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## **Facing the challenge of adapting to a life “alone” in old age: the influence of losses**

### **ABSTRACT**

#### **Aim:**

The aim of this paper is to explore older people’s approaches to living a life characterized by losses and “aleness” and how this relates to loneliness.

#### **Background:**

Loneliness is closely related to social status and health condition. Older people are vulnerable to experiences of loneliness due to losses, which follow the ageing process.

#### **Method:**

A qualitative interpretative design was used. Older people, aged 65 and above, living at home, in retirement villages or long-term care settings in Australia, Norway and United Kingdom, participated. 78 persons were included. Data were collected through open-ended interviews during autumn of 2006 and spring of 2007. The interviews were audio taped, transcribed and analyzed applying a hermeneutic, interpretative process.

**Findings:** Analyses revealed great differences in the way participants handled their life situation. Interviewees describing themselves as 'not lonely' viewed losses as normal, they participated in meaningful activities, connected to other people and thrived in their own company. Those describing themselves as 'lonely' on the other hand, strove to create meaning in their lives, were overwhelmed by losses, had problems finding meaningful activities and difficulty keeping up social relations.

**Conclusion:** Loneliness was associated with overwhelming losses, inactivity, meaninglessness and social isolation. The contrasting findings between ‘not lonely’ and ‘lonely’ older people have implications for nursing in that nurses must seek to identify those who need help in managing their loneliness and provide guidance and support. More research is needed to develop interventions that is effective in reducing loneliness.

**Keywords:** Loneliness, losses, older people, nurse, nursing, qualitative design

### **What is already known about the topic?**

- Approximately 40 % of people aged 65 years and older experience loneliness
- It is demanding to identify loneliness due to its private and stigmatic nature
- Evidence for effective interventions to alleviate loneliness is limited

### **What this paper adds**

- Older people's ability to fight loneliness in old age is closely related to their ability to deal with losses
- Older people who describe themselves as 'not lonely' differ significantly from persons describing themselves as 'lonely' in terms of how they approach and deal with accumulating losses in old age
- Older people who describe themselves as 'lonely' report feeling overpowered by accumulating losses, unable to carry on with activities, isolated from other people and experiencing life alone as an empty life.

### **Implication for practice and/or policy**

- Loneliness is strongly associated with depression and poorer health outcomes and need to be addressed early and systematically in order to promote the health and wellbeing of older people
- Identifying older people who struggle with accumulating losses is important in order to intervene early and prevent loneliness from developing
- There is a need for developing more individualized interventions to alleviate loneliness, taking individual experiences and coping strategies into account

## INTRODUCTION

### **Background**

Loneliness is a subjective and frequently painful and troubling feeling of being emotionally and/or socially isolated (Weiss, Riesman, & Bowlby, 1973). Loneliness is often used interchangeably with related concepts, such as 'living alone' (household arrangement), 'being alone' (time spent alone) and 'social isolation' (level of integration with individuals and groups) (Victor, Scambler, Bowling, & Bond, 2005, p.358). However, these are not identical terms and loneliness can be experienced both when being alone and when being together with others. Similarly, living alone and being alone does not necessarily mean that a person feels lonely. Some experience being alone as beneficial, while for others being alone may lead to loneliness (Grenade & Boldy, 2008; Routasalo & Pitkala, 2003).

A number of studies worldwide have found that approximately 40% of older people age 65 and older describe themselves as lonely (Savikko, Routasalo, Tilvis, Strandberg, & Pitkala, 2005; Steed, Boldy, Grenade, & Iredell, 2007; Victor et al., 2005). Loneliness is higher among people aged 80 and above (Dykstra, van Tilburg, & Gierveld, 2005; Jylha, 2004; Savikko et al., 2005) and among people living alone (Kharicha et al., 2007). Social losses and, to a lesser extent, physical losses lead to an increased amount of time spent alone. Loneliness is related to physical impairment (Constanca, Salma, & Shah, 2006; Korporaal, van Groenou, & van Tilburg, 2008), depression and other mental diseases (Cacioppo, Hughes, Waite, Hawkey, & Thisted, 2006; Golden et al., 2009) and to reduced quality of life. It is therefore a significant issue in old age. Being alone and living alone are common experiences among older people as they lose family and friends. Nevertheless, we have limited knowledge about older people's experiences of facing the challenge of adapting to a 'life alone'.

This study grew out of a collaborative study about loneliness and older people conducted in Australia, Norway and the United Kingdom (UK). The study design was originally developed in Australia and findings from this study have been reported in several previous papers (Authors, 2010a,b, (Ballantyne, Trenwith, Zubrinich, & Corlis, 2010; Gracia, Moyle, Oxlade, & Radford, 2010; Stanley et al., 2010). Older

participants who were willing to talk about loneliness in old age (but did not necessarily define themselves as lonely) were recruited and interviewed using the same sampling strategy and semi-structured interview guide across sites. Data were gathered and initially analyzed independently at each site.

The initial analyses suggested that there were both similarities and apparent differences across the data sets. Findings from the Norwegian study indicated that “lonely” and “not lonely” older people understood and talked about loneliness in strikingly different ways (Authors 2010c). In contrast, differences between “lonely” and “not lonely” participants were not initially reported in the Australian and UK findings. On the other hand, we were struck by the fact that a majority of the participants, whether or not they described themselves as lonely, talked about loneliness in relation to losses and how they managed losses. However, these issues were not explored in detail in the initial analyses in the UK and Australian data sets. We therefore decided to combine data from the three sites and explore these issues between “lonely” and “not lonely” in greater detail.

## THE STUDY

### **Aim**

The aim of this study was to explore older people’s approaches to living a life increasingly characterized by losses and ‘aleness’ and how this relates to loneliness.

### **Design**

The study was a secondary analysis of qualitative data using an interpretative qualitative design.

### **Participants**

The purpose of the sampling strategy was to secure maximal variation in age, gender, health status, living conditions, civil status and context (Patton, 2002). A total of 78 older individuals participated in the study. Fifteen participants (mean age of 79 years) were recruited from Queensland, Australia, 33 in the UK (mean age of 81 years) and 30 in Norway (mean age of 85 years). Fifty-five women and 23 men were included.

The participants' health status varied from being healthy and therefore managing their daily living needs to living with severe health problems and in great need of help from health professionals or others. Twenty-six of the participants lived in long-term care, 19 lived in an independent living unit and 33 lived in private homes. A total of 67 of the participants were widows or widowers or had never been married and lived alone, whereas 11 lived together with a partner.

### **Data collection**

Data were collected through in-depth interviews at three different sites and by three different interviewers, one in each country during autumn 2006 and spring 2007. During the interviews, the researcher asked questions about the respondents' understanding of the following theme: 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 a dialogue between the participants and the researcher, and the participants were invited to talk freely about each theme. The researchers asked the following types of clarifying questions: "Do you mean that...?" and "Can you tell some more about that...?" Several times during the interviews, the researchers summed up sections of the dialogue to confirm their understanding of the participants' descriptions. The interviews were transcribed verbatim and the Norwegian dataset translated to English for this study.

### **Ethical considerations**

Ethical research committees from each site approved this study. The research process 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.

### **Data analysis**

The secondary in-depth analysis of the combined data set was guided by the analytical framework of Kvale (2007). We first conducted an initial overall reading, looking for similarities and differences across the three data sets. This underscored that there were fundamental similarities in our data. Sixty-seven of the 78 participants lived alone. This provided us with an opportunity to explore in detail the participants' experiences of coping with this life situation. Secondly, we examined the Australian and the UK data to identify whether it was possible to separate lonely from not lonely participants in the same ways as in the Norwegian data set. Even if the participants never were asked directly if they felt lonely during the interview, those who did openly and freely spoke about their own experiences of loneliness and those who did not, spoke about loneliness in different terms. This enabled us to compare the experiences of the lonely with the not lonely. In the third step, meaning units and categories were generated across all interviews in the combined data set. This step confirmed that there were essential similarities in the experiences across the three data sets. Finally, an overall understanding of the experiences of lonely and not lonely participants was developed.

### **Rigour**

To ensure comparability, we applied the same recruitment strategy and inclusion criteria across sites. We also worked collaboratively via regular conference calls and face to face meetings during all phases of this study, from designing the protocol through data analysis and reporting of findings. Differences across the sites were explored in detail in order to ascertain that they did not reflect differences in analytic strategy, but rather differences in opinion or experiences among participants. Direct quotations are used from each country (Norway=N, Australia=Au, UK=UK) to illustrate the general consensus of opinion that emerged from the interviews.

## **RESULTS**

About 50% - can you insert a number here? of the participants described themselves as lonely and the rest as not lonely. During the interviews the participants paid significant attention to their losses. The impact of these losses and how they were managed seemed closely related to whether one experienced feelings of loneliness. The analysis revealed four central themes that characterized the participants' way of



talking about their manner of dealing with losses; the impact of losses, the importance of activities, relating to other people, and meaning in life. These themes were distinctly different for those participants who did not feel lonely, compared to those who did. Comparing and contrasting the findings further, we discovered that the experiences described by the two groups were ‘mirror images’ of one another (Table 1). They are therefore compared and contrasted in the following presentation of the findings.

An overall interpretation of the findings indicated that the core theme in terms of coping with losses could be described as adjusting to a life alone for the not lonely participants, and caught in loneliness and isolation for the lonely participants.

[table 1 insert about here]

### **Accepting losses and moving on vs. being overpowered by accumulating losses**

The impact of losses was a central theme in the experiences of the participants. They primarily described two main types of losses: losses of social network and losses of physical strength. Nearly all participants described social losses, and they outlined in detail what the losses entailed and how it was to live through such losses. This “losing process” was painful and demanding and could be utterly burdensome:

As you grow older you get more and more ill, and you discover that your body isn't as good as it used to be. You lose your resilience, your strength and your balance – *even the mental balance ... and* then you lose your friends, all those you really care about die, one after the other (N)

Physical changes, such as reduced hearing and vision and a body that had become stiff or more easily fatigued hindered their ability to maintain contact with the outside world:

I have not been outside my apartment the last two years; I only manage to go out on my terrace. (N)

The ‘not lonely’ participants seemed to cope well with these losses. It appears that one dimension of coping ability was related to the participants’ fundamental view that such change was a natural part of the aging process:

I think that some older people actually accept it... this is how life is... when one becomes old. (N)

*Yes, I feel that’s what life is all about, adapting to new conditions and well, the better you do it, the better for yourself. (Au)*

In addition, they seemed to have a very relaxed view of what life was all about:

*..both of us are going to go within a few years, I’d say. You know, you can count on that. But it’s a matter of keeping yourself happy and healthy and just enjoying life. You’ve got to bear in mind that this is not a rehearsal, this is all you get in life, this is it. (Au)*

However, for the ‘lonely’ participants, the “losing process” had a paralyzing effect. They were unable to adapt; they felt caught in a life situation that they were unable to manage. They seemed to have given in and were overpowered by the losses:

Losing your loved one is the main thing. That is the main thing, and then friends....all your friends are gone, and all my family have gone, so, I mean, you feel as if you are on your own, an island of your own. (UK)

### **Staying committed to activities vs. being unable to carry on with activities**

The importance of maintaining activities was a second major theme. The participants’ descriptions seemed to be related to their ability to stay committed to different kinds of

activities. The 'not lonely' participants talked at length about how important it was to keep committed and active in everyday life. These participants described themselves as active and outgoing.

During the interviews, they described a variety of individual and group activities. For example, they seemed to be content doing a range of solitary everyday activities. Activities such as, doing housework, cooking, and gardening seemed to be important ways of keeping active. Housework was not necessarily looked upon as their favorite activity but was considered to be a normal aspect of being an independent person.

Staying committed to a hobby was one of the most frequent strategies participants discussed for combating loneliness. Hobbies could be solitary, but in many cases, hobbies were activities that brought them in contact with other people, such as attending meetings in clubs, being part of a theatre group or participating in a physical exercise group:

I have never sort of been what you call *lonely because I've always* been occupied in craftwork and all that sort of thing. I keep busy and *don't get lonely.* (Au)

Another important activity seemed to be oriented towards keeping oneself mentally active, including reading books or newspapers and doing crossword puzzles. Newspapers and books were important to them, but reading books was often mentioned as an activity with unique potential:

...to read a good book, that can bring you far away. (N)

Participants maintained these activities not only because they enjoyed doing them, but also because they were eager to do them in an effort to prevent dementia:

*I think that loneliness comes before the Alzheimer's. I think that brings on the Alzheimer's in the person, and they tend not to want to do things with themselves.* (UK)

In addition to staying mentally fit, many participants were very eager to remain physically fit. They walked or participated in physical activities, such as golf or swimming.

In contrast, the 'lonely' participants described their situation in a very different way. They spoke openly about having nothing to do, even in situations where they lived in communities or institutions where activities were frequently offered and where there were a variety of people to engage with. The following person lived in a retirement village:

*Having nothing to do is the worst part of it. That's what I find the worst part of here. (Au)*

Further, they described that it was not a lack of desire that kept them from participating in activities but, rather, a loss of confidence in themselves:

*I lost my confidence, you see, to go, that is the problem, you see. I am scared, I am afraid to go down the line. (UK)*

### **Staying connected to other people vs. being isolated from other people**

A third central theme was how participants related to other people. Staying connected seems to be a crucial dimension of whether one experiences loneliness. Participants mentioned having good relationships with their family as one of the most important things in their lives. The importance of family was visible in all interviews. However, the 'not lonely' participants did not seem to be as dependent on their families for social interaction and expressed that they easily understood why the contact was limited. They were very aware that their children were busy. For these participants, an important strategy was to not expect too much from their closest family. They expressed an attitude of not leaning too heavily on their closest family members but, rather, focusing on social activities outside of their families.

One important aspect of staying connected with family, friends and others was the ability to use the telephone. Having a telephone was one of the most visible and most used “lifelines” to other people. Making a call was easy, and participants did not have to engage in extensive preparations; they could simply dial the number. A good, long talk with others could make them happy and confident and could support the experience of connection.

In addition to balanced contact with their family and friends, the ‘not lonely’ participants maintained a particular sense of self:

I am naturally outgoing, I speak to people without being spoken to first. (UK)

*I just can't conceive being lonely because, as I said, I have always been outgoing. (Au)*

Another interesting nuance described by the ‘not lonely’ respondents was that they did not socialize primarily for their own sake, but for the sake of others. They revealed a committed interest in other people:

I do have a theory on that. I think if only people got out and helped other people more, or thought of people rather than themselves, they *wouldn't be quite so lonely. (Au)*

In addition, these participants were not only able to connect with other people but were also able to connect to today’s society. They were avidly interested in what was going on in their communities, in their country and in the world at large. They were eager to follow the news via radio or television, and they read newspapers.

However, staying connected with other people was a challenge for many of the participants. The ‘lonely’ strove and struggled to stay connected, yet they never felt that they were truly part of the social world around them. They felt excluded and unable to connect, while simultaneously waiting for others to connect to them.

An important dimension of participants' feelings of disconnectedness seemed to be related to a lack of ability to reach out to others:

Being in any situation where you feel...nobody can reach you, and *you can't reach anybody...* Where you feel that there is no escape, and you just feel alone and nobody can help you in it. (UK)

There seems to be no hope for connection, either initiated by the lonely person or initiated by others. These participants longed for more contact and waited all the time for others to make contact; and it was hard to understand why their family or friends so seldom visited or called.

### **Creating a meaningful life in one's own company vs. a life alone is an empty life**

A fourth central theme related to the ability to maintain a meaningful life despite living alone. Living alone, as many of our participants did, was experienced and dealt with very differently. The 'not lonely' participants described themselves as being happy or content in their own company:

I have to say that I do thrive in my own company, and that is not the case for everyone, I think. (N)

In addition, for some of them living alone was actually viewed as something beneficial. The benefits of living alone were described in different ways, including a sense of freedom in terms of both doing practical things and occupying one's own mind. The following quote illustrates this sentiment:

Yes, I think that some people like to live alone; they think it is nice and peaceful. I like to sit here watching my TV and not be dependent on setting the table for someone, or do the laundry for another person or *do this or that or ...*(N)

One dimension of this ability to be content in one's own company seemed to have something to do with the fact that these participants did not need to be the focus of other people's attention all of the time:

*I'm not a person that feels deserted or needs somebody around all the time. (AU)*

One interesting aspect of this ability to thrive alone was an ability to transcend physical aloneness. These participants seemed to be able to "socialize" in a solitary situation. They were alone, but at the same time together with important others. They experienced this "togetherness with others" by recalling good memories. Several of the respondents described how they actively brought back good memories; by recalling these memories, they felt that they were not alone. In fact, they reported feeling the opposite; they felt part of some kind of relationship:

It has something to do with your manner of thinking. You can think of things, which have happened years ago. In a way, you then are together with those persons. I recall things I have done which are nice, holidays, journeys, family gatherings ...(N)

In contrast, the 'lonely' participants described their life alone as being very demanding. It seemed like they were no longer able to create any meaning in their everyday lives:

It is all very pointless... There is nothing that you can do about [it].... Definitely, getting up every morning and going to work...that sort of kept you going, and coming home and there were always things to do, and things that you were told to *do! But that doesn't happen now... so even if I feel like going out and pottering about... I don't do it... It is very pointless. (UK)*

It seemed like their lives alone were an empty life, and they were not content or satisfied by their own company. They described a life that was boring and meaningless:

I get so bored I could bloody scream. (UK)

### **Overall interpretation**

Our findings indicate that older people's interpretations of losses in their life impact significantly on whether they experience loneliness or not. The understanding of losses as a natural part of aging and an ability to create meaning in their everyday lives despite losses seem fundamental to their ability to maintain activities and social contact. The overall interpretation is that they are adjusting to a life alone. In contrast, the experience of being overwhelmed by losses and lacking the ability to create meaning in everyday life seem fundamental to the experiences of the lonely participants. The overall interpretation is that they feel caught in a life of loneliness and isolation.

## **DISCUSSION**

This study found that losses and loneliness seem related in old age. We identified two distinct patterns of coping with losses, one of which seemed related to the experience of loneliness and the other related to not being lonely. These two patterns may contribute to explain why approximately 40 % of older people experience loneliness and 60% do not (Borg, Hallberg, & Blomqvist, 2006; Savikko et al., 2005; Victor et al., 2005). Our findings are in part consistent with several other studies that have found that older people cope with their life situation in spite of living alone or experiencing losses (Nygren, Norberg, & Lundman, 2007; Schnittker, 2007; Tiikkainen, Leskinen, & Heikkinen, 2008). On the other hand, we found that not all participants experienced the ability to cope with accumulating losses and that they were more likely to experience loneliness.

A most striking finding in our study is the specific and important differences between the 'lonely' and the 'not lonely' participants with regard to how they understood and dealt with losses in their lives. The 'lonely' participants' descriptions of how it felt to be lonely are in line with descriptions in other qualitative studies about loneliness (Dahlberg, 2007; Graneheim & Lundman, 2010; Heravi-Karimooi, Anooosheh,



Foroughan, Sheykhi, & Hajizadeh, 2010). Furthermore, the outline of loneliness as feeling isolated from others and a feeling of emptiness fit very well with the definition of loneliness given by Weiss and colleagues (1973).

The findings in this study underline the importance of identifying people who are lonely so that opportunities to address this feeling can be promoted. However, identifying lonely people is challenging for several reasons. First, one cannot rely on simplistic interpretations like; a person living alone is lonely and a person living with others is not lonely (Routasalo & Pitkala, 2003; Schnittker, 2007; van Baarsen, Snijders, Smit, & van Duijn, 2001). Second, the literature indicates that loneliness might be looked upon as private (Stanley et al., 2010) or as a stigma (de Jong Gierveld, 1998; Donaldson & Watson, 1996; Griffin, 2010). In a study in the United Kingdom, 23% of the respondents replied that admitting that one was lonely was embarrassing (Griffin, 2010). A consequence of defining loneliness as something private or as a stigma may therefore be that lonely people in many cases will not admit or tell other people that they are lonely. However, our findings suggest that if older people are invited to talk about loneliness in an atmosphere of acceptance and trust, they will admit and describe their loneliness as well as express a need for help to break out of this painful state (Authors 2011).

The strong relationship between losses and potential loneliness that we found in this study suggests that health care professionals need to be aware of older people who experience losses, such as becoming widowed or experiencing major health problems. Other research also suggests that older people experiencing such losses are particularly vulnerable to loneliness (Dykstra et al., 2005). In such situations it would be of great importance that health professionals identify a possible loneliness trajectory at an early stage, before it develops into a chronic state. For instance, by looking for signs such as not being able to engage in anything, not seeing the meaning of doing anything or just feeling bored or useless, might help identify people in danger of experiencing distressing loneliness. Furthermore, our findings indicate that there is a need of being particularly aware if a person's everyday activities change, such as withdrawing from social activities or losing interest in hobbies or other activities as this may indicate the person may be lonely.

According to the literature, developing effective interventions to prevent loneliness is challenging. Reviews of empirical research conclude that there is very little evidence to show that available interventions help (Cattan, White, Bond, & Learmouth, 2005; Findlay, 2003). However, there is some suggestion that bringing people together into groups may assist. For example, Cattan et.al. (2005) indicate that group activities with educational and supportive input might be effective in reducing loneliness. Martina and Stevens (2006) developed a friendship enrichment program among older women. Nine to 10 months after baseline, loneliness was reduced for both the intervention and control group and both groups continued to experience loneliness. Such research demonstrates the challenges of loneliness and a need to understand its trajectory,

Other studies indicate that focusing not on loneliness, but rather on substantial themes or interests might be a doorway to alleviate loneliness. A recent study by Savikko et al. (2010) confirms that group activities like art and inspiring activities, group exercise and discussions or therapeutic writing and group therapy, led to reduced loneliness among older people 75 years and older. This is in line with some of the proposals put forward in a newly published report from the UK (Griffin, 2010), which highlights five different measures to improve loneliness; psychological therapy, befriending schemes, technology, volunteering and social network interventions (Griffin, 2010, pp., 24 - 29). These findings are relevant to two aspects of our findings. First, the finding that the ‘not lonely’ people tend to focus on other people’s situation instead of their own, suggests that inviting older people to participate in volunteering activities might be a good strategy to fight loneliness. Inviting or stimulating people to get actively involved with others rather than being passive receivers of “social support services” might promote their engagement with society and provide experiences of a more meaningful life.

Second, strengthening older people’s ability to keep up social ties by the use of technical devices, such as the telephone and newer communication technology, seems important. Telephone is a technological device that this generation is familiar with and that some of the participants used effectively to stay connected. Others did not have the initiative to use the telephone when feeling isolated or did not want to bother their families. However, there might also be possibilities to learn to apply other modern

technologies. A pilot study from Australia indicates that older people may benefit from the use of Internet as a befriending possibility (Ballantyne et al., 2010). By learning to use a computer and getting help to put up a personal profile, the participant described less loneliness and pleasure in being able to connect to other people around the globe. Especially at times when loneliness was temporally demanding, like in late evenings or at night, there was always someone out there to chat with.

We may also learn something from the not lonely participants' positive and proactive attitude. The first step might be to become aware of one's attitudes and strategies. A pilot test of a print-delivered intervention indicates that information about the importance of staying in touch with people, connecting to the local community, adjusting to lifestyle changes, dealing with the personal side of loneliness and time management, was important (Gracia et al., 2010). Developing good and informative print-delivered information about loneliness and social isolation might therefore be a strategy worth developing further. As loneliness is a complex and individual experience, there is not one way or one intervention that will fit all.

### **Methodological strengths and limitations**

A strength of this study was that we used an identical design and recruitment strategy in the three study sites to generate a large data set of rich qualitative interviews that could be combined to explore the question of loss and loneliness across the three international sites. Furthermore, this secondary analysis study grew directly out of findings in the primary studies and therefore represents a further in-depth exploration of a research question generated on the basis of the original data. In spite of these strengths there were several weaknesses. The sample was recruited among the white majority population in the three countries and the findings do not represent the experiences of ethnic minorities. We did not collect data about depression among the participants and consequently were unable to explore whether the lonely participants might have been depressed. Furthermore, we did not have sufficient data to explore whether it was the more physically and/or mentally ill, or institutionalized participants who primarily experienced being lonely and isolated.

### **CONCLUSION**

This study suggests that there are important differences between how 'not lonely' and 'lonely' participants' understand and cope with a life situation of being increasingly alone due to losses. The 'not lonely' viewed losses as normal, participated in activities, connected to other people and thrived in their own company. The 'lonely' participants were overwhelmed by their losses, had problems finding meaningful activities and difficulty keeping up social relations.

The findings have implications for nursing. The contrasting descriptions presented in the findings may help us to identify lonely older people in need of help, and to develop targeted interventions to alleviate loneliness. Nurses need be aware of older peoples' experiences of the losses associated with the ageing process. In particular, paying attention to changes in commitment to activities and connections to other people might help identify older people in need of more directed care to deal with changes and losses in late life.

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