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The Past in the Present: A Mixed Methods Evaluation of a Group Intervention for Loneliness and Well-being among Older People

A dissertation presented in partial fulfilment
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Abstract

Recent research has shown loneliness in old age to be a major risk factor for a variety of deleterious psychological and physiological outcomes, including cognitive decline, progression of Alzheimer's disease, increased blood pressure, depression, and mortality. However, practical interventions which meet reasonable standards in terms of feasibility and outcome are limited. The main purpose of this study was to develop and evaluate the usefulness of a brief instrumental reminiscence intervention aimed at preventing and alleviating loneliness to increase the well-being of older people.

A mixed methods design allowed the examination of both the impact and process of the intervention, as experienced by four groups of older people living in a retirement facility in New Zealand (N = 17; mean age = 84 years). Loneliness and well-being were assessed over five measurement points with the short form of the Social and Emotional Loneliness Scale for Adults, and Affectometer 2, respectively. Repeated measures analysis of variance, content analysis, and thematic analysis were employed to investigate the participants' experience of the intervention.

Results showed a high level of satisfaction with the intervention, and provided preliminary evidence for its usefulness over a time period of two months. Loneliness was conceptualised by participants as a normal challenge of life which can be actively addressed by connecting with others in meaningful ways. Learning for participants was located primarily in their experience of the intervention, namely from relationships developed within the groups themselves.

This study offers support for the theory on social and emotional loneliness, substantiates the acceptability and usefulness of practical group interventions to enhance well-being in later life, and highlights the importance of tailoring interventions to the needs and experiences of older people. In light of the emphasis study participants placed on group therapeutic factors as their primary source of learning about coping with loneliness, future interventions could focus on the role of feedback and social comparison in promoting connectedness amongst older people.

Résumé

Des recherches récentes ont démontré que la solitude chez les personnes âgées est un facteur de risque important pour une variété de problèmes psychologiques et physiologiques, y compris le déclin cognitif, la progression de la maladie d'Alzheimer, l'hypertension, la dépression et la mortalité. Cependant, très peu d'interventions concrètes, répondant à des normes raisonnables en termes de faisabilité et d'efficacité, ont été développées. L'objectif principal de cette étude était d'élaborer et d'évaluer l'utilité d'une brève intervention comprenant la rétrospective de vie instrumentale visant à prévenir et à atténuer la solitude en vue d'accroître le bien-être des personnes âgées.

Une conception de méthodes mixtes a permis d'évaluer l'impact et le processus de l'intervention, telle que considérée par quatre groupes de personnes âgées vivant dans une maison de retraite en Nouvelle-Zélande (*N* = 17, âge moyen = 84 ans). La solitude et le bien-être ont été mesurés sur une échelle de cinq points avec la Social and Emotional Loneliness Scale for Adults (version abrégée), et Affectometer 2, respectivement. Une analyse de la variance à mesures répétées, une analyse de contenu, et une analyse thématique ont été utilisées pour étudier l'expérience de l'intervention par les participants.

Les résultats ont montré un niveau élevé de satisfaction à l'égard de l'intervention, et ont fourni des preuves préliminaires pour son utilité sur une période de deux mois. La solitude a été conceptualisée par les participants comme un défi normal de la vie qui peut être relevé de manière active, en développant des relations interpersonnelles satisfaisantes. L'apprentissage pour les participants était localisé principalement dans leur expérience de l'intervention, à savoir dans les interactions au sein des groupes.

Cette étude supporte la théorie de la solitude sociale et affective, démontre l'utilité des interventions de groupes concrètes en vue d'améliorer le bien-être des personnes âgés, et souligne l'importance d'adapter les interventions psychologiques aux besoins spécifiques des individus et à leurs expériences respectives. L'accent mis par les participants sur les facteurs thérapeutiques de groupe comme source primaire d'apprentissage pour vivre avec la solitude suggère que de futures interventions pourraient porter sur l'importance du feedback et de la comparaison sociale en vue de promouvoir la connexion parmi les personnes âgées.

Dedication

To my father Réjean Miclette,

With love and gratitude for your guidance throughout the duration of this project

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CHAPTER ONE
INTRODUCTION

"The true self, that is the self which is continuous throughout life,
is revealed only at the moment of experiencing two fragments
of time together, the present with the past".
-Marcel Proust (1871-1922)

Rationale and Importance of the Current Study

The importance of tackling loneliness to improve the well-being of older people is increasingly recognised in international policy as well as national health strategies (Department of Health, 2001; Mental Health Foundation, 2010; New Zealand Associate Minister of Health, 2002; WHO, 2002). Recent research has shown loneliness in old age to be a major risk factor for a variety of deleterious psychological and physiological outcomes, including cognitive decline (Routasalo, Tilvis, Kautiainen, & Pitkala, 2009), progression of Alzheimer's disease (Wilson et al., 2007), increased blood pressure (Hawkley, Thisted, Masi, & Cacioppo, 2010), depression (Cacioppo, Hawkley, & Thisted, 2009), and mortality (Patterson & Veenstra, 2010; Shiovitz-Ezra & Ayalon, 2010).

Cross-sectional and longitudinal analyses have shown that loneliness increases with age (Cacioppo, Fowler, & Christiakis, 2009; Earnst & Cacioppo, 1999; Graneheim, & Berit, 2010; Jylhä, 2004), and extensive surveys have indicated a substantial prevalence of loneliness among the elderly in several cultures (Drennan et al., 2008; Savikko, Routasalo, Tilvis, Strandberg, & Pitkala, 2005; Steed, Boldy, Grenade, & Iredell, 2007). Demographic changes in Western societies predict a steady increase in the number of older people who live longer, alone, and who do not have the support of spouses or children (Earnst & Cacioppo, 1999; Victor, Scambler, Bowling, & Bond, 2005). Older people are more likely to lose family members and friends, and are vulnerable due to the effects of a smaller social pool (WHO, 2002). In addition, many older adults need to move to residential facilities in response to physical limitations, the death of a spouse, or a choice to lessen everyday responsibilities; which can alienate them from family and friends (Arnetz & Theorell, 1983; Chiang et al., 2010; Winningham & Pike, 2007). On the whole, increased change and loss, and disruption to social support networks can negatively affect the physical, cognitive and emotional well-being of older people.

Although associated with numerous negative outcomes and affecting a great number of individuals, loneliness has received little attention in intervention research. Practical interventions which meet reasonable standards in terms of feasibility and outcome, are limited (VanderWeele, Hawkley, Thisted, & Cacioppo, 2011). The few recent interventions aimed at alleviating loneliness among older people have shed some light on features that tend to be associated with favourable therapeutic effects. However, there is a general lack of agreement among researchers concerning the definition, operationalisation, measurement, and treatment of loneliness. Theoretical frameworks guiding the interventions and their essential elements have not been adequately described, and there are important limitations with the way interventions have been evaluated (Cattan, White, Bond, & Learmouth, 2005; Findlay, 2003). Altogether, the intervention literature on loneliness in later life is still very much in its infancy.

Objectives

This study is exploratory and has three main goals: 1) to develop an intervention aimed at preventing and reducing loneliness, and increasing the well-being of older people; 2) to implement the intervention with older people living in a retirement facility in New Zealand; and 3) to evaluate the outcome of the intervention in terms of both impact and process, as experienced by participants.

These objectives were motivated, in part, by the author's personal experience:

The starting point of my thesis was the death of my father, in November 2008.

Towards the end of his life, my father was a very lonely man, mainly due to his illness and resulting isolation (whether at home or in hospital).

And so was I. Lonely, I mean; in another country, studying in a different language, slowly building meaningful social connections, often feeling powerless about not being with him through his battle with the illness, his battle for life. He was in Québec, I was in New Zealand; I felt a world apart.

I knew that we were not the only ones in that situation.
I knew that loneliness can affect someone at any stage of life, often slyly, sometimes without even noticing it; how do other people deal with loneliness?

I wanted to learn, and do something meaningful.

Thus, it is the personal experience of loneliness which led me to study it.
That and the fact that I love being around, and learning from, older people.

This study offers insight into the existing theory on loneliness, provides new information about how older people view loneliness and well-being and how they can engage in group interventions, and strengthens the knowledge base of psychotherapy research and practice. This study also illuminates ways to actively include older adults in developing self-help skills to cope with the experience of loneliness. The major contribution from this project in terms of improved health outcomes consists of the examination of whether a brief group intervention has clinical benefits, and of the mechanisms of change involved, as experienced by participants. This study provides preliminary data on the acceptability and usefulness of the *Self-Enrichment Course*, and forms the foundation for evidence-based guidelines for future projects of this kind.

Organisation of the Thesis

The second chapter of this dissertation provides a systematic investigation into the research literature on loneliness. This provides a rationale for the current study, which is introduced in the third chapter. The study formulation, aims and research questions which guided the investigation are specified in Chapter Three. Also outlined in this chapter are the rationale for, and essential elements of the intervention developed in this study: The Self-Enrichment Course (SEC).

While the first chapters focus on the development of the intervention, the remaining four chapters detail the implementation and evaluation of the SEC. Chapter Four outlines the research method in detail, including the context in which the intervention was implemented. Procedures, material, and the three types of analyses used are presented. This chapter also introduces the philosophical and practical rationale behind the mixed methods design.

To allow for a clearer configuration, the results of the research are presented in two chapters. Chapter Five documents the results pertaining to Analyses I (repeated measures ANOVA/paired samples t-tests) and II (content analysis/descriptive statistics). Chapter Six presents the results of Analysis III (thematic analysis); in this chapter, the results and discussion of the analysis are presented in unison.

Chapter Seven concludes with a discussion of the findings in the context of the research aims, research questions, and beyond. A discussion of the research as a whole, including its main contributions, limitations, and recommendations for future directions, brings this dissertation to a close.

Terminology

The terms “older adults”, “older people”, “elders”, and “elderly” often appear as interchangeable in the psychological literature to determine people aged approximately 65 years old and above. However, the terms “older people” or “people” are preferred when referring to the participants in this study as they have less negative connotations and reflect more accurately the fact that each human being is a whole and unique person, at any age. As the description of the intervention implementation and evaluation progresses, the terms “older people”, “participants”, and “group members” are used interchangeably.

“Intervention”, “course”, “programme” and “Self-Enrichment Course (SEC)” are used interchangeably to refer to the five-week reminiscence therapy programme in which participants took part.

Similarly, “homework” is sometimes used when referring to the individual tasks to be performed by participants in between sessions; however the use of “practice exercises” is preferred due to its simpler and less ‘school-like’ connotation.

Other terms used interchangeably in this thesis include “Self-Help Handbook” and “Self-Help Booklet”, which eventually becomes “*Words of Wisdom*”.

Finally, “researcher”, “group leader”, “therapist”, and “facilitator” all refer to the same person - the “author” of this dissertation.

CHAPTER TWO
REVIEW OF THE LITERATURE

"Men are disturbed not by things,
but by the views which they take of them."
-Epiticus (1st Century AD)

Initial Considerations in Understanding Loneliness

The purpose of this chapter is to review the literature on loneliness, to place the problem of loneliness within the realm of psychology research and practice, and to provide insight about intervention initiatives. As suggested by Weiss (1982):

> It is important for those who do research on loneliness to give thought to the application of their work. Concern for application can help ensure that the research does not become excessively academic. The condition we are studying is so disturbing that we surely have some responsibility to do what we can to be helpful to those who experience it (p. 79).

Operational Definition of Loneliness

There is no consensus about the definition of loneliness in the literature. In early descriptions, the term was depicted as a state of profound isolation, considered disintegrative and unspeakable, to be experienced only by the most disturbed and artistic (Fromm-Reichmann, 1959). Over time however, the understanding of the concept grew to include terms like emotional distress and loss of intimacy. For example: [loneliness is] "an enduring condition of emotional distress that arises when a person feels estranged from, misunderstood, or rejected by others and/or lacks appropriate social partners for desired activities, particularly activities that provide a sense of social integration and opportunities for emotional intimacy" (Rook, 1984, p. 1391). Eventually, loneliness was defined as "the generalized lack of satisfying personal, social, or community relationships" (Andersson, 1993, p. 282), and as "a complex set of feelings encompassing reactions to the absence of intimate and social needs" (Earnst & Cacioppo, 1999, p. 1). Overall, loneliness is generally portrayed in the literature as an aversive experience, usually perceived as distressing and painful, and associated with feelings such as sadness, anger, boredom, anxiety, and feelings of marginality (Cacioppo & Patrick, 2008; DiTomasso & Spinner, 1997; Rook, 1984; Routasalo et al., 2009; Rubenstein & Shaver, 1982a; Weiss, 1973).

The distinction between the objective manifestation of being alone and the subjective manifestation of experiencing loneliness is fundamental to the understanding of the problem discussed here, for it is well established that a person who is alone may or may not experience loneliness (Cacioppo & Patrick, 2008; Peplau & Perlman, 1982; Zilboorg, 1938). In effect, the terms loneliness and aloneness have often been used interchangeably. For instance, some authors have advocated for a positive (or voluntary) form of loneliness, which can be constructive (Fromm-Reichmann, 1959), or even necessary (Moustakas, 1972). However a person who is experiencing feelings of loneliness may either be alone, or amongst others (Andersson, 1998; Victor, Scambler, Bond, & Bowling, 2000; Weiss, 1973).

Another core feature of loneliness across definitions consists of its focus on the importance of interpersonal relationships. In line with this, Weiss (1974) suggested that people have needs for well-being that can only be met through relationships; therefore, the experience of different types of relationships is beneficial to health (DiTommaso & Spinner, 1997). Social functions that may be obtained from relationships are termed *provisions* by Weiss (1974), who identified six distinct types: attachment (emotional closeness), guidance (advice), reliable alliance (reassurance that others can be counted on in times of stress), social integration (a sense of belonging), reassurance of worth (recognition of one's competence), and opportunity for nurturance (providing support to others). All six provisions of social functions are necessary throughout one's life; however two are necessary to avoid loneliness: attachment and social integration (Peplau, Miceli, & Morasch, 1982; Weiss, 1974).

Despite the lack of consensus, there are common elements that provide the basis for the definition of loneliness to be used in this study. The first consists of the differentiation of loneliness from being alone. Second, loneliness is construed as a painful and distressing feeling, which can be experienced even in the presence of others. Third, loneliness encompasses a need for satisfying interpersonal relationships (Andersson, 1998; Cacioppo & Patrick, 2008; Peplau & Perlman, 1982; Rook, 1984; Savikko et al., 2005; Weiss, 1973; 1974; Zilboorg, 1938).Yet for a working definition to be all-inclusive, the theoretical background of the phenomenon, and an appreciation of its potential as an adverse clinical syndrome, must be carefully considered (Donaldson & Watson, 1996). Therefore, the main theoretical perspectives in the study of loneliness will be outlined below.

Theoretical Perspectives on Loneliness

Theories are a crucial constituent of any science. In effect, the role played by theories ranges from simplifying and organising knowledge, to explaining and making predictions, through to guiding solutions to practical problems (Peplau & Perlman, 1982). The current research on loneliness takes place within the interactionist theory orientation (Weiss, 1973). To contextualise this point of view, a brief overview of the different theories on loneliness will be given.

Although Peplau and Perlman (1982) initially proposed up to eight theoretical perspectives for the explanation of the cause of loneliness, four distinct theories currently prevail: the psychodynamic, the existential, the cognitive, and the interactionist (Victor et al., 2000). However, none of these explanations for loneliness are specific to old age. In addition, theoretical perspectives on loneliness have been largely ignored in the psychological profession: "Research in this field [loneliness in old age] has been largely atheoretical, or with theoretical assumptions remaining implicit" (Victor et al., 2000, p. 408). If psychology practitioners working with older people are to integrate considerations of the nature and causes of loneliness into their work, it is crucial to develop a clear understanding of theoretical foundations. The purpose of this brief review is to compare and evaluate these theoretical perspectives in view of locating the current conceptualisation of loneliness within the interactionist theory, as well as highlighting its applicability to working with older people in particular.

Psychodynamic Theory

Based on the writings of Sigmund Freud, psychodynamic theorists have suggested that loneliness would originate from early life experiences. In the first published psychological analysis of loneliness, Zilboorg (1938) proposed that childhood attachments and dilemmas provide a personality base which predicts future coping strategies. According to this perspective, the lonely person is likely to have unresolved infantile feelings of personal omnipotence, and possesses basic traits of hostility, megalo-mania, and narcissism. Loneliness is further associated with egocentrism and public displays of open hatred, directed either towards the self or others: "The lonely individual seldom fails to display an ill-disguised or open hatred" (Zilboorg, 1938, p. 40).

Like Zilboorg, Fromm-Reichmann (1959) claimed that loneliness stems from childhood experiences, specifically from the premature disruption of the mother-infant

bond. This, in turn, would provide a personality base which then foretells the experience of loneliness. In what is probably the most cited early article on loneliness, Fromm-Reichmann (1959) portrayed loneliness as an extreme state which renders people paralysed and helpless, and ultimately leads to the development of psychotic states. In contrast to Zilboorg (1938), who characterised the feeling of loneliness as a normal experience resulting from missing someone in particular, later authors adhering to the psychodynamic theory of loneliness have predominantly adopted Fromm-Reichmann's pathological approach to the phenomenon (Victor et al., 2000).

This view of loneliness as a personality trait or state of mind which stems from infancy and is symptomatic of neurosis has inherent deficiencies. Despite relating loneliness to early experiences which may have been interpersonal in nature (Peplau & Perlman, 1982) psychodynamically-oriented theorists tend to focus solely on individual factors leading to loneliness. In fact, the major criticism of this approach is that it fails to take into consideration the social world, including gender, culture, or age (Victor et al., 2000). This view proves particularly problematic in later life, where factors such as major life transitions and the loss of life-long relationships are virtually ignored (Donaldson & Watson, 1996). In addition, the usefulness of introducing loneliness as predominantly pathological when working with elderly individuals is questionable.

Notwithstanding these shortcomings, the psychodynamic theory has contributed to the current views on loneliness, namely by distinguishing the experience of loneliness from that of aloneness (Zilboorg, 1938). In addition, this theory of loneliness has stemmed largely from observations in clinical settings (Peplau & Perlman, 1982). Although this can be viewed as a limitation, clinical work with patients, including older people, has facilitated the development of reminiscence therapy (Butler, 1963; 1974). Nevertheless, the value of reminiscence therapy to alleviate loneliness among older people has not been adequately established.

Existential Theory

Existential theory claims that loneliness results from facing life's ultimate challenges, such as birth, death and change, as these events lead to an encounter with the self. According to Moustakas (1972), the main proponent of this approach, loneliness should be seen as a positive opportunity to learn about oneself and to learn to be alone, which is considered an essential condition of existence. Rather than portraying a negative view of loneliness, early existentialists depicted the experience of loneliness as an opportunity for growth (Tillich, 1963) and ultimately, the experience of

love (Moustkakas, 1972). From this perspective, one can transform loneliness by interacting with the self and others with love; in a true caring fashion (Moustkakas, 1972; Tillich, 1963).

Weiss (1973) disagreed with the notion that loneliness is a productive or creative condition, and argued that the experience of loneliness can trouble not only lonely individuals but those surrounding them. In addition, Peplau et al. (1982) considered that this theory confounds the understanding and alleviation of loneliness by linking its experience to the indefinable concept of love. Problems with this theory from the perspective of psychologists working with older people are failing to differentiate between loneliness and being alone, and to acknowledge the potentially negative aspects of these. Yet as pointed to by Donaldson and Watson (1996), the notion of accepting loneliness (or aloneness) could be useful in some instances, such as when facing death. To conclude, existentialists do not seek to explain the cause of loneliness in terms of factors that increase or decrease its likelihood, which offers little indication towards its alleviation.

Cognitive Theory

In contrast to the philosophical standpoint of the existential theory of loneliness, the cognitive approach focuses on specific mechanisms which contribute to the experience of loneliness. A central tenet of this theory is that the way people cognitively respond to their loneliness determines its occurrence, intensity, and persistence. Therefore, loneliness would result from an individual's perceived discrepancy between desired and actual levels of social contacts (Peplau & Perlman, 1982). Specifically, cognitive theory puts forward cognition as a mediating factor between deficits in sociability and loneliness and, as stated by the leading advocates of this approach: "...it is unlikely [...] that affective cues alone are sufficient to identify an unpleasant experience as loneliness" (Peplau et al., 1982, p. 136). Seen this way, loneliness can be viewed as a self-fulfilling prophecy, with low self-esteem and behavioural cues contributing to the self-identification of loneliness which, in turn, perpetuates the low self-esteem (Victor et al., 2000). As a result, cognitive theorists suggest that interventions aimed at raising self-esteem and social skills can prove useful in combating loneliness (Peplau et al., 1982; Young, 1982).

Through developing and refining the cognitive theory of loneliness, Peplau and Perlman (1982), Peplau et al. (1982), Peplau, Bikson, Rook, and Goodchilds (1982), and Young (1982) have contributed to a clearer organisation of the literature on

loneliness, and to a sound explanation as to why loneliness seems to be a highly individualised phenomenon. Empirical evidence in support of the application of cognitive theory of loneliness with older people has been provided. For example, Andersson (1984; 1985) found that helping people to take responsibility for their loneliness, as well as challenging their preconceived ideas of the phenomenon, had positive benefits for community-dwelling elders.

However despite a recognition of the social factors involved in an individual's context, this theory fails to account for the strong links between loneliness and social networks (Victor et al., 2000), and fails to consider age-related factors, such as cognitive impairment in old age (Donaldson & Watson, 1996). With these limitations in mind, the cognitive notion of perceived discrepancy between desired and achieved social connections was considered in this study.

Interactionist Theory

Based upon attachment theory (Bowlby 1973; 1980), the interactionist perspective combines the social aspects of loneliness with the emotional individual aspects. Weiss (1973), the main advocate of this theory, suggested that loneliness be viewed not only as a function of either situational or personal factors, but as a product of their shared (or interactive) effect. The interactionist view of loneliness comprises elements of both cognitive and psychodynamic theory.

Corresponding to early psychodynamic theories of loneliness, Bowlby (1973) suggested that attachment initially consists of a strong affectional bond that develops between infants and an attachment figure (usually a caregiver), and that a secure attachment early in life positively influences later relationships (Bowlby, 1980). Linked to the biological function of protection, attachment was conceptualised as a fundamental form of behaviour which is crucial for survival. Attachment behaviour can be defined as "any form of behaviour that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world" (Bowlby, 1988, p. 29). Although attachment behaviour is most apparent in childhood, it can be observed throughout the life cycle, particularly in significant life events or crises (Bowlby, 1988).

Bowlby (1973) explained that affectional bonds and subjective states of intense emotion go as one. Bowlby proposed that many of the stronger emotions (such as loneliness) arise during the formation, disruption, renewal, and/or maintenance of emotional bonds. Avoiding isolation then, is viewed as an effective strategy to

minimise the possibility of danger and maximise one’s sense of safety (Bowlby, 1980). Failure to achieve this can lead to separation anxiety, which has been described as “what each one of us experiences whenever our attachment figure is elicited and we cannot find our mother figure, or whatever person or even institution has come in later years to stand in her place” (Bowlby, 1973, p. 49). Involuntary separation from an attachment figure thus leads to loss and resulting expressions of sadness, anxiety, grief, mourning, and similar emotions (Bowlby, 1980).

Based on this proposal, Weiss (1973) described the experience of loneliness as a response to the absence of some particular relational provision which, in many instances, is the provision of a close and indeed intimate, attachment. When one’s social interactions fail to supply crucial fundamental needs, loneliness results (Weiss, 1973). Hence within the interactionist theory, the nature and quality of the missing relationship is emphasised, as well as the individual’s response towards that relationship (Peplau & Perlman, 1982). This dual focus on the individual and situational factors corresponds to psychodynamic and cognitive opinions on loneliness, respectively. As such, loneliness would stem from the combination of the absence of a social network perceived as adequate, and/or the lack of an attachment figure (Victor et al., 2000). Weiss (1973) cautioned that it is misleading to define loneliness as caused by the condition of being alone, and differentiated the concept from grief. Although loneliness often is a component of this syndrome, it is a reaction to the *absence* of the attachment figure rather than to the experience of its loss (Weiss, 1973).

Social and emotional loneliness. The typology proposed by Weiss further distinguishes loneliness as resulting from emotional isolation (emotional loneliness) and/or social isolation (social loneliness). Despite sharing a common core, the former is a condition resulting from the absence of a close emotional attachment, whereas the latter is a condition arising out of the absence of an engaging social network (Weiss, 1973).

On one hand, social loneliness is characterised by a lack of integration and may be associated with feelings of meaninglessness and marginality, boredom, and depression (Weiss, 1982). On the other, emotional loneliness can be experienced as something akin to the separation anxiety of a child; a sense of pervasive apprehensiveness, involving persistent vigilance to threat, feeling of abandonment, constant appraisal, and an inability to organise one’s perceptual and motivational energies towards finding a solution to one’s loneliness (DiTommaso & Spinner, 1993;

Weiss, 1973). Although previous research offered some support for the importance of distinguishing emotional from social loneliness (e.g., Rubenstein & Shaver, 1982a; Vincenzi & Grabosky, 1987), the different types of loneliness were not assessed with measures of known reliability and validity.

In a bid to develop a psychometrically-sound instrument that would encompass Weiss' typology of loneliness, DiTommaso and Spinner (1993) found that there are two main aspects of emotional loneliness. Thus in an extension of Weiss' theoretical model, DiTommaso and colleagues have operationalised emotional loneliness into family loneliness and romantic loneliness (DiTommaso & Spinner, 1997; 1993). Whereas social loneliness would arise from a perceived deficiency in relationships with friends and community, emotional loneliness would stem from the absence of a family member or romantic partner.

Altogether, the sense of loneliness from an interactionist's perspective comprises a complex set of feelings that encompasses reactions to the loss of intimate and/or social needs (Cacioppo & Patrick, 2008; Weiss, 1973). Weiss (1973; 1974) considered both internal and external causes of loneliness, and emphasised an individual's current conditions as key factors in causing loneliness (Peplau & Perlman, 1982). From this perspective, loneliness is a highly individualised, normal emotional reaction to changes within and between individuals. This distressing experience has a biological as well as a psychological basis, and can be regarded as a survival mechanism (Bowlby, 1973). As stated by Cacioppo and Patrick (2008): "Loneliness itself is not a disease; feeling lonely from time to time is like feeling hungry or thirsty from time to time. It is part of being human [...] Just as thirst is the prompt that reminds us to keep our bodies hydrated, loneliness is the prompt that reminds us how much we depend on one another" (p. 228).

Loneliness in the Current Study

Based on the previously reviewed definitions of loneliness and major theoretical viewpoints, loneliness in this study was conceptualised as an emotional response to the discrepancy between desired and available interpersonal relationships, whether social, familial, or romantic (Cacioppo & Patrick, 2008; DiTommaso & Spinner, 1997; 1993; Peplau et al., 1982; Weiss, 1974; 1973). In line with Weiss' analysis of social provisions, it is argued that opportunities for both emotional closeness and a sense of social integration are needed to avoid loneliness.

In line with Bowlby's (1973) proposal that stronger emotions arise from changes in emotional bonds, loneliness in this study was construed as resulting from changes (old or recent) in interpersonal relationships; such as following a conflict or an involuntary separation. As stated by Jylhä (2004), this is particularly the case for older adults: "Experiences of loneliness are often preceded by negative changes in social relations [...] such as widowhood, death of lifetime friends and age peers, functional decline, and thoughts of their own inevitably approaching death" (p. 158).

Weiss' (1973) operationalisation of the phenomenon into social and emotional loneliness was adopted as the theoretical basis of this study. It was expected that this typology would be particularly suited to encompass the various types of challenges experienced by older people, such as the loss of a spouse, or decisive changes in living circumstances. In particular, it was predicted that taking into consideration loneliness as a multidimensional phenomenon would permit the exploration (and eventual alleviation) of loneliness among older people in an all-encompassing way, rather than focusing solely on social isolation.

To conclude, the interactionist perspective on loneliness was privileged, mainly due to its dual emphasis on within- and between-individual contributing factors (Victor et al., 2000; Weiss, 1973). Not only taking into consideration the place of one's current social context, the interactionist view is concerned with the perceived quality of relationships (Peplau & Perlman, 1982), as well as internal mechanisms contributing to loneliness, such as emotional attachment (Bowlby 1980; 1973). As such, loneliness can result from the absence of an attachment figure (emotional loneliness), the absence of a satisfactory social network (social loneliness), or both (Andersson, 1998; Weiss, 1973).

Who are the Lonely?

The Lonely Society

Loneliness is common, and research shows that it is rapidly becoming a societal phenomenon. In the early 80s, a nationwide survey on loneliness in the United States found that some 35 million Americans were reportedly experiencing intense feelings of loneliness (Rubenstein & Shaver, 1982b). The extent of loneliness was further substantiated in an Australian survey of a community sample of people over 18 years of age (N = 1,241; Lauder, Sharkey, & Mummery, 2004). Although the majority of people reported not being lonely (63.4%), a substantial number of people reported currently experiencing loneliness (35.7%) (Lauder et al., 2004). A large survey by the Mental Health Foundation in the United Kingdom (UK), found that 11% of the participants

(N = 2, 256) reported feeling lonely often, 42% reported having felt depressed because they felt alone, and 22% reported never feeling lonely. Further, 48% of the respondents believed that people are generally getting lonelier (Mental Health Foundation, 2010).

Recent research alleged that loneliness is increasingly common amongst Western societies, and that socio-demographic changes are worsening this situation. For example, changes in marital and child-bearing patterns predict a steady increase in people who do not have children or spouses (Earnst & Cacioppo, 1999; Savikko et al., 2005; Victor et al., 2000). In the UK, the percentage of people who live alone has more than doubled between 1972 and 2008, and research shows that education or career prospects lead an increasing number of people to move away from families and the community they grew up in (Mental Health Foundation, 2010). These societal changes can be viewed as situational risk factors for the individual experience of loneliness.

In addition, industrialised countries appear to be experiencing an increased dissatisfaction with lifestyles, which has been shown to comprise feelings of unhappiness, disinterest in life, and loneliness (Koivumaa-Honkanen, Honkanen, Viinamäki, Heikkilä, Kaprio, & Koskenvuo, 2001; Lauder et al., 2004). Data collected from a Finnish nationwide sample of adults aged 18-64 years (N = 29,173) showed that dissatisfaction with life at baseline was associated with a threefold increase in risk of suicide during the 20-year follow-up period (Koivumaa-Honkanen et al., 2001). Finally, in a recent investigation of loneliness, Harvard University researchers Olds and Schwartz (2009) discussed "the cult of busyness" where people currently living in Western countries face such intense social pressure to be productive that they neglect vitally important interpersonal relationships (p. 27).

These changes in the structure and values of societies are of serious concern because the relationship between social support and health has been clearly established in epidemiological studies (Andersson, 1998; Earnst & Cacioppo, 1999; Findlay, 2003; Mental Health Foundation, 2010; Savikko et al., 2005; Steed et al., 2007; Victor et al., 2000). In particular, Cacioppo et al. (2009) claimed that loneliness is indeed a societal phenomenon which occurs in clusters since lonely people tend to spread their feelings of loneliness through their social networks.

In summary, recent studies indicate that loneliness is a widespread and societal concern which needs to be addressed. However, most of the research on loneliness has been approached from an individualist psychology framework (Lauder et al., 2004), and the role of community and culture has generally been ignored (van Tilburg,

Havens, & de Jong Gierveld, 2004). There are considerable variations in the prevalence of loneliness between countries, particularly amongst older populations. Accordingly, data collected in one cultural context must be generalised across other cultures with caution (Lauder, 2004; Steed et al., 2007). In addition, background and beliefs have been shown to have an impact on people's perceptions and understandings of loneliness (Jylhä, 2004; Rokach, Orzeck, Moya, & Exposito, 2002). Therefore, it is crucial to consider the actual cultural and social context in the development, implementation, and evaluation of interventions aimed at alleviating loneliness.

Loneliness throughout the Life Course

Research has shown that loneliness can occur at any stage of the life course, and that the nature of loneliness differs according to which life stage one is at (Donaldson & Watson, 1986; Hutchison & Woods, 2010; Mental Health Foundation, 2010). As stated by Peplau and Perlman (1982):

> Few of us have escaped the painful experience of loneliness. In the natural course of growing up our social relationships begin, change, and end [...] Social transitions are a basic fact of life in modern society, and so is loneliness. For most of us, intense feelings of loneliness are short-lived; for others, loneliness is a persistent aspect of daily life (p. 1).

In infancy, loneliness can result from the distressing experience of being separated from loving caregivers, often temporarily (Fromm-Reichmann, 1959; Peplau & Perlman, 1982; Zilboorg, 1938). As discussed by Bowlby (1973; 1980; 1988), attachment in infancy is linked to the biological function of protection and is crucial for survival. Hence, avoiding isolation is viewed as an efficient strategy to lessen the possibility of danger. The work of Ainsworth, Blehar, Waters, and Wall (1978) has found a secure attachment to be the most adaptive attachment style, and that securely attached children are most capable to explore when they have the knowledge of a secure base to return to in times of need.

A central factor in the development of loneliness in childhood and adolescence is peer relations (Earnst & Cacioppo, 1999). In an extended world of social relationships, children attempt, with varying degrees of success, to gain acceptance from peers, and eventually, fulfilling friendships (Peplau & Perlman, 1982). For teenagers, loneliness can also be linked to experiences of first love endings (Mental Health Foundation, 2010).

Loneliness in earlier stages of life is often temporary but relatively common (Donaldson & Watson, 1986). A recent report published in the UK by Hutchison and Woods (2010) substantiated that between April 2008 and March 2009, almost ten thousand children and teenagers, aged between 5 and 18 years old, were counselled about loneliness by Childline (Hutchison & Woods, 2010). However, the risk factors associated with loneliness begin to accumulate around middle age. These include key life transitions such as children leaving the family home, retirement, divorce, and bereavement (Mental Health Foundation, 2010). In a study investigating the role of social support and loneliness in adjustment to loss, a group of married people was compared to a group of widows and widowers (Stroebe, Stroebe, Abakoumkin, & Schut, 1996). Participants were under retirement age, with mean age of the groups 55 and 53 years, respectively. By creating and using two short scales constructed to assess the two types of loneliness proposed by Weiss (1973), the authors found that reported levels of social support predicted feelings of social loneliness, but not emotional loneliness. Furthermore, this study provided the first indication that the impact of marital bereavement on the well-being of adults was mediated by emotional loneliness, but not social loneliness (Stroebe et al., 1996).

Loneliness is not an inevitable component of old age (Mental Health Foundation, 2010), yet loneliness among older people has clearly been flagged by researchers as deserving pressing consideration (e.g., Cattan et al., 2005; Drennan et al., 2008; Findlay, 2003; Mental Health Foundation, 2010; Steed et al., 2007; Victor Scambler, Marston, Bond, & Bowling, 2005). Nevertheless, current available evidence suggests that the prevalence of loneliness in older populations has been greatly inconsistent. In a review of the major British community studies published between 1948 and 1991, self-reported rates of loneliness in people over the age of 65 ranged from 5% to 16% (Victor et al., 2000). The variance in prevalence could be attributable to the type of measurement methods used. In addition, these key studies were conducted several years ago, and may not reflect the current prevalence of loneliness in today's society (Victor et al., 2000; Victor et al., 2005).

In a recent telephone survey of loneliness in people aged 65 or more conducted in Ireland (Drennan et al., 2008), data collected from 683 individuals showed that the majority of older people were not particularly lonely. Despite romantic loneliness being the form of loneliness most frequently experienced by older people, overall loneliness scores were low across family, romantic, and social loneliness. These findings are

consistent with evidence from previous research in the UK which found that the majority of participants (61%) rated themselves as never lonely, and that only a minority (7%) reported that they were often/always lonely (Victor et al., 2005). These findings are also similar to those reported in a survey of loneliness in the general population conducted in Queensland (Lauder et al., 2004), where 6.1% of adult respondents reported severe loneliness.

But despite an apparent parallel between these studies, there are serious methodological problems in comparing research using a unidimensional scale of loneliness (e.g., Lauder et al., 2004), a multidimensional one (e.g., Drennan et al., 2008), and a four point self-rating scale measuring loneliness frequency (e.g., Victor et al., 2005). The use of a self-rating scale such as that used by Victor et al. (2005) is problematic conceptually; it presupposes a shared understanding of the concept of loneliness, and methodologically; older people may not wish to admit to feelings of loneliness in an interview.

It has been proposed that the stigma associated with loneliness may account for the underrepresentation of the true levels of loneliness in older people (Creagh, 1995; Jylhä, 2004; Letts, 1992; Steed et al., 2007; Victor et al., 2000). Peplau et al. (1982) wrote that older people may be less willing than younger groups to acknowledge feelings of loneliness, and particularly to talk about personally experiencing it. Similarly, Donaldson and Watson (1996) attributed the problems associated with the study of loneliness to the fact that loneliness carries a stigma, particularly for elderly people that can bias investigations. Weiss (1973) took this claim a step further by attributing the paucity of research in the area of loneliness to its associated threat, for researchers and participants alike: "Many of us severely underestimate our own past experience with loneliness and as a result underestimate the role it has played in the lives of others" (p. 10).

Nonetheless, recent surveys have indicated a substantial prevalence of loneliness among the elderly in several cultures including Australia (Steed et al., 2007), Ireland (Drennan et al., 2008), Finland (Jylhä, 2004; Savikko et al., 2005), Israel (Stessman, Ginsberg, Klein, Hammerman Rozenberg, Friedman, & Cohen, 1996), and China (Wang et al., 2011). In addition, a comparative analysis by van Tilburg et al. (2004) found that despite slight variations in the type of loneliness experienced (social or emotional), older adults living in Italy, Canada, and the Netherlands reported frequently experiencing loneliness. Feelings of loneliness were particularly prevalent in

the Finnish elderly population (39%; Savikko et al., 2005) and among Australian older people (38.5%; Steed et al., 2007).

As mentioned earlier, discrepancies in findings among surveys may be attributable to the highly varied methods of measurement between studies. Whereas some studies calculate the incidence of loneliness in terms of severity or frequency (e.g., *How often do you feel lonely*?), others focus on loneliness as an all-or-nothing experience (e.g., *Have you ever felt lonely*?). Quite the reverse, Steed at al. (2007) measured loneliness in three different ways, including direct questions about frequency and times of greatest loneliness, as well as two different measurement scales.

Despite these limitations and the lack of agreement between studies, one consensus amongst researchers is that loneliness is a distressing problem for many older people, and is worthy of immediate attention (Andersson, 1982; Cattan et al., 2005; Donaldson & Watson, 1996; Drennan et al., 2008; Findlay, 2003; Jylhä, 2004; Mental Health Foundation, 2010; Savikko et al., 2005; Steed et al., 2007; Victor et al., 2000; Victor et al., 2005). In effect, loneliness in old age is linked to a decline in both physical and mental well-being (Andersson, 1984; Stewart, Craig, MacPherson, & Alexander, 2001), leading to impaired quality of life (Steed et al., 2007), physical disability (Cacioppo & Patrick, 2008), cognitive decline (Winningham & Pike, 2007), increased use of health and social services (Savikko et al., 2005), and increased mortality (Shiovitz-Ezra & Ayalon, 2010; Victor et al., 2005). The importance of addressing loneliness to improve the well-being of older people's well-being has been emphasised by national (New Zealand Associate Minister of Health, 2002) as well as international government health authorities (Department of Health, 2001; Mental Health Foundation, 2010; WHO, 2002).

Characteristics associated with the Experience of Loneliness in Later Life

Understanding not only the extent of, but also the factors associated with loneliness in later life is important to improve knowledge of the experience of aging, and to inform the development of interventions that can enhance the quality of life of older people (Victor et al., 2000).

Demographic Factors

Age. Old age has been consistently associated with the experience of loneliness. Some studies reported loneliness to be most likely in the highest age groups, from about 75 years (Andersson, 1998; Victor et al., 2000; Victor et al., 2005). However the relationship between loneliness and age seems to vary depending on the study design

and methods (Steed et al., 2007). Using both cross-sectional and longitudinal analyses, Jylhä (2004) found that among older people, loneliness increases with age. A cross-sectional survey of 683 older adults showed that greater age was a predictor of both social and romantic loneliness, but not of family loneliness (Drennan et al., 2008). These results indicate that even those older people who have support from their family can still experience other forms of loneliness. Drennan et al. (2008) explained that changes in loneliness may not be attributable to age *per se*, but rather to life events and transitions, such as the loss of a romantic partner resulting in romantic loneliness.

There is agreement in the literature that it is the interaction of the aging process with loneliness which has a definite effect on health and well-being (Cattan et al., 2005; Earnst & Cacioppo, 1999; Graneheim & Berit, 2010; Jylhä, 2004; Mental Health Foundation, 2010; Steed et al., 2007; Savikko et al., 2005; Victor et al., 2000). It seems that rather than old age alone being responsible for causing loneliness, aging interacts with loneliness in a number of ways (Donaldson & Watson, 1996); other factors at play include gender, marital status, living situation, socio-economic status, and health.

Gender. Although some studies show that women tend to report more loneliness than men (e.g., Andersson, 1998; Victor et al., 2005), most report no gender differences (e.g., Jylhä, 2004; Peplau et al., 1982; Steed et al., 2007). Steed et al. (2007) found that once marital status, age, and living arrangement factors were controlled for; there was no difference in the prevalence of loneliness between men and women in an Australian sample. Similarly, multivariate analyses by Savikko et al. (2005) suggested that other factors than gender alone explained the experience of loneliness. The fact that women tend to live longer, for instance, could account for a greater accumulation of losses, and subsequent loneliness (Victor et al., 2000). In support of this, Drennan et al. (2008) found that gender alone did not predict loneliness, but that women tend to be more romantically lonely.

Marital status. The relationship between loneliness and marital status is well established (Drennan et al., 2008; Earnst & Cacioppo, 1999; Findlay, 2003; Peplau et al., 1982; Victor et al., 2005), and has been argued as the main confounding factor in the association of gender differences with loneliness (Andersson, 1998; Savikko et al., 2005; Steed et al., 2007). By and large, married people report loneliness to a lesser extent than the non-married (Andersson, 1998). If being married is considered a protective factor in the experience of loneliness (Lauder et al., 2004), widowhood is found to be a consistent predictor of loneliness in older people (Savikko et al., 2005;

Victor et al., 2000; Victor et al., 2005). Since men tend to be outlived by women, it is not surprising that some studies found loneliness to be most common among women (Victor et al., 2005). But men also experience widowhood and its consequences in later life. Based on clinical observations, Weiss (1982) reiterated that those who were previously married are the most likely to experience loneliness, and attributed this occurrence to the immediate or longer-term absence of a close attachment figure.

Living situation. While the experience of loneliness is differentiated from that of being alone, it is clear that those who are persistently or involuntarily alone are more vulnerable to the experience of loneliness (Andersson, 1998). In fact, studies have shown that loneliness in old age is most common among people living alone (Andersson, 1982; Drennan et al., 2008; Steed et al., 2007; Winningham & Pike, 2007), and among people living in rural areas compared to those living in small or big cities (Routasalo, Savikko, Tilvis, Strandberg, & Pitkälä, 2006; Savikko et al., 2005).

In addition, loneliness is more frequent in individuals living in institutions (Jylhä, 2004), although this could be also attributable to older age and increased physical disabilities. Even though most of the research has focused on community-dwelling older populations (Cattan et al., 2005) there is some evidence to suggest that people living in rest homes or retirement facilities are more lonely than those living in their own home (Dupuis-Blanchard, Neufeld, & Strang, 2009; Park, 2009; Savikko et al., 2005). It is possible that people living in residential facilities consider themselves as living alone despite having many people around, perhaps due to the absence of close attachments. Further research is necessary to evaluate the needs of older people living in retirement facilities in relation to loneliness.

Socio-economic status. Loneliness seems to decrease with higher education or income, although these factors have not been a major concern in loneliness research (Andersson, 1998; Savikko et al., 2005). Despite some indications that higher education and/or superior income could facilitate a broader social network (Routasalo et al., 2006), the nature of the relationship is unclear, and has been researched at a superficial level only (Victor et al., 2000).

Physical and Mental Health

Research consistently reports a negative relationship between loneliness and perceived health. For example, Steed et al. (2007) found that among a sample of people aged between 65 and 85 years, those with worse self-rated health tended to have higher loneliness scores. Similarly, Savikko et al. (2005) found that impaired health or

functional status in a sample of 6,786 elderly people was related to an increase in feelings of loneliness. However, the causal direction of this relationship remains unclear; does loneliness cause poor physical health, or does poor health cause loneliness? (Routasalo et al., 2006; Victor et al., 2000).

A lot of research efforts have aimed at clarifying the direction of the causal relationship between health and loneliness. Several studies indicated that loneliness can precipitate decline in mental and physical health (e.g., Andersson, 1984; Savikko et al., 2005; Luanaigh & Lawlor, 2008; Steed et al., 2007; Stewart et al., 2001). A series of studies into the effects of loneliness by Cacioppo and colleagues (Earnst & Cacioppo, 1999; Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006; Cacioppo et al., 2009) has led to the identification of five possible causal pathways from loneliness to ill health which are summarised below.

First, loneliness affects health behaviours. Interactions with one's social environment have been shown to enforce patterns of social control, to help produce or reduce stress, and to promote engagement in particular behaviours (Cacioppo & Patrick, 2008). For example, loneliness makes it harder for people to self-regulate, and can lead to damaging health habits such as overeating and abusing alcohol. Second, although lonely young adults are unlikely to report more exposure to stress, lonely older adults report a large number of objective stressors in their current lives. Third, people suffering from loneliness tend to report greater feelings of threat and helplessness, as well as a reduced ability to seek emotional support.
Therefore, the tendency of lonely people to cope passively and not to engage actively with others makes them more isolated. Fourth, loneliness has been shown to directly affect the immune and cardiovascular systems not only by inflicting stress, but also by promoting passive coping in the face of stress, through reducing the total peripheral resistance of the heart. Finally, loneliness would impact on the quality of sleep, affecting rest and recuperation in groups of older lonely people (Cacioppo & Patrick, 2008).

Notwithstanding these empirical findings, other studies have shown that decreased physical ability can predict loneliness. Among older people specifically, health is an important predictor of well-being, or quality of life (Cacioppo et al., 2009; Drennan et al., 2008; Lyons, & Chamberlain, 2006; Victor et al., 2000). Accordingly, the gradual or sudden deterioration of physical health in old age can decrease one's capacity to keep up with social or intimate contacts, eventually leading to loneliness

(Peplau et al., 1982; Savikko et al., 2005). For example, the loss of vision or hearing can lead to reduced mobility and reduced ability to interact with meaningful others. In the same way, cognitive decline can lead to increased isolation and feelings of loneliness, although the majority of studies have focused on the role of loneliness in predicting cognitive decline (see, e.g., Victor et al., 2005; Winningham & Pike, 2007).

Research shows a strong association between loneliness and mental health among older adults. For example, loneliness has been linked to anxiety (Jylhä, 2004), substance-related disorders (Rathbone-McCuan & Nelson, 2002), positive psychotic symptoms (Lauder et al., 2004), and notably in older people, depression (Adams, Sanders, & Auth, 2004; Cacioppo et al., 2009; VanderWeele et al., 2011).

Loneliness and depression. Loneliness is regularly perceived as a risk factor for depression within this age group (Adams et al., 2004; Blazer, 2002; Luanaigh & Lawlor, 2008; Routasalo et al., 2006; Young, 1982). Blazer (2002) noted that depression and loneliness in old age are intuitively and empirically related, "... yet loneliness may take on some unique characteristics, which expand the construct of sadness" (p. 315). Specifically, loneliness is associated with changes in an individual's social needs, and/or changes in actual relationships (Blazer, 2002; Cacioppo & Patrick, 2008; Peplau et al., 1982). Unlike loneliness, researchers have long recognised depression as a serious mental health problem in late adulthood (Adams et al., 2004), and the search for apposite interventions for depression in old age is unrelenting (e.g., Gallagher & Thompson, 1982; Husaini et al., 2004; Konnert, Dobson, & Stelmach, 2009; Laidlaw, Thompson, & Gallagher-Thompson, 2004; Laidlaw, Thompson, Gallagher-Thompson, & Dick-Siskin, 2003).

In a bid to examine the extent to which loneliness is a unique risk factor for depressive symptoms, Cacioppo et al. (2006) used longitudinal data collected from a sample of 2,193 people aged 54 and above (Mean age = 68.4). The authors hypothesised that given the importance of satisfactory interpersonal relationships to well-being; loneliness would be a distinctive risk factor for depressive symptomatology. The results revealed that loneliness at year one predicted differences in depressive symptoms in year two and year three, controlling for demographic and psychosocial variables as well as depressive symptoms at year one (Cacioppo et al., 2006). In light of this, Cacioppo and colleagues recommended greater attention be paid to the assessment and treatment of loneliness in old age, so as to prevent depression and maximise health and functionality across the entire life span.

In an extension of this study, Cacioppo et al. (2009) reported on a five-year longitudinal study of the prospective associations between loneliness and depressive symptoms. Cross-lagged analyses revealed that loneliness was a unique predictor of changes in depressive symptoms over time, but not vice versa. As per Blazer (2002) and VanderWeele et al. (2011), Cacioppo et al. (2009) advocated the importance of distinguishing between loneliness and depressive symptoms.

Meanwhile, a study involving older adults living in independent residences of retirement facilities (Mean age = 81.4) clarified some ways in which the two concepts differ (Adams et al., 2004). Loneliness was associated with receiving fewer visitors, having a smaller social network, and grieving a loss, but was not related to church or activity participation. In contrast, depression was highly related to activity participation, health characteristics and demographics. Overall, analyses revealed that loneliness was a risk factor for depression among retirement facility residents (Adams et al., 2004).

Mortality. The deleterious effects associated with loneliness in old age have been associated with increased risk for mortality (Koder, 2007; Routasalo et al., 2006; Ruckdeschel, 2000). In a recent study, Shiovitz-Ezra and Ayalon (2010) found that relative to those experiencing situational loneliness, individuals who reported experiencing chronic loneliness had a slightly greater mortality risk. Despite offering support for the division of loneliness into situational and chronic, the measurement of loneliness in this study is questionable. Using a single item from the Centre for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977), respondents were asked whether they felt lonely much of the time over the past week. Response options of "yes" or "no" were then classified as "not lonely" (only "no" responses) "situationally lonely" (loneliness reported in one wave of data collection), or "chronically lonely" (loneliness reported across all three waves of data collection; Shiovitz-Ezra & Ayalon, 2010). The use of a single item poses serious limits in terms of reliability (Cicchetti, 1994), and self-reported loneliness at three different time points does not necessarily indicated chronic loneliness *per se*. On the whole however, this study showed that *perceived* loneliness was found to be a greater risk for all-cause mortality, net of the effect of possible demographic and health confounders.

Life Events, Changes, and Losses

It is well recognised by researchers and theorists in the area of aging that as age increases, changes and losses increase (Birren & Scroots, 2006; Constança, 2007;

Erikson, 1982; Fasolo, 2006; Gibson, 2004; Gitelson, 1948; Knight, 2004; Knight & Lee, 2008; Knight & Poon, 2008; Kohlberg, 1973; Kunz, 2007; Laidlaw & McAlpine, 2008; Peplau et al., 1982; Rathbone-McCuan & Nelson, 2002). More specifically, life events and age-related losses have been associated with isolation and feelings of loneliness in older adults (Victor et al., 2000).

Losses can include the loss of marital partners, friends, children, and pets. As previously mentioned, marital status is an important factor associated with the well-being of older people, and widowhood has been found to be a strong predictor of loneliness (Andersson, 1998; Savikko et al., 2005; Victor et al., 2005). But losses in old adulthood can also refer to life events such as retirement (loss of jobs and income), and moving to a retirement facility (loss of a home). As a result, there is a potential loss of roles or identity, whether as parent, worker, spouse; and the loss of one's status in society (Constança, 2007; Erikson, 1982; Peplau et al., 1982b).

One yearly event associated with the experience of loneliness is the Christmas period. In a study comprising 353 people over the age of 65, 18.2% of respondents reported experiencing greater loneliness during the holiday period (Steed et al., 2007). These results are consistent with literature reporting increased levels of depression among all age groups during Christmas holidays (Fingerman & Griffiths, 1999; Goin, 2002; Kasser & Sheldon, 2002). Furthermore, a qualitative investigation into psychiatric patients' feelings about Christmas revealed that the most common stressors during the Christmas season were loneliness (40%), closely followed by "being without a family" (38.2%; Velamoor, Voruganti, & Nadkarni, 1999). These findings correspond to Weiss' claim that: "Christmas is a time of reaffirmation by kin of their fundamental commitment to one another" (Weiss, 1973, p. 18). Therefore, those who are unable to meet with relatives can feel distressed by the separation.

It has been proposed that the ways in which older people view their ability to adjust to life events, changes, and losses has a direct impact on the likelihood of them experiencing loneliness (Andersson, 1998; Cappeliez & Robitaille, 2010; Peplau & Perlman, 1982; Victor et al., 2000). Therefore, a greater resilience and ability to cope with challenges associated with aging is likely to mediate the experience of loneliness and well-being among older people.

Well-being

Well-being is an abstract concept which has been considered by social scientists as the ultimate criterion for measuring the quality of life of individuals or groups

(Kammann & Flett, 1983a). It involves the perception of one's life experiences along a positive-negative continuum (Okun, Olding, & Cohn, 1990). Well-being refers to an individual's general happiness or "satisfaction with life as a whole" (Kammann & Flett, 1983b, p. 3), and has long been understood as the balance of good and bad feelings (Bradburn, 1969; Gagliardi, Marcellini, Papa, Giuli, & Mollenkopf, 2010). Research conducted in New Zealand by Kammann and Flett (1983a; 1983b) has found that there are several components to the experience of well-being among adults in general, including optimism, self-esteem, self-efficacy, social support and contentment. Well-being was described as the opposite of neuroticism, distress and depression, and synonymous to mental health and adjustment to change.

Well-being in later life. An early analysis of five reviews of the gerontological literature by Okun and Stock (1987) showed strong links between well-being and distinct variables such as neuroticism, religiosity, health, and income. More recently however, the search for an operationalisation of well-being in old age has become far more encompassing. Studies have confirmed strong relationships between geriatric well-being and relational factors such as autonomy, competence and relatedness (Reis, Sheldon, Gable, Roscoe, & Ryan, 2000), social support (Thomas, 2010; Watt & Konnert, 2007), social engagement (Dupuis-Blanchard et al., 2009; Park, 2009), and satisfying social networks (Cheng, Lee, Chan, Leung, & Lee, 2009).
Well-being in later life has also been linked to activities of daily living (ADLs; Katt, Speranza, Shore, Saenz, & Witta, 2009), and personal and mobility resources (Gagliardi et al., 2010).

There is some controversy in the literature around the role played by physical health in older people's satisfaction with life (Lyons & Chamberlain, 2006). Whereas some authors view these constructs as intrinsically linked (e.g., Okun et al., 1990), others have failed to discover a clear correlation between physical health and well-being in late adulthood (Watt & Konnert, 2007). Yet in an investigation of the relationship between ADLs and well-being using structural equation modelling, Katt et al. (2009) found that perceived health was the strongest predictor of well-being in old age. Specifically, the authors suggested that health issues can get in the way of ADLs, and therefore impact on emotional well-being in particular.

In point of fact, the well-being of older people has been conceptualised as comprising two distinct elements: cognitive and emotional well-being (Katt et al., 2009), although these two dimensions are regarded as being strongly interrelated

(Gagliardi et al., 2010). Although emotional well-being is usually considered as a trait, a growing body of literature advocates the importance of daily, within-person fluctuations of feelings of well-being. An investigation by Reis et al. (2000) into the co variation of need satisfaction and emotional states found that well-being may indeed involve more than personality traits and depend on "finding personal value in everyday activities" (p. 421). Reis et al. (2000) argued that daily satisfaction of basic psychological needs, such as relatedness, directly contributes to one's sense of well-being. Hierarchical linear models showed that the best predictors of satisfaction with relatedness needs were feeling understood and appreciated, as well as meaningful conversations.

Successful aging. In the field of psychology, numerous theoretical models have been proposed to elucidate what constitutes successful psychosocial aging. One of the first to emerge was "Activity Theory" (Lemon, Bengston, & Peterson, 1972), which posits that social participation is crucial to retain a positive sense of self and achieve well-being in old age. The study of well-being also engendered the movement of "Positive Psychology" (Seligman & Csikszentmihalyi, 2000), which is concerned with what enables happiness and wisdom, the central role of personal resources and abilities, and the importance of satisfying relationships.

These models have, in turn, provided a basis for the study of the interaction between the psychological well-being of older people and relational factors such as social support and social engagement. For example, Park (2009) sought to shed some light on how people residing in assisted living facilities make social and emotional connections with others. The author found that active social engagement aligned with psychological well-being, whereas the lack of meaningful engagement resulted in unhappiness. In fact, Park (2009) put forward that the opposite end of social engagement is indeed social isolation, or loneliness. As such, Park suggested that loneliness can be thought of as the opposite of well-being.

Positive psychology. In line with the Positive Psychology movement and Activity Theory, Zarit (2009) has advocated for a greater focus on what he termed "a good old age" (p. 675), and for the identification of protective factors for older adults. Drawing from developmental theories of mental health and aging (e.g., Erikson, 1950), Zarit (2009) proposed guidelines for preventative interventions aimed at promoting the well-being of older people. With the older person in mind, eight specific elements to be developed were put forward: good health habits, skills for managing chronic illness,

good social skills, and skills for managing emotions, cognitive skills, personal interests, good economic skills, and a sense of self-efficacy.

Altogether, a growing body of literature is concerned with what constitutes well-being in old age. Of particular interest to this study is the relationship between interpersonal relationships and the well-being of older people. Theoretical perspectives (Erikson, 1950; Lemon et al., 1972; Seligman & Csikszentmihalyi, 2000; Zarit, 2009) combine with empirical evidence (Cheng et al., 2009; Dupuis-Blanchard et al., 2009; Park, 2009; Reis et al., 2000; Thomas, 2010; Watt & Konnert, 2007) to stress the importance of meaningful relationships in successful aging. The conceptualisation of cognitive and emotional well-being (Katt et al., 2009), and the notion that well-being in old age fluctuates on a day-to-day basis (Okun et al., 1990; Reis et al., 2000), represent interesting avenues to consider in developing interventions for older people. Finally, guidelines for preventative interventions among older people proposed by Zarit (2009) highlight the importance of developing skills to maintain and improve an everyday sense of well-being.

Interventions to improve the well-being of older people. Okun et al. (1990) carried-out a meta-analysis of well-being interventions among elders. One goal was to determine the efficacy of various types of interventions. Another was to evaluate whether the benefits of these interventions were maintained over time (Okun et al., 1990). When classified by type of intervention (psycho-educational, social activity, control enhancement), immediate post-test effect sizes were positive and homogeneous. However, less than one month following treatment cessation, there was a significant decline in effect size magnitude (Okun et al., 1990). These results highlight the implication of carefully considering the way in which interventions may affect the well-being of older people, in the short and longer term. These results also suggest the value of adequate measurement of well-being over time.

One potentially useful avenue to explore in the prevention and amelioration of well-being among older people consists of reminiscence interventions (Zarit, 2009). In effect, aging can be viewed as a continuous process of adaptation (Atchley, 1989), and well-being and adjustment have been used synonymously (Kammann & Flett, 1983a). Accordingly, reminiscence, which has been linked to the promotion of adaptation, could contribute positively to successful aging. A recent meta-analysis by Bohlmeijer, Roemer, Cuijpers, and Smit (2007) showed that reminiscence and life review were effective methods for the enrichment of psychological well-being in older people.

Specifically, their analysis revealed four processes through which reminiscence can enhance successful aging: by promoting meaning in life, identity formation, acceptance and reconciliation, and a sense of mastery, which involves reconciliation with one's past life (Bohlmeijer et al., 2007). Recommendations for future interventions included the integration of reminiscence with other therapeutic approaches, such as cognitive-behavioural therapy (CBT).

In summary, loneliness in old age is associated with a decline in a number of characteristics including physical and mental health, life events, and well-being. Studies indicate that loneliness seems to increase with age, although other age-related factors may be at play. Marital status (being single) and living alone have been linked to loneliness in elderly populations, although gender and education do not seem to play a role. Perceived health can be both a predictor and consequence of loneliness, whereas loneliness seems to be a strong predictor of depression in old age. Despite the abundance of research on the relationship between loneliness and demographics, health, and developmentally-specific characteristics, findings have been largely inconsistent. This may be attributable to the differences in methodology, including measurement. Most studies have focused on older people living in the community, but evidence suggests that those living in retirement facilities may be at increased risk of experiencing loneliness.

Loneliness seems to result from societal changes, life events and changes, as well as challenges associated with aging, such as increased losses. The loss of loved ones, as well as the loss of social roles and identity, can precipitate the experience of loneliness in later stages of life. Finally, both loneliness and depression have been shown to be more prominent during the Christmas period. Further research in this area could enlighten preventative interventions initiatives.

On the whole, loneliness has been shown to interfere with the overall well-being of older people in a number of ways, including at the emotional and cognitive level. Recent research efforts in improving the well-being of older people have focused on the improvement of social and emotional connections with others, taking into consideration basic needs such as relatedness and social engagement. However, very little research has paid attention to what older people themselves consider as possible causes to loneliness.

Measurement of Loneliness

The lack of clear epidemiological factors and unambiguous conceptual definitions of loneliness may be due, in part, to the prevalent use of unidimensional compared to multidimensional measures of loneliness.

Unidimensional Measurement

The most commonly used self-report measure of loneliness is the University of California Los Angeles (UCLA) Loneliness Scale (Russell, 1996), which comprises 20 items and invites responses on a four-point scale ranging from *never* to *always lonely*. The focus is principally on the frequency at which respondents are reportedly experiencing loneliness. Conveniently, this approach to measurement allows making direct comparison with other established studies of loneliness, and facilitates the examination of cohort changes (Victor et al., 2005). Nonetheless, the UCLA Loneliness Scale is considered to be unidimensional (Steed et al., 2007) and thus fails to measure the construct of loneliness in terms of causal or maintaining factors. Furthermore, Routasalo et al. (2009) found that the UCLA Loneliness Scale may be a useful global index of loneliness, though is probably insensitive to change, hence not particularly useful to measure the impact of interventions.

Research by Cramer and Barry (1999) suggested that the UCLA Loneliness Scale measures principally social loneliness and virtually ignores emotional loneliness. So within this view, loneliness is seen as a unitary phenomenon which may vary in frequency or intensity, although there is a fundamental commonality in its experience regardless of the cause. However, previous research has emphasised the importance of maintaining a distinction between social and emotional loneliness (Andersson, 1984; Jylhä, 2004; Kremers, Steverink, Albersnagel, & Slaets, 2006; Routasalo et al., 2006; Steed at al., 2007; van Tilburg et al., 2004; Weiss, 1973).

Multidimensional Measurement

Additional instruments universally used by researchers include the Jong-Gierveld Loneliness Scale (de Jong Gierveld & Kamphuis, 1985), the Social and Emotional Loneliness Scale for Adults (SELSA; DiTommaso & Spinner, 1993), and the Emotional/Social Loneliness Inventory (ESLI; Vincenzi & Grabosky, 1987). These scales take into consideration the multidimensional nature of loneliness. From this perspective, the experience of a student leaving the home to go to college and the experience of someone who has lost a spouse differ qualitatively (de Jong Gierveld & Kamphuis, 1985; DiTommaso & Spinner, 1993; Weiss, 1973).

Both the ESLI (Vincenzi & Grabosky, 1987) and the SELSA (DiTommaso & Spinner, 1993) are based on the typology proposed by Weiss (1973), encompassing emotional and social loneliness. However the ESLI has been derived from clinical judgements, and is not regarded as suitable to be used as a research tool (DiTommaso & Spinner, 1997).

Psychometric testing and comparison of the SELSA with other loneliness measures, including the UCLA, found that it was superior because of the multidimensional ratings (Cramer & Barry, 1999; DiTommaso, Brannen, & Best, 2004). The scale further divides emotional loneliness into subscales that measure family and romantic loneliness (DiTommaso & Spinner, 1997). Respondents on the SELSA rate each item on a seven-point scale from strongly disagree to strongly agree, allowing for a more expansive understanding of the strength of participants' feelings (Cicchetti, 1994).

One disadvantage of the SELSA is the instrument's length, with 37 items and socio-demographic questions. In response to this, DiTommaso et al. (2004) have developed the SELSA short version (SELSA-S), comprising 15 items and three five-item subscales to assess social, family, and romantic loneliness. In addition to its brevity, a major advantage of the SELSA-S is the consideration of loneliness as multidimensional. Since the experience of loneliness seems to vary across the life cycle, the use of the SELSA-S with older adults is likely to allow for a better understanding of the ways in which loneliness is experienced in old age, in terms of both severity and type.

Data collected using the SELSA-S with an older sample indicated that loneliness for older people (65+) is indeed multidimensional and experienced differently according to life events (Drennan et al., 2008). This study by Drennan et al. provided evidence for the acceptability of the measure with older people. In addition, the finding that romantic loneliness was the most usual type of loneliness among older people matches the contention that loneliness can result from the absence of an intimate relationship (Bowlby, 1973; Drennan et al., 2008; Weiss, 1973).

To conclude, as discussed by Weiss (1973), intelligence can only be assessed comparatively, whereas loneliness "is *there*" (p. 72). Weiss suggested that efforts in terms of measurement should revolve around obtaining a better understanding of the special emotional state experienced by the person, rather than producing a normal distribution of scores so as to identify those who are abnormally lonely.

The use of aggregate measures such as the SELSA-S (DiTommaso et al., 2004), combined with additional methods of data collection, such as asking older people about how they view loneliness, could help to elucidate the quality of the experience of loneliness amongst older people.

Interventions Aimed at Alleviating Loneliness among Older People

Loneliness has received little attention in intervention research. Compared to the number of large epidemiological surveys (e.g., Drennan et al., 2008; Steed et al., 2007; van Tilburg et al., 2004), relatively few investigations have focused on interventions aimed at preventing or alleviating loneliness in older people (VanderWeele et al., 2011). A review of the empirical literature published over the last 20 years carried out by Findley (2003) highlighted the paucity of interventions, as well as the lack of evidence to show that these were effective. The authors stressed the urgency of developing programs aimed at reducing loneliness among the elderly, and recommended that future interventions should have evaluation built into them at inception (Findlay, 2003).

A recent systematic review by Cattan and colleagues examined individual (*n* = 10) and group (*n* = 17) health promotion interventions meant to prevent/reduce loneliness among older people. For the majority of interventions however, the main target was something other than loneliness (Cattan et al., 2005). Characteristics of interventions deemed ineffective included one-to-one interventions conducted in people's own homes, small or unrepresentative samples, weak study designs, and high attrition rates. In line with Findlay (2003), Cattan et al. (2005) concluded that the vast majority of interventions had not been suitably described, designed, or evaluated.

Nonetheless, Cattan et al.'s review exposed a number of characteristics shown to be effective in alleviating isolation and loneliness in older people. First, interventions that included an educational input or focused on providing targeted support activities proved to be helpful. Second, the more successful interventions targeted specific groups, such as women or widowed individuals, and the experimental samples were representative of the intended target group. Third, interventions that enabled some level of participant and/or facilitator control, or involving consultation with the intended group before the intervention, were deemed most beneficial. Last but not least, the review showed that group settings were most effective in alleviating loneliness among older people, and that the optimal number of participants in the groups seemed to be seven to eight (Cattan et al., 2005).

On the basis of this evidence, the usefulness of one-to-one interventions in alleviating loneliness in late adulthood remains unclear. Of the 10 studies included in the review, the only one deemed effective (Toseland, Rossiter, & Labrecque, 1989) involved caregiver support/counselling by professional counsellors, although the effect was not maintained over time. Cattan et al. (2005) explained that older people give emphasis to reciprocity in social relationships, and that group interventions involving contact with others belonging to the same generation are favourable. Accordingly, the remainder of this section will focus primarily on group interventions.

Group Interventions

Based on Cattan et al.'s (2005) review, group interventions that had an increase in social activity or alleviation of loneliness as their primary objective are summarised in Table 1. The table has been modified to include essential elements and theoretical frameworks behind the interventions, as well as brief summaries of findings. By and large, the findings of these studies have been quite modest or inconclusive, and very few studies have distinguished between emotional and social loneliness. The multidimensional conceptual framework proposed by Weiss (1973), although widely cited, has been only parsimoniously addressed in intervention research. In fact, most studies aimed at alleviating loneliness have implicitly focused on social isolation, leading to a lack of agreement on the composition of the construct, and subsequently to inconsistent findings.

The most frequently cited of the group intervention studies (Andersson, 1984; 1985) involved a programme aimed at strengthening the social network of older women. The program was based on three psychosocial concepts hypothesised to relate to loneliness: availability of a confident, personal control, and social comparison (Andersson, 1984). Although Weiss' model was taken into account and even extrapolated into emotional and social estrangement, loneliness was measured using the UCLA loneliness scale, which has been shown to measure principally social loneliness (Cramer & Barry, 1999). Problems with this study included the fact that 45% of control participants were not analysed, and the multitude of measures used (loneliness, social integration, alienation, psychological resources, health resources, activities), which could have burdened participants. This may explain, in part, the high drop-out rate from the intervention group (49%).

Table 1

Group Interventions with an Increase in Social Activity or Alleviation of Loneliness among Older People as Primary Objective (Adapted from Cattan, Bond, & Learmouth, 2005)

Participants Study Design Loneliness Measure	Essential Elements Intervention	Theoretical Framework Intervention	Findings
Andersson (1984/1985)* -Women, aged between 60-80 years, community-dwelling, (N = 108) -Neighbourhood centres, Stockholm, Sweden -RCT -UCLA Loneliness Scale	-Education/discussion designed to strengthen the social network. Four group (3-5 persons) meetings, discussions of health topics -I: (n = 68) C: No intervention (n = 40) 2 months	-Weiss' concepts turned into social and emotional estrangement, although not directly measured -CCC design: Based on three psychosocial concepts: social comparison, personal control and availability of a confidant (little supporting evidence)	-Reduced loneliness, feeling of meaninglessness and blood pressure; increased number of social contacts, self-esteem and ability to trust. RECOMMENDATION: An adequate operationalisation of the concepts: definite need to develop a loneliness scale that is based from the outset on the concepts of emotional estrangement and social estrangement.
Arnetz and Theorell (1983) -Men and women, aged between 52-91 years, living in an institution, (N = 60) -Senior citizen apartment building, Stockholm, Sweden -RCT -Loneliness was not measured	-Social activation/self -help support; encouragement by staff for tenants to participate in activities in building and outside -I: (n = 30) C: Social activity on pre-trail level (n = 30) 6 months	-Not specified -Not specified	-Social activity level increased. A slight increase was noticed in the social activity level for the control group as well, attributed to the Hawthorne effect. Apparent seasonal variation in the psychological complaint index, with less complaints during the spring and summer measurements. RECOMMENDATION: Further investigation of the relationship between restlessness and depression in older adults.

Baumgarten, Thomas, Poulin de Courval, and Infante-Rivard (1988) -Men and women, aged 65 years and older, community-dwelling, (N = 128) -Government subsidised apartment building, Montreal, Canada -QE -Loneliness was not measured	-Social activities/self help support: volunteer work and cultural group activities aimed at increasing socialisation -I: (n = 51) C: Controls from another government-subsidised apartment building (n = 44) 16 months	-Not specified -Not specified	-No difference in social ties, support satisfaction decreased in both groups. Control group had a slight decrease in the depressive symptoms, whereas the intervention group had a moderate increase. RECOMMENDATION: More research is needed on the ability of social support interventions to produce beneficial effects on mental health in certain subgroups of the elderly population and whether varying the type of support provided can affect the impact of the intervention.
Stevens and van Tilburg (2000) -Women, aged between 54-80 years, community-dwelling, (N = 64) -Local social services agency, The Netherlands -NRMC/NRPT -De Jong Gierveld Loneliness Questionnaire	-Friendship program: 12 lessons on friendship using activating methods: Education/discussion, skills training -I: (n = 32) C: Matched controls from longitudinal survey, no intervention (n = 32) 12 weekly sessions	-Discrepancy between amount and quality of social relationships as realised, compared to the social relationships as desired -Programme based on principles of re-evaluation counselling, feminist counselling, and the notion of relational competence	-Loneliness was alleviated more in intervention group than in controls, though controls improved as well. Quantity and quality of friendships were improved in intervention group at one year follow-up. RECOMMENDATION: Larger sample needed to determine how much of a reduction in loneliness is due to changes in friendship. Inclusion of other measures of well-being other than loneliness.

Stewart, Craig, MacPherson, and Alexander (2001) -Widowed women, aged between 54-77 years, community-dwelling, (*N* = 23) -Senior centres, Edmonton, Canada -PPI -Emotional/Social Loneliness Inventory	-Support group/discussion. Content of intervention not clear. Groups contained between five and nine participants. -Face-to-face support groups 20 weekly sessions	-No clear definition of loneliness. Weiss not mentioned -Not clear, but reference to Social-Learning Theory.	-Trend towards diminished social and emotional isolation, although not statistically significant. Greatest gains in outcome were between pre-test and delayed post-test measures. RECOMMENDATION: -The selection of sensitive and relevant outcome measures, including increased support and decreased isolation. Assess loneliness over time, as change seems to be a slow process.

Note. I = intervention group; C = control group; NRMC = non-randomised matched control trial; NRPT = non-randomised post-treatment/test survey; PPI = pre-post intervention study; RCT = randomised controlled trial; QE = quasi-experimental. UCLA Loneliness Scale (Russell, 1996); De Jong Gierveld Loneliness Questionnaire (De Jong Gierveld & Kamphuis, 1985); Emotional/Social Loneliness Inventory (Vincenzi & Grabosky, 1987).* = Classified as high-quality studies by Cattan et al. (2005).

Of the other four studies included in Table 1, only two measured loneliness directly. The development of more adequate and sensitive measurement tools was recommended by several authors (e.g., Andersson; 1984; Stewart et al., 2001). The findings of three studies showed to be promising, namely in increasing levels of social activity (Arnetz & Theorell, 1983), improving friendship quality (Stevens & van Tilburg, 2000), and diminishing social and emotional isolation (Stewart et al., 2001). Yet theoretical frameworks guiding the interventions were unclear, and the content of the interventions was not made explicit.

Additional group interventions with an increase in social activity or alleviation of loneliness among older people as primary objective were found using the electronic databases PSYCHINFO, GOOGLE SCHOLAR and WEB OF SCIENCE. These studies are summarised in Table 2. Compared to the studies outlined in Cattan et al.'s (2005) review, there has been a clear improvement in the search for helpful group interventions in recent years. Notable efforts have been made by researchers to clarify the concepts of loneliness and well-being in old age, and to elucidate ways of creating change. Specific ways to alleviate loneliness among older adults have been proposed, including cognitive and psychosocial interventions (Kremers et al., 2009; Routasalo et al., 2009; Winningham & Pike, 2007), reminiscence therapy (Chiang et al., 2010), and programmes to improve friendships (Martina & Stevens, 2006).
Nonetheless, only a small number of group intervention studies have been published. This scantiness reflects the difficulties inherent to conducting research in this area, particularly with older populations (Routasalo et al., 2009). For instance, Kremers et al. (2006) explained that designing successful interventions to counter loneliness in old age is problematic because one of the main contributing factors is loss, and loss is often considered to be beyond a person's control. Alternatively, it is well recognised that high attrition rate is a significant problem when working with the elderly (Konnert et al., 2009; Leszcz, 1996; Payne, & Marcus, 2008; Ruckdeschel, 2000; Scheibe, Kunzmann, & Baltes, 2007). To illustrate, Chiang et al. (2010) had a 31% drop-out rate in the intervention group, whereas for Winningham and Pike (2007), 22% of the participants did not complete the intervention. This phenomenon becomes more outstanding as the age of the participants increases, with an escalating rate of mortality in people over 80 years of age (Constança, 2007; Konnert et al., 2009).

Table 2

Recent Group Interventions with an Increase in Social Activity or Alleviation of Loneliness among Older People as Primary Objective

Participants Study Design Loneliness Measure	Essential Elements Intervention	Theoretical Framework Intervention	Findings
Chiang et al. (2010) -Men, aged 65 years and older (Mean age I = 77), (mostly illiterate) nursing home, (*N* = 92) -Taipei, Taiwan -RCT -UCLA Loneliness Scale	-Reminiscence therapy, different topic each week: 1) sharing memories, greetings; 2) awareness and expression of feelings; 3) apply positive relationships from past to present; 4) family history; 5) transitions in life; 6) personal accomplishments and goals; 7) focus on strengths/goals; 8) review and farewell -I: (*N* = 45) C: Waiting list (*N* = 47) 8 weekly sessions	-Not specified -No clear theoretical framework. Based on general principles of reminiscence such as enhancing self-integration and self-esteem, and improving the general well-being of older adults	-Participants' feelings of loneliness improved from moderate to mild, although results were not significant RECOMMENDATION: The authors recommend the development of a measuring tool to examine overall well-being among elderly people living in nursing homes that is particularly suited to Taiwan. Also, the long-term effects of reminiscence therapy should be examined.
Kremers, Steverink, Albersnagel, and Slaets (2006) -Single women, aged 55 years and older (Mean age I = 63), community-dwelling, (*N* = 142) -Two regions of the Netherlands -RCT -De Jong Gierveld Loneliness Questionnaire	-Therapeutic intervention: Group activities involving positive thinking, challenging negative thoughts, and replacing them with positive thoughts -I: (*n* = 63) C: No intervention (*n* = 79) 6 weekly sessions	-Social loneliness, emotional loneliness (Weiss, 1973) -Based on the Self-Management of Well-being Theory, which elaborates on the theory of Social Production Functions	-Participants were significantly less lonely after the intervention; however these effects cannot be attributed to the intervention as the controls also reported that they were less lonely RECOMMENDATION: The fact that the intervention group improved on social loneliness but not on emotional loneliness (immediately after the intervention), may indicate that social loneliness is easier to alleviate than emotional loneliness.

Martina and Stevens (2006) -Women, aged 55 years and older (Mean age I = 63), community-dwelling, (N = 115) -Four communities in the Netherlands -PPI + control group -De Jong Gierveld Loneliness Questionnaire	-Friendship program focused on the development and improvement of friendships. Theoretical information on friendship, as well as reflection on personal experience to increase awareness of attitudes and behaviour that promotes friendship and those that interfere in friendship development -I: (n = 60) C: Some on a waiting-list, some no intervention (n = 55)	-Discrepancy between amount and quality of social relationships as realised, compared to the social relationships as desired -The friendship program is based on principles of re-evaluation counselling, feminist counselling, and the notion of relational competence	-Loneliness among participants was reduced, but it also declined in the control group, and both groups continued to experience loneliness RECOMMENDATION: An effective intervention to help older women reduce their loneliness should be multidimensional, focusing not only on friendship but also on other personal and situational factors contributing to loneliness.
Routasalo, Tilvis, Kautiainen, and Pitkala (2009) -Men and women, aged 75 years and older (Mean age I = 80), community-dwelling, (N = 235) -Six communities in Finland -RCT -UCLA Loneliness Scale	-Psychosocial rehabilitation group intervention including three types of activities: art and inspired activities, group exercise and discussions, therapeutic writing and group therapy -I: (n = 117) C: Continued with usual community care (n = 118)	-A subjective experience of a lack of satisfying human relationships (Weiss not cited) -No clear theoretical framework. The idea of the intervention was that group participants would share their feelings of loneliness with people of their own age who were having similar experiences, receive peer support, and develop feelings of solidarity. This would in turn lead to empowerment, better mastery over their own lives, and support for their self respect	-A statistically significant larger proportion of the intervention group participants had found new friends during the follow-up year and 40% of intervention group participants continued their group meetings for one year. However, no differences were found in loneliness or social networks between the groups. Psychological well-being scores improved statistically significantly in the intervention groups compared with the controls. RECOMMENDATION: New sensitive measurements of loneliness and social isolation are needed to measure fluctuations in feelings of loneliness and in social isolation. UCLA scale may be a

			good screening measure but is probably insensitive to change.
Winningham and Pike (2007) -Men and women, aged between 61-98 years (Mean age I = 82), living in Assisted Care Facilities (ACFs), (*N* = 58) -6 ACFs, Oregon, USA -PPI + control group -UCLA Loneliness Scale	-Cognitive enhancement programme (CEP): education about the brain and memory, stimulate memory and cognitive activity, focus on making new memories and doing activities that required relatively high levels of attention, also designed to facilitate social organisations and the development of social support networks -I: (*n* = 29) C: Continued activities as usual (*n* = 29)	-Construct of loneliness not operationalised (Weiss not cited) -No clear theoretical framework. Based on various evidence for a relationship between institutionalised adults and level of social support	-Participating in the CEP led to stable scores on the social support appraisals, perceptions of social support and reported feelings loneliness. Control participants reported lower levels of social support and greater levels of loneliness. RECOMMENDATION: Future research should continue to refine our understanding of how social support and cognitive activity are related to various health outcomes. In addition, relatively little psychological and medical research has been conducted in ACFs.

Note. I = intervention group; C = control group; PPI = pre-post intervention study; RCT = randomised controlled trial; QE = quasi-experimental. UCLA Loneliness Scale (Russell, 1996); De Jong Gierveld Loneliness Questionnaire (De Jong Gierveld & Kamphuis, 1985).

Gaps in Interventions

Despite difficulties associated with intervention research in this area, key elements leading to favourable effects on well-being and loneliness have now been identified. As initially proposed by Cattan et al. (2005), giving older participants power in decision-making, enhanced by group facilitators actively supporting participants' commitment, has shown to be particularly effective (Kremers et al., 2006; Routasalo et al., 2009). In addition, goal-oriented activities and making use of the group dynamics have been identified as mostly beneficial (Chiang et al., 2010; Martina & Stevens, 2006). Therefore, key points in successful interventions may be less attributable to content than to the effects of "group cohesion and peer support, of participants having control over the implementation of the group programme, and of empowerment and enhanced feelings of mastery" (Routasalo et al., 2009, p. 302).

Essential elements. Notwithstanding these factors associated with successful treatment effects, the background and essential elements of recent interventions have not been described in detail, which prevents replication and slows the advancement of the field. As stated by Cattan et al. (2005): "...it is, however, less clear what *other* interventions might be effective. Neither can we say with certainty what does *not* work" (p. 62). In their recent article, Chiang et al. (2010) claimed a positive effect of their reminiscence intervention on the well-being of older people living in institutions, yet nowhere explain where the intervention came from, how it was implemented, or what techniques were used. All that is available to the reader is that participants "received reminiscence therapy eight times during 2 months" (Chiang et al., 2010, p. 380). This raises questions about the validity of the peer review process for publication; i.e. in terms of facilitating replication.

Study designs. The number of randomised controlled trials (see Table 2) and associated focus on measuring the impact of loneliness interventions quantitatively reflect current trends in psychotherapy research (Lambert & Ogles, 2004). There are clear advantages of randomised controlled trials, particularly when there is a consensus on the phenomenon under study and recognised methods for its alleviation; for example, depression and CBT (Hill & Lambert, 2004; Laidlaw et al., 2003). Yet large scale evaluations that focus on efficacy may be premature in a field where there is no agreement on the definition of the construct at hand. To illustrate, whereas some studies distinguished between social and emotional loneliness (e.g., Kremers et al., 2006) others focused solely on social relationships (e.g., Martina & Stevens, 2006),

or failed to define loneliness altogether (e.g., Chiang et al., 2010; Winningham & Pike, 2007).

In addition, randomised controlled trials discard non-specific individual differences (Hill & Lambert, 2004). Yet the literature shows that a significant proportion of the variance in psychotherapy benefits is accounted for by common factors (Lambert & Ogles, 2004). For example, Grencavage (1990) proposed that most of the change in psychotherapy outcome can be attributed to client factors (e.g., motivation), therapist factors (e.g., warmth), change process (e.g., catharsis), treatment structure (e.g., exploration of emotions), and therapeutic relationship (e.g., transference). Generally, these factors are controlled for in randomised controlled trials as they are seen as errors, and inevitable factors such client expectations are typically considered biases in a study (Grencavage, 1990; Hill & Lambert, 2004; Lambert & Ogles, 2004). To conclude, Wampold (2001) argued that the medical model does not provide an appropriate framework for the evaluation of psychotherapy, and may well destroy its essence.

All studies included in Table 2 used a control group, but the groups were often non-equivalent in a number of ways, which limits the conclusions to be drawn from their comparison (Van belle, 2002). Due to the potential vulnerability of the lonely older population (e.g., the high co morbidity with depression and suicidality; Blazer, 2002; Laidlaw et al., 2004), some studies have advocated the random assignment of participants to an intervention or a waiting list group as unethical (Routasalo et al., 2009; Stevens & van Tilburg, 2000; Winningham & Pike, 2007). In at least three recent studies, a decrease in loneliness was achieved in the control group as well as in the treatment group (Kremers et al., 2006; Martina & Stevens, 2006; Routasalo et al., 2009). In effect, a problem inherent to loneliness research is that people seem to get some benefits from merely participating in a group (Cattan et al., 2005; Routasalo et al., 2009). This indicates a need to refine the parameters and/or review the usefulness of controls to be used in an area of research which, in many ways, is still in its early years.

Outcome measurement. Over and above the question of appropriateness of study designs, there is a lack of agreement about adequate measurement tools to be used. This leads to problems not only in comparing results between studies, but also in tailoring appropriate interventions for older people. If the aim is to help improve the quality of life of older adults, there is a need to address loneliness in a targeted way, in relation to its causes and/or maintaining factors, rather than focusing on random social

contacts. As made clear by Weiss (1973), random sociability cannot fix loneliness; in fact, it can exacerbate it under some circumstances. This idea is supported by lack of empirical support in this area; programs targeted at factors peripheral to the emotional experience of loneliness itself, such as random discussion groups (Stewart et al., 2001), making friendships (Martina & Stevens, 2006), or stimulating cognitive functioning (Winningham & Pike, 2007) have proved unsuccessful at reducing loneliness.

Theoretical frameworks. Apart from one study based on the Self-Management of Well-being Theory (Kremers et al., 2006) theoretical frameworks guiding interventions have been ambiguous or clearly missing. Furthermore, very few studies have used empirically-supported therapeutic techniques, rather mixing and matching various activities such as group exercises, therapeutic writing, and art inspired activities (see, e.g., Routasalo et al., 2009). It is notable that despite a growing body of literature on the importance of adapting psychotherapy for older adults (e.g., Pachana, Helmes, & Koder, 2006; Zarit, 2009), not one study has tailored a contextual/ecological approach to intervening with loneliness in old age (Cattan et al., 2005). Instead, researchers seem to have focused on devising "powerful" study designs, aimed at evaluating the impact of an intervention of which clear descriptions of the mechanisms of action are plainly lacking.

Summary. In summary, there are several gaps in the intervention literature on loneliness and the well-being of older people. Various ways of alleviating loneliness have been proposed, but few studies have clear theoretical frameworks guiding the interventions. No study to date has investigated change in family, social, and romantic loneliness, as conceptualised by DiTommaso and Spinner (1993; 1997) based on Weiss' (1973) typology. Similarly, no one has evaluated the impact of group interventions on specific life events previously associated with loneliness, such as the Christmas period. Sensitive measurement instruments that encompass the multidimensional aspects of loneliness are clearly needed (Andersson, 1985; Chiang et al., 2010; Routasalo et al., 2009; Stevens & van Tilburg, 2000; Stewart et al., 2001).

Group interventions seem to be most useful, and the most successful ones were targeted at specific groups, yet very few studies have investigated older people living in retirement facilities (Dupuis-Blanchard et al., 2009; Park, 2009), or those over 80 years of age (Routasalo et al., 2009). Peer support, professional leaders, participants' opportunity to influence the content of the groups, and objective-oriented activity seem to be common features of successful interventions (Cattan et al., 2005).

However, the essential elements leading to favourable effects have been inadequately described in the literature. Overall, most interventions studies have failed to take into consideration the context of older people, including strengths and accumulated experiences which may play a crucial role in combating the experience of loneliness. Apart from Andersson (1985), no study has assessed the process or quality of the intervention, as experienced by participants. As highlighted by Cattan et al. (2005), the sole focus on quantitative outcome studies in this area of research could explain the apparent disparity between evidence and practice.

What Needs to Be Addressed?

Cross-sectional and longitudinal analyses have shown that loneliness increases with higher age, and demographic changes indicate an urgent need for the careful development and evaluation of programs aimed at preventing/reducing loneliness among the elderly (Cattan et al., 2005; Cohen-Mansfield, Shmotkin, & Goldberg, 2009; Findlay, 2003; Jylhä, 2004; Mental Health Foundation; 2010; New Zealand Associate Minister of Health, 2002).

Essentially, people are living longer, and so cohorts of what represent "older people" are getting older. In fact, the number of people aged 60 and over is expected to increase exponentially over the next 40 years, increasing from 673 million in 2005 to two billion by 2050 (United Nations, 2007). In New Zealand, the proportion of people over 65 is predicted to rise significantly from approximately 13% today to 22% by 2031 and 25% by 2051 (New Zealand Associate Minister of Health, 2002). An important feature of the world aging population is that the higher the age range, the higher the numbers of older persons. That is, the number of people aged 60 or over is estimated to triple, while the number of people aged 80 or over is expected to show a five-fold increase; from 88 million in 2005 to 402 million in 2050 (United Nations, 2007). Although older people may be healthier for longer in the future, the rapid growth in the number and proportion of older people indicates a need to address the demand for health and support services, particularly between 2010 and 2040 (New Zealand Associate Minister of Health, 2002).

The fast-changing distribution of society dictates the need for psychological research and practice to undergo important changes. In response to this, a growing body of research in psychology is aimed at providing guidelines for practitioners working with older people (Pachana, Emery, Konnert, Woodhead, & Edelstein, 2010). For example, Laidlaw and Baikie (2007) examined the direct consequences of demographic

change for psychotherapists, emphasising modifications to psychotherapy models that meet the needs of the new older generation. Similarly, Laidlaw and Pachana (2009) discussed the psychotherapy practice implications of demographic change, and warned practitioners of the need to increase their knowledge in view of delivering and developing interventions tailored to suit older adults, e.g., interventions for dementia care. Likewise, Karel, Knight, Duffy, Hinrichsen, and Zeiss (2010) offered resources and training recommendations for psychologists wishing to work with older people in reference to a model specifically developed for gero-psychology training.

In Australia, Pachana et al. (2010) and Pachana et al. (2006) described contact with older adults for professional psychologists as increasingly inevitable, and highlighted the corresponding responsibility to recognise that such work must conform to a high standard of practice. Pachana et al. (2006) reported on the development of ethical guidelines for psychology practitioners, namely in terms of psychologists' attitudes, general knowledge about older adults, education and training, research, assessment, and clinical interventions. These guidelines can inform the development of adequate interventions, purposely in that these need to reflect current research data, advance knowledge of older populations, and be consistent with ethical principles.

Intervention Development and Implementation

Based on the above review of the literature, several points inform the study that is the focus of the current research. First of all, there is a need for clear definitions and conceptualisations of loneliness, which will guide the way it is to be addressed in interventions. From the theoretical progression of loneliness outlined in the literature review, it is clear that the concept of loneliness has evolved into a multidimensional phenomenon, encompassing social as well as emotional components.

In addition, evidence suggests that the experience of loneliness in old age differs from that of younger individuals; i.e. older people seem to be more prone to romantic loneliness (Drennan et al., 2008). If loneliness is construed as resulting from changes in relationships, interventions need to focus on the experience of these relationships and changes, rather than solely on making new friendships, for instance. Finally, based on the existing loneliness intervention literature, it is useful to frame loneliness in the context of the overall well-being of older people.

One major consideration when developing interventions to improve the well-being of older adults is to take into account developmental and social contexts. In particular, there is a need to consider the interaction between personal strengths, values

and goals, and the social environment. Since values and goals for older people tend to take their significance mostly when experienced as participants in one's social world (Weiss & Bass, 2002), group interventions involving same age peers have been found to be most promising (Cattan et al., 2005; Husaini et al., 2004; Payne & Marcus, 2008; Rathbone-McCuan & Nelson, 2002).

Older people need to be socially valued (Baumeister & Leary, 1995; Weiss & Bass, 2002; Zarit, 2009). Therefore, it is ethical and necessary for researchers to focus on how older people can continue to be so, namely by them contributing to others and the larger society. Indeed, it has been proposed that the psychological task for people in later stages of life is to find meaning and purpose (Erikson, 1950). Accordingly, rather than adopting a pathological view of loneliness, researchers need to take into consideration the strengths of older people, such as accumulated life experience and wisdom (Knight & Laidlaw, 2009).

In line with earlier recommendations (Cattan et al., 2005; Routasalo et al., 2009), it is important to actively engage older people in their quest towards well-being. In addition, high attrition rates in this population indicate the need to engage participants in an active and collaborative way. Developing a strong alliance between participants and researcher, along with providing frequent reminders for appointments, could minimise attrition rates (Birren & Deutchman, 1991; Gibson, 2004).

Specific populations which deserve further attention in loneliness interventions include older people living in retirement facilities and people aged 75 and older (Pachana, Helmes, Byrne, Edelstein, Konnert, & Pot, 2010). Residential change can be difficult for the elderly, particularly when one becomes the responsibility of others (Cattan et al., 2005). Effectively, moving from one's home to a care facility can involve several losses and lead to loneliness; hence it needs to be addressed. Challenges associated with very old age, such as increased physical disabilities, cognitive decline, and approaching death, indicate the need for brief and targeted interventions within this age group.

In proportion to changing demographics (Laidlaw & Baikie, 2007; Laidlaw & Pachana, 2009), there is a call for interventions aimed not only at alleviating loneliness, but also at preventing its experience. Furthermore, the fact that loneliness can act as precursor to depression indicates a need to tackle the maintaining factors of loneliness in a lasting way, including the development of skills for the future. Blazer (2002) discussed the importance of developing such interventions with the elderly,

and advocated for the strengthening of self-efficacy. Specifically, Blazer promoted the usefulness of interventions that remind older people of their ability and experience in dealing successfully with challenges, which leads to enhanced beliefs in their ability to reach desired goals, and eventually prevents depression (Blazer, 2002).

One final consideration in terms of intervention development is the need for researchers to make the background and content of their intervention explicit. Detailed descriptions of the programme rationale, content, and techniques will facilitate future replication (and transfer of knowledge) but more importantly, will allow for the provision of interventions that are truly helpful for older people. One possible avenue for the development of group interventions for loneliness is to draw on the well-established empirical evidence for group interventions devised for depressed elderly.

Intervention Evaluation

Greene (2000) explained that programme evaluations are traditionally carried-out in response to individual and community needs that result from political decisions, and can therefore be considered as "intertwined with political power and decision making about societal priorities and directions" (p. 982). On the other hand, Mertens (2009; 2010) recognised the uniqueness of evaluation, but advocated for its contribution in enhancing the knowledge and methodologies used in social research. Adequate evaluations of large or smaller scale interventions can play a major role in building knowledge about a phenomenon, such as loneliness (Mertens, 2010). In addition, the careful evaluation of psychological interventions - particularly in under-researched areas such as loneliness among the elderly - can help bridge the gap between research and practice.

Outcome measurement. Regardless of the delineations used, the vast majority of interventions aimed at alleviating loneliness in later life have not been adequately evaluated. The findings of most intervention studies outlined in the review of the literature have been modest or inconclusive, and the methodology used has been problematic. Given the pressing need for a clear operationalisation of the concept of loneliness, appropriate measurement tools are necessary. Specifically, there is a need for instruments that encompass the multidimensional nature of loneliness, as experienced by older adults. One possibility is the use of the recently developed SELSA-S (DiTommaso et al., 2004), which includes subscales of social, family, and romantic loneliness.

Study design. The majority of studies to date have favoured quantitative designs such as randomised controlled trials to measure the effectiveness of interventions in terms of impact. However it has been recommended that health promotion interventions such as those aimed at reducing loneliness in older people should include an evaluation of the process (Andersson, 1998; Ernst & Cacioppo, 1999; Findlay, 2003; Routasalo et al., 2008), and should report any unintended effects towards the projected outcome (Cattan et al., 2005).

Impact, process, and outcome. Although impact and outcome are commonly used interchangeably in the literature, only the outcome refers to primary and long-term goals of an intervention (Robson, 2002). Whereas impact evaluation looks at direct and immediate aims (e.g., reducing loneliness), outcome evaluation considers underlying goals (e.g., preventing loneliness; Lamont, 2009; Mertens, 2010).

Process evaluation, on the other hand, is concerned with how the intervention was delivered; i.e. the timing of the intervention, the context in which it occurred, who was participating in and facilitating it, as well as the components of the intervention itself (Lamont, 2009). Evaluating the process of an intervention can provide extremely valuable information about its quality and how it was received by participants, shedding light on participants' behaviours and emotional reactions as well as interpersonal processes (Hill & Lambert, 2004). Importantly, information resulting from such evaluation can lead to an enhanced future delivery of the intervention; i.e. what worked well and less well, or why outcomes were achieved or not (Cattan et al., 2005). The process, impact and outcome of an evaluation are intrinsically linked (Greene, 2000), and can be investigated simultaneously (Mertens, 2010).

Cattan et al. (2005) argued that for the transferability of evidence to be meaningful, qualitative and mixed evaluations are manifestly required. One of the main advantages of using mixed methods evaluations is to narrow the noticeable disparity between research and practice in this area of research (Cattan et al., 2005). One possible avenue to enhance the scientific knowledge in this under-researched area could be to ask older people about their personal understandings of loneliness and well-being, and to ask them about their experiences of a given intervention. Since most existing interventions in this area were evaluated solely quantitatively and yielded ambiguous results, there is a call for the collection and analysis of both quantitative and qualitative data.

To conclude, the intervention literature on the prevention and alleviation of loneliness among older people is still in its infancy. Well-developed and carefully evaluated interventions which meet reasonable standards both with regards to feasibility and outcome are, to a large extent, still lacking. Instead of jumping ahead and focusing their energies on proving the efficacy of interventions, there is a need for researchers in this area to take a step back and give careful thought to the application of their work. As stressed by Weiss in the opening quote to this chapter, the ultimate goal in the study of loneliness is to help people cope with this distressing experience. Yet, as Weiss (1973) wrote: "One of the burdens of loneliness is that we have so many preconceptions regarding its nature, so many defences against recognizing its pain, and so little knowledge of how to help" (p. 236).

CHAPTER THREE
THE CURRENT STUDY

"Learning is the discovery that something is possible"
-Fritz Pearl (1893-1970)

Formulation

Objectives

The main objectives of this study were to develop, implement, and evaluate an intervention aimed at preventing and reducing loneliness to increase the well-being of older people. Specifically, the goal was to investigate the outcome of the intervention in terms of both impact and process, as experienced by participants.

In this study, the role of evaluation was considered as part of psychological research investigation, rather than a demarcated system of political and/or decision-making inquiry (Greene, 2000; Mertens, 2010). Evaluation in this context differs from standard evaluations in that the usefulness of the intervention is investigated in an all-encompassing way rather than focusing on the appropriateness of its individual elements, as seen in "dismantling" studies (Mertens, 2009; Patton, 1990; Routasalo et al., 2009). However this study is similar to standard evaluation programmes in that it takes place in "real-life", in "the actual context where whatever we are interested in occurs" (Robson, 2002, p. 3). In effect, there was a concern for action or change, linked to the principle that practice can help to improve theory, and vice versa (Robson, 2002). There was also a dual concern for improved health outcomes and the advancement of knowledge of a largely under-researched area in psychology: loneliness and the well-being of older people.

Aims

This study had four aims. The first was to provide insight into the existing theory on the typology of loneliness proposed by Weiss (1973; social and emotional loneliness), and the subsequent operationalisation of emotional loneliness into family and romantic loneliness (DiTommaso & Spinner, 1997). The second was to investigate the usefulness of a group instrumental reminiscence intervention to increase older people's ability to cope with challenges associated with aging, such as loneliness. A third aim of this study was to broaden the existing knowledge in this area of research by directly asking participants for their views on what successful aging and loneliness consist of, as well as possible useful strategies for its alleviation. The final aim was to

evaluate the intervention in a comprehensive way to shed some light on the above considerations and to illuminate the needs of older adults, in view of informing future interventions. Figure 1 shows the outline of the current investigation.

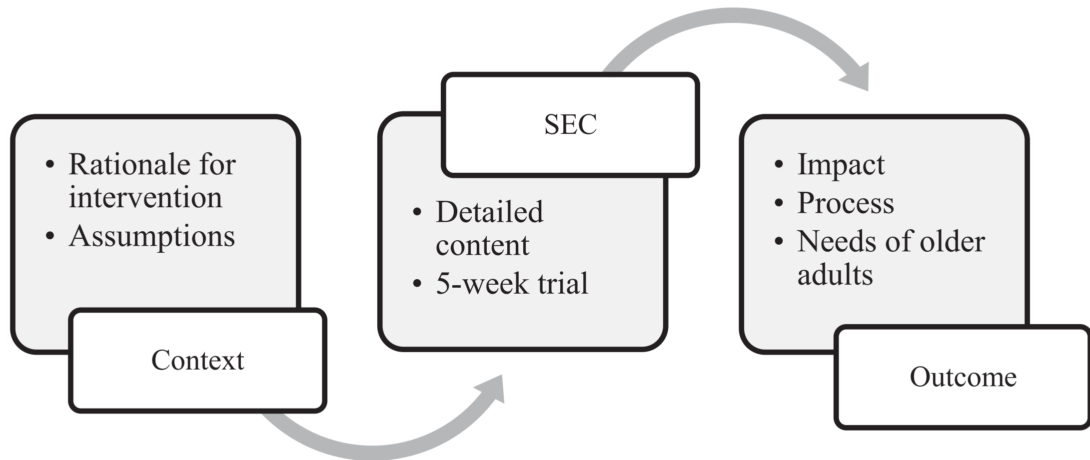

Figure 1. Outline of the current investigation.

Research Questions

1. *What is the effect of the Self-Enrichment Course on the participants' self-reported levels of well-being and loneliness (social, romantic, and family) over time?*
2. *How is the Self-Enrichment Course experienced by participants? (Do they find it acceptable and useful, and if so, in what ways?)*
3. *What are the participants' understandings of well-being and loneliness in the context of the Self-Enrichment Course, as well as their life experience and wisdom?*
4. *In what ways do the participants' experiences of the Self-Enrichment Course, understandings of loneliness and well-being, and quantitative scores converge?*

Development of an Intervention: The Self-Enrichment Course (SEC)

The complete intervention developed in this study, the SEC, is provided in Appendix A. However, as outlined in Chapter Two, making the background and content of newly developed interventions explicit can facilitate future replication and the refinement of future interventions. To expand knowledge in this area, and

ultimately to help prevent and alleviate loneliness among older people, this section outlines the rationale behind the SEC, as well as its essential elements.

Theoretical Framework

One crucial consideration highlighted in the literature review as well as in guidelines set out by researchers (e.g., Laidlaw & Baikie, 2007; Pachana et al., 2006) is the need for a clear theoretical framework when developing psychological interventions for older adults. The following model was selected as it is current, empirically-based, tailored to the needs of older adults, and offers the most complete framework for the transfer of existing knowledge in psychotherapy to clinical work with older people.

The contextual adult life span theory for adapting psychotherapy model. In response to the discrepancy between the loss-deficit model (Gitelson, 1948; prominent prior to 1980) and the life span developmental psychology of the 1970s, Knight (2004) proposed the Contextual, Cohort-Based, Maturity, Specific-Challenge Model (CCMSC) as a framework for guiding psychotherapy with the aging population. The CCMSC emphasises that adaptations to psychotherapy are necessary to address not only the developmental views on aging, but the unique socio-cultural environment, cohort membership, and challenges associated with older age. From the CCMSC's perspective, older adults are recognised as more mature than younger ones, but are also viewed as facing some distinct challenges, such as adjusting to illness, disability, and grief (Knight, 2004).

More recently, the work of Knight was adapted to integrate further views on aging, namely to make explicit the role of culture as a core constituent in the context of older adults. In 2008, Knight and Lee proposed the Contextual Adult Lifespan Theory for Adapting Psychotherapy (CALTAP). As with the CCMSC, problems associated with aging are framed in the CALTAP as challenges specific to older people, where adjustment can be achieved (e.g., through psychotherapeutic interventions). In addition, the many cognitive and emotional changes associated with aging are seen as an indication of maturation rather than deficit (Knight & Lee, 2008). The model provides a broad conceptualisation and understanding of aging and context-specific influences on older people, in view of guiding an integrated psychotherapy approach for the aging population.

There are five main components to the CALTAP: cohort-based influences, culture, context, maturation, and age-related specific challenges. Each is briefly discussed, namely in terms of their guiding influence on the development of the SEC.

Cohort differences shape people's developmental trajectories in later life (Knight & Lee, 2008; Knight & Poon, 2008). According to the particular cohort they belong to, people possess various personality and functional abilities, as well as beliefs and attitudes that remain stable with age. One's historical context can be explored by adding 20 years to the person's birth year (Knight, 2004). For participants in the current study (born on average around 1926), it is likely that their worldview has been shaped by the direct or indirect experience of World War II (WWII), for instance. In retrospect, the researcher recalls one participant's comment as follows:

"*There are three parts to life: Before the war, during the war, and after the war"*.

In view of that, the researcher set out to gather information on this particular cohort through an open interaction with the participants. As suggested by Knight and Poon (2008); "the constructive use of the therapist's ignorance can facilitate rapport building and greater openness" (p. 236). Accordingly, the first session of the SEC would include a brainstorming activity, where participants could discuss their views and experiences in regards to life in general. In addition, the therapist's curious attitude towards individuals' past experiences throughout the duration of the course would allow the fostering of a sense of trust, and a broader understanding of the challenges inherent to individuals in this cohort.

Next, culture plays an important role in promoting different developmental trajectories and corresponding experiences for people. That is, the values and beliefs of older people have a direct influence on their help-seeking behaviour, mental illness interpretation, and presentation in therapy (Knight & Poon, 2008). All participants in the current study were proficient in English, and identified as New Zealand European. The understanding of what it would mean to grow up in or to immigrate to New Zealand in those years would be explored throughout the course, and the participants' own language when discussing feelings and emotions, privileged. The researcher also needed to acknowledge her own cultural background, as well as the participants' perception of the researcher's ethnicity in terms of possible transference/counter-transference (Knight, 2004; Yalom & Leszcz, 2005). As such, a few participants referred to the collegiality between New Zealand and Canadian soldiers during WWII.

The third component of the CALTAP consists of social context, which includes specific environments and rules for older adults. The current study took place in a retirement village which includes both full-care and independent living facilities. In both cases, leaving one's home to transition and live in a shared facility comprises

major change in one's life. The fact that the researcher spent a considerable amount of time in the participants' residences prior to the beginning of the intervention (during the assessment phase) allowed for an initial understanding of the participants' living environment. During the intervention, participant-centred views of their living contexts would be considered and integrated in the content of the sessions. For example, the facility's existing activity program would be discussed as a specific means to entertain social connections. In addition, the discussion of loneliness as a multidimensional phenomenon would allow for the consideration of the participants' emotional, social, and interpersonal contexts (Knight & Poon, 2008). Finally, the participant-driven nature of the SEC meant that the individuals' personal experiences of their social environment would be discussed.

Fourthly, developmental processes of maturation influence older people's view of themselves in society, as well as age-related changes that can be addressed in therapy (Knight & Lee, 2008). Negative aspects of maturation include deterioration in physical and cognitive abilities, such as changes in memory (e.g., free recall) and fluid intelligence (e.g., abstract reasoning). Consequently, maturation calls for therapeutic adaptations such as reducing background noise and distractions in therapeutic settings, as well as the adoption of a more directive stance with simpler phrasing (Knight & Poon, 2008). In implementing the SEC, steps were also taken to compensate for decline in memory, such as the use of name badges, the provision of personal journals to take notes, and of handouts containing summaries of each session's key points.

Notwithstanding this, the researcher wished to provide a context in which the positive aspects of maturation would be celebrated. In effect, research in scientific gerontology and life span developmental psychology has shifted from a focus on the pathology of aging towards a more optimistic perspective (e.g., Baltes & Smith, 1990; Birren & Scroots, 2006; Constança, 2007). The CALTAP highlights the role of cognitive and emotional complexity pertaining to older adults as most relevant to psychological interventions (Knight & Poon, 2008). To illustrate, the expansion and preservation of crystallised intelligence and the continuous development of wisdom can help older adults adapt to life's challenges. Therefore, it was crucial that the SEC would facilitate the participants' ability to draw upon their own life experience and expertise. Cognitive complexity represents an asset in examining life events from others' perspectives (Knight & Lee, 2008; Knight & Poon, 2008); and thus would guide the use of feedback in providing alternatives to dysfunctional thoughts and behaviours.

Finally, the specificity of challenges in late life was considered. Many older adults experience problems that threaten psychological homeostasis such as chronic illness, disability, grief, and prolonged care giving for other family members (Knight, 2004). Although these difficulties can arise at any point in the life span, the likelihood of their occurrence increases with age (Knight & Poon, 2008). Consequently, the SEC was tailored to facilitate the processing of such tasks, with an emphasis on emotional and thinking processes, as well as social support. The focus on loneliness and associated experiences (e.g., loss, separations) was paired with an emphasis on well-being, namely the participants' specific understandings of what is helpful to them.

To conclude, the CALTAP provided a meta-theoretical basis for the development of the SEC, particularly in terms of social context, culture, maturation, cohort effects, and age-related specific challenges. The work of Knight (2004), Knight and Lee (2008), and Knight and Poon (2008) highlights the importance of considering the relationship between environmental and individual factors when working with older people in a therapeutic context. In line with this, cognitive-behavioural approaches to therapy can provide a good basis for interventions to address the needs of older people (Knight & Lee, 2008; Knight & Poon, 2008; Koder, 2007). CBT, for instance, places a dual emphasis on the individual and their context (Goncalves, Albuquerque, Byrne, & Pachana, 2009; Laidlaw et al., 2004; Laidlaw et al., 2003).

However, as pointed out by Knight and Poon (2008) and Laidlaw and McAlpine (2008), the problems faced by older people tend to be ongoing, persistent and progressive, which can be a challenge for the typical short-term focus of CBT. In addition, older people typically have several decades of past life experience behind them, and the natural inclination to reminisce about the past (Birren & Scroots, 2006; Butler, 1974; Cappeliez & O'Rourke, 2002) can pose a challenge for the present-oriented nature of CBT (Knight & Poon, 2008).

Participants in the current study belong to the "old-old" population, also called "oldest old" or the "very old" (Constança, 2007, p. 137). Coming from the perspective that as age increases, one's past (or accumulation of memories) increases, the question of how to employ the past in a therapeutic fashion was carefully considered. Although CBT acknowledges the role of childhood experiences in one's current functioning (Beck, 1995), it was unclear whether this approach alone is sufficient in the context of 85 year olds. Since the very old have lived and coped with challenges through decades, there was a need to explore the possibility of using their past experiences directly.

Overall, the apparent importance of the past in older adults' current lives called for the integration of different approaches in developing the SEC.

Consistent with Knight and Lee's (2008) transtheoretical perspective to adapting psychotherapy with older adults, the following section examines in greater detail a positive aspect specific to maturation, or old age: the attainment of wisdom.

From wisdom to reminiscence. The theory of psychosocial development proposed by Erikson (1950, 1982) introduced the notion that people experience different psychological processes through different stages of life. This approach has been heavily criticised by researchers. For example, Franz and White (1985) have argued that due to his focus on issues of identity, Erikson's theory ignores the development of intimacy and other forms of interpersonal attachment. In addition, the validity of such categorisation of human behaviour during development has been questioned. In effect, "stage" theories assume or predict that the way in which certain variables combine to influence action is the same for everyone. As posed by Weinstein, Rothman, and Sutton (1998): "Is it reasonable to assume that behavior change can be described by a single prediction equation?" (p. 291).

A more useful way to consider this approach in the context of old age might be to think of people "travelling" though these stages in an idiosyncratic way. For example, the eighth stage of life in Erickson's model has an emphasis on the integration of life activities and on feeling worthwhile. In this phase, the psychosocial crisis is defined as "Integrity versus Despair" (Erikson, 1950). By reviewing one's accomplishments throughout life, one is able to develop a sense of integrity if life is perceived as successful, or a sense of despair from the perception of having failed to accomplish one's life goals. Seeing life as unproductive can lead to dissatisfaction with life, which often leads to hopelessness and depression (Klausner, Snyder, & Cheavens, 2000). The basic virtue (or potential positive outcome from the psychosocial crisis) associated with this life cycle stage is the attainment of wisdom (Erikson, 1982). Although allegedly concerning people aged between 55 and 65 years old (Erikson, 1982), it is reasonable to assume that depending on life circumstances, people can experience integrity, despair, and wisdom at different ages in later life.

Drawing from Erikson's theory, numerous theories and classification systems have been put forward as an attempt to encapsulate the particular role of wisdom in old age. Most of the early theorists (e.g., Kohlberg, 1973) have implicitly assumed a positive correlation between wisdom and advancing age (Bluck & Glück, 2005).

The ongoing and notable work of Baltes and colleagues (see, e.g., Baltes & Smith, 1990; Scheibe et al., 2007) has focused on understanding wisdom from a lifespan perspective: Life Span Contextualism. From this perspective, wisdom refers to a highly developed body of knowledge regarding the meaning and conduct of life, and knowledge involves "an awareness of the strong interrelatedness of self and others" (Scheibe et al., 2007, p. 123). From this angle, wisdom refers to interpersonal relationships or to one's sense of connectedness to others, which links the nature of wisdom to that of loneliness (Cacioppo & Patrick, 2008; Weiss, 1973).

Recently, Knight and Laidlaw (2009) proposed the translational theory, a wisdom-based model for psychological interventions aimed at enhancing the well-being of older people. The authors argued that instead of focusing on pathology in old age, there is value in asking what psychotherapy can do to facilitate the attainment of wisdom. They further suggested that, despite a recent growth in the literature for outcome research in psychotherapy with older people (e.g., CBT for depression and anxiety), "research has tended to evaluate outcomes with nonmodified therapies using models borrowed largely from adult mental health settings without consideration to conceptual input from life span developmental and gerontological theories" (Knight & Laidlaw, 2009, p. 694).

In defining wisdom as a goal for adult development, Knight and Laidlaw (2009) also emphasised the focus on Life Span Contextualism proposed by Baltes and Smith (1990), and Scheibe et al. (2007). This view supports the stance taken by the CALTAP model in applying psychological interventions with older populations. Psychotherapeutic goals involving the promotion of better relationships with others and an improved ability to deal with one's emotional life, are consistent with the attainment of wisdom (Knight & Laidlaw, 2009). In effect, wisdom enhancement can be understood as a skill to be developed, namely by reminding older people of their long-standing coping skills, and promoting ways to apply these to the challenges inherent to aging.

In terms of integrating wisdom to psychotherapy, one widely used method is life review, or reminiscence (Bluck & Glück, 2005; Butler, 1974; Knight & Laidlaw, 2009). The interest for reminiscence in clinical work was revived with a seminal article by Butler (1963), which had a strong impact in the field of gerontology. Within the psychodynamic perspective shared by both Erikson and Butler, the attainment of wisdom can take place through reviewing one's life.

Effectively, one aim of reminiscence therapy is to promote a sense of integrity (Butler, 1974). The general goals of reminiscence are to systematically review one's life in order to resolve past conflicts, celebrate past successes, deal more effectively with changes and losses, and gain an overall sense of worth and accomplishment (Butler, 1963; Haight & Haight, 2007; Hendrix & Haight, 2002; Webster & Haight, 1995). The numerous benefits of reminiscence, including decreasing depression and anxiety, strengthening self-esteem, improving interpersonal relationships, and increasing psychological well-being, have been well documented (Bluck & Glück, 2005; Bohlmeijer et al., 2007; Cappeliez & Robitaille, 2010; Gibson, 2004; Kunz, 2007).

Cappeliez, Guindon, and Robitaille (2008) defined reminiscence in basic terms: "the recalling of personally relevant memories from the past" (p. 266). The authors further explained that reminiscence can arise spontaneously, as in response to a smell for example, or can be evoked intentionally, such as to solve a problem. There is a current consensus in the field for a taxonomy comprising eight distinct purposes of reminiscence (Cappeliez, Rivard & Gindon, 2007; Cappeliez et al., 2008; Webster & Haight, 1995; Wong & Watt, 1991). In brief, reminiscence can be used to: evoke memories of significant others (intimacy), escape from the present and dwell on the past (escapist), provide a descriptive (narrative) or instructive (transmissive) story, prepare for death (death preparation), ruminate about unresolved past events (obsessive), discover meaning and continuity (integrative), and finally, draw on past experiences to cope with present problems (instrumental) (Cappeliez et al., 2008). This last function of reminiscence became central in the development of the SEC.

Group Instrumental Reminiscence

Rationale. There is strong evidence that group therapy is a useful treatment for older individuals who are experiencing a reduction in social networks, diminished self-worth, decreased social skills, and difficulty adjusting to loss (Evans, Chisholm, & Walshe, 2001; Fasolo, 2006; Johnson, Smith, & James, 2003; Klausner et al., 2000; Leszcz, 1996; Payne & Marcus, 2008; Rathbone-McCuan & Nelson, 2002; Ruckdeschel, 2000; Zimpfer, 1987). The more common group therapy approaches include CBT and reminiscence therapy (Husaini et al., 2004). CBT seeks to identify and restructure maladaptive thoughts using collaborative empiricism and techniques such as cognitive restructuring and self-help strategies (Beck, 1995; Greenberger & Padesky, 1995; Koder, 2007; Laidlaw et al., 2004). Reminiscence, on the other hand, is a creative approach to going back in time, allowing people to evaluate their life and

affirm their accomplishments (Bohlmeijer et al., 2007; Gibson, 2004; Haight & Haight, 2007). It is the only therapy specifically conceived for older adults (Cappeliez, 2002). An integrative approach to group therapy has been suggested as the most effective course to address the needs experienced by older adults (Husaini et al., 2004; Knight & Poon, 2008; Laidlaw et al., 2003; Laidlaw & Pachana, 2009). Accordingly, instrumental reminiscence, which comprises elements of both cognitive-behavioural and reminiscence therapy, makes use of past experiences for current problem solving (Cappeliez, in press; Cappeliez, 2002; Cappeliez et al., 2008; Wong & Watt, 1991).

Instrumental reminiscence has its roots in a stress and coping framework, namely the contextual approach to coping (Folkman, 2009; Folkman & Lazarus, 1986; Lazarus & Folkman, 1984). It involves the recollection of past successful coping activities, including memories of making plans to solve difficult situations, or achieving a goal for oneself or when helping others (Cappeliez et al., 2008; Watt & Cappeliez, 2000). The purpose of instrumental reminiscence is to review experiences of past problem-solving in order to: a) instil older people with satisfaction for their accomplishments in the past; b) enhance confidence in their ability to solve difficulties in the present; and c) provide real-life examples of coping processes which may be useful in current problem-solving (Cappeliez & Watt, 2003). The emphasis however is on overcoming cognitive and emotional barriers to coping, rather than on actual problem-solving skills and strategies.

Mechanisms of action. As with CBT (e.g., Gallagher & Thompson, 1982; Husaini et al., 2004; Koder, 2007; Konnert et al., 2009) empirical support for the effectiveness of instrumental reminiscence comes principally from the treatment of late-life depression (e.g., Cappeliez & Watt, 2003; Watt & Cappeliez, 2000; Watt & Cappeliez, 1996). To illustrate, Cappeliez (2002) used cognitive-reminiscence therapy, comprising both integrative (discover meaning) and instrumental components (draw on past to cope with present problems) to alleviate depression among older adults in day hospital and long-term care (Cappeliez et al., 2008). The brief intervention led to a significant reduction of depressive symptomatology, as well as an increase in overall well-being. This study provided support for the effectiveness of integrative and instrumental reminiscence in improving mood and well-being in later life, and showed that remembering one’s past plays an important role in maintaining a personal sense of identity (Webster & Gould, 2007).

Yet Weiss (1973; 1974), who defined loneliness with reference to its cause as rooted in the attachment theory proposed by Bowlby (1973), emphasised the role of meaningful relationships. Likewise, Cacciopo and Patrick (2008) advocated for loneliness as the *need* for social connection. This causal ascription distinguishes loneliness from depression as viewed from the cognitive model. According to Beck (1976), depression results from inaccurate cognitive responses to environmental events. Maladaptive core beliefs (or schemas) give shape to intermediate beliefs (or assumptions) which, in turn, drive negative automatic thoughts. Therefore, it is not the events *per se* that activate depressive schemas, but rather the meanings given to the events that determine the response (Beck, 1976; Laidlaw & McAlpine, 2008).

In contrast, loneliness would originate not from dysfunctional thoughts, but from relational deficits which may be traced back to attachment behaviour (or bonding) with the mother (Bowlby, 1973). Accordingly, one cannot "fix" loneliness by changing their thoughts (DiTommaso & Spinner, 1993). However a more balanced view of the situation, combined with alternative positive/objective thinking about oneself and one's interactional skills, can lead one to feel better about coping with personal challenges (Cappeliez & Watt, 2003) and subsequently to better problem solving and behaviour change (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Folkman & Lazarus, 1988).

The usefulness of the cognitive model in the context of loneliness then, rests in that thoughts and appraisals can facilitate the decision process on how to deal with the challenge; promoting adaptation. Effectively, instrumental reminiscence is concerned with the role of cognition in preventing coping with the situation (or maintaining the distressing experience) rather than in causing loneliness *per se*. Based on the concept that loneliness results from changes in relationships, the goal becomes to facilitate adjustment to change. After all; "the essence of stress, coping, and adaptation is change" (Folkman & Lazarus, 1985, p. 150).

It is anticipated that the focus of instrumental reminiscence therapy on problem-solving and cognitive re-appraisal through memories of the past will provide group members with useful ways of adjusting to the current and future experience of both emotional and social loneliness (Folkman, 2008). Firstly, the use of active, problem-focused coping responses is likely to encourage the creation of new meaningful social connections with others. Secondly, emotional loneliness is associated with feelings of abandonment, constant appraisal, and an inability to organise one's energies towards

finding a solution to alleviate loneliness (DiTommaso & Spinner, 1993; Weiss, 1973). Although the applicability of old strategies to new situations may not be perceived at first, allowing group members to re-discover coping strategies located in their own experience is likely to remove emotional and cognitive barriers to current coping (Folkman, 2008; Folkman & Lazarus, 1988; 1985; Watt & Cappeliez, 1996). Thirdly, instrumental reminiscence is also thought to facilitate emotion-focused coping (Cappeliez et al., 2008) which is likely to assist with situations that are perceived to be unchangeable. In such cases, productive efforts to alleviate loneliness can be made in the cognitive domain (Folkman et al., 1986; Folkman & Lazarus, 1986). This process towards adjustment is likely to enhance self-efficacy, self-esteem, and current coping (Blazer, 2002; Cappeliez & Watt, 2003; Lazarus, & Folkman, 1984) and these factors have been linked to an increase in general sense of well-being (Bohlmeijer et al., 2007; Kammann & Flett, 1983b). This, in turn, may lead group members to convey themselves better to others and therefore mediate the onset of both emotional and social loneliness. Finally, Cappeliez and Robitaille (2010) investigated the role of coping in mediating the links between reminiscence and psychological well-being. Using structural equation modelling, the authors found that self-positive memories, such as those facilitated by guided instrumental reminiscence, are directly linked to psychological well-being since they promote assimilative and accommodative coping. These forms of coping can be viewed as protective mechanisms through which "the self-system constructs continuity and meaning over the life course" (Cappeliez & Robitaille, 2010, p. 807).

In view of that, additional goals for the SEC are to empower older people by fostering the recognition of achievements and personal strengths, to encourage a more balanced view on failures and losses in life, and to promote peer support, social integration, and adaptive future relationships (Bohlmeijer et al., 2007; Cappeliez & Robitaille, 2010; Hendrix & Haight, 2002). An implicit goal of the SEC consists of facilitating wisdom enhancement, by encouraging older people to reflect on wise responses and actions in their past life, as well as in their present (Knight & Laidlaw, 2009). Last but not least, the SEC aims at preventing loneliness by reminding participants of their ability to cope successfully with past challenges, in view of facilitating coping in the present or future (Cappeliez & Watt, 2003). The theoretical model for the effects of participating in the SEC is summarised in Figure 2.

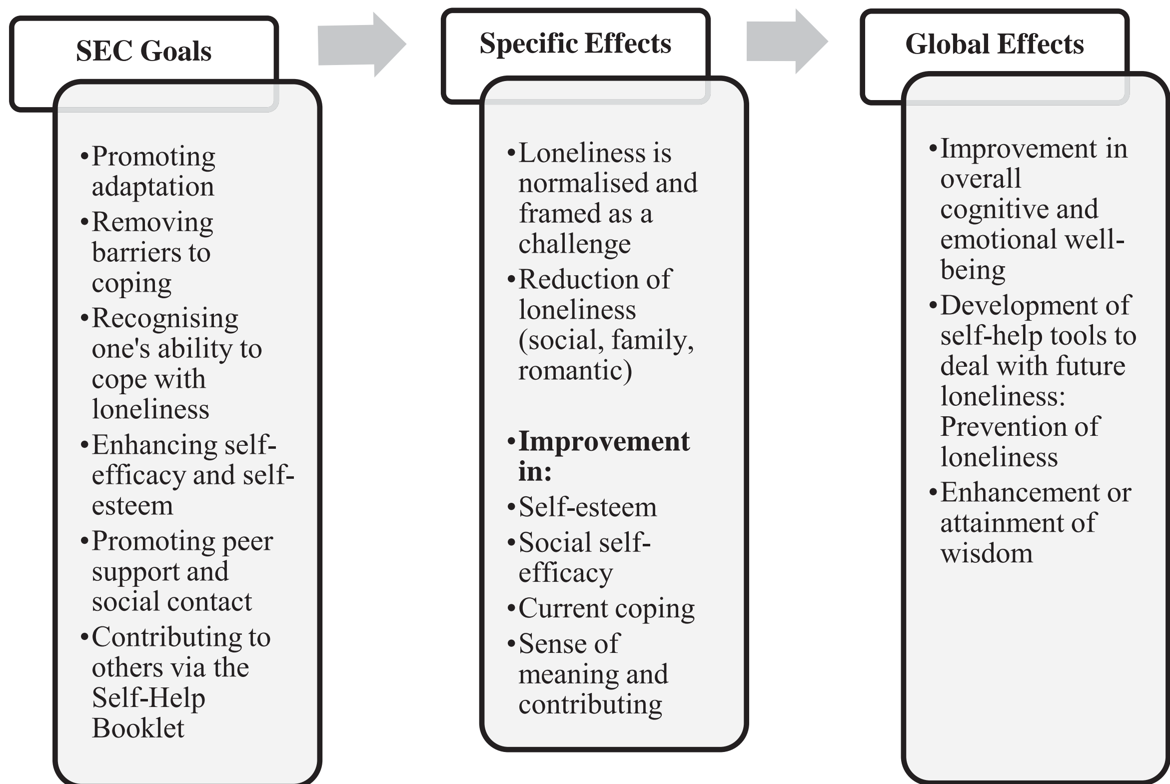

Figure 2. Model for effects of participating in the Self-Enrichment Course (SEC) (adapted from Martina & Stevens, 2006).

Essential Elements

Main structure. The core structure of the SEC is based on a cognitive-reminiscence treatment manual developed by Watt and Cappeliez (2000) for treating late-life depression (the author wishes to thank Dr. Cappeliez for the unpublished manualised programme). The intervention components were extensively adapted to address loneliness and well-being specifically. For example, the focus was shifted to adjusting to changes in relationships, such as following a loss or involuntary separation. Each session of the course was developed to focus the reminiscing into family, social, and romantic loneliness, as well as life meaning and purpose. Last but not least, precise *Guidelines for Therapists* and *Session Handouts* were developed to facilitate a structured yet flexible therapeutic process for both group members and facilitators (Appendix A).

The SEC consists of five weekly sessions of 90 minutes. The number of participants per group may vary from five to eight, as this offers the greatest opportunity for total member participation (Yalom & Leszcs, 2005). Each week, group members, therapist and co-facilitator discuss reminiscences on a different theme based on Weiss' (1973) typology of loneliness. The aim is to explore positive coping strategies in view of adjusting to changes in the present or future. Table 3 shows the themes discussed at each session and associated aims. The session format is structured, while remaining flexible to adjust for group members' individual needs and goals, as necessary. An overview of the SEC weekly format, inspired by a group therapy protocol for depressed older women (Husaini et al., 2004; with permission of the authors), is presented at the outset of Appendix A.

Table 3

Themes Discussed at Each Session of the Self-Enrichment Course (SEC) and Associated Aims

Session	Themes	Aims
1	The Context of Aging	Adjusting to aging
2	Family Life	Adjusting to family loneliness
3	Social Life	Adjusting to social loneliness
4	Romantic Life	Adjusting to romantic loneliness
5	Life Meaning and Purpose	How can I contribute?

Note. Refer to Appendix A for further detail about each session of the SEC.

Whereas session one sets the scene for the course and session five summarises it, sessions two, three, and four constitute the core of the reminiscence work. The main purpose of these sessions is to use memories in an instrumental fashion to promote adaptation and well-being (Cappeliez & Robitaille, 2010; Watt & Cappeliez, 1996), and to aid present or future coping with challenges associated with aging, such as emotional and social loneliness. Targeted practice exercises (or homework) assist with this general function of the SEC, and enhance group members' sense of actively participating in the course. Specific psycho-educational goals for each session were determined to integrate empirically-supported techniques that can facilitate learning.

Session components. In spite of specific themes and goals each week, the structure for session two to four remains the same.

Typically, each session is divided into:

- Agenda development
- Reviewing practice exercises
- Focusing on reminiscence
- Contact work and psycho-education
- Feedback from peers and topic summary
- Introduction of the next topic and practice exercise
- Feedback to therapist and questions

Corresponding to CBT, the development of an agenda provides a structure for the session and assists with fostering a sense of collaboration between group members and facilitators; particularly as to the direction the session will take (Beck, 1995; Watt & Cappeliez, 2000). Another guiding principle of CBT, homework (Kazantzis, Deane, & Ronan, 2000) provides group members with an opportunity to practice accessing specific memories, and to generalise in-session learning to in-vivo practice (Haarhoff & Kazantzis, 2007). The "Focusing on reminiscence" component of the intervention (or brief relaxation), was designed to enhance group members' ability to focus on the task at hand by freeing the mind from worries or thoughts that may impede memory processes (Cappeliez, in press; Watt & Cappeliez, 2000).

The central component of all sessions, "Contact work", allows each group member to discuss their selected memory and to use the reminiscence in an instrumental fashion. The therapist facilitates the discussion using Socratic questioning and behavioural analysis techniques: "What might have triggered the feeling of loneliness? What was going through your mind at that point? What other explanations might there be?" Through collaborative empiricism, the therapist and group members discuss the applicability of previously used coping strategies to current challenges. The use of the white board provides a medium to summarise the skills used by each individual, and to clarify key points for the group.

Psycho-educational elements were designed to facilitate learning by systematically supporting the goal of removing barriers to coping. At each session, the therapist introduces a new educational element (e.g., Five-Part Model; Greenberger & Padesky, 1995), which is integrated into the contact work. Each group member then gets the chance to provide feedback and share their understanding of the work and its

application to their own life. The concept of "rounds", or feedback, promotes not only peer support, but also social contact in a learning context (Leszcz, 1996; Payne & Marcus, 2008; Ruckdeschel, 2000; Watt & Cappeliez, 2000; Yalom & Leszcz, 2005).

After a break, the group leader and co-facilitator introduce the following week's topic by way of role-play or story-telling, and clarify any questions from group members about the associated practice exercise. Finally, group members are invited to provide additional feedback and to ask questions regarding any aspect of the session. Sessions typically close with a summary of the current session, confirmation of the next session's time, and an update of the number sessions remaining.

Self-help tools and the maintenance of gains. In line with the cognitive-behavioural approach to therapy (Beck, 1995; Laidlaw et al., 2003), the SEC provides useful tools and skills for self-help. It is expected that group members will be able to apply skills and insights gained during the course to their everyday life, in order to increase their sense of overall well-being. It is likely that they will feel more prepared to adjust to the experience of loneliness in the event that they would experience it now, or in the future (Atchley, 1989).

Session handouts. The Session Handouts (Appendix A), which outline the psycho-educational components and weekly practice exercises, can assist with the maintenance of gains. As well as experiencing the process of instrumental reminiscence in-session, group members are provided with simple notes to read in their own time. People may choose to periodically revisit the clearly laid out documentation, including useful steps for problem-solving and clear instructions for controlled breathing and imagery. While brief relaxation was initially introduced to focus one's attention on the reminiscence, the combined relaxation and imagery is aimed at directly addressing the feelings of threat associated with loneliness (Cacioppo & Patrick, 2008; DiTommaso & Spinner, 1993; Weiss, 1973). This particular exercise was drawn from an intervention program for Coping with Stress in Seniors by Konnert et al. (2009), an adaptation from Clarke, Hawkins, Murphy, Sheeber, Lewinsohn, and Seeley (1995; The author wishes to thank Dr. Konnert for the unpublished manualised program). In addition, the handouts provide useful memory assistance for group members (Knight, 2004; Knight & Poon, 2008).

The self-help booklet. An integral component of the SEC involves the collaborative formation of a Self-Help Booklet, which is to be distributed to group members, as well as to other residents living in the facility where the intervention takes

place. The booklet is created by the researcher using the group members' written contributions from the last practice exercise. One aim is to remind group members and others of different ways to understand, and deal with, the experience of loneliness. At session five (Life Meaning and Purpose), the "Contact work" revolves around this collective group accomplishment.

The purpose of the Self-Help Booklet comes back to the starting point of failed loneliness interventions; that random sociability can, in fact, intensify loneliness (Cattan et al., 2005; Findley, 2003; Weiss, 1973). Hence there is a need to examine the interaction between loneliness and well-being at a deeper level. One possible mediator of this relationship is the need for meaning and contribution in older age, which links to the quest for wisdom (Butler, 1963; Knight & Laidlaw, 2009). Weiss and Bass (2002) examined the importance of purpose in later life. They defined meaning in life as: "...to do with feeling that one still matters, to oneself at least, and that what one does makes sense. It has to do with the conviction that one's life is about something more than simply surviving" (Weiss & Bass, 2002, p. 190). The authors proposed that for life to be meaningful there needs to be an emotional investment, a commitment, and the opportunity for contributing to others in ways that matter. Their advice to older adults is "not only to get involved, but to get involved with an enterprise that matters to you" (Weiss & Bass, 2002, p. 194).

In line with Weiss and Bass (2002), and with Erikson's (1950) proposal that the psychological task for people in later stages of life is to find meaning and purpose in their life, it was hoped that sharing some of the wisdom gained during the course (or during the course of one's life) via a tangible product could increase the group members' sense of self worth by contributing to others. Moreover, it was predicted that the consolidation of the gained knowledge and skills at the end of the course would confirm group members' beliefs in their enhanced skills for coping with loneliness, remind them of their continuous wisdom, and afford positive tools for establishing interpersonal bonds.

As such, the Self-Help Booklet provides group members not only with a concrete tool for self-help, but also with an opportunity to share thoughts and ideas about its content with friends, family, or other residents of the retirement facility. A study by Houston, McKee, and Wilson (2000) involving the group compilation of a book of wartime experiences, showed that this kind of collective process resulted in significant improvement in psychological well-being.

Finally, a review of interventions for loneliness by Cattan et al. (2005) found that incorporating activities known to enhance self-esteem and one's own ability to cope could improve the long-term effectiveness of group interventions.

Therapeutic process. Last but not least, the very nature of instrumental reminiscence therapy calls for the development and maintenance of self-help skills. Specifically, reviewing experiences of past problem-solving is likely to remind group members of their accomplishments in the past, enhance their confidence in their ability to solve difficulties in the present, and provide examples of coping processes located in their own experience, which can be useful in their current or future context (Cappeliez, 2002; Cappeliez et al., 2007). The SEC is a client-centred intervention insofar as the group members, rather than the facilitators, are the experts. The group leader does not provide all the answers but rather, facilitates a therapeutic climate where one's contributions are welcome and treated as worthwhile. If semantic memory can be failing at times, group members will most likely remember experiencing in-session interactions (Knight, 2004). In effect, due to the group nature of the intervention, members are likely to learn in a long-lasting way through modelling (role-plays), listening to others, as well as feedback and supportive interactions between group members (Yalom & Leszcz, 2005).

Summary

In summary, the SEC consists of a brief (five-week) therapeutic group intervention aimed at preventing and reducing loneliness, and increasing the well-being of older people. The intervention was designed to be used with minimal financial resources (cost-effective), and to be made broadly accessible to psychology practitioners.

The SEC was developed with the view to address several gaps in the loneliness literature. For example, treating loneliness as a multidimensional phenomenon and tackling its maintaining factors to increase well-being in a lasting way, while taking into consideration the context of older adults. In line with the CALTAP (Knight & Poon, 2008), the SEC was developed with an awareness of the interaction between individual factors, such as age-related specific challenges, and environmental factors. The content, which was adapted from previous studies (Cappeliez, 2002; Konnert et al., 2009; Watt & Cappeliez, 2000), comprises elements of reminiscence therapy (e.g., learning from past experiences) and CBT (e.g., psycho-education, self-help strategies), and provides a dual emphasis on emotional and thinking processes.

The main purpose of the SEC is to use memories in an instrumental fashion to promote adaptation and well-being, and to aid present and/or future coping with challenges associated with aging, predominantly loneliness. Instrumental reminiscence involves the reviewing of past experiences of successful coping and the understanding of their relevance in the present, in this context drawing on wisdom of older adults. The emphasis is on overcoming cognitive and emotional barriers to coping rather than on actual problem-solving skills and strategies. The SEC provides a stepwise approach to this process, including: 1) normalising loneliness; 2) reframing loneliness as a challenge; 3) empowering participants by looking at their ability to cope with challenges in the past; 4) introducing the notion that thoughts have a direct impact on the way one feels and tackles a challenging situation; 5) considering both problem-solving and emotion-focused coping as alternatives to adjustment; and 6) empowering participants by allowing them to contribute their wisdom and coping skills to others, including those in the research field.

CHAPTER FOUR
METHOD

“The client does not ordinarily sit cooped up in a nosological pigeonhole; he proceeds along his way. If the psychologist expects to help him, he must get off his chair and start moving along with him”.
-George Kelly (1905-1967)

Design

This section provides an outline of the rationale behind the choice of design in the current study. In line with Crotty’s (1998) stepwise approach for considering the basic elements of any research process, the pragmatic paradigm is discussed first in terms of epistemology, theoretical perspective, and methodology, followed by a brief justification for the use of mixed methods in this study. The remaining part of this section provides a succinct discussion of the researcher’s background and values which have influenced these choices.

Rationale for Triangulation Mixed Methods Design

Research in social sciences is fundamentally linked to the philosophical and theoretical assumptions of the researcher. For decades, researchers have debated about the definitions of terms such as ‘epistemological assumptions’, ‘theoretical perspectives’, ‘philosophical stance’, ‘paradigms’, ‘methodology’ and ‘methods’ (Maxcy, 2003). For example, the place of paradigms in the research design community ranges from being regarded as inexorable (Guba & Lincoln, 2005); to needless and possibly handicapping (Patton, 1990). The old distinction between positivist and constructionist worldviews in psychology has evolved into four main research paradigms: post positivist, constructivist, transformative (also termed advocacy/participatory), and pragmatic (Creswell, 2009; Mertens, 2010). The conflict between qualitative and quantitative methods as to which produces the most valid psychological inquiry is increasingly at rest with the rising use of mixed methods (Bryman, 2006; Mertens, 2010).

In particular, the pragmatic paradigm has become an increasingly recognised philosophical partner for mixed methods, and provides a clear framework for designing and conducting mixed methods research (Biesta, 2010; Johnson & Onwuegbuzie, 2004; Tashakkori & Teddlie, 2003). In fact, pragmatism has evolved since the latter decades of the 19th century to provide what is known as a paradigmatic foundation for mixed

methods research in both education (Johnson & Onwuegbuzie, 2004) and psychology (Teddlie & Tashakkori, 2006). Maxcy (2003) provides an extended discussion of the historical relationship between pragmatism and the use of mixed methods in the social and behavioural sciences.

Crotty (1998) proposed the four following questions as basic elements of any research process, or design: i) What methods do we propose to use? ii) What methodology governs our choice and use of methods? iii) What theoretical perspective lies behind the methodology in question? and iv) What epistemology informs this theoretical perspective? To these criteria, Creswell (2009) added the research problem, the personal experience of the researcher, and the audience that will accept the research. These basic research elements as considered for the current study are illustrated in Figure 3, and briefly discussed below.

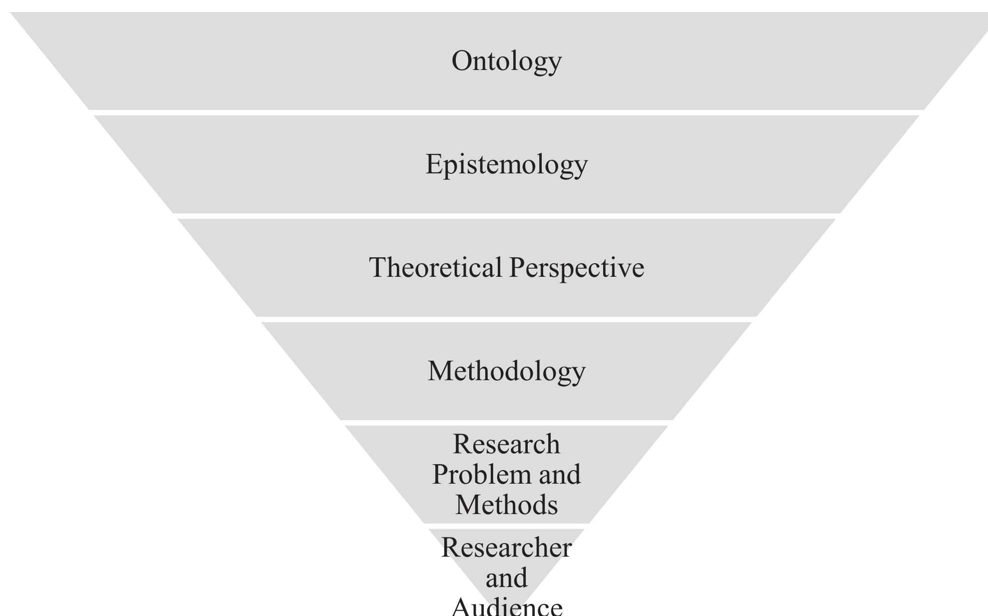

Figure 3. Basic research elements of the current study (Based on Crotty, 1998; and Creswell, 2009).

The Pragmatic Paradigm

From the pragmatic perspective, the ontology, or nature of reality, can be summed as one reality of which each individual has their own unique perception (Mertens, 2010). Accordingly, researchers test hypotheses/research questions and provide multiple perspectives. This view differs from post positivism, for instance,

where there is a singular reality, knowable within a specific level of probability; i.e. researchers reject or fail to reject hypotheses (Mertens, 2009).

In pragmatism, the epistemological point of view, or nature of knowledge, demands that relationships and theories used in research are determined by what the researcher deems as appropriate to that particular study (Biesta, 2010; Creswell, 2009). Accordingly, the pragmatic worldview, or foundation for inquiry, is problem-centred, real-world practice oriented, and focused on the consequences of actions. This differs from the constructionist perspective, concerned with social/historical construction and theory generation, or from the transformative standpoint which is politically- or issue-oriented (Biesta, 2010; Creswell & Plano Clark, 2007).

Finally, the approach to systematic inquiry, or methodology, in pragmatism refers to the matching of methods to suit specific questions and purposes of research. The use of mixed methods is privileged, as the researcher works back and forth between various approaches (Mertens, 2010; Tashakkori & Teddlie, 2003).

Mixed Methods

The research problem in this thesis called for the use of mixed methods as it would likely best capture the richness of the data. The main issue at hand, loneliness and the well-being of older people, called for an understanding that neither the quantitative or qualitative approach alone could engender. On the one hand, the phenomenon (and population) is so under-researched that it merited a qualitative approach (Creswell & Plano Clark, 2007). On the other, the quantitative approach is best suited for Weiss's theory of loneliness to be investigated (Mertens, 2009). As argued by Teddlie and Tashakkori (2006), quantitative research involves theory verification, whereas qualitative research involves theory generation; by using mixed methods, the researchers can thus verify and generate theory in the same study. Due to the scarcity of investigations into both the theory and alleviation of loneliness, it was envisaged that one type of evidence alone would not tell the complete story.

Therefore, a mixed methods design was selected to bring together the strengths of both quantitative and qualitative research. The triangulation design is the most common approach to mixing methods (Creswell & Plano Clark, 2007); qualitative and quantitative data are collected concurrently (in a single phase), and the two data sets are merged in the interpretation. It was expected that the combination of different but complementary types of data would provide a more complete picture of the phenomenon of interest (Creswell & Plano Clark, 2007).

In particular, combined approaches could provide a much more in-depth evaluation of the proposed intervention; i.e. the collection of quantitative data allows the examination of trends towards its effectiveness, whereas qualitative data provide an in-depth knowledge of the participants' perspectives, which are a key process consideration in programme evaluation (Patton, 1990). As explained by Teddlie and Tashakkori (2006), mixed methods research is superior to other designs in many contexts, in that it: a) can answer research questions that other methodologies cannot; b) offers better (stronger) inferences; and c) provides the opportunity for presenting a greater variety of divergent views. Figure 4 shows the triangulation design used in this study.

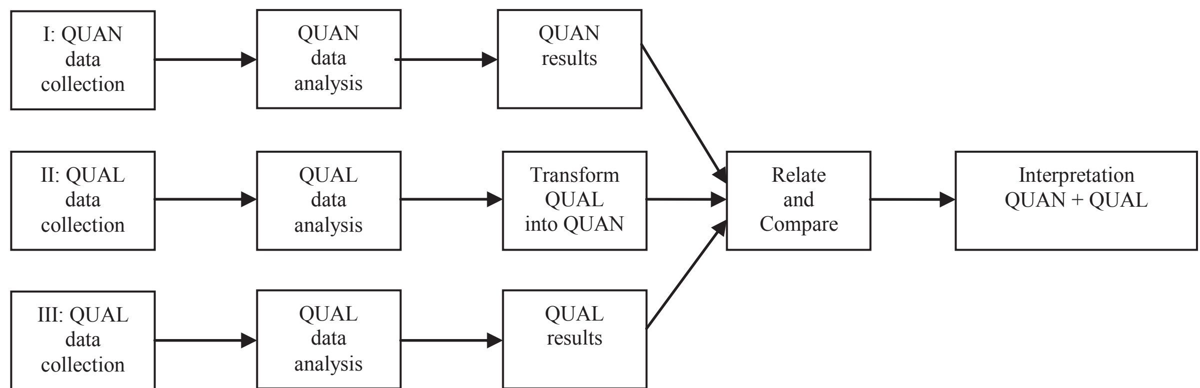

Figure 4. Triangulation design: Convergence model used in this study (adapted from Creswell & Plano Clark, 2007).

The Researcher and the Audience

As noted above, researchers' personalities, experiences and training influence their choice of research design (Creswell, 2009). In fact, specific lines of inquiry, such as thematic analysis, highlight the importance of acknowledging the values of the researcher, which undoubtedly influence how particular aspects of the data are selected and interpreted (Braun & Clarke, 2006).

As a researcher in psychology, I come from an arts background, but I also have a strong interest in more scientifically-oriented areas such as cognitive psychology, neuropsychology, and neuroscience. As a psychology practitioner, a clinical supervisor once described me as possessing a good balance of *head* and *heart*. Effectively, a part of me enjoys the analytic work in practice, as required in neuropsychological assessment, while another part likes to connect with clients on a truly empathetic and non-judgemental level, in view of forming a solid therapeutic relationship.

I believe that I was suited for the use of mixed methods as I enjoy both the systematic structure of quantitative research, and the creative flexibility of qualitative inquiry (Creswell, 2009).

Next, in line with the scientist-practitioner model valued in my doctoral training programme, I chose to engage in "real-life" research (Robson, 2002, p. 3). Although a mixed methods project would most likely require a lot of time and effort (Creswell, 2009), I did my best to achieve my goal within the time period allocated to the doctoral research (approximately two years).

In summary, this research is located in a pragmatic philosophical worldview, which guided the flexible employment of a range of theories (primarily positivist/post-positivist). A triangulation mixed methods design was selected, involving multiple forms of data to draw on various possibilities, and both statistical and text analyses (e.g., thematic analysis as a pragmatist method). The use of mixed methods strategies of inquiries provides a comprehensive analysis of the research problem (Creswell, 2009). The practices of both qualitative and quantitative research are employed in order to best satisfy the main objectives of the research, as well as to provide a comprehensive investigation for the audience: academics and practitioners alike.

Participants

The 17 participants (7 men, 10 women) in this study were aged between 76 and 91 years (M = 84, SD = 4.8), and resided in an Auckland retirement facility (referred to from now on as "the Retirement Village" to protect the participants' anonymity). All participants identified as New Zealand European. At intake, participants rated their marital status as married (n = 9), widowed (n = 7), or divorced (n = 1), and their physical health as excellent (n = 4), good (n = 7), fair (n = 6), or poor (n = 0). Participants' living situations were classified by the researcher as dependent living (n = 6) or independent living (n = 11), according to the level of care provided in each section of the establishment they lived in. All reported having had children, taking medication for physical problems, and no participant was taking antidepressant medication.

Participants were included in the study if they were currently residing at the Retirement Village; were proficient in reading, writing, and conversing in English; were willing to participate in the course; and scored below or above the cut-off scores (not in the severe range) on measures of depression (12/15) and dementia (12/30) (see further details on measures below).

Management at the Retirement Village indicated that most participants would likely be aged about 70 and older, yet the advertising notice specified a minimal age of 55, to be all-encompassing at this stage. Exclusion criteria included severe deafness, severe dementia, and severe depression.

Recruitment of Participants

The recruitment process took place onsite at the Retirement Village between November 6th and December 9th 2009. Participants were recruited via a three-stage process which included the distribution of advertising notices, introductory group meetings, and individual meetings.

The Advertising Notice (see Appendix B) served to briefly introduce the research, and to invite residents to attend one of the introductory group meetings (or to contact the main researcher directly) to obtain more information about the study. The total pool of possible applicants was estimated by the management staff at 160. Accordingly, 160 advertising notices were distributed, mainly in residents' letterboxes. Since some people did not have access to a letterbox (rest home residents), a few notices were individually distributed by the researcher to people identified by the clinical coordinator as potentially meeting inclusion criteria.

Next, brief introductory group meetings were held for each section of the retirement complex, providing for both independent and dependent living residents. In three meetings, the researcher introduced the nature and aim of the study, both verbally and by distributing a Participants Information Sheet (Appendix C). Ethical issues such as safety and confidentiality were explained to the groups, and people had the opportunity to ask any questions. Individuals were able to express their interest in the study by writing their name and phone number on a clipboard, which was collected at the end of the meeting. Alternatively, people could take additional time to read over the Participants Information Sheet, and contact the researcher directly via a Massey University voicemail system set up for this purpose. The number of individuals who expressed their interest at each stage of the recruitment process is shown in Figure 5.

The researcher then contacted each person who had left their details by phone to make an appointment for an individual meeting (people who had been given notices but did not have access to a telephone were visited individually by the researcher). These meetings provided an opportunity for the researcher to carefully explain the nature of the SEC and other conditions of the study, and for potential participants to ask any questions about the study and their participation in it.

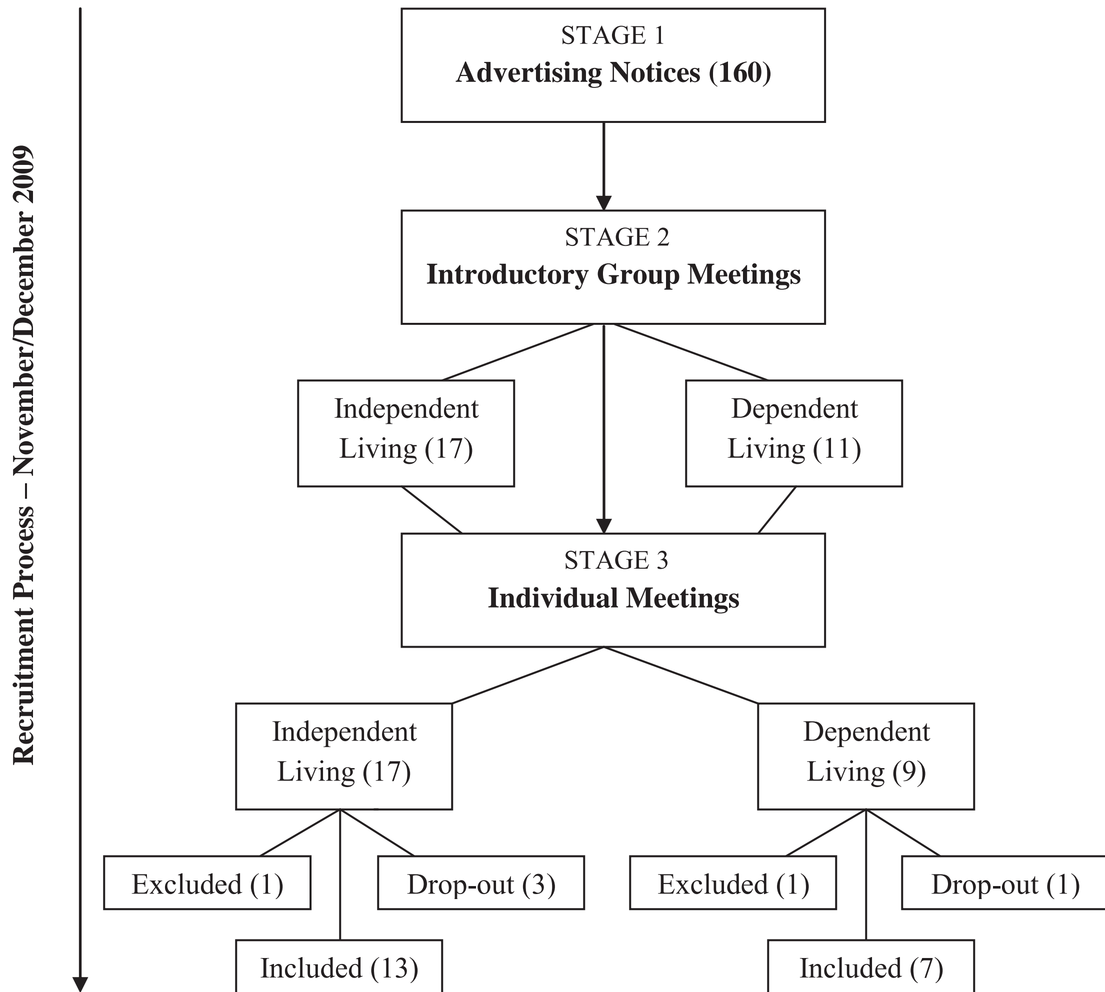

Figure 5. Number of individuals who expressed their interest at each stage of the recruitment process.

Issues of confidentiality were clarified, and signed informed consent was obtained prior to the collection of any data; people could self-refer to the study by signing the Consent Form (Appendix D). At any stage of the recruitment process, potential participants were able to leave without a reason. Two dependent living residents chose not to take part in the study following the individual meeting (Figure 5).

Although a total of 20 individuals were included in the SEC, three people subsequently dropped out of the course. One person cancelled just before the course began, one came to the first session but needed to be excluded thereafter due to severe health difficulties (and consequent inability to attend further sessions), and one dropped out of the course after the second session.

Data collected from these individuals has not been included in the analyses, except for the anonymous feedback provided by the third person at the first two sessions (their responses could not be separately identified and partitioned out from the rest of the group). Overall, the attrition rate in the current study was extremely low, with only one individual voluntarily dropping out from the course once it had started.

In total, 17 participants took part in the five-session intervention protocol over a period of five weeks (between January and February 2010), and two follow-up sessions (March and April 2010). All participants attended all sessions and measurement points, except for one participant who missed one session. In the months following the intervention, two participants passed away. Their passing was discussed between the researcher and the Retirement Village's celebrant, and acknowledged by participants in the last group meetings in October 2010 for the distribution of *Words of Wisdom*.

Procedure

Assessment Protocol

Initial interview. The initial interview was of a semi-structured nature and included open-ended and closed questions. It took place in the participants' residences, and lasted for approximately 1 to 1.5 hours. Basic demographic information was collected first, followed by participants' ratings about health and medication, and two open-ended questions about well-being and loneliness. The questions were constructed after careful review of the loneliness literature, and were purposefully kept in as simple form as possible (Schwarz, 1999): a) How would you define Well-Being? Can you give me an example? and b) How would you define Loneliness? Can you give me an example? The intention was to explore participants' personal understandings of these topics. The content areas explored through these questions related directly to the following research question: *What are the participants' understandings of well-being and loneliness in the context of the Self-Enrichment Course, as well as their life experience and wisdom?* Participants' answers were written verbatim by the researcher. Because they all consisted of a few words or phrases, no transcription was needed.

As the Christmas period was approaching, the researcher chose to explore participants' perceptions of Christmas, both generally and in relation to loneliness and well-being. Although the literature in this area is sparse, some studies (e.g., Fingerman & Griffiths, 1999; Goin, 2002; Steed et al., 2007; Velamoor et al., 1999) discussed the role played by family and close friends in the loneliness and well-being of older people in the festive season. In line with this, questions were developed to assess participants'

feelings about the up-coming Christmas, their perceptions of loneliness in that particular context, and their anticipated encounters with friends and family during that time period. Participants were asked three straightforward questions: 1) How do you feel about Christmas? (Kasser & Sheldon, 2002; Velamoor et al., 1999) 2) Do you anticipate spending time with: partner? family? friends? and 3) To what extent do you think that Christmas has an impact on feeling lonely? (Not at all, Somewhat, A lot).

Psychological measurement. At the initial interview, the Montreal Cognitive Assessment (MoCA; Nasreddine et al., 2005; Appendix E) was administered to screen potential participants for cognitive impairment, and the short version of the Geriatric Depression Scale (GDS; Sheikh & Yesavage, 1986; Appendix F) to assess depression severity. The information gathered helped to assess whether the person met all the inclusion criteria for the study. People who scored in the severe range on depression and/or cognitive impairment were referred to the clinical coordinator of the retirement complex. Those who met all selection requirements were officially enrolled in the study, and participant and researcher proceeded to the first measurement of the assessment protocol.

The following measures were administered: the Short Form of the Social and Emotional Loneliness Scale for Adults (SELSA-S; DiTommaso et al., 2004; Appendix G), and the Affectometer 2 (A-2; Kammann & Flett, 1983a; Appendix H), to assess current levels of well-being (The author would like to thank Professor DiTommaso and Dr. Flett for their permission to use the scales). One research question in this study focused on changes in participants' scores on these measures: *What is the effect of the Self-Enrichment Course on the participants' self-reported levels of well-being and loneliness (social, romantic, and family) over time?* Loneliness and well-being (primary outcome variables) levels were assessed twice before the SEC, and three times after, to assess the maintenance of treatment gains. Each of the four groups was reunited at Follow-up 1, which took place in the same setting as the intervention, whereas Follow-up 2 was carried-out on an individual basis. To control for possible carry-over effects, the order of questionnaires was alternated between measurement times. This lessened the possibility that answering one questionnaire somehow biased responding on the next (Clark-Carter, 2010). Table 4 shows the five measurement points, dates, and the order in which the questionnaires were administered.

Table 4

Measurement Times, Dates, and Order of Questionnaires

Measurement Times	Dates	Order of Questionnaires
Intake (T1)	November/December 2009	GDS, SELSA-S, A-2
Pre-test (T2)	January 2010	A-2, SELSA-S, GDS
Post-test (T3)	February 2010	SELSA-S, A-2, GDS
Follow-up 1 (T4)	March 2010	GDS, A-2, SELSA-S
Follow-up 2 (T5)	April 2010	SELSA-S, GDS, A-2

Note. T1 = Measurement time 1; T2 = Measurement time 2; T3 = Measurement time 3; T4 = Measurement time 4; T5 = Measurement time 5; GDS = Geriatric Depression Scale, SELSA-S = Short Form of the Social and Emotional Loneliness Scale for Adults, A-2 = Affectometer 2.

Feedback. At the end of every group session, participants were invited to rate their level of satisfaction with the session, and to provide written feedback on the course; what they had found helpful, and any suggestions they may have for subsequent sessions (see Appendix A, for an example). At the fifth session, in addition to the usual session feedback form, participants were invited to rate their satisfaction with the course overall, as well as the usefulness of specific aspects of the course (Appendix A). Finally, at Follow-up 1, participants were invited to provide written feedback on the overall course. The rationale behind asking for feedback at Follow-up 1 rather than at the fifth session was to not burden participants with an overload of information.

Final practice exercise. As a final practice exercise, participants were invited to bring their hand-written notes on the sheets provided, to be collected at the last session. Specifically, participants provided their answers to the four following questions: 1) What have you learned about your own wisdom during this course? 2) What have you learned from what others have shared in the group? 3) What piece of wisdom, gained during the course, or during the course of your life, would you like to pass onto others? 4) What advice would you pass onto others who may be struggling with loneliness? Participants were invited to write as little or as much as they wished for each question. They were aware that data collected from these written accounts would inform the results of this study, and be used to form the Self-Help Booklet.

Brief post-intervention interview. At the end of the fifth session, participants were invited to fill out a brief interview schedule, which contained some of the same questions asked in the initial interview. Specifically, participants were asked to rate their perceived health, medication, and medical status, and to write a few words on the

same two open-ended questions about well-being and loneliness: a) How would you define Well-Being? Can you give me an example? and b) How would you define Loneliness? Can you give me an example? The purpose of this brief interview schedule was to assess for any changes in participants' situation, such as living situation, health or marital status which could have occurred during the course. In addition, it provided participants with an opportunity to consolidate their personal meanings of the main constructs of the course (well-being and loneliness), and to contribute to an overall understanding of these concepts in view of informing future interventions of this sort.

Intervention Protocol

Group formation. Yalom and Leszcz (2005) proposed clear guidelines for group formation, including a cognitive approach to preparation; i.e. clarifying leaders and participants' expectations. This system of preparation emphasises an attempt to see clients at least twice before introducing them to the group, and the importance of addressing misconceptions and initial problems of group therapy. The rationale behind this is to reduce uncertainty and anxiety inherent to the first group session, and to build a therapeutic alliance individually before the group starts: "Often the first step in the development of bonds among members is their mutual identification with a shared person: the therapist" (Yalom & Leszcz, 2005, p. 294). Due to the time period between assessment and intervention (approximately three weeks), it was also desirable to meet participants again to prevent attrition, which is often elevated in this age group (Hofer & Sliwinski, 2006).

In a second individual meeting, which lasted between 10 and 20 minutes, participants were provided with a file containing a copy of their signed Consent Form, a printed sheet with the dates for each session of the SEC, a personal diary, and a name badge for them to bring at the first session. The researcher then proposed to chat for a few minutes about the group process. First, participants were asked whether they had taken part in groups before, and were invited to talk briefly about their experience. Next, the researcher discussed the following points with each participant: a) possible frustrations and disappointments; b) the role of the group leader; c) expectations and power of group therapy; d) maximising the usefulness of sessions; e) practice exercises; and f) group guidelines (Yalom & Leszcz, 2005). A brief overview of the verbatim schedule at the second individual meeting is displayed in Figure 6.

a) “So as you know, the first group meeting can be a little strange... Some may feel puzzled and discouraged, or some people feel a bit shy about saying their opinions or disclosing personal information. This can lead them to feel disappointed, think about withdrawing, etc.
b) Or sometime one may expect me (the group leader) to have all the answers but I don’t... very much of a collaborative process.
c) I encourage you to give it your best shot, as usually as the sessions progress, the group ‘clicks’ and one is more likely to benefit from the group.
d) The group will be structured: not like a parliament session, but since we have only 1.5 hour, there will be a structure, with rounds so each will have the opportunity to talk and express themselves, but also to listen and learn.
e) There will be practice exercises for you to practice in-between sessions, although you are free to do as much or as little as you wish; the goal is not to burden you with lengthy tasks but to give you the opportunity to consolidate and prepare for the next session.
f) There will be some group guidelines which will be set at the first session; e.g., confidentiality. Do you have any questions?”

Figure 6. Overview of the verbatim schedule at the second individual meeting.

This study involved four groups. The author of this dissertation was the group leader and was a doctoral student in Clinical Psychology, Massey University. The co-facilitator was an Honours student in Clinical Psychology at Massey University. Both had experience in voluntary work with older adults. Since group size is considered inversely proportional to interaction (Yalom & Leszcz, 2005) groups of 4 or 5 participants were formed with the view to offer the greatest opportunity for participation. Groups were formed on the basis of convenience for participants, who were asked about their preferred time at the interview: day or evening, and preferred day of the week.

Possible times and locations were discussed with management and occupational therapy departments (regarding the use of facilities that would not interfere with the existing activity programme at the Retirement Village). Participants’ ability to get to a given location needed to be considered carefully. Two groups took place in the chapel (main building), and two in the library (community building). The groups were closed; that is, after the groups were formed, there was no changing between groups.

Session setup. Prior to each session, the group leader and facilitator set up the room for the session with all necessary material: session guidelines, session handouts, feedback forms, as well as necessary mood checks and questionnaires. Some participants required assistance to get to sessions, such as those with wheelchairs. Others tended to forget that the sessions were taking place on that particular day.

Accordingly, the group leader would arrive on-site approximately one hour before each session to get in contact with these individuals and help them to get to the session on time; e.g., by liaising with nursing staff.

During sessions, participants, group leader and co-facilitator were seated in a circle, to aid interactions. Some groups preferred sitting around a table, while others opted for chairs only; both options were respected to enhance participants' comfort. Typically, the group leader and co-facilitator presented initial information on the topics to participants, and discussions and exercises followed (see Appendix A for detailed per-session schedule).

The distribution of *Words of Wisdom*. The Self-Help Booklet, which was titled *Words of Wisdom*, was completed in September 2010 (see Appendix I). In October 2010, almost a year after the groups ended, the researcher contacted each participant individually and offered them the choice of an individual or group encounter to receive their copies of the Self-Help Booklet. The researcher emphasised that it was absolutely up to the individual, and issues of confidentiality (namely if meeting in groups) were discussed. All participants expressed their interest in gathering in groups, and particularly in meeting participants from other groups. Accordingly, two group meetings were organised (one at each location), and copies of *Words of Wisdom* were distributed to all participants, along with a Summary of Findings for Participants (see Appendix J). This last meeting with participants allowed people to reconnect once more with their fellow group members, meet members from the other groups, and provided a closure to the therapeutic relationship. A box was left at the Retirement Village's reception to provide participants and other residents with an opportunity to give their feedback on *Words of Wisdom*.

Materials

Measures

Cognitive impairment. At intake, participants were screened for cognitive impairment using the MoCA (Nasreddine et al., 2005). The MoCA is a brief screening tool designed to assist health professionals in the detection of mild cognitive impairment, including possible deficits in attention, visuospatial functioning, language, working and short-term memory. In a recent study, Smith, Gildeh, and Holmes (2007) found that the MoCA had a sensitivity of 94% to detect subjects with dementia, whereas the Mini Mental Status Examination (Rover, & Folstein, 1987), another commonly used screening tool, detected 25%.

As suggested by the author of the MoCA, a cut-off score of 12 was used to exclude severe cognitive impairment (Z. Nasreddine, pers. comm., December 2009). With a minimum possible score of 0 and a maximum possible score of 30, participants' scores on the MoCA showed no sign of severe cognitive impairment (M = 24.5, SD = 2.58)

Depression. The 15-item version of the GDS (Sheikh & Yesavage, 1986) was used as a screening tool for depression at intake. A recent meta-analysis by Mitchell, Bird, Rizzo, and Meader (2010) found the short version of the GDS to be of good quality in screening for a diagnosis of late-life depression in primary care (UI− 0.75), compared with the long version (Yesavage, Brink, & Rose, 1983) which was rated as adequate (UI− 0.60). In addition, the internal consistency reliability of the shorter version has been found to be good $\alpha = .76$ and comparable to the longer version at $\alpha = .87$ (Van Marwijk, Wallace, De Bock, Hermans, Kaptein, & Mulder, 1995). Individual scores obtained on the GDS were carefully monitored throughout the study, to screen for possible increase in depressive symptoms. In addition, a shortened version of the GDS, containing 5 items (range = 5), was used as a brief clinical tool to assess risk at the core of the intervention, including participants' sense of hopelessness and suicidal ideation. Participants' ratings at Time 3 (M = 0.47, SD = 0.62) and Time 4 (M = 0.35, SD = 0.49) indicated no specific signs of risk.

Well-being. The A-2 (Kammann & Flett, 1983a) is a brief questionnaire designed to investigate a person's current level of general happiness, or sense of well-being. Based on measuring the balance of positive and negative feelings in recent experience, the A-2 treats well-being as the sum of the experiences that arise from living them, sometimes referred to as "satisfaction with life as a whole" (Kammann & Flett, 1983b, p. 2). The complete A-2 includes a total of 40 items, with a combination of sentences and adjectives. However shorter versions can be used; e.g., combinations of adjective and/or sentences (parallel forms) (Kammann & Flett, 1983b). In the current study, the use of adjectives only was selected on the basis of brevity and simplicity; particularly since three measures were successively administered at each measurement points (see Table 4).

The time period was specified on the questionnaires as *In the last week*, to focus on recent experiences. To control for practice effects, parallel forms of the A-2 were used, containing 10 items each: form B-1 was used at times 1, 3, and 5; whereas form B-2 was used at time 2 and 4. The alpha coefficient of reliability for these shorter

versions is estimated at .87, compared to the full version (.95), indicating that it has good reliability (Kammann & Flett, 1983b).

Loneliness. The SELSA-S (DiTommaso et al., 2004) is a newly developed questionnaire designed to measure a person's current level of loneliness. Theory-driven, the measure conceptualises loneliness as a multidimensional phenomenon comprising the experience of emotional isolation (emotional loneliness) and social isolation (social loneliness), as per Weiss's (1973) typology. The SELSA-S also distinguishes between two domains of emotional loneliness, namely family and romantic loneliness. Accordingly, the measure includes three subscales: romantic loneliness, family loneliness, and social loneliness, with 5 items per subscale and a total of 15 items. Initial analyses by DiTommaso et al. (2004) on four samples, namely partners of armed forces personnel (n = 334), a psychiatric sample (n = 38), and two university undergraduate samples (n = 1,060), indicated high levels of internal consistency of each subscale for the overall sample (N = 1,526): α =.87 (Romantic), α =.89 (Social) and α = .90 (Family). Several versions of the SELSA-S have been developed, including Turkish (Çeçen, 2007) and French-Canadian ones (DiTommaso, Turbide, Poulin, & Robinson, 2007).

Although some studies have used the SELSA-S in surveys with older adults (Drennan et al., 2008; Letts, 1992), the current study is the first to examine the usefulness of the SELSA-S in measuring changes in loneliness scores in an older population. The short version was chosen over the original 37-item version (DiTommaso & Spinner, 1993), due to its acceptability and greater efficiency.

Analyses

In line with the research questions outlined in Chapter Three, data analysis involved three parts, each comprising qualitative data, quantitative data, or both.

Analysis I

All 17 participants completed all questionnaires at the five measurement points. Scores on the SELSA-S, A-2, and GDS were recoded and analysed using Statistical Package for the Social Sciences (SPSS) for Windows (version 17).

The internal consistency reliability (Cronbach's alpha coefficient) of each scale was determined, including the three subscales contained in SELSA-S. Descriptive statistics were computed for each of the dependent variables. One way repeated measures analysis of variance (ANOVA) was used as an omnibus test to investigate the main effects for each of the measures across the five time points.

This particular analysis was selected as it allowed: a) greater control over extraneous variables; b) less problems associated with variability from subject to subject; and c) fewer subjects for the same degree of power (Howell, 2004). Post-hoc pair wise comparisons (Fisher Least Significant Difference) showed between which time points the significant differences took place. Although the American Psychological Association (APA) style convention is to report observed statistic values such as *t*-statistics for post-hoc tests (APA, 2010), these values are not reported automatically by SPSS for pair wise comparisons in repeated measures ANOVA. Therefore, individual paired samples *t*-tests were carried out in order to provide *t*-statistic values.

Since the intervention occurred between T2 and T3, the immediately preceding (and most relevant) baseline measure was used. The main focus of the analysis thus consisted of comparing T2 to T3, T2 to T4, and T2 to T5. A second aim was to assess possible statistically significant differences between baselines (T1 and T2), particularly since Christmas took place between these times. Effect sizes (Cohen's *d*) for each pair were computed as the difference in group means divided by the pooled standard deviation.

Analysis II

Descriptive data were computed for the quantitative feedback ratings provided by participants during and after the intervention. To allow comparisons within and between groups, the mean ratings for the overall group as well as for each of the four groups were calculated.

Content analysis. In line with guidelines set out by Braun and Clarke (2006), given that most of the written feedback data consisted of very brief responses (participants' satisfaction with each session), it was considered not suitable for thematic analysis. Instead, content analysis was employed to try and identify the frequency of ideas in the feedback data. Based on the procedures outlined by Krippendorff (2004), content analysis is a research technique which provides valid and replicable inferences from texts to the contexts of their use. Krippendorff noted that texts contain meanings that are significant to others, not just the analyst. Content analysis, thus, can be seen as a scientific tool that allows the recognition of meanings within texts via the identification of patterns across data (Krippendorff, 2004).

Effectively, content analysis allows for the quantitative analysis of initially qualitative data; for example frequency counts. This flexible (or mixed) research technique is used across a range of disciplines to evaluate people's perceptions of a phenomenon (e.g., Meehan, Vermeer, & Windsor, 2000), and is amenable to psychological inquiries (Krippendorff, 2004; Wilkinson, 2000). As the unit of analysis can be as little as a word or phrase, the technique was rightly suited to the nature of the feedback data.

Process of analysis. All written feedback from participants was content-analysed with a combination of inductive and deductive approaches. The analysis was deductive insofar as the data was examined with previous knowledge of the course components and aims, as well as associated theory; the contextual coping framework, for instance (Lazarus & Folkman, 1984). Then again, feedback was analysed and categorised inductively based specifically on content and repeated themes. Themes considered significant in each feedback were identified and coded to facilitate the development of categories (Meehan et al., 2000). Coding took place at the unit level (i.e. each individual feedback was coded as a single unit); although in occasional cases feedback appeared to belong to more than one of the chosen categories and was coded into both applicable categories (Krippendorff, 2004). The number of responses falling into each category was computed, and the most frequent responses were considered most important (Wilkinson, 2000).

Analysis III

Thematic analysis. The written contributions from the last practice exercise were designed to elicit a richer understanding of the participants' experience of the SEC, and their understandings of the core concepts which underlined it. Data pertaining to this analysis consisted of the participants' hand-written notes from the last practice exercise, as well as their personal meanings of loneliness and well-being collected at the initial and post-intervention interviews. Due to the richness and comprehensiveness of the data, thematic analysis was used based on the 6-phase procedure described by Braun and Clarke (2006). Thematic analysis differs from content analysis in several ways, for instance: a) the focus of the analysis is at both the micro and macro levels; b) themes tend not to be quantified; c) the unit of analysis tends to be more than a few words or phrase; and d) the analysis typically provides a rich, detailed, and complex account of data.

Thematic analysis can be seen as a foundational method for qualitative analysis, and is argued as “a method in its own right” (Braun & Clarke, 2006, p. 78). It involves the searching across a data set, in this case a range of texts, to find repeated patterns of meaning (themes) within data. Thematic analysis is not only a tool to use across different methods (e.g., Boyatzis, 1998), or a passive description of themes “emerging”. The method allows the identification, selection, analysis, interpretation, and description of various aspects of the research topic in ways that are theoretically and methodologically sound (Braun & Clarke, 2006).

Thematic analysis is particularly suited to the field of psychology since it is not committed to any pre-existing theoretical or epistemological framework (Braun & Clarke, 2006; Frith & Gleeson, 2004; Hayes, 1997). In contrast to grounded theory, this method can be affiliated with constructionist or essentialist/realist worldviews, allowing both reflecting reality and unravelling its surface (Braun & Clarke, 2006). Importantly, the flexibility inherent to thematic analysis renders it compatible with the pragmatic worldview and the mixed methods research design employed in this study.

Process of analysis. In qualitative inquiry, reliability refers to the consistency of the researcher’s approach across different researchers and projects (Gibbs, 2007). The first step towards demonstrating reliability is to document and make explicit each step of the analytical procedures (Greene, 2000). This allows for further investigation of the phenomenon in question and future replication.

To begin with, the hard copies of raw (hand-written) data were entered into a word document, then saved and printed. Although initially organised per question (as presented to participants), data were amalgamated and treated as a whole to allow for a more encompassing analysis (Braun & Clarke, 2006). To begin with, the entire set of data was read and re-read in an active way, with the aim of becoming familiar with all aspects of the data. The researcher made marginal remarks directly onto the transcript, on the right hand-side of the page. Remarks included free thoughts and ideas, ideas about ideas (theorising) (Tuckett, 2005), and references to similar data within the document. These remarks assisted the process of coding by creating markers for later consideration. In addition to marginal remarks, labels (or tags) were written on the left hand-side of the page to assign “units of meaning to the descriptive or inferential information” compiled within the document (Miles & Huberman, 1994, p. 56). These labels and their corresponding remarks were typically assigned to either a sentence or

paragraph. An initial list of ideas about noticeable features within of the data was then generated (Braun & Clarke, 2006).

Using the remarks and labels made on the document as references, data were then coded on the computer to facilitate the subsequent collating of information. The highlighting function was used to tag and name selections of text that appeared interesting to the researcher. Coding, or primary organisation of basic segments of data into meaningful groups (Tuckett, 2005), was carried out in a theory-driven, but flexible way; the researcher was informed by empirical evidence, theory, and research questions, yet remained open to the semantic patterns to be discovered within the data (Hayes, 1997). The entire data set was coded, and each extract of data was collated within each code, in separate computer files (Braun & Clarke, 2006). A long list of the various codes identified across the data set was produced, and potential repeated patterns, or themes, were noted.

The search for themes began with the careful analysis of codes, namely how they could combine into overarching themes. This stage involved the evaluation of relationships between codes, themes, and different levels of themes; e.g., sub-themes (Braun & Clarke, 2006). This stage of the analysis resulted in 61 codes, which were colour-coded and grouped into five themes. The analysis was exhaustive in that 100% of the data extracts were allocated to at least one code. Despite gaining a clearer picture of the significance of individual themes, a theme called "miscellaneous", although acceptable at this stage (Braun & Clarke, 2006), showed that further coding work was needed.

A thorough revision of data extracts under each theme helped to identify overlapping themes and sub-categories within these. Themes were refined, combined, or discarded, whereas codes which did not seem to fit into the initial main themes were found new homes (Braun & Clarke, 2006). This led to 51 codes which were colour-coded and grouped into five themes. The Final Thematic Table containing the complete set of themes and codes identified can be seen in Appendix K.

In line with Braun and Clarke (2006) and Patton (1990), the reviewing of themes occurred at two levels: a) coded extracts (assessing internal homogeneity), and b) entire data set (ensuring external heterogeneity). Therefore, five candidate final themes were evaluated as to whether codes within them appeared to form a coherent pattern, and whether the themes seemed valid in relation to the entire data set. A final thematic map was developed, which "reflected 'accurately' the meanings evident in the

data set as a whole" (Braun & Clarke, 2006, p. 91). The thematic map reflected an accurate representation of the data insofar as it mapped the researcher's theoretical and analytic interest; i.e. it provided a detailed analysis of some aspects of the data. From the completed thematic analysis, the researcher created a summary which, following considerable distillation and reorganisation, was to become *Words of Wisdom* (Appendix I).

Reliability and validity. In addition to making the thematic analysis process explicit, further steps were taken to ensure the qualitative reliability of the analysis. The researcher undertook a thorough "verification step" where the data was reviewed for discrepancies, overstatements, or errors (Elliot, Fischer, & Rennie, 1999, p. 222). The findings were also reviewed by two colleagues (senior researchers of two different faculties) who were familiar with qualitative research as well as the content area of the specific research (Creswell & Plano Clark, 2007; Gibbs, 2007).

Qualitative validity signifies that the researcher employed certain procedures to check for the accuracy, authenticity, or credibility of the findings (Creswell, 2009). Multiple strategies were used to ensure that the findings were, indeed, valid. First, triangulation was used: themes were established based on converging data from several individuals and multiple document sources (Creswell & Plano Clark, 2007). To further support the development of themes, reference was made to relevant literature, as well as additional qualitative and quantitative data (Chapter Five).

As the analysis progressed, it became clear that significant themes were present in all of the participants' stories, despite their different attitudes, personalities, and life experiences. In the write-up of the analysis, the researcher used rich, thick descriptions of these inter-individual differences, providing many perspectives about a given theme, adding to the authenticity of the findings (Creswell, 2009). In addition, the analysis was presented as a whole; results were presented and discussed simultaneously, including individual summaries for each theme. This was done with the intent of providing a comprehensive understanding of the phenomena at hand, which would subsequently be integrated with other findings in the discussion (Creswell & Plano Clark, 2007).

Additional validity strategies undertaken by the researcher included spending prolonged time with participants in their actual setting over several months: introductory group meetings, one-on-one screening interviews and testing sessions, group sessions over five weeks, group follow-ups and individual follow-ups. This extensive involvement in the field is likely to provide the researcher with an in-depth

understanding of the phenomenon under study and lend credibility to the narrative account (Creswell, 2009). Notwithstanding this, the researcher engaged in self-reflection and laid out potential biases brought to the study, such as culture, background, and field of study. Finally, the researcher shared ideas and interpretation with a peer *debriefer* (the co-facilitator) allowing the account to resonate with people other than the researcher, adding validity to the analysis (Creswell, 2009).

Ethical Considerations

The research protocol and ethical considerations were assessed and approved by the Health and Disabilities Human Ethics Committee (HDEC, Northern Y-Application NTY/09/09/086; Code of Ethics Review Group, 2002). The first ethical consideration consisted in the minimisation of harm for participants. Older people can be perceived as a vulnerable population for a number of reasons, including reduced autonomy and increased physical disabilities (Victor et al., 2005). Old-old people in particular (Constança, 2007) face greater potential psychological distress; longitudinal studies report an increase in depression (Adams et al., 2004; Cacioppo et al., 2009; Constança, 2007) and dementia with age (Blazer, Steffens, & Busse, 2004; Conn, Herrmann, Kaye, Rewilak, & Schogt, 2007). Although the psychological risks or side effects to participants in the current study were estimated to be minimal, a number of steps were taken to protect participants from distress and harm.

Before the start of the project, all participants were visited and the research procedures and requirements were explained in detail. On the Consent Form, participants were made explicitly aware that they could withdraw from the study at any point if they wished to do so, or if they experienced distress. In addition, participants were reminded at each session that they were in no obligation to reveal information that made them uncomfortable. Group rules of the SEC included that people are not belittled or bullied, and a clear self-disclosure rule was put in place (Appendix A). The group sessions were highly structured, including discussions and exercises, to preserve boundaries and keep the group environment as safe as possible. Should a participant experience distress or discomfort during a session, the group leader would immediately attend to the person while the co-facilitator would occupy the rest of the group. This however did not turn out to be required in the groups.

Both the group leader and co-facilitator were trained in ethical responsibilities, and observed any signs of risk as per standard clinical psychology practice. If at any time participants' mood deteriorated significantly (i.e. concerns about risk to safety), or

if someone became abusive and/or disruptive towards other members, they would be withdrawn from the study and referred to onsite senior clinical personnel for further assessment and care. If participants wished to discuss any concerns in-between sessions, they could contact the researcher via a Massey voicemail system which was accessed regularly. The researcher was in regular contact with the research supervisors, and received clinical supervision by a senior clinical psychologist on a weekly basis for the total duration of the intervention.

Privacy and confidentiality were other key ethical considerations in this study. Numerous steps were taken by the researcher to protect participants' anonymity. Participants were informed that no material which could personally identify them would be used in any reports on this study. The Participants Information Sheet specified that the interview and questionnaires were anonymous, and that files would be coded with anonymous identification numbers to prevent identification of individuals. In view of publication (e.g., in academic journals), only collective data from the entire sample would be described. As for the collective Self-Help Booklet, any identifying material would be removed or modified to ensure that the writings remain confidential.

A confidentiality rule was included in the group guidelines, highlighting for members not to identify group members to anyone outside the group to help people feel safe in disclosing personal material. If a group member disclosed a very intimate or distressing recollection, the group leader would engage in precise contracting around this specific episode by acknowledging the personal nature of the recollection (Gibson, 2004), and reminding participants that it must be kept confidential within the group. However despite all best efforts, the group nature of the SEC meant that confidentiality could not be strictly assured. As suggested by the Ethics Committee (HDEC), the following sentence was added to the Participants Information Sheet: "Please note that while confidentiality will be encouraged in groups, it cannot be guaranteed due to the nature of group work". At all times, participants were invited to talk to the group leader if they had concerns about confidentiality.

Lastly, a number of steps were taken to ensure that that the study was culturally safe and appropriate. The researcher sought cultural consultation with a university senior lecturer, and with an elder representative (kaumatua) of the local iwi (Ngāti Whātua), at Orakei Marae. The aims and methods of the study were discussed, as well as the relevance of the research to Māori and Māori well-being; Hauora tangata.

In this case, the effect was considered minimal as the prevalence of Māori in the Retirement Village was estimated at generally less than 1%, and was 0% at the time. Nevertheless, it was agreed that the researcher would share the results with the Ngāti Whātua people at the completion of the study. This process would allow the sharing of the findings with the local Māori community, in view of informing future research projects.

CHAPTER FIVE
RESULTS PART I

"The important thing is not to stop questioning".
-Albert Einstein (1879-1955)

Analysis I

Data Management

Missing values. The only missing data was for one item on the GDS. In this case, the missing value was replaced with the individual's mean response to other items, as suggested by Yesavage (1983).

Reliability data. Reliability analyses were conducted on the A-2, SELSA-S, and GDS data at each time point. Since the SELSA-S was a relatively new measure, it was important to check its reliability. Table 5 shows the Cronbach's alpha reliability coefficients for each scale/subscale.

Table 5

Cronbach's Alpha Coefficients for Well-being, Loneliness, and Depression Scores

Scale/Subscale	T1	T2	T3	T4	T5
Well-being	.724	.628	.672	.698	.720
Loneliness					
Romantic	.986	.955	.904	.951	.982
Family	.811	.652	.447	.619	.707
Social	.552	.327	.716	.765	.535
Depression	.708	.704	.796	.782	.421

Note. T1 = Measurement time 1; T2 = Measurement time 2; T3 = Measurement time 3; T4 = Measurement time 4; T5 = Measurement time 5. Well-being measured with Affectometer 2 (A-2; Kammann & Flett, 1983a); loneliness measured with short form of the Social and Emotional Loneliness Scale for Adults (SELSA-S; DiTommaso, Brannen, & Best, 2004); depression measured with Geriatric Depression Scale (GDS; Sheikh & Yesavage, 1986). *N = 17*.

Well-being. From the outset, the internal consistency of the A-2 was acceptable at .628 and above across the five measurement points, indicating that the 10 items were essentially measuring the same concept (Groth-Marnat, 2003). Accordingly, no items were removed.

Loneliness. Initial analyses of family and social loneliness produced alpha coefficients ranging from .337 to .727 and .343 to .662 respectively. Examination of individual scores and selection of potentially problematic items led to the removal of two items per subscale which, as can be seen in Table 5, resulted in substantial improvements in the internal consistency of these subscales. To render all subscales with equal number of items (and facilitate statistical analyses), two items were removed from the romantic loneliness subscale, which also led to an improvement in its internal consistency (initial alpha coefficients ranged from .648 to .836).

Reliability is considered a function of the interaction between the scale, the administration, and the environment (Clark-Carter, 2010). Two items were removed on the basis of observations during administration. Item 9: "*In the last year I was able to depend on my friends for help*"; the word "depend" directly refers to the notion of dependency, which was not favoured by the older people in this study. Item 4*:* "*In the last year there was no one in my family I could depend upon for support and encouragement, but I wish there had been*"; this item was confusing for participants; i.e. the answer to the second part of the question is dependent on whether the first part is true.

As explained by Bryman (2006) the aims of a measurement scale in psychological research are not only to measure outcome, but also help to determine the processes involved (e.g., social, family, romantic loneliness), and how they interact. The steps taken towards improving the internal consistency of the scale ensured that each subscale measured the construct of interest, and had sufficient psychometric properties to proceed with the analyses (Schwarz, 1999). The remaining total number of items in each subscale of the SELSA-S was three, which is considered adequate to proceed with statistical analyses (Cicchetti, 1994).

Depression. Coefficient alpha were computed to obtain internal consistency estimates of reliability for the GDS data. The alpha coefficients varied from inadequate to acceptable, with values ranging from .366 to .773 (Groth-Marnat, 2003). Two items were removed from the analyses: Item 9: "*Do you prefer to stay at home, rather than going out and doing new things?*" some participants do not have a home or even a choice but to stay within the retirement complex. Item 10 was also removed on the basis of observations during administration: "*Do you feel you have more problems with memory than most?*" the latter statement can be confusing for older people, who generally have some memory difficulties; i.e. more than most people or more than older

people? As can be seen in Table 5, removing these items improved the internal consistency of the scale. The total number of items remaining in the GDS was 13.

Assumption checks. Corty (2007) lists five main assumptions of repeated measures ANOVA, and each of these was carefully considered. First, the samples were dependent, that is, there was only one sample that was tested five times (across each measurement point). Second, the dependent variables were being measured at the interval level (although there has been a lot of debate about whether Likert scales can be considered as providing interval data; Carifio & Perla, 2008; Jamieson, 2004). The third assumption, random samples, was violated due to the practical difficulties in accessing this population; the sample was based on convenience. Fourth, some departure from normality was observed, namely by looking at the residuals from the ANOVA – these were approximately normally distributed – and by calculating confidence intervals for skewness and kurtosis (which can be interpreted if more than 12 cases) (Van belle, 2002). Finally, the sphericity assumption (structure of the covariance matrix in a repeated measures design) was verified using the Mauchly's Test of Sphericity. Mauchly's test did not indicate significant evidence that this assumption was violated ($p > 0.05$), and so no correction was needed. Overall, the repeated measures ANOVA test was considered robust for violations of the third and fourth assumptions and thus could still be meaningfully calculated, but with limitations as to the interpretation of results (Corty, 2007).

Descriptive Statistics

The minimum - maximum possible scores on each scale/subscale were as follows: well-being = 0-40; romantic, family, social loneliness = 3-21; depression = 0-13. Table 6 summarises the mean ratings and standard deviations of scores obtained by all participants on each scale/subscale.

As shown in Figure 7, mean scores obtained on well-being remained fairly constant over time. Well-being scores were initially high and remained consistently located at the higher end of the scale. There was a slight decrease in well-being mean scores at T2, followed by an increase at T3, which continued to increase at T4 and T5.

Table 6

Mean Scores and Standard Deviations for Well-being, Loneliness, and Depression

Scale/Subscale		T1	T2	T3	T4	T5
Well-Being	*M*	30.76	28.18	30.35	30.65	33.24
	SD	4.60	4.52	4.86	4.80	4.07
Romantic Loneliness	*M*	14.12	12.65	12.18	13.00	12.65
	SD	8.18	7.98	7.27	7.74	7.66
Family Loneliness	*M*	4.06	5.35	5.00	4.71	3.47
	SD	2.38	3.12	2.74	2.69	.87
Social Loneliness	*M*	6.06	7.88	6.29	6.94	4.47
	SD	3.47	3.50	2.97	4.01	1.55
Depression	*M*	1.18	1.71	1.35	1.65	0.88
	SD	1.59	1.90	1.90	2.06	1.05

Note: T1 = Measurement time 1; T2 = Measurement time 2; T3 = Measurement time 3; T4 = Measurement time 4; T5 = Measurement time 5. Well-being measured with Affectometer 2 (A-2; Kammann & Flett, 1983a); loneliness measured with short form of the Social and Emotional Loneliness Scale for Adults (SELSA-S; DiTommaso, Brannen, & Best, 2004); depression measured with Geriatric Depression Scale (GDS; Sheikh & Yesavage, 1986). *N = 17*.

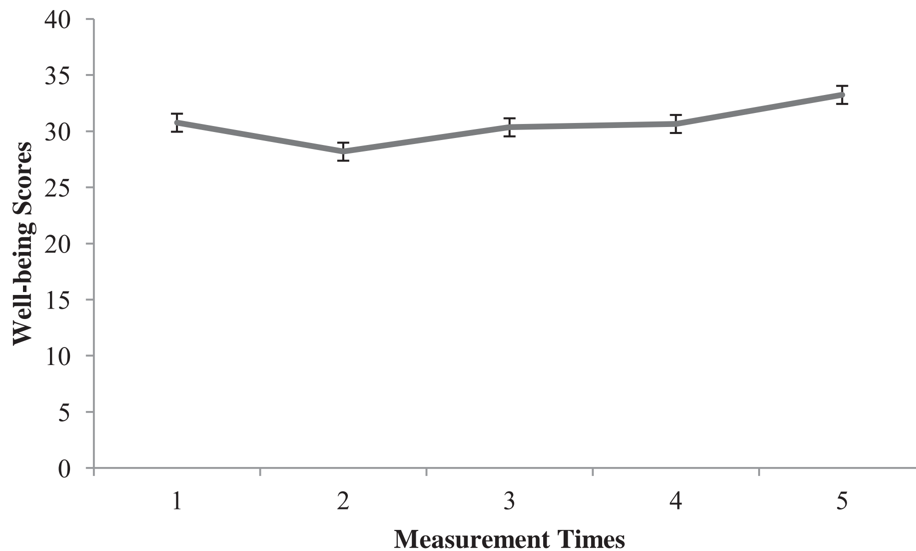

Figure 7. Mean scores obtained on the Affectometer 2 (A-2) by all participants over the five measurement points *(N = 17)*.

As shown in Figure 8, romantic loneliness was the highest of the three loneliness subscales, with family being the lowest. There were little variations on mean scores across time for romantic compared to family and social. There was a slight increase in family loneliness mean scores at T2, followed by a steady decrease over T3, T4 and T5. Similarly, social loneliness mean scores appeared to increase slightly at T2, after which these fluctuated towards a decrease at T5. Finally, as shown in Table 6, depression ratings fluctuated in a similar way, although scores remained at the very lower end of the scale throughout.

Responses to the question posed at intake: *How do you feel about Christmas*? were coded into Positive (64.70%), Neutral (29.40%), and Negative (5.90%). 88% of participants reported anticipating spending time with family at Christmas, almost half expected to spend time with friends (47.10%), and all married participants (53%) anticipated spending time with their partner. At intake (T1), participants rated their perception of the extent to which Christmas has an impact on feeling lonely as follows: Not at all (5.88%), Somewhat (52.95%), A lot (41.18%). These ratings differed substantially from those collected following the intervention (T3): Not at all (47.10%), Somewhat (23.50%), A lot (29.40%).

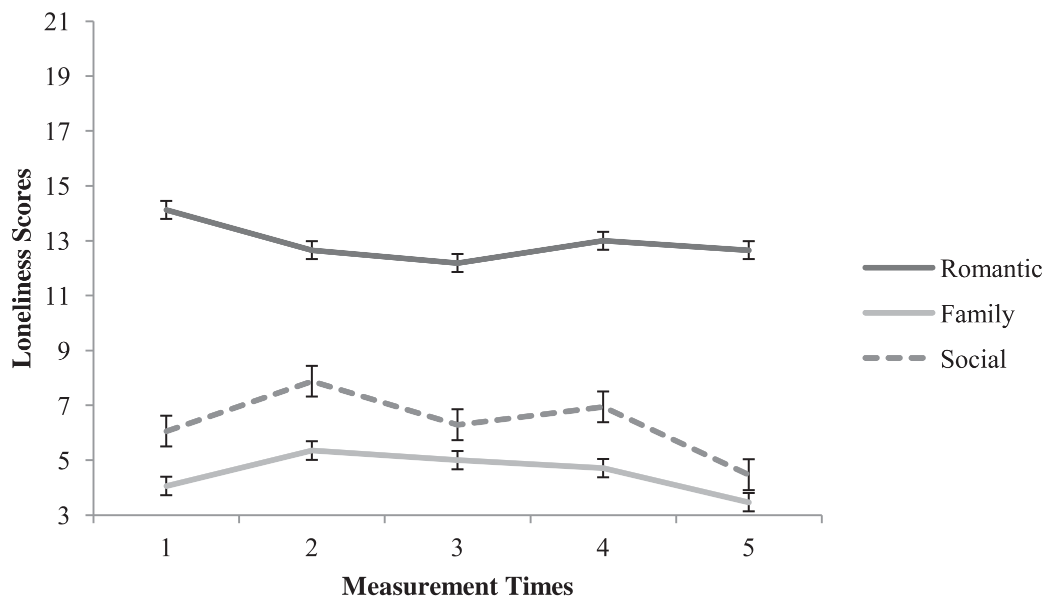

Figure 8. Mean scores obtained on each subscale of the Short Form of the Social and Emotional Loneliness Scale for Adults (SELSA-S) by all participants over the five measurement points *(N = 17).*

Inferential Analysis

Specific hypotheses to be tested are stated under each major question below (in italics). All tests carried out were two-tailed and the alpha level was set as .05. In paired samples t-tests terms, the null hypothesis maintains that there is no difference between the two compared means: (H0): $\mu 1 = \mu 2$. The alternative hypothesis, which cannot be true if the null hypothesis is true, maintains that there is a difference between the two compared means: (H1): $\mu 1$ is not equal to $\mu 2$ (Corty, 2007).

Changes in levels of well-being, loneliness (romantic, family, social) and depression after the intervention?

Hypotheses:

1) Well-being scores will increase immediately following the intervention (T2 < T3)

2) Well-being scores at 1-month and 2-month follow-ups will remain consistently higher than prior to the intervention (T2 < T4, T5)

3) Loneliness (romantic, family, social) scores will decrease immediately following the intervention (T2 > T3)

4) Loneliness (romantic, family, social) scores at 1-month and 2-month follow-ups will remain consistently lower than prior to the intervention (T2 > T4, T5)

5) There will be no change in depression scores following the intervention (T2 = T3, T4, T5)

Well-being. A repeated measures ANOVA showed that there was a significant main effect of time on well-being scores (F (4, 64) = 7.53, $p < .001$). As shown in Table 7, pair wise comparisons between T2 and T3 showed a positive effect, with a mean difference of 2.18 which was statistically significant at the .05 level. Thus, the null hypothesis was rejected. These results suggest that participants' levels of well-being increased immediately following the intervention. The effect size was medium to large. Similarly, the mean well-being score increased from T2 to T4. The difference between the two means (2.47) was statistically significant at the .05 level. These results suggest that participants' increased levels of well-being were maintained at one month following the intervention. The effect size was medium to large (see Table 7).

Table 7

Pair wise Comparisons of Well-being, Family Loneliness, and Social Loneliness Mean Scores (Contrast of Time 2 with Time 3, 4, and 5)

	T2 with T3			T2 with T4			T2 with T5		
Variable	$t(16)$	p	d	$t(16)$	p	d	$t(16)$	p	d
Well-being	2.78	.013*	-.67	2.90	.011*	-.70	4.34	.001**	-1.05
Family Loneliness	0.55	.590	.13	.98	.340	.24	3.02	.008*	.73
Social Loneliness	1.68	.112	.41	.77	.453	.19	3.85	.001**	.93

Note. T1 = Measurement time 1; T2 = Measurement time 2; T3 = Measurement time 3; T4 = Measurement time 4; T5 = Measurement time 5. Cohen's convention for effect sizes: small (d = .20); medium (d = .50); large (d = .80). N = 17. *$p < .05$, **$p < .001$.

Table 7 shows that mean well-being scores increased from T2 to T5 with a statistically significant mean difference of 5.06 ($p < .001$). These results suggest that participants' increased levels of well-being were maintained two months following the intervention. The effect size was large. Altogether, the results of these analyses suggest that the intervention had an immediate and lasting effect on well-being scores, as measured with the A-2 (Howell, 2004).

Because there was a statistically significant difference between participants' level of well-being between T2 and T5, additional post-hoc analyses were undertaken. Paired samples *t*-tests were carried out to explore whether there were statistically significant differences between T3 and T5, T4 and T5, and T3 and T4. The mean well-being score increased by 2.89 between T3 and T5; the difference between the two means was statistically significant: $t(16) = 2.72$, $p = .015$, and the effect size was medium to large ($d = -.66$). Similarly, the mean well-being score increased significantly from T4 to T5, with a mean difference of 2.59: $t(16) = 2.49$, $p = .024$. The effect size was medium to large ($d = -.60$). There was a slight decrease in scores between T3 and T4 (-.30), although this was not significant ($p > .05$). These results suggest that the intervention had an incremental effect on well-being, as scores continued to increase in the first and second months following the intervention.

Romantic loneliness. A repeated measures ANOVA showed that mean romantic loneliness did not differ significantly between time points (F (4, 64) = 1.44, p = .231). These results suggest that the intervention did not have a significant effect on romantic loneliness over time.

Family loneliness. A repeated measures ANOVA showed that there was a significant main effect of time on family loneliness scores (F (4, 64) = 3.47, p = .013). Pair wise comparisons between T2 and T3, and T2 and T4 revealed a slight decrease in scores, which was not statistically significant. However, the mean family loneliness score had decreased by 1.88 at T5, which was statistically significantly different from T2. The effect size was medium to large (see Table 7). These results suggest that the intervention elicited a statistically significant reduction in family loneliness, but not until two months following the intervention.

Because there was a statistically significant difference in family loneliness scores between T2 and T5, potential differences between T3 and T5, T4 and T5, and T3 and T4 were explored. The mean family loneliness score decreased significantly between T3 to T5 (1.53): t(16) = 3.05, p = .008. The effect size was medium to large (d = .74). The mean family loneliness score also decreased significantly from T4 to T5 (1.24): t(16) = 2.24, p = .040, and the effect size was medium (d = .54). There was a slight decrease in scores between T3 and T4 (.29), although this was not significant (p > .05). These results suggest that the intervention had a gradual effect on family loneliness, as scores continued to decrease in the first and second months following the intervention.

Social loneliness. A repeated measures ANOVA showed that there was a significant main effect of time on social loneliness scores (F (4, 64) = 3.44, p = .013). Pair wise comparisons between T2 and T3, and T2 and T4 revealed a slight decrease in scores which was not statistically significant. However, the mean social loneliness score had decreased significantly at T5, which was different (3.41) to T2 (p < .001). The effect size was large (see Table 7). These results suggest that the intervention elicited a statistically significant reduction in social loneliness, but not until two months following the intervention.

Paired sample t-tests were carried out to explore potential statistically significant differences between T3 and T5, T4 and T5, and T3 and T4. The mean social loneliness score decreased significantly from T3 to T5 (1.82): t(16) = 2.63, p = .018. The effect size was medium to large (d = .64).

The mean social loneliness score also decreased significantly between T4 and T5 (2.47): t(16) = 2.56, p = .021. The effect size was medium to large (d = .62). There was a slight increase in scores between T3 and T4 (.65), although this was not significant (p > .05). These results suggest that the intervention had a gradual effect on social loneliness, as scores continued to decrease in the first and second month following the intervention.

Depression. A repeated measures ANOVA showed that mean depression scores did not differ statistically significantly between time points (F (4, 64) = 2.06, p = .097). These results suggest that the intervention did not have a significant effect on depression over time.

Changes in levels of well-being, family loneliness and social loneliness between intake (T1) and pre-test (T2)? (Christmas?)

Hypotheses:

6) Well-being scores will decrease between T1 and T2

7) Social and Family Loneliness scores will increase between T1 and T2

A dependent-samples t-test was conducted to compare well-being at T1 and T2 conditions. There was a significant difference in scores between T1 and T2 conditions (-2.58): t(16) = 3.31, p = .004. These results suggest that the time period between T1 and T2 has had a negative effect on well-being scores; participants' levels of well-being decreased significantly between intake and pre-test. The effect size was large (d = .80).

There was a slight increase in the family loneliness scores from T1 to T2 conditions (1.29) although this was not significant (p > .05). These results suggest that the time period between intake and pre-test had no significant effect on family loneliness.

There was a statistically significant difference in social loneliness scores between T1 and T2 (1.82): t(16) = 2.40, p = .029. These results suggest that the time period between T1 and T2 had a negative effect on social loneliness scores; participants' self-reported levels of social loneliness increased significantly between intake and pre-test. The effect size was medium (d = -.58).

Analysis II

Satisfaction Ratings

At the end of each session and at the completion of the course, participants provided anonymous satisfaction ratings on a scale of 1 to 5, where 1=Not at all satisfied; and 5=Very satisfied. Table 8 shows mean group ratings of satisfaction across time, within and between groups. Despite minor fluctuations between groups, participants across the four groups reported being highly satisfied with sessions across time, (mean group ratings range from 4 to 5), and with the SEC overall (mean group ratings range from 4 to 4.8). The mean satisfaction ratings for all participants at each session are generally high (range from 4.34 to 4.65).

Table 8

Mean Group Ratings of Satisfaction with Each Session and with the Self-Enrichment Course (SEC) Overall

Group	Session 1	Session 2	Session 3	Session 4	Session 5	SEC Overall
Group A	4.25	4.00	4.50	4.50	5.00	4.50
Group B	4.50	4.75	4.75	4.75	4.75	4.75
Group C	4.25	4.60	4.50	4.60	4.60	4.80
Group D	4.40	4.00	4.00	4.50	4.25	4.00
Overall Mean	4.35	4.34	4.44	4.59	4.65	4.51

Note. Group A: $n = 4$, Group B: $n = 4$, Group C: $n = 5$, Group D: $n = 4$. $N = 17$.

Per-Session Feedback

At the end of each session, participants provided anonymous written feedback. The feedback form (Appendix A) contained the two following open-ended questions: a) What did you find most helpful in today's session? And b) What suggestions do you have that could improve this session? With 17 participants and five sessions, a total of 170 responses were produced, and coded in terms of categories and frequencies. The primary coding schemes, including code descriptions and examples, are displayed in Table 9 (Most Helpful) and Table 10 (Suggestions for Improvement). In coding answers for both questions, a distinction was made between no feedback provided (blank) and 'nothing to improve' (nothing). The frequency of response types for both questions is displayed in Table 11.

Table 9

Primary Coding Scheme for Participants' Per-Session Feedback (Most Helpful)

Code	Descriptions	Examples
Learning from sharing with others	Participants discussed sharing life experiences with others. Includes talking and listening to others, as well as what one can learn from this process.	"Class input, most enjoyable." "People spoke from their (heart) true feelings." "Other people's experiences put one's own in better balance."
Feedback from other members	Participants referred directly to the "Feedback to others" component of sessions; where group members reflect on the memories discussed by others.	"The 'talk back' session." "Feedback from participants." "The talkback sessions, the opportunity for everyone to have their input." "Opinions of others in the group."
Role of the group leader /co-facilitator	General and more specific aspects of the way the sessions were led and facilitated. Comments of appreciation towards facilitators and techniques used.	"The ability of the leader to present her requirements of us clearly and without prejudice." "Good that we can ask questions if we get stuck."
Learning from listening to others	Learning from listening to other group members sharing their experience; learning about others, life in general, or oneself; e.g., by comparing oneself.	"Listening to the experience of others." "(Another member)'s 'Just do it!'" "The opportunity to re-evaluate my experiences as a product of what others related about their experiences."
Being cognitively active	Helpfulness of the course in terms of "making one think" and engaging in interesting exchanges of different viewpoints.	"Overall very thought provoking." "Enjoyed using my mind to think about the questions and to give true answers to my feelings of the subjects involved."
Social support	Participants expressed a sense of support in the groups and how this was helpful to them, namely in facilitating sharing and openness.	"The way we each listened to what others said and were really supportive." "Being listened to and feeling people in the group were following my line of thinking."
Learning about the value of the past	In line with the aims of reminiscence, participants discussed how they enjoyed using the past to deal with current challenges.	"The realisation that most people face some circumstances in their lives to which we can all relate. These can and should bring us strength in our lives as we get older."
Learning about coping	Participants reported finding useful to discuss coping with past and present challenges, and the benefits that came from this, including comparing themselves to others.	"Hearing how others coped with their challenges in life." "I noticed that each person's character had undergone a certain strengthening as a result of these experiences which they had related."

Learning about loneliness	Participants commented on how they enjoyed learning about the various facets of loneliness, and how others may view it.	"Realising that we all have different perceptions of loneliness or even that we might be feeling lonely." "More attention to loneliness."
Sense of safety	Feedback was given on the importance of feeling safe within the course, including when sharing memories of the past.	"Kindly approach to others' past and circumstances." "A feeling of confidence. Ease of mind." "I felt warmly supported. No criticism."
Learning about feelings	Appreciation of learning about, and sharing feelings in the group.	"Expressive feelings on all subjects." "The fact that certain feelings and emotions were defined."
Content of the session	Feedback directly aimed at the course content for a given session, including techniques used.	"Elaborating different themes by use of the whiteboard." "Discussion about next week's exercise."
Feeling empowered	Feedback about feeling empowered from the session; e.g., by feeling accepted/understood.	"The way our experiences are validated. Making one aware that they can be useful to other people."

Note. Blank: 4 instances; total responses: 81 (out of 85). $N = 17$.

Table 10

Primary Coding Scheme for Participants' Per-Session Feedback (Suggestions for Improvement)

Code	Descriptions	Examples
Nothing	Participants reported that they had no suggestion for improvement.	"Can't think of any." "None at the moment!" "I'm not aware of anything at this point."
Positive feedback (general)	Participants wrote positive feedback instead of suggestions for improvement. Includes expressions of appreciation of the course.	"Happy with the whole thing." "Seems to be well run and organised well." "I think it is important for the group to feel valued - which I have."
Timing	Most of the feedback in this category refers to one particular session where timing was an issue for participants; it was corrected at the subsequent session with the use of a bell, as suggested by participants.	"Shorter discussions on subject." "I think we need to emphasise two minutes to go then time up. Make the call to complete your point in under one minute." "We're all human so I guess we'll never run like clockwork."
Positive feedback to group leader /co-facilitator	Participants wrote positive and encouraging words aimed directly at the facilitators instead of suggestions for improvement.	"I have been very impressed by the way I & K combine to keep up to time and to encourage the participation of ALL present & am unable to think of a

		single aspect they could improve on."
Course content	Feedback on the content of the course, including the specific topics discussed. Loneliness in particular triggered participants' feedback and questions.	"What do people do now to relieve loneliness?" "Possibly greater variety of questions. Less emphasis on loneliness, although I do realise that for some people this is a huge problem."
Course process	Feedback on the process of the course, including the use of the past in the present, and the practice exercises to be completed in-between sessions.	"Concentrate on more recent events than dwelling in the past." "Perhaps we could be told a week ahead what we would be discussing the following week to give us time to think about it."
Stay the same	Participants' suggestions for improvement included keeping the session format the same.	"Keep running group like today's session." "Keep to the present form, very easy to follow."
Self-reflection	Some participants reflected on their own process at the end of a given session and wrote personal suggestions for improvement.	"I need more patience to accept [another group member]'s constant 'holding the floor'"! "Just digging deeper into my real feelings."
Group structure	Suggestions about the group structure consisted in keeping group size as is, and in the appropriateness of married group members.	"I wonder if it's a good idea for married couples to join the same group. I don't think I would have felt comfortable sometimes if my husband had been in the circle."
Facilitators	Suggestions about the facilitators included more questions to "flesh out" stories and self-disclosure.	"Possibly the young people conducting the session could begin it by even telling us of some small experience of their own?"
Group members	Suggestion about encouraging more group input.	"More group input."

Notes: Blank: 6; total responses: 79 (out of 85). Two comments referring to the questionnaires were not included in this table as psychometric measurement was not part of the Self-Enrichment Course (SEC) *per se*. $N = 17$.

Table 11

Frequency of Response Types Provided by Participants after Each Session

Code	Frequency	Percent
a) Most Helpful		
Learning from sharing with others	15	18.52
Feedback from other members	15	18.52
Role of the group leader/co-facilitator	12	14.81
Learning from listening to others	10	12.35
Being cognitively active	7	8.64
Social support	7	8.64
Learning about the value of the past	6	7.41
Learning about coping	6	7.41
Learning about loneliness	5	6.17
Sense of safety	5	6.17
Learning about feelings	4	4.94
Content of the course	4	4.94
Feeling empowered	2	2.47
Total of Most Helpful	98	121%*
b) Suggestions for Improvement		
Nothing	26	32.91
Positive feedback (general)	15	18.99
Timing	10	12.66
Positive feedback to group leader/co-facilitator	8	10.12
Course content	5	6.33
Course process	4	5.06
Stay the same	3	3.80
Self-reflection	3	3.80
Group structure	2	2.53
Facilitators	2	2.53
Group members	1	1.27
Total of Suggestions for Improvement	79	100%

Note. *Percentages do not sum to 100% due to the presence of 8 responses for which more than one code was applicable. $N = 17$.

Usefulness Ratings - Specific Aspects of the Course

Participants' ratings at the completion of the course indicated specific ways in which the course was useful for them. On a scale of 1 to 5, where 1=Not useful at all, and 5=Very useful, participants rated how they found the following aspects of the SEC: a) Recognising my own ability to cope with challenges; b) Learning new ways to cope with loneliness; c) Understanding the relationship between thoughts and mood; d) Promoting peer support and social contact; e) Increasing well-being;
f) Increasing self-esteem; and g) Preventing loneliness. Table 12 shows mean ratings on the usefulness of the abovementioned seven elements, within and between groups.

Table 12

Mean Group Ratings on the Usefulness of Specific Aspects of the Self-Enrichment Course (SEC)

Group	Cope with challenges	Cope with loneliness	Thoughts and mood	Support and contact	Increase well-being	Increase self-esteem	Prevent loneliness
GROUP A	4.75	3.25	3.25	4.25	4.5	4.25	3
GROUP B	4.5	4.25	4.25	4.5	4.75	4.5	4.5
GROUP C	4.8	4	4.2	4	4.2	4.4	4
GROUP D	3.5	2.25	4.25	3.5	4	3.25	2.25
MEAN	4.39	3.44	3.99	4.06	4.36	4.1	3.44

Note. Group A: $n = 4$, Group B: $n = 4$, Group C: $n = 5$, Group D: $n = 4$. $N = 17$.

Despite minor fluctuations between groups, participants across the four groups reported having found the above specific aspects of the SEC generally useful (mean group ratings range from 2.25 to 4.75). The mean usefulness ratings for all participants at each session were generally between moderate-to-high and high (range from 3.44 to 4.39).

Overall Feedback

One month following the completion of the SEC (T4), participants were invited to give informal written feedback on the SEC overall. Specifically, participants were asked the following open-ended questions: a) What did you find particularly useful or interesting in the Self-Enrichment Course overall? And b) What comments/suggestions do you have that could improve the course? The primary coding schemes for the 34 responses, including code descriptions and examples, are shown in Table 13 (Particularly Useful or Interesting) and Table 14 (Suggestions for Improvement). The frequency of response types for both questions is displayed in Table 15.

At Follow-up 1 (T4), participants were invited to provide general suggestions about the Self-Help Booklet, and were asked to rate their answer to the following question: How important for you was the collective contribution to others via a Self-Help Handbook?

Table 13

Primary Coding Scheme for Participants' Overall Feedback on the Self-Enrichment Course (SEC) (Particularly Useful or Interesting)

Code	Descriptions	Examples
Group factors	The usefulness of being part of a group, including learning from/with others, discussing, and meeting new people.	"Meeting and talking with the other students. Their thoughts and ideas." "The company and sharing ideas and maybe some solutions!"
Learning about coping	In line with the objectives of instrumental reminiscence, participants commented on theirs and other group members' ability to cope. Includes moving from a negative to a positive frame of mind and having courage.	"I found that with Isabelle's help I was able to be objective about certain things in earlier life and able to relate certain things to my present life. This involved a certain amount of pain but also a realisation that one's way of dealing with problems could help in present day situations."
Being cognitively active	Usefulness of the course in terms of "making one think" and engaging in interesting exchanges of different viewpoints. Also broadening ideas from listening to others.	"I have never been in this type of course, so it has been useful to me making me having helpful thoughts." "I found that the course gave me the opportunity to think and concentrate again."
Talking about meaningful things	Feedback about sharing meaningful thoughts, feelings, and life experiences. Includes past and private memories.	"Being able to discuss private life and getting to know the others." "Past memories. Up to date ways of thinking."
Group leader /co-facilitator	Feedback on group facilitators.	"Isabelle is a very capable teacher – She brought order out of chaos."

Note. Total responses: 17. $N = 17$.

Answers were rated as follows: Not important at all ($n = 0$), Important (59%), Very Important (41%). In October 2010, *Words of Wisdom* was distributed to all remaining participants ($n = 15$) as well as to other residents at the Retirement Village; 150 copies were distributed. When the researcher collected the feedback box provided in November 2010, no feedback forms were received.

Table 14

Primary Coding Scheme for Participants' Overall Feedback on the Self-Enrichment Course (SEC) (Suggestions for Improvement)

Code	Description	Examples
Positive feedback (general)	Positive feedback instead of suggestions for improvement. Includes general and more specific feedback.	"This is the first course that I have been in and I thought it was good." "It was really well organised. 1.5 hours was a good amount of time."
Course content	Suggestions include more varied topics, allaying fears of death, and more time spent on revising homework.	"Possibly tackling the subject from a greater variety of aspects." "Perhaps allay some fears of dying or combating ill health."
Future groups	Choosing future members in terms of age, talkativeness, and perhaps a few more people per group.	"You could make sure you get lots of interesting loquacious people – but that would hardly be a cross-section would it?"
Group leader /co-facilitator	Positive feedback aimed directly at the facilitators instead of suggestions for improvement.	"I was impressed both with the overall structure as well as with the way Kirsty was drawn into the sessions in a 'role play' way".
Would like to continue	Participants expressed their wish that the course would continue for longer, at the same frequency or less.	"Pretty well covered. I'd like it to continue." "Carry on future classes at least once a month."

Note. Nothing to improve: 3; total responses: 14 (out of 17). $N = 17$.

Table 15

Frequency of Response Types Provided by Participants on the SEC Overall

Code	Frequency	Percent
Particularly Useful or Interesting		
Group factors	7	41.18
Learning about coping	5	29.41
Being cognitively active	4	23.53
Talking and listening about meaningful things	3	17.65
Group leader/co-facilitator	2	11.76
Total of Particularly useful or interesting	21	124%*
Suggestions for Improvement		
Positive feedback (general)	5	31.25
Course content	4	25
Future groups	3	18.75
Group leader/co-facilitator	2	12.5
Would like to continue	2	12.5
Total of Suggestions for Improvement	16	100%

Note. *Percentages do not sum to 100% due to the presence of 7 responses for which more than one code was applicable. $N = 17$.

CHAPTER SIX
RESULTS PART II - THEMATIC ANALYSIS

"Look into the depths of your own soul and learn first to know yourself,
then you will understand why this illness was bound to come upon you
and perhaps you will thenceforth avoid falling ill".
-Sigmund Freud (1856-1939)

As discussed in Chapter Two, most intervention studies in the field of loneliness in old age have favoured quantitative designs; qualitative inquiries pertaining to this topic are virtually non-existent. Yet it has been recommended that health promotion interventions aimed at alleviating loneliness in later life should include an evaluation of the process as well as the impact, in view of informing the future delivery of the interventions (Andersson, 1998; Cattan et al., 2005; Ernst & Cacioppo, 1999; Findlay, 2003; Routasalo et al., 2009). In addition, the lack of agreement between researchers on how to define, measure, and alleviate loneliness shows that this field of research is still very much in its early years; hence the call for qualitative inquiries (Gibbs, 2007).

This chapter provides a window into the participants' personal experience of the SEC, as well as their understandings of the main concepts involved; i.e. loneliness and well-being. The aim was to elicit an all-encompassing overview of the participants' perceptions in the context of the SEC *and* their general life experiences, rather than attempting to separate the two. As per the CALTAP model proposed by Knight and Lee (2008), it is the interaction between environmental, historical, and individual factors which shapes the experience and presentation of older adults in clinical settings, rather than the treatment condition alone. Thus it was predicted that a rigorous analysis of the rich qualitative data collected would help elucidate what worked well in the SEC and what can be improved, but also illuminate the general needs of older people in view of informing psychotherapy in the future.

Data pertaining to this analysis consisted of the participants' hand-written notes from the last practice exercise, as well as their personal meanings of loneliness and well-being collected at the initial and post-intervention interviews. Consistent with the aim of this analysis, these data items were amalgamated to form the complete data set to be analysed (Braun & Clarke, 2006); the results are presented and discussed in concert here. The overall contribution of this analysis will also be discussed in relation to the complete data corpus (all data collected for this project) in the next chapter.

Five major themes with associated sub-themes were identified, which encapsulated most of the data. Each of these themes and sub-themes are discussed in a progressive manner. First, participants wrote about their personal meanings of what loneliness is and is not. In "Understanding Loneliness", the nature and possible causes of loneliness were discussed, which correspond in some ways to the definitions of loneliness available in the literature. Next, in "The Past in the Present", participants talked about what they have learned from reminiscing in the SEC, including using the past to change. They also conveyed some of the challenges associated with revisiting the past and sharing personal memories with others. The third theme, "The Meaning of Wisdom", could be viewed as central to this analysis since it portrayed the value of encompassing the participants' wealth of knowledge and experience in dealing with loneliness. In the following theme, "Managing Loneliness", participants discussed ways to cope with the experience of loneliness, as located in their understanding of the SEC, as well as their life experiences. The final theme in the data was "Focus on Well-Being", which included the participants' descriptions of what it means to be well at this stage of their life. The final thematic map, showing the five overarching themes and associated sub-themes, is presented in Figure 9.

To ensure the anonymity of the participants, any material that could identify them personally was removed or modified. Identifying information in quotes such as places and personal names were replaced with more generic terms; e.g., sibling, spouse, or town. Similarly, gender identification within the participants' quotes was prevented by using he/she. In line with previous qualitative studies (e.g., Kitzinger & Willmott, 2002) the use of pseudonyms was chosen on the basis of providing the reader with a sense of the individuals involved in the study. However in contrast to Kitzinger and Willmott (2002), only the gender of these individuals can be deduced from the pseudonyms; no additional details were provided (e.g., age, marital status, or child status). These steps were taken to protect the participants' privacy and confidentiality during the analysis, as well as for publication.

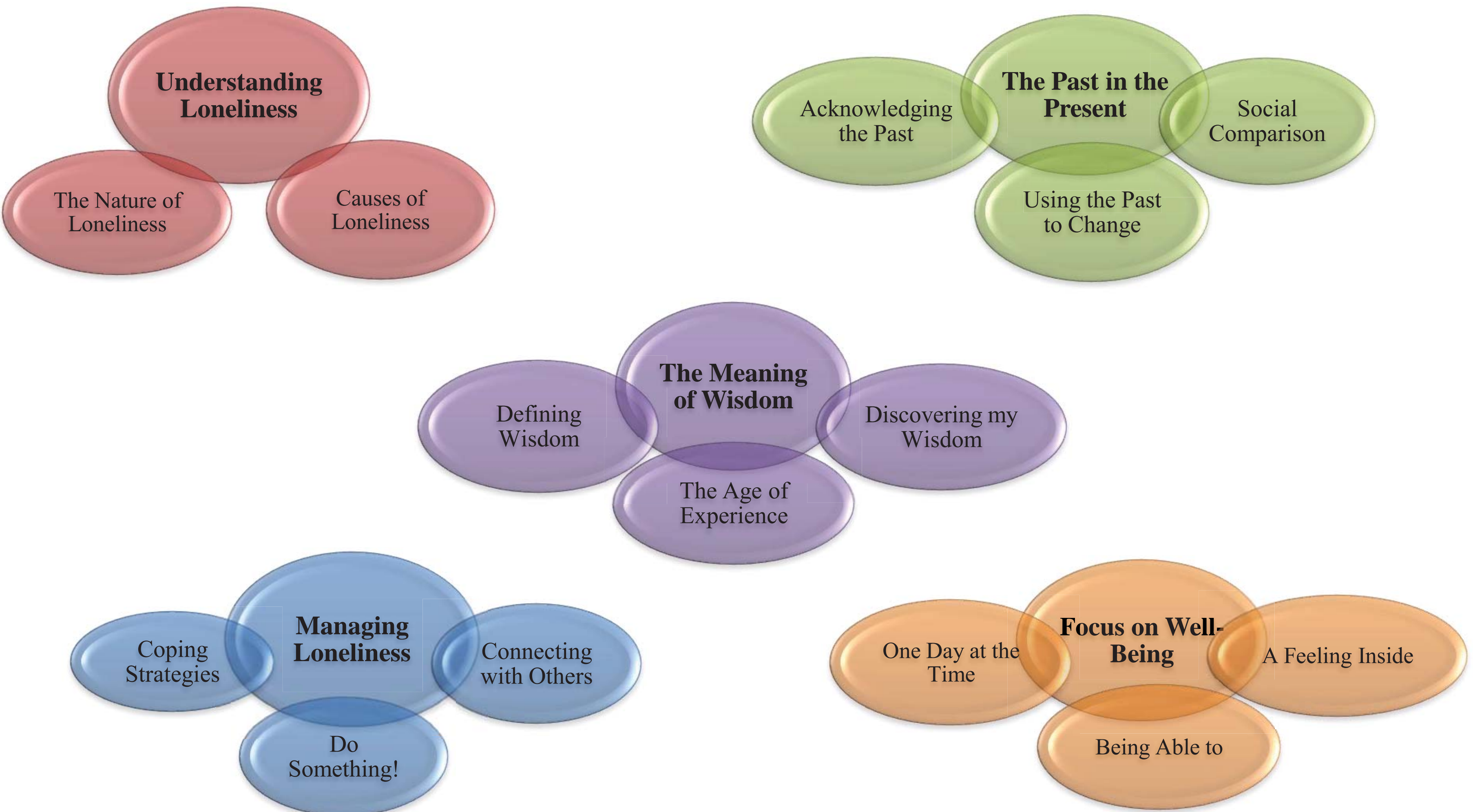

Figure 9. Thematic map showing final five overarching themes and associated sub-themes.

Theme 1: Understanding Loneliness

"Loneliness is to endure the presence of one who does not understand"
-Hubbard (1856-1915)

When translating theories of the nature of loneliness for application to psychotherapy with older people, an operational definition is needed; the first step is to agree on a working ecological description of the phenomenon (Knight & Laidlaw, 2009). In Chapter Two, initial considerations in understanding loneliness were put forward, namely common elements which, despite the lack of definitional consensus in the field, provided a basis for the definition to be used in this study. These core elements included the differentiation of loneliness from aloneness (e.g., Cacioppo & Patrick, 2008), and the distressing nature of loneliness (e.g., Rook, 1984), which entails the need for satisfying interpersonal relationships (see Weiss, 1974). Next, the various theoretical perspectives on loneliness were elaborated, including the psychodynamic, existentialist, cognitive, and interactionist theories. From the latter perspective, loneliness is viewed as stemming from the interaction of situational and personal factors (Peplau & Perlman, 1982). To this, Weiss (1973) added that isolation from different types of relationships (e.g., romantic, friendships) can lead to the experience of two main kinds of loneliness: social and emotional.

Based on this proposal, loneliness in this study was conceptualised as an emotional response to the difference between desired and available interpersonal relationships, whether social, family or intimate (DiTomasso & Spinner, 1997; Weiss, 1974; 1973). This definition was provided early in the SEC to provide a rationale for the course, and to offer a basis for participants to think about, and reflect on, their own understanding of what loneliness is or is not. At all times however, the participants' take on loneliness was given first priority, whether at the initial interview, during the SEC, or after its completion.

The first theme, termed "Understanding Loneliness", thus consisted of the participants' personal definitions of loneliness, and associated examples. This theme was divided into two sub-themes, namely 'The Nature of Loneliness' and 'Causes of Loneliness'. These sub-themes are examined in detail below.

The Nature of Loneliness

As discussed in Chapter Two, a primary consideration in defining the construct in the literature is to discern loneliness from aloneness. This distinction is important insofar as it has a direct impact on the search for appropriate solutions to loneliness. As stated by Weiss: “Only those who are not lonely suppose that loneliness can be cured merely by ending aloneness” (1973, p. 17).

In line with this, many participants differentiated the two concepts, for example:

> *[Loneliness is]*
>
> *Different than being alone... Maybe the consciousness that I am standing alone.* ***Malvina***

One participant elaborated on this distinction by highlighting the internal feeling associated with being alone:

> *Being by yourself, feeling by yourself.* ***Liz***

Whereas one participant referred to loneliness in terms of time duration;

> *Being on your own continuously.* ***Robert***

Another spoke of the negative and painful nature of that feeling:

> *A form of extreme unhappiness of being alone.* ***Edith***

One participant extended the definition of loneliness to the absence of shared interests with other people:

> *A feeling of aloneness; you can be in a crowd of people whose interests you don’t share and feel very alone.* ***Mary***

Another explained that feeling lonely, even in a crowd, can result from one’s reaction to others:

> *Feeling isolated. You can be lonely even in a crowd, depending on how you react to people.* ***Thelma***

In line with the last quotes, a core and common feature of loneliness across theories consists of the desire for interpersonal relationships, whether social, or intimate (Earnst & Cacioppo, 1999; Victor et al., 2000; Weiss, 1973). More specifically, there is an increasing emphasis in the literature on loneliness for the importance of meaningful relationships, rather than random social contact (Cramer & Barry, 1999; Routasalo et al., 2009). Correspondingly, participants tended to associate loneliness with a lack of companionship;

> *Lack of company.* ***Tom***

Or,

No one to talk to. ***Francis***

Another spoke similarly about the link between loneliness and feeling unaccompanied:

I can't [define loneliness]... at the moment I feel "accompanied". ***Malvina***

But for most participants, loneliness was associated with a lack of particularly significant relationships, such as friendship, or marriage;

Being isolated from human contact. Having no friends and being alone. ***Ann***

And,

Nobody around you, not having a spouse or friend close by. ***Peggy***

Some participants specified loneliness as the absence of someone meaningful around in times of need. To illustrate:

A feeling of being totally alone, no one to turn to or rely on... [For example] having young children, no car, no bus service, no phone... ***Mary***

In line with this, the need or desire for relationships was emphasised by several participants; for instance:

Feeling that you want company. ***Liz***

As per the definition of loneliness proposed in the course, some participants highlighted the inconsistency between desired and available relationships;

Needing company more than you have. ***Edith***

And,

Being by yourself and feeling that you would like to be with people.
[For example] another resident who needs to be with people; gregarious? ***Joy***

As a result of their participation in the course, where the multidimensional nature of loneliness was emphasised, some defined loneliness as a multidimensional phenomenon. To illustrate, one participant discussed the variations between family, romantic, and social loneliness, respectively, including what each can mean for different people:

Family can be tricky because you tend to either believe it is not your fault or that it's gone on so long that the damage is irreparable. A good starting point is to think blood is thicker than water, it is important that you enjoy kinsmanship and a sense of belonging as a family.
Romantic loneliness is many different things to different people.
Someone who is bereft of friends. ***Nigel***

Altogether, loneliness was portrayed by most as a negative and painful experience; such as;

Sadness. ***Bill***

And,

Depressive type of things. ***Agnes***

In actual fact, many references were made to the relationship between loneliness and depression, whether as similar constructs (as in the above quote), as one leading to the other;

Someone getting depressed. ***Tom***

Or as pure synonyms:

Depression. ***Malvina***

Being depressed. ***Agnes***

One participant provided an example of a lonely person as having 'a form of depression', including feelings of not being wanted:

A friend with a form of depression, laments that they feel 'out of it', not wanted or needed. ***Nigel***

It is interesting to note the frequent use of the term 'depression' in this context, particularly since the term was not purposefully utilised (whether as example or within the therapeutic work) in the SEC. Furthermore, participants belong to a generation of people for whom the use of such psychologically-oriented language may be a more recent, rather than historical occurrence. In fact, at several occasions during the course, participants talked about how difficult it had been for them to talk about personal or emotional issues in the past (the following theme "The Past in the Present" provides examples of this). That being said, it is important to keep in mind that, for participants, the definition of the term *depression* may differ from that of psychology practitioners, as viewed from a diagnostic perspective, for instance (APA, 2000).

In the following excerpt, Mary linked loneliness, depression and resentment as painful symptoms resulting from life situations. She also spoke about her process of learning during the SEC, namely in recognising, and eventually dealing with, these painful symptoms:

Hopefully this leaves you with a certain skill in recognising the painful symptoms these situations leave you with: i.e. loneliness, resentment, depression and draw on the past to find ways of dealing with them. ***Mary***

Causes of Loneliness

In this study, loneliness was put forward as originating from the loss of means to address intimate and/or social needs (see, e.g., Bowlby, 1993; Cacioppo & Patrick, 2008; Weiss, 1973). Since relational homeostasis is unlikely to trigger the experience of loneliness, loneliness was proposed as resulting from changes in relationships such as loss or conflict. Correspondingly, the data revealed that participants often viewed loneliness as resulting from circumstances external to the self, such as following an involuntary separation.

Notwithstanding this, participants also expressed their understanding of loneliness as originating from internal factors, as in being lonely from not making enough effort. In effect, the pejorative nature of loneliness was made explicit when some participants referred to loneliness as emerging, for instance, from personality traits;

> *Self-pity, [for example] a withdrawn person.* ***Bill***

And,

> *Someone who hasn't got the personality or ability to be happy, someone without a sense of humour – no sense of humour is death.* ***Walter***

One participant extended these claims by describing how one's personality characteristics can lead to difficulties in engaging with others:

> *Being unable to talk to people, to join in, being a pessimist rather than an optimist.* ***Thelma***

Whereas one participant spoke about loneliness as resulting from bad-temperedness;

> *Constant grumpiness.* ***George***

Another suggested the role of one's outlook on things, particularly on other people:

> *Someone who looks/perceives others as better off.* ***Nigel***

Loneliness as self-inflicted was also described in reference to a lack of effort, particularly in terms of engaging with one's environment;

> *Being bored by yourself – no interests, no planned activities and no friends.* ***Joy***

And,

> *Not having anything to do (not busy).* ***Tom***

Likewise, some participants associated loneliness with boredom;

> *If you're bored with life.* ***Mable***

Or with a lack of interest:

Not being interested in anything. ***Agnes***

The stigma commonly associated with loneliness in old age (Creagh, 1995; Gibson, 2000; Jylhä, 2004; Steed et al., 2007) was made clear by some participants' attitude towards lonely people:

Sitting there doing nothing, like these people (pointing to other residents). ***Liz***

Likewise, Ann portrayed a representation of the potential needs of a lonely person:

Someone who would latch on to me. ***Ann***

During the course, a small number of participants reported not being lonely, or specifically, having never experienced loneliness throughout their lives. This is entirely plausible, insofar as loneliness seems to be largely an individual phenomenon, and can therefore be experienced (or not) in a totally idiosyncratic way. However it is also possible that the shame and resistance linked with loneliness (Donaldson & Watson, 1996), specifically among older populations (Victor et al., 2000; Weiss, 1973), may have led some participants to prevent themselves from being associated with its experience altogether. For instance:

Don't know. I have never been lonely. ***Tom***

In contrast to the internally-attributed causes of loneliness, participants also reflected on the aetiology of loneliness as related to external factors. Specifically, some spoke about the feeling of not being wanted or not welcome by others. For example;

I should think not being wanted. ***Mable***

And,

Not feeling welcome in a group. ***Thelma***

Similar to the feeling of rejection introduced in the two previous quotes, Nigel described loneliness as feeling alone in the world, paired with a perception of being abandoned or misunderstood by others:

Feeling alone in the world - no one cares about me or understands me. ***Nigel***

Loneliness was further described by participants as resulting from various types of separations. For example, in proportion to the specific challenges associated with aging (Knight, 2004; Knight & Lee, 2008; Knight & Poon, 2008), some participants spoke about loneliness as in being separated from others due to illness:

Having nobody to talk to, no physical presence, being in hospital. Being widowed or separated by illness. ***Peggy***

Others mentioned the sensation of loneliness and emptiness associated with having to leave their home for a new/unfamiliar environment, whether temporarily;

When employed by several large companies travelling overseas in strange cities in the context of working in another language. ***George***

Or permanently:

Emptiness, [for example] moving from home to a rest home... big shock. ***Robert***

In line with the aetiology of loneliness as rooted in the attachment theory (Bowlby, 1973; 1980; 1988), the most discussed separation was that resulting from the loss of significant people;

Losing a husband and friends. ***Ann***

And,

Be unhappy, having lost a beloved husband. A friend of mine who is a widow with no children, no siblings, no cousins, and whose friends have nearly all died or are ailing. ***Edith***

In particular, the loss of a spouse was frequently put forward as an important cause of loneliness. This may be due, in part, to the fact that people in their 80s have typically shared a life-long relationship with a spouse. It is likely that the loss of what may have been the longest-standing, and potentially most meaningful relationship in their life, would lead to deep feelings of despair and loneliness. This great challenge associated with old age corresponds to Drennan's (2008) findings that the most frequent form of loneliness experienced by older people was, indeed, romantic loneliness.

Examples of participants' comments include:

Someone who loses a partner. ***Robert***

Widower-widowhood. ***Bill***

During the initial interview, one participant became teary when she related loneliness to her personal experience of longing for her beloved husband:

Someone who has lost a partner for a long time... I miss my husband dreadfully. ***Mable***

Another predicted the possibility of experiencing loneliness in the future if his wife died before him:

> *If my wife died before me, I would be lonely. I wouldn't cope with it.* ***George***

Alternatively, a few participants emphasised the experience of losing a child as particularly difficult. For example, Edith spoke on the loss of a child in the context of what she had learnt from listening to others during the SEC:

> *I have also learnt that the only grief that people are never able to overcome is the grief of losing a child, that they can and do adapt to the loss of a spouse – up to a point.* ***Edith***

Similarly, Mary reflected on the usefulness of the group process in learning about how others managed to rebuild their lives after such a painful loss:

> *It also helps to hear how people managed to rebuild their lives after, say, the death of a child which is something that I have always thought would be the most dreadful, heartbreaking thing.* ***Mary***

Finally, the relationship between loss and loneliness was further exemplified by the loss of faculties and associated reduction of activities;

> *Missing someone [for example] wife or some activity no longer possible.* ***Bill***

And,

> *Being separated from physical things, loss of faculties, [for example] being blind, deaf.* ***Francis***

Summary - Understanding Loneliness

In summary, "Understanding Loneliness" provided a window into the participants' personal meanings of loneliness. By merging data collected prior to, and after the SEC, it was predicted that this theme would allow for a greater understanding of individual experiences, definitions, as well as examples associated with loneliness. This understanding would, in turn, provide a working definition to be used during the Self-Enrichment Course (a common language for therapy), and contribute to the existing body of knowledge about loneliness.

In many ways, the definitions provided by participants in 'The Nature of Loneliness' aligned with formal definitions of loneliness in the literature. First, participants' accounts substantiated loneliness as a painful and multiform experience, and as different from being alone. The desire or need for relationships generally associated with the experience of loneliness was also conveyed.

Next, the relationship between loneliness and depression was made explicit, which was a surprising finding given that this association was not clearly explored during the SEC. The fact that participants spoke about depression of their own accord may well indicate a newly acquired ability to talk about emotions following the SEC, particularly since depression was not explicitly talked about before the course. Alternatively, the use of depression as synonymous with loneliness; e.g., in a pejorative way, could add support to research pointing to the shame associated with loneliness among older people. On the whole, depression and loneliness are two phenomena commonly discussed in conjunction in the psychological literature (see, e.g., Adams et al., 2004; Blazer, 2002; Blazer et al., 2004; Weiss, 1982) and it is interesting that this was the case in this context also.

In 'Causes of Loneliness', participants proposed that there are both internal and external causes of loneliness, such as a lack of effort and rejection from peers, respectively. This provided an interesting angle from which to consider the phenomenon, particularly in later stages of life, where the interface between the self and the environment has been perceived as increasingly important (Gibson, 2004; Knight, 2004; Knight & Poon, 2008; Laidlaw et al., 2003). This dual emphasis on personal and environmental factors contributing to the experience of loneliness also corresponds to the interactionist theory, where loneliness can originate from the lack of an attachment figure, the absence of a social network perceived as adequate, or both (Bowlby 1973; Victor et al., 2000). Yet from an interactionist viewpoint, experiencing loneliness is a possibility for all individuals at every stages of life (Weiss, 1973), rather than the domain of specific personality types, for instance (Fromm-Reichmann, 1959).

The personal meaning of loneliness was evident in descriptions of loneliness as originating from separation and loss. If Weiss' claim that loneliness originates from early attachment behaviour holds, it makes sense that participants discussed the role played by separation from loved ones in causing loneliness. On the other hand, the importance given by participants to loneliness as self-inflicted has shed some light on the extent of the stigma associated with the construct, and has highlighted the importance of normalising loneliness in future interventions. That participants emphasised the internal origin of loneliness also points to the importance of considering self-efficacy in therapeutic interventions.

To conclude, “Understanding Loneliness” showed that participants drew from their personal experiences when providing their understanding of the phenomenon. For example, some gave examples of witnessing lonely people in their everyday lives, or talked openly about their own feelings of loneliness. Alternatively, participants spoke about loneliness in the context of their learning experience during the course. This was evidenced, for instance, when participants referred explicitly to other group members' experience, or defined loneliness in terms of family, social and romantic loneliness. The next theme, “The Past in the Present”, extends on these claims by highlighting specific mechanisms through which participants learned during the SEC.

Theme 2: The Past in the Present

“The less a person knows about the past and present, the shakier that person's judgement will inevitably be with regard to the future”
-Sigmund Freud (1856-1939)

As discussed in Chapter Three, the primary goal of this study was to develop, implement, and evaluate an intervention aimed at preventing and reducing loneliness, and increasing the well-being of older people. Specifically, instrumental reminiscence involves the recollection of past successful coping activities, such as memories of solving difficult situations, and their application to current challenges (Cappeliez et al., 2008; Watt & Cappeliez, 2000). The focus was on overcoming cognitive and emotional barriers to coping in view of facilitating adjustment to change, particularly changes in relationships. Accordingly, it was hoped that the SEC would allow participants to draw from their past experience of coping with loneliness to deal more effectively with its current or future experience (Cappeliez, in press).

Importantly, the instrumental reminiscence in the SEC was performed in a group setting. In effect, evidence for the effectiveness of group over individual therapy in late adulthood is growing, particularly for individuals who are experiencing a reduction in social network, reduced self-worth, and problems adjusting to loss (e.g., Evans et al., 2001; Payne & Marcus, 2008; Rathbone-McCuan & Nelson, 2002).
In addition, since an integrative approach to group therapy has been found to be most effective to address the needs of older people (see, e.g., Husaini et al., 2004; Laidlaw et al., 2003; Laidlaw & Pachana, 2009), instrumental reminiscence comprises elements of both cognitive-behavioural and reminiscence therapy (Cappeliez et al., 2008; Watt &

Cappeliez,, 1996; Wong & Watt, 1991). But despite budding evidence for the effectiveness of group instrumental reminiscence (e.g., Cappeliez, 2002; Watt & Cappeliez, 2000), the mechanisms through which change occurs have not been adequately described, especially from the participants' perspective.

The second major theme, "The Past in the Present", was created from responses where participants reflected primarily on their experience of reminiscing during the SEC. As well as investigating, in part, the impact of the SEC (Did it have an effect on participants?), "The Past in the Present" provided a window into its process, as experienced by participants: What was useful, and how? Did participants engage with the reminiscence task at hand? If so, in what ways? What did they learn in the process? Sub-themes, namely 'Acknowledging the Past', 'Using the Past to Change', and 'Social Comparison', are systematically discussed in this section.

Acknowledging the Past

This sub-theme conferred participants' experiences of initially recognising the influence of the past on their everyday lives. Participants discussed, for example, the role played by meaningful people in their past, or the challenges associated with looking back in time. Alternatively, as Mable proposed, acknowledging old times could be a motivator in one's present:

> *Your memories keep you going.* ***Mable***

In fact, many participants noted how, with advancing age, one's background becomes an intrinsic part of one's life today. In the following excerpt, Joy reflected on how one's past is also embedded in a social context which can be differentiated to that of today, namely in terms of family, religion, education, and understanding of others:

> *I have learned that we are all a product of our upbringing and heritage of the different lives we have lived. In the years we were born the religion of the family that you were part of played a big part in your whole life. Now that transport is so different, and so is education we have shown through the group how we are now, not only tolerant these days, but completely understanding of the differences in all aspects of our lives.* ***Joy***

A few participants discussed how the lessons learned from meaningful people in their past had an impact on their current understanding of life; whether associated with positive memories;

> *I loved my mother because she always seemed to have a peace of mind. Life to me is a contradiction. You have got the good and the bad.* ***Walter***

Or less positive ones:

> *Some people unfortunately will always see the glass as being half empty and can be very exhausting. I know this from sad experience because I had a [sibling] who really just wanted to talk to anyone who would listen about how unfair life had been and was continuing to be. [He/She] went through a raft of professional people and medications but in the end nobody and nothing helped. I think people like [sibling's name] have a real illness for which no cure has been found – or wasn't up to [a number of] years ago when [he/she] died.* ***Mary***

The last quote exemplified how revisiting the past can also include the recall of sad experiences for significant people in one's life. Effectively, despite reminiscence being considered a natural function which can play a major role in successful aging (Bluck & Glück, 2005; Butler, 1974), it does not mean that the process goes without challenges. One example of this included revisiting unresolved aspects of one's past. To illustrate, one participant expressed her wish to reunite with deceased family members:

> *We all have past memories of family who are not with me now and I wish they were here so I could talk to them and share thoughts.* ***Agnes***

This quote highlighted the importance of adequate leadership and clear group guidelines in programs involving reminiscence with older people. The leader could be called, for instance, to 'hold' painful feelings associated with memories (Yalom & Leszcz, 2005), and to gently re-direct the participant to the task at hand (Gibson, 2004). In actual fact, sharing personal memories can pose a challenge not only for the one speaking, but for those listening. One participant acknowledged this directly:

> *Sometimes it was difficult to hear. They said some of their life stories, everyone has different experiences.* ***Robert***

To conclude this sub-theme of 'Acknowledging the Past', one participant spoke about recognising the past, but also emphasised the importance of living in the present:

> *The past is gone. The future? I live for today.* ***Walter***

Using the Past to Change

After becoming aware of the past in one's present, the next step in instrumental reminiscence involves engaging actively with the past; using the past to change (Watt & Cappeliez, 2000). In fact, using the past in an instrumental fashion is what distinguishes instrumental reminiscence from other types, such as of obsessive reminiscence, which involves ruminating about unresolved past events (Cappeliez et al., 2008; Webster & Haight, 1995).

Accordingly, ‘Using the Past to Change’ exemplified, in a progressive manner, various ways in which participants made use of the past within the groups. First, by revisiting how one coped in the past, followed by learning to talk about past challenges. Next, the benefits of sharing personal experiences from the past and listening to others’ life stories were discussed. Participants then carried on describing how learning about other people’s life experiences can lead to the formation of deeper relational connections. To begin with, several participants described how they reviewed past accomplishments, particularly how they coped with difficulties in the past, and what they have learned from that. To illustrate:

> *When I was young I was really shy and I made a real effort to join groups and socialise. I learnt that others are often just as shy, we are often scared of the same things.* ***Ann***

Similarly, Thelma shared a memory of a challenging situation: leaving her home to come and live at the Retirement Village. She reflected on the negative thoughts and powerful emotions associated with the anticipation of the move, and how these eventually changed for the best:

> *My memory of the time when I made the decision to leave my home and go to Auckland [several] hours drive away will always be with me. I knew we couldn’t stay in our home. My thoughts were negative – I sought out all the reasons I could find – not to go. I was rather sad, angry, very worried. I didn’t think I would enjoy being with a group of elderly people I had not seen before. My husband was so distressed. [...] I became more positive and thought of the good things we could do, how much safer he was now.* ***Thelma***

A recurrent pattern in the data consisted in the difficulties associated with sharing personal experiences with other people in the past, principally difficult emotional experiences. ‘I used not to talk about hardship’ was a collective voice that emerged from the groups during the SEC, as well as from the written accounts. Again, it is likely that the historical context in which participants grew up determined, in part, what behaviour was deemed acceptable or not, according to the demands of that particular cohort (Knight, 2004; Knight & Lee, 2008).

To this end, Mary compared her years growing up with those of her [children]:

> *Girls in my era were given the message from all sides that it was essential to be “nice” and likeable. Certainly complaining was neither of these. You just suffered bravely with a pleasant smile if possible. When I was raising my own [children] I made sure they could argue, question, voice their disappointment, whatever as long as they did it calmly and in respectful, unemotional*

> *language. When I started listening to what I was telling them I found it very liberating!* ***Mary***

Corresponding to the last quote, the SEC provided participants with a secure context to learn to talk about challenges. Participants and facilitators were together in a safe place, guided by explicit group rules including having respect for other members and their personal memories. This protected therapeutic climate and the normalising of emotional difficulties during the SEC may have contributed to the fact that many participants reflected on how their personal attitude towards talking about hardship had evolved during the course; for example:

> *Listening to others share their problems of the past helped for me to realise things that have happened in the past, could be different if someone would have said: let's talk about it.* ***Walter***

Whereas in the previous quote Walter reflected on how things could be different if talking about problems had been more accessible in the past, another participant expressed an increased awareness in the value of sharing personal thoughts and feelings with others, despite reticence in doing so:

> *[I have learned] that I am very reticent on private matters and cannot seem to overcome this, whereas I realise that one gets a greater understanding of one's fellow human beings when they share very personal thoughts and feelings.* ***Edith***

As the course progressed, each shared some aspects of their personal experience from the past. All participants had the opportunity to do so at their own pace, with no pressure or coercion. People's experiences ranged from emphasising the need to feel safe in that process;

> *I think most people will, bit by bit, reveal aspects of their past, but in their own time. Confidentiality is an important aspect of this process.* ***Francis***

To learning from sharing personal (and challenging) experiences;

> *We all have our problems, and by voicing them, it helps in many ways to find the solution which maybe has been hard to define.* ***Walter***

Through to discovering one's ability to share and its impact on others:

> *I think people find me interesting but I don't know why.* ***Mable***

In the next excerpt, one participant summarised his learning experience of reminiscing in the group setting. From compliance to self-understanding and insight, through to learning from others' experiences, his progression was reportedly facilitated by the group context and leadership:

Isabelle I agreed to take part in the course because I believed it was the correct thing to do. I also guessed that it would end up causing me to do a lot of soul searching as inevitably was the case. During this course I have reviewed my life experiences, mistakes made, lessons learned whilst listening to the others and their trials, tribulations and the product for them of their experiences. As a result of your coaxing, insightful questioning and at times gentle urging I now have a better understanding of Social Loneliness and desired and available social relationships. ***Nigel***

As pointed to in earlier quotes, the importance of feeling supported and respected in the group was frequently emphasised as crucial to the sharing of meaningful memories. Thelma explained how she benefited from this experience:

The group shows a great sense of compassion for each member. We have all become aware of the value of the experiences of our group. To share one's innermost thoughts with strangers, when in a safe environment is a challenge we all have experienced. We have all benefited – some of the group are very wise we must feel we are able to benefit from their experiences. ***Thelma***

In actual fact, it became obvious from the participants' accounts that despite the clearly laid out goals of instrumental reminiscence (e.g., drawing coping skills from previous experiences), participants seemed to have learned in a much broader way than initially intended. For example, they talked about learning from processes such as sharing with others, having their memories validated, and belonging to a group. In effect, the group environment provides a feedback system (Leszcz, 1996; Payne & Marcus, 2008; Yalom & Leszcz, 2005) which can help to normalise the inherent challenges of life.

Many described how they learned from the interplay between listening to others share their life stories and sharing one's own:

I have learnt that generally we all have had life experiences: good times and bad times that affected us and our families. ***Robert***

One participant expressed her admiration for the way another group member coped in the past:

I find [another member of the group] an interesting person; what happened to [his/her] marriage. With [his/her] disabilities, I think [he/she]'s bloody marvellous. ***Mable***

Another explained how a particular story shared by a group member led him to learn about tolerance, perseverance, and problem-solving, as well as to adapt to life circumstances in a positive way:

[I have learned] the need for greater tolerance, to give things time to work themselves out, that if a thing is worthwhile work at it till you come up with a solution. A good example was the story of one participant's experience when in the early days of her marriage her husband seemed to always arrive home from the office very late timing his arrival home with when their young family was fed and watered. She reorganised her lifestyle he no longer arrived home to a frazzled wife and a chaotic setting and lo and behold started to arrive home at a more reasonable time and started to share/participate in their family life. From that I have learned to think out how to adapt to the circumstances and seek a solution in a positive way. ***Nigel***

While most participants found that listening to others in the group was a potent source of education and knowledge, one talked about the limitations of her group. She described a somewhat different learning process, where exchanges within the group led her to generalise and learn from issues outside the group:

Ours has not been a big group to draw experiences from for one reason or another. It has however been big enough to make one realise that attacks on one's feeling of well-being can come from many different directions and I always find it amazing how the human spirit can rise to meet the challenges in most cases. It reminds me of scenes on television when a terrible natural disaster hits a country that perhaps we think of as being third world or perhaps even that we've been taught to think of as being "the enemy". The response is no different to what would happen in our own country – people putting their lives at risk, performing heroic deeds and certainly being unflagging in their search for members of their own family. ***Mary***

Quite the opposite, for some, the group became not only a place to learn from, but to connect with others. Indeed, one participant compared his relationship with fellow group members to friendship:

Friendship is one of the greatest things in life: understand, conversation. Be able to pour forth things that you have forgotten. ***Walter***

Another referred to a feeling of closeness with other fellow group members, specifically in the context of sharing personal life experiences:

Years ago I read one of Rudyard Kipling's poems in which he wrote: "The colonel's lady and Judy O'Grady are sisters under the skin..." and I suddenly saw how true that is. I felt that sisterhood with my peers at that moment. ***Malvina***

Malvina continued to describe how she learned from another member's experience in an unexpected way... which led her to connect with herself, and the other, at a deeper level:

> *Personally speaking, I have to admit that one member of our group had, in the past, irritated me deeply. But when [she/he] opened up to us and detailed the trauma of [her/his] adolescent years, I could suddenly see what had caused me to discard [her/him] so unfairly, and all I wanted to do then was to throw my arms around [her/him] and kind of share [her/his] pain. I was so grateful to have learnt that I was truly lacking in the empathy I should have shown [her/him]. I don't think I will be guilty of this flaw in my character again.* ***Malvina***

Social Comparison

It has been well-established that group reminiscence can help to create new relationships (Bohlmeijer et al., 2007; Kunz, 2007; Watt & Cappeliez, 2000). In effect, "sharing memories about past experiences with others helps people to discover common ground" (Gibson, 2004, p. 28). The notion of normalising problems through sharing was discussed earlier in this theme. An additional mechanism of action that could account for change in participants was uncovered in the data. It appeared that participants found the process of comparing themselves (and their life stories) with others particularly useful, namely in (re-) discovering unique aspects of themselves. This distinctly persistent pattern was labelled 'Social Comparison' due to the clear sense of the participants putting others' and their experiences side by side.

One participant reflected on the value of interpersonal differences, and on the discoveries made from the group feedback, as well as from comparing her opinions to that of others:

> *We come to understand that everyone has a different view of situations and how these ideas are very important in a group. I didn't imagine that my ideas would be of interest to others – It was interesting to listen to the members of our group – What I considered a problem was not an important issue with some others.* ***Thelma***

For some participants, inter-individual differences meant a broader 'pool' for personal discovery, such as:

> *I've learned different types of manners, different approaches to subjects, and it brings in a closer combination to explore.* ***Walter***

For others, the process of comparing oneself to others led to a greater understanding of others in the group and, as in the following quote, of the topic at hand, here augmented by the group leader's facilitative approach:

> *Our group, like the others no doubt, is very diverse and as time has gone I have come to appreciate and to some extent understand where they are coming from as Isabelle teases out of them a response. Her questions and explanations whilst soliciting answers from the less forthcoming have given me a better understanding of both the topic and the participants.* ***Nigel***

As illustrated in the following excerpts, 'Social Comparison' seemed to help participants to put their own situation into perspective;

> *It is really good to meet people and hear about their lives and their experiences and wisdom. Others have had really difficult lives and it made me realise how lucky I am.* ***Ann***

To reinforce their unique ways of coping with challenges;

> *I have learned that other participants have overcome ordeals that I am yet to face. I will do that in my own way at the appropriate time.* ***Francis***

And to highlight similarities and differences between group members:

> *The load some people have had. Overcome the hurdles they faced is very different from what, over all, I have faced.* ***Peggy***

Similarly, one participant commented on the value of acknowledging different points of view, and on the sense of satisfaction from being in contact with diverse people:

> *Sometimes during our sessions I have noticed that my understanding of the written or oral word is very different from other people's. It is an eye opener to hear their interpretations and points of view. When you live on your own it is easy not to think outside your own little square so talking to people outside your usual group is very satisfying.* ***Joy***

From the participants' accounts, comparisons led to a sense of uniqueness and, at a more global level, one of community. Effectively, as the group units continued to develop during the SEC, so did a sense of solidarity between group members:

> *We are all so unique. None of us really wants to be in [the Retirement Village] but we accept we are fortunate to be so well cared for. As the weeks have gone, to have shared thoughts and ideas with strangers is a very valuable experience. They are all so different in their views of important issues.* ***Thelma***

Summary - The Past in the Present

To conclude this second theme, the purpose of instrumental reminiscence consisted of reviewing past problem-solving in order to: a) inspire participants with

satisfaction for their past accomplishments; b) increase confidence in their ability to solve difficulties in the present; and c) provide real-life examples of useful coping strategies (Cappeliez & Watt, 2003; Watt & Cappeliez, 1996). Accordingly, "The Past in the Present" described, in a deductive approach, some ways in which participants learned from the reminiscence component of the SEC.

First, 'Acknowledging the Past' pictured the participants' initial recognition of the role of the past. Participants described engaging at a broad level of noticing the influence of one's past into one's present. For example, different lessons learned from meaningful people of the past were discussed. Next, 'Using the Past to Change' showed how participants further employed the past by actively engaging with it, whether by revisiting past accomplishments, or from listening to others share their memories of successful coping.

Since the SEC's main active ingredient was instrumental reminiscence, it is hardly surprising that when participants were asked what they had learned during the course their answers revolved around reminiscing. But the specificity with which they described 'what' they have learned from this and 'how' is well beyond what was expected to be discovered in the texts. For instance, participants clearly expressed how they engaged in a process termed 'Social Comparison' where, by comparing themselves to others; they seemed to gain a truer sense of who they are, as well as of their unique ability to deal with challenges.

As introduced in Chapter Two, it is possible that the reminiscence intervention developed and implemented in the current study worked, in part, because it activated factors common to psychotherapeutic interventions in general (Lambert & Ogles, 2004). In line with Grencavage (1990), participants described learning processes which could be attributed to client and therapist factors (e.g., motivation to change), as well as to the therapeutic relationship developed not only with the group facilitators, but with the other members of the group (Yalom & Leszcz, 2005). The fact that these common factors were clearly emphasised in the data indicates a need for further study of the mechanisms accounting for change in psychotherapeutic interventions with older people, in addition to the treatment structure or content.

In line with the ethical guidelines for psychology practitioners by Pachana et al. (2006), this theme made explicit the need for safety in group reminiscence therapy. Providing participants with clear boundaries around confidentiality is essential in all therapeutic work with young and older people alike (Code of Ethics Review Group,

2002; Pachana et al., 2006), and is indispensable in groups; so that participants feel safe enough to process relevant material with other group members (Yalom & Leszcz, 2005). In the context of group reminiscence, where participants share personal memories of going through difficult times and ways of overcoming these, only a safe climate can allow participants to examine their memories in depth, and thus truly benefit from the exercise (Gibson, 2004). Yet very few studies in this area of research have made explicit the steps taken to achieve this.

To illustrate, it is necessary to have a group discussion concerning the nature and extent of confidentiality early in time (preferably in the first session), where group members agree that people and their contributions are treated with utmost consideration. Appendix A shows the group rules which were established collaboratively with each group at the beginning of the SEC. Group facilitators have an important role to play, by reiterating the confidentiality agreement following the disclosure of a very intimate or distressing recollection, for instance (Gibson, 2004). The mindful approach of the facilitators in the SEC seems to have had a part to play in providing a safe context for the participants' learning to take place.

Another important feature threaded through the current theme was the surprisingly clear relationship, for the participants in this study, between the past and the present. The quotes contained in this theme continually referred to the crossing point between the two time zones, as exemplified by the very first quote;

Your memories keep you going. ***Mable***

Participants came to the course with decades of life behind them. Alongside much younger facilitators (with paperwork, whiteboards, a bell to keep the time, and young therapeutic skills), they then engaged in a group process of revisiting past memories to understand themselves better, and to facilitate their coping with current or future loneliness. Yet despite a focus on the past (and a natural tendency to reminisce), participants went one step further by transferring the skills learned to their present lives, namely within the experience of the group itself. This progression was observable in-session, and was made evident from the participants' quotes in this theme. Finally, what started as a rather individual reminiscing process in the SEC grew into a true appreciation for the collective memories of the group, a sense of belonging with each other, and ensuing self-validation.

Theme 3: The Meaning of Wisdom

"It is a fine thing even for an old man to learn wisdom".
-Aeschylus (525-456 BC)

The previous theme, "The Past in the Present", demonstrated the value of the past in older adults' current lives. It was argued that revisiting the past during a group reminiscence intervention had allowed participants to share with and learn from others, and to discover some truth about themselves; e.g., develop a clear perspective on past and present coping mechanisms. Indeed, one aim of reminiscence therapy with older people is to encourage a sense of integrity (Butler, 1974), namely through reviewing one's life. Erikson (1982) proposed that integrity in old age conveys a particular demand: wisdom.

Due to the well-documented integration of wisdom to psychotherapy via life review or reminiscence (see, e.g., Bluck & Glück, 2005; Knight & Laidlaw, 2009; Zarit, 2009), it was hoped that the SEC could indirectly facilitate the attainment, or the recognition of, the participants' wisdom. By and large, it was thought that revisiting memories of coping with relational changes in the past would remind participants of their long-standing coping abilities, and promote ways of applying their accumulated wisdom to the contextual problem of loneliness (Knight & Laidlaw, 2009). Effectively, as proposed by Scheibe et al. (2007), knowledge in wisdom can also refer to one's connectedness with the self and others.

The collaborative creation of the Self-Help Booklet provided a direct means by which the participants' wisdom could be applied. Effectively, as the course progressed, it became clear that participants in the groups possessed a wealth of knowledge and internal resources to be shared. It was hoped that partaking some of their wisdom with others inside and outside the groups would not only help others in need, but also confirm for participants the value of their personal knowledge in dealing with loneliness. Furthermore, as discussed in Chapter Three, the act of contributing to others in a tangible way could enhance the participants' sense of purpose, which has been linked with well-being in old age (Weiss & Bass, 2002). Therefore, for the last practice exercise of the SEC (the contribution to the Self-Help Booklet), participants were asked the following two questions pertaining to wisdom: What have you learned about your own wisdom during this course? And What piece of wisdom, gained during the course, or during the course of your life, would you like to pass onto others?

The current theme was termed "The Meaning of Wisdom" as it provided some insight into how participants made sense of their wisdom. What is wisdom to them? Is it something innate, or can it be acquired? How useful was the SEC in facilitating the attainment of wisdom? The sub-themes 'Defining Wisdom', 'The Age of Experience', and 'Discovering my Wisdom' are discussed below.

Defining Wisdom

Participants discussed their personal definitions of wisdom, often in the form of humble advice to others. For many, being wise meant having respect for other people, and for their differences:

> *My wisdom is not great – but the little I have to pass on to others is: Please try not to hurt others; Look after one another; differences there will always be, and on occasions, yours may not always be right.* ***Joy***

Particularly, kindness appeared as a recurring synonym of wisdom; being kind to the self, and others;

> *Be kind to yourself and others. Try to let go of feelings of resentment and bitterness which don't change the pain you are feeling and in the long run are going to hurt you more than the person you are resenting.* ***Mary***

And,

> *Help others. Be kind to others. Have compassion.* ***Liz***

In the last quote, kindness was linked with having compassion for others. Another key value associated with the meaning of wisdom for participants included being tolerant towards others;

> *Try to be tolerant of one's fellow beings. It helps in marriage, parenthood, in work situations – every one of life situations.* ***Edith***

And,

> *I have learned to be more patient with people who have aged complaints like mine.* ***Agnes***

One participant highlighted the role of forgiveness in wisdom;

> *I think forgiveness is a marvellous asset. If you can, forgive people for all the hurt they have unintentionally given you. And forgive yourself.* ***Mable***

Whereas another pointed to the importance of adopting a non-judgemental attitude towards others:

> *Some people think they are thinking when in fact they are only rearranging their prejudices.* ***Nigel***

As shown in the previous quotes, much of the participants' understandings of wisdom referred to ways of engaging with others in a meaningful way. In the following excerpts, the focus shifted to what it means to get old for participants. For example, wisdom was defined as being aware of, and having acceptance for, the changes associated with aging:

> *Be patient with older people, it is difficult getting older, I now have to have a walker, I find this really difficult. I can't do many things now with old age. I have always played sports – tennis and golf my main ones – I miss much my golf – at golf you always have groups to go to lunch, etc. There were always things being arranged.* ***Agnes***

In the previous excerpt, Agnes expressed how much she missed the active lifestyle associated with a non-compromised physical health. Below Mable talked about another type of challenge associated with aging:

> *I think I'm doing pretty good. Do you think you're a wise person? ... wise... I find as you get older, your brain doesn't move quickly as it should.* ***Mable***

In response to these reflections, several participants discussed wisdom in terms of knowledge which helps to adapt to the perils of aging. To illustrate, one participant spoke of the role of acceptance, a skill which she acquired over time:

> *Over the years I have learnt to accept situations that I cannot change.* ***Edith***

Another talked about humour as a personal means of coping, including the ability to laugh at oneself:

> *[I have learned] that others in the group have much more wisdom than I do! One of the most important aspects in life attributes is a sense of humour and the ability to laugh at oneself.* ***Bill***

In fact, many participants' definitions of wisdom included ways of dealing with challenges. Perhaps due to the emphasis of instrumental reminiscence on coping, it felt as though participants made sense of the concept of wisdom by highlighting ways in which they dealt with stress in life. For some participants, wisdom, or coping, aligned with spirituality:

> *I have also learned that prayer is wonderful at times of stress – but only if one has faith.* ***Edith***

This was also the case for the following participant, who shared her wisdom with others in the form of a prayer:

> *If you have any kind of spiritual inclination try to use it to help you solve this problem whether by talking to your pastor or a friend who loves you and in*

whom you have trust. This prayer was given (to) me by one of my children in a time of family anxiety and grief. I found it really helped and read it often:

St. Theresa's Prayer:
May today there be peace within you
May you trust that you are exactly where you are meant to be
May you not forget the infinite possibilities that are born of faith in yourself and others
May you use the gifts that you have received, and pass on the love that has been given to you
May you be content with yourself just the way you are
Let this knowledge settle into your bones, and allow your soul the freedom to sing, dance, praise and love
It is there for each and every one of us. Mary

Alternatively, some participants expressed having found inspiration in other places, such as in the literature:

> ***Wisdom is oft times nearer when we stoop than when we soar*** *(William Wordsworth, The Excursion).* ***Wisdom is a great purchase but we pay dear for it.*** *(Ibid).* ***Nigel***

The last quote introduced the notion that wisdom has a cost. Similarly, the following participant pointed to the fact that, although available to all, wisdom does not come for free:

> *I can see clearly that my wisdom has been attained by the willingness to accept the price accompanying the gift. Every human being is offered the opportunity to become wiser, but alas! in our arrogance we can easily overlook that chance.* ***Malvina***

The Age of Experience

This sub-theme moved from the participants' personal understandings of what constitutes wisdom, to an attempt at tracing back its origin. Where does wisdom come from? How can it be acquired? In line with Kohlberg (1973) and Erikson (1982), participants reported that becoming wise tends to occur at the later stages of life. They generally talked about wisdom coming from life experience collected over the years;

> *I now believe that however knowledgeable a young person is, that the experience that age gives us is invaluable.* ***Edith***

Robert further substantiated that idea by reflecting on his life achievements. He also referred to the collective wisdom expressed by the group members:

> *Am I wise? If I'm not wise, with all my experiences I should be... I have lived for a long time; I have been to World War II; I have lived through a world slump; I have been married and brought up a family; After the family left, I*

decided to travel and did so for [many] years. Listening to the class, I think most of our age group has had enough experiences to be wise. ***Robert***

Correspondingly, one participant put forward that the accumulation of one's life experiences translates into a greater understanding and tolerance of others:

I certainly feel that the sum total of one's experiences results in a vast amount more understanding and tolerance of others than one had at an earlier age. ***Mary***

However one participant disagreed with that notion. For him, the opposite was true: as years add up, so does one's rigidity towards change:

With all due respects, nothing that is likely to change my habits of a lifetime. We are creatures of habits, and mine, after more than 8 decades of living, are so engrained and inflexible that, rightly or wrongly, I am unlikely to change. ***Francis***

Notwithstanding this point of view, the majority of participants insisted that wisdom would originate not only from age and experience, but specifically from going through hardship. Effectively, it seemed that wisdom could be acquired through challenges encountered during their lives;

I was not born wise; but now, having lived through more than 80 years, and with many challenges to be met along the way, I feel wise! ***Malvina***

Particularly by overcoming these:

Possibly older people are perceived as having a certain amount of wisdom because of the variety of difficult experiences they have overcome and lived through. ***Mary***

In an extension of this, Mary articulated her desire to prevent her loved ones from facing the tribulations of life. Yet, she explained, each has to find their own path towards wisdom:

I wish that I could pass on to others, particularly my children and grandchildren, the knowledge and wisdom that comes with having lived so long and had so many, sometimes painful, experiences that I've learned to cope with. A certain amount of trial and error and heartache was the price I paid and I would dearly love to spare my loved ones going through that themselves. Unfortunately this doesn't work: I know because I tossed off a great deal of wise and meant well advice from older people myself when I was young. ***Mary***

Discovering my Wisdom

This sub-theme revolved principally around the experiences of participants when discovering some aspects of their wisdom during the course. In effect, the aim of the SEC to improve the well-being of older people, paired with the assumption that many

older adults mature and grow wise across the lifespan (Erikson, 1950; 1982), was consistent with the realisation of wisdom. Participants' quotes below brought to light ways in which they felt like they were gaining wisdom within the SEC.

Perhaps as an addition to the benefits of sharing personal experiences outlined in "The Past in the Present", many participants attributed the attainment of wisdom in the course specifically to that process:

> *I felt that we all were gaining this wisdom by being offered the opportunity to share our personal experiences.* ***Malvina***

Another participant discussed her wisdom in terms of realising how speaking about harder or hurtful things can be beneficial. She named the process of discovering this during the course as wisdom, namely by discovering her ability to verbalise problems, and to have them validated. In addition, Mary reflected on how things were different in the past compared to today:

> *It's probably easier to see wisdom in others than to recognise it in oneself [...] I feel now that if I was aware that my problem was not responding, or the feeling was new, I would have no hesitation in seeking professional advice. Sometimes in the past I have been unable, at the time, to seek the advice of close friend or relative because of feelings of disloyalty or fear that what I was feeling was self-centred. (This was a very common reaction in the past and the reason why people could suffer life-long damage from not being able to verbalise their problems and have them validated, even if they couldn't be solved as is so often the case even today). I realise now (and maybe this is wisdom) that in not speaking about what I was finding hard or hurtful I was making it very hard for anyone to help me.* ***Mary***

In a different way, Francis also expressed his perception of wisdom in terms of shared experiences, and referred to group dynamics. He proposed tolerance as an additional essential component of wisdom which, as explored in the previous theme, is also an essential feature of reminiscing in group:

> *Collectively, there was much wisdom articulated by the participants. But wisdom comes in many forms. To simplify Roget's Thesaurus description to the essentials it is caution, discretion, prudence, deliberation, calculation, foresight, and much more. I would also add tolerance, in its broadest sense, to this list.* ***Francis***

But as well as tolerating others, wisdom in the groups may have consisted in a greater understanding, as well as being honest with oneself:

> *I suppose the ability to see situations with a heightened sense of self-honesty and understanding equates to much the same thing.* ***Mary***

For another participant, wisdom gained during the course seemed to have been experienced as an insightful understanding of the learning process, and of one's place within it:

> *Amazingly – I completed the homework first – when I came to read the notes they were, to me, as if I had written them!* ***Malvina***

On the whole, there was a general sense from participants of having attained some wisdom while participating in the SEC. That being said, it is not possible to ignore or to distinguish this newly attained knowledge from that acquired in life outside the course. In the following quote, Nigel substantiated this idea by reflecting on how his process of discovery during the course could only be considered as part of an ongoing quest towards wisdom:

> *Wisdom is defined in the Oxford illustrated dictionary as, quote:* ***Wisdom being wise; soundness of judgement in matters relating to life and conduct; knowledge, enlightenment, learning****; Proverbs 3v13 NIV:* ***Blessed is the man who finds wisdom, the man that gains understanding****.*
> *I wanted to think about where I am at with regard to wisdom and the above are some of the quotes or writings that I found helpful when considering how to answer the questions raised by the notes [...] Given the above definition of wisdom I hope my judgement, borne out of what we have learned while participating in this course will be sounder, tempered however with my strenuous efforts in recent years to be less judgemental and more loving and encouraging.* ***Nigel***

Summary - The Meaning of Wisdom

Altogether, there was a great deal of wisdom articulated by the participants. "The Meaning of Wisdom" explored ways in which participants made sense of their wisdom in their current context. To begin with, in 'Defining Wisdom', the construct was described in terms of kindness, compassion, and tolerance towards others. Wisdom was also characterised by an acceptance of the difficulties associated with aging, and by various ways of dealing with associated challenges. The idea that wisdom has a cost was put forward.

One unforeseen aspect of wisdom expressed by participants consisted of the specific role played by going through hardship in life. As such, wisdom would come not only from age and experience, but from the accumulation of knowledge collected as a result of dealing successfully with challenges. This collective meaning of wisdom, made clear in 'The Age of Experience', is noteworthy.

Finally, in 'Discovering my Wisdom', participants reflected on ways in which the SEC was useful in consolidating their wisdom, such as in sharing personal experiences with other group members.

Generally, participants' accounts aligned with the conceptualisations of wisdom found in the literature. For example, wisdom seems to belong to the later stages of life (Erickson, 1950; 1982), and to be associated with one's particular life context (Baltes & Smith, 1990; Knight & Laidlaw, 2009). In particular, there is considerable overlap between the participants' definitions of wisdom, and the one proposed in the translational theory: "understanding of the contextual relativism of individual values and increased tolerance for individual differences in values, acceptance of uncertainty in life, a greater ability to integrate and balance emotion and reason, and an accumulation of "knowing how" expertise (Knight & Laidlaw, 2009, p. 696).

Indeed, participants' accounts confirmed that wisdom can be acquired from an accumulation of experiences throughout life, including during the SEC. The particular mechanisms shown to have been helpful to the attainment of wisdom in the course included sharing personal experiences and having them validated, linking past and present coping, being honest with one another, and learning to tolerate and understand others in the group. Yet it was made clear that gaining wisdom could only be considered as part of the individual's life context.

The value of interpersonal relationships was made explicit throughout "The Meaning of Wisdom", whether in the form of advice on how to treat others, or from the participants' reflections on the group process. Although no clear link was made between loneliness and wisdom in this theme, it is apparent that the participants' understandings revolved principally around the relational aspect of wisdom. This may be attributable, in part, to the fact that the SEC focused on loneliness and coping with changes in relationships. Conversely, it could be that when asked what piece of wisdom they would like to share with others, participants talked spontaneously about relationships as an integral part of their life and current reality, particularly in older age. Altogether, this theme highlighted that much of the wisdom collected by participants over the years entailed experiences of connecting with others, and that the importance of meaningful connections does not seem to lessen with age; it is quite the opposite.

Theme 4: Managing Loneliness

"Man cannot discover new oceans unless he has the courage to lose sight of the shore."
Andre Gide (1869-1951)

As seen in Chapter Three, instrumental reminiscence comes from a stress and coping framework; the contextual approach to coping (Folkman & Lazarus, 1986; Lazarus & Folkman, 1984). Accordingly, one aim of the SEC was to promote coping, or at least remove cognitive and emotional barriers to coping. In the current analysis, the concept of coping has started to appear in "The Past in the Present" and in "The Meaning of Wisdom", namely as a process through which one can gain wisdom.

But a unique element of the SEC compared to other reminiscence interventions (e.g., Chiang et al., 2010) was its explicit focus on loneliness. By using loneliness as an example throughout the course (e.g., in group work, practice exercises, etc.), the SEC entailed the application of coping specifically with the experience of loneliness, both in the past and the present. Although some suggestions were offered to participants, such as noticing negative thoughts potentially leading to distressing emotions, most of the coping strategies discussed in the SEC were located in their personal experience. How do older people use their life experience and wisdom to deal with challenges associated with aging, such as loneliness?

As pointed to by Cattan et al. (2005), there is a need in loneliness interventions to provide opportunities for participants to influence the content of the groups. The collective creation of the Self-Help Booklet at the completion of the SEC provided a further opportunity for participants to share their understandings of ways to deal with loneliness, by giving their opinion on what can (or not) help its alleviation. This component of the intervention is likely to shed light not only on what participants found useful while participating in the SEC, but also what was missing; what *else* could be useful?

Thus in the fourth theme, "Managing Loneliness", participants addressed coping with loneliness specifically. Mostly (although not exclusively) in response to the question: What advice would you pass onto others who may be struggling with loneliness? this theme consisted of a summary of the recommendations proposed by participants. Sub-themes included 'Coping Strategies', 'Do Something!', and 'Connecting with Others'.

Coping Strategies

The sub-theme 'Coping Strategies' provided a graded introduction into the role of coping generally, and of initial ways of approaching challenges such as loneliness in a passive or more active way. To begin with, participants acknowledged how life generally consists of ups and down. To illustrate:

> *Every life has massive down sides as well as much happiness.* ***Bill***

Next, the value of coping with the challenges of life was introduced:

> *Be forever thankful for the good times but be aware of the value of coping with the bad. [I have learnt] that coping with the "down sides" is good therapy.* ***Bill***

Coping was considered by participants as something to be encouraged and accessible to all, regardless of the nature or severity of the difficulties to be experienced:

> *It is not the end of the world to try and overcome problems unless it's a matter of serious, serious illness, death, and in time, that can be managed well also!* ***Peggy***

In line with emotion-focused coping proposed by Folkman and Lazarus (1985), participants promoted the use of internal resources in dealing with difficult times, such as keeping a positive attitude;

> *Keep cheerful. Don't let things get you down, find other ways to do things. Enjoy life. Try and keep your mind active so you don't forget too much.* ***Ann***

And,

> *[I have learnt] to keep cheerful. Keep interested in all things. Make the most of what you've got.* ***Liz***

In the next quotes, acceptance was put forward as a strategy to cope with challenges in general;

> *Do not expect - simply accept. Remembering that what is meant to be - will be. What is not to be - will not happen.* ***Malvina***

As well as in dealing with occasional loneliness:

> *Accept occasional loneliness but when it comes, talk oneself out of it by "do it now"!!* ***Bill***

In the last excerpt however, accepting the situation was introduced as a temporary measure prior to dealing actively with the challenge at hand. Effectively, most participants favoured taking an active stance towards problem-solving. To illustrate, one participant described how facing reality and thinking deeply about a situation generally preceded taking action to solve, or fight, the problem:

You've got to face reality, and when doing so, keep an open mind and think deeply of the situation because every problem has an answer. For example, I talked to myself in the mirror this morning. Singing, talking, contributing, saying to yourself: "Fight the good fight". **Walter**

Many participants proposed ways of actively engaging in problem-focused coping (Folkman & Lazarus, 1988), such as identifying the problem first, and taking a step-by-step approach towards finding a solution. Malvina also recommended sharing one's problems with someone else:

Examine your present circumstances. If you can see where your need lies, take the first identifiable step to rectifying this. Most likely this will be to let someone else know how you feel. A problem shared is a problem halved. ***Malvina***

Next, Nigel spoke about identifying the particular form of loneliness experienced before engaging in problem-solving. He also underlined the value of talking with someone about one's difficulties, and emphasised that one must take ownership of their problem rather than point their finger at someone else:

I would encourage them to identify the core issues that they believe led to them experiencing their particular form of loneliness. I would talk with them about that issue and endeavour to help them devise a plan or solution to rectify or resolve the issue. I would try to help them realise that if they are pointing their finger at someone then three fingers are pointing back at them and that is worth thinking about. ***Nigel***

Do Something!

In an extension of the previous sub-theme, 'Do Something!' emphasised the importance of being active in dealing with challenges. In particular, tangible ways of dealing with the experience of loneliness were proposed; practical changes which begin within the self and extend towards others.

In agreement with loneliness as self-inflicted discussed in 'Causes of Loneliness', some participants advised to take ownership of one's situation in order to act on it. To illustrate;

Loneliness is a feeling that nobody can change unless you change it yourself. ***Walter***

And,

Loneliness must be so painful. No one can do it for you – you have to make the effort yourself. Smile and say "Can I help you with that" or "I'm off to the shops. Is there anything I can get for you while I'm there?" ***Joy***

Participants discussed the importance of 'doing something' in order to escape one's lonely feelings. A recurrent suggestion consisted of enlarging one's circle of activities, by developing new interests, for instance;

> *If you are now getting lonely join social groups. Here in [the Retirement Village] there are many things to do, take advantage of everything that is going. I go to all that's on. I try everything going even playing bowls – something new to me.* ***Agnes***

And,

> *If health permits, get out and about to meet new people and get new interests, such as a walking group, if finances are not the best, or, if one can afford it, join clubs and find new friends that way.* ***Edith***

As exemplified in the last quote, joining clubs was distinctively proposed as a useful way to meet new people, and break away from the painful experience of loneliness;

> *I always believe in belonging to clubs; e.g., book club, fitness class so you can meet new people, this is so important. There is always something on here at [the Retirement Village] that you can belong to/take part in.* ***Ann***

Whether social;

> *In dealing with social loneliness there are rafts of helpful things you can consider. Getting out and making new contacts by joining in activities, clubs, service groups, etc.* ***Nigel***

Or romantic loneliness:

> *My [child] is divorcing from [their spouse]. [He/she] could be lonely but [He/she] is not; [He/she] is joining clubs... You have to be involved with other people – Oh yes!* ***Mable***

In any case, there was a strong sense from participants of the value of 'getting out there':

> *Go out, meet others, show interest.* ***Liz***

Once again, taking ownership or responsibility for one's situation was underlined:

> *Get out, get out, get out. Even those with physical disabilities can still get out but it's an effort. No one will knock to your door.* ***Robert***

Interestingly, as in the following quote and that of Mable above, participants acknowledged the different forms of loneliness (including romantic), yet proposed solutions for the alleviation of loneliness in an all-encompassing manner. The common goal: connecting with others:

> *Romantic loneliness: It's a matter of getting out. It's an ongoing business.* ***Robert***

All in all, participants stressed the importance of doing anything one can to engage with others:

> *If you can, take part in anything you can.* ***Ann***

When asked what advice she would give to a lonely person, the following participant proposed not only to do something, but also to help others in doing so:

> *To do things and help others to do them too.* ***Liz***

But ‘doing something’ meant different things according to each individual. For the following participant, writing regularly consisted in an effective strategy to circumvent, or prevent loneliness:

> *For me personally, I don’t have a problem with loneliness as I can re-live my daily activities by reference to my daily diaries […] I would encourage others to take the time to write up the events that are remembered for their own and family records.* ***Francis***

Finally, the action to be taken could also be tailored to the specific type of loneliness experienced. As such, one participant suggested not avoiding the stimuli associated with romantic loneliness, but rather to seek and use these:

> *If it is romantic loneliness maybe watch a romantic film or read a romantic novel.* ***Ann***

Connecting with Others

The substance of ‘Connecting with Others’ has already been introduced in the previous subthemes and, according to participants, was probably the most significant aspect of “Managing Loneliness”. Despite earlier mentions of the sense of responsibility attached to dealing with one’s experience of loneliness, the ultimate aim is to get together with someone else; after all, ‘It takes two to tango’:

> *Giving yourself a hard time achieves nothing and often pushes you down further. Someone has to make the first move, time heals nothing, think out a positive non confrontational approach, remember to admit at the outset that it takes two to tango but hey life is too short, let’s move on.* ***Nigel***

Nonetheless, as discussed in Chapter Two, previous interventions aimed at promoting relationships with others, such as support groups (Stewart et al., 2001) or lessons on friendship (Stevens & van Tilburg, 2000), have proved unsuccessful in alleviating loneliness. In reaction to this, the current sub-theme provided a summary of the participants’ opinions on ‘why’ and ‘how’ to engage with other people as a main approach to coping with loneliness. It was hoped that these accounts would provide

insight into what constitutes meaningful ways to connect for older people, and inform future interventions of this kind.

At the outset, participants mentioned that there is no need to stay lonely, and that others can help, even if one has to initially seek them out. For example:

> *One does not have to stand alone – there are lots of very kind people... You may have to seek them out. It may take time to find a solution to our worries but take the time to use all the resources they can offer you.* ***Thelma***

As pointed out by Thelma, one may need to be patient in finding a solution to loneliness. This claim was further substantiated with the following metaphor:

> *I also learned of the need to give relationships time to develop, hasten slowly, as with a building take great care to get the foundations right before you get going on the superstructure.* ***Nigel***

The importance of making the effort to get companionship was emphasised, towards either a known or unknown person:

> *Be prepared to seek out someone who may be a friend waiting to help. One has to make the effort – don't expect to get companionship unless the lonely person is willing to reach out to others. Sometimes just stopping and passing the time of day with an unknown person may develop into a friendship.* ***Thelma***

Next, a different way to alleviate loneliness was suggested: engaging by helping others:

> *Volunteer work is also a wonderful way of being involved with others and certainly helps to overcome loneliness.* ***Edith***

Furthermore, one participant explained how the benefits of helping other people can come as a surprise:

> *I joined the course because I was convinced it was a very worthwhile thing for me to do and that has proved true except that I was the one that benefited!* ***Nigel***

Another described helping as an ongoing process for her, despite the physical challenges inherent to aging:

> *I have always tried hard to help others physically and thoughtfully and it seems to have worked, although I cannot physically <u>stand</u> and <u>help</u> in so many ways; e.g., welfare jobs, etc. now!* ***Peggy***

Peggy further argued that helping does not need to be complicated, and emphasised the value of connecting by talking;

> *<u>Talk</u> to others and try to do things for others – simple and easy things.* ***Peggy***

Including talking about problems:

> *Please use your tongue to help others use theirs and to think and say what is bothering them – bringing things out in the open is very important. If you tell someone of your problems, in the telling, it doesn't seem as bad as it was just in your mind!* ***Peggy***

One participant discussed talking in the context of lonely people longing to engage:

> *Get out and talk to others; there are lots of lonely people who just want to talk to others.* ***Ann***

Another called attention to the value of closeness in relationships:

> *You can't be too close to one person.* ***Mable***

However, as in "The Past in the Present", some participants alluded to the fact that talking about intimate matters can be frightening:

> *Intimacy frightens the hell out of people; even to talk about it.* ***Robert***

Nonetheless, most participants referred to the benefits of opening up and talking with others, including private matters:

> *Open up and talk to others, it's lovely to be able to talk about your private life - it's good to be able to talk.* ***Ann***

But with talking comes listening. In fact, listening attentively to others was put forward by participants as one of the most crucial aspects of connecting, and at the same time, alleviating loneliness. For example, the following participant discussed the value of listening in the context of the course, and how listening could eventually lead to finding a solution to loneliness:

> *Find the time to sit and listen. Everyone has so much to offer. No one needs to be isolated and lonely. At times we need to have time alone. Each member has an interesting story to tell and share. It is beneficial to have some friends who will listen to each other and may have a solution.* ***Thelma***

Some participants explained how listening to someone does not only benefit the one being listened to, but also the one paying attention:

> *Listen to the other person's story and you will never cease to be surprised as to how interesting, helpful and educational it can be!* ***Nigel***

To illustrate, Robert shared a story where this was the case:

> *Keep your ears open and keep your mouth close. I've practised this... Because if you're talking you can't hear. For example, in an intensive course [...], I decided to listen rather than talk. There was plenty of interactions. After three months, at the Christmas break, people started to come to me and ask questions, etc. At the formal dinner at the end of the year, I was elected as*

leader. It came as a surprise. I realise that students came to me for a bit of mentoring... It was probably due to the listening. ***Robert***

Participants expressed that rather than a passive or disinterested act, listening is an active means by which one can connect with others, especially new acquaintances:

I realise that we all need to take the time to listen to people, especially newly met people. It is very easy to assume newly met people are not very interesting or have much to offer. ***Thelma***

In the next quote, Francis also suggested listening as an active act, along with showing interest and assisting others:

Become involved, show an interest in others, be a good listener and assist others in a non-obstructive way. ***Francis***

As introduced in the previous quote, numerous participants emphasised good listening, and put forward ways to listen in a meaningful way. In the following extract, Nigel discussed the importance of self-reflection as a listener, and spoke of the power of asking questions:

Before you enter into a serious conversation ask yourself the question; "is what I am about to say going to be constructive helpful or encouraging?" If not then examine your motive for saying anything as it could well achieve hurt, resentment and profit no one. When asked for advice, ("what would you do if you were me?") ask a question then another question. That way you will help both the enquirer and you to understand their "Real Problem" which is not necessarily the one they imagined it was and often you will hear at the end of the conversation: "Thanks for listening I think I can see now what I should do!" The story is told of a record breaking salesman who was approached by a young salesman who wanted to know the secret of his business. After a long conversation the young salesman asked, "why is it that you finish every comment with a question?" To which the champion salesman replied: "Do I?" ***Nigel***

Along the lines of the previous quote, the following abstract highlighted being careful when giving advice to others. In effect, several participants suggested encouraging people to find their own answers instead. For example:

What I do find though is that if you have a warm, non-judgemental relationship with people, family or friends, you will often be the recipient of a dear one's problems and I find being a good listener is the most important thing you can do. Maybe advice if it's asked for and seems appropriate but allowing someone to unburden themselves often seems to let them see their own way through the maze, where launching forth with what you would do yourself can be very off-putting if it's not what they want to hear! If someone is going through a similar situation as I have experienced I would mention it and if asked how I coped with

> *it I would tell them. It's worth doing this if you can avoid "selling" the solution to them so that they feel embarrassed if they don't take your advice. Sometimes, just sowing a seed of an idea will be helpful and perhaps is acted on in a varied form sometime in the future.* ***Mary***

To conclude this section on 'Connecting with Others', one participant reflected on some aspects of listening which he learned during the course. Particularly, being aware of one's limitations in solving other people's problems:

> *As it says in the notes, it is useful to separate emotions from thoughts. I believe many well meaning folks cast themselves in the role of a counsellor when they would be better advised to help the person concerned to talk about the issue then having identified them steer them towards someone equipped or experienced enough to help.* ***Nigel***

Summary - Managing Loneliness

In brief, this theme covered strategies to deal with loneliness as proposed by participants after the completion of the SEC. In the first sub-theme, 'Coping Strategies', participants talked about challenges as an inherent part of life. They discussed the importance of coping with the 'bad times', whether in a more passive (emotion-focused) or active (problem-focused) way (Folkman, 2009; Folkman & Lazarus, 1986; Folkman et al., 1986). The importance for participants of being active in problem-solving was made evident in the second sub-theme, 'Doing Something'. Participants proposed practical ways to deal with loneliness, beginning within the self and extending towards others. For example, taking responsibility for one's current situation, and enlarging one's circle of activities were put forward. A repeated suggestion consisted of joining local clubs, which reflects the social context and interests of the participants' cohort (Knight & Lee, 2008; Knight & Poon, 2008).

The ultimate goal in "Managing Loneliness" was made clear in the third sub-theme: 'Connecting with Others'. Helping others, talking, and above all listening, were proposed as important ways to connect meaningfully with others. The quality and detail of the participants' suggestions for managing loneliness could be a sign of what was learned during the course. Effectively, the group members' reminiscence work each week would have provided participants with panoply of examples on how they coped with loneliness in the past, and in the present. In addition, the breadth of recommendations made by participants in this theme points to the wisdom, or life knowledge, collected over the years.

One unforeseen ingredient of “Managing Loneliness” was the great attention given to talking and listening. Effectively, it came as a surprise that, in all the possible advice to give to others on ways to deal with loneliness, a focal point made by participants was the role of meaningful listening. Whereas the benefits of talking about problems with others had been introduced in previous themes, the importance of listening was made clear in ‘Connecting with Others’, including specific ways in which to listen ‘properly’. Several questions come to mind as to why this may be. For example, due to the structured nature of the sessions, did participants experience listening meaningfully to others and their memories in the groups? Did they feel truly listened to by the other group members? Alternatively, was loneliness interpreted by participants as similar to not being heard? How does this notion relate to the feeling of rejection, or unexpected change? Could this idea offer some support for the link between loneliness and the absence of attachment figures?

Another observable feature of the participants’ accounts in this theme consisted of the importance of coping with the challenges of life, including loneliness. In line with the aims of the SEC, loneliness was framed as an emotional challenge which, like any other, can be dealt with. In effect, this element of the intervention seemed to have played a role in normalising loneliness and its experience for participants. This was evidenced by the way in which loneliness was approached in this theme; a lot less pejoratively overall than in “Understanding Loneliness”. As for the usefulness of distinguishing the various forms of loneliness, from their account it seemed that most participants referred to the phenomenon as a whole after the completion of the course. Yet some participants offered advice which targeted a specific form of loneliness, mostly romantic.

To conclude, this theme has highlighted ways of engaging with others that are meaningful for the participants in this study. These factors, including the importance of listening to others, could be further explored in view of informing future interventions for the alleviation of loneliness in older people.

Theme 5: Focus on Well-Being

"Well-being and happiness never appeared to me as an absolute aim.
I am even inclined to compare such moral aims to the ambitions of a pig [...]
From the standpoint of daily life, however, there is one thing we do know:
that we are here for the sake of each other - above all for those upon whose
smile and well-being our own happiness depends".
-Albert Einstein (1879-1955)

In Chapter Two and Three, old age was discussed as a time of increased changes, loss and disability. Indeed, despite gerontologists' past attempts to dispel stereotypes about aging (e.g., Lemon et al., 1972), it remains the case that older people face significant life challenges that can compromise their quality of life and sense of well-being (Knight, 2004; Knight & Poon, 2008; Laidlaw & Pachana, 2009). For example, factors such as failing health, increased disabilities, and an awareness of approaching mortality are an inherent part of this life stage. In addition, the high prevalence of chronic illness in late adulthood points to the fact that many older people care for a spouse or family member who is unwell (Knight & Lee, 2008).

Yet older people appear, on average, incredibly resilient; in fact, one might wonder: "Why older people are so happy?" (Zarit, 2009, p. 675). In the face of this, numerous studies have sought to explore what constitutes well-being in old age, namely by operationalising the concept into different components. These include relational factors such as social support (Watt & Konnert, 2007) and social engagement (Park, 2009). Furthermore, a distinction has been made between cognitive and emotional well-being (Katt et al., 2009).

Recent theories highlighting the positive aspects of aging have been put forward. For instance, the translational theory proposed by Knight and Laidlaw (2009) emphasises a positive view of adult development which is rooted in psychological and gerontological theories of wisdom. Similarly, the CALTAP model put forward by Knight and Lee (2008) discusses the positive aspects of maturation, such as cognitive and emotional complexity, which act as protective factors in the face of aging.

But what does well-being actually mean for older people? What are the developmental and contextual factors at play in the definition of happiness in later life from the older person's perspective? How does the meaning of well-being differ for 80 year olds compared to people in their twenties?

Using loneliness as an example of challenge associated with aging, participants in the SEC have discussed ways to cope with ordeals, as mediated by their life context; the role of the past, and that of wisdom. “Focus on Well-Being” was the final main theme of this analysis, as well as the ultimate aim of the SEC. Participants wrote about their understanding of what well-being consists of, in terms of both individual and environmental factors. The sub-themes discussed in this section are ‘One Day at the Time’, ‘Being Able To’, and ‘A Feeling Inside’.

One Day at the Time

Participants in the SEC often talked about the importance of seizing each day as it comes. For example, the value of living in the present was frequently discussed towards the end of the group sessions when, after re-visiting personal memories, time was spent examining how the coping skills used in the past could be used currently. Correspondingly, when invited to give their personal definitions of well-being, several participants referred to a day-to-day experience;

> *Happy and enjoying each day.* ***Joy***

And,

> *You suddenly realise that you’re feeling pretty well today, tomorrow could be different.* ***Bill***

One participant added the dimension of conflict resolution to that of living one day at the time:

> *Wake up happy and go to bed happy, fix up any quarrels, don’t let anything linger.* ***George***

Many talked about waking up in the morning, and looking forward to the day ahead. For example;

> *You wake up feeling enthusiastic and look forward to the day.* ***Mary***

And,

> *I am glad to wake up in the morning with a host of interests and activities beckoning me.* ***Nigel***

From the participants’ perspective, it appeared that well-being would be linked to an ability to live in the present. This proposal aligned with the growing body of literature advocating that well-being should be construed as a daily phenomenon, rather than as a personality trait (e.g., Reis et al., 2000). In contrast to this, one participant underscored the nature of well-being as continuous:

> *Feeling well all the time.* ***Agnes***

In an extension of the abovementioned definitions, well-being as an everyday experience was paired with a sense of having some control over what lies ahead. For example, deciding what to do, planning an enjoyable day;

> *Getting up in the morning and feeling well and deciding what to do. Waking up in the morning and planning an enjoyable busy day.* ***Joy***

And,

> *Getting up and go, walking, gardening.* ***Bill***

Being Able To

The second sub-theme extended these claims by drawing attention to the active nature of well-being. Specifically, participants talked about well-being as having the ability to engage with their environment. This relates, in part, to the linkage between well-being and the basic needs of autonomy and competence (Reis et al., 2000). In addition, a number of studies offer support for the relationship between emotional well-being and ADL performance (e.g., Katt et al., 2009). In view of that, several participants associated well-being with having the ability to do things;

> *Being able to do all you want to do, [for example] walking.* ***Liz***

And,

> *Able to do anything, [for example] gardening, playing golf.* ***Tom***

For some, well-being corresponded to being able to lead an active life;

> *Being able to live an active life [for example] play croquet, I'd hate to give it up, and Probus.* ***Ann***

And to engage in rewarding activities and hobbies, such as:

> *Keeping occupied: writing, community work, gardening, physical activities.* ***Francis***

For others, well-being translated to having the possibility of still being useful by helping others, for instance:

> *Knowing that I can still be useful, Giving your time to others who need it.* ***Malvina***

In any case, participants stressed the importance of physical health in allowing them to do the things they wanted to do;

> *Being able to go around, to move, physical strength [...] I can go all around this building.* ***Walter***

And,

> *When you're able to do all the things you would like to do. For me, being able to walk.* ***Mable***

In actual fact, when invited to define well-being, numerous participants referred directly to physical health;

> *Good health.* ***Malvina***

And,

> *Feeling healthy and well.* ***Robert***
>
> *I have good health.* ***Agnes***

Including the absence of pain:

> *Not hurting.* ***Liz***
>
> *Free from pain.* ***Mable***

This emphasis on the linkage between health and well-being highlights the specific challenges intrinsic to the later stages of life, as opposed to challenges experienced by younger generations (Goncalves et al., 2009; Knight & Lee, 2008). In addition, this association offers some support to research showing that worse self-rated health is associated with higher loneliness in older people (Steed et al., 2007).
In an extension of this, one participant hinted at cognitive well-being;

> *Feeling healthy, feeling alert.* ***Thelma***

While another made a connection between health and enthusiasm for life:

> *Being in good health and enjoying life.* ***Ann***

In spite of an evident focus on being physically able to carry-out daily activities, a distinct pattern in the data indicated that 'being well' also involved some form of personal decision. For instance, some participants talked about cultivating interests and hope;

> *Still being interested in everything [for example] politics, sports, what happens overseas, through TV, radio... some people don't have TV, or even radio.* ***Agnes***

And,

> *[Having] something to look forward to.* ***Malvina***

A Feeling Inside

In this sub-theme, participants emphasised the inner nature of well-being, at the level of emotion (Gagliardi et al., 2010). Rather than being solely a consequence of external life events or fatalities, such as the loss of physical abilities, well-being was portrayed by participants as an internal feeling on which one has some control. For example, the capacity to engage in daily activities was paired with a feeling of motivation to engage;

> *Feeling you want to do something, feeling fit.* ***Thelma***

Or a sensation of care-freeness:

> *Feeling good. Walking and feeling "Gee I feel fine and have no great worries".* ***Bill***

All participants described well-being in terms of a positive and enjoyable sensation; for example;

> *Feeling positive.* ***Nigel***
>
> *Feeling good.* ***Robert***
>
> *Good feeling. Happy.* ***Walter***

Feelings of well-being took different forms for various people, including a sense of satisfaction;

> *Feeling enjoyment for living.* ***Joy***

Completeness;

> *A sense of being/feeling complete.* ***Nigel***

And comfort:

> *A sense of feeling comfortable* ***Edith***
>
> *Feeling comfortable with yourself.* ***Mary***

Above all, participants described well-being as an individual phenomenon originating from within the self;

> *Something inward.* ***Bill***

And unique to each person;

> *What is best for me.* ***Malvina***

Such as feeling well;

> *If I'm feeling well.* ***Tom***

And feeling good about oneself:

Feeling good about yourself and the way you are. ***Thelma***

In line with research by Kammann and Flett (1983a), a feeling commonly associated with a sense of well-being, or happiness, was that of contentment;

The sense of contentment. ***Edith***

Either with life in general:

Being satisfied with one's life. ***Nigel***

Satisfied with my lot. ***Francis***

Or with one's situation;

Feeling good about where you are, the environment; feeling good about the place you live in. ***Robert***

Being happy with your living situation, happy to be here – feels good. ***Ann***

In the last quote, it is unclear what exactly 'happy to be here' refers to; i.e. being in the Retirement Village or content to be alive, which is highly possible given the participants' age and number of deaths surrounding them (Donaldson & Watson, 1996). The unavoidable reality of losing meaningful people in late adulthood, such as friends, family, or a spouse, was made explicit during the SEC, particularly since the work revolved around memories of meaningful relationships. This indicates a need to tailor psychological interventions to address the multiple losses faced by older people, such as proposing ways to deal with resulting bereavement and grief.

Next, happiness in terms of contentment was described by participants as being satisfied with interpersonal relationships;

I'm happy with my surroundings, as much company as I need. ***Edith***

Including with one's life companion:

Happy. Happy with your companion and living facilities. ***Peggy***

One participant described well-being as a feeling of personal satisfaction with life, including having realistic expectations and a positive attitude:

Satisfaction with life, with current lifestyle, don't expect too much, having a positive approach, e.g., "No worries". ***George***

Another portrayed well-being and contentment as existing even in the absence of actively doing something. Mary also referred to being happy at ‘being here’, which again, at this stage of the life cycle (Erikson, 1982), could be interpreted as feeling happy to be alive still:

> *A feeling of contentment, enthusiasm. Doing absolutely nothing, and thinking to myself: I’m happy to be here.* ***Mary***

Finally, well-being was defined by some participants as feeling happy and able to cope with challenges;

> *If you’re happy and everything is going all right – manageable, you’re managing well.* ***Peggy***

Including coping with life:

> *Feeling well and able to cope with the life you are living.* ***Edith***

Summary - Focus on Well-Being

To conclude, for the participants in this study, well-being involved having the ability to take each day as it comes. In the first sub-theme, ‘One Day at the Time’, the significance of getting up in the morning, enjoying each day, and resolving any conflicts was articulated by participants. This emphasis on well-being as a daily experience, which is consistent with previous studies (e.g., Okun et al., 1990; Reis et al., 2000), raises the need to carefully consider the stage of life at which people are at before developing interventions aimed at increasing well-being. In effect, the participants’ descriptions of well-being as a day-to-day experience may reflect the specific existential issues faced by people in the later stages of life, such as approaching mortality (Gibson, 2004; Ruckdeschel, 2000), particularly for people over the age of 80 (Constança, 2007; Konnert et al., 2009).

Next, well-being was discussed in terms of engaging with one’s environment. ‘Being Able To’, showed how participants valued the capacity to be active and to engage in rewarding activities and hobbies. This emphasis on ‘doing things’ relates to the previous theme, “Managing Loneliness”, where participants noticeably privileged taking an active stance towards problem-solving. The crucial role played by physical health in facilitating this was clearly expressed by the participants in the current theme. This standpoint is consistent with physical decline as an age-related specific challenge (Knight, 2004; Knight & Lee, 2008), and its involvement in the overall well-being of older people (Katt et al., 2009; Okun et al., 1990; Zarit, 2009). It is possible that the

significance given by participants to leading an active life may reflect, in fact, the loss of physical faculties which they (or those around them), will face one day or another.

The third sub-theme, ‘A Feeling Inside’, portrayed well-being as a positive and enjoyable feeling which originates from the inner self (Bradburn, 1969). Participants conveyed their personal understandings of the construct such as feelings of satisfaction, comfort, and contentment. They emphasised the highly individualised nature of well-being, and discussed how one’s perception about their current situation has a direct impact on their sense of happiness (Okun, et al., 1990). This view corresponds with the cognitive approach to emotional problems, namely that it is not the situation *per se*, but the individual’s perception and meanings given to the situation that determine the response, or immediate state of being (Beck, 1976; Laidlaw & McAlpine, 2008).

As a final point, participants’ accounts in this section have highlighted the need to consider the well-being of older adults in terms of their context and individual presentation. Indeed, one advantage of instrumental reminiscence is the consideration of both past and current contexts of a given individual. In addition, corresponding to Cattan et al. (2005)’s suggestion of integrating participants’ opportunities to influence the content of group interventions, the SEC provided a context for participants to be active in their learning process, and to actively give advice to others. In line with the participants’ accounts of well-being in the current theme, it is possible to assume that the dynamic nature of the SEC was suited to the older participants’ wish for meaning and accomplishment.

CHAPTER SEVEN

DISCUSSION

"Apart from the known and the unknown, what else is there?"
-Harold Pinter (1930-2008)

Outline

This chapter begins with a brief review of the aims and research questions of this study, as well as the guiding rationale for results interpretation. Next, results pertaining to the analyses reported in Chapter Five and Chapter Six are briefly summarised, and possible explanations for these findings are proposed. Subsequently, an overall outcome appraisal of the SEC is put forward, followed by potential contributions of this study to the existing literature. Where appropriate, practical implications for clinicians are integrated into each section. This chapter concludes with a discussion of the limitations of the current study and recommendations for future research.

Summary of Study Aims and Rationale for Interpretation

The primary objectives of this study were to develop, implement, and evaluate a group intervention designed to prevent and reduce loneliness and increase the well-being of older people. This study had four additional aims. First, investigate the theory on social and emotional loneliness (Weiss, 1973) and subsequent operationalisation of emotional loneliness into family and romantic loneliness (DiTommaso & Spinner, 1997). Second, examine the usefulness of a group instrumental reminiscence intervention to increase older people's ability to cope with challenges associated with aging, such as loneliness. A third aim was to explore participants' perceptions on what constitutes successful aging and loneliness, as well as possible strategies for its alleviation. The fourth and final aim of this study was to evaluate the intervention in an all-encompassing way to clarify the above considerations and to illuminate the needs of older people, in view of informing future interventions. The outline of the current investigation is illustrated in Figure 1.

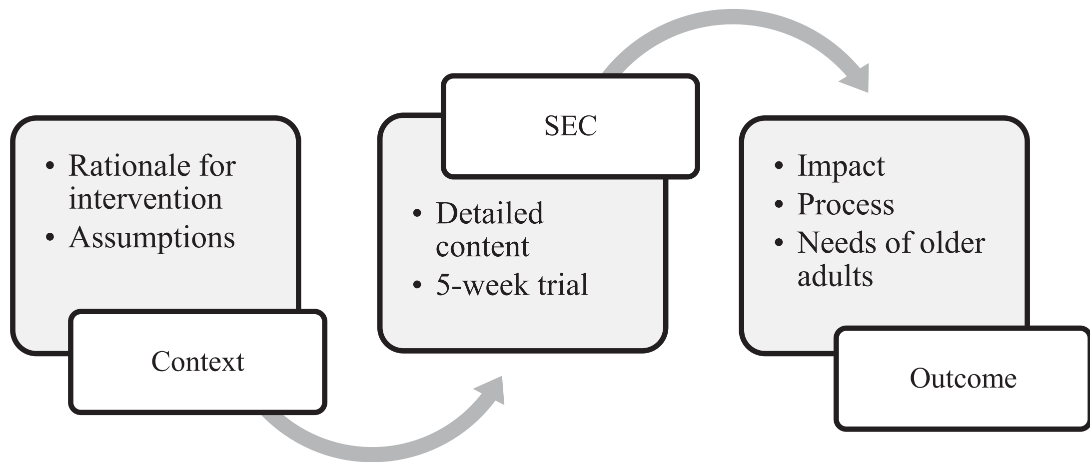

Figure 1. Outline of the current investigation.

As discussed in Chapter Two and Three, the SEC was developed in response to identified gaps in the literature concerning loneliness in old age. In Figure 1, the context constitutes the assumptions of the researcher in terms of what was needed and what could be useful, based on theory and empirical evidence. The SEC was then carefully developed and the intervention carried out over a five-week period with 17 participants. Guidelines for Therapists and implementation procedures are provided in Appendix A and Chapter Four, respectively. The current chapter is concerned with the evaluation of the SEC; more specifically, the comparison of the outcome and initial context, as moderated by the participants' experiences (see Figure 1).

Four research questions guided the study:

- *What is the effect of the Self-Enrichment Course on the participants' self-reported levels of well-being and loneliness (social, romantic, and family) over time?*
- *How is the Self-Enrichment Course experienced by participants? (Do they find it acceptable and useful, and if so, in what ways?)*
- *What are the participants' understandings of well-being and loneliness in the context of the Self-Enrichment Course, as well as their life experience and wisdom?*
- *In what ways do the participants' experiences of the Self-Enrichment Course, understandings of loneliness and well-being, and quantitative scores converge?*

In order to acquire different but complementary data on the above questions, a triangulation mixed methods design was selected. This design has also been referred to as “concurrent triangulation design” (Creswell & Plano Clark, 2007, p. 64), as the qualitative and quantitative data are collected separately but during the same timeframe. Typically, each set of data is analysed and presented separately, after which results are converged and interpreted in the discussion (Creswell & Plano Clark, 2007). A feature common to qualitative and mixed methods research is the consideration of the researcher as the interpretive tool, which is viewed as an integral part of the research process (Boyatzis, 1998; Elliott et al., 1999; Mertens, 2010; Patton, 1990). Creswell (2009) proposed that bias in interpretation can be avoided if research is grounded in data. The convergence model used in this study is presented in Figure 4, and provides a rationale for results interpretation.

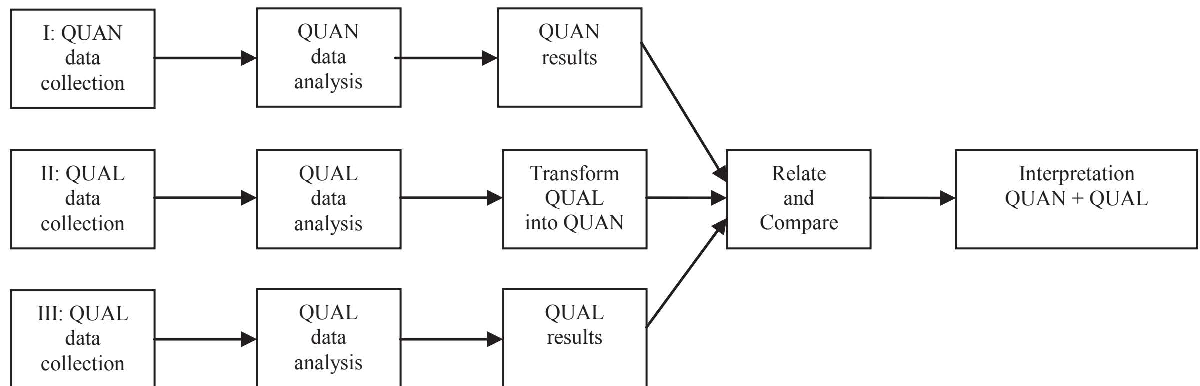

Figure 4. Triangulation design: convergence model used in this study (adapted from Creswell & Plano Clark, 2007).

Three analyses were performed in the current study: I) repeated measures ANOVA/paired samples t-tests (quantitative); II) content analysis/descriptive statistics (qualitative transformed into quantitative); and III) thematic analysis (qualitative). Results pertaining to each analysis will initially be discussed in terms of the three main research questions (though references to data from other analyses will be integrated when appropriate). Next, an attempt will be made at contextualising the complete data corpus within the fourth (mixed methods) research question, namely by highlighting ways in which the different data sets converge.

Summary of Findings

Analysis I

- *What is the effect of the Self-Enrichment Course on the participants' self-reported levels of well-being and loneliness (social, romantic, and family) over time?*

Participants' self-reported levels of loneliness, well-being, and depression were assessed over five measurement points; two before the intervention (T1: intake, T2: pre-test), and three after the intervention (T3: post-test, T4: Follow-up 1, T5: Follow-up 2) (Table 4). Using ANOVA and paired sample *t*-test analyses, it was predicted that results would indicate a positive impact of the SEC for participants, and provide preliminary information about its effectiveness over time.

Well-being. In line with initial hypotheses, results indicate that participants' self-reported levels of well-being improved immediately following the intervention and that these positive effects were maintained at one month and two months after the intervention. These findings offer preliminary support for the usefulness of the SEC in improving well-being over time, as measured with the A-2. Results indicate that the largest effect on well-being occurred two months after the intervention. This stands in contrast to the findings of a meta-analysis by Okun et al. (1990), where the effects of well-being interventions among elders were shown to dissipate after one month with a mean effect size decrease of $d = 1.02$. Okun et al.'s findings highlighted the danger of relying solely on immediate post-tests to draw conclusion about the efficacy of well-being interventions. The multiple measurement points in the current study permitted the assessment of both immediate *and* longer term effects of the SEC; this represents an improvement in methodology.

The fact that there was continued improvement in well-being after the intervention suggests that the numerous steps taken to promote the maintenance of gains in developing the SEC have paid off. The clear theoretical rationale guiding the intervention, the accent on tailoring the content to suit older people, and the active nature of the therapeutic work may account for the accrued improvement in well-being for participants in this study. The importance given to the role of wisdom in later life, combined with the emphasis on meaning and purpose through the collaborative creation of the Self-Help Booklet, may have reinforced the participants' sense of well-being over time. An alternative explanation is that something independent of the

intervention could possibly be producing the continued change. Since participants were aware of taking part in research and of the aims of the course (indicated on the SEC handouts – Appendix A), the potential for positive response bias needs to be considered. For example, it is possible that their reported well-being scores were inflated to please the researcher.

Loneliness. The third and fourth hypotheses postulated that participants' mean scores on romantic, family, and social loneliness would decrease immediately following the intervention, and that these effects would be maintained over a two-month period. Scores obtained on the first subscale of the SELSA-S, romantic loneliness, did not show any significant change over time and decreased only slightly immediately following the intervention. On the family and social subscales however, an interesting pattern emerged. Although there was no significant difference in mean scores between T2 and T3, and T2 and T4, scores on the two subscales decreased significantly between T2 and T5. Large effect sizes were observed at this point, indicating that the SEC had its strongest impact on social and family loneliness two months following the intervention.

Strictly speaking, these results do not support the effectiveness of the SEC on loneliness scores immediately following the intervention, nor at one month post-intervention (Howell, 2004). Despite slight decreases in social and family loneliness across these two time points, effect sizes were perceptibly small. However the significant improvement and large effect sizes found on these subscales two months following the intervention need to be carefully considered. For example, the fact that there was a gradual improvement in social and family loneliness levels from the study end-point to the two month follow, lessens the possibility (yet does not disconfirm) that the improvement at T5 was a coincidence (Van belle, 2002).

The gradual improvement in social and family loneliness after the SEC could be due to factors unrelated to the intervention. Factors in the participants' personal lives, such as general changes in the environment, or increased contact with family and friends between these two time points, may account for the observed change. Alternatively, the delayed effects could be attributable to the nature and content of the intervention. As for well-being, essential elements of the SEC, such as the focus on adjusting to changes in current and future relationships, may have provided participants with self-help skills which could have been of use to them sometime after completion

of the SEC. Similarly, the session handouts may have provided participants with useful tools for self-help.

The nature of the SEC was preventive insofar as a primary goal was to remind participants of successful coping with loneliness in the past with a view to facilitate coping in the present or future (Cappeliez & Watt, 2003). As indicated by scores obtained on the SELSA-S, participants in this study were not significantly lonely to begin with (Figure 8). Therefore, a substantial decrease in loneliness following the SEC was unlikely. In contrast, it was reasonable to expect that participants might benefit in their own time, or in the longer term, rather than immediately following the intervention. Another possible explanation for the delayed effects observed on social and family loneliness is that during the SEC, participants may have formed a better understanding of the concept of loneliness and their experience of the phenomenon, which, over time, could have served to facilitate change in their lives. Support for this can be found in the participants' quotes. Examples included the following comment: "I noticed that each person's character had undergone a certain strengthening as a result of these experiences which they had related" (Analysis II).

As for romantic loneliness, which was operationalised as a component of emotional loneliness in this study (DiTommaso & Spinner, 1997; Weiss, 1973), it seems that an intervention like the SEC may be an unsuccessful alleviating agent. Despite the integration of romantic loneliness in the content of the course and therapeutic work, this particular type of loneliness may necessitate other kinds of intervention. For example, the group context may not have been particularly conducive of change in this regard. Perhaps longer-term individual therapy could better assist those people who experience romantic loneliness in order to deal with their situation in an idiosyncratic way. Then again, Weiss' (1973) claim that emotional loneliness is associated with an inability to organise one's energies towards finding a solution, may suggest that group settings are nonetheless a good starting point.

In line with previous literature (e.g., Drennan et al., 2008; Kremmers et al., 2006; Victor et al., 2005), it appeared from in-session observations that this form of loneliness was largely associated with widowhood, and thus more difficult to alter. Weiss (1973; 1974) explained that romantic loneliness may only be alleviated by the reinsertion of a new attachment figure in one's life. The difficulties related to addressing romantic loneliness directly were discussed with Weiss in an email conversation. It was suggested that "... attachment-eliciting relationships aren't easily

sponsored and sponsorship would raise ethical issues. However, people do form such relationships themselves and it would be worth [in future interventions] monitoring their formation and their emotional implications" (R. Weiss, pers. comm., 28 April 2009). To conclude, mean scores in this study were high on romantic loneliness compared to family and social loneliness (Figure 8). Correspondingly, romantic loneliness has been found to be the most prevalent form of loneliness among older people (Drennan et al., 2008; Letts, 1992). Therefore, future research in this area is warranted. In light of the overall low significance of loneliness in the study, the methodological benefit in operationalising loneliness in a three-faceted way is therefore pronounced.

Depression. The fifth hypothesis stated that there would be no change in depression levels following the intervention. Although depression was not a primary focus of this study, the absence of any significant change in score offers support for the specificity of the SEC in addressing loneliness rather than low mood, assessed with the GDS. Nevertheless, it is important to note that participants did not score in the depressed range initially (Table 6), which limited possible improvements. The fact that both depression and loneliness scores remained consistently in the low range provides tentative support for the relationship between the two constructs (Adams et al., 2004; Blazer, 2002; Young, 1982). This was also exemplified by participants linking the two concepts in Analysis III, even if their use of the term depression is likely to be different from a psychiatric diagnosis (Blazer et al., 2004). Despite promising research to date within this area (VanderWeele et al., 2011), future research is still needed to establish the precise nature and strength of that relationship.

Fluctuations between baselines. The sixth and seventh hypotheses can be considered secondary to the main purpose of the current analysis. In effect, they aimed at providing some information about the process of the intervention, and in particular, the *context* of the participants (Knight & Poon, 2008; Lamont, 2009). In theory, there were two baselines in this study: T1 (intake) and T2 (pre-test). Since T2 was immediately preceding the beginning of the SEC, it was considered to be the most relevant and appropriate for use as a pre-test measure. However, rather than discarding the data collected at T1; it was included in the analyses for the purpose of assessing any changes in loneliness and well-being scores prior to the beginning of the SEC. This was particularly important given that Christmas occurred during the T1 – T2 time period. As discussed in Chapter Two, the Christmas season has previously been associated

with an increase in the experience of loneliness (Kasser & Sheldon, 2002; Steed et al., 2007; Velamoor et al., 1999). Accordingly, it was hypothesised that score changes between T1 and T2 would show an increase in social and family loneliness, and a decrease in well-being.

Results indicate that the time period between T1 and T2 may have had a negative effect on the participants' self-reported levels of well-being and social loneliness (Howell, 2004). The fact that no significant differences were found in family loneliness levels between these two time points somehow matches the descriptive data collected at intake: 88% of participants reported anticipating spending time with their family at Christmas. In contrast, only 47.1% of participants expected to spend time with friends. In addition, although the question: *How do you feel about Christmas*? yielded mostly positive responses (64.70%), a considerable number of responses were coded as neutral (29.40%). This may indicate some apprehension about Christmas for the participants in this study. However, only one participant expressed explicit negative feeling about Christmas (for personal reasons).

Within the limits of the current analysis (including no available information about the participants' religious beliefs), it is not possible to conclude that the change observed in participants' scores on social loneliness and well-being was due to Christmas *per se*. However, these findings offer some support for Weiss' theory of loneliness, namely that social loneliness can result from the absence of an engaging social network. As explained by Weiss (1973), Christmas is a time when fundamental connections take a greater importance for many people, particularly those who are unable to reunite with meaningful ones. It is possible that, for the participants in this study, the lack of an engaging social network around Christmas, potentially attributable to their living situation, may have led to an increase in social loneliness. On the other hand, it could be that the temporary presence of meaningful people around during Christmas, followed by a separation from them and return to everyday life, may have impacted on participants' levels of well-being and social loneliness. Finally, Christmas is also a time where comparison to others is forced; i.e. there is a social expectation about engaging with friends and family so the absence of meaningful connection can become more apparent and explicit.

Change in scores between T1 and T2 may also have influenced the evaluation of the impact of the intervention. Since problems with well-being and social loneliness were significantly reduced at T2 compared to T1, subsequent improvements at T3

could be attributable to a simple return to normality (or regression to the mean) rather than attributable to the intervention's effectiveness (Aron, Coups, & Aron, 2011). Conversely, it is possible that the lower scores at T1 were confounded by external factors, such as the fact that this measurement was taken on an individual basis at the outset of the assessment process. For example, participants may have voluntarily or involuntarily inflated their levels of well-being to confirm their entry into the study. Altogether, future research is needed to further explore the impact of Christmas on loneliness among older people. This appears even more important in light of the need for longitudinal studies, where seasonal variations (e.g., Christmas occurring) are going to be more likely.

Interestingly, participants' perceptions of the extent to which Christmas impacts on feelings of loneliness differed considerably between intake (T1) and post-test (T3). Specifically, only 5.88% of the participants answered *Not at all* at T1, whereas 47.10% did at T3. This change could indicate that participants somehow anticipated loneliness just prior to Christmas (at T1). Alternatively, it is possible that participants had developed a broader and deeper understanding of loneliness by the end of the course. They may also have felt more confident in their ability to deal with its occurrence, regardless of the time of year.

Altogether, results obtained on the A-2 and SELSA-S provide preliminary information for the usefulness of the SEC in preventing loneliness and increasing well-being among older people. These results also provide some evidence for the fact that the SEC did not have a negative effect on mood, loneliness, and well-being for the participants in this study. However, the small sample size and absence of a control group call for caution in attributing changes observed in the quantitative analyses to the intervention itself (Aron et al., 2011). In addition, two of the assumptions pertaining to ANOVA analyses were violated: random sample and normality. Since the distribution of the difference scores should be normal (in the population) and approximate normality in this small sample, it is not possible to conclude that the sample was representative of a general population (Corty, 2007). Equally, since the sample was not truly random, it may therefore not fairly represent the target population of older people living in retirement facilities in New Zealand. As a result, conclusions cannot be broadly generalised.

Notwithstanding these shortcomings, results in Analysis I have made available a set of valid results for the more restricted sample. Therefore, cautiously generalising

these findings to the wider population in view of informing future interventions is still valid. To be precise, the results obtained in the current study do make a valuable contribution and can point future investigations in the right direction; however further replication is needed.

Analysis II

- *How is the Self-Enrichment Course experienced by participants? (Did they find it acceptable and useful, and if so, in what ways?)*

Satisfaction and usefulness ratings. As shown in Table 8, satisfaction ratings collected at the end of each session of the SEC showed that in general participants were highly satisfied with the sessions, as well as with the SEC overall. Ethical constraints required anonymity of the feedback data and as a result, it was not possible to distinguish the satisfaction levels of each individual over time. However, data for each of the four groups in addition to the entire sample offers support for the acceptability of the SEC in a more detailed way. Despite slight fluctuations, group ratings were consistently high within- and between-groups across each session, suggesting that the SEC was consistently well received over time.

Of particular note, session five received the highest rating (M = 4.65), which could in turn indicate a sense of achievement or mastery for participants. The lowest rated session was session two (M = 4.34), which is to be expected given that it was the first attempt at reminiscing in groups in a structured way. Adjustments were needed in subsequent sessions, and the majority of participants' written feedback at session two referenced the need for clear boundaries for timing of the "contact work" (see Table 11, where *Timing* was the third most frequent Suggestion for Improvement). In particular, several participants suggested the use of a bell to keep time and this was utilised by group facilitators in subsequent sessions.

Table 12 showed mean ratings on the usefulness of specific aspects of the SEC, both within- and between-groups. Highest rated items averaged between the four groups included: Recognising my own ability to cope with challenges (88%); Increasing well-being (87%); Increasing self-esteem (82%); and Promoting peer support and social contact (81%). Slightly lower rated items included: Understanding the relationship between thoughts and mood (80%); and the two lowest rated items were: Learning new ways to cope with loneliness (69%) and Preventing loneliness (69%).

It is entirely possible that participants initially found the course helpful for matters other than learning about loneliness. After all, the mean scores on social, family, and romantic loneliness in Analysis I did not reduce significantly immediately following the SEC. It could be that participants learned in a broader way, such as learning to cope with challenges in general, rather than specifically focusing on loneliness. However, there are important factors to consider prior to drawing conclusions from these mean ratings. In particular, the results clearly show that Group D was repeatedly the least satisfied group across most aspects of the course.

Difficult group dynamics within Group D developed between two individuals towards the middle of the course. These are likely to have influenced members' ratings in this group, and negatively skewed the overall results. An additional factor which may have threatened Group D's equilibrium is the departure of one participant at session two. A slight decrease in satisfaction ratings at that time may reflect this loss (Table 8). As shown in Table 12, when considering the mean ratings for each group across the various aspects of the course, scores fluctuate in a rather slight and unsystematic way.

Finally, it is useful to bring to mind the concept of stigma associated with the experience of loneliness which is frequently discussed in the literature (Donaldson & Watson, 1996; Jylhä, 2004; Victor et al., 2000). With the CALTAP model, Knight and Lee (2008) highlighted the role of culture in influencing older people's experiences, including mental illness interpretation and help-seeking behaviours. It is possible that despite positive learning experiences reported by participants, the SEC failed to shift some of the pejorative attitudes towards loneliness for some people. Support for this can be found in 'Causes of Loneliness' (Analysis III), where some participants attributed the experience of loneliness to personality traits, one's outlook on things, or a lack of effort altogether.

Content analysis. The quality of the participants' written feedback provided valuable information about the usefulness of the SEC, as experienced by each individual. Feedback data collected on a regular basis (per-session) not only helped guide organising the course; but also outlined what participants found useful, less useful, and justifications for their opinions. In addition, feedback on the course overall provided a concise overview of participants' experiences of the SEC. "Per-Session" and "Overall" feedback from participants are summarised and discussed in this section.

Per-session feedback. Content analysis of the Per-Session feedback data provided by participants ('Most Helpful') resulted in 13 codes (displayed in Table 9). Responses were subsequently rated in terms of frequency (Table 11). The most frequent responses with regard to what participants found most helpful were: *Learning from sharing with others*, *Feedback from other members*, *Role of the group leader/co-facilitator,* and *Learning from listening to others.* Although distinct concepts, these codes relate to learning from interactions within the group context. For example, the usefulness of feedback was honoured by participants, whether provided by other group members, or by facilitators. An interesting finding arising from this analysis was that participants attributed greater importance to learning from the group as compared to specific learning goals associated with instrumental reminiscence; e.g., *Being cognitively active, Learning about the value of the past, Learning about coping, Learning about loneliness,* and *Learning about feelings.*

However, the fact that participants voluntarily provided positive feedback on these particular features of the course indicates that they appreciated and made use of the reminiscence element of the SEC. To that end, participants commented on the usefulness of thinking about possible answers to their feelings, and of revisiting past life experiences in order to bring strength to their current lives. Participants also noted the usefulness of learning about loneliness, such as the different perceptions of loneliness amid individuals, and the gain of insight into their own experience of loneliness to-date. This feedback matches the participants' understandings of loneliness as an idiosyncratic phenomenon, as reported in 'The Nature of Loneliness' (Analysis III).

Content analysis of the Per-Session Feedback provided by participants ('Suggestions for Improvement') resulted in 11 codes which were displayed in Table 10, along with their frequency of response in Table 11. A number of questions and suggestions for session improvements were offered by participants. These primarily concerned *Group structure* (e.g., the appropriateness of married group members); *Course content* (e.g., less emphasis on loneliness and a greater variety of questions); and *Course process* (e.g., concentrate more on recent events rather than the past). Interestingly, the last suggestion contrasts with earlier positive feedback regarding the value of incorporating the past in dealing with current challenges. On the other hand, this suggestion compares with quotes in "The Past in the Present" (Analysis III), where

participants reflected on challenges associated with reminiscing, such as revisiting unresolved aspects of one's past.

By and large, participants' feedback about improving the SEC was carefully considered each week, and adjustments were made as necessary. As discussed, one such example was the issue of *Timing* at session two. In addition, the questioned suitability of married couples in the groups prompted the group leader to monitor associated dynamics and to note the amount and content of information shared by married individuals when their spouse was in the same group. In line with the participants' feedback and published guidelines on group work (Birren & Deutchman, 1991; Leszcz, 1996), it would be advisable to carefully consider the utility of including married partners in future groups of this kind.

Notwithstanding these valuable suggestions from participants, a noteworthy finding from this analysis is that the majority of suggestions for improvement that were offered were, in fact, positive feedback. Taken together, *Nothing to improve, Positive feedback (general), Positive feedback to group leader/co-facilitator,* and *Stay the same*, represent over 65% of all responses. The fact that feedback forms were entirely anonymous reduces the possibility of social desirability bias (Clark-Carter, 2010). These findings indicate that participants were generally satisfied with the sessions over time, and appeared adamant to let the facilitators know about this. The incidence of feedback provided in terms of both 'Most Helpful' (only 4 blank forms) and 'Suggestions for Improvement' (only 6 blank forms) across the five sessions of the SEC confirms the ability of participants to express their opinions honestly and without difficulties.

Overall feedback. Content analysis of the overall feedback provided by participants one month following the SEC (T4) resulted in five codes for 'Particularly Helpful or Interesting' (Table 13), and five codes for 'Suggestions for Improvement' (Table 14). Remarkably, all participants provided written feedback on the course overall; all responses were rated in terms of frequency (Table 15). In line with feedback collected after each session ('Most Helpful'), participants provided feedback about the usefulness of *Group factors*. This most prominent code (41%) included references to sharing thoughts, ideas, and solutions with other group members. The second most important code (29%), *Learning about coping*, involved direct references to the participants' (re-)discovery of their own ability to cope during the SEC. In an extension of earlier suggestions questioning the usefulness of revisiting the past in sessions (T3),

several participants at T4 reflected back on their realisation that one's way of coping with problems in the past could be useful in the present. These comments are further substantiated by participants' accounts in the theme "The Past in the Present" (Analysis III), and point to a progression in the learning made both during and after the intervention.

Feedback responses regarding what was useful or interesting also included *Being cognitively active*; *Talking about meaningful things*; and *Group leader/co-facilitator*. The reported usefulness of the course in terms of activating cognitive processes (e.g., privileging helpful thoughts) reflects earlier feedback from participants (see Table 9), and is consistent with the cognitive nature of instrumental reminiscence (Cappeliez, 2002; Cappeliez & Watt, 2003). For example, the introduction of the Five-Part Model in session two (Appendix A) was generally well received by participants, as evidenced by their comments in-session. In addition, strategies to alleviate loneliness that were suggested by participants in "Managing Loneliness" (Analysis III) included the utility of differentiating emotions from thoughts. However, it was therefore somewhat surprising that the Thoughts and Emotions Grid introduced in session three (Appendix A) proved to be a less popular exercise and, perhaps due to its increased complexity, few participants reported using it in the week following its introduction.

Participants' 'Suggestions for Improvement' for the SEC overall were summarised in Table 14. Similar to the feedback provided for each session, the majority of responses to this question were positive. Taken together, *Positive feedback (general); Group leader/co-facilitator*; and *Would like to continue,* constitute over 56% of the responses provided. The latter suggestion was made explicit at the last group session (T3), when some participants voiced their wish to keep the meetings going "at least once a month".

It was noted that for most groups, cohesion between members grew as sessions progressed. This was evidenced by increasing numbers of overt demonstrations of appreciation towards other group members, ranging from the use of caring words to lively discussions, and helping one another with walkers and seating arrangements. From the facilitators' observations of the group dynamics, there is little doubt that some participants developed attachment towards fellow members and/or the group facilitators. Evidence for this includes the fact that one participant brought a camera to the last session, took a photograph of the group leader, and posted it to her at Massey University, along with an official signature and two additional photos of the group

member's family and friends. Accordingly, termination of therapy needed to be carefully considered, namely by clarifying the structure of the course (Birren & Deutchman, 1991; Gibson, 2004, Yalom & Leszcz, 2005) and by gently reminding participants of the number of remaining sessions each week. To this effect, the follow-up meeting one month after the intervention was regarded as a valuable opportunity to reconnect with fellow group members and facilitators alike.

Valuable 'Suggestions for Improvements' by participants included *Course content* and *Future groups.* In particular, participants recommended spending additional time on homework revision. In the SEC, this component of the intervention was initially addressed for approximately 10 minutes each session. In essence, this appears limited once the allocated time is divided amongst all group members. One possibility for the future implementation of the intervention could be to increase the time allocation for homework revision and correspondingly reduce the time allocated to introducing the next topic to five minutes (see Appendix A). Another option could be to increase the length of sessions overall; although feedback from participants revealed that 1.5 hours was a "good amount of time" (Table 14). Overall, there is a need to carefully balance the structure of the sessions so that there is sufficient time for the main reminiscence component of the intervention ("contact work") and subsequent feedback and discussion to take place.

Another important suggestion for improvement made by participants was to address fears of death (Analysis II). This proposal is noteworthy insofar as impending death is an inherent and important challenge for older individuals (Knight, 2004; Knight & Lee, 2008; Knight & Poon, 2008). This may predominantly be the case as age advances, as was observed by participants in the *old-old* category in the present study. In contemplating the nearing end of their life, older people are likely to experience a combination of feelings including uncertainty (Yalom, 2008), anxiety (Jylhä, 2004), and loneliness (Donaldson & Watson, 1996; Weiss, 1982). Investigating the occurrence and experience of loneliness in the face of death is an important avenue for future research, particularly since the world's population is aging and people are living longer (Mental Health Foundation; 2010; New Zealand Associate Minister of Health, 2002; United Nations, 2007).

In summary, results of Analysis II suggest that participants in this study generally found the SEC acceptable and useful. Anonymous ratings and written feedback collected at weekly intervals proved to be a valuable way of collecting

information about the participants' perceptions of the SEC. Perhaps due to researchers' assumptions that older people may not be able or willing to do so (Zarit, 2009), feedback data has not typically been gathered in this area of research. Additional information pertaining to the acceptability of the course includes the very high attendance rate. Apart from one participant on one occasion, all participants attended the five sessions of the course and the two follow-up meetings at their own will. However this could be because participants were living on-site; similar results may not be expected if people do not all live in the same locality. Finally, as explicated in Table 13 and Table 14, a number of participants expressed having never taken part in courses like the SEC. This observation inherently confirms the paucity of therapeutic group interventions for older people living in retirement facilities previously painted in the literature (Adams et al., 2004; Cattan et al., 2005; Dupuis-Blanchard et al., 2009; Park, 2009; Savikko et al., 2005).

Analysis III

- *What are the participants' understandings of well-being and loneliness in the context of the Self-Enrichment Course, as well as their life experience and wisdom?*

A thematic analysis was conducted to provide insight into the participants' personal meanings of loneliness and well-being, as well as their experiences of the SEC. The early stage of this area of research and lack of agreement on the main constructs involved, called for qualitative inquiry (Mertens, 2010). Data pertaining to this analysis included the participants' hand-written notes from the last practice exercise, as well as their verbal definitions of loneliness and well-being collected at the initial and post-intervention interviews. In line with the CALTAP model proposed by Knight and Lee (2008), it was hoped that investigating participants' perceptions directly would provide a comprehensive set of data concerning the intervention, as well as their environmental, historical, and individual characteristics. The aim was to produce work that is verifiable (Braun & Clarke, 2006; Gibbs, 2007), in order to inform future interventions of this kind.

Interaction of the main themes. Five main themes were uncovered in the data. Each theme was systematically discussed in Chapter Six; therefore, only a concise summary of the results will be made in this section. As illustrated in Figure 9, each theme can be seen as interrelated with the other ones. Whereas the first theme,

"Understanding Loneliness", discussed the nature and causes of loneliness, the second one, "The Past in the Present", conveyed ways in which participants made sense of reminiscing in the SEC. In an extension of the learning made during the course, "Managing Loneliness" included the participants' suggestions on ways to deal with the present or future experience of loneliness. The theme "Focus on Well-Being" extended the notion of coping by discussing what comes after solving life challenges and what it means to be well for participants.

In many ways, the theme "The Meaning of Wisdom" occupied a central place in this analysis. On one hand, participants' reflections on discovering or furthering their own wisdom during the course underlined the concept of learning at any stages of life. On the other hand, participants' wise advice to others reflected their extensive knowledge and experience of life, accumulated through seven, eight, or nine decades of living. Correspondingly to existing literature on wisdom and aging (Baltes & Smith, 1990; Bluck & Glück, 2005; Erikson, 1982; Knight & Laidlaw, 2009; Kohlberg, 1973; Scheibe et al., 2007), this study made the assumption that older age is linked to wisdom; questions proposed to them at the end of the SEC required them to reflect on their own wisdom. For example, it is possible that participants would have termed their life knowledge differently.

Notwithstanding this assumption made by the researcher, participants engaged well with the concept, namely by questioning its use and application to their lives, others' lives, and the course itself. Importantly in the context of evaluating the SEC, "The Meaning of Wisdom" highlighted the fact that interventions targeted at older people need to be developed, implemented, and evaluated while concurrently taking into consideration the participants' context (Knight & Lee, 2008; Laidlaw & Baikie, 2007; Pachana et al., 2006). Only in relation to their personal knowledge collected over several years did participants make sense of the intervention (Atchley, 1989) and this was either when "Understanding" or "Managing Loneliness" (namely bringing "The Past in the Present"), or when turning their "Focus on Well-Being".

Outcome

In response to gaps in the literature introduced in Chapter Two, this study aimed to evaluate the outcome of the intervention in an all-encompassing way. As stated by Creswell (2009), and Teddlie and Tashakkori (2006), the combination of multiple forms of data can help to bridge the gap between research and practice, and contribute to the evolution of loneliness interventions with older people (Cattan et al., 2005).

In the current study, three research questions guided the selection of three different analyses to evaluate the outcome of the intervention in terms of both impact and process (Mertens, 2010). The main findings pertaining to each analysis have been discussed independently. This section now takes the evaluation one step further by merging qualitative and quantitative findings, exploring the interaction between these, and considering how this interface can contribute to the existing knowledge in the field.

How do the Data Converge?

- *In what ways do the participants' experiences of the Self-Enrichment Course, understandings of loneliness and well-being, and quantitative scores converge?*

The three different analyses in this study can be seen as a progression in the specificity of the data: from the overall group (Analysis I), to the four groups (Analysis II), through to each individual (Analysis III). Data from these analyses converge in many ways, some of which have already been outlined in previous sections. Throughout the research process, it became increasingly clear that answers pertaining to each research question were not confined to a single analysis. For example, participants' experiences of the SEC were primarily examined through Analysis II; yet Analysis III provided extremely valuable information regarding this question. Indeed, it seemed from the participants' accounts in the thematic analysis that most of the learning around loneliness and well-being occurred through experiences within the groups. These experiences included listening to other participants' stories and also sharing one's own. To provide a meaningful yet succinct picture of the interactions between each data set, this section will focus on three key points: a) the notion of time; b) coping with loneliness; and c) group factors. An overarching question that guides this amalgamation and interpretation of findings is: How did the participants learn during the SEC?

The notion of time. The research process and outcome highlight the role of time in this study, and potentially in working with older people in general. Questionnaires were completed before and after the SEC, feedback data was collected at each session, and written contributions were collected at the end of the course. This comprehensive assessment from various perspectives clarified progression in the learning of participants, as reflected in the feedback collected at the end of the course: "I was able to be objective about certain things in earlier life and able to relate certain things to my present life. This involved a certain amount of pain but also a realisation

that one's way of dealing with problems could help in present day situations" (Analysis II). This evolution in learning experiences and understandings for participants corresponds to previous claims that therapeutic effects among the elderly can take a longer period of time to occur (Gibson, 2004; Johnson et al., 2003; Konnert et al., 2009).

Additional findings relating to the notion of time in this study included the daily nature of well-being portrayed by participants in Analysis III, such as that seen in 'One Day at the Time'. Furthermore, participants suggested allowing more time to talk in groups (Analysis II) and extending the duration of the SEC (Analysis III). Thus intervention efforts in this area need to take into consideration the stage of life that participants are at, and evaluate where more time and a slower pace can facilitate learning. In future replication of this study, the duration of the SEC could be lengthened. Two sessions rather than one could be spent on exploring each type of loneliness, as this would provide participants with additional evidence for their ability to cope with loneliness. One last point with respect to the notion of time concerns the participants' awareness of impending death. Participants' alertness about approaching death was highlighted in both thematic and content analyses, such as in their appreciation of waking up in the morning and living each day; "... Happy to be here – feels good" (**Ann,** Analysis III)**.**

Coping with loneliness. According to the variety of opinions in Analysis II, participants in this study learned about loneliness in a highly individual way. This corresponds to the idiosyncratic nature of loneliness described in Analysis III, and the interactionist theory of loneliness proposed by Weiss (1973); i.e. loneliness can take different forms according to the individual's circumstances. Both content and thematic analyses showed that many participants gained insight into their personal experience of loneliness during the SEC, and developed an understanding that loneliness can occur at any stage of life. An example of this can be found in Analysis III, when **George** envisaged the possibility of experiencing loneliness in the future: "If my wife died before me, I would be lonely. I wouldn't cope with it". Quotes from the thematic analysis also showed *how* people learned about loneliness. Some participants gave precise examples of the different types of loneliness, and all participants offered generous advice on ways to deal with its experience. This contrasts with feedback provided by participants in Analysis II, where the usefulness of learning about loneliness in the SEC was endorsed least frequently, at only 6% (Table 11).

One finding consistent with Analyses II and III is the conceptualisation of loneliness as a life challenge that can be dealt with, and that changes can be made in one's life to adjust and connect with others in meaningful ways. Similarly, well-being was perceived by participants as vulnerable to environmental stressors, which again were framed as challenges to be resolved. An example is one participant's comment that "... attacks on one's feeling of well-being can come from many different directions and I always find it amazing how the human spirit can rise to meet the challenges in most cases" (**Mary**, Analysis III). This (re)framing of loneliness as a challenge was an intrinsic part of the SEC, which seemed to resonate well with participants.

Loneliness as a multidimensional phenomenon. In line with the interactionist theory of loneliness (Weiss, 1973) results obtained in Analysis I and III revealed that loneliness was experienced in different ways. In Analysis I, although romantic loneliness scores were elevated, few fluctuations over time were observed. This is consistent with the fact that 53% of participants in this study were married and remained married throughout the intervention. Likewise, scores on family loneliness remained fairly constant over time; although these scores were located at the lower end of the scale. These findings in Analysis I correspond to the paucity of references made to family loneliness in Analysis III. One of the poignant observations regarding family loneliness was the experience of losing a child; for example: "I have also learnt that the only grief that people are never able to overcome is the grief of losing a child, that they can and do adapt to the loss of a spouse – up to a point" (**Edith**, Analysis III). Such reflections on the experiences of others substantiated that participants learned from listening to other group members during the course.

As for scores on social loneliness in Analysis I, larger fluctuations indicated that this particular type of loneliness is perhaps more flexible and thus prone to change. In effect, most group intervention efforts in this area of research have focused on alleviating social loneliness, whether in an explicit (Martina & Stevens, 2006; Stevens & van Tilburg, 2000) or implicit way (Andersson, 1984; Chiang et al., 2010; Routasalo et al., 2009; Stewart et al., 2001). In Analysis III, one participant explained how his understanding of social loneliness had deepened during the course.

He commented that "As a result of your coaxing, insightful questioning and at times gentle urging I now have a better understanding of Social Loneliness and desired and available social relationships" (**Nigel**, Analysis III). The extensive positive feedback (Analysis II) and enthusiasm expressed by participants (Analysis III) indicate that

participating in the SEC represented a meaningful activity for some participants. As social loneliness has been linked with feelings of meaninglessness and boredom (DiTommaso, & Spinner, 1997; Weiss, 1973; Weiss & Bass 2002), and the development of meaningful relationships can alleviate loneliness (Bowlby, 1973; Weiss 1973; 1974), it is possible that participants have transferred skills learned in the SEC to their everyday lives. This generalisation of learning for participants could explain, in part, the delayed improvement in social loneliness scores two months after the course. In the context of the SEC, the notion of loneliness as multidimensional provided a language to learn from, and helped to normalise the experience of loneliness; i.e. loneliness is experienced differently depending on the individual's circumstances and context.

Instrumental reminiscence. As discussed in Chapter Three, reminiscence is the only therapy explicitly conceived for older people (Cappeliez, 2002). Instrumental reminiscence, which comprises elements of both cognitive-behavioural and reminiscence therapy, makes use of past experiences for current problem solving (Cappeliez et al., 2008; Watt & Cappeliez, 2000). It was anticipated that the focus on problem-solving and cognitive re-appraisal through memories of the past would provide participants with useful ways of adjusting to the current and future experience of emotional and social loneliness.

Data from Analysis II and III provide clear evidence that participants engaged in instrumental reminiscence, and that the process of revisiting past successful coping experiences proved useful in dealing with loneliness in the present and possibly in the future. Detailed examples of this can be found in "The Past in the Present". In addition, the data indicated that going back in time to revisit challenges can be taxing, as explained by **Robert** in Analysis III, who commented that "Sometimes it was difficult to hear. They said some of their life stories, everyone has different experiences"; and "Intimacy frightens the hell out of people; even to talk about it". Correspondingly, some participants emphasised the need to feel safe in the process of reminiscing, stating for example that "… most people will, bit by bit, reveal aspects of their past, but in their own time. Confidentiality is an important aspect of this process" (**Francis,** Analysis III).

Previous research has shown that reminiscence is an effective method for improving the psychological well-being of older people (Bohlmeijer et al., 2007; Cappeliez, 2002; Husaini et al., 2004; Nawate, Kaneko, Hanaoka, & Okamura, 2007;

Watt & Cappeliez, 2000). In particular, instrumental reminiscence has been associated with successful aging (Wong & Watt, 1991). Accordingly in Analysis III, well-being was linked to an increased ability to cope. Since participants' scores on well-being increased immediately following the SEC and in the two months after (Analysis I), it is likely that they developed an increased ability to cope with challenges during the intervention. This suggests that the aims of instrumental reminiscence, such as promoting adaptation and removing barriers to coping, were achieved in the SEC. Nevertheless, results show that participants' learning during or after the SEC was not limited to engaging in instrumental reminiscence but rather, occurred in a much broader and more explicit way through group processes.

Group factors. Chapter Two introduced the concept of therapeutic or common factors (Lambert & Ogles, 2004; Wampold, 2001). Specifically, it was asserted that change in psychotherapy outcome can be attributed to client (e.g., motivation), and therapist factors (e.g., warmth), treatment structure, change process, and therapeutic relationship (Grencavage, 1990). To this list, Yalom and Leszcz (2005) have added the following therapeutic factors which can account for change in group psychotherapy: acceptance and support, universality, advice, interpersonal learning, altruism, and hope. In a synthesis of all data collected in this study, it became obvious that much of the participants' understandings and experiences within the SEC related to these therapeutic factors operating within the groups. This section will discuss three core ways in which participants appeared to learn during the SEC. These include learning through the therapeutic relationship; learning through feedback; and learning through "talking and listening".

Learning through the therapeutic relationship. In contrast to individual therapy where the therapist is directly involved as agent of change, the group therapist's primary task is to create a group culture which is optimally conducive to effective group interactions (Yalom & Leszcz, 2005). Effectively, the therapeutic factors outlined earlier are largely provided by group members themselves and over time, the group becomes the agent of change. Figure 10 illustrates the development of the group therapeutic relationship over time in the SEC. Initially in this study, interactions occurred primarily through the therapist (a). As sessions progressed however, members increasingly interacted with each other, and thus set in motion the therapeutic factors (b). This view is consistent with the group leader's perception of not being the "expert", but rather sensing expertise in the group participants themselves.

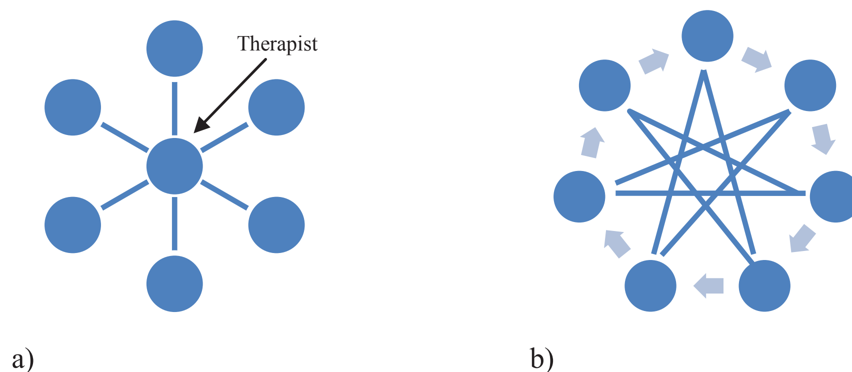

Figure 10. Development of the group therapeutic relationship over time in the Self-Enrichment Course (SEC) (Adapted from Yalom and Leszcz, 2005).

The group formation guidelines proposed by Yalom and Leszcz (2005) and outlined in Chapter Four, proved useful in developing an initial relationship between the therapist and group members (Figure 6 showed an overview of the verbatim schedule at the second individual meeting). Addressing misconceptions, uncertainty, and possible problems prior to the beginning of the SEC may have alleviated anxiety and clarified group expectations among participants. Due to the participants' vulnerability in terms of age, frailty, and mobility challenges, it was also important for the group leader to arrive on-site early and be available for those in need of assistance. A caring and respectful attitude towards participants in these times (e.g., helping group members to get to the sessions) added a sense of closeness between therapist and participants, and may have contributed to the development of a solid group therapeutic relationship.

Learning through feedback. Feedback was identified in the data as another useful learning process for participants during the SEC. Quotes from both thematic and content analyses clearly demonstrated the extent to which participants enjoyed and benefited from the feedback component of the SEC, which was built into the session structure. Evidence for this includes feedback provided by the participants themselves in Analysis II, where *Feedback from other members* was the most frequently cited response for what participants considered most useful.

This appreciation for feedback corresponds to the positive aspects of maturation proposed in the CALTAP model (Knight & Lee, 2008). From this angle, the intact cognitive complexity of older people can be seen as asset for examining life events

from other individuals' perspectives, and thus guides the use of group feedback in providing alternatives to one's thoughts and behaviours (Knight & Lee, 2008; Knight & Poon, 2008). Participants were invited to offer feedback on a regular basis and this is likely to have increased their sense of active contribution. Consistent with the inherently collaborative approach of cognitive-behavioural interventions (Laidlaw et al., 2004; Laidlaw et al., 2003; Goncalves et al., 2009) it is possible that the sole act of regularly asking participants for their opinions and suggestions may have contributed to their sense of satisfaction with the SEC. In addition, Cattan et al. (2005) reported on the favourable effect of providing participants with an opportunity to influence the content of groups in loneliness interventions. Finally, the group environment itself can provide a feedback system (Payne & Marcus, 2008; Yalom & Leszcz, 2005) which in this instance may have helped to normalise participants' experience of loneliness. In conclusion, despite its apparent usefulness for participants and the researcher alike, this study is the first of its kind to report and analyse feedback data of an intervention for loneliness with older people.

Learning through talking and listening. Once again, data from Analysis II and III converged to illuminate the participants' experience of the SEC. First in the content analysis, participants commented on the usefulness of "Learning from sharing with others", and "Learning from listening to others". Similarly, quotes in the thematic analysis revealed that participants developed an awareness of the way they interacted with others during the SEC. For instance, listening to others could help find a solution to one's problems. Participants' written accounts also included reflections on learning to talk about problems during the SEC, and the importance of talking and listening to develop a better understanding of oneself and others. This is evidence in one participant's reflection that "listening to others share their problems of the past helped for me to realise things that have happened in the past, could be different if someone would have said: let's talk about it" (**Walter,** Analysis III).

In an extension of this, participants' main suggestions to alleviate loneliness in Analysis III revolved around talking and listening as specific ways of engaging with others; e.g., "Please use your tongue to help others use theirs and to think and say what is bothering them – bringing things out in the open is very important. If you tell someone of your problems, in the telling, it doesn't seem as bad as it was just in your mind!" (**Peggy**). "Talking about meaningful things" was also a common positive feature in the feedback provided by participants one month following the SEC (Table

15). In a similar way, Reis et al. (2000) found that the best predictors of satisfaction with relatedness needs were meaningful talk, as well as feeling understood and appreciated. Based on feedback to facilitators in Analysis II and quotes in Analysis III, the SEC may have helped to facilitate talking and listening by providing a safe place for group members to connect in meaningful ways.

Last but not least, learning from interacting with others within the groups occurred through a process termed 'Social Comparison' in Analysis III. In some cases, sharing personal experiences with others led participants to re-evaluate their own experiences as a result of direct comparison. This notion was similarly portrayed in the content analysis (Most Useful), as evidenced by quotes such as "The opportunity to re-evaluate my experiences as a product of what others related about their experiences." The experience of comparing oneself with others seemed to lead to a greater understanding of the concepts at hand (such as loneliness and well-being), and similarly improved understanding of others in the group. This process of self-learning within a group context was further evidenced in the codes *Social Support* and *Feeling empowered* (Table 9), and relates to an early review of the social psychology literature. Pettigrew (1967) claimed that people tend to evaluate their current lives by using comparisons with their past experiences as well as social comparisons with others. Over time, the notion of social comparison has found its place in the study of the psychology of older people (e.g., Goethals, 1986). As explained by Peplau et al. (1982): "Gerontologists have invoked the concept of social comparison to help understand the psychological well-being of older adults" (p. 327). Altogether, these results indicate that for the participants in this study, learning occurred largely through group processes, including talking, listening, and comparing oneself to other group members.

Summary. To conclude this section on *How the Data Converge*, merging of the data in this way provided valuable insight into the mechanisms through which change may have occurred for participants in this study. Figure 11 provides a summary of the proposed interaction of participants' experiences of the SEC, understandings of loneliness and well-being, and quantitative scores. It appears that understanding for participants was very much located in their experience of the SEC, namely within the groups themselves. The participants' understandings therefore do not only refer to loneliness and well-being, but also to the development of a better understanding of themselves and others, as located in their past and present experiences.

Since learning generally occurs progressively over time, this may explain the delayed improvements in loneliness scores observed in Analysis I.

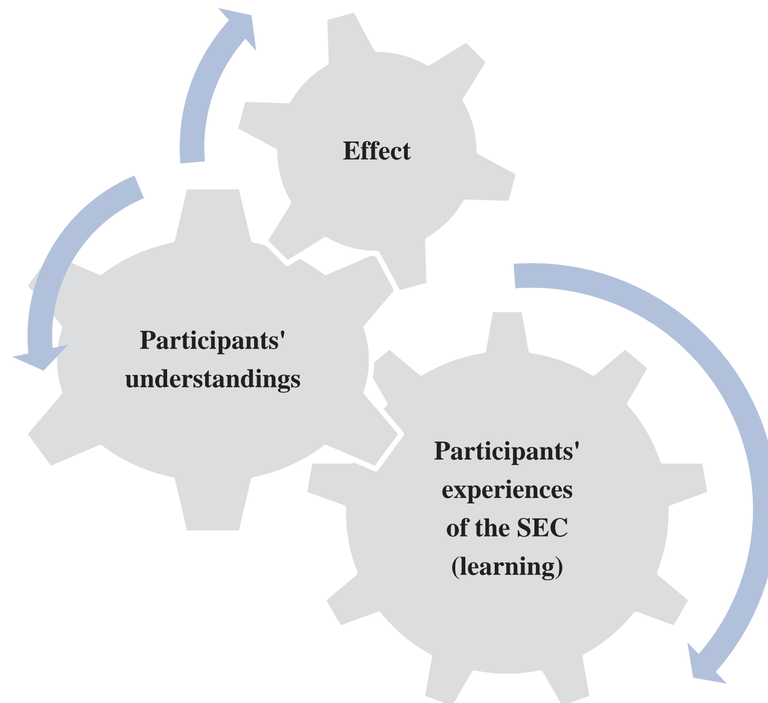

Figure 11. Interaction of participants' experiences of the Self-Enrichment Course (SEC), understandings of loneliness and well-being, and quantitative scores.

Loneliness in this study was conceptualised by participants as a normal challenge of life which can be addressed in an active way by connecting with others. Unexpectedly, it appeared that the primary place to do this was within the groups themselves. In fact, the importance that participants attributed to their interpersonal experiences within the groups seems to have taken precedence over the reminiscence component of the SEC. The powerfulness of the group therapeutic factors in creating change was an unexpected finding in this study. Since the SEC was developed with the intention of alleviating loneliness through instrumental reminiscence, it was remarkable to observe the extent to which participants liked and benefited from being in a group. Nevertheless, it is likely that the structured and active nature of instrumental reminiscence would have provided a vehicle for interpersonal change to take place. The role of common factors in producing change in groups with older people deserves further investigation. A suggestion for future research could be to offer a similar course

without a specific skill focus or with a different skill focus to see if it was equally helpful for participants.

To conclude, given the abovementioned evidence, it is appropriate to hypothesise that learning for participants in this study may have occurred in ways that resemble the mechanisms of action proposed in Figure 11. It seemed that the participants' experiences of the SEC drove their learning and understanding during the intervention which, in turn, enhanced the effect of the SEC on their scores on well-being and loneliness. Experiences within the groups are likely to have led to the generalisation of the learning to their everyday lives. However these claims are only tentative insofar as each human being is a whole and unique person, at whatever the age. Despite the apparent usefulness of the therapeutic group factors in the SEC, learning is also an individual process which is linked with motivation to learn or change (Gibson, 2004; Yalom & Leszcz, 2005). From a temporal perspective, revisiting personal memories required the use of internal resources to solve problems prior to any such sharing with others. Finally, the diagram in Figure 11 highlights the importance of gaining insight into the participants' experiences and understandings prior to measuring the effect of future interventions. This may be especially the case when the research problem has not been extensively researched, as it was the case in the present study.

Contributions to Existing Literature

Theory. In contrast to previous interventions in this area of research (Cattan et al., 2005), the SEC was developed with an awareness of the need for a clear theoretical framework guiding the intervention. It was hoped that making the theoretical rationale of the intervention explicit would help to bridge the gap between research and practice by facilitating future replication (and transfer of knowledge). Even more importantly, it was hoped that an explicit theoretical rationale would inform the provision of interventions for older people that are truly helpful. Clearly locating the SEC within theory was also consistent with the scientist-practitioner orientation of the researcher and with ethical principles for psychology practitioners working with older adults developed by Pachana et al. (2006).

Firstly, the CALTAP model proposed by Knight and Lee (2008) provided a broad conceptualisation for the consideration and understanding of aging and context-specific influences among older people. Secondly, a trans-theoretical approach guided the development of the intervention; the integration of psychodynamic and cognitive theories guided the main constituent of the SEC, instrumental reminiscence, which was

also located within the contextual coping framework (Folkman & Lazarus, 1986; Lazarus & Folkman, 1984). Thirdly, the translational theory proposed by Knight and Laidlaw (2009) provided a basis for the consideration of the role of wisdom in enhancing well-being among older people.

One central aim of this study was to provide insight into the typology of loneliness proposed by Weiss (1973), and to maintain the operationalisation of emotional loneliness into family and romantic loneliness as suggested by DiTommaso and Spinner (1997). The interactionist theory of loneliness suggested by Weiss (1973) once again unites influences of both psychodynamic and cognitive theory. The aim was to incorporate a clear operational definition of loneliness to the intervention, and to investigate whether it made clinical sense. This is important because there is great inconsistency in the field in terms of what loneliness consists of and therefore how best to alleviate it.

On the basis of the qualitative and quantitative data obtained, it can be tentatively concluded that the current study offers support for Weiss' typology. In Analysis I, the clear discrepancies between scores on family, social, and romantic loneliness, combined with the relatively unchanged scores on romantic loneliness, offer support for different subtypes of loneliness. In Analysis III, participants substantiated the diverse causes of emotional and social loneliness, including changes in relationships with friends (social loneliness), family members (family loneliness), and a spouse (romantic loneliness). In addition, participants distinguished between loneliness that originated from external or internal events, which is consistent with the interactionist view. In line with Weiss' (1973) theory, loneliness was conceptualised by participants as a normal challenge of life which can be actively addressed by connecting with others in meaningful ways. Finally, increased losses in later life emphasise the value of distinguishing between different experiences of loneliness and stress the need for future investigations in this area. For example, the absence of an attachment figure, such as a spouse or family member, differs in experience from the absence of a social network perceived as adequate.

Design. The design selected in this study adds to the existing literature on loneliness in a number of ways. First, as recommended by Findlay (2003), the evaluation was built into the intervention from the outset. The collection of various forms of data at different time points before, during, and after the SEC facilitated a careful assessment of the outcome of the SEC in terms of impact and process.

These concepts are intrinsically linked (Greene, 2000) and their simultaneous investigation permits the evaluation of both the effect of the intervention according to the study aims (Bryman, 2006; Lamont, 2009), and also how the intervention was received or experienced by participants (Mertens, 2010). The five measurement points in this study allowed for an examination of the impact of the SEC on participants' loneliness and well-being scores over time, including in a two-month period following the intervention. This concise longitudinal approach provided insight into whether or not the effects are maintained. In addition, this study provided some evidence for the continuous improvement in social, family loneliness and well-being after the intervention; learning was not confined to the duration of the SEC. Nevertheless, further research is needed that assesses the outcome of loneliness interventions over longer time periods, particularly since such interventions may prevent depression among older people (Cohen-Mansfield et al., 2009; VanderWeele et al., 2011).

Whereas the evaluation of the impact is concerned with immediate aims (reducing loneliness and increasing well-being), outcome evaluation takes into consideration underlying goals (the prevention of loneliness) (Lamont, 2009; Mertens, 2010). The role of prevention in this cohort and specific area of research has been flagged by researchers as requiring urgent attention (Cacioppo et al., 2009; Cohen-Mansfield et al., 2009; Karel et al., 2010; Konnert et al., 2009; Laidlaw & Pachana, 2009; VanderWeele et al., 2011). Evaluating the process of the intervention can provide valuable information about its usefulness in terms of prevention (Mertens, 2010). For example, showing the quality of the gains made by participants during the intervention informs their likelihood of coping effectively with the experience of loneliness in the future.

A major learning point in this study was the value of thematic analysis in evaluating the participants' experience of SEC, particularly in "breathing life" into participants (Braun & Clarke, 2006); and providing a sense of their individuality and context. The richness of the data provided by participants in this study provided valuable information not only about the participants' experiences, but also about their needs, such as autonomy and competence (Reis et al., 2000), social support (Thomas, 2010; Watt & Konnert, 2007), meaningful social engagement (Dupuis-Blanchard et al., 2009; Park, 2009), and a desire for active contribution (Thomas, 2010; Weiss & Bass, 2002). The thematic analysis revealed that older people can not only engage and meaningfully connect with others, but that they actually have a desire and ability to do

so in a significant way. Evidence for this can be found in the participants' written contributions, which ultimately formed the Self-Help Handbook.

This study substantiates the value of including qualitative methods in evaluation (Mertens, 2010; Patton, 1990), particularly in this under-researched area of study, to render the transferability of evidence more meaningful (Cattan et al., 2005). For example, quantitative assessment alone would have assumed that the techniques taught in the group were responsible for change. But the qualitative analysis showed up a whole range of other factors that might be responsible for this; e.g., increased understanding of loneliness by connecting with others within the groups. Furthermore, assessment of the participants' perceptions and experiences of loneliness provided support for the qualitative and multidimensional nature of loneliness (de Jong Gierveld & Kamphuis, 1985; DiTommaso & Spinner, 1993; Vincenzi & Grabosky, 1987; Weiss, 1973). To conclude, this study is the first to explore the process of a loneliness intervention in such a detailed way. Results from the thematic analysis add to the advancement of knowledge by providing evidence for the acceptability and usefulness of practical group interventions to enhance well-being and prevent loneliness in later life.

Practical considerations for future replication. A number of recommendations for the future implementation of interventions such as the SEC have been made in preceding parts of this discussion. This section briefly outlines some matter-of-fact considerations for practitioners, including difficulties encountered in the course of the current research. As with any population, there are inherent challenges in working with older people. In the current study, issues included quantitative measurement and a number of practical considerations in implementing the SEC.

Quantitative measures. This study was the first to examine the utility of the SELSA-S (DiTommaso et al., 2004) to measure change in loneliness scores over time for older people. In addition to its brevity, a major advantage of the SELSA-S was the consideration of the multidimensional nature of loneliness, including an extrapolation of emotional loneliness into romantic and family loneliness. It was expected that the use of the SELSA-S would lead to an enhanced understanding of how loneliness is experienced in old age in terms of type, frequency, and severity.

Despite some evidence for the acceptability of the measure with older people (Drennan et al., 2008), the clinical utility of the SELSA-S with the current sample is questionable. Compared to the GDS and A-2, the SELSA-S required the most

explanation to participants. In fact, each item needed to be carefully said out loud, and often repeated a number of times to help participants understand each item and eventually complete the measure. Due to the large number of negatively-worded and reverse items, it is possible that people may have incorrectly marked items, rendering the results obtained on the SELSA-S less meaningful (Cicchetti, 1994).

Based on these considerations, the current study does not support the future use of the SELSA-S with older adult populations without it being adapted to suit the needs of older people. Improvements of this nature would include at a minimum, the use of simpler wording, larger font, and a tailoring of item content to match the particular challenges experienced by older people. These challenges include loss or separations due to moving to a retirement facility. New sensitive measurements are needed to measure fluctuations in older people's feelings of emotional and social loneliness over time. Good internal consistency is indispensable to assess scores or processes involved over time (Cicchetti, 1994); yet as shown in Table 5, there was a great irregularity in terms of reliability with the SELSA-S in this study. That being said, the aims of measurement instruments in psychological research are not only to measure outcome, but also to help examine the processes involved and their interaction (Bryman, 2006). To this end, the use of the SELSA-S enhanced current knowledge by providing information about the frequency and severity of social, family, and romantic loneliness for a small sample of older people living in a retirement facility in New Zealand.

On the other hand, both the internal consistency and clinical utility of the A-2 were acceptable in this study. The short forms of the A-2 (adjectives only; Kammann & Flett, 1983a) were well received by participants in this study; e.g., the simple wording and format of the scale. The time period was selected as one week, as asking about the most recent days in an individual's life usually provides the most relevant information regarding their current clinical status (Cicchetti, 1994). However in line with recent literature, results obtained in Analysis III have illuminated the participants' perception of well-being as fluctuating on a daily basis. As stated by Zarit (2009): "Daily measures [of well-being in old age] have replaced the 'in the past week' ones" (p. 678). Accordingly, future intervention research on loneliness could include measurement that focuses on daily experiences of well-being (Reis, 2000).

Implementation of the Self-Enrichment Course. As can be seen in the data, the SEC was generally well accepted by participants, in terms of its structure, essential elements, and in particular, the group format. Specific therapeutic considerations which

worked well in the current study included a directive stance in leadership, a logical (yet flexible) session structure, and a clear demarcation between the group leader and facilitator. Other practical considerations included the use of simple phrasing, speaking loudly and clearly, the use of a white board for visual illustrations, and large font for written material (Appendix A). Importantly in the recruitment phase, it was emphasised to potential participants that they did not need to feel lonely themselves to take part in the SEC. The idea of taking part in the groups to help other people, namely via the Self-Help Booklet, was particularly well received. This desire to help others is consistent with findings of a survey by Thomas (2010) where, for a sample of 689 older adults, providing social support to others was more important for their sense of well-being than receiving support themselves.

In the current study, the Self-Help Booklet provided a functional means for participants to get actively involved and collaborate with other group members (Conn et al., 2007; Houston et al., 2000). However, time constraints and the fact that *Words of Wisdom* was distributed several months after the completion of the SEC limited the evaluation of its impact on participants and other recipients. Moreover, although the SEC was cost-effective insofar as it required few personnel and material resources, the cost and time involved in producing the Self-Help Booklet were considerable. Accordingly, future studies may consider adjusting this component of the intervention to suit budget and timeframe constraints. Core factors to consider from this exercise may be that including a collaborative project in an intervention can increase people's commitment to coming in the first place, i.e. to help others rather than because they see themselves as needing assistance. In addition, an altruistic effort such as *Words of Wisdom* can enhance older people's sense of purpose and meaning (Thomas, 2010; Weiss & Bass, 2002) which in turn links to their quest for wisdom (Butler, 1963; Knight & Laidlaw, 2009).

Another possible drawback of the SEC is that due to its therapeutic nature, group leaders and co-facilitators need to have adequate clinical training and experience in leading groups or working with older people. Challenges for therapists encountered in the course of the current research included: a) the great variability in functioning between individuals; b) physical difficulties, such as vision and hearing difficulties, problems with transport to the sessions; and c) cognitive difficulties, such as inconsistent memory abilities; e.g., forgetting to do the homework, the purpose of the course, or about coming to the session altogether. These practical challenges emphasise

the need for adequate preparation, clinical supervision, and the importance of the co-facilitator in this context. Finally, it was found in this study that, with all the components of the SEC, sessions were quite charged with material, perhaps too much at times. One possibility for the future implementation of the SEC could be to reduce the amount of psycho-education in-session to the minimum, to give priority to the learning made within group interactions, such as coping strategies offered by participants themselves.

Study Limitations

There are a number of limitations and ambiguities inherent in this study. First, as with many clinical studies with this age group, the number of participants available to take part in the current study was limited. The relatively small sample size prevents strong generalisation of findings to the wider population. In addition, comparison between the demographic characteristics of the current sample and demographics of the greater Auckland population over 65 showed that this group was not in fact an ideally representative sample. All participants identified as New Zealand European, had generally good levels of physical and cognitive function, and were living in one retirement facility in Auckland. Furthermore, the convenience sample used in this study consisted of highly motivated individuals with generally high levels of insight. Nevertheless, although not large enough to permit the generalisation of quantitative results, the sample size was sufficient to provide rich and valuable qualitative information about the needs of older people in regards to loneliness and well-being. In many ways, the qualitative findings in this study concurred with those of larger quantitative studies (Cacioppo et al., 2009; Cappeliez & Robitaille, 2010; Drennan et al., 2008; Hawkley et al., 2010) reinforcing their validity.

An additional limitation in this study included the curtailed follow-up period and the absence of a control group. Despite providing insight into the potential for prevention and usefulness of the SEC over time, the two-month follow-up period did not allow for the examination of participants' experiences and qualitative changes during that timeframe. Future research could not only increase the length of time and number of measurement points following the intervention, but also include ways to gather valuable qualitative feedback from participants. Finally, the absence of a control group in the current study means that changes in loneliness and well-being scores cannot be attributed to the intervention. Instead, this study illuminated the ways in

which older people can actively engage and change in groups settings, providing a solid basis for future interventions of this kind.

Recommendations for Future Research

The present study has provided valuable insight into the benefits and challenges inherent to the development, implementation, and evaluation of an instrumental reminiscence group intervention with older people. A number of realistic and practical suggestions were proposed to assist researchers and practitioners concerned with expanding the quality and effectiveness of interventions for loneliness among older people. Intervention efforts in this area must take into consideration the needs of older individuals including social and intimate needs (Cacioppo, 1999; Weiss, 1973), needs for meaningful relationships (Park 2009; Peplau et al., 1982; Weiss, 1974), needs for finding meaning and purpose (Erikson, 1950), and needs to contribute to others in ways that matter (Dupuis-Blanchard et al., 2009; Weiss & Bass, 2002). In light of the emphasis study participants placed on group therapeutic factors as their primary source of learning about coping with loneliness, future interventions could also focus on the role of feedback and social comparison in promoting connectedness amongst older people.

Further investigation into the variables that predict successful interventions for loneliness in old age are warranted. One possible avenue in future studies with larger sample sizes is to examine the extent to which people's living situations influence their experience of loneliness. For example, the literature would benefit from research comparing how people living dependently or independently within a retirement facility differ in their experience of social and emotional loneliness, and in their engagement within a group intervention for loneliness. In particular, it would be interesting to evaluate how different levels of insight can influence feedback between participants. To conclude, it is crucial for researchers in this field to take into consideration the particular context and culture of older people, rather than generalising results from one cohort to the next (Knight & Poon, 2008; Knight & Lee, 2008; Lemon et al., 1972). As is the case with individuals of all ages, each older person is unique and carries a distinctive history which, in turn, dictates their current and future needs including their needs for connectedness.

Conclusion

Loneliness in old age is an increasingly significant individual and societal concern which needs to be addressed. Given the paucity of interventions for loneliness among older people, the current study set out to advance knowledge in this field in a practical and meaningful way. In the words of Weiss; "Intervention, by all means try it. It's a good way to learn what's going on" (R. Weiss, pers. comm., 28 April 2009). The main objectives of the research have been achieved: developing, implementing, and evaluating a group intervention to prevent and alleviate loneliness among older people. Findings from this study contribute towards lessening the gap between research and practice in this burgeoning area of study by bringing together theory, evidence, and clinical insights about loneliness and well-being in old age. A summary of the current study in the context of research and practice is presented in Figure 12.

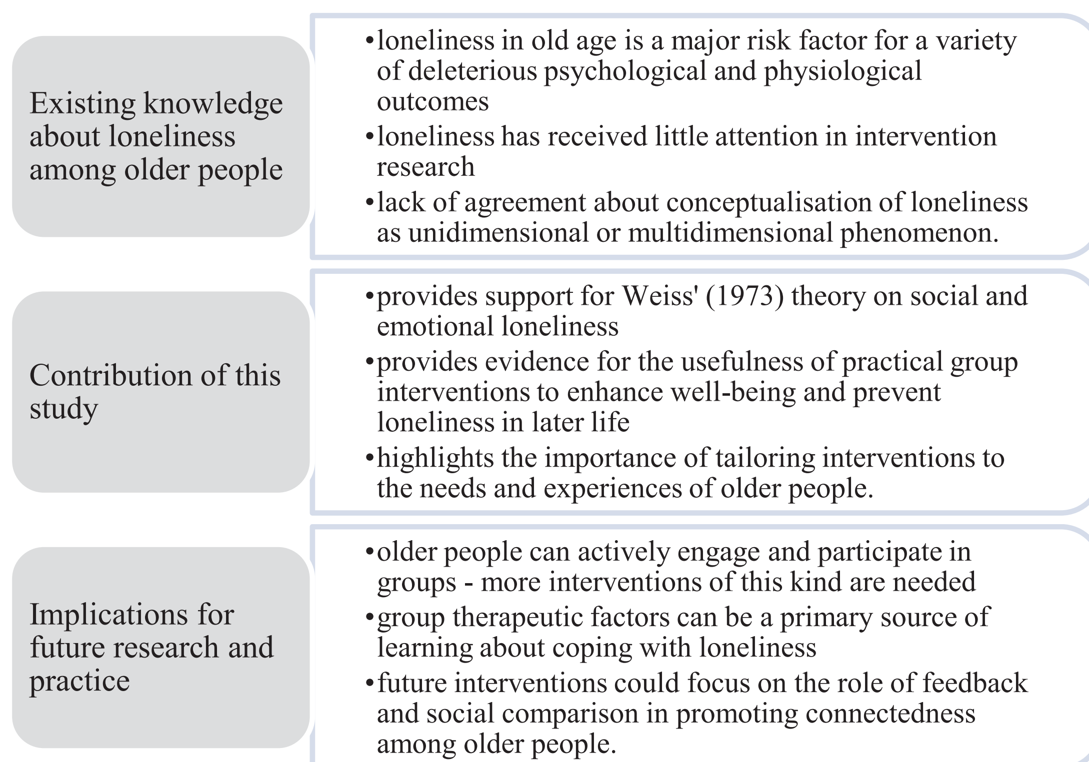

Figure 12. Summary of the current study in the context of research and practice.

With a well planned and comprehensive group intervention, it is possible to empower older people and help them improve their sense of well-being. By endorsing key group therapeutic factors, such as interpersonal learning, altruism and hope,

psychology practitioners can provide a context for older individuals to learn effective ways of coping with loneliness. These strategies include experiencing and sharing wisdom with other group members. After all, the formation of meaningful connections is an integral part of human nature (Baumeister & Leary, 1995; Cacioppo & Patrick, 2008), and this study shows that this never ceases to be the case regardless of age, illness, culture or background. Connectedness throughout the life course, therefore, may assist in forming one's present sense of identity.

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Appendices

Appendix A

The Self-Enrichment Course

The Self-Enrichment Course

A Five-Week Psychological Group Intervention

aimed at

Preventing / Reducing Loneliness
And Increasing the Well-being of Older People

For further information about the Self-Enrichment Course, write to:

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Guidelines for Therapists

OVERVIEW OF THE SELF-ENRICHMENT COURSE WEEKLY FORMAT

TIME	SESSION 1	SESSION 2	SESSION 3	SESSION 4	SESSION 5
Topic	**The context of aging**	**Family life** **Family loneliness**	**Social life** **Social loneliness**	**Romantic life** **Romantic loneliness**	**Life meaning and purpose**
10 minutes	Introduction to course and agenda development	Agenda development and homework review	Agenda development and homework review	Agenda development and homework review	Agenda development and homework review
5 minutes	Group aims, format, and guidelines	Focusing on the reminiscence	Focusing on the reminiscence	Focusing on the reminiscence	Controlled breathing and imagery
35 minutes	***(Pre-test measures)*** Rationale for reminiscence Practice first topic	Contact work Psycho-education Coping with family loneliness	Contact work Psycho-education Coping with social loneliness	Contact work Psycho-education Coping with romantic loneliness	Contact work Psycho-education How can I contribute?
10 minutes	Feedback from peers and topic summary	Feedback from peers and topic summary	Feedback from peers and topic summary	Feedback from peers and topic summary	Feedback from peers and topic summary
10 minutes	Break	Break	Break	Break	Break
10 minutes	Introduction and discussion of practice exercise Family Relationships	Introduction of the next topic and practice exercise Social Relationships	Introduction of the next topic and practice exercise Romantic Relationships	Introduction of the next topic and practice exercise The Self-Help Handbook	Collect contributions Self-Help Handbook ***(Post-test measures)***
5 minutes*	Questions and feedback	Questions and feedback	Questions and feedback	Questions and feedback	Questions and feedback

(Adapted from Husaini et al., 2004)

* The added session time totals 85 rather than 90 minutes to allow for more in-session flexibility.

Session Guidelines

Session 1

Running time

1. **Introduction to course and agenda development:**
10 minutes

- Introductions therapist and co-facilitator; model appropriate rounds.
- Brief introductions: "Please tell us your name, how you would like other group members to address you, a little bit about your family, and what your current activities are".
- Introduce the concept of Rounds: a) allow each group members to comment on what is being currently discussed; b) group members are not obliged to say something but are encouraged to do so; c) comments need to be brief to allow each person to speak.
- Explain that the session today will differ somewhat from the next four sessions, with a greater emphasis on describing and learning the group process. "Every week, we will set an agenda for the session. This will help us to keep track of what we're doing and what comes next. Also, it will be helpful for you to think about what you want to discuss in the next session".
- Distribute handouts for session 1: H1.1., H1.2., H1.3., H1.4., H1.5., H1.6.

10 minutes

2. **Discussion of the group aims, format, and guidelines:**
5 minutes

Go through handouts together:

H1.1 Introduction
Instrumental reminiscence:
Add: "This approach provides people with concrete skills to be used in solving current challenges with changes in relationships, which, if left unattended, may contribute to the onset and maintenance of loneliness. The focus is on resilience, adjustment and problem-solving; loneliness will be used as an example throughout".

H1.2 Structure: The five topics

H1.3 Guidelines: Tick boxes and add any suggestions

15 minutes

3. **Rationale and procedures involved in instrumental reminiscence:**
5 minutes

a) Purpose of the group work:
To provide each member with the opportunity to describe their reminiscence, and work through it in a way that can be useful to the self or others in the present.

To offer the opportunity to learn from others directly (give and receive feedback) and indirectly (e.g., modelling).
"Everybody here is unique, but also shares some things in common with the other group members, including a desire to learn and share, as well as similar strengths and challenges, as we will see shortly in a brainstorming exercise".

b) Role of the therapist and co-facilitator:
"Our role is to: a) keep an eye on the time so that everybody has an equal opportunity to share their experiences, b) assist members in trying to deal with their reminiscence and applying it to the present, c) give examples of reminiscences through stories or role-plays, d) give appropriate support to participants".

c) Role of the participants:
"Your role is to: a) discuss your own personal (rather than historical) reminiscence, not just the material offered by others, b) make a commitment to change by attempting to use your reminiscence in the manner suggested by the leaders, rather than simply recalling the facts of the past without evaluation or synthesis into current life, c) contribute to the creation of a self-help handbook for yourself and for other older people: the practice exercises are a practice towards this".

20 minutes

4. Practice with the first topic -The context of aging:
30 minutes

a) The context of aging – challenges and strengths
Draw a circle with 'older person' in it, and all the branches that constitute aspects of life (work, partner, family, friends, etc.).
Brainstorm: What are common stressors experienced by older people?
What are you left feeling? (e.g., loss, adjustment, etc.)
How do we contribute as older people; e.g., stories, knowledge, life experience
See H1.4 (Notes):

-Social beings: relationships with oneself and others; "No man is an island".
-This course: adjusting to changes in relationships
-What can be changed and cannot be changed? The Serenity Prayer
-What is well-being?
-What is loneliness? Add: "Results from changes in relationships, Emphasise the distressing nature of loneliness in this context, which differs from being happy alone for instance".
-What is instrumental reminiscence?

b) Demonstrate the process through a role-play (therapist and co-facilitator)
Reminiscence of a situation where the co-facilitator had to adjust / deal with a change / challenge, followed by the application of the reminiscence to current problem-solving.

c) Practice contact work with participants
Ask for volunteers to think of a memory where they had to adjust to change and succeeded in doing so.

50 minutes

5. **Feedback from peers and topic summary:**
10 minutes

Round: Ask group members to a) contribute constructive feedback to other members' attempts to achieve the task of the group, and b) share their understanding of the work and its application to their own life.
Provide brief summary and conclude this topic.

1 hour

6. **BREAK**
10 minutes

1 hour 10 minutes

7. **Introduction of the next topic and practice exercise:**
10 minutes

a) Procedure for practice exercises:
"Each week, you will receive a worksheet with one theme and prompting questions. You will be asked to write about this in your journal, and bring it to the next meeting (this material will be the focus of the next session).
You are encouraged not to focus on the style of writing, but rather on the content.
If writing is impossible or difficult for you, you will be asked to think about that specific memory and bring your reflections to the next meeting".

b) Rationale for practice exercises:
"Reminiscence therapy teaches people to use memories in specific ways in order to promote adaptation; it involves learning new skills. In order to master these skills, you need to practice them, both inside the group, and outside the group in more real-life situations. It is useful to spend a bit of time each week practicing with memories other than the ones you bring to the group".

c) Introduce topic for this week's practice exercise:

Role-play or story by therapist and co-facilitator (normalise next topic: Family life and family loneliness).

Discuss sensitising questions in practice exercises; e.g., the importance of focussing on a memory that includes some resolution; a challenge that ended well.

Discuss potential problems and encourage completion of the task.

1 hour 20 minutes

8. Feedback to therapist and questions:

5 minutes

- Review today's progress.
- Distribute Feedback Form for members to fill out, then collect.
- Round: Ask participants for feedback and questions regarding any aspect of the therapy or practice exercise.
- Confirm time for next session.

End session: 1 hour 25 minutes

Session 2, 3, 4

Running time

1. **Outline of today's session:**

- Agenda development and review practice exercise
- Focusing on reminiscence
- Contact work and psycho-education
- Feedback from peers and topic summary
- BREAK
- Introduction of the next topic and practice exercise
- Feedback to therapist and questions
- Distribute handouts for the current session:
  -Session 2: H2.1., H2.2., H2.3., H2.4.
  -Session 3: H3.1., H3.2., H3.3., H3.4.
  -Session 4: H4.1., H4.2., H4.3.

2. **Agenda development and review of practice exercise:**
   10 minutes

State the topic of the day and the purpose of the session: to use memories in an instrumental fashion to assist present and future coping.
Review group members' experience with the week's practice exercise; initiate feedback, clarify concepts, and provide positive reinforcement for any success in completing the exercise. Identify difficulties and ask feedback from the group on how to solve the problem.
Round: Each member briefly states the reminiscence which they would like to discuss in the group.

10 minutes

3. **Focusing on reminiscence:**
   5 minutes

Ask group members to focus their attention on this week's topic and their individual reminiscence: "a) close your eyes if you wish, relax to ease any tightness in your muscles; b) let any thoughts, image, or colour come and go, be an observer; c) bring to mind the memory you have chosen to discuss in the meeting; d) put yourself in the past and try to recreate the episode associated with the memory (name the weekly topic) and focus on one image which is particularly powerful for you; e) focus on the thought and / or emotion that best captures how you feel about the memory".

15 minutes

4. Contact work and psycho-education:
35 minutes

One-to-one encounter with each member around the agenda item previously agreed upon (approximately 7-8 minutes per person). The member provides details of the reminiscence, and with the help of the therapist, uses the recalled problem-solving experience to discuss its applicability in solving a present problem.
Discuss and learn ways of adjusting to loneliness in the past and present.
Integrate weekly psycho-educational components into the contact work.
Ask other group members to refrain from commenting until everyone has had the chance to speak.

50 minutes

5. Feedback from peers and topic summary:
10 minutes

Round: Ask group members to a) contribute constructive feedback to other members' attempts to achieve the task of the group, and b) share their understanding of the work and its application to their own life.
Provide brief summary and conclude this topic.

1 hour

6. BREAK
10 minutes

1 hour 10 minutes

7. Introduction of the next topic and practice exercise:
10 minutes

Summarise the progress made within the group.
Role-play or read story by therapist and co-facilitator (normalise next topic).
Describe next topic and sensitising questions in practice exercises.
Discuss potential problems and encourage completion of the task.

1 hour 20 minutes

8. Feedback to therapist and questions:
5 minutes

- Review today's progress.
- Distribute Feedback Form for group members to fill out, then collect.
- Round: Ask participants for feedback and questions regarding any aspect of the therapy or practice exercise.
- Confirm time for next session.

End session: 1 hour 25 minutes

Session 5

Running time

1. **Outline of today's session:**

- Agenda development and review practice exercise
- Controlled breathing and imagery
- Contact work and psycho-education (shorter than usual)
- Feedback from peers and topic summary
- BREAK
- Collect and discuss contributions for the Self-Help Handbook
- Feedback to therapist and questions
- Distribute handouts for session 5: H5.1., H5.2.

2. **Agenda development and review of practice exercises:**
10 minutes

Topic of the day: Contributing via the Self-Help Handbook
Purpose of the session: Sharing with the group one of the tips / advice chosen to assist others in coping with loneliness in the present or future.
Review group members' experience with the week's practice exercise; initiate feedback, clarify concepts, and provide positive reinforcement for any success in completing the exercise. Identify difficulties and obtain feedback from the group on how to solve the problem.
Round: Each member briefly states the contribution which they would like to discuss in the group.

10 minutes

3. **Controlled breathing and imagery:**
5 minutes

"In the last few weeks we have learned that closing our eyes and relaxing our body and mind can help us to focus on the task at hand and bring a clearer picture of the memory. As you have seen in your notes from last session, **controlled breathing and visual imagery** is similar to this but it also involves thinking about a peaceful or pleasant place or experience while we take deep breaths. Most people find this to be very relaxing and it is, in itself, a pleasant activity. Let's practice this together.

a) Think of a place or event that you found calming or peaceful: Make sure you have a clear image of this in your mind.
b) Place you hand on your stomach and breathe deeply: The stomach rises as you breathe in and goes down as you breathe out.
c) Imagine that you are in the scene in your mind: Focus on the sights, smells and sounds; you are feeling at peace, your muscles are heavy...

d) Continue to breathe deeply while you imagine this scene: Keep your image in mind. Think about how nice it is to be there, continue to breathe deeply; are your thoughts calm? Slowly... breathe in, breathe out".

15 minutes

4. **Contact work and psycho-education:**
30 minutes

One-to-one encounter with each member around the agenda item previously agreed upon (approximately 4-5 minutes per person). The member discusses contributions for the Self-Help Handbook with a focus on applying past and present coping to challenges one may face in the present and / or the future. Discuss and learn ways of adjusting to loneliness in the past, present and future. Integrate psycho-educational material learned in previous sessions.

45 minutes

5. **Feedback from peers and topic summary:**
10 minutes

Round: Ask group members to a) contribute constructive feedback to other members' attempts to achieve the task of the group, and b) share their understanding of the work and its application to their own life.
Provide brief summary and conclude this topic.

55 minutes

6. **BREAK**
10 minutes

1 hour 5 minutes

7. **Collect and discuss contributions for the Self-Help Handbook:**
10 minutes

1 hour 15 minutes

8. **Feedback to therapist and questions:**
10 minutes

- Review today's progress.
- Distribute Feedback and Satisfaction Rating Form for group members to fill out, then collect.
- Round: Ask participants for feedback on the course overall and discuss how people feel about this being the last session of the SEC (facilitate closure).
- Confirm time for follow-up session (in a month).

End session: 1 hour 25 minutes

Goals and corresponding handouts for session 2, 3, and 4

Session	Specific Goals	Handouts
2	• Normalise problems • Introduce the Five-Part Model • Discuss the concept of appraisals in selecting a way of dealing with a challenge	• Notes • Five-Part Model Diagram
3	• Highlight the importance and power of thoughts • Illustrate the relationship between thoughts and emotions	• Notes • Thoughts and Emotions Grid
4	• Illustrate direct and indirect ways of coping with a challenge • Bring together thoughts, emotions, behaviours • Introduce controlled breathing and imagery	• Notes

List of Handouts

Session 1 – The Context of Aging

H1.1.	Introduction: purpose and structure of the SEC	2 pages
H1.2.	Structure of the SEC: the five topics	1 page
H1.3.	Group guidelines	1 page
H1.4.	Notes (operational definitions)	2 pages
H1.5.	Practice exercise (family relationships) and example	2 pages
H1.6.	Feedback Form	1 page
	Total:	9 pages

Session 2 – Family Life, Family Loneliness

H2.1.	Notes (problems and solutions)	2 pages
H2.2.	The Five-Part Model	1 page
H2.3.	Practice exercise (social relationships)	1 page
H2.4.	Feedback Form	1 page
	Total:	5 pages

Session 3 – Social Life, Social Loneliness

H3.1.	Notes (thoughts and emotions)	1 page
H3.2.	Thoughts and Emotions Grid	2 pages
H3.3.	Practice exercise (romantic relationships)	1 page
H3.4.	Feedback Form	1 page
	Total:	5 pages

Session 4 – Romantic Life, Romantic Loneliness

H4.1.	Notes (steps in problem-solving)	2 pages
H4.2.	Practice exercise (my contribution to others)	5 pages
H4.3.	Feedback Form	1 page
	Total:	8 pages

Session 5 – Life Meaning and Purpose

H5.1.	Notes (summary)	3 pages
H5.2.	Feedback and Satisfaction Rating Form	3 pages
	Total:	6 pages

FEEDBACK FORM

It would be helpful to have your answers to the following questions to help us know how you felt about the session today, and to evaluate and improve the course overall.

1. On a scale of 1 to 5, how satisfied are you with the session today? Please circle a number on the scale below:

Not at all satisfied   Very satisfied

1	2	3	4	5

2. What did you find most helpful in today's session?

____
____
____
____
____
____

3. What suggestions do you have that could improve this session?

____
____
____
____
____

SATISFACTION RATING FORM

THE SELF-ENRICHMENT COURSE OVERALL

1. On a scale of 1 to 5, how satisfied are you with the Self-Enrichment Course overall? Please circle a number on the scale below:

Not at all satisfied Very satisfied

1	2	3	4	5

2. On a scale of 1 to 5, how helpful did you find the following aspects of the Self-Enrichment Course? Please circle a number on each scale below (1 = Not useful at all; 5 = Very useful)

A) Recognising my own ability to cope with challenges:

Not useful at all **Very useful**

1	2	3	4	5

B) Learning new ways to cope with loneliness:

Not useful at all **Very useful**

1	2	3	4	5

C) Understanding the relationship between thoughts and mood:

Not useful at all				Very useful
1	2	3	4	5

D) Promoting peer support and social contact:

Not useful at all				Very useful
1	2	3	4	5

E) Increasing well-being:

Not useful at all				Very useful
1	2	3	4	5

F) Increasing self-esteem:

Not useful at all				Very useful
1	2	3	4	5

G) Preventing loneliness:

Not useful at all				Very useful
1	2	3	4	5

Session Handouts

1.1. INTRODUCTION

Welcome to the 'Self-Enrichment Course'!

Purpose of this course

The **'Self-Enrichment Course'** is a five-week course aimed at increasing well-being and preventing / alleviating loneliness. The course involves discussions about resilience, problem-solving in the past and in the present, and adjustment to aging. Specifically, how can one adjust to changes in one's life and interpersonal relationships?

HOW DO OLDER PEOPLE USE THEIR PAST EXPERIENCE TO PROBLEM-SOLVE CURRENT CHALLENGES ASSOCIATED WITH AGING, SUCH AS LONELINESS?

Additional goals for this course are to: a) validate positive experiences, adaptation and competence; b) foster recognition of achievements and personal strengths; c) encourage a more balanced view on failures and losses in life; and d) promote peer support, social contact and adaptive future relationships.

It is expected that you will be able to apply skills and insights gained during the course to your everyday life, increasing your sense of overall well-being. It is also likely that you will find benefits in adjusting to loneliness in the event that you may be experiencing it now, or in the future. Last but not least, the collaborative creation of a Self-Help Handbook will contribute to help other people dealing with challenges associated with aging.

Structure of this course

This course comprises five sessions of 1.5 hours each. There will be a 10-minute break or more if necessary. Sessions will consist of:

- The development of an agenda for the day
- A review of the practice exercises (homework)
- Guided discussions on a theme specified each week
- Setting a practice exercise
- Feedback

The five sessions are designed to build on one another. Although there are times when ill-health or other matters can influence attendance to groups such as this, it is best to try to attend the five sessions to benefit from the course as much as possible. We would also like to return in one month to meet with you again and review the progress made. This ‘return visit’ will involve about one hour of your time.

The practice exercises included in this course are necessary so you can explore your ideas, practice between the groups some of the techniques we look at, and contribute to the next session. Practice in this way helps participants to gain long-term benefits from this sort of course.

To help us ensure that the material we teach and practice remains helpful to you and easy to understand, you will be asked to complete a brief feedback form at the end of each session. Your feedback and suggestions will be used to fine-tune the content of the group for the next participants. So please feel free to tell us what you think.

Learning in a group environment can be fun and exciting. While we encourage your participation, you will not be forced to share information that you do not want to. We hope however, that as you get to know other group members, you will feel able to share both your experience and wisdom.

Your group will have created some house rules to observe for this course. If you have any concerns about this course at any time, you can arrange with the facilitators to discuss some of these concerns. Phone contacts are provided below.

Isabelle Miclette (Doctoral Student) telephone:

Or my
supervisor: Dr. Janet Leathem telephone:

Note: Co-facilitator: Kirsty Furness

1.2. STRUCTURE OF THE SELF-ENRICHMENT COURSE

Each of the five sessions will have a specific topic or focus. The five topics are:

SESSION 1: **The Context of Aging**
Relationships with myself and others - Adjusting to aging

SESSION 2: **Family Life**
Family relationships - Adjusting to family loneliness

SESSION 3: **Social Life**
Social relationships - Adjusting to social loneliness

SESSION 4: **Romantic Life**
Romantic relationships - Adjusting to romantic loneliness

SESSION 5: **Life Meaning and Purpose**
Relationships with myself and others - How can I contribute?

One month after the groups finish we would like to meet again and review how things have gone. This ‘return visit’ will involve about one hour of your time

1.3. GROUP GUIDELINES

It is helpful to agree on group guidelines to facilitate the smooth running of the course. The following guidelines are designed to help participants and facilitators to feel safe about sharing and contributing to sessions.

Please indicate which guidelines you would like to include by ticking the box next to it:

Guideline	
I will be on time and would like the group to start on time	
I will notify the group leaders if I can't attend	
I will listen to what others have to say with respect	
Only one person talking at a time	
I will commit to doing the practical exercises	
Group leaders are not there to provide all the answers but to create a sharing and learning environment	
I will bring my journal and notes to every session	
I will try my best to enjoy my new learning experience	
Confidentiality: What is said here, stays here*	
It's good to contribute but OK to say no**	

Any other suggestions for group guidelines (Please add in the space provided below):

* **Confidentiality rule:** It is important in these groups for members not to identify group members to anyone outside the group to help people feel safe in disclosing personal material. Of course, there is always a possibility that someone will break this rule; if you have concerns about confidentiality, please talk to the group leader.

** **Self-disclosure rule:** At any time during the course, you may only discuss information that you want to disclose at that particular time.

1.4. NOTES – The Context of Aging

a) The context of aging – Strengths and Challenges

With aging, changes and loss increase. Common stressors experienced by older people include: retirement, physical illness or accidents, giving up driving, moving (e.g., into a rest home), poor eyesight or hearing, change of roles, changing government policies, etc.

As we are social beings ("No man is an island"), challenges also include changes in relationships. For example: conflicts with neighbours, falling out with a friend, caring for a sick spouse, family living in a different city, death of friends and relatives, separation from or death of a spouse, and many more.

This course is concerned with learning about relationships with oneself and others, particularly about how one can adjust to changes in relationships.

WHAT CONTRIBUTION CAN PEOPLE MAKE AS THEY GET OLDER?
WHAT STRENGTHS, KNOWLEDGE AND WISDOM HAVE YOU COLLECTED THROUGH LIFE EXPERIENCE?

b) What is well-being?

Sense of well-being refers to one's general happiness. General happiness does not, of course, exist in one of two opposite states like black and white, but in the balance between good and bad feelings. Research done in New Zealand has found that there are several components to the experience of well-being, including optimism, self-esteem, self-efficacy, social support and thought clarity. Well-being is the opposite of neuroticism, distress and depression, and is associated with mental health and adjustment to change.

c) What is loneliness?

Loneliness is a normal personal feeling that differs from 'being alone'; one may feel lonely even when surrounded by other people. It also differs from grief; it is a reaction to the *absence* of the cherished person rather than the experience of the loss.

Loneliness can be defined as **an emotional response to the difference between desired and available interpersonal relationships, whether social, family, or intimate**.

This experience is associated with changes (e.g., loss, conflict, involuntary separation) in one's relationships with:

• parents, siblings, children, or extended family:	Family loneliness
• a friend or a confidant:	Social loneliness
• a spouse or romantic partner:	Romantic loneliness

As such, loneliness can be considered as resulting from social isolation (social loneliness), or from emotional isolation (family and romantic loneliness). This distressing experience appears to increase with age, and is associated with physical, cognitive and emotional well-being. Loneliness for older people is variable, multi-dimensional, and experienced differently according to life events (e.g., the death of a partner being followed by romantic loneliness, or declining health leading to social loneliness). Loneliness may be temporary or persistent.

"Loneliness itself is not a disease; feeling lonely from time to time is like feeling hungry or thirsty from time to time. It is part of being human [...] Just as thirst is the prompt that reminds us to keep our bodies hydrated, loneliness is the prompt that reminds us how much we depend on one another". -J. Cacioppo

d) What is reminiscence?

Reminiscence is an activity that is common to people of all ages, and is something we all have experienced. It involves recollections dating at least one or two years, in which the person reminiscing was either the main person involved in the story, or was an interested observer of others' behaviour. It is a personal recollection rather than the recollection of historical facts.

Instrumental reminiscence teaches people to use memories in specific ways in order to promote adaptation. It can assist people to adapt and cope with stressors in their environment (e.g., in relationships) by focusing on the recall of successful past problem-solving episodes. This process is useful to increase well-being and to prevent or alleviate loneliness because it highlights one's successful coping strategies in the past, providing models to use in the present.

e) What can be changed and what cannot be changed?

The Serenity Prayer:

God, grant me the serenity to accept the things I cannot change
The courage to change the things I can
And the wisdom to know the difference

1.5. PRACTICE EXERCISE

- Family life
- Family relationships
- Adjusting to family loneliness

Take a few minutes to relax. Take a few deep breaths, and let go of any tension in your body and mind. Family loneliness can be defined as an emotional response to the difference between desired and available family relationships. This experience is associated with changes (e.g., loss, conflict, involuntary separation) in one's relationships with parents, siblings, children, or extended family.

Can you recall a problem or challenge that you were able to solve that relates in some way to family loneliness? It could be a challenge you had with another family member, it could be a challenge that you and your family faced together, or it could be a challenge that you helped another family member solve. Write your answers to the questions below in your personal journal (See example on the next page).

1) What was the challenge you experienced?

2) What family members were involved in this challenge?
E.g., father, mother, children, uncle, cousins, etc.

3) How did you feel about the challenge at the time? Did you see it as a challenge or a threat?

4) How confident were you in your ability to solve the challenge?
(0=not confident at all; 100=extremely confident)

0 ---100

5) What plans and actions did you take to solve or adjust to the challenge

EXAMPLE OF PRACTICE EXERCISE
Mable's challenge about family loneliness

1) My husband and I were living in South Africa and we were experiencing financial difficulties. Then my husband got an offer for a work position in New Zealand (NZ). This meant moving here from South Africa, and leaving our family behind.

2) My husband and myself (moving), my daughter, her husband, their two children, my son, his wife and their three children (staying behind).

3) I saw the situation as a real threat: I didn't want to leave. I thought it would never work, that I would never cope with being away from my dear children and grand-children. I felt sad and depressed just thinking about the move.

4) Not very confident... Maybe 5/100.

5) When we got to NZ, I took some time to settle into our new house and neighbourhood. Even though I didn't always feel like it (I was feeling quite depressed), I smiled to my new neighbours. One day, a lady living a couple of doors away invited me for a cup of tea and a chat. When I told her how much I was missing my grand-children, she invited me to join the local kindergarten as a volunteer. I am now taking care of young children three times a week. Amazing what a smile can do!

I made a plan to write to my son and daughter every week. They also write regularly and send me family photos. Even though I will never be able to replace my family, keeping in contact with them and helping others have helped me to accept the situation better.

There are still times when I cry thinking about them... It's normal I think. I allow myself these times and I feel better after. I know I cannot change the situation... I accept it now. I know things heal with time, and that each member of my family is always present in my heart.

2.1. NOTES – Family Life

a) Problems are normal and contextual

Problems are a normal part of life that you have been successfully dealing with throughout your lifetime. There are a wide range of causes for problems in an individual's life. The **Five-Part Model** highlights the interaction between thoughts, moods, behaviours, physical functioning and environment which may account for one's difficulties. There is not one way of dealing with a problem. One way of coping may be useful for someone but not for another, or it can be effective in one situation but not in another.

b) Appraisal of stressful experiences

Our thoughts can influence the way we deal with a stressful situation. The way I appraise the challenge I am experiencing, such as feeling lonely, will have a direct influence on how I adjust to it. Specifically, how I evaluate:

- 1) the problem
- 2) my ability to deal with it

When faced with a challenge, it can be useful to ask yourself the following questions:

1) The problem:

- How significant is this problem for my well-being?
- How important is this problem if I focus on my whole lifespan?
- Is this a threat or a challenge?
  - Threat: has potential for harm or loss
  - Challenge: has potential for growth, mastery, or gain

2) My ability to deal with it:

- How much control do I have over the problem?

- What can and cannot be changed in the situation?
- What can I do?
- What similar challenges have I experienced and coped with in the past?

<u>c) Solving the problem or adjusting to it</u>

How much control have I got over the challenge? Can I change anything?

Sometimes a challenge can be solved **directly**. For example:

- Change something in my environment
- Concentrate on what to do next, the next step
- Make a plan of actions and follow it

At other times, it is helpful to adjust to a challenge more **indirectly**:

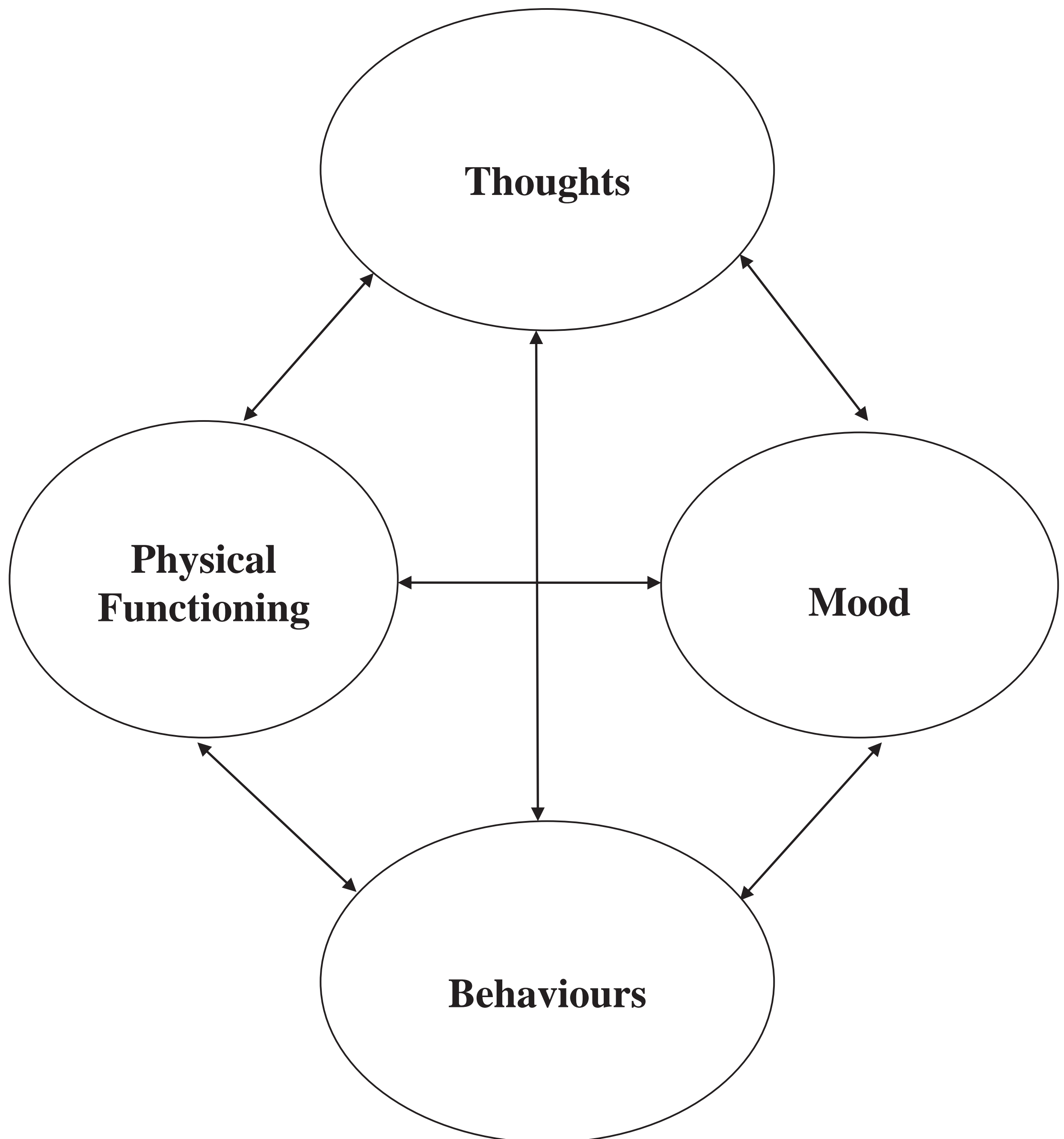
- Ask a friend or relative for advice
- Keep a journal of my thoughts and feelings
- Try to look on the bright side of things
- Try to simply accept the situation
- Pray
- Do something to help others

To illustrate: a person who is feeling lonely as a result of the death of a spouse may choose to put her/his efforts into actively finding a new romantic partner, or meaningful friends to replace the feeling of absence, or loneliness. Alternatively, the person may wish to focus her/his efforts into volunteer work, caring for grand-children, or spending time processing and accepting the current situation.

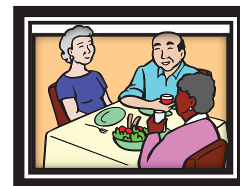
"If you want to go fast, go alone. If you want to go far, go together".

– African proverb

2.2. THE FIVE-PART MODEL



(Greenberger & Padesky, 1995)



2.3. PRACTICE EXERCISE

- Social life
- Social relationships
- Adjusting to social loneliness

Take a few minutes to relax. Take a few deep breaths, and let go of any tension in your body and mind. Social loneliness can be defined as an emotional response to the difference between desired and available social relationships. This experience is associated with changes (e.g., loss, conflict, involuntary separation) in one's relationships with friends or confidants.

Can you recall a problem or challenge that you were able to solve that relates in some way to social loneliness? It could be a challenge that you had with a friend or group of friends, it could be a challenge that you and a friend faced together, or it could be a challenge that you helped a friend or a confidant solve. Write your answers to the questions below in your personal journal (See example – Session 1)

1) What was the challenge you experienced?

2) What friend(s) was/were involved in this challenge?

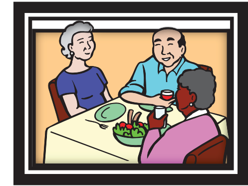
3) How did you feel about the challenge at the time? Did you see it as a challenge or a threat?

4) How confident were you in your ability to solve the challenge?
(0=not confident at all; 100=extremely confident)

0 ---100

5) What plans and actions did you take to solve or adjust to the challenge?

3.1. NOTES – Social Life



a) The importance of thoughts

As you saw with the **Five-Part Model** (session 2), thoughts, emotions, physical functioning, behaviours, and environment interact. By making changes in one area, changes will occur in other areas. Changes in thinking are central. Last week we learned that the way we appraise a challenge will have a direct influence on how we deal with it. For example:

- How important is this challenge for me?

This will influence...

- What can I do about it?

b) The relationship between thoughts and emotions

Our thoughts and beliefs also have a powerful impact on the emotions we experience. By identifying and changing my thoughts, or by seeing the situation in a different light, I can change the way I feel.

This does not mean that feeling lonely is all in our head! Loneliness is a powerful emotion which "like feeling hungry or thirsty from time to time [...] is part of being human" (J. Cacioppo, 2008). Loneliness cannot be 'fixed' just by changing our thoughts! But a more balanced view of the situation, combined with positive thinking about oneself and one's social skills, can lead the person to feel better about adjusting to or managing loneliness.

Although many challenges also require changes in behaviour, physiology, mood and environment, changes in thinking are often central and can be helpful. The **Thoughts and Emotions Grid** is a useful tool to see how the way we think can influence the way we feel:

Negative thoughts lead to negative emotions, whereas positive, or more balanced thoughts, lead to positive actions and emotions.

"Loneliness and the feeling of being unwanted is the most terrible poverty".

-Mother Teresa

3.2. THOUGHTS AND EMOTIONS GRID

Specific Memory	Negative Thoughts	Negative Emotions	Positive-Balanced Thoughts	Positive Emotions and Actions
Moving to a new town. Separation from my best friend	-"Life is unfair" -"I will never make another friend as good as her/him" -"I will be all alone in this new town" -"I don't know how to make new friends" -"People won't want to know me"	• Sad • Lonely • Worried • Angry	-"I can do it" -"I have a good sense of humour" -"I will never be able to replace him/her, but perhaps I can try to meet new people and see" -"I'm a nice person" -"Good things can happen, if you work at them" -"I'm a good listener" -"I care about people and the world" -"Be patient: making new friends can take time"	• Hopeful • Relieved • Motivated • Happy • Confident • At peace with the change -Enrol in an evening community class -Take time for myself: read a good book -Write a letter to my friend -Introduce myself to my new neighbours -Relaxation and positive imagery

The first step is becoming aware of your thoughts and identifying the negative thoughts you have most often. **Try to find twice as many positive-balanced thoughts as negative thoughts.** Feel free to practice on the next page.

Specific Memory	Negative Thoughts	Negative Emotions	Positive-Balanced Thoughts	Positive Emotions and Actions

(Adapted from Cappeliez, 2009)

3.3. PRACTICE EXERCISE

- Romantic life
- Romantic relationships
- Adjusting to romantic loneliness

Take a few minutes to relax. Take a few deep breaths, and let go of any tension in your body and mind. Romantic loneliness can be defined as an emotional response to the difference between desired and available romantic or intimate relationships. This experience is associated with changes (e.g., loss, conflict, involuntary separation) in one's relationships with a spouse or romantic partner.

Can you recall a problem or challenge that you were able to solve that relates in some way to romantic loneliness? It could be a challenge you had with a spouse or partner, it could be a challenge that you and your partner faced together, or it could be a challenge that you helped someone else solve. Write your answers to the questions below in your personal journal.

1) What was the challenge you experienced?

2) What other person or persons were involved in this challenge?

3) How did you feel about the challenge at the time? Did you see it as a challenge or a threat?

4) How confident were you in your ability to solve the challenge?
(0=not confident at all; 100=extremely confident)

0 --100

5) What plans and actions did you take to solve or adjust to the challenge?

4.1. NOTES – Romantic Life

Loneliness can be a challenge for everyone.
Sometimes it is possible to address loneliness **directly**,
by engaging in activities where I can create new connections. At other times however, loneliness can be addressed more **indirectly**, by accepting that lonely feelings may last for some time. By focussing on my happiness, I can feel good and this conveys to others, improving my connections with them.

a) Dealing with loneliness directly: Creating new connections with others

Useful steps in problem-solving

1) Define the challenge and make a plan: Identify the information needed to address the challenge and identify realistic goals for problem-solving.

- What are the key issues that need to be solved?
- What are my goals towards solving this challenge?

2) Generate alternative solutions: Generate several approaches to dealing with the problem (brain-storming) and specify concrete strategies to achieve goals.

- What other strategies could I use? (keeping an open mind)
- What specific strategies can I put in place to reach my goals?

3) Make a decision: Evaluate the possible solutions and select the most effective strategy (e.g., solve the problem or come to terms with it?)

- What are the pros and cons of choosing that strategy?
- What are the effects in the short and long-term? On me and others?

4) Put solution into action: Put strategies in place and verify their usefulness. Note the strengths I have and what may be helpful in the future for me.

- What aspects of the problem-solving approach were most useful?
- What components were less effective?

b) Dealing with loneliness indirectly: Connecting with myself

Focusing on my happiness

1) Thoughts and emotions
By changing my thoughts and beliefs about a situation, my feelings start to change too. It is useful to separate my emotions from my thoughts. Thoughts refer to the beliefs we have about ourselves, other people, life, or a situation.

Emotions include examples such as loneliness, happiness, jealousy, joy, anger, love, frustration, relief, grief, feeling connected, guilt, satisfaction, sadness, etc.

There are several ways of dealing with uncomfortable emotions. For example:

- Acknowledging and identifying my emotions
- Allowing myself to experience emotions
- Going to an emotionally safe place
- Keeping a journal or diary of my emotions
- Expressing my emotions in creative ways

And...

- Changing my thoughts can help my feelings to start to change too

2) Behaviours: What activities bring me pleasure?

Research shows that what we do or don't do influences our mood. When we do things that we enjoy, this helps us deal with stress and challenges, such as the experience of loneliness. What are some activities that bring you happiness?

One activity that we can all do is something we call **controlled breathing and visual imagery**. It involves thinking about a peaceful or pleasant place or experience while taking deep breaths. Most people find this very relaxing and it is, in itself, a pleasant activity.

a) Think of a place or event that you found calming or peaceful: Make sure you have a clear image of this in your mind.

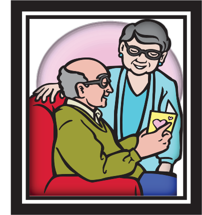
b) Place you hand on your stomach and breathe deeply: The stomach rises as you breathe in and goes down as you breathe out.

c) Imagine that you are in the scene in your mind: Focus on the sights, smells and sounds; you are feeling at peace, your muscles are heavy...

d) Continue to breathe deeply while you imagine this scene: Keep your image in mind, think about how nice it is to be there, continue to breathe deeply... Are your thoughts calm? Slowly... breathe in, breathe out.

"Life is better than death, I believe, if only because it is less boring, and because it has fresh peaches in it".

-Alice Walker



4.2. PRACTICE EXERCISE

- Life meaning and purpose
- Relationships with myself and others
- How can I contribute?

In the last few weeks, you have learned that **challenges** associated with aging include **changes in relationships**; e.g., falling out with a friend, caring for a sick spouse, and family living in a different city. These challenges can lead to the experience of **loneliness**, which is as an emotional response to the difference between desired and available interpersonal relationships (social, family, or intimate).

You learned that loneliness is a normal, personal feeling that differs from ‘being alone’. This feeling can be temporary or persistent, and can occur at anytime throughout one’s life, although it seems to increase with age. The experience of loneliness is associated with a reduction in general happiness, or sense of **well-being**.

In the last few weeks, you have shared ideas about resilience, problem-solving, and adjustment to challenges. You have revisited memories when you have had to adapt to stressful situations, or solve challenges associated with loneliness, and you have applied these to current problem-solving.

WHAT CONTRIBUTION CAN PEOPLE MAKE
AS THEY GET OLDER?
WHAT STRENGTHS, KNOWLEDGE AND WISDOM HAVE YOU
COLLECTED THROUGH LIFE EXPERIENCE?

Take a few minutes to relax. Take a few deep breaths, and let go of any tension in your body and mind. From what you have learned in this course, we would like to create a collective Self-Help Handbook. This handbook will be distributed to the Self-Enrichment Course participants, and to other people in this retirement complex who may not have the capacity to take part in courses like this. Any material that could identify you personally will be removed or modified to ensure that the writings remain absolutely confidential.

Please write your contribution on the following sheets and bring it back next week (**please use additional sheets if needed**).

MY CONTRIBUTION TO OTHERS

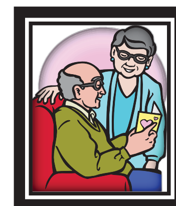
(Please bring these sheets back to next week's session)

1) What advice would you pass onto others who may be struggling with loneliness? Social, family, and romantic loneliness?

2) What have you learned about your own wisdom during this course?

3) What have you learned from what others have shared in the group?

4) What piece of wisdom, gained during the course, or during the course of your life, would you like to pass onto others?



5.1. NOTES – Life Meaning and Purpose

SUMMARY OF THE LAST FEW WEEKS

SESSION 1: The Context of Aging
Relationships with myself and others - Adjusting to aging

a) Strengths and Challenges

With aging, changes and loss increase; e.g., physical illness or moving into a rest home. As we are social beings ("No man is an island"), challenges also include changes in relationships.

b) What is well-being?

Sense of well-being refers to one's general happiness.

c) What is loneliness?

Loneliness can be defined as **an emotional response to the difference between desired and available interpersonal relationships, whether social, family, or intimate**. This experience is associated with changes (e.g., loss, conflict, involuntary separation) in one's relationship with:

• parents, siblings, children, or extended family:	Family loneliness
• a friend or a confidant:	Social loneliness
• a spouse or romantic partner:	Romantic loneliness

d) What is instrumental reminiscence?

Reminiscence is an activity that is common to people of all ages, and is something we all have experienced. Instrumental reminiscence teaches people to use memories in specific ways in order to promote adaptation. It can assist people to adjust and cope with stressors in their environment (e.g., in relationships) by focusing on the recall of successful past problem-solving episodes.

SESSION 2: Family Life
Family relationships - Adjusting to family loneliness

a) Problems are normal and contextual

Problems are a normal part of life that you have been successfully dealing with throughout your lifetime. There are a wide range of causes for problems in an individual's life. One way of coping may be useful for someone but not for another, or it can be effective in one situation but not in another.

b) Appraisal of stressful experiences

Our thoughts can influence the way we deal with a stressful situation. The way I appraise the challenge I am experiencing, such as feeling lonely, will have a direct influence on how I adjust to it. Specifically, how I evaluate:

1) the problem
2) my ability to deal with it

c) Solving the problem or adjusting to it?

How much control have I got over the challenge? Can I change anything? Sometimes a challenge can be solved **directly**. For example: making a plan and following it. At other times, it is helpful to adjust to a challenge more **indirectly**. For example, helping a friend, or accepting the situation.

SESSION 3: Social Life
Social relationships - Adjusting to social loneliness

a) The importance of thoughts

Changes in thinking are central: the way I appraise a challenge will have a direct influence on how I deal with it.

b) The relationship between thoughts and emotions

Our thoughts and beliefs also have a powerful impact on the emotions we experience. Loneliness cannot be 'fixed' just by changing our thoughts! But a more balanced view of the situation, combined with positive thinking about oneself and one's social skills, can lead the person to feel better about adjusting to or managing loneliness.

SESSION 4: Romantic Life
Romantic relationships - Adjusting to romantic loneliness

a) Dealing with loneliness directly: Creating new connections with others

Useful steps in problem-solving

1) Define the challenge and make a plan

2) Generate alternative solutions

3) Make a decision

4) Put solution into action

b) Dealing with loneliness indirectly: Connecting with myself

Focusing on my happiness

1) Thoughts and emotions

Changing my thoughts can help my feelings to start to change too.

2) Behaviours

-What activities bring me pleasure?

-Controlled breathing and visual imagery:

a) Think of a place or event that I found calming or peaceful

b) Place a hand on my stomach and breathe deeply

c) Imagine that I am in the scene in my mind

d) Continue to breathe deeply while I imagine this scene

SESSION 5: Life Meaning and Purpose
Relationships with myself and others - How can I contribute?

a) The collaborative creation of the Self-Help Handbook

What contribution can people make as they get older?
What strengths and knowledge have I collected throughout my life?

"The true self, that is the self which is continuous throughout life, is revealed only at the moment of experiencing two fragments of time together, the present with the past". -Marcel Proust (1981)

Appendix B

Advertising Notice

MASSEY UNIVERSITY
SCHOOL OF PSYCHOLOGY

Invitation to participate in research

Are you:

- **Aged 55 or over,**
- **Living in [the Retirement Village] Complex,**
- **Able to read, write, and converse in English,**
- **Not suffering from severe depression or severe dementia,**
- **Willing to take part in a five-week Self-Enrichment Course,**

Then I would like to hear from you.

My name is Isabelle Miclette and I am a Doctoral Student at Massey University. I am seeking volunteers to help me to complete my Doctoral project by taking part in a five-week course about well-being and loneliness of adults living in retirement facilities. I am interested to learn about how older adults use their past experiences to problem-solve current challenges associated with ageing, such as loneliness.

I would like to use my previous experience in working with groups to provide you with the opportunity to interact with others in a fun and supportive environment.

The course is based on previous research in the area of reminiscence and cognitive-behavioural therapy. It is anticipated that participants will gain an increased sense of well-being, including enhanced

adjustment to loss and changes, and increased peer support and social integration.

I am particularly interested in recruiting adults aged 55 and over, as at present there is very little research aimed at this age group. I am conducting my project under the supervision of Professor Dr. Janet Leathem.

If you are interested, please leave a message on (Massey phone number) with your name and phone number and I will ring you back for further details of the study. Alternatively, you are very welcome to attend one of the group meetings to obtain more information about the study:

- **(Area 1) residents:** (date, time, location)
- **(Area 2) residents:** (date, time, location)
- **(Area 3) residents:** (date, time, location)

This project has received ethical approval from the Northern Y Regional Ethics Committee, Application NTY/09/09/086.

Appendix C

Participants Information Sheet

MASSEY UNIVERSITY
SCHOOL OF PSYCHOLOGY

Participants Information Sheet
Loneliness and Well-being of Older Adults

You are invited to take part in a research study to find out about loneliness and well-being in older adults living in retirement facilities.

My name is Isabelle Miclette, and I am a Doctoral Student in Clinical Psychology at Massey University. I am seeking volunteers to help me to complete my Doctorate by taking part in a five-week Self-Enrichment Course about well-being and loneliness. I am particularly interested in recruiting adults aged 55 and over, as at present there is very little research aimed at this age group. I am conducting my research under the supervision of Professor Janet Leathem.

This study will involve up to 50 individuals aged 55 and over, currently residing at [the Retirement Village], where the course will take place. Up to five groups of 5-10 people will be formed. Your participation is entirely voluntary. If you do not take part in this study, this will not affect your future health care in any way. Please feel free to speak with a friend, family, or whānau support to help you understand what this study involves and any explanation you may require. If you wish to take part, please contact me within the next two weeks at the phone number below.

What does the project involve?
The aim of this project is to test whether a time-limited group course, comprising of cognitive-behavioural therapy and reminiscence, can help to prevent/reduce loneliness and increase the well-being of older adults living in retirement facilities. Two questionnaires which measure levels of loneliness and well-being will be completed before the 5-week course, at the end, and one month later. You are not required to write your name at the top. The course will involve learning about the various aspects of loneliness and well-being, participating in group discussions, and writing, drawing or thinking about some of your memories.

The course will involve 1 ½ hours of your time each week for five weeks. The whole study will consist of 8 visits: a one-on-one interview (about 1 hour), five group sessions, a follow-up session, and a delayed follow-up session (total time: approximately 11 hours). There will be simple homework activities for you to complete during the week to put into practice the skills learned in the course. For the interview and questionnaire: please note that you do not have to answer all the questions and you may stop the interview at any time. All participants will be offered a summary of the findings at the conclusion of the study.

Benefits of the study
It is anticipated that participants will benefit from taking part in the study by becoming the member of a group in which social interactions, mutual support, and reciprocal validation can occur, as well as normalising each other's experiences. It is anticipated that participants will gain an increased sense of empowerment and well-being, have more positive interactions with peers, adjust better to grief and current living situation, and get a sense of realistic hope for the future.

Who can take part?

If you are:

- Aged 55 or over,
- Living in [the Retirement Village] Complex,
- Able to read write, and converse in English,
- Not suffering from severe depression or severe dementia, and
- Willing to take part in a five-week Self-Enrichment Course,

Please note that you are free to withdraw from the study at any time, without having to give a reason, and this will in no way affect your continuing health care. Please note that there are no costs involved in taking part in the study. You have the right to decline to answer any particular question.

Will my information remain confidential?
The interview and questionnaires are anonymous, and files will be coded with anonymous identification numbers to prevent identification of individuals. Any written material can be accessed only by the researcher and supervisors directly involved in the study, and will be kept in a secure location and destroyed after 10 years. No material which could personally identify you will be used in any reports on this study. Please note that while confidentiality will be encouraged in groups, it cannot be guaranteed due to the nature of group work. The information collected will be used for the research project and may be submitted for publication in an academic journal; only collective data from the entire sample will be described. In addition, a collection of written work created by participants may be used to form a handbook to help other people living in retirement facilities to improve their quality of life. Any identifying material will be removed and/or modified to ensure that the writings remain absolutely confidential.

Thank you very much for your time and help in making this study possible. Please contact me if you have any questions about this study:

Isabelle Miclette (Doctoral Student) telephone:
Or my supervisor Dr. Janet Leathem telephone:

This project has received ethical approval from the Northern Y Regional Ethics Committee, Application NTY/09/09/086.

Appendix D

Consent Form

MASSEY UNIVERSITY
SCHOOL OF PSYCHOLOGY

Consent Form
Loneliness and Well-being of Older Adults

I have read and I understand the Participant Information Sheet for volunteers taking part in the study designed to prevent/reduce loneliness and increase the well-being of older adults living in retirement facilities.

I have had the opportunity to discuss this study, and I am satisfied with the answers I have been given. I have had the time to consider whether to take part in the study, and the opportunity to use whānau support or a friend to help me ask questions and understand the study.

I understand that taking part in this study is voluntary (my choice), and that I may withdraw from the study at any time, and this will in no way affect my continuing health care.

I understand that the study will include a total of 7 visits, and will take approximately 10 ½ hours to complete over a period of approximately 2 months.

I understand that my participation in this study is confidential. I understand that a participant number only, and not my name, will be recorded next to any of the data that is obtained from me during the course of the experiment. Therefore, if the results of the study are published, they will be reported in such a way that will not identify me as part of its source.

I understand that the data collected will enable comparisons to be made between scores on loneliness and well-being before and after the Self-Enrichment Course, and at a one month follow-up session. I understand that a handbook of written work may be created at the end

of the study. This handbook will be treated as a collective piece of work, and may be distributed to help other people living in retirement facilities to improve their quality of life.

Any identifying material will be removed and/or modified to ensure that the writings remain absolutely confidential.

I wish to receive a copy of the results Yes ☐ No ☐
(Note that there may be some time between the Self-Enrichment Course and the publication of results)

I understand that I can contact the researcher if I have any questions about this study:

Isabelle Miclette	telephone:
Doctoral Student	
Or my supervisor	
Dr Janet Leathem	telephone:

I ______________________________ hereby consent to take part in this study.

Signature:	
Date:	
Project explained by:	
Project role:	
Signature:	

This project has received ethical approval from the Northern Y Regional Ethics Committee, Application NTY/09/09/086.

Appendix E

Montreal Cognitive Assessment (MoCA)

MONTREAL COGNITIVE ASSESSMENT (MOCA)

NAME :
Education :
Sex :
Date of birth :
DATE :

VISUOSPATIAL / EXECUTIVE

E End, A, 5, B, 2, 1 Begin, D, 4, 3, C

[ ]

Copy cube [ ]

Draw CLOCK (Ten past eleven) (3 points)

[ ] Contour [ ] Numbers [ ] Hands

___/5

NAMING

[ ] [ ] [ ]

___/3

MEMORY Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No points

ATTENTION Read list of digits (1 digit/ sec.). Subject has to repeat them in the forward order [ ] 2 1 8 5 4
Subject has to repeat them in the backward order [ ] 7 4 2 ___/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors
[ ] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B ___/1

Serial 7 subtraction starting at 100 [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65
4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt** ___/3

LANGUAGE Repeat : I only know that John is the one to help today. [ ]
The cat always hid under the couch when dogs were in the room. [ ] ___/2

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] _____ (N ≥ 11 words) ___/1

ABSTRACTION Similarity between e.g. banana - orange = fruit [ ] train – bicycle [ ] watch - ruler ___/2

DELAYED RECALL	Has to recall words WITH NO CUE	FACE [ ]	VELVET [ ]	CHURCH [ ]	DAISY [ ]	RED [ ]	Points for UNCUED recall only	___/5
Optional	Category cue							
	Multiple choice cue							

ORIENTATION [ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City ___/6

© Z.Nasreddine MD Version 7.1 www.mocatest.org Normal ≥26 / 30 TOTAL ___/30
Add 1 point if ≤ 12 yr edu

Administered by: ______________________

Appendix F

Geriatric Depression Scale (GDS)

Geriatric Depression Scale
MOOD SCALE
(short form)

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life? YES / NO

2. Have you dropped many of your activities and interests? YES / NO

3. Do you feel that your life is empty? YES / NO

4. Do you often get bored? YES / NO

5. Are you in good spirits most of the time? YES / NO

6. Are you afraid that something bad is going to happen to you? YES / NO

7. Do you feel happy most of the time? YES / NO

8. Do you often feel helpless? YES / NO

9. Do you prefer to stay at home, rather than going out and doing new things? YES / NO

10. Do you feel you have more problems with memory than most? YES / NO

11. Do you think it is wonderful to be alive now? YES / NO

12. Do you feel pretty worthless the way you are now? YES / NO

13. Do you feel full of energy? YES / NO

14. Do you feel that your situation is hopeless? YES / NO

15. Do you think that most people are better off than you are? YES / NO

Appendix G

Short Form of the Social and Emotional Loneliness Scale for Adults (SELSA-S)

DiTommaso, Brannen, & Best, 1999

SELSA-S

On this page you will find a number of statements that an individual might make about his/her social relationships. Please read these statements carefully and indicate the extent to which you agree or disagree with each one as a statement about <u>you</u>, using the 7-point rating provided to the right of each question.

Please take a moment to think about your relationships with your partner, your family and your friends over the *past year*. Please circle the number that best reflects the degree to which each of the following statements describes <u>your</u> thoughts and feelings during the <u>*PAST YEAR*</u>. Please try to respond to each statement.

In the past year:

		Disagree Strongly						Agree Strongly
1.	In the last year I felt alone when I was with my family.	1	2	3	4	5	6	7
2.	In the last year I felt part of a group of friends.	1	2	3	4	5	6	7
3.	In the last year I had a romantic partner with whom I shared my most intimate thoughts and feelings.	1	2	3	4	5	6	7
4.	In the last year there was no one in my family I could depend upon for support and encouragement, but I wish there had been.	1	2	3	4	5	6	7
5.	In the last year my friends understood my motives and reasoning.	1	2	3	4	5	6	7
6.	In the last year I had a romantic or marital partner who gave me the support and encouragement I needed.	1	2	3	4	5	6	7
7.	In the last year I didn't have a friend(s) who shared my views, but I wish I had.	1	2	3	4	5	6	7
8.	In the last year I felt close to my family.	1	2	3	4	5	6	7
9.	In the last year I was able to depend on my friends for help.	1	2	3	4	5	6	7
10.	In the last year I wished I had a more satisfying romantic relationship.	1	2	3	4	5	6	7
11.	In the last year I felt a part of my family.	1	2	3	4	5	6	7
12.	In the last year my family really cared about me.	1	2	3	4	5	6	7
13.	In the last year I didn't have a friend(s) who understood me, but I wish I had.	1	2	3	4	5	6	7
14.	In the last year I had a romantic partner to whose happiness I contributed.	1	2	3	4	5	6	7
15.	In the last year I had an unmet need for a close romantic relationship.	1	2	3	4	5	6	7

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Appendix H

Affectometer 2 (A-2)

AFFECTOMETER 2

Over the last week, I have had the feeling described by (each) item...
(How often – check one column only):

Not at all
Occasionally
Some of the time
Often
All of the time

	Feeling	**Not at all** 0	**Occasionally** 1	**Some of the time** 2	**Often** 3	**All the time** 4	**For Office use only**	
							(-)	(+)
1.	satisfied							
2.	lonely							
3.	free-and-easy							
4.	clear-headed							
5.	helpless							
6.	impatient							
7.	useful							
8.	depressed							
9.	loving							
10	hopeless							

Appendix I

The Self-Help Booklet (Words of Wisdom)

Words of Wisdom
Created: 14 August 2010 as part of a study carried out by Isabelle Miclette, Massey University
By: 17 research participants residing at [the Retirement Village], and Isabelle Miclette
Group co-facilitator: Kirsty Furness
Drawings: Chantal Miclette
Printer/Binder: The Printery **-** Massey University Palmerston North

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This project has received ethical approval from the Northern Y Regional Ethics Committee, Application NTY/09/09/086.

For further information about this booklet, write to:

Isabelle Miclette
Doctoral Student in Clinical Psychology
I.Miclette@massey.ac.nz

or
Professor Janet Leathem
Supervisor
J.M.Leathem@massey.ac.nz

To ensure the anonymity of the participants, any material that could identify them personally was removed or modified.

This booklet is dedicated to the seventeen individuals who took the time to attend the weekly group sessions, and who generously contributed their words of wisdom.

In memory of
Bert
(1919-2010)

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Introduction

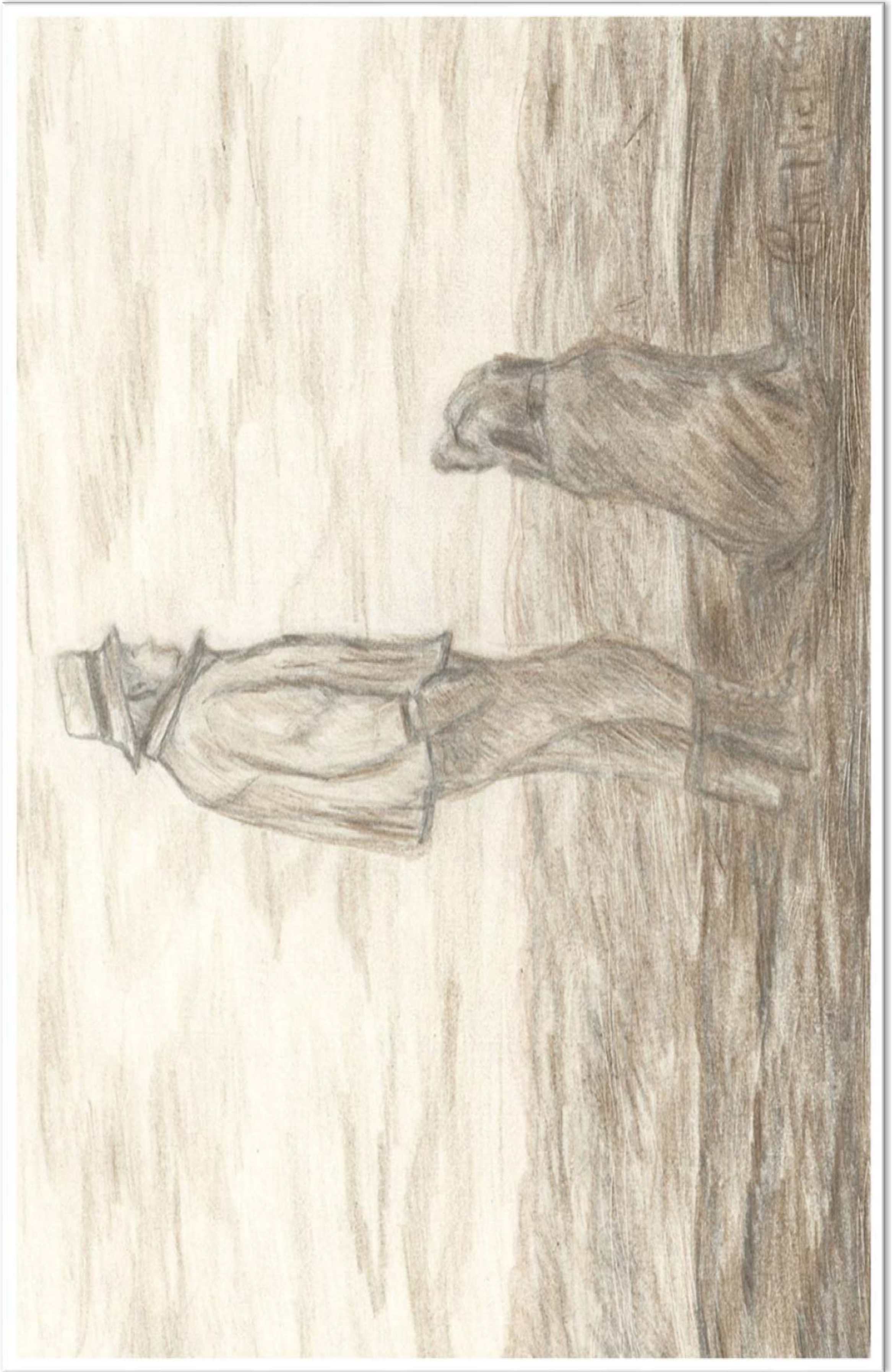
Words of Wisdom was created as part of a study aimed at preventing / reducing loneliness, and increasing the well-being of older people. The five-week 'Self-Enrichment Course' took place at an Auckland Retirement Village in January/February 2010 and involved seventeen residents, a co-facilitator, and myself.

All of us are growing older! In fact, by 2051, the proportion of people over 65 in New Zealand is expected to reach 25%. The problem is that as age increases, loneliness increases. Research shows that older people face numerous changes and losses which can affect their social support networks and their sense of well-being. The cost of loneliness can be enormous for all involved: depression, poor physical health, poor quality of life, worried families, and increased costs of care. Surprisingly, there is currently very little research in New Zealand that focuses specifically on the well-being of older people, let alone loneliness.

My mission became to create and evaluate a brief, cost-effective, group programme that could shed some light on the way older people view loneliness, well-being, and successful aging. Based on instrumental reminiscence theory, the Self-Enrichment Course made use of past experiences for current problem solving. I met with four groups of people in their mid-80s, to share memories of times when they dealt successfully with challenges in the past, and learn how they can use these skills to cope with challenges in the present, such as loneliness.

Their insightful written contributions on these topics have led to the creation of *Words of Wisdom*. This collective work confirms the wealth of knowledge, life experience and resilience of older people, and highlights their ability to contribute and make a difference to our society. It is hoped that this booklet will help others to deal with challenges associated with aging, and assist in the creation of a better future for our families, ourselves, and all of those we love.

I would like to sincerely thank all of the participants in this study: This research would not be possible without you! The journey spent together has been most enjoyable and valuable. I have learned a lot! Each of you will be present in my mind for a long, long time.
Throughout this booklet, quotes from group members are in italics.



Life has Ups and Downs

In this section, group members acknowledge how life generally consists of ups and downs, and discuss the importance of coping with challenges:

> *I have learnt that generally we all have had life experiences: good times and bad times that affected us and our families.*
>
> *Every life has massive down sides as well as much happiness.*

And,

> *Be forever thankful for the good times but be aware of the value of coping with the bad. Coping with the 'down sides' is good therapy.*

Coping is encouraged and accessible to all:

> *It is not the end of the world to try and overcome problems unless it's a matter of serious, serious illness, death, and in time, that can be managed well also!*

For example, keeping a positive attitude:

> *Keep cheerful. Don't let things get you down, find other ways to do things. Enjoy life.*
>
> *[I have learnt] to keep cheerful. Keep interested in all things. Make the most of what you've got.*

Accepting:

> *Do not expect - simply accept. Remembering that what is meant to be - will be. What is not to be - will not happen.*
>
> *Accept occasional loneliness but when it comes, talk oneself out of it by "do it now"!!*

Keeping one's mind active:

> *Try and keep your mind active so you don't forget too much.*

Thinking deeply about the situation before taking action:

> *You've got to face reality, and when doing so, keep an open mind and think deeply of the situation because every problem*

has an answer. For example, I talked to myself in the mirror this morning.

Singing, talking, contributing, and saying to yourself: "Fight the good fight".

Sharing one's problems with someone else:

Examine your present circumstances. If you can see where your need lies, take the first identifiable step to rectifying this. Most likely this will be to let someone else know how you feel. A problem shared is a problem halved.

Getting actively involved:

Loneliness is a feeling that nobody can change unless you change it yourself.

"Loneliness itself is not a disease; feeling lonely from time to time is like feeling hungry or thirsty from time to time. It is part of being human [...] Just as thirst is the prompt that reminds us to keep our bodies hydrated, loneliness is the prompt that reminds us how much we depend on one another".

-J. Cacioppo, *Social Neuroscientist*

What is Loneliness?

What does it mean to be lonely? Is loneliness temporary or permanent? Where does loneliness come from? In this section, group members give their personal definitions of loneliness and associated examples.

The Nature of Loneliness

Loneliness as different from ‘being alone’:

> *Different than being alone... Maybe the consciousness that I am standing alone.*
>
> *A feeling of aloneness; you can be in a crowd of people whose interests you don’t share and feel very alone.*
>
> *A form of extreme unhappiness of being alone.*

The absence of company:

> *Lack of company.*
>
> *No one to talk to.*

No one meaningful around:

> *Nobody around you, not having a spouse or friend close by.*
>
> *Being isolated from human contact. Having no friends and being alone.*

Feeling alone in times of need:

> *A feeling of being totally alone, no one to turn to or rely on... [For example] having three young children, no car, no bus service, no phone...*

Loneliness as a desire for relationships:

> *Feeling that you want company.*
>
> *Being by yourself and feeling that you would like to be with people.*
>
> *Needing company more than you have.*

A painful experience, similar to depression:

> *Depressive type of things.*
>
> *Depression.*

Causes of Loneliness

Group members revealed that loneliness can come from conditions external to the self, such as following an involuntary separation, and from internal factors, such as being lonely from not making enough effort. To illustrate, loneliness can originate from:

Personal qualities and personality:

> *Self-pity, [for example] a withdrawn person.*
>
> *Being unable to talk to people, to join in, being a pessimist rather than an optimist.*
>
> *Someone who hasn't got the personality or ability to be happy, someone without a sense of humour – no sense of humour is death.*

One's attitude and outlook on things:

> *Constant grumpiness.*
>
> *Someone who looks/perceives others as better off.*

Boredom, or a lack of interests:

> *Being bored by yourself – no interests, no planned activities and no friends.*
>
> *Not having anything to do (not busy).*
>
> *If you're bored with life.*

However, group members explained how loneliness can not only come from within the person, but from situations which can be out of one's control.

Feeling rejected or misunderstood:

> *Not feeling welcome in a group.*
>
> *Feeling alone in the world - no one cares about me or understands me.*
>
> *I should think not being wanted.*

Following a separation:

> *Having nobody to talk to, no physical presence, being in hospital.*

Being widowed or separated by illness.

Being away from home:

[For example] when employed by several large companies travelling overseas in strange cities in the context of working in another language.

Emptiness, [for example] moving from home to a rest home... big shock.

The loss of significant ones:

Losing a husband and friends.

Someone who loses a partner.

Be unhappy, having lost a beloved husband. A friend of mine who is a widow with no children, no siblings, no cousins, and whose friends have nearly all died or are ailing.

Someone who has lost a partner for a long time... I miss my husband dreadfully.

If my wife died before me, I would be lonely. I wouldn't cope with it.

The loss of faculties and reduction of activities:

Being separated from physical things, loss of faculties, [for example] being blind, deaf.

Missing someone; wife or some activity no longer possible.

Ways to Deal with Loneliness

What advice would you pass on to others who may be struggling with loneliness? In this section, group members propose practical changes which begin within the self and extend towards others.

Doing Something!

Numerous members of the groups stressed the importance of doing anything one can to get actively involved in combating loneliness:

> *If you can, take part in anything you can.*

Enlarging one's circle of activities, or developing new interests:

> *If you are now getting lonely join social groups. Here in [the Retirement Village] there are many things to do, take advantage of everything that is going. I go to all that's on. I try everything going even playing bowls – something new to me.*
>
> *If health permits, get out and about to meet new people and get new interests, such as a walking group, if finances are not the best, or if one can afford it, join clubs and find new friends that way.*

Joining clubs:

> *I always believe in belonging to clubs; e.g. book club, fitness class so you can meet new people, this is so important. There is always something on here [at the Retirement Village) that you can belong to/take part in.*

Whether one experiences social loneliness:

> *In dealing with social loneliness there are rafts of helpful things you can consider. Getting out and making new contacts by joining in activities, clubs, service groups, etc.*

Or romantic loneliness:

> *My daughter is divorcing her husband. She could be lonely but she is not; she is joining clubs... You have to be involved with other people – Oh yes!*

The value of 'getting out':

> *Go out, meet others, show interest.*

> *Get out, get out, get out. Even those with physical disabilities can still get out but it's an effort. No one will knock to your door.*

But 'doing something' to alleviate loneliness can mean different things according to each individual;

> *For me personally, I don't have a problem with loneliness as I can re-live my daily activities by reference to my daily diaries [...] I would encourage others to take the time to write up the events that are remembered for their own and family records.*

It Takes Two to Tango

Despite an apparent sense that one has to take some responsibility in resolving their feelings of loneliness, one does not need to stand alone. Group members proposed suggestions about 'why' and 'how' to engage with other people as a main approach to coping with loneliness.

Seeking out other people:

> *One does not have to stand alone – there are lots of very kind people... You may have to seek them out. It may take time to find a solution to our worries but take the time to use all the resources they can offer you.*

Connecting with others, whether a known or unknown person:

> *Be prepared to seek out someone who may be a friend waiting to help. One has to make the effort – don't expect to get companionship unless the lonely person is willing to reach out to others. Sometimes just stopping and passing the time of day with an unknown person may develop into a friendship.*
>
> *You can't be too close to one person.*

Being patient in creating new relationships:

> *I also learned of the need to give relationships time to develop, hasten slowly, as with a building take great care to get the foundations right before you get going on the superstructure.*

Helping others:

> *Volunteer work is also a wonderful way of being involved with others and certainly helps to overcome loneliness.*

I have always tried hard to help others physically and thoughtfully and it seems to have worked, although I cannot physically stand and help in so many ways; e.g. welfare jobs, etc. now!

Talking with others to lessen the experience of loneliness:

Talk to others and try to do things for others – simple and easy things.

Please use your tongue to help others use theirs and to think and say what is bothering them – bringing things out in the open is very important. If you tell someone of your problems, in the telling, it doesn't seem as bad as it was just in your mind!

Get out and talk to others; there are lots of lonely people who just want to talk to others.

Open up and talk to others, it's lovely to be able to talk about your private life - it's good to be able to talk.

Listening to the Other Person's Story
With talking comes listening. In fact, listening attentively to others was stated by group members as one of the most crucial aspects of connecting, and at the same time, alleviating loneliness:

> *Find the time to sit and listen. Everyone has so much to offer. No one needs to be isolated and lonely. At times we need to have time alone. Each member has an interesting story to tell and share. It is beneficial to have some friends who will listen to each other and may have a solution.*

Learning from listening to others:

> *Listen to the other person's story and you will never cease to be surprised as to how interesting, helpful and educational it can be!*
>
> *Keep your ears open and keep your mouth closed. I've practised this... Because if you're talking you can't hear. For example, in an intensive course of teaching, I decided to listen rather than talk. There were plenty of interactions. After three months, at the Christmas break, people started to come to me and ask questions, etc. At the formal dinner at the end of the year, I was elected as leader. It came as a surprise. I realise that students came to me for a bit of mentoring... It was probably due to the listening.*

Listening to unfamiliar people:

> *I realise that we all need to take the time to listen to people, especially newly met people. It is very easy to assume 'newly met' people are not very interesting or have much to offer.*
>
> *Become involved, show an interest in others, be a good listener and assist others in a non-obstructive way.*

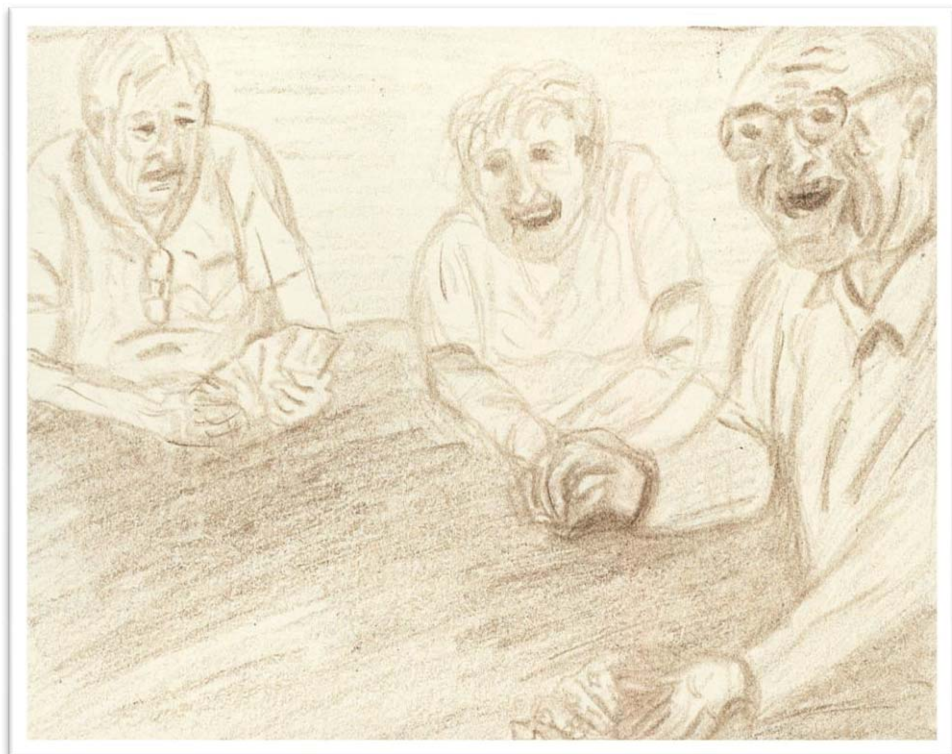
Meaningful listening:

> *Before you enter into a serious conversation ask yourself the question: "Is what I am about to say going to be constructive helpful or encouraging?" If not then examine your motive for saying anything as it could well achieve hurt, resentment and profit no one. When asked for advice, ("What would you do if you were me?") ask a question then another question. That way you will help both the enquirer and you to understand their*

'Real Problem' which is not necessarily the one they imagined it was and often you will hear at the end of the conversation: "Thanks for listening I think I can see now what I should do!" The story is told of a record breaking salesman who was approached by a young salesman who wanted to know the secret of his business. After a long conversation the young salesman asked: "Why is it that you finish every comment with a question?" To which the champion salesman replied: "Do I?"

Being careful about giving advice to others:

What I do find though is that if you have a warm, non-judgemental relationship with people, family or friends, you will often be the recipient of a dear one's problems and I find being a good listener is the most important thing you can do. Maybe advice if it's asked for and seems appropriate but allowing someone to unburden themselves often seems to let them see their own way through the maze, where launching forth with what you would do yourself can be very off-putting if it's not what they want to hear! [...] If you can, avoid 'selling' the solution to them so that they feel embarrassed if they don't take your advice. Sometimes, just sowing a seed of an idea will be helpful and perhaps is acted on in a varied form sometime in the future.



The Focus on Well-Being

Another aim of the Self-Enrichment Course was to 'Focus on Well-Being'. General happiness does not, of course, exist in one of two opposite states like black and white, but in the balance between good and bad feelings. What does well-being really mean for older people?

One Day at the Time

Group members often talked about the importance of seizing each day as it comes. Many referred to well-being as a day-to-day experience:

> *Happy and enjoying each day.*
>
> *You suddenly realise that you're feeling pretty well today, tomorrow could be different.*
>
> *Wake up happy and go to bed happy, fix up any quarrels, don't let anything linger.*

Looking forward to the day ahead:

> *You wake up feeling enthusiastic and look forward to the day.*
>
> *I am glad to wake up in the morning with a host of interests and activities beckoning me.*

Planning and deciding what to do:

> *Getting up in the morning and feeling well and deciding what to do.*
>
> *Waking up in the morning and planning an enjoyable busy day.*
>
> *Getting up and go, walking, gardening.*

Being Active

Members of the groups talked about actively engaging with their environment. For example, many associated well-being with having the ability to do things:

> *Being able to do all you want to do, [for example] walking.*
>
> *Able to do anything, [for example] gardening, playing golf.*

Rewarding activities and hobbies:

> *Keeping occupied: writing, community work, gardening, physical activities.*

Being able to live an active life, [for example] play croquet, I'd hate to give it up, and Probus.

Helping others:

Knowing that I can still be useful, [for example] giving your time to others who need it.

The importance of physical health:

Being able to go around, to move, physical strength [...] I can go all around this building.

When you're able to do all the things you would like to do. For me, being able to walk.

Feeling healthy and well.

I have good health.

Including the absence of pain:

Not hurting.

Free from pain.

Being in good health and enjoying life.

Cultivating interests and hope:

Still being interested in everything, [for example] politics, sports, what happens overseas, through TV, radio... some people don't have TV, or even radio.

[Having] something to look forward to.

A Feeling Inside

Next, group members examined the inner nature of well-being. For example, the capacity to engage in daily activities was paired with a feeling of motivation to engage:

Feeling you want to do something, feeling fit.

Feeling carefree:

Feeling good. Walking and feeling: "Gee I feel fine and have no great worries".

Well-being as a positive and enjoyable sensation:

Feeling good.

Feeling positive.

Good feeling.

Happy.

A sense of satisfaction:

Feeling enjoyment for living.

Completeness:

A sense of being/feeling complete.

And comfort:

A sense of feeling comfortable.

Feeling comfortable with yourself.

A phenomenon originating from within the self:

If I'm feeling well.

Something inward.

And unique to each person:

What is best for me.

Feeling good about yourself and the way you are.

Well-being as feeling contented;

The sense of contentment.

A feeling of contentment, enthusiasm. Doing absolutely nothing, and thinking to myself: "I'm happy to be here".

With one's situation:

Satisfied with my lot.

Feeling good about where you are, the environment; feeling good about the place you live in.

Being happy with your living situation [...] happy to be here – feels good.

One's relationships:

Happy. Happy with your companion and living facilities.

I'm happy with my surroundings, as much company as I need.

Or with life in general:

Being satisfied with one's life.

Satisfaction with life, with current lifestyle, don't expect too much, having a positive approach, e.g. "No worries".

Feeling able to cope with the challenges of life:

If you're happy and everything is going all right – manageable, you're managing well.

Feeling well and able to cope with the life you are living.

The Meaning of Wisdom

What piece of wisdom, gained during the course, or during the course of your life, would you like to pass onto others? Is wisdom innate, or can it be acquired? In this section, members of the groups share their personal understanding of wisdom, and offer suggestions on living a full life, especially about valuing relationships with others.

The Age of Experience

Members of the groups generally talked about wisdom coming from life experience collected over the years:

> *I now believe that however knowledgeable a young person is, that the experience that age gives us is invaluable.*
>
> *Am I wise? If I'm not wise, with all my experiences I should be... I have lived for a long time; I have been to World War II; I have lived through a world slump; I have been married and brought up a family. After the family left, I decided to travel and did so for several years. Listening to the class, I think most of our age group has had enough experiences to be wise.*

Understanding and tolerance from life experiences:

> *I certainly feel that the sum total of one's experiences result in a vast amount more understanding and tolerance of others than one had at an earlier age.*
>
> *I suppose the ability to see situations with a heightened sense of self-honesty and understanding equates to much the same thing.*

However one disagreed with that notion. For that person, the opposite was true: as years add up, so does one's rigidity towards change:

> *With all due respect, nothing that is likely to change my habits of a lifetime. We are creatures of habits, and mine, after more than eight decades of living, are so ingrained and inflexible that, rightly or wrongly, I am unlikely to change.*

Notwithstanding this point of view, the majority of group members insisted that wisdom originated not only with age and experience, but specifically from going through hardship:

> *I was not born wise; but now, having lived through more than 80 years, and with many challenges to be met along the way, I feel wise!*

Possibly older people are perceived as having a certain amount of wisdom because of the variety of difficult experiences they have overcome and lived through.

Everyone has to find their own path towards wisdom:

I wish that I could pass on to others, particularly my children and grandchildren, the knowledge and wisdom that comes with having lived so long and had so many, sometimes painful, experiences that I've learned to cope with. A certain amount of trial and error and heartache was the price I paid and I would dearly love to spare my loved ones going through that themselves. Unfortunately this doesn't work: I know because I tossed off a great deal of wise and meant well advice from older people myself when I was young.

Discovering my Wisdom

Group members portrayed wisdom as a continuous and evolving process. They spoke about constantly discovering some aspects of their wisdom, including during the course:

I felt that we all were gaining this wisdom by being offered the opportunity to share our personal experiences.

The ability to verbalise problems and to have them validated:

It's probably easier to see wisdom in others than to recognise it in oneself [...] I feel now that if I was aware that my problem was not responding, or the feeling was new, I would have no hesitation in seeking professional advice. Sometimes in the past I have been unable, at the time, to seek the advice of close friend or relative because of feelings of disloyalty or fear that what I was feeling was self-centred. (This was a very common reaction in the past and the reason why people could suffer life-long damage from not being able to verbalise their problems and have them validated, even if they couldn't be solved as is so often the case even today). I realise now (and maybe this is wisdom) that in not speaking about what I was finding hard or hurtful I was making it very hard for anyone to help me.

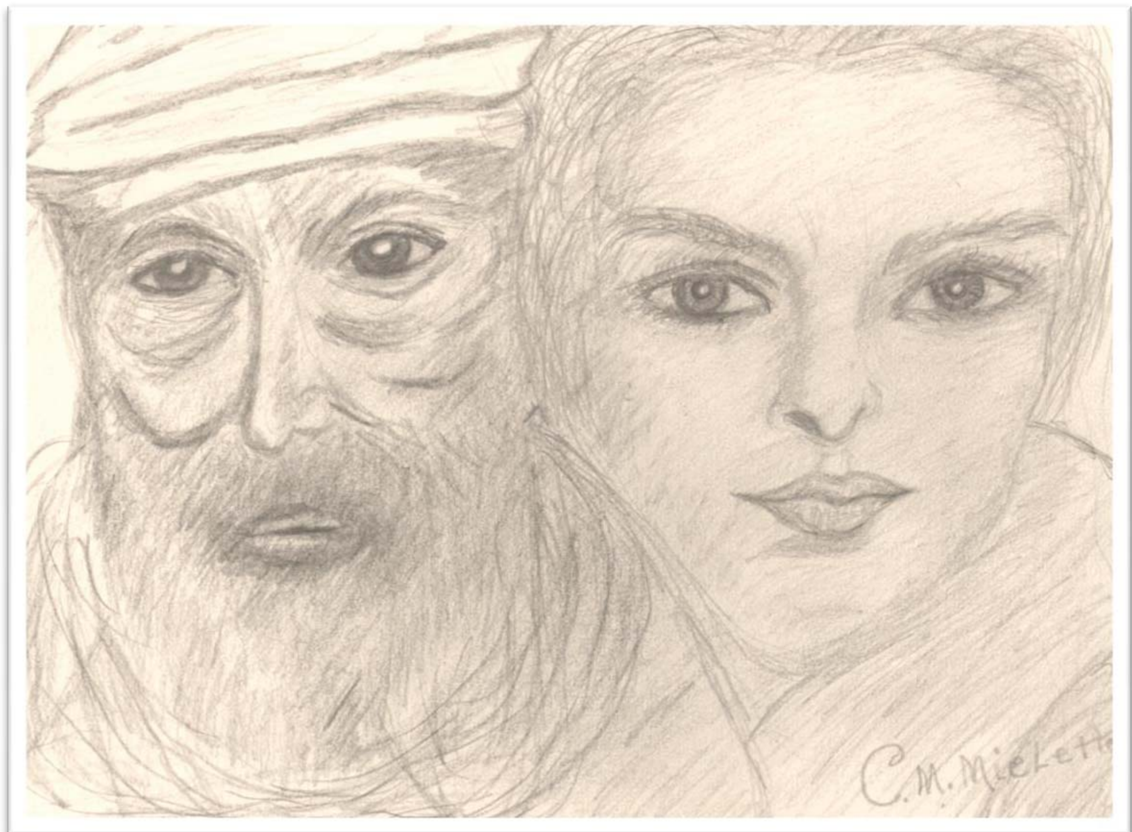
Learning about wisdom from others:

Collectively, there was much wisdom articulated by the participants. But wisdom comes in many forms. To simplify

Roger's Thesaurus description to the essentials it is caution, discretion, prudence, deliberation, calculation, foresight, and much more. I would also add tolerance, in its broadest sense, to this list.

One group member explained that the process of discovery during the course could only be considered as part of a personal and ongoing quest towards wisdom:

> *Wisdom is defined in the Oxford illustrated dictionary as, quote:* ***Wisdom being wise; soundness of judgement in matters relating to life and conduct; knowledge, enlightenment, learning***.
> *Proverbs 3v13 NIV:* ***Blessed is the man who finds wisdom, the man that gains understanding***.
> *I wanted to think about where I am at with regard to wisdom and the above are some of the quotes or writings that I found helpful when considering how to answer the questions raised by the notes [...] Given the above definition of wisdom I hope my judgement, borne out of what we have learned while participating in this course will be sounder, tempered however with my strenuous efforts in recent years to be less judgemental and more loving and encouraging.*



Tips for Successful Aging
Group members talked about their personal understandings of wisdom, often in the form of humble advice to others. For many, being wise meant having respect for other people:

> *My wisdom is not great – but the little I have to pass on to others is: Please try not to hurt others; Look after one another; differences there will always be, and on occasions, yours may not always be right.*

Tolerance for differences:

> *Try to be tolerant of one's fellow beings. It helps in marriage, parenthood, in work situations – every one of life situations.*

> *I have learned to be more patient with people who have aged complaints like mine.*

Practising forgiveness:

> *I think forgiveness is a marvellous asset. If you can, forgive people for all the hurt they have unintentionally given you. And forgive yourself.*

Being kind:

> *Be kind to yourself and others. Try to let go of feelings of resentment and bitterness which don't change the pain you are feeling and in the long run are going to hurt you more than the person you are resenting.*

> *Help others. Be kind to others. Have compassion.*

A non-judgemental attitude:

> *Some people think they are thinking when in fact they are only rearranging their prejudices.*

Accepting the changes associated with aging:

> *Over the years I have learnt to accept situations that I cannot change.*

> *Be patient with older people, it is difficult getting older, I now have to have a walker, and I find this really difficult. I can't do many things now with old age. I have always played sports – tennis and golf my main ones. I miss much my golf– at golf you*

always have groups to go to lunch, etc. There were always things being arranged.

I think I'm doing pretty good. Do you think you're a wise person? wise... I find as you get older, your brain doesn't move quickly as it should.

Wisdom as a sense of humour:

[I have learned] that others in the group have much more wisdom than I do! One of the most important aspects in life attributes is a sense of humour and the ability to laugh at oneself.

Spirituality:

I have also learned that prayer is wonderful at times of stress – but only if one has faith.

If you have any kind of spiritual inclination try to use it to help you solve this problem whether by talking to your pastor or a friend who loves you and in whom you have trust. This prayer was given to me by one of my children in a time of family anxiety and grief. I found it really helped and read it often:

St. Theresa's Prayer:
May today there be peace within you
May you trust that you are exactly where you are meant to be
May you not forget the infinite possibilities that are born of faith in yourself and others
May you use the gifts that you have received, and pass on the love that has been given to you
May you be content with yourself just the way you are
Let this knowledge settle into your bones, and allow your soul the freedom to sing, dance, praise and love
It is there for each and every one of us.

Although available to all, wisdom has a cost:

I can see clearly that my wisdom has been attained by the willingness to accept the price accompanying the gift. Every human being is offered the opportunity to become wiser, but alas! in our arrogance we can easily overlook that chance.

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Conclusion

Group members first discussed how life generally consists of ups and downs, and highlighted the importance of coping with challenges. They defined loneliness as different from being alone, and as a painful experience that can resemble depression. Group members acknowledged that there are both internal and external causes to loneliness. Overall, loneliness was defined as a normal challenge of life, and as a personal experience that can take different forms for different people.

Next, practical strategies to deal with loneliness were proposed. A repeated suggestion consisted of joining local clubs, or the many activities offered here, at the Retirement Village. Reaching out to help others, talking, and above all listening, were proposed as fundamental ways to connect with others and alleviate possible loneliness.

For the members of the groups, well-being involved having the ability to take one day at a time, and to engage in rewarding activities and hobbies. Well-being was portrayed as a positive and enjoyable feeling that originates from the inner self. Group members emphasised the highly individualised nature of well-being, and discussed how the way one thinks about their current situation has a direct impact on their sense of happiness.

Altogether, there was a great deal of wisdom articulated by the members of the groups. Wisdom was defined in terms of kindness, forgiveness and tolerance towards others. In addition, wisdom was characterised by a sense of contentment, and an acceptance of the difficulties associated with aging. Group members put forward that wisdom can originate from harder times, and linked being wise with coping with challenges. As such, wisdom would come not only from age and experience, but from the accumulation of knowledge collected as a result of dealing successfully with challenging times.

To conclude, throughout this booklet, group members conveyed the importance of valuing meaningful relationships with others. After all, if it is unfeasible to ensure that no one feels lonely, it is possible to cherish old relationships, welcome new ones, and to care for each other as much as we can.

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We hope that you have enjoyed reading ***Words of Wisdom***.
Please feel free to write your feedback and comments below. You can detach this page and deposit it in the *WOW* box at reception.
Thank you!

FEEDBACK FORM – ***Words of Wisdom***

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Appendix J

Summary of Findings for Participants

MASSEY UNIVERSITY
SCHOOL OF PSYCHOLOGY

28th of October 2010

Loneliness and the Well-Being of Older People
Summary of Findings

Since we first met in November last year through to April this year, we have been in fairly regular contact. Over the months, you took the time to fill out questionnaires, actively participate in the *Self-Enrichment Course*, and give regular feedback, as well as your written contribution towards the Self-Help Booklet. Thank you. Your contribution was an invaluable part of my study, as without your participation, I would have nothing to report! Please be assured that throughout the study your anonymity has been preserved, and my thesis contains no information that could identify you personally. When you completed the consent form at the beginning of the study, you requested a summary of the results. Please find this below.

As I noted in the participants information sheet, there has been very little research in New Zealand focused on the well-being of older people. The general aim of my study was to design, implement, and evaluate a brief group course aimed at preventing/reducing loneliness and increasing the well-being of older people. In my project, the definition of loneliness included family, romantic, and social loneliness. 17 people took part in the study, which was sufficient to conduct quantitative and qualitative analyses.

Firstly, I wondered how the course had been experienced by participants; Did people find it beneficial and useful, and if so, in what ways? Participants across the four groups reported being highly satisfied with the *Self-Enrichment Course* overall, with average group ratings ranging from 4 to 4.8, where 1=Not at all satisfied, and 5=Very satisfied. Participants' ratings at completion indicated specific ways in which the course was most helpful for them. The highest rated items included: a) recognising my own ability to cope with challenges; b) increasing well-being; c) increasing self-esteem; and d) learning new ways to cope with loneliness.

Secondly, I wanted to investigate the effect of the course on the participants' self-reported levels of well-being and loneliness over time. Exploratory statistical analyses showed that the *Self-Enrichment Course* had a positive (immediate) effect on participants' levels of well-being, and that these effects were maintained at one and two months following the course. In addition, participants' scores on family loneliness and social loneliness decreased significantly two months following the course. These results suggest that the *Self-Enrichment Course* had a positive (delayed) effect on family and social loneliness, but no significant effect on romantic loneliness. These are important findings which may lead to further research into effective therapeutic strategies to improve the well-being of older people in New Zealand, and overseas.

Thirdly, I was curious to learn about the participants' understandings of well-being and loneliness in the context of their life experience and wisdom. A thematic analysis of the participants' written contributions towards the Self-Help Booklet revealed five major themes: Understanding Loneliness, The Past in the Present, The Meaning of Wisdom, Managing Loneliness, and Focus on Well-Being. These results confirm the wealth of knowledge, life experience and resilience of older people, and highlight their ability to contribute and make a difference to our society. This analysis led to the collaborative creation of the Self-Help Booklet: ***Words of Wisdom (WOW),*** which will be distributed to 150 people living here, at [the Retirement Village]. It is hoped that this booklet will help others to deal with challenges associated with aging, and assist with the creation of a better future for our families, ourselves, and all of those we love.

If you should wish to read the complete thesis, it will be available in the Massey University Library in 2012. Thank you again for your participation.

Yours sincerely,
Isabelle Miclette

Appendix K

Final Thematic Table

Complete Set of Themes (5) and Codes (51) Identified in the Data

UNDERSTANDING LONELINESS	THE PAST IN THE PRESENT	THE MEANING OF WISDOM	MANAGING LONELINESS	FOCUS ON WELL-BEING
1-Loneliness is different from being alone 2- Loneliness is a need for relationships 3- Loneliness is a multiform experience 4-Loneliness is a painful experience 5-Loneliness is depression 6-Loneliness can be self-inflicted 7-Loneliness from rejection 8-Loneliness from separation 9-Loneliness from loss	1-The influence of the past on the present 2-The role of meaningful people in the past 3-Revisiting the past can be challenging 4-Revisiting how I coped in the past 5-Learning to talk about challenges 6-Learning from sharing personal experiences from the past 7-Learning from listening to others` life stories 8-Connecting from learning about others` life experiences 9-Specifically learning from differences between people	1-Wisdom is being kind 2-Wisdom is accepting aging 3-Wisdom is spirituality 4-Wisdom has a cost 5-Wisdom from life experience 6-Wisdom from having coped with challenges 7-Wisdom from sharing personal experiences 8-Understanding my wisdom	1-Challenges are normal 2-Coping with the down sides 3-Accepting 4-Keeping cheerful 5-Problem-solving 6-Develop new interests 7-Joining clubs 8-Doing something 9-Getting out 10-Reaching out to someone 11-Helping others can help alleviate loneliness 12-Connect by talking 13-Connect by listening 14-How to listen properly 15-Challenges in engaging with others 16-Ways to engage with others	1-Well-being as a day-to-day experience 2-Well-being is a personal feeling 3-Well-being is a feeling of contentment 4-Well-being is feeling happy with one`s relationships and living situation 5-Well-being is feeling one`s ability to cope with challenges 6-Well-being is having interests 7-Well-being is having the ability to do things 8-Well-being is feeling useful to others 9-Well-being is good health