Constructions of loneliness in older people in the New Zealand news and current affairs media

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Abstract

Loneliness is a subjective, painful, personal experience and it has negative effects on physical and mental health. The way that loneliness in older people is constructed in the mass media can reflect or influence public perceptions regarding that issue. Analysis of media reports can contribute to understanding how loneliness in older people is understood. This study is based in a social constructionist understanding and investigates the way that loneliness in older people is constructed in the New Zealand news and current affairs media. A discourse analysis was undertaken of articles regarding loneliness in older people, published in New Zealand in 2016 from selected newspapers, magazines, and a news website. Five discourses are described which are utilised in those news and current affairs articles regarding loneliness in older people. They are named the morality, economic, medical, dependence, and relational discourses. Each of these discourses has been identified in previous research. In the first four of these discourses, older people who experience loneliness are commonly offered passive subject positions of reduced power and agency, and loneliness in older people is problematised. Older people quoted in the news and current affairs articles drew on a relational discourse which, in contrast, positioned older people, including those who experienced loneliness, in interdependent relationships. A focus on the voice of older people highlights that they draw on a different discourse from others, and it is a discourse which enables more powerful and agentive subject positions for older people, especially those who experience loneliness.

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Introduction

Loneliness is an important health issue. It has negative effects on physical and mental health. Most older people are not lonely, but up to one third of those 65 years and older do report experiencing loneliness. The media contribute towards people's understanding of health issues and the way that health issues, such as loneliness, are constructed in the mass media can have an influence on people's attitudes, views, and behaviours. In the mass media, older people are under-represented and negative stereotypes of older people and ageing have traditionally dominated when they are represented, including linking loneliness with older age. Newer 'successful ageing' stereotypes of older people have started to emerge and also have a negative aspect. Stereotypes can have negative effects in homogenising groups, for example because of their age, and contributing to discriminatory actions and structural inequalities. Stereotypes about ageing and older people also have an effect on attitudes and responses towards older people and can become internalised affecting older people themselves. It is worthwhile to study how issues affecting older people, such as loneliness, are constructed in the media because of the effects this may have, because it can be a way to access public views regarding an issue, and because information in the media can contribute to and influence public views. In this study, a discourse analysis of media reports will investigate how loneliness in older people is constructed in the news and current affairs media in New Zealand and what types of subject positions are offered by these constructions.

I begin with a review of the literature. First, I will look at how "older people" are defined. Secondly, I will review the literature about loneliness including how it is defined and understood, how it is distinguished from other constructs, how it is measured, and research regarding the effects of loneliness on health. Thirdly, matters of loneliness and age will be reviewed, including prevalence of loneliness, and attitudes which link loneliness and older people. Fourthly, I will review the literature regarding stereotypes and the negative effects they can have for older people. I will then shift to focus on literature regarding the mass media including how it can have an influence on people, and finally to focus on research regarding how older people are portrayed in the media.

Literature Review

Older People

There is no standard definition of an older person, nor any agreed age above which the category of older person applies. There is no dividing line to separate younger people from older people (Phillipson, 2013). People age in different ways and there is no particular age that one becomes an older person (Ministry of Health, 2016). Further, an older person is defined differently in different cultures and in different contexts (Findsen, 2016). People may be considered older at different ages because of various cultural or contextual differences. For example, life expectancy may influence what is considered older age. The gap between Māori and non-Māori life expectancy at birth in New Zealand is 7.1 years, with Māori having the lower life expectancy at birth (Statistics New Zealand, 2015b). This may contribute to Māori adults being thought of as an older person, by themselves or their community, at a younger age than non-Māori.

The age of people themselves is another difference that may influence what is viewed as older age. Research in New Zealand shows that people aged 18-34 years think old age starts at 60 years of age. This age is higher when older people are asked when they believe old age starts, with people aged 50-74 years considering that old age starts at 72 years of age (Ministry of Social Development, 2016b).

Despite cultural and contextual differences, and there being no standard definition, in New Zealand those 65 years and older are often referred to as older people (e.g. Koopman-Boyden, 2011a; La Grow, Neville, Alpass, & Rodgers, 2012; Ministry of Health, 2002; Ministry of Social Development, n.d.). This is associated with 65 years of age being the age at which New Zealanders are eligible for the New Zealand Superannuation. The age of eligibility for the New Zealand Superannuation has become associated with a standard age for retirement (The Treasury, 2005), although there has been no general compulsory age for retirement in New Zealand since 1999 (Koopman-Boyden, 2011b).

As well as there being no standard definition of older people, there is no homogenous group of the population that can be gathered together under the term of older people (Ministry of Health, 2016). The diversity of people and situations within a group of older people is significant and important (Phillipson, 2013). Further, it has been argued

that choosing a particular age, above which to label people as older persons runs the risk of being an act of discrimination (Bytheway, 1995, as cited in Davidson, 2012), in grouping all those in a certain age range into a single category. Different researchers focussing on older people do choose categories based on people's age, but different ages or differing ranges of ages are used in their studies. Therefore, I do not seek to define older people by any particular age, but will accept how respective researchers, authors, and journalists have defined older people within their own context.

Understanding Loneliness

Loneliness is a negative, subjective experience in response to some type of lack in social relationships (Peplau & Perlman, 1982). Here, two different approaches to understanding loneliness will be summarised. The first emphasises the cognitive processes involved in loneliness and the second highlights the affective aspects of loneliness. Then, literature regarding four further aspects that contribute to understanding loneliness will be reviewed. The first of these is temporal factors in loneliness. Next, individual characteristics and contextual factors that contribute to loneliness will be reviewed. Thirdly, distinctions will be made between loneliness, social isolation, solitude, and living alone. Finally, two alternatives of measuring loneliness, as a unidimensional or multidimensional construct, will be described.

Approaches to understanding loneliness. Peplau and Perlman (1982) describe loneliness as an unpleasant, subjective, personal experience that is due to a person's social relationships being deficient in some way. This description contains three key aspects of a definition of loneliness. They are that loneliness is a subjective experience, that it is a negative and unpleasant experience, and that it results from some kind of lack in the social relationships that a person has (Peplau & Perlman, 1982).

One approach to understanding loneliness emphasises the cognitive processes involved in a person's perception and evaluation of how satisfactory or unsatisfactory his or her social relationships are (Peplau & Perlman, 1982). Loneliness is understood as a difference between needed and perceived quantity or quality of social relationships (Hawkley & Capitanio, 2015). That is, that loneliness includes an aspect of cognitive appraisal and a subjective assessment of the quality of social relationships (Utz, Swenson, Caserta, Lund, & deVries, 2014). It is the perception by a person of a deficiency

particularly in the quality of these relationships that results in feelings of loneliness (VanderWeele, Hawkley, & Cacioppo, 2012). De Jong Gierveld (1987) emphasises this role of a person's perceptions, experiences, and evaluations of her or his relationships, whether that be in a lack of intimacy or in a lack of sufficient social relationships. This cognitive approach highlights that it is not inevitable that a lack in actual relationships compared with desired relationships will lead to loneliness, but that it is the perception and evaluation of the situation that can lead to loneliness (De Jong Gierveld, van Tilburg, & Dykstra, 2006).

An alternative approach to understanding loneliness has more emphasis on the affective aspects of loneliness (Peplau & Perlman, 1982). This approach focusses on the unpleasant experience for a person in response to the need for human intimacy not being adequately met in relationship (Peplau & Perlman, 1982; Weiss, 1973). Weiss (1973) distinguished two forms of loneliness as responses to different and particular types of relational deficit. Different affective responses are associated with each form. One form is the loneliness of emotional isolation which Weiss (1973) described as associated with the lack of a close emotional attachment and as having a key feature of a feeling of utter aloneness. The second form is the loneliness of social isolation which Weiss (1973) linked with the lack of an engaging social network or meaningful community. This form of loneliness presents with feelings of aimlessness, boredom, and feeling on the margins (Weiss, 1973). Loneliness is seen by some as adaptive in that these negative and unpleasant feelings highlight the risks of isolation for survival and safety for humans, who are social beings, and prompts them to seek the intimacy that they require (Hawkley & Capitanio, 2015).

Temporal factors. As well as considering cognitive and affective aspects in understanding loneliness, variation in temporal factors have also been considered. Loneliness can be a transient or a chronic experience (Hawkley & Capitanio, 2015). It may also be situational, that is, related to a particular situation such as a bereavement (Cattan, Newell, Bond, & White, 2003). Loneliness may also change as people age (Weiss, 1982). Thus, the duration, the frequency, and also the severity are features that may differ with different experiences of loneliness (Luanaigh & Lawlor, 2008). There is not a lot known about the impact of various experiences of loneliness across time. For example, it is not known whether transient loneliness and longer lasting loneliness have differing impacts on people's health (Hawkley & Capitanio, 2015).

Researchers do not tend to ask people if they have always been lonely or just recently become so, or whether they have become lonely in older life (Victor, Scambler, Bond, & Bowling, 2000). However, some studies do consider temporal factors in studies of loneliness. In one study in the United Kingdom (UK) the participants, who were aged 65 years and older, were asked to report if there had been any change in their loneliness rating in the past decade. Sixty-eight percent reported no change, 23% reported a deterioration in their loneliness rating, and 10% reported an improvement (Victor, Scambler, Marston, Bond, & Bowling, 2005). Longitudinal studies also provide some information about loneliness over time. Data regarding loneliness from a longitudinal study with 5870 adults 65 years and older in the United States of America (USA) showed that 40% of persons who were lonely in one year, were not lonely the following year, and an average of 13% of those who were not lonely one year reported some loneliness the following year (Petersen et al., 2016). A study by Hawkley and Kocherginsky (2017) examined two waves of data five years apart from a study of older adults, also in the USA. They reported that 15% of participants became lonely across time, 12% were lonely in the first wave but not in the second, and 18% were lonely in both waves.

Individual characteristics and contextual factors. Further contributing to understanding loneliness, are considerations of risk factors for loneliness. This leads to a focus on individual level characteristics and contextual factors. Individual characteristics include description of the social network, relationship standards, personality factors, and background factors such as health and gender (De Jong Gierveld et al., 2006). Examples of personality factors include that loneliness has been reported to be higher in those with an anxious or neurotic personality (Hensley et al., 2012), and links have been reported between shyness and loneliness (Zhao, Kong, & Wang, 2013). It has also been suggested that poor social skills or a failure of social skills under pressure may contribute to loneliness (Knowles, Lucas, Baumeister, & Gardner, 2015).

Female gender is an individual characteristic that has been identified as a risk factor for loneliness, but the evidence is mixed (Victor et al., 2005). For example, in a New Zealand survey, females were more likely than males to report feeling lonely (Ministry of Social Development, 2016a). Similarly, a higher prevalence of loneliness among women than among men was found in a cross-sectional study in the UK (Victor & Yang, 2012). However, it has been argued that findings of gender differences are confounded by other variables. For example, a study of adults aged 65 years and older

found that significantly higher percentages of women than men were living alone or widowed and the authors concluded that when these variables were accounted for there was no independent relationship between gender and loneliness (Victor et al., 2005).

Ethnicity is another individual characteristic that is considered. In a New Zealand survey, rates of loneliness were slightly higher for those of Māori (16.6%) or Asian (16.7%) ethnicities compared with those of European / Other (13.2%) or Pacific (13.5%) ethnicities (Ministry of Social Development, 2016a). Some studies in Europe have shown higher levels of loneliness in ethnic minority groups. However, these results appear to be impacted by other variables such as lower socioeconomic status or higher levels of depression (Visser & El Fakiri, 2016).

Contextual factors can also contribute to risk for loneliness (De Jong Gierveld, van, 2006). Contextual factors include neighbourhood differences in matters such as levels of concern for other's wellbeing (De Jong Gierveld et al., 2006). Neighbourly behaviour such as daily contact with neighbours has been linked with lower levels of loneliness (Kearns, Whitley, Tannahill. & Ellaway, 2015). Another contextual factor is sociocultural norms regarding social networks and relationships in different life stages (Luhmann & Hawkley, 2016). The dominant views, expectations, and norms of different cultures, and within cultures, may contribute to how someone evaluates her or his own social relations and therefore to differing risks of loneliness (De Jong Gierveld et al., 2006). For example, there may be cultural norms about whether older people are expected to live with family or not (De Jong Gierveld et al., 2006). Where there is a mismatch between personal experience and these norms, this may contribute to feelings of loneliness (Luhmann & Hawkley, 2016).

Another example of a contextual factor that may influence loneliness is socioeconomic status. Links have been made between socioeconomic status and loneliness (Luhmann & Hawkley, 2016). In a New Zealand survey, those with higher levels of personal income reported lower levels of loneliness (Ministry of Social Development, 2016a). In a study of younger adults, aged 17-65 years, who reported at least one illness from a predefined list of illnesses, a much higher proportion of those in the lowest income group than the highest income group scored in the severe loneliness range using the De Jong Gierveld loneliness scale (Bosma, Jansen, Schefman, Hajema, & Feron, 2015). This was only partly explained by higher prevalence of work related disability and divorce (Bosma et al., 2015). Also, in a meta-analysis of study results,

Pinquart and Sörensen (2001) found that, on average, more loneliness was reported by people with lower socioeconomic status, and they identified lower income as a risk factor for loneliness. More research regarding the links between socioeconomic inequalities and loneliness is needed (De Jong Gierveld et al., 2006).

Distinguishing loneliness from social isolation, solitude, and living alone. Loneliness can be further understood by identifying how other constructs differ from loneliness. Loneliness has been distinguished from social isolation (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015; Peplau & Perlman, 1982; Yang & Victor, 2011). Social isolation is the objective situation of a lack of relationships with others (De Jong Gierveld & Van Tilburg, 2006). For example, social isolation may include having an infrequent or a low number of social contacts (Holt-Lunstad et al., 2015). It can also include a lack of diversity in the social network or low participation in particular social activities (Cornwell & Waite, 2009). It is possible to be socially isolated or to be alone and to not be lonely (Peplau & Perlman, 1982). It is also possible to feel lonely when not socially isolated (Cacioppo, Capitanio, & Cacioppo, 2014). Importantly then, being alone and feeling alone are different (Utz et al., 2014). Because they are different, it is important that social isolation is not mistaken for the construct of loneliness. "Unfortunately, journalists, scholars, and health care providers often conflate living alone, feeling lonely, and being isolated, and the result is widespread confusion about each condition" (Klinenberg, 2016, p 786).

Although they are different constructs, some research has found a relationship between loneliness and social isolation. In a five year, longitudinal study with adults 65 years and older, higher levels of social isolation were found to be linked with higher odds of loneliness (Petersen et al., 2016). No causality could be determined in this observational study. In another study of adults 65 years and older, some overlap was found between loneliness and social isolation. However, this was far from a complete overlap, with, for example, 32% of participants who were not socially isolated reporting being lonely (Golden et al., 2009). This study used three questions that asked directly about loneliness from the Geriatric Mental State diagnostic interview to measure loneliness. In another study, using the Three-Item Loneliness Scale developed by the study authors, Hughes, Waite, Hawkley & Cacioppo (2004) found only a modest relationship between loneliness and social isolation in two studies they undertook. They

concluded that quantitative and qualitative components of relationships are different from each other.

Other studies have also found only weak links between loneliness and social isolation. Cornwell and Waite (2009) found only a weak to moderate correlation between social disconnectedness and perceived isolation in a sample of adults aged 57 to 85 years of age. Their conceptualisation of perceived isolation appears to align with the concept of loneliness. In a sample of just over 300 people 65 years of age or older, Russell (1996) reported only a weak link between the number of people in the social network and loneliness, and no link between frequency of social contact and loneliness. Finally, in another study, with a large sample of adults aged 50 years and older, Coyle and Dugan (2012) found that loneliness and social isolation were not strongly correlated. This study used the Three-Item Loneliness Scale to measure loneliness.

As well as being distinct from social isolation, loneliness has also been distinguished from the voluntary state of solitude, and from living alone (Ong, Uchino, & Wethington, 2016). Solitude is the sense and space of being with oneself and can be a vibrant or a sombre experience (Jackson, 2016). Living alone is sometimes used as a measure of social isolation (e.g. Teguo et al., 2016), but in fact it simply indicates the type of household that a person lives in. It is not the same as being alone or being lonely (Victor et al., 2000). Research regarding links between loneliness and living alone is mixed. For example, in a cross sectional study of over 1000 adults 64 years of age and older in Germany, Zebhauser et al. (2013) found no association between living alone and loneliness. Conversely, Petersen et al. (2016), in data from adults of the same age as the previous study, found that those who were living alone had much higher odds of reporting being lonely. However, it is important not to conflate the two constructs of living alone and loneliness, and not to assume that those who live alone will be socially isolated or lonely (Perissinotto & Covinsky, 2014).

Measuring loneliness. In addition to definitions, temporal factors, individual and contextual risk factors, and distinguishing loneliness from other constructs, discussion of how loneliness is measured also contributes to understanding loneliness. Loneliness has been conceptualised either as a unidimensional construct that mainly varies only in intensity, or as a multidimensional construct that includes different forms of loneliness (Russell, 1982). A direct question such as “are you lonely?” is sometimes used as a measure for unidimensional loneliness with a scale of responses based on frequency from

never to always (Russell, 1982). There has been a risk identified in the use of a direct question that includes the word loneliness or lonely that there may be under-reporting of loneliness due to stigma associated with being lonely (De Jong Gierveld et al., 2006; Victor et al., 2000).

The UCLA (University of California, Los Angeles) Loneliness Scale is also based in the unidimensional concept of loneliness (Russell, 1982) but does not ask directly about loneliness. It initially comprised 20 items all structured in the lonely direction, but it was revised to include half of the items positively worded and half to be negatively worded to reduce the risk of response bias (Russell, 1982). A shortened, four-item version of the UCLA Loneliness Scale has also been developed (Russell, 1982). Another scale, the Three-Item Loneliness Scale was developed based on the revised UCLA Loneliness Scale, specifically for use in telephone surveys (Hughes et al., 2004).

The UCLA Loneliness Scale is one of two multi-item self-report scales to measure loneliness that dominate the literature (Van den Berg, Kemperman, de Kleijn, & Borgers, 2016). The second is the De Jong Gierveld Loneliness Scale (De Jong Gierveld & Kamphuis, 1985). In Cohen-Mansfield and Perach's (2015) review of 34 intervention studies published between 1996 and 2011, the most commonly used measures of loneliness were the De Jong Gierveld Loneliness Scale, used in six studies, and the UCLA Loneliness Scale, versions of which were used in seventeen studies.

The De Jong Gierveld Loneliness Scale is based in a multidimensional concept of loneliness (Russell, 1982). It was developed to measure the severity of a person's feelings of loneliness (De Jong Gierveld et al., 2006). It has 11 items which include six questions that assess belongingness, and five questions that assess missing relationships (De Jong Gierveld & Kamphuis, 1985). These have been used as two subscales, the first as a measure of emotional loneliness and the second measuring social loneliness (De Jong Gierveld & van Tilburg, 2006) based on Weiss' (1973) categorisation of these two types of loneliness. A shortened, six-item version of the scale has also been developed (De Jong Gierveld & van Tilburg, 2006).

Effects of Loneliness on Health

In this next section, I will review the literature regarding the effects of loneliness on health, and link loneliness as a health issue with a current discourse of health as a goal

and a value. Social relationships and the social world have an impact on health (Hawkley & Cacioppo, 2003; House, Landis, & Umberson, 1988). In a meta-analysis of research investigating this link, looking specifically at the relationship between social relationships and mortality risk, Holt-Lunstad, Smith, and Layton (2010) concluded that health outcomes are influenced by social relationships. The studies they reviewed included a range of social relationship variables, one of which was loneliness. Holt-Lunstad et al. (2010) argue that the health effects of social relationships are greater than some well accepted physical risks such as physical inactivity and obesity, and that healthcare could contribute to reduction of mortality risk by assessing and addressing social relationship variables.

To focus specifically on the effects of loneliness, there is a significant body of research showing a link between loneliness and poorer health (Cornwell & Waite, 2009). Loneliness is one aspect of social relationships that has been identified as an important public health matter (Lauder, Sharkey, & Mummery, 2004; Lasgaard, Friis, & Shevlin, 2016). Loneliness has been linked with negative health outcomes including reduced immunity, poor sleep, reduced cardiovascular functioning, and faster decline of cognition (Hawkley & Capitanio, 2015). Also, links have been found between loneliness and lower scores in cognitive tests (O'Luanaigh et al., 2012) and loneliness has been correlated with symptoms of depression (Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006). One longitudinal study found that loneliness appeared to effect all-cause mortality (Patterson & Veenstra, 2010).

Research has begun exploring possible mechanisms for this association between loneliness and health outcomes (Cacioppo, Hawkley, Crawford et al., 2002). Such mechanisms are not yet well understood (Gardiner, Geldenhuys, & Gott, 2016). Psychobiological pathways such as loneliness affecting immune, cardiovascular, or neuroendocrine responses have been hypothesised and tested, with mixed results (Steptoe, Owen, Kunz-Ebrecht, & Brydon, 2004). Potential links between loneliness and stress have been investigated, including the stress buffering potential of supportive social relationships and potential links between loneliness and higher levels of perceived stress (Hawkley & Cacioppo, 2003). Loneliness has also been shown to have an effect on stress hormones (Cacioppo & Patrick, 2008).

Investigations have also considered the impact of loneliness on health behaviours such as smoking and exercise (Hawkley & Cacioppo, 2003). For example, loneliness has

been linked with lower levels of physical activity (Netz, Goldsmith, Shimony, Arnon, & Zeev, 2013). In a survey of over 1200 adults, Lauder, Mummery, Jones, and Caperchione (2006) found that lonely people had a higher mean Body Mass Index and were more likely to smoke cigarettes than non-lonely people. In contrast, Cacioppo, Hawkley, Crawford et al. (2002) found no link between loneliness and health behaviours such as exercise or smoking.

Researchers have also looked at links between loneliness and physiological restorative processes such as the immune system and sleep (Hawkley & Cacioppo, 2003). One study found that lonely persons sleep more poorly than those who are not lonely and the authors hypothesised that chronic sleep disturbance reduces the physiologically restorative effect of sleep (Cacioppo, Hawkley, Berntson et al., 2002). No causative relationship was confirmed in this research.

Loneliness also appears to have links with subjective perceptions of health and wellbeing. In a New Zealand study, some links were found between self-reported health measures and loneliness (La Grow et al., 2012). Also, VanderWeele et al. (2012) report a reciprocal relationship between loneliness and subjective well-being.

As a recognised health issue, loneliness is subject to discourses regarding health. Health is valued in contemporary culture as a goal, a value, as contributing to identity, and as a state of being (Crawford, 2006). Seeking health and maintaining health have become important and valued pursuits. Lifestyle choices have become health oriented and health dominated. Judgement of others' lifestyle choices has become acceptable in the name of health. Crawford (2006) gives the name "healthism" to this moralisation of health. Health has become a moral obligation and a measure of self-worth (Metzl, 2010). Healthism stresses the individual responsibility to attain and maintain health and provides the basis for criticising those who fail to do so (Crawford, 2006).

Loneliness and Age

Having considered how 'older people' are defined and having reviewed literature regarding factors which help in understanding loneliness as well as the impact of loneliness on health, I turn now to focus on the literature regarding loneliness and age. This section will include research regarding the prevalence of loneliness across all ages

and then more specifically for older people. Finally, the literature regarding attitudes which link loneliness and older people will be reviewed.

Loneliness across all ages. People of all ages experience loneliness (Luhmann & Hawkley, 2016). Research shows mixed results regarding the relationship between age and loneliness. Luhmann and Hawkley (2016), in a study investigating the age distribution of loneliness in over 16 000 Germans aged 18 to 103 years, found highest levels of loneliness in those over 80 years of age, and elevated levels of loneliness around ages 30 years and 60 years of age. They found the lowest levels of loneliness at around the age of 75 years. In another study, Victor and Yang (2012) found the highest levels of loneliness were among those under the age of 25 years, and those over 65 years of age. In a New Zealand survey the levels of loneliness were found to be highest among 15 – 24 year olds with nearly 17% reporting being sometimes, most of the time, or always lonely in the four weeks prior to the survey (Ministry of Social Development, 2016a). Results from this same survey showed loneliness levels decreased with increasing age, with the exception of the oldest group. Just under 10% of those aged between 65 and 74 years reported being lonely some, most, or all of the time. This was the age group with the lowest level of reported loneliness. Just over 12% of those aged 75 years and older reported loneliness, which was higher than those 65-74 years of age but lower than all age groups between 15 and 54 years of age (Ministry of Social Development, 2016a).

In contrast, some research has found no link between age and levels of loneliness. A telephone survey conducted in Australia found no significant correlation between age and loneliness (Lauder et al., 2004). A survey of some New Zealand adults aged 65years and older found level of loneliness did not differ according to age within this group of older adults (La Grow et al., 2012).

Most people are not lonely most of the time (Hawkley & Capitanio, 2015). *The Social Report* (Ministry of Social Development, 2016a), published by the New Zealand Government with figures gathered in the New Zealand General Social Survey in 2014, showed levels of those who reported feeling always, most of the time or sometimes lonely. A significant majority, 86.1% of those surveyed, reported not feeling lonely or feeling lonely only a little of the time.

Loneliness in older people. More specifically, research has investigated the prevalence of loneliness among older people. Most older people are not lonely. A

longitudinal study over 10 years in Sweden with people over the age of 75 years at the beginning of the study found that the majority of these older people reported never or seldom experiencing loneliness (Holmén & Furukawa, 2002). In the UK, almost 75% of people aged 60 years or older reported they were never lonely (Victor & Yang, 2012). In a study of over 30 000 people in Denmark with over 9000 people over the age of 60, 80% of those 75 years and older reported that they were not lonely, and 86.2% of those aged between 60 and 74 years reported that they were not lonely (Lasgaard et al., 2016). In a study in Germany with adults aged 64 years and older who lived alone, 70% of the participants were found to not be lonely (Zebhauser et al., 2015).

Reported prevalence rates for loneliness in older people do vary. One study in New Zealand (La Grow et al., 2012) with participants aged 65 years and older reports much higher prevalence than most other studies and the authors report surprise at this result. This study found 52% of its participants reported loneliness with eight percent of those reporting severe loneliness (La Grow et al., 2012). The de Jong Gierveld Loneliness Scale was used to measure loneliness and, the authors transformed the results to a dichotomous score of 1 for negative responses and 0 all other responses.

In contrast, the New Zealand General Social Survey 2014 results showed much lower prevalence rates of loneliness among older people in New Zealand (Statistics New Zealand, 2015c). Loneliness was measured using a single direct question, asking "in the last four weeks, how much of the time have you felt lonely?" (Statistics New Zealand, 2014). Of those between 65 and 74 years of age, 73.6% reported they had not been lonely, 16.9% were lonely a little of the time, 7.3% were lonely some of the time, and 2.3% were lonely most or all of the time. For those 75 years and older, 71.5% reported not having been lonely, 16.1% were lonely a little of the time, 8.3% were lonely some of the time, and 4.2% were lonely most or all of the time (Statistics New Zealand, 2015c).

As discussed above, most studies of prevalence report that the majority of older people are not lonely most of the time. While it is important to highlight this point, it is also important to not minimise the experience or effects for the up to 35% of older people who do experience loneliness. At the time of the 2013 census that would have been over 212 000 people reporting loneliness out of the 607 032 usual residents of New Zealand aged 65 years and older (Statistics New Zealand, 2015a).

Attitudes linking loneliness and older people. Despite the research showing that most older people are not lonely, loneliness is seen as a problem particular to older age (Hansen & Slagsvold, 2016). Loneliness is linked in contemporary Western communities with ageing and older people (Victor & Yang, 2012). It has been suggested that the likelihood of losses related to health changes, deaths, and changes in work and family situations are more numerous as people age which may mean that older people are more likely than younger people to experience loneliness (Utz et al., 2014). This leads to a common assumption that older people are at greater risk of experiencing loneliness than people of other ages (Lasgaard et al., 2016).

However, there is a lot of variance for different people in changes in social relationships associated with ageing, and as has already been discussed, social isolation and loneliness are not the same thing. Several writers (Dykstra, 2009; Hansen & Slagsvold, 2016; Yang & Victor, 2011) challenge the view that sees loneliness as an aspect of normal ageing. Further, even for those older people who do have smaller social networks, Carstensen (2006) theorises that a subjective sense of limited time until death leads to older people actively reducing the size, but not quality, of social networks. This is driven by prioritising emotional goals over knowledge and horizon expanding goals (Carstensen, 2006; English & Carstensen, 2014).

Research shows that many people in society view loneliness as a problem for most older people. A survey of just over 3000 people in the United States of America found that 84% of respondents thought that loneliness was a somewhat serious or very serious problem for most people over the age of 65 years (The National Council on the Aging, 2000). A Swedish study found nearly 90% of respondents thought a statement that nearly half of retirement pensioners experience feeling lonely often was true (Tornstam, 2007). The author cites figures indicating that is more like 10% of retirement pensioners who experience often feeling lonely (Tornstam, 2005, as cited in Tornstam, 2007). In a New Zealand based survey, 43% of people 18-34 years of age were concerned about loneliness or isolation as an aspect of ageing, whereas only 11% of those aged 75 years and older were concerned about this (Ministry of Social Development, 2016b).

Stereotypes

The perception associating loneliness and older people amounts to a negative and inaccurate stereotype of older people (Pinquart & Sörensen, 2001; Tornstam, 2007) which sees loneliness as an inevitable part of ageing (Sullivan, Victor, & Thomas, 2016). This next section reviews literature about stereotypes more generally and the concerning effects of stereotypes on older people. This includes the key role that stereotypes have in acts of discrimination, the reinforcement of structural inequalities, homogenising responses to older people, and the effects for older people, including transformation to self-stereotypes.

Stereotypes are beliefs about individuals based on belonging to a particular group (Mulvey, Hitti, & Killen, 2010). Older people are a group who are subject to stereotyping (Ellis & Morrison, 2005). Stereotypes that see older people for example, as lonely, in poor health, or with declining cognition are not accurate about most older people, and can see older people as all the same (Thornton, 2002). Thus, individual older people are not seen according to their own particular circumstances, but rather are categorised according to stereotypes.

Discriminatory actions. The effects of stereotypes are concerning. Stereotypes have a key role in actions that are discriminatory (Mulvey et al., 2010). Systematic stereotyping and discriminating against people because of their age is ageism (World Health Organization, 2015). This may be at an individual or organisational level such as not employing an older person because of her or his age. Also, discriminatory actions may be at policy or societal level. For example, stereotyping can be a barrier to supporting the health of older people and can constrain the development of positive public health policy regarding ageing (World Health Organization, 2015).

Structural inequalities. Stereotypes reinforce power relations and structural inequalities (Angus & Reeve, 2006). Society separates people into different age groups, and relationships between different groups are not equal in terms of access to resources, power, and status. These age relations result for example, in a loss of power and autonomy for older people (Calasanti, 2007). Older people are seen as economically unproductive and as non-participants in the workforce after retirement. This situates a diverse array of older people as dependent and on the margins of society (Angus & Reeve, 2006). Older people are subject to exclusion from the labour market, from society, and

even from decisions about their own lives (Calasanti, 2007). Thus located, planning and decision making can be justified as needing to be done for and on behalf of this dependent group, excluding older people themselves from participating. Older people can thus experience a lack of social status through such stereotyping, creating and reinforcing inequality. Such inequality can result in a negative impact on health outcomes (Angus & Reeve, 2006).

Homogenising responses. Attitudes and responses towards older people are affected by stereotypes. Stereotypes support norms of behaviour (Angus & Reeve, 2006) and influence perceptions of others and judgements of others' behaviour as well as what is noticed, interpreted, and remembered about others (Jones, 2001). Both positive and negative stereotypes can constrain the behaviour of those stereotyped, through them being described in certain ways and through their actions being prescribed in limiting ways (Jones, 2001). Many stereotypes about ageing are misinformed and inaccurate (Angus & Reeve, 2006). These stereotypes homogenise older people leading to generalised, inflexible, and undifferentiated responses to older people (Angus & Reeve, 2006). Further, old age is feared (Angus & Reeve, 2006) and avoided (Calasanti, 2007).

Effects for older people. Stereotypes regarding ageing and older people can have a negative effect on older people themselves. Older people may be influenced to behave in ways that are consistent with stereotypes (Ellis & Morrison, 2005) and the stereotypes may contribute to identities older people construct for themselves (Davidson, 2012). A pair of studies (Coudin & Alexopoulos, 2010) with small groups of community dwelling older adults in France provides an example. The participants were presented with one of three scripts to read or listen to that contained negative stereotypes about older people, or positive stereotypes, or was neutral. Participants were then asked to complete various questionnaires and tasks. In one of the studies a translated and adapted form of the UCLA Loneliness Scale was administered. The authors report more loneliness was reported among participants who had read the negative stereotype script than those in the neutral or positive stereotype groups (Coudin & Alexopoulos, 2010). In other findings, Coudin and Alexopoulos (2010) report participants in negative stereotype groups were more risk averse and sought help with a puzzle more than those in the neutral or positive stereotype groups. They concluded that these effects are due to the activation of the negative stereotype about older people.

In addition, ageing stereotypes can become self-stereotypes when a person becomes old. These stereotypes about ageing are internalised from childhood and can operate unconsciously (Levy, 2003). Levy (2003) summarises research (much of it by Levy and colleagues) showing ageing self-stereotypes can affect physical and cognitive health of older people including memory, gait speed, cardiovascular response, and health decisions. For example, exposure to negative ageing stereotypes resulted in worse performance in memory tasks for adults 60 years and older compared with those exposed to positive ageing stereotypes. This effect was not replicated for younger adults, aged 18-35 years, showing it was not the exposure to the negative ageing stereotypes in itself that caused this effect (Levy, 1996). In another example, older adults exposed to positive ageing stereotypes showed a significant increase in gait speed compared to their baseline, but there was no significant change in gait speed for participants exposed to negative ageing stereotypes (Hausdorff, Levy, & Wei, 1999).

Thus, stereotypes regarding ageing and older people are concerning because they contribute to ageism, they reinforce structural inequality which marginalises older people, they affect the attitudes and responses towards older people, and they can become internalised by older people themselves. All of these effects have the potential to impact on the function and health of older people. Therefore, while it is important that the negative impact of loneliness for older people is not minimised, negative stereotypes that exaggerate and portray loneliness as the norm for older people can also have a negative impact.

Mass Media

Media are one of society's influences that shape and construct and communicate particular versions of the world (Portsmouth, 2012). The mass media include television, newspapers, magazines, and the internet, that transmit information and stories to large audiences (Portsmouth, 2012). Messages related to health are ubiquitous in the media (Walsh-Childers & Brown, 2009). These health issues can be represented either negatively or positively by the media (Kenez, O'Halloran, & Liamputtong, 2015). Further, the media contribute towards people's understanding of public health issues (Kenez et al., 2015) and influence people's beliefs and behaviours regarding health matters (Lyons, 2000; Walsh-Childers & Brown, 2009). The influence of the media can

be at a personal or public level, with intended or unintended effects, and may have positive or negative outcomes (Walsh-Childers & Brown, 2009). At a personal level the media can provide information that may contribute to changed attitudes or behaviours, and at a public level the media can raise the profile of health issues (Thorson, 2006). Three ways in which the media have an influence will be briefly reviewed here. They are agenda setting, framing, and priming. I will then provide a review of research regarding how older people have been portrayed in the mass media.

The influence of the mass media. The mass media have influence and power in the ability to choose what is a newsworthy story, what is put on the agenda for publication and public discussion and what is not (Lupton, 1995). The media are looking for stories that are newsworthy, that is, stories that are recent, clear, and relevant (Nairn, Coverdale, & Claasen, 2001). Hilt and Lipschultz (2005) argue that the media contribute to the social construction of reality by their choices of what are newsworthy stories and which stories are ignored, and by how people and issues are portrayed. The first part of this is agenda setting and the second part is framing.

The way a journalist frames an issue influences the way readers think about that issue (Tewksbury & Scheufele, 2009) as frames highlight certain attributes of an issue or group (Weaver, 2007). The media can create or maintain discriminatory views through how particular groups are framed (Corrigan et al., 2005). That is, frames are not exclusively the creation of the media but also refer to pre-existing meanings within a culture. Also, the ideology of the journalist and the media organisation have an influence on how issues are framed (Tewksbury & Scheufele, 2009). Such representations may reflect or create attitudes about older people (Lumme-Sandt, 2011). For example, stories about older people may reference stereotypical views of ageing.

Finally, media priming effects are a way that such stereotypes can then affect individual's responses. Media priming refers to the time-bound effects of media content on subsequent behaviour or judgments (Roskos-Ewoldsen, Roskos-Ewoldsen, & Carpentier, 2009). Research has shown that media priming of stereotypes, including gender and racial stereotypes, can influence perceptions of people to align with those stereotypes (Roskos-Ewoldsen et al., 2009). Although there does not appear to be research specifically looking at media priming of stereotypes of older people, it is likely that it will have a similar effect. That is, that portrayals of older people in the media prime

ageing stereotypes which influence people's perceptions of actual people in alignment with those stereotypes.

Consumers actively engage with media reports (Nairn et al., 2001). Seale (2002) highlights a number of ways of conceptualising audiences of media representations, such as the passive receiver, or the active engager, and acknowledges that different matters will be taken from the media by different people, influenced by their own situations and identities. Older people may pay greater attention to matters related to their own health concerns, and may change their behaviour as a result of information in the media (Hilt & Lipschultz, 2005). For example, how ageing and older people are portrayed in the media can have an influence on older people's views regarding issues that directly affect them (Iynegar & Kinder, 1987, as cited in Hilt & Lipschultz, 2005). How older people are portrayed in the mass media will be considered in the next section.

Mass media portrayals of older people. Media portrayals of older people and ageing can create or contribute to stereotypes about the later stages of life (Wada, Hurd Clarke, & Rozanova, 2015). Ageing is often viewed as a time of expected deterioration which features such issues as illness, dependence, and loneliness (Bevan & Jeeawody, 1998). Old age is considered a social problem by some (Cuddy & Fiske, 2002), and older people are seen as 'other'. The way loneliness of older people and old age itself are seen is partly created by the mass media (Uotila, Lumme-Sandt, & Saarenheimo, 2010). In addition, older people are often portrayed in the media as a homogenous group.

Previous research has looked at media portrayals of older people in a range of types of media including television, film, magazines, and newspapers (Koskinen, Salminen, & Leino-Kilpi, 2014). This section will review how older people have been portrayed in the mass media. This includes being underrepresented and the use of negative stereotypes including associating older people and loneliness. In contrast this also includes positive portrayals, including more recent representations of older people who are successfully ageing. The literature also includes critique of these newer portrayals and this is included here. This section concludes with challenges in the literature to the media to provide balanced, integrated portrayals of older people, as well as arguments in favour of the media leading change to provide less stereotyped portrayals of older people.

Underrepresented. In the media, older people are often underrepresented (Davidson, 2012; Rosanova, Miller, & Wetle, 2016). Older people and their stories are often not visible in the media. For example, in a study of the principal characters in fictional television dramas in Germany, older people were under-represented compared with the actual population (Kessler, Rakoczy, & Staudinger, 2004). This same study found an even greater under-representation of older women. Lee, Carpenter, and Meyers (2007) also found that older women were underrepresented in their analysis of television advertisements.

Negative stereotypes. Although research shows mixed results, when older people are in the media, negative stereotypes often dominate (Davidson, 2012). In newspapers and magazines, older people are often seen as a problem group, burdensome and expensive for the rest of society (Davidson, 2012). For example, themes of assumed decline in older age, health problems, and increased risks were identified in an analysis of images of older people in magazine advertisements related to health and well-being (Ylänne, Williams, & Wadleigh, 2009). In contrast, this same analysis identified a strong theme of the possibilities of positive action to nurture health. An analysis of personal stories about women aged 50 years and older in the *Australian Women's Weekly* magazine found that, while the women were portrayed positively, ageing was to be denied where possible (McKay, 2003).

Portrayals of older people in newspapers have been found to be more negative than those in other types of media, linking older people with loneliness, frailty, and dependency (Koskinen, Salminen, & Leino-Kilpi, 2014). For instance, in an analysis of newspaper texts, Fealy, McNamara, Treacy, & Lyons (2012) found that expected infirmity, dependence and frailty, as well as 'otherness' were ideas that dominated the way older people were seen. In another example, thematic analysis of newspaper reports from a major Canadian newspaper found ageing and disease closely linked (Rozanova, 2006).

Loneliness. In the print media, loneliness is one of the common issues presented related to older people (Davidson, 2012). In an analysis of articles dealing with loneliness in a Finnish newspaper and Finnish magazine the authors concluded from their findings that loneliness and old age were inseparable in these articles (Uotila et al., 2010). These authors found that older people who were lonely were constructed in the print media they analysed as passive and not expected to be active in addressing loneliness. Rather that

active role was ascribed to others to organise activities to alleviate loneliness and to take the role of caring for older people. Ferreira-Alves, Magalhães, Viola, and Simoes (2014, p. 621) state that "we must be cautious about loneliness's relationship with old age spread by the media".

Positive portrayals. Some studies have found more positive portrayals of older people in the media. For instance, few negative portrayals were identified in an analysis of magazine articles containing personal interviews discussing issues of ageing (Lumme-Sandt, 2011). The articles were from a Finnish magazine targeting a readership aged 50 years and older and the study author highlighted the purpose of the magazine was to accentuate positive characteristics of older age (Lumme-Sandt, 2011). In another example, in a study of television drama series, Kessler et al. (2004) reported older people were overly positively portrayed as healthy and wealthy. The authors concluded that older characters were portrayed with characteristics of middle age rather than older age. Appropriately, limitations of their study were identified including that minor character roles which were not analysed, may have been portrayed more negatively (Kessler et al., 2004).

Older people tend to be portrayed more positively in advertisements than in other media genres (Ylänne et al., 2009). These portrayals can be unrealistically positive. For example, in a study of television advertisements Lee et al. (2007) found 97% of older people who were in key roles in the advertisements were represented as healthy, active, and happy. In another example, an analysis of images in magazine advertisements regarding health related matters found overly positive portrayals of older people. The older people were portrayed as fit and healthy and not obviously in need of the aids and products being advertised (Ylänne et al., 2009). Moreover, the majority of images used younger old individuals, creating a sense of positivity (Ylänne et al., 2009).

Successful ageing. Some authors have identified that the dominant negative portrayal of older people in the media appears to be changing (Hodgetts, Chamberlain, & Bassett, 2003; Lee et al., 2007; Uotila et al., 2010). An alternative, less dominant and more recent type of portrayal of older people in the media has emerged of the active, ageless, successfully ageing older person (Uotila et al., 2010). “Successful ageing” or “healthy ageing” refers to a 21st century paradigm which importantly counters previous expectations of increasing dependency as people age (Angus & Reeve, 2006). An example of a policy based in this paradigm, the New Zealand Government’s Healthy

Ageing Strategy, states that healthy ageing is about social connectedness as well as maximising mental and physical wellbeing and independence (Associate Minister of Health, 2016). However, even a focus on the successfully ageing older person in the media can contribute to problematic stereotypes.

This media portrayal of older people ageing successfully can exclude those who "fail" to age successfully. New norms can be created that are out of reach for older people who do have limitations (Lee et al., 2007). These limitations may be at a personal level or may be wider structural issues. For example, McKay (2003) highlights that magazine articles she analysed seldom discussed the resources that the featured older women celebrities have access to in order to manage their ageing appearance. These resources were out of the reach of most readers of the magazine.

Individual responsibility for ageing successfully. Media portrayals of successful or healthy ageing focus on the individual and highlight the responsibility of older people themselves for remaining socially engaged, active, and well (Rosanova et al., 2016). This is highlighted by Rosanova's (2010) study in which she analysed articles in a Canadian newspaper which featured older adults and focussed on aspects of ageing. She identified three main themes about successful ageing in the newspaper articles. They were that successful ageing was a choice for individuals, that individuals were responsible for unsuccessful ageing, and successful ageing through remaining engaged and active. Rosanova (2010) linked these themes with neo-liberal principles of increased personal responsibility and decreased government spending. This individual responsibility for well-being and health is a strong focus in news coverage of health-related topics (Thorson, 2006). Further, some magazine advertisements have been identified as having a strong imperative stressing a moral duty for an older person to take responsibility to make choices that will support good health (Ylänne et al., 2009).

These newer portrayals in the media of the very active older person ascribe to the individual this moral responsibility for ageing successfully without regard to the social determinants impacting on health and ageing (Hodgetts, Chamberlain and Basset, 2003). For example, in the Canadian newspaper articles featuring older people that she analysed, Rozanova (2006) found a focus on individual responsibility for health and well-being was not balanced with discussion of structural causes of disparities in older age. In another example, in a magazine for those 50 years of age and older, a discourse analysis showed ageing was constructed as an individual's task while social determinants that impact on

ageing were ignored (Lumme-Sandt, 2011). This individual focus enables blaming of those who fail to age successfully for their own decline and dependency, and setting them apart from the active, successfully ageing older persons (Hodgetts et al., 2003).

Challenges to provide balanced portrayals. Stereotypes, either negative or positive, which present older people as a homogenous group hide the diversity of an older population (Angus & Reeve, 2006). There are a variety of ageing pathways as not everyone ages in the same way (Associate Minister of Health, 2016). The portrayals that show the diversity of experiences people have in ageing are missing from the media (Lee et al., 2007). It is too simplistic to see negative portrayals of older people in the media as bad (Coupland & Coupland, 1993). Some negative portrayals will be representations of how ageing is for some people. Likewise, some positive media portrayals of older people will be representations of experiences for some but not all. Also, positive portrayals may be used as a counter for negative counterparts, setting apart those who are vulnerable from those represented in the positive portrayal (Rosanova, 2006). The challenge in any portrayal of older people is to ensure that it includes an array of experience, which does include those for whom dependency, poor health, and loneliness are real, but which does not use stereotypes that see all ageing and all older people in this way.

It has been argued that the media should be leading the way in removing negative stereotypes and changing attitudes towards older people (Davidson, 2012). Further, to be presenting a more complete picture, that the media should be presenting more about the contributions of older people to society (Fealy et al., 2012). Walsh-Childers and Brown (2009) suggest more research regarding the media's health effects on older adults with the aim of reducing negative health effects and increasing positive effects for health. Martin, Williams, and O'Neill (2009) suggest education for journalists about ageing, its positive aspects, and the impact of ageism to counter the negative portrayal of older people which they identified in an analysis of articles in one major weekly newspaper. Others have previously written about other suggestions to help. Relationships between health professionals, experts, and journalists may help (Dorfman, Thorson, & Stevens, 2001; Martin et al., 2009) with more diversity of ageing experiences being reported. Also, health professionals can provide to the media good stories and data sources as well as contacts who are experts (Dorfman et al., 2001).

Media portrayals regarding older people do not always align with research knowledge (Kessler et al., 2004). Also, it appears there is a discrepancy between the

public perceptions and research knowledge regarding the prevalence of loneliness in older people (Uotila et al., 2010). Because of the influence of the mass media, it is important that what is portrayed in the media regarding loneliness in older people is accurate. Furthermore, I would argue that discourses utilised in reporting about loneliness in older people should be ones which enable agentive, empowered subject positions for older people, including those who experience loneliness.

This Study

This study will investigate the construction of loneliness among older people in the mass media. There are three reasons for conducting this investigation. First, it is valuable to investigate how older people and issues that are relevant to older people are portrayed in the mass media because of the traditionally negative, stereotypical portrayals of older people and the influence these may have (Hilt & Lipschultz, 2005). Further, more recent representations of successful ageing also make use of stereotypes that can be problematic. This influence of stereotypical media portrayals can be damaging. Secondly, media reports provide a way to look into public dialogues. For example, newspapers can provide a view of public opinions and culture (Fealy, et al., 2012). Therefore, analysis of media reports may be useful when considering the public perceptions of social matters (Skinner, Joseph, & Herron, 2013). Finally, media are woven throughout daily life, and information from the media can directly or indirectly contribute to shared experiences shaping ideas about health issues as well as influencing health policy (Hodgetts & Chamberlain, 2006) Thus, analysis of media representations is important for those interested in understanding health concerns and promoting health (Hodgetts & Chamberlain, 2006). Such analysis is therefore highly relevant for psychologists working in health. There is a lack of research about how loneliness in older people is constructed in the mass media in New Zealand. This research seeks to address this gap.

Methodology

Epistemology and Theoretical Perspective

The epistemological stance underpinning this research is social constructionism. Social constructionism sees reality, knowledge, and understandings of the world as constructed within social interactions between people. Social constructionism is an understanding of the world and of knowledge that challenges an understanding that there is an objective truth that can be identified through unbiased observation (Burr, 2003). Social constructionism takes a critical stance, challenging assumptions and taken for granted views of the world. It emphasises that the way we see the world is historically and culturally defined (Burr, 2003; Chamberlain, 2015). Language, as a key form of social interaction, is a particular focus of interest in social constructionism (Burr, 2003; Willig, 2013).

From a social constructionist approach, language is seen as a form of action in that it constructs reality, rather than simply describing it (Willig, 2013). Different constructions of the world inform and lead to different types of actions and interactions. They support, allow, inhibit, or prohibit different actions or ways of being (Burr, 2003; Gergen, 2003). The researcher in this approach is interested to see how the phenomenon that is the focus of study is constructed and the consequences of those constructions in positioning groups of people (Willig, 2013).

There is not just a single version of social constructionism with unified and agreed assumptions (Chamberlain, 2015; Gergen & Gergen, 2003). Some more radical, relativist versions of social constructionism have a narrow focus on particular constructions within a very specific context. Other more moderate versions have a wider focus, looking to make connections between particular constructions and the wider societal context, which is seen as potentially shaping those constructions (Willig, 2013). This research is situated within this latter version.

The theoretical perspective underpinning this research sees language as understood as shaping social reality and creating subjectivity. This leads to a focus of interest for research on language and the role that it has (Locke, 2004; Ussher & Perz, 2015).

Discourse analysis

In this study the methodology is discourse analysis. The questions about the role of language in constructing our understandings of loneliness in older people leads to the choice of discourse analysis as the analytic method. A discourse is defined by Parker (1992) as "a system of statements which constructs an object" (p. 5). The purpose of discourse analysis is to examine the relationships between discursive texts or practices and wider social processes (Fairclough, 1995, as cited in Locke, 2004). Discourse analysis sees that there is value in systematically analysing and interpreting text because of the potential for this to reveal ways that discourses affect power relations and impact on people (Locke, 2004). This methodology of discourse analysis then guides the choice of methods, in choosing data that is a form of language system, and in choosing to analyse and interpret the discourses of that data.

Beyond this, discourse analysis is interested in what language is doing, for example who is benefitting and who is not in the use of particular discourses, and where power relations are being supported (Parker, 1992). Locke (2004) states that human subjectivity is seen as "at least in part constructed or inscribed by discourse, and discourse as manifested in the various ways people *are* and *enact* the sorts of people they are" (p. 2). Thus, in addressing the research questions regarding the construction of loneliness in older people in New Zealand news and current affairs media, and the subject positions this enables or constrains, examining discourse is a helpful approach.

Loneliness is an important health issue, and it is relevant for older people. The way that loneliness in older people is discursively constructed in the media reflects and contributes to how this issue is viewed and understood in the public arena. Discourses drawn on in the media can contribute to understandings and stereotypes about how life is for older people. Different discourses drawn on in mass media reports regarding loneliness in older people enable or constrain different subject positions for older people, particularly those who experience loneliness.

Method

In this study I identified news and current affairs articles (hereafter referred to as news articles) published in 2016 in New Zealand about loneliness in older people from three major newspapers, three magazines, and one news website. I undertook a discourse analysis beginning with becoming familiar with the data and initial coding, and with an initial focus on discursive constructions of loneliness in older people in the data. Links were made with wider discourses and then the function, subject positions, and implications for practice of the discursive constructions were examined.

Publications

Media that report news and current affairs were the media of interest in this study. Many newspapers and magazines are now accessible both in print and on the internet. According to The Nielsen Company (2016a), 79% of New Zealanders aged 10 years and older read a magazine in its issue timeframe and 78% of New Zealanders aged 15 years and older read a newspaper weekly. Also, 60% of people access news stories online (The Nielsen Company, 2016a). I therefore chose to examine newspapers, magazines, and a website, all of which publish news or current affairs stories.

Newspapers. The three newspapers included in this study were *The New Zealand Herald* published in Auckland; *The Dominion Post* published in Wellington; and *The Press* published in Christchurch. Auckland, Wellington, and Christchurch are the three New Zealand cities with the largest populations (Statistics New Zealand, 2013). These three daily newspapers have the highest readership numbers in New Zealand (The Nielsen Company, 2015). See Table 1 for estimated readership numbers for 2015. *The Dominion Post* and *The Press* are owned by Fairfax New Zealand (Fairfax Media, 2016), and *The New Zealand Herald* is owned by NZME (New Zealand Media and Entertainment, 2017).

Magazines. Three current affairs magazines, the *New Zealand Listener, North & South,* and *Mana*, were chosen to include in this study. The *New Zealand Listener* and *North & South* were chosen because they had the two largest readership numbers in 2015 (with the exception of newspaper insert magazines) for magazines covering current affairs in New Zealand (Roy Morgan Research, 2016). See Table 1 for readership numbers. *Mana* was chosen because it was the only explicitly Māori national current affairs magazine published in New Zealand at the time of this study. The Nielsen

Company (2016b) reported a readership of 90 000 for *Mana.* Kōwhai Media (2016) reported that 61% of its readership were Māori.

Mana was described by its publisher as "the Māori magazine for all New Zealanders" (Kōwhai Media, 2016, p. 2) which tells Māori stories and offers a Māori perspective. *Mana* was published bimonthly by Kōwhai Media, with its issue period including a December / January issue. From July 2017, publication of *Mana* ceased indefinitely (Edmunds, 2017).

The *New Zealand Listener* is a weekly current affairs magazine, targeting 35- 64 year olds, published by Bauer Media Group (Bauer Media Group, n.d. -a). *North &* South is a monthly current affairs magazine, targeting 35- 64 year olds, also published by Bauer Media Group (Bauer Media Group, n.d. -b).

Website. *Stuff* is a website owned by Fairfax New Zealand that publishes both news and information, including, but not limited to, articles that are also published in other Fairfax publications such as the *Dominion Post* (Fairfax New Zealand Ltd, 2012). The *Stuff* website has been ranked eighth by Alexa in a list of top ranking New Zealand websites, and is the top ranking news website in this list. This rank is calculated by Alexa using a combination of estimated pageviews and average daily visitors (Alexa Internet, 2017).

Publication	Estimated readership numbers for 2015 (Source: Roy Morgan Research, 2016)	Average issue readership (Source: The Nielsen Company, 2016b)
Newspapers		(15+ years of age)
Dominion Post	256 000	
New Zealand Herald	549 000	
The Press	188 000	
Magazines		(10+ years of age)
Mana magazine		90 000
New Zealand Listener	264 000	199 000
North & South	120 000	224 000

Table 1. Estimated readership numbers for selected publications

Search process

Articles from the selected publications about loneliness in older people were identified. The process of searching for relevant news affairs articles began with searches of the Newztext and Index New Zealand (INNZ) databases. INNZ searches all three newspapers and all three magazines chosen for this study for the chosen time period of 2016 (National Library of New Zealand, 2017). The *Stuff* website and the three selected newspapers are included in the Newztext database (The Knowledge Basket, n. d.). The base keywords used to search these databases included: lonely; loneliness; alone; isolation; isolated; old; elder; and age, together with variants of these by using a truncation function. Date parameters were used to select only articles published in 2016 as this gave a recent, well defined time period. The exception to this was for *Mana* magazine, for which the date parameters were extended to begin from February 2015, because it was deemed important to maximise opportunity for a publication from an explicitly Māori perspective to be included. Of all the selected publications, *Mana* magazine was published least often. With issues published only every second month, a single year only yielded seven issues. In addition to the above search processes, *Mana* was searched manually to ensure that no relevant articles were missed because of different terms or language being used to discuss the topic of loneliness in older people.

The headlines and a few lines of text of articles identified in the search were then scanned to exclude those that were clearly not relevant. For example, an article about a shop called 'Lonely' was excluded. As the focus of this study is on news and current affairs articles, book reviews, fiction, and letters were excluded. Then, the articles remaining were read to check for relevance and to select those that were about, at least in part, loneliness in older people. Duplicate articles were then removed. For example, articles were sometimes duplicated between two different sources, albeit with different headlines at times. Following this process, twenty articles were identified for analysis. No articles meeting the inclusion criteria were identified from *Mana* magazine, nor from *North & South* magazine. Any photos or pictures associated with articles were not included in the analysis.

Analysis

There is no single agreed process for how to do discourse analysis (Ussher & Perz, 2015). In this research, the process of analysis of the data began with reading the articles a number of times to become familiar with the data, and recording thoughts and beginning ideas about coding. In the second phase initial codes were created and the data coded. The software Atlas ti 6.2 was used to assist in the coding process. A focus on the research questions was maintained during this coding.

The process of data analysis was guided in part by the work of Ussher and Perz (2015) and Willig (2013). Both writings provide some guidance regarding an initial focus on discursive constructions of the object of inquiry, in this case, loneliness in older people. These discursive constructions are linked with wider discourses. Following this, the function, subject positions, and implications for practice of the various discursive constructions were considered and described. This analysis was a recursive process of moving between the phases of analysis, and moving between the articles and analysis.

In considering the function of the various discursive constructions, focus returned to the data, looking again to the discursive context of each construction (Willig, 2013). Analysis of the subject positions within the various discursive constructions was the next phase. Discourses construct subjects and offer particular positions for subjects within their networks of meaning (Willig, 2013).

The next phase focussed on the links between discourse and practice. Different constructions of the world and the way that subjects are positioned within these constructions link with action. Thus, discourse and practice are linked (Willig, 2013). Discourses enable or constrain particular practices, and these can in turn be complied with or resisted. These possibilities for action in the context of the different constructions were the focus in this final phase of analysis.

Reflexivity

Personal reflexivity is about awareness as a researcher of the ways in which I affect and contribute to the shape of the research (Treharne & Riggs, 2015) and includes awareness of the influence of my own experiences, identity, and context (Willig, 2013). More than that, personal reflexivity involves considering the impact of the research on

the researcher (Willig, 2013) and a continual curiosity throughout the research process about the bearing of who the researcher is on the shape of the research (Treharne & Riggs, 2015).

Before beginning this research, I had undertaken the literature review focussing on loneliness in older people and included literature regarding how older people are portrayed in the media. Although I endeavoured to bring an openness and curiosity to this study, this reading had shaped some of my thinking and increased my understanding and awareness of relevant matters, so it would not be possible to approach the research completely naively. I worked before and during this study as a Health Social Worker, working predominantly with older people, and matters of loneliness were not uncommonly part of discussions within my work with clients. It is this work, in fact, that had formed one of the threads of interest that lead to undertaking research regarding the topic of loneliness in older people.

Epistemological reflexivity is about considering the assumptions and choices made as part of the process of the research and how these have influenced the research, perhaps in limiting ways. This type of reflexivity also includes thinking about alternative choices that could have been made, and how that may have differently shaped the research and its findings (Willig, 2013). One matter of relevance was not having chosen to include any consultation with end users this research may be relevant to or have an effect on. For example, consultation with older people may have enriched this research project (Treharne & Riggs, 2015). Also, my awareness increased as my work on this study progressed just how much I had constructed loneliness as a health issue before I even began the literature review. My work in health and my study in health psychology are factors in this construction. Other choices would have been possible and may have shaped the research in different ways.

Ethical issues

This study is regarding loneliness in older people, and as the researcher I do not fit within the demographic of an older person. I therefore undertook this study as an outsider, studying an issue for a group which I am not a part of. This is a different position than if I were part of the demographic of older people, which would place me in a different

relationship to the subject matter of this study. This will have had an impact on the ways I have thought about and interacted with the data.

This study did not involve human subjects so was not required to go through university formal ethics approval processes. However, this does not mean that the research will have no impact on people who may read or learn of it. I have chosen not to reproduce the names of older people quoted in the news affairs articles analysed, even though their names and comments have been published in the public arena.

One of the four key principles in the *Code of Ethics for Psychologists Working in Aotearoa / New Zealand* (New Zealand Psychological Society, 2002) is respect for the dignity of persons and peoples, and this code also includes particular recognition of Māori as the indigenous people of Aotearoa / New Zealand. The inclusion of *Mana* as one of the selected publications in this study, extending the timeframe for inclusion for *Mana*, and efforts made to search *Mana's* contents manually in addition to electronic searching are manifestations of this, in seeking to include a voice that comes from an explicitly Māori perspective.

Research should not be undertaken for its own sake, using valuable research resources without gain. Research should be undertaken with the hope and expectation of contributing to society, and particularly to those the research is about or affects. This research was undertaken with the hope of the potential benefit of identifying how a strong player in our society, the mass media, construct an important health issue, and the impact this has in the subject positions offered to older people in particular.

Results

I begin this section by considering terms regarding loneliness used in the news articles. Loneliness and other terms are used at times interchangeably and at times linked together. From my analysis of the news articles, I then describe five discourses used to construct loneliness in older people. These five discourses I have labelled morality, economic, medical, dependence, and relational discourses. Each discourse is described in turn. Guided by the pattern used by Ussher and Perez (2015) and Willig (2013), for each discourse, I begin with a description of how it is constructed in language in the news articles and connect with relevant wider discourses. Next I write of the action orientation, the subject positions, and practice possibilities offered by each discourse. I conclude this section with some analysis of how the different discourses interact, either working together or conflicting with one another, and analysis of power relations in the subject positions the different discourses offer.

When individual members of the public were quoted in the news articles, I have chosen to exclude their names, replacing the names with an initial. The names of those who are public figures or those who are speaking from their professional role have been maintained in the text.

Loneliness and Other Terms Used in the News Articles

There are few attempts in the news articles to explicitly provide a definition of what loneliness is. A number of the news articles refer to loneliness as a feeling. An example follows, which also links loneliness with a lack of support from friends or family. This is also an example of the way that many of the news articles do not provide a definition of loneliness, assume that readers would know what loneliness is and would have a view about matters such as what contributes to loneliness. "But although loneliness is a feeling, not a situation, most of us would take the view that those who live without friends or family are likely to be prone to it more often" (You'll Never Walk Alone, 2016, para. 6).

At times loneliness and other terms are used in the news articles to talk about a single construct. In the following quote, for example, there appears to be no distinction between the meanings of the terms "social isolation" and "loneliness". "Agencies such

as Grey Power, Age Concern, Presbyterian Support and Anglican Living are dealing with such cases of social isolation every day, well aware loneliness poses as big a risk to the health of the elderly as smoking" (Lonely Elderly, 2016, p. 8). In another of the news articles, isolation and living alone appear to be understood as if they are the same thing, or at least strongly connected. "One problem that constantly cropped up was elder isolation, Fitzgerald [Timaru Grey Power president] said. 'Many people are living alone, and a great number don't have anyone living close to them'" (Hudson, 2016, para. 8).

In other news articles, different constructs are clearly distinguished from one another. The following example shows that living alone and loneliness are clearly separate ideas. "Loneliness among senior citizens is a serious physical and emotional health issue, and it impacts not just those living by themselves" (Itkowitz, 2016, para. 11). In this next example, loneliness was separate from, but inevitably linked with social isolation. "Social isolation and the subsequent feeling of loneliness has a big impact on your overall health. Most research on loneliness is done on older people, but social isolation affects people of all ages" (Suckling, 2016, para. 1).

Loneliness in Older People: A Morality Discourse

Discourses and discursive constructions. A "morality discourse" is often drawn on in the news articles to construct loneliness in older people as a moral issue. This discourse constructs loneliness as a shameful, wrong experience. Discursive constructions are used to construct loneliness as a consequence of personal choices, with right choices leading to not being lonely and wrong choices resulting in loneliness. An example is found in one of the news articles, which reports on research into loneliness. An 85 year old member of the public, B, is interviewed for the news article which includes the following extract:

> Regularly swimming and walking to keep fit, [B] is an active member of her church and a member of the Institute of International Affairs.
>
> But she admits that being on your own can get you down.
>
> 'It's not much fun going to things on your own . . . I have a few friends who ring and ask me to go with them, and I do the same as well sometimes.'
>
> [B] may be doing well in keeping loneliness at bay, but many of New Zealand's growing elderly population are struggling. (Cowlishaw, 2016, p. 20)

This woman is considered to be "doing well" because she is not lonely. It is seen as something that is within the realm of control of the individual to keep loneliness "at bay", and it is seen as a right thing to not be lonely. By implication, it is wrong to be lonely.

The phrase "she admits" draws on a legal discourse with notions of confession as one admits the wrong they have done, strengthening the morality discourse. This is seen also in another of the news articles, cited below. The use of pronouns "them" and "they" in this following example, in a quote from Age Concern's Melva Howard, creates a distancing from those who have done wrong, as they admit their wrongdoing in feeling lonely. "A lot of them admit they're lonely and isolated, they want company" (Dooney, 2016, p. 3).

In another of the news articles, about loneliness in all ages including older adults, the use of the morality discourse is more explicit. Loneliness is described in this example as feeling like you are "living your life wrong", and something that is "your own fault":

> "Shame is the most painful component of loneliness," Laing tells the [New Zealand] Listener. "The idea that you're living your life wrong, that everybody else has richer and more fulfilling lives, that it's something to do with you, it's your own fault - and that it just isn't okay to be alone, to be lonely." (Woulfe, 2016, para. 31)

A device that strengthens the morality discourse that it is not okay to be lonely and stigmatises loneliness is reference in the news articles to other health behaviours about which there is already strong public negative judgement. In seven of the news articles, loneliness is aligned with smoking and in one article it is also aligned with drinking to excess as in this extract:

> "There are 160,000 people over 65 who live alone," he said. "About 10 per cent or more of those people appear to be chronically lonely, and the evidence from various health surveys suggest that in itself is a serious health risk. It's a bit like smoking 15 cigarettes a day or drinking to excess." (Collins, 2016, p. A009)

Society is already willing to negatively judge those who engage in smoking and heavy drinking behaviours and to blame them for the health consequences. Aligning loneliness with smoking and heavy drinking invites similar negative judgement of older people who experience loneliness. They are lonely due to their behaviour choices regarding social

connectedness and to blame for the health issues that result. Although this link with smoking is used to emphasise health risks of loneliness, in this morality discourse it becomes a mechanism for judgement. This judgement may be of others, who have got it "wrong", and are lonely. Alternatively, it may be a self-judgement as older people who experience loneliness see it affirmed in the news articles that loneliness is as bad, or as wrong, as smoking.

This morality discourse aligns with wider discourses about "successful ageing" and current dominant views of health as a moral enterprise. Successful ageing is defined by Rowe and Kahn (1997) as encompassing low probability of disease, high levels of capacity to function well cognitively and physically, and active engagement in productive activities and interpersonal relationships. A successful ageing discourse in this context positions people as individually responsible for making the "right" choices about diet, exercise, and social engagement to maintain their health and wellbeing as they get older (Stephens, 2017).

Action orientation. A function of this morality discourse is of setting the older person who is lonely apart as "other". An older woman who was reported as not feeling lonely was reported as talking about the "other people". "She coped with living alone quite well, she believed, but knew other people might find it much more difficult" (Dooney, 2016, p. 3). In this news article by Dooney (2016), the older people who experience loneliness are the clients of an Age Concern service. The older people who experience loneliness are other, set apart from the volunteers, many of whom are in the same older age range. "Some of the volunteers were themselves elderly, and wanted to give back to the community" (Dooney. 2016, p. 3).

In the excerpt from the Cowlishaw (2016) news article cited above, an older person, B, who is not lonely, is introduced at the beginning of the news article to provide a personal story of a likeable older person who is doing all the right things. The older person who is lonely is the other, the one who is not described, the one who is "struggling". Woulfe (2016) quotes author Emily White regarding the focus on loneliness in older people as a way of making older people themselves the other. "It's almost displacement, like 'we're going to have this conversation, and we're going to point to them', because that's another way of making us all think that the rest of us are fine" (Woulfe, 2016, para. 13). Another function of this morality discourse is to emphasise

individual responsibility for health and wellbeing. It creates a dichotomy of those who have done well and those who have not.

Subject positions. A morality discourse offers older people two subject positions. In the first subject position, one has made the right choices and feels connected, and is in a position to contribute and assist others. This is a position of agency and engagement. The 85 year old reported in Cowlishaw's (2016) news article is later quoted as giving advice for others to "join something that interests you and you can make a contribution to" (p. 20), demonstrating both her agency and her ability to participate in society and offer support to others. In the second, less powerful, subject position offered by a morality discourse, one has not made the right choices to remain connected, feels lonely, and is silenced. This is the subject position of the irresponsible citizen who did not make the correct health and lifestyle decisions. In this position the older person becomes subject to a critical gaze and judgement, and becomes the client and voiceless recipient of assistance.

Practice. The older person who experiences loneliness has limited, if any, possibilities for agentive practice in this discourse. Rather, this discourse is used to construct older people who experience loneliness as dependent on others to act and do. They are passive recipients of care. The older person who is not lonely is able to connect with others, and may choose to advise or support the "others".

Loneliness in Older People: An Economic Discourse

Discourses and discursive constructions. Loneliness in older people is constructed as an economic issue in some of the articles analysed. This is constructed through the language of financial costs, spending reduction, and the expense of providing support services to address loneliness in older people. Loneliness in older people is constructed as something that costs society in financial terms through health spending. This "economic discourse" works together with a "medical discourse" (which will be discussed further later). For example, there is talk of spending money to address loneliness in older people in order to reduce later health spending costs.

In two articles, reducing the number of older people using health support services or reducing health costs by providing support services for older people who were lonely is explicitly discussed. The final sentence of this quote from Charles Waldegrave from

the Family Centre Social Policy Research Unit, speaks of the economic benefits of supporting older people who experience loneliness in addressing health costs alongside benefits in improving happiness for older people.

> Knowing the rates of loneliness among New Zealanders could help policymakers make decisions on how to provide support to the ageing population, he said.
>
> "I want people to feel cared for."
>
> From a practical perspective, improving the outlook for depressed, lonely people could lead to reduced health spending, he added.
>
> "If we can begin to determine the pathways leading to loneliness and isolation… we can work out how to provide better support for people. We can address some of the health costs, and at the same time enable someone to have a much happier life." (Shadwell, 2016, p. 8)

The lack of funding for addressing loneliness in older people is also reported. In one news article, a discrepancy between the seriousness of the issue of loneliness and social isolation and the lack of serious levels of resourcing to address the issue is reported. Anglican Living director Alison Jephson is quoted in this article, as saying "social connectedness is so critical and it has been under-recognised and then under-resourced in terms of how it is addressed" (Spink, 2016, p. 1).

Action orientation. This economic discourse of loneliness in older people can be used as a tool to seek funding for support services. For example, in one article (Collins, 2016) this discourse is used by the speaker quoted as a device to argue for funding for a helpline by speaking of the potential benefits of the helpline in economic terms, appealing to potential funders and sponsors of his project.

> Rural Contractors NZ chief executive Roger Parton, also a trustee, said loneliness was a major problem for older people in rural areas. "Every dollar spent in running an operation like this [helpline] has a $2- $3 return in reducing the numbers of elderly requiring health support." (Collins, 2016, p. A009)

Working together with a medical discourse, in this economic discourse, loneliness in older people becomes one of many demands on health funding, set against multiple other demands on the health dollar. Emphasis is on action to minimise the financial burden by addressing loneliness and trying to reduce future health costs.

Subject positions. This economic discourse positions older people who experience loneliness as an object that has financial costs for society. Older people who experience loneliness, and older people in general, are absent as subjects from this discourse. They do not have a subject position made available and therefore do not get a voice within this economic discourse. Older people who experience loneliness are not included in discussions about funding for healthcare services and are not reported to be funding decision makers, providers of support services, or even involved in the economic conversation. Those who experience loneliness are passive recipients of health funded services. Subject positions are made available for policy makers, funders, and providers of support services. This economic discourse positions these people as decision makers.

Practice. Those who do have a voice within the economic discourse of loneliness in older people are funders, managers, and co-ordinators of support services. Neither volunteers working to support older people who experience loneliness, nor older people who experience loneliness themselves get to speak. Health funders are positioned as having the power to choose whether to spend money or not to address loneliness in older people. Managers and co-ordinators of support services are positioned as having the power to choose which services to provide to support older people who experience loneliness, based on funding discussions and arrangements. They can talk about the cost of loneliness in older people, or the cost of providing services to address this and can ask for money for these services.

Older people who experience loneliness have no possibilities for action due to their absence as a subject within the economic discourse in these news articles. If older people resist exclusion from this discourse, possibilities for action open up. They may, for example, campaign for financial support or advocate for funding for services to support older people who experience loneliness.

Loneliness in Older People: A Medical Discourse

Discourses and discursive constructions. In many of the articles analysed, a "medical discourse" is used to construct loneliness in older people as a serious health issue. "Loneliness has been found to take a mental and physical toll on people that can increase the risk of serious health conditions such [as] heart disease, depression and dementia" (Harvey, 2016, para. 6). The negative effect of loneliness on people's health

is reported as an issue for all age groups, not just older people (e.g. Suckling, 2016). In most of the articles analysed there are few details provided about the health effects or the mechanisms by which loneliness may have such a negative impact. Loneliness in older people is simply reported to be a serious health risk.

> Age Concern Auckland chief executive Kevin Lamb said the size of the problem was considerable. "We know that up to 10 per cent of all over-65s suffer from acute loneliness and isolation and that this in itself can lead to a deterioration of health and wellbeing," he said. (Tan, 2016, p. A009)

Very commonly the health effects of loneliness are compared in the articles with the health effects of cigarette smoking. This analogy, discussed above as supporting the morality discourse, links loneliness with something that is very well known to be bad for people's health to emphasise the seriousness of the effects of loneliness on health. Two of the news articles (e.g. Suckling, 2016; Woulfe, 2016) go into greater depth reporting more detail about the physiological and psychological effects of loneliness such as the effects on the immune system.

To strengthen the construction of loneliness in older people as a health issue, links are made to a biomedical discourse. For example, medical diagnoses, such as dementia, stroke, and depression are used to report potential consequences of loneliness, and reference is made to "science". "There's no arguing with the science: loneliness is bad for our health" (Woulfe, 2016, para. 1).

Action orientation. Most commonly in the news articles analysed, the medical discourse serves the function of emphasising the seriousness of the issue of loneliness for older people. It also validates loneliness in older people within a well-known and accepted medical discourse.

> Six years ago, White tells the Listener, the public really had no idea that loneliness was anything more than a sad, random sort of fog. But an advertising campaign launched in March is a mark of how far the conversation has come. The images, for an Irish NGO, show an elderly person staring bleakly out a window that's designed to look like a cigarette pack. The health warning sticker reads, "Loneliness can be as harmful as 15 cigarettes a day." (Woulfe, 2016, para. 11)

Subject positions. This medical discourse positions the older person who is lonely as a potential patient, subject to medical investigation and the medical gaze, and to diagnosis and treatment. It positions older people who experience loneliness as not taking care of themselves in the right way to stay healthy, and starts to link here with the morality discourse discussed above. Again, older people who experience loneliness are positioned as passive recipients of care. This is a position of lesser power than for others such as health professionals. Subject positions for health professionals as experts and solution providers are made available in this health discourse. Health professionals are positioned as appropriately able to engage and intervene in the issue of loneliness and with older people experiencing loneliness.

Practice. In this discourse the older person who is lonely can seek help from health services for the health issue of loneliness. They can alternatively choose not to seek help, or may be constrained from seeking help by the health impacts of loneliness. Health professionals have the possibility of having a voice to speak and act to respond to loneliness. Loneliness becomes a valid topic for enquiry from health professionals and they have possibilities to intervene or refer to support services.

Loneliness in Older People: A Dependence Discourse

Discourses and discursive construction. Five discursive constructions from the news articles are described here as contributing towards a "dependence discourse". This discourse constructs loneliness in older people as an experience of decline, reliance on others, and loss of capabilities and independence. This accesses a particular discourse of ageing which constructs ageing as an inevitable move towards dependence. The older person who is lonely is constructed as no longer driving; as needing the help of organisations and their volunteers; as needing to be looked after by family and neighbours; as vulnerable; and as not contributing to society.

No longer driving. Loneliness for older people is often talked about in the news articles analysed as associated with a loss of independence linked with no longer driving. Loneliness is discursively constructed as made worse by no longer being able to drive. In addition, it is reported that there is a shortage of alternative, affordable transport options. The lack of a way of getting out or get to activities is linked with a loss of independence. This is particularly interesting in this conflicting example below, as the

loss of a driving licence is reported to mean a loss of independence, but appears in fact to not stand in the way of independence of the older person. It is an example of an older person resisting being positioned as dependent. "She acknowledges she is one of the lucky ones – still able to drive at 95. If she lost her licence and independence, she would buy a mobility scooter. 'I won't be confined to barracks'" (Spink & Sherwood, 2016, p. 1).

However, this association of loss of driving with loss of independence linked with ageing, and subsequent loneliness contributes to the dependence discourse. For example, in one news article, a Salvation Army ministry co-ordinator is quoted as saying, "with an ageing population life can become increasingly lonely and difficult for those who live alone and don't drive" (Tantau, 2016, para. 12).

Needing help from organisations. A common feature in the news articles analysed is reporting about organisations who are there to help older people who are lonely. This identifies older people who experience loneliness as dependent. They are not meeting their own needs and are in need of help from others. "Ways to combat the issue were being explored, and… there were plenty of agencies working in the community that could help with the problem" (Hudson, 2016, para. 12). Those organisations were there to "provide a listening ear"; "run(s) activities"; "plan(ing) a help and "chat line"; "stimulate socialisation"; "help elderly people to become more computer-savvy"; "visit a lonely person"; "provide(d) friendship and assistance"; and "connect people". It is the organisations who are the actors and have the agency in these constructions. The older people who experience loneliness are the passive, dependent recipients of the actions. The help is provided "for" the older people. "The aim of the initiative was to provide 'meaningful social connection for elderly people' through group outings to schools, libraries, cafes, or local attractions" (Hudson, 2016, para. 23).

Interventions to address loneliness in older people talked about in the news articles include group activities or outings, volunteers visiting older people in their homes, a helpline, and helping people learn computer skills in order to maintain contact with family and friends. One article goes into greater depth about help provided for people who are lonely, reporting research regarding which types of interventions are effective.

> In 2011, the Chicago researchers analysed 39 years' worth of programmes aimed at reducing loneliness. They found that those simply providing company or social

> contact for lonely people, or attempting to boost their social skills, helped little or not at all.
>
> What did work was the well-known counselling strategy, cognitive behavioural therapy, which helped lonely people untangle the knots of negative thinking that becomes so automatic. (Woulfe, 2016, para. 43)

This article also includes reports of other interventions including drug treatments, and transport subsidies. Also, older people themselves quoted in the news articles have some recommendations to prevent loneliness including maintaining relationships and staying in good health. Three of the articles include a voice of an older person about the interventions of organisations providing support, and all of these were positive about the organisations or volunteers and the help they received.

> Having an Age Concern volunteer visit her made a huge difference to her life, she said.
>
> "You look forward to that day and you have the cup of tea ready. She'd pick me up and we'd go and have lunch and do our shopping. It was a really neat day." (Harvey, 2016, para. 15)

Needing help from family and neighbours. As well as being supported by organisations tasked to do so, the role of family members and neighbours in helping older people who experience loneliness is also reported. This includes references to older people who are lonely either being taken care of by family, or left alone by family who were not there to provide care and support, and by implication, should have been. "There are many elderly people out there who are lonely and socially isolated, who don't have family to look after them, either because they live out of town or they are busy with working" (Tantau, 2016, para. 7).

Further, neighbours are exhorted to be involved in checking on and looking after older people, reinforcing that older people have to rely on others to meet their needs. "Do you have an older neighbour next door or close by? With International Day of Older Persons having just passed (October 1) - now is the perfect time to connect with them" (Reach Out and Connect, 2016, para. 8).

Vulnerable. Some language in the news articles is utilised to construct older people who experience loneliness as vulnerable, which contributes to the dependence

discourse. "Issues with physical mobility, mental illness, and a sense of not being relevant to the community in which they live are contributing to an increase in loneliness among seniors" (Hayes, 2016, para. 5).

Non-contributors. The dependence discourse is developed in part through the use of language that positions older people as non-contributors to society, and expectations they will be non-contributors.

> Another trustee…has just published a study of loneliness among elderly Asian immigrants. … She found they desperately wanted to contribute to their new country but often felt shut out by language and sometimes by discriminatory attitudes. "One of the things that we hadn't expected to find was how committed each of the people was in those communities to contributing to the greater society," she said. (Collins, 2016, p. A009)

In one article there is a challenge to this perspective of failing to see the contribution of older people to society. However, the reference is to past contributions and older people are contrasted with younger people in leading roles, reinforcing the notion that when people are older they are no longer contributing to society.

> We are all guilty of looking at the elderly as just that - old, and not stopping to think of their contribution to society over many years, be it as airline pilots, teachers, leaders in their fields and mentors of young people. In turn, the ageing and the elderly can quickly feel irrelevant as bosses, doctors and politicians become younger than them. (Lonely Elderly, 2016, p. 8)

These five discursive aspects in the news articles construct a dependence discourse. This sits within a wider discourse of ageism in society, built on a web of stereotypes and assumptions in which older people are less valued and viewed as less able. This dependence discourse links with the economic discourse in seeing older people as an economic burden and as non-contributors in the economy after retirement. Also, the ageing population is commonly viewed as an alarming problem with a focus on the increasing burden of dependence and the growing economic costs of supporting this increasing band of the population.

Action orientation. This dependence discourse appears to have the function of separating older people who experience loneliness from some undefined "us". This

furthers the "othering" discussed above in the morality discourse. The organisations helping older people who experience loneliness are separate from those whom they support as are the family members and neighbours. In addition, this discourse has the function of attributing agency to the organisations, the family members, and neighbours. Older people who experience loneliness do not have agency within this discourse, but are left relying on those who do, both to support them, and to alleviate their loneliness.

Subject positions. This dependence discourse positions older people as dependent. It positions older people experiencing loneliness as having reduced independence and freedom. It shrinks the space available to them to participate in and contribute to society and it positions older people who experience loneliness as needing to rely on others in society. Older people who experience loneliness are positioned as passively waiting for help, for transport, and for relationships of care.

Older people were positioned as observers rather than participants in daily activities in society as in this quote where it is assumed that older people at the mall were there to "watch the world go by", rather than to shop and engage in business.

> Some rest homes took elderly people into the mall to socialise. "It's a safe place for them to be, and they can meet other people, watch the world go by and feel like they are part of society still" the [Westfield Riccarton] spokeswoman said. "I suppose it's one of the nice things about a mall…they can come in and feel like they are with people and don't need to be watched. If they do feel isolated the mall can give them some respite." (Spink & Sherwood, 2016, p. 1)

At the mall older people can "feel like they are part of society still" as if they are not really, but it is nice they can be in an illusion of participation. Further, they "don't need to be watched" at the mall, suggesting that "they" do need to be watched, and looked after, in other venues.

Resisting this construction of dependence and being positioned as an observer, the voice of an older person is heard describing the purposeful and enjoyable activities that she enjoys participating in at the mall.

> When [M], 95, tires of her own company, she heads to Barrington Shopping Centre. Her husband died more than 20 years ago. Although she has a 'marvellous' family and neighbours, who check in on her daily with visits and

> phone calls, she likes to pop by the mall for a meal, an iced mocha, scratchies and some "people watching". "I always see someone I know," said the great-grandmother of 24. (Spink & Sherwood, 2016, p. 1)

This dependence discourse positions family members as responsible for supporting older people in their family who experience loneliness. Friends and neighbours are also located as responsible for older people in their networks and neighbourhoods who experience loneliness. This is not an interdependent or reciprocal community responsibility towards one another, but rather a unidirectional relationship of caring for those who are dependent and unable to care for themselves. Organisations who are tasked to support older people who experience loneliness are positioned as the problem solvers. They are granted agency in this discourse as solution bringers and support providers to dependent older people.

Practice. As solution bringers, support organisations have a range of possibilities for action. They can determine the shape of the support they provide. However, they are limited, as older people who experience loneliness are positioned in this discourse as dependent and therefore not available as collaborators or partners. The organisations therefore can provide services and supports as they determine will be best. In this discourse, without agency, older people who experience loneliness have very limited possibilities for action. They are available to passively receive supports offered, or choose to not accept them. Again, the older people who experience loneliness have less power in this discourse than other subjects.

Loneliness in Older People: A Relational Discourse

Discourses and discursive constructions. Some initial coding focussed on the voice of older people in the news articles, about their experience of loneliness, or what helps with loneliness. Looking more closely within what older people themselves are saying about loneliness in the news articles, a relational discourse will be described here. Talk from older people within the news articles about loneliness is of relationships with others, particularly with family and friends. When older people speak of loneliness, they speak of relationships. Sometimes this is talk of the absence of such relationships. "I live alone. No family near. My wife died. I'm the last of eight. I'm 92 years old" (Reach Out and Connect, 2016, para. 3). Sometimes older people talk of the presence and value

of relationships. Although the presence of family, neighbours, or friends, does not necessarily prevent loneliness, they are still the matters that were discussed by older people in relation to loneliness. Loneliness is a thing that was to do with both the presence and absence of relationships. Cronin (2016) quotes a 62 year old woman, "I've got good neighbours and friends, but I'm lonely most of the time" (para. 24). A woman simply described as elderly is quoted by Dooney (2016), "'I have two very good sons in Wellington who come in quite frequently and see how I am.' She did not really feel lonely, and had good neighbours she could call on" (p. 3). Some advice from older people about preventing loneliness, reported in the news articles, also speaks of relationships. "For [B], maintaining family connections, continuing to learn and keeping in good health are the best recommendations" (Cowlishaw, 2016, p.20). "Family" is a wider discourse drawn on in the relational discourse. The family discourse includes recognisable identities with relationships, responsibilities and expectations (Breheny & Stephens, 2012).

The talk of relationships overlapped with the other aspect of what older people who experience loneliness are reported as talking about. The second aspect is talk of the negative emotional experience of loneliness. Three of the news articles include reports of older people crying from the loneliness they were experiencing. "I've sat and broke down into tears sometimes. I say to myself, 'Nobody cares. What am I doing here?'" (Spink, 2016, p. 1).

The older people whose voices were reported in the news articles are not usually drawing on medical or economics discourses. The dependence discourse is also notably absent. In this next example, the importance of not being dependent, even when needing support, is talked about. The older person, R, resists being positioned as dependent.

> [R] said her family were good, but they had their own lives to live and she didn't expect them to come running every time she called. And she had friends, but she didn't expect them to drop everything for her either, she said. "I'd say 'yes I'm fine". You don't like telling people you're not really. You don't want to put a burden on people. But when the phone was hung up I'd wish I'd said something. My generation didn't go round telling the world what was going on. We got on and did our thing whether we were fine or not.' (Harvey, 2016, para. 11)

There is also an aspect in the talk of older people about measuring quality of relationships. For example, family members or others are described as "good", as in the Harvey quote cited above. The measure of relationships being present or being of good quality does not determine loneliness however.

Action orientation. The function of the relational discourse within the news articles appears to be provision of a human story, usually as the opening piece, of news articles reporting the "problem" of loneliness. This human interest aspect seeks engagement from potential readers of the news articles.

For the older person who experiences loneliness, this discourse situates loneliness within the everyday talk of family relationships and friendships. It provides a way to talk about an emotional experience as an aspect of the interactions, or lack thereof, with people in their day to day lives. It functions to provide one way to talk about experience within the realm of human connectedness.

Subject positions. This relational discourse offers subject positions of mother, father, friend, daughter, son, and family member. One's status in such positions can be judged as good or otherwise. It positions a person as connected with others, whether that be weakly or strongly. It positions older people as interdependent, with a human need for connection.

In this discourse the subject position of not being in relationship with others is not offered much space as a valid option. However, an example is given in one of the news articles (Livingston & Hunt, 2016) to challenge this. It records the view of a neighbour (whose age is not reported) regarding a man having laid dead and undiscovered within his own apartment for some months as a "sad consequence of loneliness" (Livingston & Hunt, 2016, p. 1). It is possible that the valid subject positions offered as being all positions in relation to others, is a reflection of societal fear of being alone, living alone, even dying alone. Thus, subject positions of a self-contained, non-relational self or other are invalidated. As relational beings, people are seen, in part, by how they are connected with other people.

Practice. In this discourse, individuals are expected to behave in ways that maintain relationships by not putting burdens on others and by living in a way that takes care of relationships. There is an expected reciprocity in relationships that limits the possibilities for action, so as to maintain these relationships.

> The key thing, she says, is to nurture relationships throughout life and the later years will not be spent alone. "You don't risk alienating the people you should be closest to. Cherish relationships the whole way through. It's a matter of how you live your life." (Cronin, 2016, para. 37)

Interactions Between Discourses

To conclude this results section I briefly consider some ways in which the discourses described above and their subject positions interact. They may work together or be in conflict with one another. Different ways of speaking about something constitutes it in different ways, and looking at contradictions and interactions between different ways of speaking about something is a useful aspect of analysis (Parker, 1992). The subject positions, action orientation and practice possibilities provided by the various discourses also are at times contradictory and at times work together. Here, I focus on the interactions between the discourses and the resulting subject positions and effects. First, I consider matters of power in the subject positions within the discourses described above. This is followed by contrasting positions of individual responsibility and dependence. Finally, I report the finding that loneliness in older people is constructed as a problem in the morality, economic, medical, and dependence discourses, objectifying older people who experience loneliness as problematic. This is in contrast to the construction of loneliness in older people as a relational and painful experience in the relational discourse.

Power. It is important to consider which subject positions offered within various discourses are ascribed power and agency. Parker (1992) writes that discourse and power should be spoken about together to consider who gains from and would support the engagement of a particular discourse. Across the discourses described above the subject positions offered to older people include the silenced disconnected older person; the patient; the observer; the passive recipient of services and support; the non-contributor; and the dependent older person. These are subject positions with limited power, and notably with lesser power than subject positions offered to others within the same discourses. For example, the subject position of patient sits within the medical discourse as a position of lesser power than the subject position of health professionals and the morality discourse reinforces this power differential by adding a right-wrong dimension.

In the economic discourse there is stronger disempowerment as older people who experience loneliness are constructed as an object, not a subject, in contrast to the powerful subject positions made available for those who are decision makers and funders.

Some subject positions offered to older people in the discourses described above are positions that do include power. For example, one of the subject positions for older people that does ascribe power to the older person is the healthy and connected older person in the medical and morality discourses. This is not a subject position available for the older person who is lonely however. Another example is in the relational discourse where the older person, and including the older person who experiences loneliness, are offered the subject positions of mother, father, family member, or friend.

These subject positions offered by the relational discourse enable equal engagement with others. There is not the power differential of the subject positions of other discourses. In this first example from one of the news articles, which draws on the dependence discourse, power to initiate friendship is one-sided: "'Everybody knows somebody on their own, or elderly,'" [Age Concern's Melva Howard] said. "'We need to be staying connected to those on their own . . . and offer friendship'" (Dooney, 2016, p. 3). In contrast, in this following example, an empowered 88 year old man living alone, E, made his own decisions and was pleased about opportunity that he would have to make friends.

> He decided he wanted to move only once more in his life, so he took his dog named Dog and shifted into a retirement village, and though he had a wide range of social networks thanks to his life as a husband, a father of three, a GP, a writer and an actor, [E] says happily that "the thing about a retirement village is that you make friends." (Cronin, para. 8)

There is potential for the subject positioning of older people in the less powerful roles to reinforce unequal, ageist practice possibilities in the relationships of family, friends, neighbours, or staff of supporting organisations with older people who experience loneliness. If those in relationships and roles in connection with older people who experience loneliness resist the more powerful subject positions offered to them in this discourse, then partnerships and interdependent relationships become practice possibilities. Further, if older people who experience loneliness resist the less powerful and dependent subject positions, agency in their own lives becomes a practice possibility.

Individual responsibility versus dependence. A key contrast in the different discourses is whether older people who experience loneliness are positioned as having responsibility to act for themselves or as passive and dependent on others. The medical and morality discourses work closely together, in the positioning of the individual as responsible for their own health and open to criticism for any failure to make the right health choices. While this positions the healthy and engaged older person as having agency and control over their life choices, the combination of the two discourses strengthens the subject positions offered to the older person who is lonely as disconnected and disempowered.

This positioning of the individual in the combined medical and morality discourses as having responsibility to manage their own health choices conflicts with the positioning in the dependence discourse of the older person as dependent and having to passively wait for help. For example, in the first of the following quotes from the news articles, difficulties with transport for older people who are no longer driving is reported, and a suggestion made that others could help.

> Transport can be a big problem for older people, especially if they've given up driving. Take a few moments to think about what you would miss out on if you didn't have a car, and whether you're in a position to offer a lift to someone local from time to time. (Reach Out and Connect, 2016, para. 9)

In the next quote, it is suggested that "courage", rather than help, may be needed to get out, as people are exhorted to get out and connect with others, taking responsibility for making the right choices to avoid loneliness. "Find your local TimeBank, join a choir, or join a knitting group or walking group. It might take courage to get out of the house at first, but it is worth it" (Hayes, 2016, para. 13). Thus, a positioning that offers reliance on others as the dominant option conflicts with a positioning that enables individual agency to act. With these conflicting subject positions, the possibilities of action (passively waiting for help or actively gathering courage) to overcome a transport barrier are situated quite differently in the different discourses.

These two contradictory subject positions appear to both operate within the relational discourse. There is some talk of individual responsibility to maintain relationships and connections. However, there is also talk of the value of relationships initiated by support organisations.

Construction of loneliness in older people as a problem. The morality, economic, medical, and dependence discourses described above, are used in the media to construct loneliness in older people as a problem. This includes construction of loneliness in older people as both an individual problem and as a social problem. In both cases older people who experience loneliness are positioned as the problematic object. Loneliness in older people is a problem due to older people failing to take responsibility for making good choices and look after their health. It is a problem due to the financial burden of either addressing loneliness or the subsequent health costs of not doing so. It is a problem of the burden of supporting older people who experience loneliness and are therefore dependent and needing to rely on the rest of "us". Further, within these discourses, loneliness in older people is constructed as a problem that will grow with the ageing population. Here is an example from one of the news articles.

> As the population aged the problem of loneliness and isolation would continue to grow, [Age Concern Taranaki executive officer Gillian Goble] said. "That plus 65 age group is going to double in the next 10 years to 1.4 million and so it is a problem we need to look at now and address now so we'll have mechanisms in place." (Harvey, 2016, para. 9)

In contrast, in the relational discourse, the language of "problem" is not used. The relational discourse constructs loneliness in older people as a very different object in contrast to the other discourses. Loneliness in older people is not spoken about by older people as if lonely older people are a problem. Rather, the emotional pain of loneliness is described and the relationships with family members and friends are talked about. When older people speak of the emotional pain of loneliness, it is talked about in a range of ways from loneliness being "not very nice" (Harvey, 2016, para. 4), to it being "very depressing" (Spink, 2016, para 4).

Strongly contrasting subject positions are provided for older people when loneliness in older people is constructed as a problem or constructed as a painful experience and about relationships. Older people do not benefit from the discourses constructing loneliness in older people as a problem. In these discourses, the subject positions offered for older people who experience loneliness, are commonly positions of lesser power relative to the subject positions offered to those who are concerned about the problem. Where loneliness in older people is constructed as a problem, older people who experience loneliness are objectified as a problematic object, something that needs

to be fixed. Thus, in these discourses older people who experience loneliness are not offered subject positions enabling space to speak about themselves and how best to address their own needs.

Summary

Five discourses of loneliness in older people have been described from analysis of the 2016 news articles from selected New Zealand newspapers, magazines, and an online news website. Those five discourses I have named the morality, economic, medical, dependence, and relational discourses. The morality discourse constructs loneliness in older people as the shameful consequence of poor choices and failing to take personal responsibility for maintenance of connectedness. It offers two dichotomous subject positions for older people, as responsible agentive and connected or irresponsible, disconnected, and silenced. In the economic discourse loneliness in older people is constructed as a depersonalised matter of economic costs for society. This discourse objectifies older people who experience loneliness. The medical discourse constructs loneliness in older people as a serious health concern, offering older people who experience loneliness the subject position of patient. Loneliness in older people is constructed in the dependence discourse as a matter of vulnerable, declining, reliant older people. Older people who experience loneliness are positioned in this discourse as dependent on others. The relational discourse constructs loneliness in older people as an emotionally painful experience featuring the absence or presence of relationships with others, and it offers interdependent subject positions as family member or friend.

Discussion

In this study, five discourses of loneliness in older people were identified in 2016 New Zealand news and current affairs media. Findings from this study align with previous research, which has described each of these discourses. I begin this section with a brief discussion regarding the defining of loneliness in the news articles analysed. Next, I discuss each of the five discourses described above with the subject positions they enable, including how each one has previously been identified in the literature and the effects of these for older people. I then briefly discuss the problematising of loneliness in older people, a finding which also aligns with previous research. Finally I consider limitations of this research and suggestions for future research, followed by the implications of this research, and conclusions.

Defining Loneliness

I began this thesis looking at how the academic literature defines loneliness. Loneliness in older people appears to be constructed differently in the news articles analysed in this study than it is in the academic literature. The first difference is that in the news articles, loneliness in older people is written about as if the audience knows what it is, usually without explicit definitions being provided. Secondly, it is often conflated with other constructs such as social isolation or living alone. These are in contrast to attempts in academic literature to clearly define loneliness and to distinguish loneliness from other constructs.

Previous research has demonstrated an awareness of the different constructions of loneliness in older people in the academic literature and the media. In their analysis of articles regarding loneliness in older people in a Finnish newspaper and magazine, Uotila et al. (2010), highlight that their analysis is not based on formal definitions or theories, but is of everyday definitions of loneliness that they locate in their context specific data. They report that their analysis enables study of the meanings that ordinary people ascribe to loneliness. They highlight that loneliness may be portrayed in different or opposing ways between or even within a single text.

However, a comparison of the construction of loneliness in older people in the media and academic literature is not the focus of this piece of research. A possible area

for future research would be a social constructionist analysis of the construction of loneliness in older people in the academic literature. This would be the next step in making such a comparison between constructions in the media and constructions in the academic literature possible, and it would be fruitful to develop this type of comparison.

Morality Discourse

The morality discourse constructs loneliness as an issue of personal responsibility which is a consequence of morally wrong decisions. This discourse contrasts the older person who experiences loneliness with the older person who has made morally right decisions, and is not lonely. Loneliness is constructed as a shameful experience, a consequence of behaviour choices "as bad as" smoking.

The morality discourse has been identified in the media before, in terms of ageing, and ageing successfully. Rosanova (2010) described moral tones about the right way to age from her meta-analysis of Canadian newspaper articles in which she identified themes about ageing successfully. She wrote that the news articles emphasised that making right lifestyle choices meant that older people could choose whether they would age successfully or not. Individuals were seen as responsible for poor choices which resulted in poor outcomes. Rosanova described how a focus on personal responsibility for making good choices was contrasted in the newspaper articles with blaming those who failed to choose the right options which resulted in failing to age successfully. This constructed a "morally-laden message that an ideal aging citizen is someone who chooses to age successfully" (Rosanova, 2010, p. 220).

The effect of a morality discourse utilised in the news articles analysed in the current study was to emphasise personal responsibility for loneliness, and to dichotomise subject positions available for older people. The subject positions available to older people in the morality discourse are on either side of a moral divide. Those who fail in the pursuit of maintaining a life free of loneliness are deemed personally responsible for that failure, and are constructed as other. This subject position is set apart from the subject position of the good citizen who made good choices and is not lonely.

This construction of otherness was also identified in Uotila et al.'s (2010) study. They report that it seems that people do not wish to be included in a category of older

people who experience loneliness (Uotila,et al., 2010). Further, the authors link this with the shame and stigma of loneliness. In a study of the experience of loneliness, Hauge and Kirkevold (2010) report that in the talk from older people who were not lonely there was some blaming of those older people who were lonely for being lonely, attributing it to personality and attitudinal causes. These authors also make links between this separation of blameworthy others who are lonely with the shame of loneliness.

Such effects can be seen beyond the news articles analysed, in health issues more generally. There has been a wider sociopolitical shift of matters from being viewed as social problems to being seen as personal failure, thus becoming a moral issue (Ayo, 2012). Individual responsibility for health is key and people judge themselves and others on the basis of how well they are doing in taking on health building practices. This is a measure of being a good citizen and doing the right thing (Crawford, 2006). Rather than social determinants of health being to the fore, failure to make good personal choices is the focus (Ayo, 2012).

Economic Discourse

The economic discourse constructs loneliness in older people as a financial cost to society. This construction was drawn on in the news articles in reports of the potential to reduce future healthcare costs which motivated provision of support for older people who experience loneliness. This discourse was also utilised in talk of funding for support services being sought to provide such services.

Uotila et al. (2010) also refer to an economic discourse in their analysis of how older people who experience loneliness are constructed in the Finnish media. They reported that the economic discourse was drawn on in the magazine and newspaper texts they analysed to highlight the matter of loneliness for policy makers. They go on to caution that the use of the economic discourse may distract from recognition of individual experiences of loneliness.

Although not focussed on loneliness, previous research analysing newspaper articles has also identified portrayals of older people which draw on an economic discourse. Martin et al.'s (2009) analysis of articles from the *Economist* newspaper found nearly two thirds of the articles analysed portrayed older people as a burden, and there

was a theme of unsustainable costs for healthcare. The authors identified that many articles portrayed older people as non-contributors. Negative discursive constructions included portrayals of older people as having less personal worth, being less desirable, or being a drain on society (Martin et al., 2009). In an analysis of two newspaper articles from the *New Zealand Herald* website, Hurley, Breheny, and Tuffin (2017) report "dominant constructions of older people as a growing and expensive group" (p. 575).

The significant effect of the economic discourse of loneliness in older people is the objectification of older people. Therefore this discourse does not provide a subject position or voice for older people, effectively silencing them.

Medical Discourse

I have described a medical discourse used in the news articles to construct loneliness in older people as a health issue. This discourse uses the language of biomedical diagnosis and reference to negative effects of loneliness on health. This medical discourse is well known and used in other contexts. Uotila et al. (2010) reported that their data from Finnish newspaper and magazine articles included many examples of links between loneliness and health problems

The effect of the medical discourse is to medicalise loneliness and position older people who experience loneliness as patients, subject to the medical gaze. An example of some resistance to the medical discourse, can be seen in a study of what older people who were lonely thought of interventions to address loneliness (Kharicha et al., 2017). The authors found that older people did not see loneliness as an illness. The older people in the study doubted the appropriateness of talking with general practitioners or practice nurses about loneliness, and were concerned about the possible medicalisation of loneliness and the likely solution of medications (Kharicha et al., 2017).

Dependence Discourse

The construction of loneliness in older people using a dependence discourse has been described above. From the news articles analysed, five discursive constructions contribute to this discourse. Older people experiencing loneliness were constructed as no

longer driving, as needing support from organisations, as needing to be looked after by family and others, and of being vulnerable, and being non-contributors. Together these constructions constituted a dependence discourse.

Previous research has shown the same dependence discourse operating in the media. Fealy et al. (2012) described that discursive constructions of older people in the newspaper articles they analysed were dominated by the notions of frailty and impending dependence. In another example, from an analysis of front page newspaper articles about nursing homes, Rosanova et al. (2016) reported a distinction between autonomous Third Agers (older people who had aged successfully and maintained some autonomy) and Fourth Agers. Fourth Agers were constructed as dependent, lacking autonomy, and labelled as disposable. Also, in an analysis of newspaper articles, Rosanova, Northcott, and McDaniel (2006) reported that older people were talked about as dependent, a burden on younger people, and less capable and having less control in their lives than younger people.

One particular aspect of the dependence discourse is the construction of responsibility for addressing loneliness in older people. In the news articles in the current study, the dependence discourse was drawn on to position family members, friends, neighbours, and organisations such as Age Concern as responsible for the support of older people who experience loneliness and for the alleviation of loneliness. Uotila et al. (2010) reported similar findings in their study. They reported that in the newspaper articles they analysed, society and relatives were positioned as having responsibility to address loneliness in older people. Older people were constructed as passive and lacking in agency to act in their own situations (Uotila et al., 2010).

The effects of the dependence discourse reported above include construction of unequal power relationships and othering of older people, particularly those who experience loneliness. The first of these effects is positioning older people who experience loneliness as passive and reliant on others. This is a position of lesser power than those who do have agency and it constructs an unequal power relationship. Ageist stances and actions become practice possibilities within such a construction.

Others have previously identified that discursive constructions of dependency can have the effect of creating or reinforcing ageism. In their discussion of their analysis of newspaper articles from the *Globe & Mail*, Rosanova et al. (2006) wrote that "the elderly

were described as dependent on the young and as subordinate to them" (p. 382) and named this inter-generational ageism. Fealy et al. (2012) also reported ageism in the implied dependency in the discursive constructions described from their analysis of newspaper texts.

A second effect of the dependence discourse is constructing older people who experience loneliness as other, separate and different from the rest of us. This setting apart, or othering, is a feature of the subject positions offered for older people who experience loneliness in the morality discourse as well as the dependence discourse.

This othering is perhaps seen most keenly in this current study in the separation of the subject position of the older person who is lonely and in need of support from the subject position of the older person who is a volunteer providing that support. These are two very different subject positions, which have also been identified in previous research. Lilburn, Breheny, and Pond (2016), undertook a discourse analysis of interviews with older volunteers in a visiting service and of online materials about the visiting service. The authors reported conflicting discourses of professionalism and personal relationships which separated the subject position of the well and active older volunteer from that of the frail and isolated older person receiving support.

A wider context of othering of older people surrounds this othering of older people who experience loneliness. Many discursive social practices have the effect of marginalising, or othering, older people (Coupland & Coupland, 2001). Hodgetts et al. (2003) identified othering of older people with wider health issues in their analysis of a television documentary and comments from a group who viewed it. The authors write that the documentary contrasted active older people with frail older people, favouring the former. It also supported individual responsibility for ageing successfully through the right lifestyle choices. In contrast, inactive older people who experienced health issues were shown as undesirable and other (Hodgetts et al., 2003).

In another example of positioning older people as other, in a discourse analysis of newspaper articles from one month in 2008 in Ireland, Fealy et al. (2012) described five identity types constructed for older people which together constructed an identity as other. This, they argued, positioned older people as separate and different to the average person. This otherness was in part constructed from representations of older people featuring vulnerability and dependence (Fealy et al., 2012).

Relational Discourse

In the articles analysed, when older people themselves spoke about loneliness they spoke about relationships with others. The relational discourse is drawn on in the voices of older people quoted in the news articles analysed. In this discourse, talk of loneliness is talk of relationships with family and friends, including both the absence and presence of those relationships. Talk is also of loneliness as a negative emotional experience.

This finding aligns with previous research. Hauge and Kirkevold (2012), studied older peoples' experiences of loneliness and reported that older people experienced loneliness as painful, and when they talked about loneliness they talked about relationships with family and friends. In an earlier study Hauge and Kirkevold (2010) reported that the older participants described loneliness as a painful feeling. Themes of disconnection were described by Hauge and Kirkevold (2010) in the talk of participants who were lonely. Also, "nearly all the participants used relational examples to describe what loneliness was" (Hauge & Kirkevold, 2010, para. 17). As in the current study this relational talk included examples both of the presence and the absence of others. Loneliness was not always about being alone (Hauge and Kirkevold, 2010).

Sullivan et al. (2016) wrote that older people speak about loneliness differently from traditional gerontological research which the authors criticise as sometimes medicalising loneliness and presenting loneliness as an inevitable problem for older people. The authors reported that older people experience loneliness as fluid and as not easy to talk about. Older people's experiences of loneliness have also been reported as very diverse (Hauge & Kirkevold, 2012; Sullivan et al., 2016).

In contrast to the dependence discourse described above, which positions older people who experience loneliness as passively waiting for others to form unidirectional relationships of care or support, the relational discourse positions older people who experience loneliness as equal participants in interdependent relationships. Connections and relationships with others are key in the relational discourse described in the present study. It is a discourse which positions older people who experience loneliness as interdependent.

This notion of interdependence has been written about previously, in different ways. Three examples are summarised here. Herring (2016) argues that both providing care for others and receiving care from others are important for human wellbeing, and

that humans are interdependent, vulnerable, and relational beings. In Te Whare Tapa Whā, a well-known model for understanding Māori health, Taha Whānau, or relationships with family, friends, and society, is one of the essential elements of wellbeing (Durie, 2014). Finally, Robertson (1999) sees the idea of interdependence as a way to understand human need within a community context, transcending the dichotomy of dependence versus independence. Thus, positioning older people who experience loneliness as interdependent enables practice possibilities of connection and relationships as agentive participants within a community

Problematising Loneliness in Older People

As reported above, the morality, economic, medical, and dependence discourses all construct loneliness in older people as a problem. The effects of these discourses include dichotomising morally right and wrong subject positions for older people; objectification of older people, especially those who experience loneliness; medicalising loneliness; othering of older people who experience loneliness; and enabling of ageist practice possibilities. These effects are negative for older people, especially those who experience loneliness.

Previous research which examined the constructions of loneliness in older people in the news and current affairs media also found that it was constructed as a problem. From a study of Swedish newspaper articles, Agren (2017) described three discourses of loneliness in older people. Agren reported that across all three discourses the meaning of loneliness in older people was as "a problem that needs to be solved" (p. 25) and this meaning of loneliness as a problem was dominant in the newspaper articles. Uotila et al. (2010) analysed articles from a daily newspaper and a magazine in Finland. They reported that loneliness in older people was constructed as a problem both for individuals and for society and that solutions were needed (Uotila et al., 2010).

Older people quoted in the news articles predominantly utilised the relational discourse. The relational discourse and its positioning of older people who experience loneliness as interdependent partners in everyday relationships has the potential to relieve the negative effects of the other discourses. Older people who experience loneliness are offered a subject position which has a voice, holds power, and active practice possibilities are enabled. Further, utilisation of the relational discourse signals a potential way forward

in research and in journalism regarding loneliness in older people, to pay more attention to the voices of older people, particularly those who experience loneliness.

Summary

Loneliness in older people is constructed in a number of ways in the New Zealand news and current affairs media. Five discourses of loneliness in older people utilised in the news articles analysed have been described here. I have named them the morality, economic, medical, dependence, and relational discourses. These discourses have each been identified in previous research. The morality, economic, medical, and dependence discourses problematise loneliness in older people. The subject positions offered to older people who experience loneliness within these four discourses are often positions with reduced power. The morality discourse offers dichotomous subject positions of those who have made the right choices and kept themselves well and not lonely, and those who have failed to do so. Older people who experience loneliness are positioned as other. In the economic discourse older people who are lonely are not offered a voice. The medical discourse medicalises loneliness and positions those who are lonely as patients under the medical gaze. Older people who experience loneliness are positioned, particularly in the dependence discourse, as passive recipients of care and interaction, rather than in active, agentive subject positions.

In the relational discourse older people including older people who experience loneliness are offered subject positions of family member and friend, and are positioned as interdependent, rather than dependent. While these connections with family members and friends may be present, weak, or absent, they are still talked about by older people when loneliness is discussed. Older people who experience loneliness are positioned as interdependent participants in community. There is not the power differential in the subject positions offered in the relational discourse, as there are in the other discourses described.

Limitations and Future Research

Three particular limitations of this study are reported here. News articles only from a single year, and from a limited number of media sources from New Zealand were

analysed in this study. Discourses are context dependent and thus the findings from this study cannot be generalised to other countries or other times. The nature of discourse analysis means that the researcher is actively involved in shaping the research. Another researcher is likely to describe and name discourses differently. Despite including a magazine written from an explicitly Māori perspective as one of the sources, no articles meeting the inclusion criteria were identified from that source. This leaves unanswered questions including whether the search terms chosen were appropriate to identify an issue that may be reported from a Māori perspective using other terms. Also, it is possible that loneliness in older people is not easily spoken about within Māori culture.

There are a number of avenues of possible future research which would add more to the understanding of loneliness in older people. Analysis of the construction of loneliness in older people in other types of media such as television, advertisements, or social media would be informative. It would be fruitful to focus research on the difference in how loneliness is defined in the media and how it is defined in academic literature to clarify whether the same experience is being examined in the two settings. Most importantly, further research that seeks to hear more of the voice of older people, especially those who experience loneliness, is vital to add to knowledge in this area.

Implications and Conclusion

The way that loneliness in older people is constructed in the news and current affairs media opens up and shuts down various subject positions for older people especially those who experience loneliness. Because the news and current affairs media are influential in society, it is important to construct loneliness in older people in ways that open up subject positions that are not disempowering, and that do enable a voice for older people including older people who experience loneliness. The mass media is able to influence the way that an issue such as loneliness in older people is framed and constructed. The dominance of constructions which position older people who experience loneliness as dependent, passive, with reduced power, and as a problem can contribute to negative stereotypes, and do not benefit older people.

The subject positions made available for those who are not older, are also important, particularly in the relative positioning of power. Where subject positions of equal power are made available, practice possibilities of equal interaction are enabled.

Where there is a power differential in the subject positions made available, or when older people who experience loneliness are objectified and problematised, ageist practice possibilities are enabled.

Including the voice of older people, and particularly of older people who experience loneliness, is important in media reports about loneliness in older people. The discourses drawn on by them are different from those drawn on by others. Sharing of research knowledge that accesses the voice of older people themselves with the media may help with this. This study has shown that a focus on the voice of older people highlights the use of a different discourse and opens up more powerful subject positions for older people, especially those who experience loneliness.

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