Pandemic diaries: lived experiences of loneliness, loss, and hope among older adults during

COVID-19

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Abstract

Background and Objectives: While research on loneliness in later life has increased during the COVID-19 pandemic, we still lack diverse qualitative approaches capturing lived experiences of lonely older adults. Approaches to research *with* older adults instead of *on* them are also scant in gerontological literature on loneliness. Through solicited diaries, this study aimed to explore how older Australians who were already lonely before the pandemic managed lockdowns (stay-at-home orders) in Victoria, Australia, which lived through one of the longest lockdowns in the world.

Research Design and Methods: This article is based on qualitative diaries completed by 32 older adults (aged 65+). Diaries provide a 'live' document where participants become active research partners, recording and sharing their perceptions and experiences. This method is useful to capture sensitive issues, but to our knowledge has not been employed in loneliness studies. Data were thematically analyzed through identification of themes within and across diaries.

Results: Loneliness was defined by participants as a detrimental absence of companionship and meaningful social interactions. For most, lockdowns exacerbated loneliness, presented new triggers, and upended coping strategies. The disruption of the 'emotion work' involved with managing loneliness led to a reconfiguration of response strategies, including through digital technology, which brought both challenges (e.g., digital ageism) and opportunities (e.g., novel communication forms).

Discussion and Implications: Understanding how older people living alone define and respond to loneliness in diverse contexts – for example, before and during a pandemic that restricted social interaction – provides critical insights to inform interventions to tackle loneliness.

Background

Loneliness is not a new phenomenon for some older adults, yet policy responses to the COVID-19 pandemic – from physical distancing to lockdowns – drew attention to the issue (Bundy et al., 2021; O'Sullivan, Lawlor, et al., 2021). Loneliness is commonly defined as a subjective feeling of lacking companionship or missing meaningful social relationships (de Jong Gierveld, 1998; Perlman & Peplau, 1981). It differs from social isolation, which refers to limited social contact and low/non-existent levels of social support and social participation (Smith & Victor, 2019). Negative effects of loneliness are well documented in the literature, including emotional suffering and increased risk of social exclusion and health conditions such as dementia (Neves et al., 2019; Smith & Victor, 2019; Sutin et al., 2020). Interactions between loneliness and personal contexts have also been documented (Cohen-Mansfield et al., 2016; O'Sullivan, Burns, et al., 2021; Smith & Victor, 2019). For example, chronic health problems and living alone are associated with loneliness in later life, though their pathways still require investigation (Charpentier & Kirouac, 2021). Research has further highlighted the complexity of loneliness due to social circumstances, including stigma linked to reporting feeling lonely in later life (Neves et al., 2019).

Early in the pandemic, studies suggested loneliness among older adults remained stable or without worsening effects (Bundy et al., 2021). Longitudinal Dutch research found that while loneliness increased among community-dwelling older adults during the pandemic, mental health outcomes were not significantly worse compared to 2019 (van Tilburg et al., 2021). Additionally, an online cross-sectional survey conducted in 101 countries between June and November 2020 showed loneliness was associated with younger ages (O'Sullivan, Burns, et al., 2021). But other studies found loneliness worsened for older people experiencing continuing lockdowns and physical distancing measures (Cohn-Schwartz et al., 2021). This was the case for older adults living alone, experiencing health issues, and with restricted access to/use of digital technology to maintain social connections (Cohn-Schwartz et al., 2021; Kotwal et al., 2021; Stolz et al., 2021).

To fully understand contexts of loneliness among these groups, qualitative approaches that tease out lived experiences of loneliness during the pandemic are required. This knowledge is critical to inform loneliness interventions, which have been limited in terms of sustainability and diversity (Day et al., 2021; Neves et al., 2021a). Recently, Bundy and colleagues (2021) offered important insights into how older people already feeling lonely before the pandemic experienced loneliness over lockdown. Through 12 interviews with older Americans, they did not find increased loneliness. As most interviewees were homebound pre-pandemic, their management strategies went undisrupted (e.g., assistance from caregivers) and loneliness was framed as voluntary and a social responsibility during COVID-19 (Bundy et al., 2021). The authors suggested those enduring prolonged loneliness appeared resilient to the transient loneliness brought by the pandemic; this resilience might even be enhanced by being part of community-based efforts toward a common good (Bundy et al., 2021). Given the differences in COVID-19 restrictions within and between countries, it remains essential to explore whether experiences of loneliness also vary (Stolz et al., 2021).

As loneliness cannot be dissociated from social and cultural circumstances (Bundy et al., 2021), more research is warranted with older adults experiencing persistent loneliness and facing different pandemic-related restrictions. Our research focused on older Australians living through multiple lockdowns in Victoria, where residents experienced some of the longest and strictest lockdowns in the world (Oxford University, 2021). We aimed to understand how already-lonely older Victorians perceived and responded to their loneliness during lockdowns, through a mixed-methods longitudinal study privileging a qualitative approach. This article reports on diaries developed by participants, used as participatory tools to allow us to work *with* older people instead of *on* them. Our study employed a sociological framework, combining symbolic interactionism with emotion studies to grasp individual and social dimensions of loneliness.

Sociological insights for the study of loneliness

Approaching loneliness sociologically involves bridging individual and social contexts to understand meanings, perceptions, and lived experiences. Loneliness does not operate within a purely individual sphere – it deeply relates to social spheres, including relationships and their circumstances. One might feel lonely, but those feelings are produced by and through one's interactions (or lack thereof) with the world around them. We thus need to consider both agentic (e.g., individual actions, choices) and structural (e.g., living arrangements, social norms) dimensions to better comprehend loneliness in later life. For this, we combine symbolic interactionism theory with a sociology of emotions approach to loneliness.

Symbolic interactionism helps connect agency and structure through social interaction, positing that how people interact shapes and is shaped by personal and social contexts (Atkinson & Housley, 2003; Goffman, 1967). For instance, how individuals present themselves in public often differs from how they present in private – which reinforces social norms and individual expectations. Agentic and structural contexts interplay in how feelings are displayed and addressed. The same applies to loneliness: interacting agentic and structural factors influence how it can be felt and managed.

Goffman's (1959, 1967) symbolic interactionist work on social identities, self-presentation, and stigma can help trace the complexity of loneliness and its management (Kharicha et al., 2020; McInnis & White, 2001). Stigma is a dynamic process, relying on how identities are created and re-created in social interaction: if a person is linked to a stigmatizing attribute, such as a physical characteristic or trait, they are socially categorized as 'discredited' or 'discreditable' (Goffman, 1959, 1963). Loneliness is frequently seen as stigmatizing, affecting an individual's capacity to talk about it due to the potentially negative influence on their social identity and status (Kharicha et al., 2020; McInnis & White, 2001; Neves et al., 2019; Stanley et al., 2010). In response, those experiencing loneliness might manage their feelings by engaging in 'impression management'–efforts to control others' perceptions by reinforcing a desired identity through how one presents themselves in interaction with others (Goffman, 1959). Studies show lonely

people engage in impression management to facilitate connections, which can reduce or enhance their loneliness depending on their social circumstances (Jung et al., 2012; Wang et al., 2020). To understand people's loneliness coping or management mechanisms, we must explore individual meanings and actions (agency) as well as their localized social and cultural contexts (structure).

Applying a Sociology of Emotions approach

The sociology of emotions further illustrates how the *social* contributes to feelings and emotions, helping elucidate how people make sense of/manage loneliness within shared cultural ideas about what and how they should feel (Hochschild, 2002). Emotions are central in everyday interactions, being both a catalyst of actions and response to the surrounding social and physical world (Jacobsen, 2018). Yet emotions are also socially arranged, depending on social norms and expectations (Hochschild, 1975). People engage in 'emotion work' when managing their feelings, including loneliness. Emotion work (or management) is "the act of trying to change in degree or quality of an emotion or feeling" through conscious or unconscious acts (Hochschild, 1979, p. 561). It involves three strategies: *cognitive*, including attempts to change ideas or thoughts to alter feelings associated with them; *bodily*, encompassing efforts to change physical outcomes of emotion, through strategies like deep breathing; and *expressive*, referring to changing gestures – such as smiling – to shift feelings (Hochschild, 1979). Emotion work is influenced by 'feeling rules', i.e., social conventions about how to experience and show feelings (Hochschild, 2002). This involves idealizing how people are supposed to feel in particular circumstances, which may help grasp loneliness. Hochschild (1979) explains that "it is left for motivation ("what I want to feel") to mediate between feeling rule ("what I should feel") and emotion work ("what I try to feel")" (p. 565). Feeling rules reflect how actions and perceptions are influenced by social contexts, which not only induce emotions but configure how they are felt and displayed (Hochschild, 2002).

Taken together, these conceptual approaches facilitate an in-depth analysis of perceptions and lived experiences of loneliness in later life, combining agentic and structural dimensions. They

also facilitate a situated understanding of how loneliness is dealt with in various contexts, including during pandemic periods characterized by physical distancing, isolation, and lockdowns. This article analyzes the experiences of already-lonely older adults during these periods – as this group offers insights into persistent loneliness in different emotional and structural contexts, illuminating the impression management and emotion work of those used to living with loneliness.

Research Design and Methods

A longitudinal mixed methods study on lived experiences of loneliness in later life was conducted during 2020 COVID-19 lockdowns in Victoria, Australia. The design gave more weight to qualitative methods – semi-structured interviews and diaries – although the 3-item UCLA loneliness scale (Hughes et al., 2004) was also administered at two time points, as described below. A purposive sample of older adults was recruited through urban and regional councils, which forwarded study information to older citizens through newsletters, letters, emails, and phone calls. Selection criteria included self-reporting loneliness, living alone in the community, English fluency, and capacity to provide informed consent. Data were collected from July to December 2020, during which participants experienced 112 days of lockdown (Department of Health and Human Services Victoria, 2020).

This article reports on the diaries; however, these were not employed in isolation. Interviews conducted before diary completion established rapport with participants, helping address impression management and the stigma of loneliness. Follow-up interviews contextualized diary entries. Scales were used to assess the potential impact of the diary activity on participants, but no significant changes in loneliness scores before and after the diary component were found. Scales also helped evaluate discrepancies between measurement instruments and self-identification, particularly as the diaries provided an extended timeframe to describe loneliness.

Diaries allow for exploration of social realities over time, prioritizing "the centrality of daily experience and the transitory minutiae of how we think, feel, and act" (Hyers, 2018, p. 75). In

doing so, they also capture broader social contexts. Diaries have been underused in social and health sciences (Milligan & Bartlett, 2019), but are gaining prominence due to the renewed value placed on personal/self-reflective narratives (Hyers, 2018). The method affords a life document drawing on everyday events; diaries are 'immediate' tools to record experiences in real time or close to when events occur, while facilitating engagement with life stories, as participants often reflect on past circumstances (Hyers, 2018; Milligan & Bartlett, 2019). Diarists become active participants – research partners, not 'subjects' – by recording, reflecting, and controlling their own data. For example, they decide how much and what to share (Milligan & Bartlett, 2019). Additionally, diaries are a valuable method when working with vulnerable older populations or capturing sensitive issues (Milligan et al., 2005), because they "offer respondents space and time to think and consider questions/themes in private and the freedom to express intense sentiments" (Milligan & Bartlett, 2019, p. 82) that might be too challenging to talk about in interviews. To our knowledge, qualitative diaries have not been applied to the study of loneliness in later life. We rely on the method's advantages to better flesh out meanings, feelings, and experiences of loneliness among participants, including how they describe emotion work/management. This is important given loneliness is often associated with social stigma, which can limit how it is reported to researchers (Neves et al., 2019, 2021b). Qualitative diaries are also useful for symbolic interactionists because they link life narratives with social contexts over time (Hyers, 2018).

Data Collection

Diaries were completed by 32 older adults self-identifying as lonely and reporting a median score of 7 on the 3-item UCLA loneliness scale, indicating a high level of loneliness (Hughes et al., 2004). This high level matched how participants described their loneliness in interviews and diaries. Participants included 18 women and 14 men living alone, aged 69-96 (M = 77.47, SD = 6.89) (see Table 1). Participants recorded their daily feelings, thoughts, and activities during a lockdown. They were asked to record entries at least twice daily – in the morning and evening – and were supplied with a list of prompts to use as desired (see Figure 1). Diaries were

approached in a semi-structured way (Milligan & Bartlett, 2019) – participants had prompts, but were encouraged to record whatever suited them. Some followed the prompts, while others wrote more generally about their experiences.

[See Table 1 here]

[See Figure 1 here]

Nineteen participants opted for handwritten journaling and were sent a journal and pens, whereas 13 selected digital formats, including emails (1), text documents (11), and audio recordings (1) they captured using computers (7), tablets (5), and mobile phones (1). Due to frailty or health issues, we designed the diary component to occur over seven days, a period agreed on with participants. Diarists started on October 5, 2020, and completed journaling on October 11, 2020, except one participant who started on October 7 because of illness. Length of diaries ranged from approximately 499 to 7,811 words.

Six participants lived in regional areas and experienced different restrictions to those in metropolitan Melbourne, which was captured in the diaries. Regional participants lived under Stage 3 restrictions, limited to four reasons to leave home: shopping for essential items, caregiving, exercise for up to one hour, and work that could not be completed from home (Griffiths et al., 2020). Participants in metropolitan Melbourne were under Stage 4 restrictions, which extended Stage 3 limitations with an 8pm to 5am curfew, five-kilometer travel limit, two-person restriction on gatherings, and one-hour limit on essential shopping (Griffiths et al., 2020).

Participants were given two gift cards as a token of appreciation for their time: one at the start of the study and another at the end, totaling 50 Australian dollars per participant. The study was approved by our university's ethics committee and all participants provided informed consent. As discussing loneliness can impact participants' well-being, a researcher talked with participants before and after diary completion to brief/debrief them and check the activity did not have negative effects. We provided a list of support services and were available if participants wished to contact us.

Data analysis

Thematic analysis was conducted to identify *themes* – ideas within the data – from an individual's diary (intra-case) and across participants' diaries (cross-case) (Milligan & Bartlett, 2019). Our analytical process adapted the six iterative steps of thematic analysis: 1) familiarization with the data; 2) coding; 3) generation of preliminary themes; 4) revision and theme development; 5) improvement and definition of final themes; and 6) write-up (Braun & Clarke, 2020). After several readings of the diaries (step 1), we devised a codebook to guide our coding and generate preliminary themes within and across cases (steps 2 and 3). The codebook was flexible, continuously refined through our coding process. We used a mixed coding system, integrating deductive and inductive codes (Saldaña, 2016). For example, 'meaning(s) of loneliness' was a deductive code – i.e., pre-existing, as it was derived from our research aims – while 'spatiality of loneliness' was an inductive code, first identified in the diaries. These inductive codes were then used deductively for the subsequent and final analyses, upholding the iterative nature of thematic analysis. Following a symbolic interactionist lens, we ensured personal/biographical narratives about social interactions were included in the analysis, through codes such as 'family history' (Mik-Meyer, 2020). The generation of themes (steps 3-4) was based on codes (step 2): for instance, a 'management strategies' theme combined all codes pertaining to actions/activities that participants engaged with to address loneliness. This theme was aggregated into the main theme 'disrupting and reconfiguring emotion work' (step 5). The first and second authors coded independently (steps 1-3), then together (steps 4-6), agreeing on final themes.

As our analysis draws on the core values of a situated and iterative qualitative paradigm, we are unable to claim saturation (Braun & Clarke, 2021). Due to the richness, complexity, and messiness of diary data, knowledge generation does not reach a well-determined end point. Instead, we relied on a trustworthiness strategy, guided by our research aims, to conclude our coding and thematic generation and linkages. This included a reflexive engagement between

coders, who discussed all codes/themes and reached consensus when discrepancies emerged (Braun & Clarke, 2020). The trustworthiness strategy also considered confirmability, i.e., whether the coding represented participants' narratives or coders' pre-assumptions (Guba, 1981). For this, an 'emic' (insider) and 'etic' (outsider) research perspective was incorporated into the analytical process (Patton, 2010): the first author, with expertise in loneliness in later life and technologies, was involved in data collection and analysis, whereas the second author, with expertise in health and qualitative methods, was only involved in data analysis. The combination of different expertise and involvement in the research enhanced confirmability and analytical quality (Guba, 1981; Neves & Baecker, 2022; Saldaña, 2016).

Results

The thematic analysis resulted in five main themes: 1) clear definitions, complex feelings (deductive), 2) internalization and stigma (deductive and inductive), 3) lockdowns exacerbating loneliness (deductive), 4) new temporalities and spatialities (inductive), and 5) disrupting and reconfiguring emotion work (deductive and inductive).

Clear definitions, complex feelings

All participants defined loneliness as lack of companionship and absence of meaningful interaction with social ties. Loneliness meant not having someone to deeply share their lives with. As noted by Scarlett, loneliness feels like the "emptiness of no-one being around". Oldroyd explained: "I feel lonely because there is no one to share real conversation with...". For most participants, loneliness stemmed from family loss, relationship breakdowns, and decreased social connectedness, highlighting the links between individual and social dynamics. Some participants emphasized that loneliness was different from living alone. For example, Vincent and Alan felt lonelier while living with their ex-wives, underlining that being with others can cause loneliness. Bob wrote: "I learned to differentiate between aloneness and loneliness". However, loneliness made most participants feel "more alone" (Alan) and unsupported, increasing the "burden of living by yourself" (Lisa).

Loneliness resulted in immense emotional suffering. Lisa would get "teary for the want of human company" and Sally journaled about frequent crying and distress. All participants mentioned the sadness and anguish loneliness entails. According to Bob: "I often go through a sensation of despair because of lack of human connection which leads directly or indirectly to what you may describe as 'dark feelings'". Additionally, loneliness made participants feel rejected and devalued. As Bob put it: "Who wants anything to do with an old-age pensioner regarded as unproductive, invalid, good-for-nothing-old-man, parasite on the community?" Colin shared feeling "unimportant", asking in his diary, "What purpose is there for me to exist?" Many recorded similar existential thoughts. Doris started her diary by announcing: "I will be 91 in December and would like to leave this earth but unfortunately, I am very healthy except for the stomach!". Several participants included entries about passive suicidal ideation. Withdrawal was also constantly referred to. Vincent outlined that "Loneliness is a feeling that can slowly cause you to withdraw from life in general" (see Figure 2 for full entry). Many praised going to sleep, "so it is one day less of my life to get through" (Ella). Central to these feelings of loneliness was a sense of not mattering to others, demonstrating the weight of one's social value and identity (Goffman, 1959).

[See Figure 2 here]

The complexity of loneliness was captured by a few diarists. For Scarlett, "speaking and writing about loneliness is an awkward thing to do as sometimes it is hard to put what one feels into words." Similarly, Fred reflected that, while visiting relatives for dinner, "soon into the teatime, I will feel 'alone' even while in loving company. Why is this? I ask myself" (see Figure 3). Fred later clarified that he felt 'alone' because those moments in loving company were fleeting, and he would soon return to his home. Making sense of those complex feelings was not a linear process.

[See Figure 3 here]

These descriptions of what loneliness *means* and *feels like* emphasize the role of social interactions and expectations in how we experience and understand our feelings and emotions (Goffman, 1967; Hochschild, 2002).

Internalization and stigma

Participants' internalization of blame for and guilt about feeling persistent loneliness was thoroughly reported. Some blamed themselves for not being more interesting, more proactive in making friends, for their introversion or laziness. Alan recounted his "failings" for not "cultivating and retaining" friends throughout his life (see Figure 4). Similarly, Lisa depicted her lack of endeavor: "Tuesday was lonely, but I did not make an effort myself". Some participants felt guilty about their loneliness, as their lives were "not that bad comparing to others'" (Vincent).

[See Figure 4 here]

This internalization meant that, on one hand, they felt responsible for their loneliness as individuals; on the other, it justified not conveying their loneliness to family or friends. The social stigma of loneliness – often perceived as a sign of personal failure – intertwined with the stigma of being old and, in many cases, frail. Stigma is, indeed, a multifaceted social process (Goffman, 1963). All participants underscored how they did not want to burden their families and communities, preferring to endure loneliness in silence. As described above, participants already displayed a sense of discredited/discreditable personhood (Goffman, 1963) – e.g., "parasite", "unproductive", "unimportant" – as their identities were disrupted by aging and health issues. Admitting to loneliness added stigma to their narratives of self as independent older adults: as June reported in her diary, "I tell everyone I love being on my own, but in fact, I hate it" (see Figure 5). Many also considered the links between loneliness and aging, as Bob illustrated when referring to himself as a lonely old retiree.

[See Figure 5 here]

What emerged through participants' diaries was continual self-presentation and impression management that obscured the internal challenges of experiencing persistent loneliness. Participants applied considerable effort to maintain their identity and not be a burden; part of this emotion work involved constant negotiations between their internalized stigma and social relationships and obligations.

Lockdowns exacerbating loneliness

Most participants reported that lockdowns exacerbated their loneliness, while a few did not indicate changes. For the majority, meaningful social contact and activities with others decreased and personal routines were transformed into isolating experiences. For example, Poppy described an intense sense of isolation as she did not see anyone on her daily walks anymore, while Darcy repeatedly noted: "looking at the prospect of a really empty day". Nonetheless, all diarists emphasized the negative impact of pandemic-related restrictions on their loneliness management, particularly as social activities (e.g., participating in local clubs, volunteering) were interrupted. A few relied on prior events to frame their response to lockdowns, from wars to other viruses. Oldroyd explained: "I feel calm because I have lived through worse than COVID-19 shutdown in 1973! I had severe glandular fever + no support; social pariah as I was regarded as infectious". In these cases, loneliness was acknowledged but not highlighted as the worst possible circumstance. A sense of emotional endurance was conveyed, as loneliness was something to 'get through', like other emotions (Hochschild, 1979, 2002) and the pandemic restrictions.

New temporalities and spatialities of loneliness

Before COVID-19, some participants did not link loneliness to a particular time of day. Others felt lonelier in the morning – when they woke up alone – or evening, when they ended the day without someone to converse or share moments with. This often changed with pandemic-related restrictions. Diarists now felt lonely throughout the entire day, or both in the morning

and evening – as Cassandra wrote, "Off to bed…another lonely night & day no conversation to anyone". Fred depicted the morning and evening periods of loneliness:

Morning: Yet again, I swing my legs out of the bed with a certain amount of

apprehension. What will the day bring? Whatever it brings, I will face it alone (…)

Bedtime: One of the most difficult times of the day.

These temporalities gave many participants an impression of sameness, that "life is every day the same" (Louisa). This sameness contributed to feelings of emptiness, adding to their loneliness.

New notions of spatiality emerged. For many participants, their house became a space of imprisonment and confinement, reminding them of loneliness. For example, several diarists wrote about "feeling like a prisoner in your home" (Lisa). With that spatiality came a sensorial experience of loneliness characterized by silence: "my bedroom was dead quiet" (Colin); "my deadly quiet home" (Helen); "loneliness kicks in as silence descends on the home" (Fred). For a few diarists, chairs/sofas and beds became spaces of comfort where they could try to forget their loneliness – but were also reminders of it.

Looking out windows or being outside reinforced participants' feelings of disconnection, because they rarely saw passersby due to the restrictions. Similarly, they could seldom leave their homes – and when they did, going back home meant returning to feeling lonely. Loneliness' temporalities and spatialities seemed to interact, as feelings of stuckness accompanied participants' accounts of monotony. This further shows how numerous contexts intimately shape emotions and their interplay (Hochschild, 2002).

Disrupting and reconfiguring emotion work

Lockdowns limited all participants' pre-existing strategies to cope with loneliness. Diarists described how their relationships with relatives, friends, and community were affected. Pre-pandemic loneliness management efforts, like outings or volunteering and participating in local clubs, were discontinued. Their social life was consequently interrupted. Cassandra wrote (see Figure 6): "No laughs. No conversations. Nothing exciting or different". Others, like Bob, relied

on medical appointments to "leave the house", but as appointments began to be conducted through telehealth (telephone or online), they felt cheated of an outing. Many mentioned that disruptions to their community involvement increased loneliness and decreased their feelings of belonging and societal contribution.

[See Figure 6 here]

Common emotion work included keeping busy and occupied by tasks and chores, as exemplified by Helen: "When this [loneliness] happens I keep jumping up and doing odd jobs". Most strategies appeared to be enacted to avoid being reminded of loneliness. As lockdowns constrained activities and routines, participants sought to identify what could be done around the house to temper loneliness. This meant fewer choices in how to keep busy during lockdowns, affecting their emotion work.

Shopping for essentials became more important during lockdown, as it provided casual socialization opportunities. Jacko mentioned: "Pre-COVID, I would get some respite by going out on activities, but the lockdown has killed all of them. The only people with whom I had contact were several shop assistants." These micro-level interactions with retail staff became routinized ways of negotiating the lockdown's emotional toll, functioning as an avenue for extra social interaction and to alleviate loneliness – as specified by Fred, who would visit a storekeeper to feel "valued and less alone" (see Figure 7).

[See Figure 7 here]

Some made efforts to retain a social schedule by communicating with relatives or participating in online community events. As lockdowns progressed, the Victorian government allowed single people to identify a 'bubble buddy' – i.e., one person they could visit or be visited by. Eligible participants detailed how bubble buddies helped, although this was short-lived due to constrained visiting time. They also wrote about missing their families and feeling robbed of key family events, such as birthday celebrations.

To deal with disruptions to their loneliness management, many participants turned to communication technologies. Before lockdowns, most already relied on landline/mobile phones

to communicate with family living overseas or interstate. The lockdown reconfigured these phone conversations into the busywork of coping with loneliness and maintaining social connections with those near and far. As Vincent outlined: "the phone is a big thing in my life to break up the silence of loneliness… silence is torture". Phones provided connection and became an essential part of their daily routines: "During the lockdown, I've depended more on making and receiving phone calls" (Anne).

Additionally, some participants relied more on digital technology, such as tablets, video calls/conferencing, and social media. Many used these technologies before the pandemic; others started using them during lockdowns finding novel ways of communicating with others to alleviate loneliness. Scarlett explained: "Thank God for my iPad... I find my iPad to be very helpful in tackling with loneliness". In particular, the feelings of missing family and 'missing out' seemed ameliorated by using video calls. Yet, all expressed that communication via technology was insufficient to fully ease their loneliness. Connecting through digital technology only helped if it was meaningful and made them feel valuable – for example, gaming online with grandchildren or helping them with homework via video.

Digital ambivalence co-existed with this use of technology. While the connection provided by digital technology helped some address loneliness, when the contact was superficial, it increased their sense of disconnection and loneliness. For instance, diarists recounted that short video calls were not enough, and that calls were getting shorter as families struggled with home-schooling and working from home.

While our sample included technology-savvy users, it also included participants unwilling to use or depend on digital technology. Some felt digital technologies were not designed for them and brought daunting learning curves; others felt intimidated as they had no assistance to learn how to use new technologies during lockdowns. Technology issues were aggravated by the restricted support available from family and friends in a pandemic. A few participants contacted technology support services for help but faced digital ageism, being dismissed, or continuously directed to other vendors. Lisa, who contacted such services, stated: "I'm beginning to think I'm

not up to the challenge anymore – disillusioned with tech...". These issues appeared to magnify existing emotional struggles about loneliness and connection.

While some participants were hopeful about new engagements with digital communication, others remained critical about its role to tackle loneliness. For the latter, questions remained about the potential of digital communication to lessen the emotion work involved in managing loneliness.

Our combined theoretical lenses – symbolic interactionism and sociology of emotions – enlighten how living with loneliness entails diverse emotion work, which is structurally influenced by social interactions, contexts, identities, and norms (e.g., 'feeling rules'), as discussed next.

Discussion and Implications

This article responds to calls for more research exploring the lived experiences and meanings of loneliness in later life (Bundy et al., 2021; Charpentier & Kirouac, 2021). It shows the relevance of expanding loneliness studies into diverse contexts and countries to help grasp the multidimensionality of the phenomenon, including its social dimensions.

Our participants' definitions of loneliness closely matched what is known as 'emotional loneliness', i.e., the absence of close relationships (van Tilburg, 2021). But our participants also described the complexity of feeling lonely. While it was understood as being different from living alone, feeling lonely intensified the burden of living alone, and living alone intensified loneliness – particularly during pandemic-related lockdowns and restrictions.

The perception of loneliness as stigmatizing was evident across diaries, reflecting prior research (Kharicha et al., 2020; McInnis & White, 2001; Neves et al., 2019; Stanley et al., 2010). Yet the social stigma of acknowledging loneliness tangled with the stigma of being old, and, in many cases, frail. Admitting to loneliness was akin to a personal failure and entailed burdening others because of participants' age and situation. The Goffmanian perspective on social stigma, self-presentation, and identities illuminates these intersections and helps explain the 'silent

suffering' of loneliness recounted in diaries (see also McInnis & White, 2001, p. 132). The combined stigmas potentially clarify why participants did not mention their feelings to family and friends. They already struggled with a compromised sense of personhood and identity, living in a social context where being old, frail, and lonely are 'discredited' statuses, influencing their self-presentation (Goffman, 1959, 1963). June, who told people she loved to live on her own despite hating it, exemplifies this impression management. Having to retain her sense of independence was paramount to reinforcing her desired identity. This can elucidate why diarists internalized blame and guilt about feeling lonely. We also found many cases of ageism, including digital ageism by support services and social ties. The ageism captured in the diaries – either encountered or internalized – seemed compounded by stereotypical narratives about older people as disposable during the pandemic (Curryer & Cook, 2021).

Pandemic-related restrictions exacerbated loneliness for most participants, not only in terms of frequency but also intensity as new temporalities, spatialities, and sensorial dimensions emerged (e.g., silence, empty streets). These results differ from Bundy et al.'s (2021), who found loneliness did not worsen for already-lonely interviewees. Many factors can explain these differences, from different health and sociocultural contexts to distinctive lockdown periods, including continuing physical restrictions that can aggravate loneliness among older people living alone (Cohn-Schwartz et al., 2021; Kotwal et al., 2021; Stolz et al., 2021). Nevertheless, as in Bundy et al. (2021), a few participants seemed more 'resilient' to pandemic-related loneliness – in our case, they drew on past traumatic experiences considered worse than COVID-19, from war to life-changing diseases.

Lockdowns further affected existing coping strategies and emotion work. Participants engaged in constant efforts to manage their loneliness prior to the pandemic, which were now disrupted and reconfigured. Setting new domestic routines, micro-level interactions outside the house, and meaningful use of digital technologies were described as successful strategies to help ease loneliness. Many agreed that micro-level interactions – small talk or quick chit-chat – were insufficient to tackle loneliness, yet these seemed to gain importance during lockdowns. The

same was mentioned regarding routines and technology: only meaningful activities like deep engagement via video calling appeared impactful. Participants illustrated benefits of digital technologies but also detailed their limits. This capacity to critically reconfigure loneliness management can add to the 'resilience' of lonely older people (Bundy et al., 2021). Participants' loneliness management strategies could be categorized using Hochschild's (1979, 2002) framework of emotion work as cognitive (e.g., efforts to avoid or change thoughts), expressive (e.g., self-presentation efforts), and bodily (e.g., efforts to change physical effects of emotion). Some strategies – keeping busy, meditating, and not mentioning loneliness to others – bridged all three. However, we add another type of emotion work reported by diarists (before and during the pandemic) which can be defined as *instrumental*. By this, we mean they selected and tried to participate in social activities that could help address their connectedness needs, from volunteering to visiting particular shops during lockdowns as they knew staff would interact with them positively. Despite conveying that loneliness sometimes leads to passivity and withdrawal, many participants were very active in their management strategies. That multilayered management was shaped by their social contexts and 'feeling rules', i.e., social guidelines/conventions influencing how they report (or not), perceive, and respond to feelings and emotions (Hochschild, 2002). Participants lived with and through loneliness via multiple individual and social constraints and opportunities (Kharicha et al., 2020). In adopting these sociological frameworks, we mapped and explored agency and structure to analyze how individual meanings and actions interrelate with social and cultural expectations and contexts. This article is limited by a non-probability sample yet provides rich and participatory qualitative data of a group of older people facing loneliness-related vulnerabilities. The study shows the importance of analyzing various pandemic contexts to provide a comprehensive understanding of loneliness in later life. It also offers important insights into how older people manage persistent loneliness, demonstrating the need to consider these strategies and increase their efficiency, effectiveness, and sustainability. Likewise, understanding social dimensions and not just individual ones can contribute to targeted and customized interventions that overcome

issues with one-size-fits-all approaches and do not neglect factors like stigma. As intimated by participants, interventions should facilitate deeper social engagement, matching people's interests and making them feel valuable.

Employing diaries in a participatory manner – allowing different forms and types of contributions (free or prompt-based; paper or digital) – ensured participants' needs and agency were respected. This also helped address stigma, as diarists had diverse ways of sharing their narratives, easing a sense of control and empowerment. Conducting interviews before the diaries facilitated a safe space/relationship, encouraging openness to share feelings and experiences. However, writing diaries can still be a form of self-presentation and impression management. Nonetheless, as all included complex narratives and descriptions of sentiments and actions not presented in a positive light, we suggest that diarists engaged in what Goffman (1959) terms 'back stage' (in opposition to 'front stage') presentation, where people are not as constrained by the norms of wider public interaction. This 'back stage' setting can assist with stigma alleviation. We are unable to argue that the diaries captured the entirety of people's loneliness, but the one-week period resulted in rich accounts since all participants engaged frequently with the method (at least twice daily) and used the diaries as a reflective tool to bridge past and present contexts. We contend that diaries are invaluable elicitation methods, although a participatory strategy like the one described might be necessary to enhance its value when employed over short-time periods. As loneliness is recognized as a multifaceted phenomenon (Bundy et al., 2021; Cohen-Mansfield et al., 2016; Kharicha et al., 2020; O'Sullivan, Lawlor, et al., 2021; Smith & Victor, 2019), innovative theoretical and methodological approaches capturing lived experiences – as presented here – contribute to advancing gerontological studies on loneliness.

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Tables/Figures

Table 1. Sociodemographic data

Pseudonym	Age	Gender	Marital Status	Region
Alan	87	M	Separated	Metropolitan
Anne	96	F	Widowed	Regional
Anthony	82	M	Widowed	Metropolitan
Bob	75	M	Divorced	Metropolitan
Buddy	71	M	Divorced	Regional
Cassandra	79	F	Widowed	Metropolitan
Colin	69	M	Widowed	Metropolitan
Darcy	71	M	Widowed	Metropolitan
Doris	90	F	Widowed	Metropolitan
Ella	72	F	Separated	Metropolitan
Emily	80	F	Widowed	Metropolitan
Fern	81	F	Divorced	Metropolitan
Fred	76	M	Widowed	Regional
Glen	77	M	Widowed	Regional
Grace	82	F	Single	Metropolitan
Helen	69	F	Separated	Metropolitan
Hilton	82	M	Widowed	Metropolitan
Isy	85	F	Widowed	Metropolitan
Jacko	79	M	Single	Metropolitan
Judy	69	F	Separated	Metropolitan
June	73	F	Partner (living apart)	Metropolitan
Kathleen	69	F	Widowed	Metropolitan
Lisa	72	F	Divorced	Metropolitan
Louisa	83	F	Widowed	Metropolitan
Oldroyd	75	F	Single	Metropolitan
Peewee	79	M	Married (living apart)	Metropolitan
Poppy	72	F	Single	Metropolitan
Robert	69	M	Separated	Regional
Sally	71	F	Widowed	Metropolitan
Scarlett	76	F	Widowed	Metropolitan
Vincent	82	M	Divorced	Regional
Wuggie	86	M	Separated	Metropolitan

Figure 1. Diary Prompts

Figure 2. Vincent's diary entry

Figure 3. Fred's diary entry

Figure 4. Alan's diary entry

Figure 5. June's diary entry

Figure 6. Cassandra's diary entry

Figure 7. Fred's diary entry

Figure 1

What should I write/draw about?

1. What date and time is it? Where am I at the moment? (Describe)

2. What am I thinking at the moment?

3. What am I feeling at the moment? Why am I feeling it?

4. What would I like to be feeling at the moment?

5. What do I want to do today? (Morning)

6. What have I done today? What do I feel about it? (Evening)

7. What was it like living alone today?

8. Did I experience loneliness today? Why? What did this feel like?

9. How did I use technology today?? How did it make me feel? (Please note that technology could refer to your home phone, mobile phone, iPad or tablet, laptop or computer, the internet, video calling, Facebook, Zoom, or any other type of technology you use).

10. What am I looking forward to in the future?

Figure 2

5TH 10TH   DAY ③

8.15   LONELINESS IS A FEELING THAT CAN
SLOWLY CAUSE YOU TO WITHDRAW FROM LIFE IN GENERAL
SO THAT YOU DONT WANT TO MIX WITH PEOPLE OR GET
INVOLVED IN ACTIVITES. I HAVE MADE THE EFFORT OVE A
PERIOD OFF TIME, VOLONTERING LOCALLY 10-14 HRS A WEEK
IT HELPS BUT, NEVER HAVEING HAD ENJOYMENT MIXING ITS
DIFFCULT. I LOOK FORWARD, GOOD WEATHER COMING SO I
CAN WALK THE RIVERS HERE, AND CATCH A FISH OR TWO ITS.
A CHALLANGE AND ENJOYABLE, PITTING YOUR SKILLS AGAINST
SOMETHING WITH A BRAIN THE SIZE OFF A PEA, MAKES YOU
WONDER.

Figure 3

7/10/20.

- Phone call by my daughter in Law, inviting me for tea in two days time, and chats generally about the family.

Her family are my nominated group during covid19. I look forward to this occasion, but know that reasonably soon into the tea time, I will feel "alone" even while in loving company. Why is this? I ask myself.

Figure 4

The way I see things, we are offered various chances throughout life to assemble a collection of friends and acqaintances. Starting with school, workplaces, military service etc. these friendships need cultivating and retaining. I did not do this, its a failing. I see how as I am at the moment, as a reluctance to share who I am with others, due to laziness and lack of endeavor.

Figure 5

I'd like to do Ti che, but I dont
Know of any over my way, maybe
I could meet new people. I tell
everyone I love being on my own,
but in fact, I hate it. I try to figure
out what us older ladies could do,
maybe meet for coffee or a movie
day. Most days I sit and brood, or
wish I wasn't here, it ok, Im ok.
its only thoughts

Figure 6

EACH DAY "IS A DRAG." NO LAUGHS —
NO CONVERSATIONS NOTHING EXCITING
OR DIFFERENT, PRAYING. FOR THE
VACCINE TO COME! UNTIL THEN
MY, MOOD THOUGHTS & THINKING.

Figure 7

- I feel quite alone during shopping excursions but the small country town syndrome has its advantages! - Trish, at I.G.A. is kind and friendly - I feel valued and less alone. An older lady at the bakery seems to not care less about a "little old man" ordering a sandwich for lunch