alienation to connectedness. In his analysis, loneliness is reserved for a small part of the continuum and is differentiated from the even more negative state of alienation, and from the more positive state of social isolation. According to Killeen (1998), social isolation can be interpreted as something less painful than loneliness.

Given the prevalence of loneliness among older people and the lack of clarity in the literature about the phenomenon, more research about how older people understand loneliness is required. Such knowledge may help us address loneliness in a more informed way. This study was conducted to address this issue.

Methods

This was a qualitative interview study conducted within a hermeneutic interpretive tradition (Fleming, Gaidys, & Robb, 2003; Gadamer, 2004; Kvale, 2007). According to Gadamer (2004), researchers' pre-understanding is a crucial part of a study's interpretative foundations. Our pre-understanding was colored by the literature review above. In particular, we assumed that loneliness is both a universal and a culturally embedded phenomenon. This implies that every person will, in some way, encounter loneliness throughout life. Some people may experience severe loneliness for long periods. Others may experience glimpses of loneliness in special situations. Some may report an overall lack of personal experiences with loneliness, but may have encountered loneliness in other ways, such as by interacting with lonely people or hearing about others' experiences of loneliness. We assumed that including people who had encountered loneliness in different ways could increase our insight about the phenomenon and possibly clarify some of the inconsistencies in the literature.

Sampling and participants

A total of 30 elderly people, 21 women and nine men aged between 70 and 97, were recruited based on the following inclusion criteria: 65 years or older, no severe hearing or speech problems, and willing to talk about loneliness. We also required that they had thoughts about and were willing to share their understandings of loneliness in old age, though they did not need to define themselves as lonely. The sampling strategy was guided by the principle of maximum variation (Patton, 2002) in terms of age, gender, health status, living conditions, and marital status. Nine lived in nursing homes, four in independent living units, and 17 in private houses and apartments. Three of the participants were married, four had never been married, three were divorced, and the remaining 20 were widows or widowers. Seven of the participants had no children.

Participants were recruited through community health services (16), a day care center for the elderly (4), a Red Cross visiting service (5), and through snowball sampling (5). The first contact with the participants was made by health care workers, a Red Cross volunteer or, in the case of snowball sampling, by colleagues or friends.

Data collection

Data were collected using individual in-depth interviews. An interview guide comprising six main questions guided the interviews: What do you consider loneliness to be? What factors do you think contribute to loneliness? What might the effects of loneliness be? How do you think older people manage loneliness? What might perceived barriers to managing loneliness be? What may help older people manage loneliness?

The interviews were conducted as dialogues with open-ended questions that allowed the participants to reflect on and express their thoughts and understanding in their own words. During each interview, the researcher summarized the participants' dialogue several times to ensure her interpretation of participants' meaning was correct.

Interviews were conducted in the informant's own home or in the private rooms at the nursing home. One informant recruited via the Red Cross was interviewed in the Red Cross building, and the four participants recruited by the day care center were interviewed in an office at the center.

Data analysis

All interviews were transcribed verbatim and analyzed, inspired by the levels of qualitative analysis described by Fleming et al. (2003) and Kvale (2007). First, all interviews were listened to several times, followed by a first reading of the transcript, to get an overall impression of the participants' understanding. Through this process, we discovered that some participants did not experience loneliness while others explicitly defined themselves as lonely, and that those with personal experience of loneliness spoke of the phenomenon in a qualitatively different way to those who described themselves as not lonely. The second step was a more detailed examination of the transcripts to identify themes that captured the participants' understanding. Examples of themes are "disconnectedness" and "negative attitude." The third step was to identify the connection of the different themes to the participants' experience of being "lonely" or "not lonely." The fourth step encompassed an overall analysis and interpretation of the themes.

Ethical considerations

The Research Committee for Medical Research Ethics for Eastern Norway and the Norwegian Social Science Data Services assessed and approved the study. Throughout the research process, we emphasized the principles of informed consent, protection from harm, confidentiality, anonymity, and appropriate data storage (Denzin & Lincoln, 2005). All participants received written information and signed an informed consent form before being included in the study.

Findings

During the analysis process, it became evident that the participants' descriptions and explanations were closely related to their personal experiences of being "lonely" or "not lonely." Twelve of the participants described themselves as "lonely" and 18 as "not lonely." In the presentation of findings, we will underline this diversity.

Loneliness: a feeling of disconnection

All participants found it difficult to define loneliness in words, yet they gave many descriptions of loneliness in the interview dialogue. The descriptions given by the "lonely" and the "not lonely" were very similar at first glance. Both groups used phrases like "it is awful," "it is like being in a dark room or feeling all alone, feeling forgotten by others." Loneliness was described as an inner feeling that was nagging and painful.

Nearly all the participants used relational examples to describe what loneliness was. A typical quotation from the "not lonely" group was given by an 80-year-old man who had never been married and was living in his private house with daily home care support: "To be lonely, that is when nobody comes to visit you at all" (Not lonely male, 80 years, No. 12).

The experience that loneliness had something to do with lack of social relations was described in greater detail and with more feeling by a 70-year-old "lonely" widower living in his own apartment:

> I experience loneliness ... loneliness is when I am all alone, when there is nobody asking for me and nobody to ask [for]. Sometimes ... in some situations you feel ... like [you are in] a vacuum—all alone ... I think this must be sort of loneliness. (Lonely male, 70 years, No. 24)

For the participants who were "lonely," there was no doubt that in most cases the feeling of loneliness emerged when they were alone, but not always:

> So, then I am together with my family celebrating birthdays, there are, of course, many younger grandchildren, and I sit there as the only really old person. They are talking, and sometimes to me, but you don't really take part in the conversation. There are six or eight young people talking

about their things, and in between they say something to me so I can join in … hi, hi. (Lonely female, 95 years, No. 25)

This quotation is from a 95-year-old widow who was living alone in her apartment with home care support once a week. She had a big family with children, grandchildren, and great-grandchildren.

Some of the participants could date their loneliness experiences to the time they moved to a new environment. A 90-year-old woman had lost her husband two years before. For the first year after her husband's death, she continued to live in their home without feeling lonely:

> I can't remember feeling lonely when living at home, but when I moved (to a rented flat) everything became different. I don't know why, it is like I feel isolated in a way. (Lonely female, 90 years, No. 16)

This woman moved to an independent-living flat in a building with several other elderly people but was unable to connect to her new environment. However, moving to a more dependent-living environment, like a nursing home, did not necessarily help: "So, when I had to move to this place (the nursing home), things became different and the feelings of loneliness have become dominating" (Lonely female, 96 years, No. 4).

In the descriptions of loneliness, many of the participants seemed to associate loneliness with not being able to keep up with today's society. Many of the "not lonely" participants described loneliness as being related to people who are not interested in keeping up with the news, or keeping up interests in cultural activities, sport, and so on. This view was supported by the "lonely" participant who was able to outline this situation in greater detail: "I can't remember what is going on, that makes you feel stupid" (Lonely female, 96 years, No. 4).

Others described how they struggled to keep up with a continuously changing world. They felt tired or too weak to really engage in all the new things happening. A 95-year-old man described such a situation as "being out of date."

Loneliness: who is to blame?

The most obvious difference between the "lonely" and "not lonely" participants appeared in their descriptions of the causes of loneliness. The message from the "not lonely" participants was very strong and clear. They seemed to be convinced that loneliness was a person's own fault and that it was closely connected to a person's passive, negative, and critical personality and attitude: "A person becomes lonely because he or she is egoistic, like a lady I know who complains about everything" (Not lonely female, 88 years, No. 10).

Another "not lonely" informant, an 84-year-old widow living in a private flat, had a similar attitude. She described a woman she knew and with whom she used to spend some time, as "suspicious, critical and bitter" and concluded that "even her son can't take it any more, so if she is lonely, it is her own fault. No wonder she became lonely."

In addition to connecting loneliness to a negative attitude, several of the participants described lonely people as passive or lacking interests outside themselves: "Yes, it is because they don't have any interests, they only pity themselves" (Not lonely female, 87 years, No. 6).

The "lonely" participants had a more reserved and subdued tone in their explanations of causes. To some extent, loneliness was also described by some of the "lonely" participants as related to their own lack of personal abilities: "I can't take part in the present, because I can't keep up with it. I can't do anything except listen to the radio and TV. But I don't know what is going on" (Lonely female, 96 years, No. 4).

The cause for loneliness also seems related closely to relations with their close ones. For instance, they expressed a bitter feeling of not being important enough: "I have the impression that they (the family) don't care that much about a 90-year-old lady" (Lonely female, 90 years, No. 16).

Others used phrases like "I feel second class" or "I am not interesting," when talking about why they spent that much time alone and felt lonely.

In addition, they explained the lack of contact or visits from their family as being due to how busy their family was. Some of them had children who were still working; however, having retired children did not always help. Several participants told stories about their retired children who spent most of their time traveling or looking after their grandchildren.

Loneliness: whose problem?

When talking about how to cope with loneliness, there were large differences between the "lonely" and "not lonely" participants. The most common statement from the "not lonely" participants was: "You have to do something by yourself, go out and get in contact with others" (Not lonely female, 92 years, No. 11). In addition, the participant also pointed out the importance of being physically active or attending different kinds of cultural events as ways of coping with loneliness.

Another view was that the lonely person had to do something with their personal attitude:

The first condition is that they [lonely people] have to work on their attitude. Get out of the mess, and think like this: I will manage this! I have to! Put your foot down and keep moving. (Not lonely female, 84 years, No. 20)

They also strongly held the view that one should not expect too much from one's family, friends, or other people nearby: "You can't sit down in your chair waiting for someone to come to get you out of your loneliness if you don't do anything yourself" (Not lonely female, 77 years, No. 21).

The participants who experienced loneliness had a more nuanced view about coping with loneliness. They could, in principle, agree that everybody should do something by themselves, but it was not always so easy: "It is easy to say, but not that easy to do, when that feeling appears" (Lonely female, 78 years, No. 27).

Several of the participants described a state of waiting for others to intervene: "I am sitting thinking a lot about why am I alone? Why don't they [her daughters] call me? Why don't they come? Why should I be the one who makes contact first?" (Lonely female, 95 years, No. 25).

However, some of the "lonely" participants had rich descriptions about the importance of everyday activities. For instance, doing the dishes, making their own meals, or keeping their house clean helped, and other activities like going for a walk, listening to music, watching TV, or making a call were described.

Comprehensive understanding

The analysis revealed that personal experiences with loneliness deeply colored the understanding of loneliness. The "not lonely" respondents understood loneliness as being painful, although this understanding appeared to be rather superficial. They did not describe the painful feelings in a deeper manner. Furthermore, they seemed to have a general understanding of loneliness as lack of social contact. The most striking finding was that they understood lonely people to be lonely because of their personal way of behaving. Loneliness seemed to be interpreted as a personality deficit or bad attitude, and as a personal responsibility. From this perspective, their understanding of coping with loneliness, for example, by pulling oneself together, may seem logical.

The "lonely" respondents gave nuanced descriptions of loneliness as a painful inner experience. Loneliness was related to social relations, but also to

other factors. They described loneliness as a kind of disconnection, both from important people, and from important things and today's society. This disconnection was seen as partly their own responsibility, due to problems keeping up with things, and partly the responsibility of others, such as when the respondent experienced a lack of interest from family and friends. Even if they were able to socialize or participate in everyday activities, they found it hard to get out of their lonely position. It was not "that easy" to pull oneself together.

A conclusion of this study is that there are qualitatively different understandings and descriptions of loneliness between participants who do not feel lonely and those who do. This underlines the importance of focusing on subjective experiences in researching a phenomenon like loneliness and in developing support for lonely persons who do not cope on their own.

Discussion

The most striking finding in this study was the dramatic difference in the way the "lonely" and the "not lonely" talked about loneliness. To the best of our knowledge, such differences between "lonely" and "not lonely" participants have not previously been reported.

The significance of personal experiences

Even if both participant groups described loneliness as something solely negative, the significance of personal experiences of loneliness is evident in the findings presented in this study. For example, the "lonely" participants' descriptions were more detailed, nuanced, and negative. The core themes in their descriptions were being disconnected from other people, specific things and places (home), and society. This is in line with Dahlberg's (2007) descriptions of lack of connection to important others and with Younger's (1995) theoretical description that "alienation is an experience of disconnectedness with one's self; with others; and with one's gods, nature, or a transcendent realm of being" (p. 57).

Our findings suggest that loneliness is a deeply personal experience. If so, it is not surprising that people who do not consider themselves lonely describe loneliness differently from those who consider themselves lonely. Killeen (1998) suggested that "not lonely" people experience connectedness. It is understandable that a person experiencing connectedness may have difficulties describing the opposite feeling, disconnectedness. To some extent, this can explain the "not lonely" participants'

difficulties in understanding the situation of being lonely.

The stigma of loneliness

Another prominent finding in this study was the "not lonely" participants' critical and negative attitude toward elderly lonely people. The dominant explanation was that loneliness is a person's own fault and is due to their way of behaving. There is limited support for this negative attitude in other empirical studies. However, similar attitudes have been described: "lonely people withdraw and may bring on their own isolation" (Barg et al., 2006, p. 334); and "individuals have some control over the extent to which they experience loneliness" (Pettigrew & Roberts, 2008, p. 304).

This critical and negative attitude is interesting but not easy to explain. It might have something to do with a general negative attitude toward loneliness in Western society. Several authors have suggested that loneliness is associated with stigma (de Jong Gierveld, 1998; Donaldson & Watson, 1996), and even that loneliness is taboo (Killeen, 1998). This corresponds with Dahlberg's (2007) finding that loneliness is sometimes described as feelings of guilt and shame. One can question whether negative attitudes toward loneliness are so common that they color our whole interpretation of loneliness and lonely people. If so, our "not lonely" participants only mirrored a view that is widespread in Western culture.

In addition, negative attitudes toward lonely people might also have something to do with people's understanding of the cause of loneliness. Our findings indicate that loneliness was related to a person's critical and negative personality. Connecting the cause of loneliness to personality corresponds to the "pathological" interpretation of loneliness (Donaldson & Watson, 1996; Peplau & Perlman, 1982; Weiss et al., 1973), where loneliness is understood as a personal deficit. According to this interpretation, loneliness is an abnormal state and lonely people are therefore interpreted to be a select group of people, which others may avoid associating with (de Jong Gierveld, 1998; Donaldson & Watson, 1996). This might exaggerate the stigma, and add to the burden of being lonely.

Some authors seem to suggest that the stigma of loneliness might be reduced by interpreting loneliness as a common phenomenon with both positive and negative connotations (Moustakas, 1972; Nilsson et al., 2006). We question such a view, as we found no support for the interpretation of loneliness as a positive state. In our view, applying the term "loneliness" to positive states, such as solitude, contributes to a non-productive blurring of the concept, making it a less useful means of conveying the very real, painful experiences uncovered in our findings.

Implications

The findings in this study indicate that many people hold a negative and critical attitude toward lonely older people. Considering loneliness as a personal responsibility might limit interest in the phenomenon and maintain the stigma associated with loneliness. This may add to the suffering of older people who experience loneliness. To reduce the stigma, people need to know more about how loneliness is experienced and the reasons for loneliness. This would require that more focus is directed toward loneliness and that relevant information is made more readily available.

According to a review of studies that have sought to reduce or prevent loneliness there are mixed results (Cattan, White, Bond, & Learmouth, 2005; Findlay, 2003). The effect of different types of one-on-one support in particular (telephone support, gatekeeper programs, home visits), seems ineffective or unclear (Cattan et al., 2005). Group interventions targeting specific groups (i.e., women, widowed) with educational input or targeted support activities seem more promising (Cattan et al., 2005; Findlay, 2003). In light of our findings, one might hypothesize that lonely people who are able to manage their loneliness by seeking social interactions are more likely to participate in group interventions than lonely people who do not have the strength to fight loneliness in this way. More research is needed to explore how best to address loneliness in older people who seem more dependent on others for the amelioration of their disconnectedness.

Study limitations

Findings in qualitative studies are always context bound (Kvale, 2007). This study was conducted within a Norwegian setting and the findings cannot be automatically transferred to other contexts. Our participants were older people of Norwegian descent, so the findings may not be representative for older persons of different ethnic and cultural backgrounds. It is also a limitation of this study that we did not investigate how other groups, such as next of kin, younger people and health care workers, understand loneliness. Finally, this study did not address how lonely older people may be assisted in dealing with loneliness in an appropriate way.

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