ALONE
Innovative Health Professionals Training Program on Existential Loneliness among Older People

Erasmus+

INTERNATIONAL REPORT

EXISTENTIAL LONELINESS –

BEST PRACTICE FROM HEALTH ORGANISATIONS

AND PATIENT PERSPECTIVE

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INTRODUCTION

The report is based on the national partners` findings on the topic of existential loneliness. It consists of two parts, the first part includes the current knowledge, as well as theoretical and methodological contributions to the topic of existential loneliness. The second part of the report is dedicated to relevant practices in addressing the challenges of existential loneliness in respective countries. A special focus is on the perspective of the staff and how it influences provision of care.

The report includes information on how health care workers or members of NGOs currently deal with or identify issues related to existential loneliness in each partner country, their settings, how these issues manifest themselves for social disadvantaged groups, migrants or other people in changing cultural contexts, it shows best practices that proved efficient and deserve to be replicated in other settings. The report addresses the particular and unique situation in each partner country, which is a rather innovative approach, especially for the existential loneliness topic.

The material is presented in a practical report which can be used as a resource in the curriculum development.

PART 1: THEORETICAL AND METHODOLOGICAL REVIEW ON EXISTENTIAL LONELINESS

1.1 Literature review

1.1.1 Loneliness and solitude from the perspective of social, humanistic and medical sciences

SWEDEN

In the Swedish context, Swedish researchers with different scientific background have investigated loneliness among older people. Their theoretical starting points and perspectives go back to well-known international researchers' papers and they are therefore mentioned below.

From a *social science* perspective, Victor et al. described older peoples' loneliness as a social problem that needs to be solved (2009 referred to in Ågren 2017). Further, loneliness is by Ågren (2017) considered as a phenomenon that can change meaning, depending on societal, historical and cultural contexts. The Swedish professor in sociology, Lars Tornstam, refers to the sociologist Robert Weiss's description of loneliness. According to Weiss, loneliness can be experienced as emotional and social isolation. Emotional isolation appears in the absence of close emotional attachment while social isolation has to do with access to a social network (Weiss, 1973 referred to in Tornstam, Rydell et al. 2010). Lena Dahlberg, associated professor in Social work in Sweden have investigated if there is an association between loneliness among older people and social engagement (Dahlberg, Andersson et al. 2018). Dahlberg refers to Perlman & Peplau's definition of loneliness as 'a discrepancy between one's desired and achieved levels of social relations'. Further, they refer to Fokkema, Gierveld, & Dykstra (2012) who mean that there may be a discrepancy in either the number, or the intimacy of, relationships. Sundström, professor in social work investigated the living arrangement, socio-demographic factors and effects of loneliness on health (Sundström, Fransson et al. 2009).

From an *existential perspective* loneliness, Sjöberg and co-workers (2018) investigated existential loneliness among older people, showing that existential loneliness is an unpleasant feeling usually described in association with death, dying, and cancer. Yalom (1980) calls it existential isolation and means that, despite interpersonal relationships, there is an insurmountable gap when human beings are totally alone (1980 referred in Sjöberg, Beck et al. 2018). Further, Frankl described the human experience as an inner emptiness when feeling purposelessness (1959/1987 referred to in Sjöberg, Beck et al. 2018).

From an *evolution biological perspective* loneliness is a threat to our survival and the body has therefore developed a warning system that should drive the lonely person back to the community. The warning system causes stress, anxiety and pain, a kind of discomfort that should drive the person to search back for fellowship. In contrast, good relationships and a desired community activate our reward system that creates wellbeing (Cacioppo refererred to in Strang 2014). Also Taube, a registered nurse with a PhD in medical science, refers to Cacioppo and state that people can be objectively socially isolated without feeling lonely, but people can on the other side have a rich social life and still feel lonely (Hawkley & Cacioppo, 2010 refered to in Taube 2015). Taube also described a cognitive process approach to loneliness that suggest that loneliness is a consequence of a gap between existing and desired relationships (Peplau, Perlman, Peplau, & Perlman, 1982 referred in Taube 2015).

Solitude is a self-elected detachment from others, used for sorting impressions and for managing stress. The amount of detachment one needs is highly individual (Strang 2014). Solitude has been described as the utter counterpart to loneliness. Solitude is the glory of being alone while feeling alone is the pain (Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006 referred to in Taube 2015). Further Taube described that solitude is about being disengaged from other demands and a freedom to choose activities and for example provide opportunity to rest and for imagination and reflection (Long & Averill, 2003; Rokach, 2011 referred to in Taube 2015).

LITHUANIA

There are two aspects of loneliness: *existential loneliness*, which is an inevitable part of human experience, and loneliness, caused by the distance from self and self-rejection, which is not loneliness at all, but rather indefinite and disturbing anxiety. Existential loneliness is the inner and fundamental reality of human life, encompassing both the pain and the triumph of creation, born of the long hours of oneness. A person experiencing existential loneliness perceives himself or herself as an isolated and lonely person, while a person who is alone in the anxiety of loneliness disconnects himself / herself as a feeling and conscious person (Moustakas, 2008).

Loneliness first came under the scrutiny of psychologists (Fromm-Reichmann, 1959; Perlman and Peplau, 1981; Peplau and Perlman, 1982). J. de Jong Gierveld (1987, p. 120) defined loneliness as “the situation experienced by an individual in which the lack of a particular relationship (its quality) is unpleasant or unacceptable. This includes both situations in which the number of relationships is less than acceptable or permissible and situations in which the desired intimacy is not realized.'

However, the feeling of loneliness is at the same time the result of a subjective evaluation of one's relationship - a comparison with the socially desirable and acceptable - which also opens the way for sociologists' research. Because loneliness is stigmatized in society, not everyone who has experienced it has the strength to acknowledge it or to others, and this feeling can then be articulated, for example, as a feeling of "needlessness". The opposite of loneliness is social engagement and the feeling that you are a full member of a social group or society (= something needed).

Thus, loneliness is described as a subjective and negative experience.

Hawkley and Cacioppo (2007) state in their article that elderly age correlates with loneliness. With increasing age loneliness and social isolation also increase. These strength of this correlation also depends on individual differences: lifestyle, stress resistance, various experiences, existing social connections, current health. The same relation is described by Schnittker (2007), he argues that this relationship between age and loneliness is so strong that it does not even depend on whether a person has support - with age, people become lonely. With more support, even though they feel a sense of loneliness, but less so than the elderly people with a poor social background.

Medical studies suggest that the impact of isolation and loneliness on health and mortality are of the same order of magnitude as other risk factors such as high blood pressure, obesity, and smoking (Cacioppo et al. 2011).

POLAND

Józef Kozielecki (a psychologist) describes human loneliness in a broader context. He states that loneliness is a term that is difficult to define, and he looks at it from different points of view. According to him, loneliness is "Loneliness of humans – their conscious conviction about losing or threatening emotional contact with people and nature. Loneliness is a kind of personal experience. Those emotions are accompanied by cognitive and physiological processes, difficult thoughts and uncertain steps in the crowd" (Kozielecki 1996, p.237).

Kozielecki is trying to look for causes of loneliness. among others, in human motivation. He differentiates its two directions: "away from" people – "striving for independence and autonomy" and "towards" people – "a desire to create deep and lasting connections with other people, the need to have a dialogue with the world". He concludes that in the contemporary world it is the motivation "towards" people that is intensified in particular, but at the same time it is difficult to be satisfied. The author states: "In everyday lives, people are constantly looking for a face of another human, just to see one's own reflection in it" (p.239).

The circumstances in which loneliness occurs are different, for example total isolation (when people have nowhere to go, no-one to call, when "they feel like howling"). Or when you are among people and it is meaningless, unsentimental, and cold. The pain that appears then can be compared to physical suffering. The author forms a hypothesis that "An increase of human prosperity and personal safety is followed by an increased importance of deeper relations between people (..) it is difficult to think about one's loneliness when biological existence is at hazard (..).Once we won some bread, we want to eat it at a common table. However, those dreams are only dreams, nothing else" (p.238). Loneliness has its social context: "taken away from the social context it becomes an empty category" (p.239), its sources are both of external and internal character. The belief that loneliness has only a historical and social background is incorrect and harmful. "Such a view takes away from people the responsibility for their own experiences and deeds. It turns them into victims of historical circumstances. **The causes of loneliness predominantly lay in the inner world, in the structure of a character, in the emotional sphere and in the peculiarities of the operating system"** (p. 241). They involve a dark, inadequate self-perception (i.e dislike for oneself, low self esteem, lack of self-acceptance, distorted self-image, such person does not like other people either), emotional immaturity of an individual (that is inability to experience, develop and control his/her own homoeopathic emotions that are responsible for relations with other people: hostility, aggression, lack of kindness, etc.), poor, archaic operating system of an individual (motor functions, intellectual skills, improperly developed social skills). Social competences - institutional and spontaneous - seem to be of key importance when it comes to loneliness. "Poor, schematic and inadequate system of social operations, especially those spontaneous and non-programmed ones, is probably the most important cause of loneliness" (pp. 241-243).

On the other hand, when it comes to the external sources of loneliness, they come from the physical and social environment, technology and culture, which shape the patterns of social interactions. These days those interactions are characterised by anonymity, intensified pace of life, computerisation and social mobility.

Psychologists claim that a person can free oneself from some sources of loneliness, but he or she cannot free oneself from all the sources" (p.347).

One of the important ways of setting oneself free from the feeling of loneliness is the authentic connection with nature, becoming a part of the rhythm of life of nature, experiencing its beauty. The author states: “Destruction of the natural environment means that the source that liberates people from the chains of loneliness is drying out" (p.248). “Plants, animals and minerals are quiet allays of an individual in the battle against alienation" (p.237). The other way is to make use of one’s biography. Tomaszewski believes that “no human being that has his/her own biography is lonely."

However, loneliness can be eliminated to the greatest extent by direct connection "Me-others", "Me-a group". A human being looks for a human being: even just to find oneself" (p.250). Loneliness can also be a matter of a conscious, free choice.

Other psychologists such as Wiesław Łukaszewski, Elzbieta Sujak, Tadeusz Kobierzycki also worked on the problem of loneliness. Their common claims include:

- loneliness may be experienced in every phase of life;

- loneliness appears the moment an individual becomes aware of one's own separateness.

Throughout life, individuals oscillate around being "still lonely or lonely again" (E.Sujak 1978, pp. 41-41). Loneliness of an individual has its own unique rhythm of closeness and remoteness" (p. 63). It is always the case that some people will experience their loneliness as something painful, others on the other hand, as a relief (1992, p 63).

- Social loneliness – when an individual lives alone, is self-sufficient and has formal relations with other people (1972. p. 42). This type of loneliness is also called an objective one. It is presented in opposition to subjective loneliness, which means the feeling of being alone and not being understood (1992, p 64).

- Negative perception of loneliness, as a threat to individual's development.

- Loneliness cannot be affirmed – it is sad (1978 p.46). Loneliness limits experience, it is conducive to egocentric behaviour, it gives rise to excessive egotism – health-related anxiety, self-anxiety, fear that no help will come.

- Isolation can often be the effect of loneliness.

- Loneliness is also conducive to solidification of beliefs about oneself: “This is the way I am", it stems from the lack of confrontation with other people.

- Loneliness can be perceived by a person as a negative experience – being pushed away or rejected by other people.

Positive aspects of old age pointed out by psychologists - it can be a value and an opportunity:

- "nevertheless, a person needs to be mature to embrace loneliness so that it can bring the fruits of maturity" (Sujak 1992, p. 67),

- it can be a route to personal development,

- it enhances development of inner, spiritual and religious life,

- overcoming loneliness means seeing another human with their problems and separateness,

- "An adult person is responsible for his/her own loneliness – only old people (disabled) and children are entitled to complain about loneliness (Sujak1992, p.64).

- Causes of loneliness:

a) external (health condition, financial status, social background, type of education, religion, nationality or world views)

b) internal (personal) problems with making connections with other people:

- it is a common and existential experience

- loneliness in a positive meaning might mean lack of physical contacts without breaking relations

The problem of loneliness is, in particular, related with loss of a spouse (a partner).

Psychological reflection on loneliness goes in hand with philosophical, sociological reflections, less frequently with theological ones. It shows solitude and loneliness as a universal characteristic of human nature and existence, but also as an inner, personal experience of an individual which results from lack of close relations with other people.

This experience is not only of a negative nature (loneliness, isolation, alienation), but also of a positive nature which helps in human development, human transcendence, creativity and maturing. Every personal experience of loneliness is different. Most frequently it involves pain, suffering, tears, fear and anxiety, despair or concern, feeling of emptiness, frustration, depression, wrath, guilt, longing. Less frequently people see its charm.

Besides the internal causes – personality-related ones – loneliness, according to psychologists, has also a social background, which involves modern civilisation with its characteristic tendencies.

Sociological approach to loneliness:

- loneliness – feeling alienated among other people

J. Szczepański (Polish sociologist) differentiates two states of human existence: solitude and loneliness. “Loneliness is lack of contact with other people and with oneself, while solitude is a state of communing only with oneself, it is focusing attention solely on one's own inner world" (1988). Loneliness, according to the author is a negative state which comes along with anxiety, but also with fear of death as an ultimate form of loneliness. Loneliness predominantly stems from the impaired development of the inner world of an individual. In sociology the essence of loneliness lies in deprivation of a human being of contacts with other people, with reference groups, but also with oneself.

The sociologists look for justification of loneliness in transformations and functioning of contemporary societies. It has been observed that these days the changes in the civilisation enhance the negative direction of transformations within the basic groups of social reference of an individual: family, work environment and peer group.

1.1.2 An attempt to define solitude, loneliness, alienation and isolation

ITALY

Italian research (De Leo, D. & Trabucchi, M., 2018) highlights the fact that there is still no international standard definition of loneliness and, therefore, the available data often do not distinguish between social isolation, living alone and loneliness.

Another research (Cavallero P., Ferrari M.G. & Bertocci B, 2006) states that, because of the ambiguity and spread of the meanings of the word "loneliness", it is necessary to make a distinction among the various terms. Isolation (aloneness) is described as an ontological state that doesn't correspond to a specific emotion. Loneliness is described as an unpleasant or unacceptable feeling that implies a feeling of discrepancy between the number and quality of social relationships achieved and the ones desired. Furthermore, loneliness is not only described as a negative feeling, but can acquire a positive connotation when separation produces personal enrichment (solitude).

ROMANIA

The article **"Aging in Romania: Research and Public Policy"** (2013) addresses the particularities of aging in Romania and the way that public authorities are ready to deal with related issues. The authors analyze the demographic evolution in Romania in the last 50 years and the prospects until 2050, when older Romanians are expected to make up more than 30% of the total population.

Regarding the gerontology research, the authors reviewed the research and the 7 studies conducted in Romania between 2000 and 2010. They noticed that the few existing studies are mostly descriptive and focused on needs and assessment; the databases created for those studies are not available for other analysis. Moreover, Romania is not among the countries included in the Survey of Health and Retirement in Europe. The major source of published national statistics for Romania—including data on population, income, social protection and assistance, health, etc.—is the National Institute of Statistics (http://www.insse.ro).

The main conclusion of the mentioned studies was that the needs of older people are insufficiently covered by existing social benefits and services. Even if community services are provided by legislation, the implementation system is still considered to be weak.

Simona I. Bodogai and Stephen J. Cutler analysed also the Romanian pension and-health insurance systems and the system of social welfare services in comparison with the social protection systems in the European Union, identifying a development lag.

The relevant Romanian legislation on social services for older persons exists but there are still issues regarding the implementation. There are still too few public services on low budget and difficult collaboration between public and private services.

Another important aspect underlined by authors: the studies are not used by policy makers, by authorities.

SWEDEN

In the Swedish language, loneliness (ensamhet) can have both a positive and negative connotation depending on the combination of the preceding word. For example self-chosen loneliness (*självvald ensamhet)* is the positive aspect and is comparable to the English word solitude. In contrast, involuntary loneliness (ofrivillig ensamhet) is the negative aspect. Also the Swedish word for alienation is a combination of the words interpersonal loneliness (*interpersonell ensamhet*). Interpersonal loneliness can occur in exposed situations, and is a feeling of being a stranger to oneself, i.e. a negative feeling of not recognizing your own reactions or not feeling trust in oneself. Further, the Swedish word for isolation is social isolation (*social ensamhet*) and means lack of family, friends and social contacts, and is also a negative aspect.

LITHUANIA

Sometimes loneliness is understood as the time spent by an individual being alone. That means that not all episodes of loneliness are viewed negatively by people. It is necessary for every person to have a certain “dose" of loneliness, time with oneself as one re-energizes, listens to oneself, and so on. Even a separate term, privacy, is used to describe this - voluntarily - loneliness.

Loneliness is when a person would like to, but for various reasons cannot meet the needs of meaningful communication with the people who are significant to them and of being a member of a social group. Such a state is not a voluntary choice of a human being, and as such, not only the loneliness sufferers themselves, but numerous researches reveal the many negative effects of loneliness (Mikulionienė, Rapolienė, Valavičienė, 2018).

In social psychology, loneliness has been defined as negative emotional state in which the person feels emptiness, separation from other people, social connections shortage (Cibulskaitė, Laurinavičiūtė, 2008). It could be defined that loneliness is an emotional state when one feels a deep sense of emptiness and isolation from other people. (Frankl, 2006).

There are clearly several forms of **solitude** - *physical* and *spiritual, voluntary* and circumstance caused. The first two show what different thoughts they bring to the person who is experiencing it and what affects his life, his self-esteem and his appreciation of the world. Spiritual solitude experienced between people are often more depressing because they raise doubts about the value of a person as a member of society, their usefulness and their need for others.

Physical solitude - when other people simply are not around, results in different sensations. It is also depressing, but it is no longer a grief that you are rejected, out of touch or no longer noticeable, but a sadness for the absence of human company and a longing for communication. *Volunteering* and the *loneliness caused by the circumstances* are essentially similar to the loneliness caused by experiences, but in the first case loneliness is easier, and it is easier to get out of it, because everything depends on human desires. At least as long as this loneliness does not come to an end and disappears in a steady state (Balčiūnaitė, 2013).

Social isolation is an objective measure of the size and composition of a social network, while **social loneliness** is a subjective measure of the qualities of a network - quantity and quality. Social isolation is a characteristic of the individual level, and loneliness also involves the context level. For example, a person may be socially isolated - not having an objective or poor social network - but that does not necessarily mean that they feel alone. Based on his combination of individual needs and societal

norms, he may feel uncomfortable, lonely with a poor communication network, or suffer from loneliness when surrounded by people.

By reviewing the studies described in the literature and performing the analysis, Wenger, Davies, Shahtahmasebi and Scott (1996) indicate that there exists a noticeable strong correlation between loneliness and social isolation. The most important social factors are related to loneliness: marital status, greatness of social network, education, household, health. Jurgelėnas, Juozulynas, Butkienė (2008), who researched the quality of life in their article, state that a field of social relations is closely related to the field of psychological functioning. Here very much things like the loneliness of the elderly are important. People are said to be so busy with production and consumption that there is no time or desire for a relationship. The lonely man becomes a stranger and for one's self. **Alienation** syndrome can be associated with an underestimation of another person and devaluation. From here comes the lack of trust in loved ones or even friends, not to mention the support when you need it most.

POLAND

Based on the subject matter literature different types and variations of loneliness can be listed. The basic differentiation is between solitude and loneliness; while solitide refers to purely physical state, loneliness, on the other hand – also referred to as psychological loneliness – takes place in a situation when a person experiences it in a subjective way (Kusztelak, 2009).

Differentiation of both terms depends on a criterion applied by a given author. Solitude can be divided into a **short-term and chronic** solitude (Charchut, 2013), depending on how long it lasts. If it does not last for a long time and we are dealing with a particular situation that affects a person, then we talk about short-term solitude. Sometimes, however, there is no factor that would reduce the feeling of solitude and it does not disappear after a short period of time, instead, it stays on a stable level – in such situation, we can say we are dealing with chronic solitude. Another division involves differentiation between **physical, psychological and moral loneliness.** We deal with physical loneliness in a situation of social isolation e.g. through weakening of relations with other people, especially, the significant ones. We deal with psychological loneliness in a situation when an individual feels lack of connection with other people, with moral loneliness, or when a person loses the meaning of life, has no role-models or ideals that he/she could follow and because of that such a person cannot function in a normal way (Charchut, 2013, pp. 18 – 19; Kusztelak, 2009, pp. 283–284). Such situation leads to a number of negative feelings and experiences that occur within a person in question. The typology suggested by Klimowicz (1988) is particularly interesting. It distinguishes between the following types of loneliness, which depend on its source: **a) interpersonal loneliness – "longing for.." caused by death or departure of close people, b) social loneliness - caused by isolation from or rejection by the environment, c) cultural loneliness – evoked by a feeling of being different in the context of functioning in a group, d) cosmic loneliness - it means being "beyond" the meaning, experience of hopelessness and meaninglessness of life, e) psychological loneliness – experiencing alienation from one's own "self".** The suggested division seems particularly accurate when we try to apply it to the experiences of elderly people. Each of the mentioned categories can be attributed to experiences of elderly people. While discussing loneliness, one needs to keep in mind that sometimes it is a state consciously chosen by certain people and experienced by them of their own free will.

It can happen that **loneliness of elderly people and its determining factors can be perceived as a value.** It happens especially in a situation in which the experienced state results from a decision that was independently taken by a given person. According to some authors, good solitude takes place when a person has control over it and can change this situation at any time. However, if this is a long-lasting situation, which is difficult to control or which does not pass, or which lasts against the person's will, then it is felt as a ballast, burden, obstacle or even as unwanted suffering (Charchut, 2013). Adequately to the above discussion, it is worth to remind that the literature on the subject points out to two main theoretical categories: solitude and loneliness. In gerontological literature those two definitions are treated as two separate states: **solitude as an objective state, loneliness – as a subjective experience** (Szukalski, 2003). Solitude is defined as an objective state, a situation which occurred in a result of a long-lasting lack of interpersonal contacts, situation caused by lack of possibility for physical contact that resulted from lack of social bond with other people. Social roles which people play that are inappropriate or inadequate when it comes to expectations might be an additional cause. Loneliness, on the other hand, is rather associated with the feeling of isolation caused by lack of emotional and mental bond with other people (Szukalski, 2003).

Solitude - living on one's own, isolation, loneliness, alienation

Living alone means for example, one-person household, hermitage or similar. It means staying on one's own, often without any physical bonds or contacts with other people, for example in big, anonymous, urban agglomeration or in secluded, desolate places that are away from human gatherings, in the middle of nowhere.

Solitary life, however, does not clearly define the world of inner experiences of a person who leads it. That person's solitary life can mean an unpleasant necessity, but it can also stem from a personal, conscious choice. Solitude of solitary life can be, therefore, a negative or a positive experience. This is predominantly a civil, physical solitude which, however, does not provide a clear information about the subjective way in which solitude is experienced.

Isolation – sociological term for the state of abandonment, rejection, separation of an individual from a group, for example elderly people, people with AIDS, and such. Separation from other people, from a broader social environment, so for example from a family or peer group, neighbourhood, ethnic group, local community, and such − exclusion of such person from interactions with other people.

It can be assumed that isolation has a negative connotation to a greater extent than being alone, which means than an individual is more often bothered with negative feelings than in the case of living alone.

Desolation is a case of isolation which means strong, negative experience of solitude after losing a life partner, for example a spouse.

The new term, **seclusion**, which can be treated as a manifestation of isolation, most frequently means that an individual is separated from the environment at his/her own will in order to regain balance and inner harmony.

Alienation means withdrawal of an individual from social relations, from culture, nature etc. It indicates that the individual feels deeply lost in the surrounding world. This makes self-fulfilment or a dignified expression of that person’s nature impossible.
(E. Dubas, 2000)

1.1.3 Features and types of loneliness (social, existential, objective, subjective, good, bad, total, partial)

ITALY

The term “loneliness” takes on various meanings. We could say that there is a “positive" loneliness when it is chosen, sought, when it is lived as a tool for growth, a way to safeguard one's autonomy and privacy, or when one chooses it not to depend on other people. On the contrary the “negative” loneliness is experienced with suffering, as an existential void, when it is not sought, but it is imposed, or, if prolonged over time, is no longer sustainable (Vignola, G.B. & Neve, E., 2013).

We can also distinguish between an “objective" and a “subjective" loneliness, which do not always coincide in the same person: we can feel alone even among the people. It is also important to keep in mind that it is not uncommon to see aspects of both of these types in facing a situation. This may be the case of elderly people who, in order not to be a burden for their relatives, they choose to be alone even though they suffer the consequences of this choice (Vignola, G.B. & Neve, E., 2013).

SWEDEN

Loneliness can be divided into different types. Solitude and social isolation can be observed and counted, for example how much time older people spend on their own, being engaged in something, the number of their close family or friends. Both solitude and social isolation can be observed, for example if the person is alone and engaged in something or if the person is alone and bored. This type of loneliness has to do with two opposites, not wishing to share, and, not being able to share, but wanting to.

Objective loneliness in the sense that it can be observed and counted

Positive aspects	Negative aspects
Solitude	Social isolation/loneliness

Loneliness can also be devided into more subjective types that cannot be observed or counted, since they deal with feelings. For example the feeling of emotional loneliness in the absence of close emotional contacts i.e. the feeling of loneliness when having no one to talk to and share memory and emotions with. However, emotional loneliness could also occur when being together with oterhs. Another form that can not be observed is the interpersonal loneliness when the person not recognice himself or not feeling trust in herself. Another not observable loneliness is existential loneliness, a deeper loneliness that could be experienced in different situations, an insurmountable gap when human beings are totally alone. This type of loneliness has to do with a deeper coexistence with somone or something and willingness to share but not being able to. It is a type of loneliness related to meaningless.

Subjective loneliness in the sense that it cannot be observed or counted

A feeling of loneliness		A deeper feeling of loneliness
Emotional loneliness	Interpersonal loneliness (alienation)	Existential loneliness

LITHUANIA

Loneliness can be defined as a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want (Perlman and Peplau, 1981).

Subjective loneliness is a personal experience of what it means to be alone emotionally. Being physically alone is much more dangerous than the subjectively perceived feeling that you are alone and there is no one around you to talk to or ask for help at a difficult time. This feeling is especially reinforced by the perception that you are unacceptable in society - the elderly are still stereotypically seen and perceived as the weak, sick, angry, neglected, unable to take care of themselves. This negative image shapes the view that such a person is a burden on society, which is why the aging person often feels discomfort, inferiority, shame, wants to distance oneself. This encourages social exclusion - the isolation from those around, with whom an individual lives and from society in general (Belevičienė, 2019).

Subjective feeling of loneliness in old age is significantly associated with worse emotional well-being, regardless of socio-demographic factors. Mclnnis and White also argue that loneliness in old age is the cause of many mental health problems, and in particular, has a major influence on the development of worsening emotional well-being and depression (Mclnnis, White, 2001).

Emotional loneliness is felt when we miss the companionship of one particular person; often a spouse, sibling or our best friend.

Social loneliness is experienced when we lack a wider social network or group of friends.

Loneliness can be a transient feeling that comes and goes. It can be situational; for example only occurring at certain times like Sundays, bank holidays or Christmas. Or loneliness can be chronic; this means someone feels lonely all or most of the time.

Loneliness is linked to social isolation but it is not the same thing. *Isolation is an objective state* whereby the number of contacts a person has can be counted. One way of describing this distinction is that you can be lonely in a crowded room, but you will not be socially isolated. However, loneliness is not an objective state. This is the difference between the desired and achieved social contact, the mismatch. By the way, it depends more on the quality of social relationships than on quantity. Loneliness can also be felt in a crowd with many acquaintances, including in marriage.

“Bad” loneliness is, seemingly, closely associated with “bad” old age, i.e. illness, physical and social decline, dependency and older people being viewed as a burden to society (Rozanova, 2006; Robinson et al., 2008; Lundgren and Ljuslinder, 2011). Voluntary loneliness was, on the other hand, constructed as the „good” loneliness, and associated with peacefulness, pleasure and assigning an individual agency and the ability to make choices (Rozanova, 2010).

POLAND

Features of loneliness – non-definability, lack of clarity (experienced also by an individual who experiences loneliness), ambiguity (of the same terms in different contexts).

Loneliness is a common phenomenon, it is universal, timeless, it has been present in people's lives for centuries (for a very long time, since the beginning of humanity). It applies to humans in every phase of their lives. Loneliness is an inevitable, existential, natural situation which results from human nature. Its natural and common character is well known. Apart from the natural dimension it also has transcendental dimension – it refers humans to supernatural values

Subjective loneliness – is an extremely individualised phenomenon of a human life, it is experienced in a subjective way. It is a subjective experience of an individual. It is an inner experience of an individual.

Objective loneliness – external, physical, linked to the environment of an individual

Negative (bad) loneliness – related to staying aside, it means experiencing pain of loneliness, being internally torn, experiencing emptiness, longing and nostalgia, sorrow and worry, bitterness, feeing of lack of fulfilment, anxiety, fear, frustration, uncertainty, helplessness, stagnation, depression, boredom, crying, screaming and despair, etc.

Positive aspect is highlighted less frequently – joy of solitary life, affirmation of one's own solitude, cheerful search for solitude, a feeling of inner peace in solitude, a feeling of deep, inner satisfaction that comes from experiencing the accepted and awaited solitude. Loneliness being a choice of an individual is perceived as a gift, as an opportunity for development.

Negative loneliness – hinders growth of an individual, positive loneliness is conducive to growth.

Full (complete) loneliness – means that an individual is deprived of any social contacts whatsoever with simultaneous lack of psychological bonds with other people, but also lack of connection with oneself or God; complete social isolation is rare.

Partial (relative, fragmentary). Partial loneliness refers to certain feeling of lack of personal bonds experienced by an individual, including the one with God and oneself. It can also mean lack of objective relations with people without mutual feeling of loneliness. Determining the intensity and nature of loneliness experienced by an individual always requires explanation of context and recognition of subjective feelings.

1.1.4 Situations of solitude/loneliness - signs and consequences

ITALY

For what concerns the possible consequences of loneliness an Italian research (Santaera et. al., 2017) shows that as loneliness increases also the risk of developing a depressive disorder increases. Participants with low levels of social support are therefore more exposed to the risk of depression.

Loneliness seems also to be one of the main reason for admission to the retirement home (Gava et. al., 2014).

SWEDEN

Signs of existential loneliness among frail older people have been described by health care professional (HCP) in a qualitative study by Sundström, Edberg et al. (2018). Expressions and signs of existential loneliness was for example seeking contact by calling for attention or being angry. These signs were described in relation to older people with different forms of communication problems. Another expression of existential loneliness was claiming and longing for contact, for example a frequent and recurrent seeking for help as an attempt to reach out for human contact, closeness and intimacy. This need of social contact was perceived by HCPs as insatiable. According to the HCP, older people who experience existential loneliness could, in contrast so seeking for contact, also have a shield against others. Furthermore, signs of existential loneliness could also be expressed by older people as regrets, guilt, feeling useless, not being significant for others and alienation. HCPs' who managed to encounter older people on an existential level, experienced that the older person experienced anxiety, agony, aimlessness, disappointment and shame.

The consequence of loneliness could be health complaints and depressed mood. A cross-sectional study with people 65 years or older, compared those being lonely to those not being lonely. The people who were lonely had a higher prevalence in the total number of health complaints and for the health complaints: hearing difficulty, memory problems, dizziness, loss of appetite, nervousness and depressed mood. In the lonely group (n=92) 51.1 percent reported depressed mood (Taube, Kristensson et al. 2015). Another cross-sectional study among people 65 years or older (n= 653) found an association between depressive disorder and loneliness. However, the correlation decreased with higher age (Djukanovic, Sorjonen et al. 2015).

Studies focusing on solitude among older people are sparse in a Swedish context. However, in a qualitative study among older people living in their family home the experience of loneliness was described as a positive experience in the form of independence and time for reflection and recharging (Taube 2015). Further, Graneheim and Lundman studied the experience of loneliness among people of 85 years of age or older living alone in their family home or in a nursing home (2010). They reported that the experience of loneliness also was a positive experience such as living in confidence, feeling free, resting in peace and silence. Most likely these descriptions concern solitude rather than loneliness. Strang describes that when in solitude, people process impressions and thoughts, reflect over things, become creative and engage in activities (Strang 2014). The consequences of solitude thus seem to be recharging and recovery.

LITHUANIA

Among the main factors that make older people live alone in Lithuania are emigration (usually emigration of children abroad), death of spouse (partner), family members (children, relatives) living in another, remote residential area, poor common social connections between people (e.g. neighbors no longer know each other).

Loneliness as a problem is mostly related to situations when a person is unable to take care after oneself and/or not/without sufficient social networking. One should pinpoint not only material supplies or household assistance, but also the need for communication satisfaction (Gaižauskaitė, Vyšniauskienė, 2019).

The biggest difficulties for the elderly in life: loneliness in many forms, from boredom to longing for loved ones, accompanied by debilitating health and ignorance, and a third group of frustrating problems is the ever-increasing household worries and lack of finances.

There are relatively different ways to distinguish living alone and/or situations related to the feeling of loneliness and their assessments:

When loneliness is likely to be one living person's self-determination	When a person living alone resolves their solitude problem by themselves
When a person living alone deepens their loneliness because of certain personal preferences and does not accept the potential help	When one lives alone, yet feels lonely

Situations of loneliness and their evaluation in older age *(*Gaižauskaitė, Vyšniauskienė, 2019).

Because a stronger sense of loneliness is associated with increased *shyness, anxiety, anger, reduced sense of social ability, less optimism, poorer social support*, it resembles a syndrome that also includes perceptions and expectations that enhance a sense of loneliness (Cacioppo, Hawkley et al., 2006). In addition, loneliness is characterized by greater negative affect and more frequent interactions of a negative nature, so that individuals do not only *communicate negativity* directly to others but also extract it from others and convey it through others (Cacioppo, Fowler, Chistakis, 2009). Lonely people have *lower self-esteem* (Peplau, Miceli, & Morasch, 1982), tend to view themselves and others negatively, and more often than non-lonely expect others to reject them (Jones, 1982). In addition, psychological studies have found that single people are more likely to be related to other single people, but that the presence of single individuals among single people eventually increases the loneliness of the former (Cacioppo, Fowler, Christakis, 2009). Loneliness, according to researchers, is the social counterpart of *physical pain*, and as with physical pain, social pain is functional because it motivates individuals to reduce it to make connections to feel safe and satisfied with life (Masi et al., 2011). However, getting out of loneliness - complicated and not enough to bring people together in space - can make friendships unattainable because single people's thoughts and behaviours make them less attractive to one another as communication partners (Jerrome, 1983; Stevens, 2001).

POLAND

In the case of elderly people, their solitude/loneliness is often caused by vanishing model of multi-generational families, in which in earlier times, elderly people found their place and deserved respect (Gajda, 1997). Sex, degree of eduction and level of affluence are also of significance. Studies conducted by Kubicki and Olcoń-Kubicka (2010) indicate that the following people are at a significantly higher risk of experiencing loneliness: women with primary or lower education,

pensioners, village dwellers and people from the eastern region of Poland, poor people and people who live on their own. On the other hand, the following people are less likely to experience loneliness: men, people with vocational or higher education, professionally active people, citizens of cities with population of over 500 thousand, people who do not live on their own. Professional care-takers of elderly people defined loneliness rather in a category of humiliation the elderly feel from the society, which: “condemns them to a depressing existence [...] it would be the best if they didn't exist, they should not be visible, they are a burden, they should not be seen.” Loneliness of elderly people is perceived the same way by young people: "they are pushed to the margin, the society doesn't need them, a quiet place, looking after grandchildren, this a place for them” (Kubicki, Olcoń-Kubicka, 2010, p. 135).

The elderly experience loneliness in:
- a family,
- within the health care system,
- institutions of culture (no adjustments to the needs of elderly people),
- the society – ageism.

Causes of loneliness:
External, civilization related causes and technological development have the greatest scope of impact. Effects of excessive urbanisation and industrialisation, promoted models of culture and lifestyles, consumerism, success-orientation, competitiveness, rational character of science, marginalization of religion in human life, certain stereotypes related with age about life, especially the negative model of life at old age, withdrawal from life.

Pluralistic society open to a new post-modernist tendency gave rise to many difficult situations which deepen human loneliness. At the same time, those societies have not taken steps to educate people on how to reduce the effects of loneliness.

External- environmental causes – focus on the closest surrounding of a person. Hence, relations within a family are most significant here, beginning from the first moments of life, especially when it comes to mother's approach that should satisfy a child's need of love and safety. Relations with other members of a family are also important, including grandparents and siblings, and later on with a spouse or other interactions outside the family context – friendships and acquaintanceships, relations within peer groups, at school, in a workplace, in the neighbourhood. Loneliness appears when those relations are deprived of emotional bonds or community bonds.

Ontological cause – human beings in their nature are kind of ‘broken’, torn, full of conscious dichotomies and existential paradoxes. Unsatisfied in their dreams, imperfect in their actions, mysterious, unpredictable and impossible to program. Filled with internal dichotomies.

Humans in their essence are doomed to loneliness, it is an immanent part of their human existence. It is so human, so strongly attributed to us just like striving for love or our need of freedom. Therefore, it seems that loneliness cannot be separated from a human fate and destiny, however, negative loneliness can be overcome, and positive face of loneliness can be brought to the surface. Experiencing loneliness can be given such a direction so that it is conducive to human growth. (E. Dubas, 2000, p. 117-118)

Situations of solitude and loneliness

Solitude/Loneliness...

- in a marriage,
- in a family,
- in a work environment,
- in child-care institutions
- Nursing Homes,
- in social situations,
- in a place of residence,
- in a crowd,
- of a homeless person,
- in new places,
- of emigrants and refugees,
- in current culture and civilisation,
- in the face of historical times,
- in the face of official doctrines and ideologies,
- in the face of nature,
- in the face of natural disasters,
- in the face of one's own biography,
- in the face of decision-taking,
- existential,
- in the face of God,
- in the face of death,
- in the face of close people's death,
- in the face of difficult situations,
- in the face of global changes,
- in the face success,
- of creators,
- of individualists,
- of "the other",
- of criminals,
- of those in exile,
- of people who live alone,
- in gender,
- in relation to oneself,
- of a suicide,
- of a child,
- of the youth,
- of an adult,
- of an elderly person.

(E. Dubas, 2000, p. 118-123)

1.1.5 Ways of experiencing solitude/loneliness

SWEDEN

The experiences of loneliness among frail older people (65 years or older) have been interpreted as being in an ongoing world but excluded because of the old person's social surroundings and the impossibility to regain losses. It was experienced as hopelessness, feeling sad, emptiness and being anxious, being invisible for others and as a loss of spirit (Taube 2015). The experience of loneliness has also been described by older people (85 years or older) as a feeling of being abandoned and a feeling of living with losses (Graneheim & Lundman, 2010)

Existential loneliness among frail older people (75 years of age or older) can be understood as an experience of being trapped in a frail and deteriorated body. Being dependent on others limits the ability to preserve autonomy and control over life and increases feelings of helplessness and vulnerability. Increased losses arise a fear of being totally dependent on others, leading to a realization that death is inevitable and could be a relief. When it is impossible to do things that are meaningful or when past choices are regretted, the experience of existential loneliness comes to the forefront. Furthermore, the experience of existential loneliness concerns experiences of being treated with indifference which evokes feelings of being worthless, abandonment and a feeling of being an object. Also, existential loneliness evoked in situations of being alone and having no one to share activities, thoughts and feeling with or lack of physical intimacy which evoked the feeling of sadness, sorrow, emptiness, and abandonment. Moreover, existential loneliness concerned an experience of lack of purpose and meaning and was described as an existence in a vacuum, which evoked feelings of being lost, being in a waiting room and looking forward to death (Sjöberg, Beck et al. 2018). Furthermore, Österlind, Ternestedt et al. (2017) studied how older people living in a nursing home experience life close to death. The experience was interpreted as feeling lonely in an unfamiliar place, which contributed to a sense of existential loneliness. The elderly reported to have few opportunities to discuss their thoughts of life and death.

LITHUANIA

Anyone can experience loneliness at different times in their lives, but some people are more at risk. In old age it is common for people to experience social isolation and loneliness, either as a result of living alone, a lack of close family ties, reduced connections with their culture of origin, or an inability (often through lack of transport) to actively participate in the local community.

POLAND

The following factors can be listed among those that make the feeling of loneliness emerge:

1. The first of the elements is the way in which old age is treated by the society, its social perception – stereotypes – linking old age with infirmity and disability causes that elderly people are rejected as potential partners or candidates for cooperation or action-taking at the very start.

2. The elderly because of their progressing disability refrain from being active or taking part in social interactions on their own, which deepens their feeling of isolation and loneliness.

3. Placing elderly people in closed, day-care institutions makes them feel rejected and marginalised (Gutka, 2013).

4. According to the literature on the subject the experienced state depends both on cultural and demographic factors (Szukalski, 2003).

5. Having a family does not protect people from feeling lonely, although it might certainly be a helpful factor that could prevent loneliness (Janiszewska, Barańska, 2013).

6. Social isolation and disturbed interpersonal relations are the main causes of loneliness (Olearczyk, 2007).

7. Other factors also involve cultural loneliness, solitary lifestyle, loss of the close ones, being aware of inevitability of death (Rembowski, 1992). Degradation of body functions and diseases, both mental and physical, but also the awareness of inevitable death seem to be the most frequent reasons among elderly people (Dąbrowska, 1992).

8. Another, currently important factor, which is related to development and progress, is the phenomenon of social exclusion and the stereotypes concerning exclusion of elderly as well as disabled people who are less useful, therefore marginalised in professional and social context (Dąbrowska, 1992).

1.1.6 Ways of coping with solitude/loneliness

ITALY

The Italian Association of Psychogeriatrics in the last years has undertaken different actions in order to deal with loneliness. Firstly, it has started a campaign, together with other national scientific realities and with the collaboration of the International Psychogeriatric Association, to attract the interest of individuals and communities to the possibilities of making choices and operating interventions that reduce the risk of loneliness among older people. Secondly, drawing attention to the risks of loneliness in old age, together with adequate training of the elderly to learn how to express their needs and search for support, could constitute an important educational tool. This means paying a particular attention to the “inhabited loneliness”, to the loneliness of elderly during hospitalization and the loneliness of the caregiver-elder person dyad. Thirdly encouraging the creation of a network that accompanies the life of elder people and their families, a network whose primary aim is to ease loneliness, giving adequate responses to the practical and psychological needs of frail situations (De Leo, D. & Trabucchi, M., 2018).

SWEDEN

Group discussion with structured reminiscence and problem based method as an intervention to prevent depressive symptoms in older people (55-80 years) have been positively evaluated in a quasi-experimental study. The older people experienced the intervention to support self-confidence and as a social enrichment. Moreover, the result showed a decrease in self-reported depressive symptoms, an increase in self-rated health and an experience of increased autonomy (Djukanovic, Carlsson et al. 2016). Furthermore, meeting points for older people were reported to have a positive impact on self-reported mental health and social contacts. In interviews, both men and women reported that this was a way to break social isolation (Lindahl 2016). In addition, existential loneliness has been described to be eased among frail older people (75 years or older) by being acknowledged by others for example by being the focus of others’ concern, encountering intimacy and having meaningful exchanges of thoughts and feelings. Also, older people could ease

the feeling of existential loneliness when being by themselves; when adjusting and accepting the situation, looking back on their lived life, being in contact with spiritual dimensions and when being able to withdraw and distract (Sjöberg, Edberg et al. 2019). Meaningful conversations with older people is most certainly a way to deal with loneliness for those who want to talk about it. Frail older people living close to death often want to talk about existential issues i.e. about life and death (Sjöberg, Beck et al. 2018, Österlind, Ternestedt et al. 2017). Certainly, when dealing with emotional and existential loneliness it is important that the intervention is perceived as meaningful by the older person in order to ease the experience of loneliness.

LITHUANIA

It is important to explore the social engagement-loneliness continuum, because people feeling lonely can accept this fact differently. They can take a proactive or reconciliation stance, which depends on their appreciation of their resources and ability to maintain or reconnect. There are many factors here, including (not)trusting others, adherence or disregard for eternal attitudes, judging one's social skills and health resources as sufficient or not, etc. There is a wealth of research in the scientific literature that confirms the relationship between loneliness and the quality and quantity of an individual's life.

According to the analysis, based on the data of the original representative 60LGA sociological survey as well as on the original qualitative research of older adults living alone in Lithuania *(*Gaižauskaitė, Vyšniauskienė, 2019), there are many social inclusion channels – education and learning, participation in various creative and physical activities, as well as volunteering, which constitute the potential for creating and maintaining meaningful social relationships in the second half of life, remain undiscovered and unused in Lithuania. The research has revealed that some of older people living alone in Lithuania show signs of social isolation more frequently than those living together with someone, as people living alone are significantly less involved in social activities which are most common among older people.

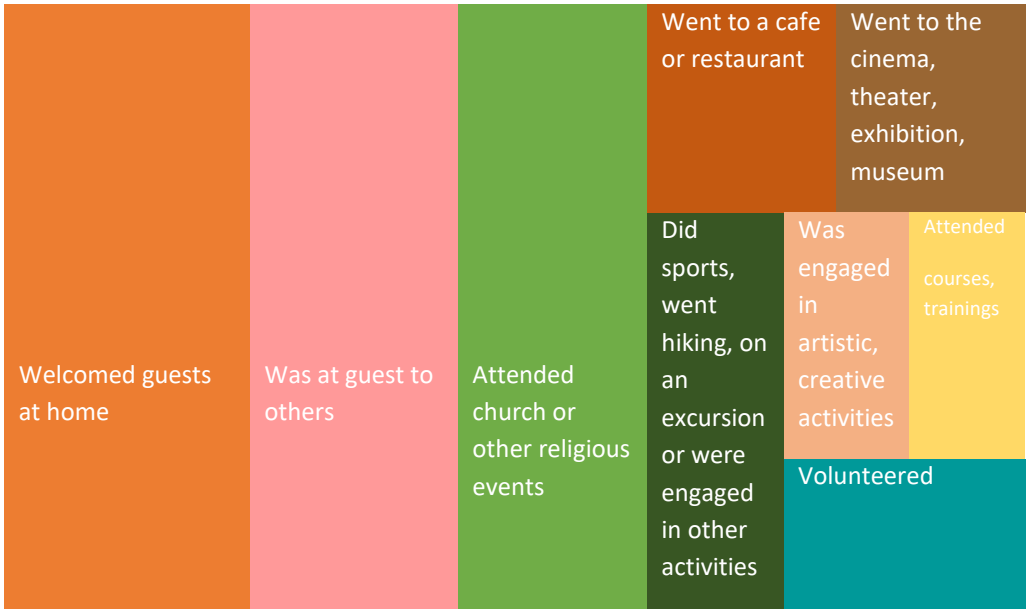


Fig. 2. A hierarchical map of social activities practiced among population aged 60 and over, Lithuania, 2018, visualisation (Gaižauskaitė, Vyšniauskienė, 2019).

Reception, hospitality and participation in religious services or other religious events are the most common forms of social participation among the elderly in Lithuania. The study reveals that, among other social participation activities, communication between older people in the circle of relatives and friends - welcoming and visiting guests - is distinguished by its intensity. The vast majority (over 90%) of older people got involved in these activities. A very low number of older people are engaged in such social activities as going out from home to enjoy the meal. The social aspects of eating are recognized as very important because social eating - eating with others at home or in a catering setting - can strengthen people's relationships, their emotional closeness, can relax people, reduce their predisposition to depression, improve their nutritional quality and extend their lives (Kimura et al., 2012).

A similar activity related to involving emotional work is attending public cultural events - going to the cinema, theatre, exhibition, museum and so on. Even when people participate in a cultural event without accompanying their acquaintance or neighbour, they get an opportunity to sense the mood, atmosphere, or message of other people, and can spontaneously engage in impressions of the event, artwork, etc. discussing, evaluating, expressing their opinion and listening to others. Thus, in both cases, it can be seen that these activities can be useful in maintaining, building on existing social relationships (when visiting someone), and creating new relationships (both at the event alone and with someone). Researchers have found a positive effect of attending cultural events on longevity (Bygren et al., 1996). By offering individually tailored social creative activities to socially isolated people, researchers (Greaves and Farbus, 2006) found positive changes in their physical and mental health, enhanced group identity and self-esteem.

There are many ways of coping with loneliness, including doing nothing, watching TV, listening to radio programmes, reading books, talking with friends or relatives on the phone, meeting with neighbours, walking, going out to town or to the nearest shop, being in the surrounding of people, etc. However, most often individual strategies are applied – people stay alone with loneliness. Even when they need a bit of courage to go out, stay in town, be with other people, it is not always possible to find a companion from their social networks. So they go out alone. Interestingly, communication with children and grandchildren is not mentioned as a strategy to overcome loneliness. When older people feel lonely, they look for communication with others from their generation. This shows that not all members can satisfy the need for communication in the social network they have.

The focus of social policy on the emotional and social loneliness of older people is particularly needed. Interventions to mitigate emotional loneliness are necessary particularly for those experiencing grief. In this context, effective measures are those, which incorporate professional psychological help. Meanwhile, reducing social loneliness and isolation requires measures that encourage engagement in meaningful activities, getting acquainted with peers, or people from other age groups.

F. Nietzsche considered laughter in response to mortality and existential loneliness. With the power to calm down and connect, laughter becomes a positive life here. For a brief moment, though, laughter expands consciousness and allows you to push away the feeling of fear.

POLAND

There are many ways in which older people deal with loneliness, including the following:

- consciously managing their own development,

- working on adverse reactions in difficult situations, replacement of negative behaviours, constructive behaviours,

- therapy,

- the use of relaxation techniques,

- escape into activity - often hyperactivity

- denial.

It is worth mentioning that these methods are implemented by the elderly individually or / and in groups.

1.1.7 Ways of preventing solitude/loneliness

LITHUANIA

So that the person does not feel lonely, one needs to pay attention to loneliness at an early age, and this is one of health care worries. The elderly have significant friendships outside the family (Wenger, Richard, Shahtahmasebi et al., 1995).

In Western countries, the most popular interventions to reduce loneliness include four strategies: (a) *developing social skills, (b) strengthening social support, (c) increasing opportunities for social interaction, and (d) correcting inappropriate social perceptions.* Strengthening social support and capacity building focuses more on reducing social isolation, and coping with loneliness requires social skills and social perception adjustment, and is most effective in incorporating psychological support such as cognitive behavioural therapy (Masi, Chen, Hawkley, Cacioppo, 2011).

The relationship with children, often the closest, most intensely maintained, is instrumental in nature, satisfying the need for safety of the elderly - children are the people who provide the help they need. Contact with them is important in the context of social loneliness as a key way of enhancing the social integration of older people (Buber and Engelhardt, 2008; de Jong Gierveld, Tilburg, 2010). However, emotional bonding, if enjoyed, nevertheless only responds to part of the emotional communication needs, and does not replace or replace (no longer) communication with a partner or peers.

Older people in care may be lonely with insufficient contact if families are unable to visit them. Face-to-face contact through video-calls may help reduce loneliness (Zamir, Hennessy, and Jones, 2018).

POLAND

Ways of preventing solitude and loneliness are often described in Polish literature[1] as well as in popular science articles, guidebooks, magazines or websites[2] dedicated to loneliness and solitude.

Generally, they can be divided into two groups: activities that can be practiced individually or those that can be shared with other people.

Below there are samples of actions aimed at preventing loneliness among elderly people recommended by experts.

[1] Dubas E., (2001) Edukacja Dorosłych w sytuacji samotności i osamotnienia, Łódź

[2] https://medicoversenior.pl/samotnosc-seniorow/

https://citymag.pl/samotnosc-osob-starszych-jak-jej-zapobiegac/

https://portal.abczdrowie.pl/sposoby-na-samotnosc

http://www.porady-dla-seniora.pl/rodzina/samotna-starosc/

Ways of preventing solitude/loneliness
Individual activity:
- meetings,
- reading,
- TV, video,
- Internet,
- thinking,
- praying,
- attending religious institutions,
- going for a walk,
- walking a dog,
- going hunting,
- conversations,
- gossiping,
- giving advice
- everyday activities,
- professional job,
- sleeping,
- crying,
- hobbies,
- paying visits,
- listening to music,
- manual activities,
- baking,
- addictions – alcohol,
- addictions – cigarettes,
- memories,
- dreaming,
- gardening,
- self-education,
- isolation,
- listening to the radio,
- rejecting thoughts,
- overeating/excessive eating,
- contact with children,
- contact with other members of the family,
- helping others,
- cultural institutions,
- self-service activities,
- doing “nothing”,
- correspondence (phone, e-mails),
- taking interest in the world/country,
- shopping,
- taking care of ones' health,
- attending senior clubs,
- buying something new,
- physical activity,
- sports and recreational events,
- language courses,
- inner focus,
- conversations with others,
- physical closeness,
- individual creative activity,
- ‘waiting out’ solitude,
- focusing on family life,
- balls, dancing, parties,
- getting depressed,
- excursions.

1.1.8 Ways of studying solitude/loneliness

ITALY

To study loneliness the researches considered making use of interviews, standardized scales and questionnaires.

In Italian research (Cavallero et. al, 2006) two different instruments were used to explore perceptions and the attitudes the elders have towards loneliness: a scale that assesses the perception of loneliness, the frequency and quality of social relations (Revised University of California Loneliness Scale) and a Questionnaire (in the process of being validated) which analyses the attitudes the elder have towards feeling alone.

The Revised University of California at Los Angeles (UCLA) Loneliness Scale 9 is a 4 points scale (from “never” to “often”) composed of 20 questions like “There are people I feel close to," "I feel in tune

with the people around me", "I am no longer close to anyone", "I feel left out", "I feel isolated from others".

The questionnaire is based on a 6 points Likert scale (from “absolutely disagree” to “absolutely agree”) and it consists of 40 items that explore the attitudes regarding the causes of loneliness (e.g. "Loneliness when it is not a personal choice is due to insecurities for one's own abilities.", "Loneliness when it is not a personal choice is due to the fear of not being understood."), the consequences (e.g. "Those who feel persecuted can suffer from loneliness.", "Loneliness can occur due to health problems.") and the ability to be alone in old age (e.g. "Being alone is a creative moment for the elderly.", "The ability to be alone is a possibility of the elderly person.").

In another research (Gava et al., 2014) to investigate loneliness perception the authors used an adaptation of “The emotional and Social Loneliness Scale – ESLS.” This scale is composed of 6 statements and it is based on a 5 points Likert scale (from “absolutely true” to “absolutely false”). This tool provides a total score and two partial scores: the social loneliness index and the emotional loneliness index.

ROMANIA

1. In the article **“Social representations of the elderly – an exploratory study”,** the psychologists Ion Dafinoiu and Irina Crumpei aimed to clarify Romanian social representations of the elderly by applying an inductive method using the ambiguous scenario and an associative map task. The sample consisted in 76 participants from the North-East region of Romania. The hypothesis was that the central content of the representations found is similar to the results reported previously by other studies in which old age is usually associated with negative concepts, such as loneliness, lack of money for daily expenses, fear of not getting needed care in case of health issues, lack of leisure activities, the need of supplementary, under qualified work for extra income and the distrust in government institutions that should help. Furthermore, it was expected that elderly women would be perceived as more vulnerable and categorized in a more negative way compared to elderly men. Negative perceptions of elderly related to the features of the Romanian socio-economic context were also taken into consideration.

The results of the study show that associations made between split between physical and psychological changes. Illness and helplessness are elements associated with physical decline, while wisdom, loneliness and grandparenthood are related to psychosocial perception. Elderly women are perceived as more vulnerable, being significantly more likely to suffer from loneliness, lack of money or health problems compared to elderly men or even adult men and women.

2.Yang, K. and Victor, C. in the article **“Age and loneliness in 25 European nations”** deal with the relationship between age and loneliness starting from the hypothesis that loneliness has been widely perceived as a problem of old age. The study used the European Social Survey (ESS) toconduct comparative social research across Europe including statements with related to loneliness.

As far as the Romanian sample is concerned, the finding of the study reveal that the percentages of frequent loneliness are: 11.5% for respondents aged <30 years old, 10.7% for respondents aged 30-59 and 18.8% for respondents aged 60+ (Table 1, p. 1376). Thus, the relationship between age and frequent loneliness shows a clear and almost linear pattern. The study proves consistent

with previous studies, that is people living in Northern European nations report lower levels of loneliness across the age groups than those in Southern Europe.

SWEDEN

When one wants to report how many older people are socially lonely, the number of older people living alone, the number of social contacts the elderly have, one can observe it and register. To be able to record the feeling of loneliness, even if it is not observable, we need to ask an older person. For example it is possible to ask elderly people how often they experience the feeling of loneliness over the last week with fixed response rate i.e. 1 = almost all of the time, 2 = most of the time, 3 = some of the time, and 4 = almost none of the time. Such questions could be used to report how many older people that feel lonely and not and how often they feel lonely. It is also possible to use questionnaires with statements about different feelings connected to the experience of social, emotional or existential loneliness. Then it is possible to report how many older people experience different forms of loneliness.

However, to understand how older people experience loneliness we need to talk to older people and ask them to narrate how it feels. Thus, we have to interview those who experience loneliness. We could use individual interviews or focus group-interviews. It is also possible to investigate health care professional's perception of older people's experiences of loneliness and how they encounter this experience. It is important to understand HCPs' experiences and what kind of support they may need to be able to meet older people experiencing loneliness.

A common questionnaire designed to measure person's subjective feelings of loneliness as well as feelings of social isolation is the UCLA scale (Russell, Peplau et al. 1980). The acronym stands for the University of California, Los Angeles where it was developed. Furthermore, the Existential Loneliness Questionnaire (ELQ) is a questionnaire designed to measure existential loneliness (Mayers, Khoo et al. 2002). The questionnaire was based and developed on a sample of 47 HIV-infected women.

LITHUANIA

Findings from many studies show that the most common strategy for inviting people to participate in intervention studies are public-facing methods including mass media and local newspaper advertisements. In most cases, there are no standardized tools for defining loneliness or social isolation. However, studies that recruited via referral by recognized agencies reported higher rates of eligibility and enrolment. Referrals from primary care were only used in a few studies. Studies that include agency referral either alone or in combination with multiple forms of recruitment show more promising recruitment rates than those that rely only on public facing methods (Ige, Gibbons, Bray and Gray, 2019).

Quantitative research, which as Crotty (1998) noted reflects objectivism, provides valuable information on the prevalence of loneliness among older population groups and the efficacy of interventions. To complement this important information, qualitative research, underpinned by constructivism (Crotty, 1998), highlights the value older people place on community participation and provide insights into the barriers and enablers influencing the extent of their participation (Papageorgiou et al., 2016). Integrating both quantitative and qualitative approaches into the research design can promote synergy in research outcomes that extend beyond those produced

through single methods studies (Nastasi, Hitchcock, & Brown, 2016). Moreover, a mixed methods approach can help to reconcile apparent "discrepancies across findings" (Nastasi et al., 2016, p. 324). Choice of the research method must also take account of the difficulty in recruiting older people for health-related research (Diug & Lowthian, 2013); this emphasizes the need for multiple strategies to reach older people, including those who are frail (Piantadosi, Chapman, Naganathan, Hunter, & Cameron, 2015) (Dare, Wilkinson, Donova, and others, 2019).

At the moment, only a few more or less approved loneliness measuring instruments are found in the scientific literature: the UCLA Loneliness scale (Russel, Peplau & Cutrona, 1980) and de Jong Gierveld advanced (grade 11) and short (grade 6) Loneliness Scales (de Jong Gierveld, Kamphuis, 1985; de Jong Gierveld, Tilburg, 2010). Another scale in the scientific literature is social and emotional loneliness of adults [Social and Emotional Loneliness Scale for Adults, Short Version - SELSA-S] (DiTommaso, Brannen, Best, 2004), which has three subscales - social, family, and romantic. Six questions of de Jong Gierveld (de Jong Gierveld, Tilburg, 2006) loneliness scale, measure loneliness in general, social and emotional loneliness individually, or each of the six features of loneliness statements separately.

The questionnaire can be supplemented with the Geriatric Depression Scale (developed by Brink and Yesavage in 1982) and the World Health Organization (WHO) abridged version of the Quality of Life Questionnaire (THE WHOQOL-Bref).

POLAND

There are two ways of studying solitude/loneliness in Poland: quantitative and qualitative research. Both are used in studies on solitude and loneliness. The approach depends on the problem posed and the purpose of the research. If you want to study the phenomenon, then quantitative research is carried out on a large group of people. Among other things, a questionnaire created for the purposes of the study was used, consisting of two standardized tools (de Jong Gierveld Scale of measuring solitude/loneliness and WHOQOL --- AGE) and a scale for measuring the feeling of solitude/loneliness by de Jong Gierveld, Kamphuis, in Polish adaptation of P. Grygiel. There are also quantitative surveys conducted by large centers for public opinion surveys, and quality of life surveys based on standardized research tools (surveys, questionnaires) created for these needs. Whereas in gerontological and pedagogical research, if one examines individual human fate in a situation of solitude and loneliness, qualitative research is used - biographical interviews, narrative interviews, based on proprietary research tools. In Poland, there are no standardized tools to study solitude or loneliness. Their type depends on the researcher.

See, among others:

1. Elzbieta Dubas, Adult education in the situation of solitude and loneliness, Łódź 2000

2.Grzegorz Józef Nowicki, Magdalena Młynarska, Barbara Ślusarska, Kinga Jabłuszewska, Agnieszka Bartoszek, Katarzyna Kocka, Sylwia Przybylska-Kuć, Sense of loneliness as a factor determining the quality of life of people over 65 years of age, Medycyna Rodzinna 3/2018

1.1.9 The scale of the phenomenon of solitude/loneliness and available statistics

ITALY

In Italy, in 2018, 1 million and 229 people aged 65 and over reported they had no network of social relationships outside the family (9.1% of this age group) (ISTAT, 2019). The number of lonely people increases with age and it reaches maximum among people over 84 years old (18.2 % of this age group).

As the age increases the number of people who can count only on support networks (friends, relatives, neighbours) increases: from 8.4 % of 65-74 year-olds to 12.9 % of 75- 84 year olds, to reach 22.8 % of the over 84 year olds, while the number of people who manages to maintain close relationships with friends decreases (from 34.3% of 55-64 year olds to 26.4% of over 64 year olds). The number of people who claim to have relationships with friends, support networks and to participate in activities organized by associations decreases with age (from 14.1% of 55-64 year olds to 6.4% of the over 64 year olds). On the contrary the regular participation to activities organized by religious organizations seems to increase with age (from 10.9% of 55-64 year olds to 16% of over 64 year olds) (ISTAT, 2019).

ROMANIA

According to the National Institute of Statistics, the resident population of Romania was approximately 19,530,000 inhabitants. The most important problem registered is the aging of the population. In 2018, compared to the previous year, the phenomenon of demographic aging deepened. The young population decreased in numbers, and the population over 65 increased. In the total population, the percentage of the elderly increased in a single year from 17.8% to 18.2%, that is an increase of 54,000 people, and the adult population decreased by 163,000 people.

The average age of the population of Romania increased, in 15 years, from 37.8 years, to 41.9 years of age. Also in the period 2003-2018, the aging index of the population was steadily declining, from 80.2 to 116.3. The aging index represents the number of elderly people over 65 years of age, per 100 young people, under 15.

According to the National Institute of Statistics, the report of demographic dependency in Romania, provides an indicator showing the relationship between people of dependent age (under 15 and over 65) and those of working age (between 15 and 64 years). The index was down, from 46.4 (in 2003) to 51.1 in 2018. The population aged 65 and over exceeds by 350 thousand people the young population of 0-14 (3614 thousand compared to 3264 thousand people).

A demographic study concerning the household composition across Europe (Iacovou, M., Skew, A.J. 2011), addresses section 5 to older people. Thus, in Romania, the percentages of men 65+ living with a partner is 72,4 %, while the percentages of those living alone is 62,1% of old men living without a partner. The percentages of women 65+ living with a partner is much smaller 36,3 %, while the percentages of old women living alone is 57,6% of those living without a partner. As the authors of the article highlight, the difference arises from the fact that women have higher life expectancy and that men tend to be slightly older than their female partners. Also, they noticed a very large gap in life expectancy between men and women in the Eastern European countries.

The good news comes from the evolution of life expectancy in Romania, which increased in 2017 to 75.7, 0.17 years of age more than a year before. Women have a longer life span of 6.95 than men.

In 2015 GFK Research Institute did a study on Romanian Elderly Life Quality at the request of Romanian Foundation "Principesa Margareta". The study aimed to identify the situation of the elderly in Romania from the following perspectives: activities and concerns, information habits, perception of loneliness, communication habits, problems they face. The study used as data collection the method of face-to-face interviews using tablets, on a sample of 500 elderly 65+ at national level. The maximum sampling error was +/- 4,32%.

The study results concerning the degree of loneliness that the elderly feel were: 32% of respondents (1,042,564 elderly) were affected by loneliness, 17% of respondents (549,716 elderly) were affected by loneliness but to a smaller degree, 51% respondents (1,655,465 elderly) were not affected by loneliness at all.

That is half of the elderly in Romania were affected to a lesser or greater extent by loneliness. Less than 1/3 of elderly really lived alone (28%), 72% were living with another person. The main reason for being alone was widowhood. Those living in the urban areas were significantly more affected by loneliness than rural. Women were significantly more affected by loneliness than men. The degree of loneliness increases as people are getting older.

The study also underlined that loneliness was first and foremost associated with the lack of the loved ones (48% of the respondents), with living alone (46%) and the lack of an interlocutor (35%), but also with loosing contact with friends and colleagues (20%), family problems and not being updated. Some respondents declared themselves more affected by loneliness during the evening (40%) and another category during the whole day (38%)(GFK. 2015).

SWEDEN

The prevalence of loneliness among older people in Sweden differs between different studies. In a nationally representative study of living conditions with a sample of 823 respondents with an average age of 62.2 years at baseline and 82.4 years at follow-up, 12.8 % reported that they were bothered by feelings of loneliness at the follow-up. The study showed a strong association between marital status at follow-up and loneliness. Further, those who were socially active at baseline, but not at follow-up, were more likely to report loneliness than others (Dahlberg, Andersson et al. 2018). However, a Swedish national study found that 52% of the sample (n=828) felt lonely sometimes or often (mean age 84 years) (Taube 2015). In a cross-sectional study, 60% reported to have experienced loneliness during the previous year, at least occasionally. The study was performed among older people of 65 years of age and older with a mean age 81.5 (n=153) (Taube, Kristensson et al. 2015). In another cross-sectional study among older people (n= 653) 65 years and older, 27.5 % reported feelings of loneliness (Djukanovic, Sorjonen et al. 2015). In conclusion, the prevalence of loneliness among older people have been reported to be between 12.8 % - 60%. The differences most certainly depend on the question asked to the older person and the sample in the studies.

Another study that also included people of 65 years or older by Sundström, Fransson et al. (2009), found that the prevalence of feelings of loneliness among people being 50 years and older, to be more common in the Mediterranean countries than in Northern Europe. Among the respondents

from Sweden (n=949), three percent reported that they almost all the time felt lonely, 4% felt lonely most of the time, 23% felt lonely sometimes and 70% almost never felt lonely. In this study the prevalence feeling lonely was 30 %. They further found that the perception of having poor health was associated with increased prevalence of loneliness in all countries except Sweden. However, in contrast to other countries, the researchers found an association between Swedes loneliness and increasing age, where people 81 years or older felt more lonely than the reference group of 65–70 year olds. Living with a partner was associated with lower odds for loneliness compared to living alone.

LITHUANIA

In terms of demographic ageing, Lithuania meets European standards: in 2017, the share of population aged 65 and over accounted for 19.3 % being in line with the EU-28 average. According to the Lithuanian Department of Statistics (2018), there are over half a million people aged over 65 in Lithuania, and the number is growing every year. One in three seniors of this age lives alone, and many do not leave home all year round.

According to the J. de Jong Gierveld Loneliness Scale (de Jong Gierveld, Tilburg 2006), the level of social loneliness of people aged 60 years and over in Lithuania is scored at 1.42 out of 3; the score of emotional loneliness is 0.86 out of 3. Such indicators are more typical in post-communist countries than in Western European countries. More than half of people aged 60 and over living alone in Lithuania feel socially lonely at least sometimes (Mikulionienė, Rapolienė, Valavičienė, 2018).

In general, living alone is not very popular among Lithuanian population. In 2011, only 13.2 % of the total Lithuanian population lived alone (Lithuania is the 16th country among the EU Member States). However, by the spread of 65-and-over living alone, Lithuania is ranked the fifth country after Denmark (38.6 %), Estonia (38.3 %), Finland (36.8 %), and Hungary (33.3 %).

POLAND

Five per cent of elderly people who are over 80 years old do not leave their homes at all, 25% do it sporadically for social or family-related purposes – usually it is once in six months or more seldom. As many as 3 out of 10 of participants of the study have no close relations in any of their social circles, while 1 out of 20 have no good or close relations with people from their environment. The latter group is dominated by the widowed, by those who live on their own, who do not have children as well as men.

As many as 5% of people who live alone have absolutely nobody to get help from or to confide in about their problems. Even higher percentage of people who live on their own (1 out of 10) has no-one they can trust, e.g. leave the keys to the apartment to, and 1 in 5 people over 80 has nobody they could spend their free time with (e.g. go for a walk or to have meal with).

As it stems from the studies everyday loneliness is the biggest problem among the elderly people (almost every fifth person at the age of over 65 years old feels lonely, this percentage goes up among people who are over 80 years old). This feeling is experienced most frequently by people who live in one-person households, mostly widows.

More: https://zdrowie.radiozet.pl/Psychologia/ABC-psychologii/Samotnosc-osob-starszych-czy-mozna-temu-przeciwdzialac

SUMMARY OF LITERATURE REVIEW

1.1.1 Loneliness and solitude from the perspective of social, humanistic and medical sciences

Summary

The analysis of the reports indicate that the understanding of what loneliness is seems quite coherent among the researchers from different countries. Sweden highlights the meaning of loneliness of elderly people in the categories of a social problem that needs to be solved. Swedish researchers differentiate existential loneliness that refers to loss of another person or going through illness, difficult health or financial situation. Loneliness according to the Swedish researchers is a consequence of the gap between the existing and the desired social relations.

Loneliness is perceived by researches from some countries as a social isolation which affects emotional condition of an individual. For example, researchers from Lithuania link loneliness with a need for being active. They differentiate existential loneliness which is an inevitable part of a human experience, as well as loneliness caused by distance towards oneself and self-rejection, which is not loneliness at all, but rather a way of being. Medical research in Lithuania suggest that loneliness and social isolation can affect health and death rate in equally negative way as the risk of civilisation diseases such as high blood pressure, obesity etc. Polish scientists put stress on causes of loneliness that are inside an individual (inner) and outside and individual (environmental), Swedish and Lithuanian researchers, on the other hand, highlight the social dimension of loneliness (interpersonal relations, social position, economic status). It is highlighted, mainly in Polish research, that loneliness can be a route to personal development, sometimes to reflection.

Researchers (mainly sociologists) in individual countries differentiate solitude as a state of being on one's own e.g. out of choice and loneliness as feeling of being alone in an existential meaning (being abandoned). Loneliness is identified by scientists as a social isolation. A person that experiences loneliness perceives oneself as an isolated person, while an individual who is on one's own by choice experiences loneliness in a conscious way.

Taking into consideration the topic discussed in the project, loneliness needs to be defined as a social isolation. A person experiencing existential loneliness perceives oneself as a person who is socially isolated − excluded. Despite the existing interpersonal relations with other people an individual has no close bonds with others. Loneliness is an unpleasant feeling that is difficult to overcome on one's own, without help or support from others. An individual has a strong sense of loneliness, loneliness is a burden, thing that causes pain in his/her life – in social relations, such person experiences emotional and existential instability.

1.1.2 An attempt to define solitude, loneliness, alienation and isolation

Summary

Based on the overview of literature and the definitions presented in the reports from respective countries it can be stated that loneliness and isolation are defined in a similar way, it is clearly

noticeable that there is a correlation between loneliness and social isolation. Loneliness has both a positive and a negative dimension in the cited definitions.

In the Polish literature on the subject there are two variations and types of loneliness. The main division involves differentiation between solitude and loneliness. While solitude refers to purely physical state, loneliness on the other hand – also referred to as psychological loneliness – takes place in a situation when a person experiences it in a subjective way. Polish researchers mention different categories of loneliness (social, cultural, cosmic, psychological) and each of the mentioned categories can be attributed to experiences of elderly people. Lithuanian researchers also list a few forms of loneliness - physical and spiritual, voluntary and caused by external circumstances. Lithuanian researchers also differentiate social isolation on an individual (personal) level as well as on the level of social context. For example, a person can be socially isolated – having no objective or a weak social network - but it does not have to mean that this person feels lonely.

Researchers from all the countries highlight the objective and subjective dimension of loneliness and how it depends on health, network of social contacts, marital status and socio-economic situation.

1.1.3 Features and types of loneliness (social, existential, objective, subjective, good, bad, total, partial)

Summary

From the analysis of the reports it stems that there is a differentiation between objective and subjective loneliness. Subjective loneliness is a personal experience which cannot be observed. A conclusion stems from the international reports that subjective loneliness might by caused by the process of discrimination of elderly people. Elderly people become burden for the society and because of that they feel like burden, they feel excluded, inferior and left alone, they try to distance themselves from others. This is a subjective loneliness, but socially-forced through the process of discrimination. Subjective feeling of loneliness at elderly age is closely related to worse emotional state, regardless of socio-demographic factors. Most of the reports draw attention to the relation between subjective loneliness and the deteriorating health condition of elderly people. In all the reports social loneliness refers to lack of social contacts or a group of friends. In the reports loneliness is also perceived as a feeling that is of temporary character, comes and goes away. "Negative" loneliness is the one that is a burden for the society, and "positive" loneliness is the one made by choice.

1.1.4 Situations of solitude/loneliness – signs and consequences

Summary

In the reports attention was drawn to somatic consequences of loneliness (deteriorating health condition) especially depressions and bad mood. Partners from Lithuania cite research carried out among elderly people, which confirmed this dependency. From the analysis of the reports it also stems that personal development of an individual can also be a consequence of loneliness/solitude e.g. gaining self-esteem, independence, self-reliability and sense of freedom. In this case, better state of being and better health condition, or even regaining good health can be the consequences of solitude/loneliness.

Situations of solitude and loneliness can result from many things. The main factors which cause that elderly people live on their own, according to the analysis of the reports, include emigration (usually children emigrate abroad), death of a spouse (partner) or members of the family (children, relatives) who live in another, remote region, loosening of interpersonal ties (with neighbours for example).

1.1.5 Ways of experiencing solitude/loneliness

Summary

When analysing the reports one can conclude that elderly people most often experience loneliness through social exclusion. They experience hopelessness, sorrow, emptiness and anxiety. Swedish researchers refer to the research carried out on a sample of lonely elderly people (at the age of 85 or older) who feel their loneliness as being abandoned and as living without a purpose, as life without a meaning. They feel worthless, they feel unwanted, they feel that nobody needs their experience, they have a feeling of emptiness and abandonment. From the reports it stems that the way loneliness is experienced is linked with not feeling well, lack of meaning in life and waiting for death.

1.1.6 Ways of coping with solitude/loneliness

Summary

From the analysis of the reports it stems that the ways in which elderly people cope with loneliness can be extremely varied. They can depend on themselves, but they can also effect from institutional or family support. In Italy seniors are supported by psychologists. There is also prophylactics against loneliness carried out by boosting seniors' self-esteem. Families of lonely seniors can also count on support. Similarly in Sweden, seniors who suffer from loneliness get support. Their self-esteem is built, they feel needed. Network of social contacts is developed in which seniors can participate. In Lithuania as well as in Poland there are attempts to make the elderly more active through cultural, artistic, social activities or through voluntary service etc. to fill their free time and to minimise the feeling of emptiness, lack of things to do, and the feeling of being useless.

1.1.7 Ways of preventing solitude/loneliness

Summary

According to the authors of the reports prophylactic actions need to be undertaken in order to avoid a situation of loneliness. Those should be aimed both at seniors and their families. Strategies preventing the feeling of loneliness must be carried out during the pre-pensioner period. They are related to development of social competences abut also implementation of free time management skills, having passions, taking care of one's health, building one's self-esteem. Prophylactic activities should be undertaken while people prepare for retirement. It is also recommended to include families in the prophylactic program, so that they know how to help an elderly person in a situation of loneliness, and to minimise its effects as much as possible.

1.1.8 Ways of researching solitude/loneliness

Summary

As presented in the reports the partner countries have more or less standardized measurement tools to research the feeling of loneliness. In Poland mainly qualitative types of research are carried out, standardized scales and quantitative tools are less frequent. Feeling of loneliness is most frequently a part of research on the quality of life. There are no standardized tools for measuring the feeling of solitude and loneliness. It can be observed that Italian researchers take the lead in that respect. They developed a 6-point scale to measure the feeling of loneliness. Also the researchers from Sweden offer standardized tools, however, they suggest that qualitative research, based on interviews with elderly people is the most reliable method. Romanian experiences also point to profiled research aimed at a particular group of elderly people with research tools developed specifically for that purpose. Lithuanian studies also show the discrepancy between the objectives of quantitative and qualitative studies, pointing out to the more beneficial character of the latter in the context of researching the feeling of loneliness among elderly people. From the reports it stems that in each of the partner countries there has been a methodological discussion going on the methods of researching the topic of loneliness among the seniors. It can be concluded from the analysis that the most reliable studies and the most recommended research methods, which reflect the problem of loneliness are the qualitative methods.

1.1.9 The scale of the phenomenon of solitude/loneliness and available statistics

Summary

It is difficult to unify and compare data concerning the scale of the problem of loneliness in individual countries. It results from different research tools that were applied. Sweden, Romania, Lithuania use standardized tools and scales to measure loneliness (studies are more of a medical rather than a social character), however, those tools are not versatile and it is difficult to talk about comparability of results. From the analysis of the reports it stems that in each of the countries this problem is diagnosed and researched. It becomes more significant with the growing number of elderly people in the society. The number of people who experience loneliness ranges between 13 and 20%. Generally it goes up with age and peaks among people who are 84 or older. The data gathered in national reports show that the problem has an upright tendency and the scale of the problem depends on the place of residence of the interviewed group. Studies also showed the relation between loneliness and marital status, social activity and place of residence.

Throughout Europe the problem of ageing society has been observed, hence, the problem of loneliness is a challenge of the 21st century. The scale of the problem of loneliness among elderly people, judging by the gathered data, is big and it shows an upright trend.

1.2 Review of national research

ITALY

1. **"The loneliness of the elderly. A strong commitment for AIP"**

Authors De Leo, D. & Trabucchi, M.

Date 2018

Goals/Foundations Not relevant

Target group (age/gender) Not relevant

Interesting findings There is a delay in recognizing the important role that loneliness plays as health determinant or risk indicator. The AIP (Italian Association of Psychogeriatrics) takes on this challenge and, with a series of presentations and activities, intends to increase awareness of the dangers of loneliness in order to outline an agenda for the integration of social relations in public health priorities.

Source Psychogeriatrics (2018)

2. **"Elderly people and depression: the role of loneliness"**

Authors Santaera, P., Servidio, R. & Costabile, A.

Date 2017

Goals/Foundations Exploring the diffusion of the risk of depression among the elder people living in Calabria region, and testing, through a mediation model, the role of loneliness in relation to social support and depression.

Target group (age/gender) 120 elders (46 men and 74 women) between 60 and 70 years of age

Interesting findings Social support significantly predicts the correlation with loneliness (as social support increases, the level of loneliness decreases). Besides as loneliness increases, the risk of depression also increases. Participants with low levels of social support are therefore more exposed to the risk of depression.

Source Psychogeriatrics (2017; 3: 22-29)

3. **"The informal social support networks in a retirement home for self-sufficient older adults"**

Authors Gava, L., Marrigo, C., Buranello, A., Pavan, G. & Borella, E.

Date 2014

Goals/Foundations Assessing the quality of social support and the perception of loneliness in a group of older adults living in a retirement home.

Target group (age/gender) 40 self-sufficient elders (34 women, 6 men), aged between 81 and 97, living in a nursing home

Interesting findings The results showed that loneliness was the main reason for admission in the retirement home, and social support network was composed primarily by family members. Furthermore, the adequacy of the social network, especially the adequacy of friends network, was found to be negatively correlated with the perception of loneliness, but positively with the coping strategies based on social support. The results also confirmed a significant correlation between perception of loneliness and satisfaction with life.

Source Journal of Gerontology (2014; 62:39-46)

4. **"Loneliness, social needs and responses for elder people"**

Authors Vignola, G.B. & Neve, E.

Date 2013

Goals/Foundations Defining the phenomenon of loneliness in the territory (Sassuolo city) and collecting information useful for the analysis of the needs and the preparation of the answers.

Target group (age/gender) 123 elder people

Interesting findings Elderly people most at risk of loneliness are the ones who live alone or with a spouse (partner), without other relatives. For the people interviewed feeling lonely relates to a combination of mainly three aspects: feeling abandoned, depending on other people and feeling useless. In general the health condition (presence of serious diseases, difficulties in daily activities) does not seem to be related to the feeling of loneliness. The most important protective factors are the presence of relatives (that cohabit or live nearby) and the participation in social activities (visiting friends and relatives, taking care of their grandchildren).

Source Zuncan Studies (2013)

5. "The self-sufficient elders' loneliness"

Authors Cavallero P., Ferrari M.G. & Bertocci B.

Date 2006

Goals/Foundations Exploring the perception and the attitudes the elders have towards loneliness taking into account the kind, the age and the place of residence (their houses/institute).

Target group (age/gender) 330 self-sufficient elders: 148 (46 men and 102 women) were institutionalized while 182 (76 males and 106 females) lived at home

Interesting findings Data show that elder people seem to be satisfied by their interpersonal relationships, they are able to grasp the positive aspects of loneliness and believe that this is due to the events of life as well as to certain personal characteristics. It also seems that having good social relationships facilitates the ability to be alone. Against the common stereotype it also seems that nursing homes can facilitate the development of social relationships. The oldest people (85-96 years old) are those who suffer most from the reduction of social contacts.

Source Journal of Gerontology (2006;54:24-27)

6. **"Loneliness and social relations: two aspects of the life of elderly women"**

Authors Cavallero P., Ferrari M.G., Bertocci B.

Date 2006

Goals/Foundations Investigating the way in which elderly women in Tuscany Region perceive loneliness and isolation, and their satisfaction with the quantity and quality of their social relationships

Target group (age/gender) 327 self-sufficient elderly women with an average age of 74, who live alone or with a family

Interesting findings The results show that elderly women are satisfied with their interpersonal relationships, they are aware of the positive aspects of loneliness which they believe are due, not only to the events in their lives, but also to personal characteristics. The fact of living alone or with a family and marital status do not seem to affect the perception of loneliness but rather the attitude of elderly people towards it. Younger women (65-74 years old) feel more alone and their attitude towards loneliness is more negative.

Source Psychofenia (2006; IX, 14: 99-118)

ROMANIA

In the article "From sick elderly to super-grandparents. A typology of elderly representations in Romanian video advertising" Simona Nicoleta Vulpe aimed to study and identify the typologies of elderly represented in Romanian video advertising. The method she used was the content analysis with a dominant qualitative approach, but also including quantification elements. She selected 70 diverse series of commercials from banking, health product to FMCG (fast moving consumers) that had been broadcasted in Romania on TV, between 2000 and 2016.

This study is important for understanding the experience of aging, the relationship between age categories and the status and roles that are specific to these categories and also for understanding the evolution of the perception over elderly, in time.

The author reviewed aging studies from a sociological perspective, seeing age as a social construct.

The concepts she discussed in this paper were: the social construction of age, performing age, the double standard of aging, gender displays and age displays as well as positive aging.

Commercials often illustrate the ideal process of aging, distorted in comparison with age displays and the reality about ageing that we encounter in our daily life. She noticed that the elderly are shown having intergenerational relationships, not being/ feeling alone or isolated.

The analysis was focused on three dimensions: physiological, relational and activity related. Conducting this empirical analysis, the author identified five types of elderly representation: Super-Grandparents, Seclusive Elderly, Sick Elderly, Funny Elderly and High-Tech Elderly, depending on the type of the public addressed or the type of product/ service promoted. For each and every type their own characteristics were described. Then, the author drew attention on the differences existing between these representations, depending on the audience they addressed. Finally, she suggested

further study directions, such as an analysis conducted on other types of advertising or a comparison of Romanian advertising to global advertising, for similar products or even interviewing other age categories to identify the opinions over elderly in commercials (Vulpe. 2017).

In the study "Digital Inclusion of the Elderly: An Ethnographic Pilot-Research in Romania" the author, Corina Cimpoieru, draws attention to the interaction between the elderly and new digital technologies. After a brief review of different studies regarding the access of elderly to ICT, she identifies the barriers and the motivation of elderly in utilization of ICT.

The context of the research is related to the larger project of Global Library Initiative of Bill and Melinda Gates Foundation, which aims to help public libraries to connect people with the world of digital information and opportunities. In Romania the Global Library Project is developed into The Biblionet Internet Centers. The project offers insights into the attitudes of elderly toward ICT and direct experiences with computer and Internet use.

The article "In Romania, Elderly People Who Most Need ICT Are Those Who Are Less Probable to Use It" was written in the context of a global ageing society, where ICT can have an important social and economic potential to improve the quality of life of the elderly. The aim of this research is to find out what is the impact of ICT from the elders` perspective.

First of all, the authors analyse the usage of ICT by older people worldwide, conducting a comparison between US, UE and Romania, identifying the specific obstacles for each case. Then, the ICT adoption in gerontological research was discussed with a strong accent on scientific research on ageing and ICT in Romania.

The research hypothesis was that in Romania older people who most need ICT are those who are less probable to use it. The analysis was mainly based on aggregated data from the report of INSSE (2017) on the access of Romanian population to ICT.

The authors find different explanations regarding the low ICT adoption which come from computer anxiety, cognitive impairment, disabilities, lack of knowledge or motivation, housing conditions (alone, in family, in nursing home), living area (urban/ rural). It seems that in Romania the main obstacle regarding ICT adoption still remains the basic one: no access.

Scientific literature describes the benefits of ICT usage by the elderly in terms of lower costs of healthcare services, reducing isolation and loneliness, assuring higher security regarding health issues or accidents.

Still, within the elderly Romanian population, people with low income, who live alone and have health issues are the less probable to use ICT (Dascalu, Rodideal &Popa. 2018).

In the article "Intergenerational Solidarity in Co-Residential Living Arrangements", Mihaela Haraguș (2014) studies different forms of intergenerational solidarity between adult children and their old parents, with a strong focus on situations when parents and their adult children share the same house.

Romanians assign more responsibility on the family than on the society for the support of the vulnerable categories (elderly, children). Around 90% of people consider that is mostly the responsibility of the family to care for (pre-)school children, while 66% consider that caring

for elderly is also their responsibility (according to the report of the Generations and Gender Survey, 2007 and to the report from the Population Policy Acceptance survey, 2006).

Co–residence provides a living space and a context that support intergenerational exchanges, being a form of structural and functional solidarity. The author also analyses the dimensions of intergenerational solidarity: associational solidarity, affective, consensual, functional, normative and structural and their characteristics.

Sample and method: The author used for investigation the Generations and Gender Survey data for Romania, conducted in 2005 (part of the international Generations and Gender Programme). The original sample consisted of 11986 respondents (5977 men and 6009 women) aged 18 ‑79. In the working sample remains 1616 respondents selected according to the following criteria: people with at least one parent alive and who live in the same household with at least one parent.

The questionnaire comprised a section about intergenerational relations and the types of solidarity between parents and children. The author identified several types of upward or downward intergenerational support: personal care, emotional support, help with household tasks and help with childcare.

Firstly, Mihaela Haragus discussed the perspective of the adult child's and studied different forms of co‑residential living arrangements: the child has never left parental home, the child had left and later returned, the parents moved with the adult child in his/her home. Secondly, she studied forms of upward and downward support that take place in co‑residential living arrangements, such as personal care, emotional support, help with household tasks and childcare and their influential factors.

She found out that parents' old age and lower ability to perform daily activities make the adult children to offer personal care for them, but with this exception, parents are the ones who offer support to co‑resident adult children, especially helping them with the household tasks and childcare.

Still, the author mentions the limits of the study: the underreported co-residential living arrangements and the impossibility to analyze the flows of financial support. Beyond these limitations, the study offers a valuable overview of intergenerational co‑residence and forms of support exchanged inside this living arrangement.

SWEDEN

Research on loneliness among older people in general is quite extensive, and several national initiatives involving social and physical activities to reduce loneliness has been positively evaluated. There are also several national initiatives where all Swedish municipalities have meeting places for older people in order to facilitate social interaction. There are also several ongoing projects, for example by Dahlberg about loneliness and health among older people in the Nordic countries, financed by the Nordic Council of Ministers (2019-2020) and about to live in the outskirt of society; social exclusion among older women and men in Sweden, financed by the Swedish Research Council for Health, Working Life and Welfare (2018-2020). National studies about loneliness in general will, however, not be further described in this report.

When it comes to existential loneliness, being the focus of this Erasmus+ project, several studies can be found. For example a study by Österlind et al. (2017) who aimed to deepen the understanding of how older persons living in a nursing home experience life close to death. Even if the study does not focus on existential loneliness in particular the results highlight several aspects of existential loneliness. The main interpretation of living in a nursing home was "Feeling lonely in an unfamiliar place" and consisted of three themes: (i) waiting for death, with the subthemes: death as a release and thinking of oneself as dead; (ii) subordinate oneself to values and norms of the staff, with the subthemes feeling offended and feeling trapped; and (iii) keep the courage up. The older people's lives were characterised by feelings of aloneness in an unfamiliar place, which contributed to a sense of existential loneliness. They experienced few opportunities to discuss their thoughts of life and death, including preparations for passing away.

Further, a study by Lindberg et al. (2015) highlighted the importance of existential dimensions in the context of team meetings in the care of older people. The data consisted of two previous studies that were interpreted in the light of Heidegger and Merleau-Ponty's philosophy. The findings revealed four meaning structures: (a) mood as a force in existence, (b) to exist in a world with others, (c) loneliness in the presence of others, and (d) the lived body as extending. The authors conclude that professionals must consider patients' existential issues in the way they are expressed by the patients. Existence extends beyond the present situation. Accordingly, the team meeting must be seen in a larger context, including the patients' life as a whole, as well as the ontological and epistemological foundations on which healthcare is based.

However, the LONE-study is the major national initiative with focus on existential loneliness among older people. The study builds on a theoretical and empirical base of literature from the fields of nursing, psychology, philosophy, theology, gerontology, sociology and palliative care. As a start a definition to be used for identifying existential loneliness, for differentiating it from other kinds of loneliness, and for thinking about ways in which the experience can be met and, perhaps, alleviated, was developed (Bolmsjö et al. 2018). The concept analysis defined existential loneliness as:

> *"The immediate awareness of being fundamentally separated from other people and from the universe, primarily through experiencing oneself as mortal, or, and especially when in a crisis, experiencing not being met (communicated with) at a deep human (i.e. authentic) level, and typically therefore experiencing negative feelings, that is, emotions or moods, such as sadness, hopelessness, grief, meaninglessness or anguish"*

The LONE-study used a preliminary version of this definition as a base for the development of the studies concerning older people, their relatives and health care staff. The studies, their aims and methods can be seen in Table 1.

A summary of the findings from the studies in the LONE-study (Edberg & Bolmsjö 2019) so far, are presented below.

Frail older peoples' experiences of existential loneliness and how it can be eased

The two studies focusing on frail older people's experience of existential loneliness (Sjöberg et al. 2018; 2019) showed that existential loneliness mainly means being disconnected from life, that is, being trapped in a frail body, being met with indifference, having no one to share meaningful aspects of life with, and lacking meaning in life (Sjöberg 2018). Existential loneliness can, however, be eased when being acknowledged by others, that is, being the focus of others' concern, encountering intimacy, and having meaningful exchanges of thoughts and feelings. Existential loneliness could also be eased when bracketing negative thoughts and feelings, that is, when adjusting and accepting the present situation, viewing life in the rear view mirror, being in contact with spiritual dimensions, and being able to withdraw and distract themselves (Sjöberg et al. 2019).

The perspectives of significant others

The study focusing on significant others (Larsson et al. 2017) showed that they interpreted that existential loneliness emerged when being increasingly limited in body and space, when being in the process of disconnecting, and when being disconnected from the outside world. As the significant others also discussed the reasons behind the experience of existential loneliness, the researchers decided to pair and contrast these views with the older persons' narratives (Larsson et al. 2018). The comparison showed that while significant others highlighted aspects of lack of activities, not participating in a social environment, and giving up on life, the older people themselves highlighted a sense of meaningless waiting, a longing for a deeper connectedness, and restricted freedom as origins of existential loneliness (Larsson et al. 2018).

A new, but not yet published, study concerned spouses own experience of existential loneliness when caring for a frail older husband or wife. The findings showed that spouses feeling of existential loneliness had to do with (a) their transition from being an us to merely me, (b) being forced to make decisions and feeling excluded, (c) navigating in an unfamiliar situation and questioning oneself, and (d) longing for togetherness but lacking the energy to encounter other people. The main interpretation of the finding was that existential loneliness emerges when one is in moments of inner struggle, when one is forced to make impossible choices and is experiencing the endless loss of the other (Larsson et al, submitted for publication).

Health care professionals' experiences of encountering older people with existential loneliness, and their own needs for support

The study focusing on health care professionals' (HCPs) experience of encountering older people with existential loneliness (Sundström et al. 2018), showed that HCPs perceived existential loneliness to appear in various forms associated with barriers in their encounters. The barriers described were as follows: (1) the older people's bodily limitations (which complicated communication), (2) demands and needs perceived as insatiable by the staff, which, as a consequence, caused the staff to withdraw; (3) an older person's need for personal privacy that was difficult to get through; or (4) fear and difficulty in encountering existential concerns on the behalf of health care staff (Sundström et al. 2018).

Existential loneliness in relation to different care contexts

So far, the impact of context has been analysed in relation to the narratives from HCPs (Sundström et al. 2019). The results found differences and similarities among the care contexts concerning the professionals' views on the origins of existential loneliness, the place of care, and the professionals' own role. Concerning the origin of existential loneliness, the focus in home care and residential care was on life, the present and the past, compared with hospital and palliative care where the professionals mainly related existential loneliness to the forthcoming death. The older person's home, as the place of care, was described to help to preserve the older person's identity. In hospital and palliative care, as in institutional care, the place offered security, whereas in residential care, the place could make older people feel like strangers. Creating relationships was considered an important part of the professionals' role in all four care contexts, although this had different meanings, purposes, and conditions (Sundström et al. 2019). These findings concerning the influence of context will be completed with a reanalysis of the interviews with the older persons, sorted by context (Edberg & Bolmsjö 2019).

The perspective of volunteers

Volunteers from different organisations (The Red Cross, The Swedish Church, Municipal Volunteer Service and Friend-visitor Service) describe that their own experiences affected their view of and approach to loneliness and existential loneliness. The interpretation of their experience was that being a volunteer meant: (a) a way of finding meaning, (b) helping alleviate their own and others' loneliness, (c) acting on one's values, (d) challenging boundaries when necessary, (e) alternating between closeness and distance and (f) feeling rewarded and emotionally challenged (Sundström et al., submitted for publication).

Additional studies in progress

Two quantitative studies concern (a) care managers view on existential loneliness among older people in their care, and their view on support to health care professionals and volunteers. One study is based on a questionnaire to a random sample of care managers in Swedish municipal care (Sundström et al., manuscript). Another study (b) concerns existential support to relatives and is based on a questionnaire to a randomly selected family care advisors working in municipal care (Larsson et al. manuscript). Both studies are completed, but not yet published.

Table 1. Swedish projects and studies focusing on existential loneliness among older people

Existential loneliness among older people (in chronological order)					
Authors	***Data***	***Target group***	***Goals/Foundations***	***Interesting findings***	***Source***
LONE-study Nursing	repeated focus group interviews	Spouses to frail older people	To explore spouses' existential loneliness when caring for a frail partner late in life.	Existential loneliness can be understood as the following: 1) being in a transition from *us* to merely *me,* 2) being forced to make decisions and feeling excluded, 3) navigating in an unfamiliar situation and questioning oneself, and 4) longing for togetherness but lacking the energy to encounter other people. The main interpretation is that existential loneliness emerges when one is in moments of inner struggle, when one is forced to make impossible choices, when one is approaching and is in limited situations, and when one is experiencing the endless loss of the other.	Larsson H., Rämgård M., Kumlien C. & Blomqvist K. Spouses' existential loneliness when caring for a frail partner late in life. *Submitted for publication*.
LONE-study Nursing	12 individual and 8 focus group interviews	Volunteers from different organisations who meet older people	To describe the experience of being a volunteer encountering older people's loneliness in general and existential loneliness in particular.	The volunteers' own experiences affected their view of and approach to loneliness and existential loneliness. Being a volunteer was a way of finding meaning, helping alleviate their own and others' loneliness, acting on one's values, challenging boundaries when necessary, alternating between closeness and distance, and feeling rewarded and emotionally challenged.	Sundström, M., Blomqvist, K. & Edberg, A-K. Being a volunteer caring for older people encountering existential loneliness: 'We are just fellow human beings'. *Submitted for publication*.
LONE-study Nursing	focus group interviews	Health care professionals working with older people	To explore existential loneliness among older people in different healthcare contexts from the perspective of healthcare professionals.	Differences and similarities were observed among the care contexts, including for the *origin* of existential loneliness. In home care and residential care, the focus was on life, the present and the past, compared to hospital and palliative care, in which existential loneliness mainly related to the forthcoming death. The older person's home, as the *place* where home care or palliative care was	Sundström M., Blomqvist K., Edberg A-K. & Rämgård M. (2019). The context of care matters: Older people's existential loneliness from the perspective of health care

				received, helped preserve the older person's identity. In hospital and palliative care, as in institutional care, the place offered security, while in residential care, the place could make older people feel like strangers. Creating relationships was considered an important part of the professionals' *role* in all four care contexts, although this had different meanings, purposes and conditions.	professionals. A multiple case study. *International Journal of Older People Nursing*, 14(3): *e*12234.
LONE-study Nursing	individual narrative interviews	Frail older people 75 years and older	To describe how EL was eased, as narrated by frail older people.	Being acknowledged by others, that is, being the focus of others' concern, eased the experience of EL, as did encountering intimacy and having meaningful exchanges of thoughts and feelings. Further, EL was pushed into the background and eased when participants could bracket negative thoughts and feelings, that is, when they could adjust and accept the present situation, view life in the rear-view mirror, be in contact with spiritual dimensions and withdraw and distract themselves.	Sjöberg, M., Edberg, A-K., Rasmussen, B.H., & Beck, I. (2019) Being acknowledged by others and being able to bracket negative thoughts and feelings: Frail older people's narrations of how existential loneliness is eased. International Journal of Older People Nursing, 14(1): e12213.
LONE-study Nursing	literature review, theoretical and empirical studies		To clarify what constitutes existential loneliness, and to describe its lived experiences. A further aim was to provide a definition of existential loneliness that can function as a tool for identifying the phenomenon and for differentiating it from	The analysis resulted in two main characteristics. The first one was perceiving oneself as inherently separated (disconnected) from others and from the universe. The second one brings out emotional aspects of EL, such as isolation, alienation, emptiness and a feeling of being abandoned. The empirical findings were divided into two categories: experiences of EL and circumstances in which EL arises. The proposed definition of EL was: "the immediate awareness of being fundamentally separated from other people and from the universe, primarily through experiencing oneself as mortal, or,	Bolmsjö. I., Tengland, P.A. & Rämgård, M. (2019) Existential loneliness: An attempt at an analysis of the concept and the phenomenon. *Nursing Ethics*, 26(5): 1310-1325.

			other kinds of loneliness.	and especially when in a crisis, experiencing not being met at a deep human (i.e., authentic) level"	
LONE-study Nursing	study protocol	Frail older people, 75 years and older	To describe the framing, design, and first results of the exploratory phase of an intervention study focusing on EL among older people: the LONE study. This stage of the study corresponds to the development phase, according to the Medical Research Council framework for designing complex interventions.	The results so far show that EL (existential loneliness) means being disconnected from life and implies a feeling of being fundamentally separated from others and the world, whether or not one has family, friends, or other close acquaintances. Although significant others highlighted things such as lack of activities, not participating in a social environment, and giving up on life as aspects of EL, the older people themselves highlighted a sense of meaningless waiting, a longing for a deeper connectedness, and restricted freedom as their origins of EL. The views of HCPs on the origin of EL, the place of care, and their own role differed between contexts. These results will be used to identify potential intervention components, barriers, and enablers for the implementation of an intervention aimed at supporting HCPs in encountering EL among older people.	Edberg AK, Bolmsjö I. (2019) Exploring Existential Loneliness Among Frail Older People as a Basis for an Intervention: Protocol for the Development Phase of the LONE Study. JMIR Res Protoc., 14;8(8):e13607.
LONE-study Nursing	individual interviews	Next of kin's and frail older people 75 years and older	To contrast frail older (>75) persons' experiences with their significant others' perceptions of existential loneliness.	The findings showed three themes: (1) Meaningless waiting in contrast to lack of activities, (2) Longing for a deeper connectedness in contrast to not participating in a social environment and (3) Restricted freedom in contrast to given up on life. It is of importance that health care professionals listen to both the frail older person and their significant other(s) and be aware of whose voice that the care given is based on, in order to provide care that is beneficial and not to the detriment of the older person.	Larsson, H., Edberg, A-K, Bolmsjö, I. & Rämgård, M. (2018) Contrasts in older persons' experiences and significant others' perceptions of existential loneliness. *Nursing Ethics*, 1:969733018774828. [Epub ahead of print].
LONE-study Nursing	individual narrative	Frail older people 75	This study illuminated the meanings of	Four themes were identified related to meanings of EL: (1) being trapped in a frail and deteriorating	Sjöberg ,M., Beck, I., Rasmussen, B.H. &

	interviews	years and older	existential loneliness (EL) as narrated by frail older people.	body; (2) being met with indifference; (3) having nobody to share life with; and (4) lacking purpose and meaning. These intertwined themes were synthesized into a comprehensive understanding of EL as 'being disconnected from life'.	Edberg, A-K. (2018) Being disconnected from life: meanings of existential loneliness as narrated by frail older people. *Aging & Mental Health,* 22(10): 1357-1364.
LONE-study Nursing	11 focus group interviews	Health care professionals working with older people in different contexts	To explore health care professionals' experiences of their encounters with older people they perceive to experience existential loneliness.	The results show that professionals perceived existential loneliness to appear in various forms associated with barriers in their encounters, such as the older people's bodily limitations, demands and needs perceived as insatiable, personal shield of privacy, or fear and difficulty in encountering existential issues.	Sundström M., Edberg A-K, Rämgård M. & Blomqvist K. (2018) Encountering existential loneliness among older people: Perspectives of health care professionals. *International Journal of Qualitative Studies on Health and Wellbeing*, 13(1): 1474673.
LONE-study Nursing	individual interviews	Next of kins to frail older people 75 years and older	To explore frail older (>75) persons' EL, as interpreted by their significant others.	According to the interpretation of significant others, the older persons experience EL (1) when they are increasingly limited in body and space, (2) when they are in a process of disconnecting, and (3) when they are disconnected from the outside world. The result can be understood as if the frail older person is in a process of letting go of life. This process involves the body, in that the older person is increasingly limited in his/her physical abilities. The older person's long-term relationships are gradually lost, and finally the process entails the older person's increasingly withdrawing into him- or herself and turning off the outside world.	Larsson, H., Rämgård, M., Bolmsjö, I. (2017) Older persons' existential loneliness, as interpreted by their significant others – an interview study. *BMC Geriatrics*, 17: 138.

Österlind, J. Associate professor. Ersta Sköndal Bräcke University. Nursing	Repeated individual interviews	Older people	To deepen the understanding of how older persons living in a nursing home experience life close to death	The main interpretation, Feeling lonely in an unfamiliar place, is based on three themes (i) Waiting for death, with the subthemes death as a release and thinking of oneself as dead; (ii) Subordinate oneself to values and norms of the staff, with the subthemes feeling offended and feeling trapped; and (iii) Keep the courage up. The older people's lives were characterised by feelings of aloneness in an unfamiliar place which contributed to a sense of existential loneliness. They experienced few opportunities to discuss their thoughts of life and death, including preparations for passing away.	Österlind J, Ternestedt BM, Hansebo G, Hellström I. (2017). Feeling lonely in an unfamiliar place: older people's experiences of life close to death in a nursing home. Int J Older People Nurs., 12(1).
Lindberg, E., Linnaeus University Nursing	Theoretical interpretation of empirical material.	Two empirical studies: patients 74-95 years (Lindberg et al., 2013a)* and nurses (Lindberg et al. 2013b)**	To explore interpersonal dimensi ons of the presence of older patients at team meetings	The philosophical examination is presented in four meaning structures: mood as a force in existence; to exist in a world with others; loneliness in the presence of others; and the lived body as extending. In conclusion, professionals must consider patients' existential issues in the way they are expressed by the patients. Existence extends beyond the present situation. Accordingly, the team meeting must be seen in a larger context, including the patients' life as a whole, as well as the ontological and epistemological foundations on which healthcare is based.	Lindberg E, Ekebergh M, Persson E, Hörberg U. (2015). The importance of existential dimensions in the context of the presence of older patients at team meetings—in the light of Heidegger and Merleau-Ponty's philosophy. Int J Qual Stud Health Well-being, 19;10:26590.

*Lindberg, E., Hörberg, U., Persson, E., & Ekebergh, M. (2013a). It made me feel human. A phenomenological study on older patients' experiences of participating in a Team meeting. International Journal of Qualitative Studies on Health and Well-being, 8, 20714.

** Lindberg, E., Persson, E., Hörberg, U., & Ekebergh, M. (2013b). Older Patients' Participation in Team Meetings A phenomenological study from the nurses' perspective. International Journal of Qualitative Studies on Health and Well-being, 8, 21908.

LITHUANIA

Gaižauskaitė, I., Vyšniauskienė, S. (2019). Vyresnio amžiaus žmonių potencialas savanoriškai veiklai ir pagalba vienišiems vyresnio amžiaus žmonėms. Tyrimo ataskaita. Lietuvos socialinių tyrimų centras. *(Potential of elderly people for volunteering and assistance for lonely contemporaries. Research report. Lithuanian Centre for Social Research.)*

Goals/Foundations To better understand the phenomenon of loneliness in older age and to evaluate older people. In order to identify the potential of volunteering in Lithuania, a sociological study was conducted using target groups discussion (focus group) method.

Interesting findings Loneliness in old age is a multifaceted phenomenon and should be taken into account when considering volunteering. Experiences from the study indicate that the most vulnerable are older people whose state of health restricts their mobility and autonomy - they may feel lonely even when living with and being supervised by family, relatives. Meanwhile, older people who live alone (and probably do not have close family members, relatives, relatives) but are in good health are often prone to solving loneliness, engaging in various activities and considering access to such activities as necessary. help. The study shows that local inter-institutional cooperation needs to be strengthened in order to effectively organize single elderly people. The study found that local social support units and volunteer organizations should work particularly closely together. At present, this cooperation is considered insufficient and volunteer services are underutilized. It is also important for volunteers to be more recognized and valued in the various institutions they encounter when they help single elderly people (eg health care, social assistance units). The most important point is the lack of information exchange between institutions and volunteering organizations.

Vedreckytė, J., Žiuliukienė, V. (2019). Vienišumą lemiančių veiksnių analizę. Lietuvos socialinių tyrimų centras. (*Analysis of determinants of loneliness. Lithuanian Centre for Social Research.)*

Goals/Foundations Analyze the determinants of loneliness

Interesting findings The sociopsychological portrait of the interlocutors is vividly described through the concept of loneliness. The study reveals the social loneliness that the elderly are missing people who are perceived as close, who can be talked to when needed, and who would understand the respondent. What's more, the sensitive social the loneliness aspect is that these are older people do not feel attached to significant people group. Although they are among people, they are not satisfied quality of relationships - with the people who surround them, do not feel good, do not feel in common with them, belonging a group of friends could not easily find one if they wished new friends. Third, the interlocutors evidently emerged emotional loneliness at the level of interpersonal relationships. Elders feel alienated, estranged, think no one they don't know them well, no one is close anymore, that their relationship with people is superficial, that they are not who to contact and the people around them, with whom you can talk openly and reveal your own thought.

Mikulionienė, S., Rapolienė, G., Valavičienė, N. (2018). Vyresnio amžiaus žmonės, gyvenimas po vieną ir socialinė atskirtis. Lietuvos socialinių tyrimų centras. (*Elderly people, life alone and social exclusion. Lithuanian Centre for Social Research.*)

Goals/Foundations The aim of the monograph "Elderly people, life alone and social exclusion" is to analyze the social exclusion of older people in Lithuania, especially those living alone, in an international context.

Interesting findings Living alone for the elderly is valued for its freedom, independence, independence from others, and the good relationships they maintain with their proximity to loved ones. However, this form of life is often not the result of a choice, but of circumstances such as family breakup, death of a spouse, divorce or the inability to start a family, often with parents before their death. With increasing loneliness, declining health, growing insecurity, worrying about the future and worsening everyday household concerns, older people living alone are considering different options for living with someone: moving to a foster home, marriage / partnership, long-term rental supervisory responsibilities, etc. But alternatives are ultimately rejected as unsatisfactory, and life alone is accepted as inevitable. It is noticeable that the participants lack a sense of personal power, underestimate their own needs by comparing them to the needs of other people or the possible loss of comfort. This defeat is also influenced by the stigma of old age, the internalized age norms that encourage adherence without causing concern to others.

POLAND

1. **"Living environment and the feeling of loneliness of the elderly people"**

Authors Ewa Sosnowska-Bielicz, Joanna Wrótniak

Date 2015

Goals/Foundations Not relevant

Target group (age/gender) female/male 65+

Interesting findings Research proved that there is significantly higher level of loneliness by older people living in institutionalized environments (DPS) compared to seniors living in a family environment

Source Społeczeństwo i Rodzina nr 43 (2/2015) / s.84–95 / ISSN 1734-6614 / © by WZPiNoS KUL

2. **"The feeling of loneliness of the elderly"**

Authors TNS OBOP

Date 2009

Goals/Foundations Not relevant

Target group (age/gender) female/male 65+ and more

Interesting findings Women, persons with primary and lower education are at a statistically significant risk of loneliness. The people with high risk are also pensioners, villagers, residents of the eastern region of Poland. The risk of loneliness is less exposed for: men, people with vocational or higher education, professionally active people, residents of cities over 500,000.

Source TNS OBOP

3. **"Lonely as a Polish senior"**

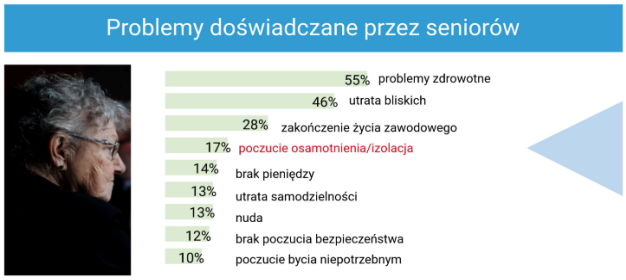
Authors Stowarzyszenie Mali Bracia Ubodzy

Date 2018

Goals/Foundations Not relevant

Target groups (age/gender) female/male 65+ and more 600 participants

Interesting findings 17% respondents suffer from the feeling of loneliness



Photograph. Materiały prasowe agencji ARC Rynek i Opinia

- Loneliness of seniors is a real and significant problem - especially among people over 80 years of age.
- As many as 3 out of 10 old people replied that in their lives they experience loneliness and isolation. As many as 1 in 10 respondents feel loneliness often and even always!
- Seniors who have families usually assess relationships with them as close. Despite such a good result, as many as half of the respondents would like to improve and strengthen these relationships. This result clearly shows how elderly people feel alone - even within the family.
- Among the most lonely and excluded from social life seniors, the vast majority are widowed persons living alone and without children.
- The study showed that weaker relationships are established by older men - they are much less open than women of their age.
- What's worse, 1 in 20 people living alone has absolutely no one to turn to for help and entrust their worries.

Source TNS OBOP

PART 2: BEST PRACTICE FROM HEALTH ORGANIZATIONS AND PATIENT PERSPECTIVE

2.1. Media review (existing courses, programs/campaigns)

In each partner country there exists full awareness of a progressing aging process of the society, and thus the effects of these changes, such as the phenomenon of loneliness and solitude.

Governmental and non-governmental institutions meet the needs of the elderly. Demographic changes and country preparation for them are reflected in legislative proposals. The thinking of managers of pro-social organizations is changing, and they are more focused on programs aimed at older people. And this is not only about purely aid programs (financial support, clothing, food), but programs primarily activating seniors. Programs that direct their attention to paths other than the isolation they are in. A strong and important elements of that machine are undoubtedly media – when we are talking about simple media such as radio, television, press or social media, which young people are very familiar with but seniors are not.

If all the activities taking place in Italy, Lithuania, Poland, Romania and Sweden were collected and combined, the situation of the elderly would be perfect. The needs of older people would be implemented in every aspect. However, it must be admitted, in none of the partner countries exist initiatives that directly and specifically focus on the phenomenon of existential loneliness.

2.1.1. Strategies for overcoming loneliness and solitude from the perspective of health care organizations

It would seem that the greatest experience in recognizing loneliness, solitude, isolation should have employees of hospitals, clinics and health care organizations, working to improve people's health. They are on the first line of contact with the elderly who report to them with health problems. Unfortunately studies involving nurses, care assistant, physicians, social workers, physiotherapists, shows that the staff's encounter with older people was experienced as both meaningful and challenging. It is not easy to see the different dimensions of loneliness and to recognize loneliness in all its forms. However, it should be emphasized, that the management of these institutions is aware of the emotional processes accompanying the old age, approaching the end of life. Managers try to sensitize their employees to the needs of seniors, both physical and mental.

The most important projects and campaigns targeted at the elderly, implemented in partner countries through health care organizations, refer primarily to the areas of:

a) material and practical help:

- co-financing of food shopping, heating apartments, medicines, purchase of clothes,

- providing sets of personal hygiene products,

- help in reducing bureaucratic barriers,

- care of lying people, help in personal hygiene, taking medicine - carried out by nurses, medical caregivers,

- shopping, preparing a meals, help in getting to the doctor's - undertaken by volunteers,

- home delivery of medicines,

- psychological support,

- emergency call centers - bracelets, phone applications assessing the condition of the senior, calling for emergency medical assistance,

- creating nursing homes - places for people requiring 24h/7 days care,

- creating day homes and senior clubs,

- telephone lines - seniors can receive emotional support, advice, information and practical help,

b) health activities, improvement of a wellbeing:

- cardiovascular preventions programs,

- oncological prevention campaigns,

- physiotherapy,

- recovery programs,

- gymnastics for the elderly,

- "silver" fitness,

- nordic walking,

- aqua aerobics for seniors.

2.1.2 Life activity versus loneliness and solitude

Each of the individual national reports brings information about a diversity of activities that older people can take to meet other people, establish a relationships, and fill their day. Even if we are not talking about spectacular solutions such as TV-show, and we focus on meetings in a community centres, common reading or movie evenings, it is steel a little bit of an amusement, that could help to break their loneliness and a solitude.

Our partners were writing about:

a) preventing digital exclusion:

- free courses teaching seniors how to operate computers, broadband, browsers, electronic communication with family, friends, institutions, online shopping;

b) intra-generational integration:

- coffee shops where meetings for seniors are organized at specific times,

- acquaintance evenings, karaoke, senior's bands, organized by community centres,

- trips of elderly people to the cinema, theatre, painting exhibitions, to the museum, on sightseeing,

- preparation of exhibitions of paintings, photos taken by seniors - in art galleries,

c) Inter-generational meetings:

- preparing Christmas or Easter decorations, sold at fairs; an income supports other activities of seniors,

- visits to retirement homes for children from nurseries, schools, as part of the organization of Grandma's Day, Grandfather's Day, International Day of Old People

- volunteering - regular visits of volunteers, conversation, drinking tea together, common reading,

d) spiritual support, realization of religious needs:

- talks about spiritual needs, transience, conducted by employees of religious organizations, monks and nuns,

- pastoral visits,

- a wide range of religious TV stations

e) acquiring knowledge, own development:

- Third Age Universities,

- theatre workshops,

- board games competitions,

- writing down memories,

- older people's volunteering in hospital children's wards, in after school clubs,

2.1.3 Social campaigns in media

The challenges of aging are not just about healthcare environments. More and more young people pay attention to the fact that it is possible to draw on the knowledge and resources possessed by older people, that seniors can be medial, and programs with their participation may interest a wide audience. They can be a part of a broadly understood entertainment.

Social media promote projects that are implemented multidirectionally:

- allow seniors to get used to the old age, accept changes in their bodies, psyche, feelings; become aware of the difference in aging processes,

- familiarize the public, including children and young people, with the phenomenon of the old age in all aspects, because each of us has an elderly person in the family but does not always understand him/her; extensive social campaigns would provide this knowledge and sensitize families, neighbours and friends to seniors' needs,

- drawing seniors' and society's attention to issues related to the safety of older people, occurrence and prevention of violence against them; these campaigns are prepared by governmental and non-governmental institutions in cooperation with social service and the Police; radio and television spots should warn seniors about the methods used by thieves.

Social campaigns broadening seniors' and society's knowledge about demographic changes, problems and limitations of the elderly, and methods of solving them are implemented as:

a) digital projects

- websites,

- videos in communication channels,

- mems, gifs on Facebook, Instagram, Twitter,

b) television and radio campaigns:

- discussion panels with the participation of seniors, referring to their own life experiences,

- intergenerational meetings, building interaction between seniors and young people,

- vocal competitions for seniors,

- life-show with seniors.

2.1.4 Loneliness and solitude prevention programs implemented by the governments in partner countries

In each partner country, the ministry of social policy is the entity responsible for senior policy. This is due to the commissions, councils appointed in them, which create laws, regulations, reports on the implementation of social policy towards the elderly.

Prepared social projects are aimed at long-term operation, covering e.g. the next 10 years. Such documents constitute a summary of individual activities, including both the coordinating entity and entities cooperating in the implementation of a particular sub-measure, the planned implementation date and the method of monitoring. They provide for the implementation of a number of actions against all older people in the following areas:

a) building a positive perception of old age in society,

b) participation in social life and supporting all forms of civic, social, cultural, artistic, sporting and religious activity,

c) creating conditions enabling to use the potential of older people as active participants in economic life and the labour market, adapted to their psychophysical abilities and family situation,

d) health promotion, disease prevention, access to diagnostics, treatment and physiotherapy,

e) increasing physical security - counteracting violence and neglect towards older people,

f) creating conditions for solidarity and intergenerational integration,

g) activities for the education for the old age (caring and medical staff), to the old age (the whole society), through the old age (from the youngest generation) and education in the old age (older people).

It is very important that these programs also do include activities targeted at dependent elderly people, including:

a) reducing the scale of dependence from others by facilitating access to services strengthening independence and adapting a living environment to the functional capabilities of dependent elderly people,

b) ensuring an optimal access to health, physiotherapy and care and nursing services created to the needs of dependent elderly people,

c) a network of an environmental and institutional services provided to dependent elderly people,

d) a system of support for informal caregivers of dependent elderly people by public institutions.

SUMMARY

The national reports presented by the participating countries clearly show that population ageing is one of the greatest social and medical challenges of our century. An increasing population of elderly people (over 65 years of age) and particularly rapid increase in the number of very elderly people (over 85 years) is a constant process. These demographic changes have a strong impact on health and social care system, which has to create a comfortable life for seniors.

Analyzing the data from the reports, we can find many similarities; the demographic situation puts before participating countries a necessity to search for system solutions and tools to reduce a negative effect of the old age such as a sense of loneliness and solitude. Despite cultural, systemic and economic differences as well as the different roles of seniors in the family, this problem is clearly seen in every partner country. The analysis of the presented reports shows differences in an understanding of the concept of loneliness and solitude, so it is a reason why a clear definition is missing. For example, in the Polish approach loneliness can be understood positively as a result of a personal choice or negatively as a result of circumstances, while in Sweden the same meaning is assigned to a solitude. Also, an individual understanding is related to the phenomenon of social and existential loneliness with its subjective and objective factors.

The analysis of the national reports shows that only Sweden has in its research data about loneliness from the opinions of seniors and medical staff. The report from Italy, Lithuania, Poland and Romania, mainly presents opinions of older people and healthcare professionals about the feeling of loneliness, solitude, its causes and effects. The second chapter of national's surveys is coherent for each one country and presents ways to prevent and reduce the phenomenon of loneliness among seniors. Described projects and campaigns for older people, implemented in partner countries through health care organizations are related to the areas of social and practical assistance and pro-health activities improving the wellbeing of seniors and preventing their exclusion.

However, it must be admitted, in none of the partner countries exist initiatives that directly and specifically focus on the phenomenon of existential loneliness. All partner countries point out a lack of projects addressed to seniors in this area. Medical staff and social workers are not equipped with the appropriate tools and do not have the knowledge of how to recognize the phenomenon of existential loneliness or to undertake preventive initiatives.

The ALONE project and its aims meet these needs; the design of the proper instruments gives a great opportunity to implement training for healthcare staff working with the elderly and improve the current situation.