"Trapped in an Empty Waiting Room"—The Existential Human Core of Loneliness in Old Age: A Meta-Synthesis

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Abstract

Loneliness in old age has a negative influence on quality of life, health, and survival. To understand the phenomenon of loneliness in old age, the voices of lonely older adults should be heard. Therefore, the purpose of this meta-synthesis was to synthesize scientific studies of older adults' experiences of loneliness. Eleven qualitative articles that met the inclusion criteria were analyzed and synthesized according to Noblit and Hare's meta-ethnographic approach. The analysis revealed the overriding meaning of the existential human core of loneliness in old age expressed through the metaphor "trapped in an empty waiting room." Four interwoven themes were found: (a) the negative emotions of loneliness, (b) the loss of meaningful interpersonal relationships, (c) the influence of loneliness on self-perception, and (d) the older adults' endeavors to deal with loneliness. The joint contribution of family members, health care providers, and volunteers is necessary to break the vicious circle of loneliness.

Keywords

Introduction

The phenomenon of loneliness has been viewed from a range of theoretical and philosophical angles. In phenomenological and existential approaches, loneliness is seen as a natural part of the human condition, which is unavoidable when passing through different life stages (Rokach, 2000, 2011). Existentialists view loneliness not only as a painful state but also as a potential for growth when facing fundamental life experiences (Peplau & Perlman, 1982). From the interactionist perspective presented by Weiss, Riesman, and Bowlby (1973), loneliness results from the absence of close relationships. According to Weiss and associates (1973), social and emotional isolation are two types of loneliness. The former is characterized by the absence of an engaging social network, whereas the latter is caused by the lack of a close intimate attachment. Sociological explanations represented by, for example, Bowman, Riesman, or Slater claim that loneliness is due to sociological forces such as the commitment to individualism, increased family and social mobility, decline in primary group relations, and an inclination to be "liked" by others and to behave in accordance with their expectations (Peplau & Perlman, 1982, p. 126). Loneliness is therefore assumed to be an ontological structure in human existence (Nilsson, Lindström, &

Nåden, 2006), emerging during all life phases (Rokach, 2000, 2011) and across a myriad of cultures (Dykstra, 2009; Rokach, Orzeck, & Neto, 2004; van Staden & Coetzee, 2010).

The terms "loneliness," "social isolation," "solitude," "living alone," and "being alone" are often used interchangeably. Nevertheless, it is important to distinguish between these concepts as they have different meanings and implications (Victor, Scambler, Bond, & Bowling, 2000; Victor, Scambler, & Bowling, 2008). Living alone does not necessarily imply feelings of aloneness or loneliness (Victor et al., 2008). Some individuals seek solitude and view being alone as important for their well-being and their personal as well as spiritual development (Dahlberg, 2007). However, individuals may experience emotional loneliness despite living with others and having a variety

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of social networks (Heravi-Karimooi, Rejeh, Foroughan, & Vaismoradi, 2012; Van Der Geest, 2004).

Although studies across different age groups show that loneliness among young people may be even stronger than in later life (Luhmann & Hawkley, 2016; Rokach, 2000), the prevalence of loneliness appears to increase in the oldest old (Dykstra, van Tilburg, & Gierveld, 2005; Savikko, Routasalo, Tilvis, Strandberg, & Pitkala, 2005). This is confirmed by longitudinal studies (Dahlberg, Andersson, McKee, & Lennartsson, 2015; Dykstra et al., 2005). Nevertheless, the experience of loneliness in old age can fluctuate in accordance with changes in life experiences (Kirkevold, Moyle, Wilkinson, Meyer, & Hauge, 2013).

As this article focuses on the subjective experience of loneliness, we chose to combine the definition of emotional isolation provided by Weiss and associates (1973) with Jasper's definition of the meaning of loneliness (van Staden & Coetzee, 2010). In this article, we define loneliness as "the experience of lacking desired relationships and of feeling the undesired absence of intimate attachment and reciprocal empathic understanding."

Background

This section will focus on the influence of culture, gender, personal resources, living situation, and family status on older adults' loneliness and its impact on their health and quality of life.

Cultural differences influence the experience of loneliness (Rokach & Bacanli, 2001), and older adults show different coping strategies across cultures when dealing with loneliness (Rokach et al., 2004). There is a higher prevalence of loneliness in Southern Europe than in Northern and Western Europe (Dykstra, 2009).

Although women usually report higher levels of loneliness (Dahlberg et al., 2015; Dong & Chen, 2016; Savikko et al., 2005), gender differences disappear when other factors are taken into account (Dahlberg et al., 2015). For women, mobility problems are a significant predictor of loneliness, whereas low levels of social contact predict loneliness for men (Dahlberg et al., 2015). Widowhood seems to be a strong predictor of loneliness in both genders (Bergland, Tveit, & Gonzalez, 2016; Dahlberg et al., 2015), especially for men (Nicolaisen & Thorsen, 2014).

Personal resources and earlier life experiences may explain why some older adults experience greater levels of loneliness. Lonely participants state that they become overwhelmed, isolated, and inactive due to their losses, whereas nonlonely participants view their losses as normal and remain active and connected to their environment (Kirkevold et al., 2013). A significant association between expected and experienced loneliness in older adults seems to exist (Pikhartova, Bowling, & Victor, 2016).

According to Savikko and associates (2005), illness is the most notable cause of loneliness, followed by the death of a spouse and the lack of family and friends. Their respondents who often or always felt lonely mentioned living a meaningless life. Adverse childhood experiences (Nicolaisen & Thorsen, 2014), abusive relationships (Beal, 2006; Dong, Chang, Wong, & Simon, 2012), experiences of hostilities and captivity (Stein & Tuval-Mashiach, 2015), stigmatizing illness (Miles, Isler, Banks, Sengupta, & Corbie-Smith, 2011), and economic hardship are all associated with loneliness (Cohen-Mansfield, Hazan, Lerman, & Shalom, 2016; Luhmann & Hawkley, 2016). Poor hearing (Pronk, Deeg, & Kramer, 2013) and poor eyesight (Savikko et al., 2005) are recognized to increase the risk of loneliness.

Loneliness represents a significant health problem and is associated with a higher mortality risk for lonely older adults (Luo, Hawkley, Waite, & Cacioppo, 2012; Perissinotto, Stijacic Cenzer, & Covinsky, 2012). Luo and associates (2012) suggest that health behaviors and social relations cannot explain the higher mortality risks, and therefore suggest that loneliness can alter physiology at a fundamental level. The association between loneliness and functional decline (Perissinotto et al., 2012; Theeke, 2013), cognitive decline (Boss, Kang, & Branson, 2015), and even dementia (Holwerda et al., 2014) seems to support Luo and associates' (2012) suggestion.

Loneliness corresponds to a lower health-related quality of life (Taube, Kristensson, Sandberg, Midlöv, & Jakobsson, 2015), and is related to a number of health complaints such as high blood pressure, sleeping problems and immune stress responses (Luanaigh & Lawlor, 2008) and heart disease, stroke, diabetes and pulmonary disease (Petitte et al., 2015). There is a relationship between depression and emotional loneliness (Drageset, Eide, & Ranhoff, 2013; Peerenboom, Collard, Naarding, & Comijs, 2015), and anxiety seems to be a feature of loneliness (Canham, 2015; Dong et al., 2012). A significant relationship between loneliness and suicidal behavior among U.K. adults has been documented (Stickley & Koyanagi, 2016).

Where and how people live influences their experience of loneliness. Living alone in contrast to living with a partner seems to be related to greater loneliness in older adults, and rural older adults are more prone (Nyqvist, Cattan, Andersson, Forsman, & Gustafson, 2013; Savikko et al., 2005). Loneliness is a common experience in nursing home residents (Drageset, Kirkevold, & Espehaug, 2011; Slettebö, 2008) who experience greater loneliness than older adults living at home (Nyqvist et al., 2013; Pinquart & Sorensen, 2001). Institutionalization per se increases older adults' feelings of loneliness (Gill, Hogg, & Dolley, 2016; Kvaal, Halding, & Kvigne, 2014; Slama & Bergman-Evans, 2000).

The findings of qualitative studies on loneliness reveal the dark side of loneliness as an emotionally disturbing experience that throws older adults into a turmoil of life challenges (Bergland et al., 2016; Canham, 2015; Dong et al., 2012; Hauge & Kirkevold, 2010). Older adults may be well aware of the risk of becoming lonely, and apply actions and attitudes to prevent and fight the experience (Bergland et al., 2016; Carmona, Dias, Couto, & Scorsolini-Comin, 2014).

A wide range of interventions have been implemented to reduce older adults' experiences of loneliness (Franck, Molyneux, Parkinson & Franck, 2016; Gardiner, Geldenhuys, & Gott, 2016; Hagan, Manktelow, Taylor, & Mallett, 2014). Nevertheless, limited evidence is available, and it seems that the interventions are seldom grounded in the older adults' own experiences.

Although there is much knowledge about loneliness in older adults, including recent new reviews (Cohen-Mansfield et al., 2016; Wright-St Clair, Neville, Forsyth, White, & Napier 2017), we did not find any reviews or meta-syntheses focusing on older adults' subjective experiences of loneliness. Therefore, the purpose of this meta-synthesis was to synthesize scientific studies that focus on older adults' experiences of loneliness to gain a deeper understanding of the phenomenon and to suggest further directions for practice, education, and research. The research question was as follows:

How do older adults experience loneliness, and how do they deal with loneliness?

Methodology and Method

Noblit and Hare's (1988) meta-ethnography approach was used to synthesize the findings of qualitative studies on older adults' experiences of loneliness. This approach was developed to integrate qualitative research findings on a particular phenomenon to "make sense of what the collection of studies is saying" (p. 14). The goal of meta-ethnography was to develop new interpretations to enlarge and enrich human discourse (Noblit in Thorne, Jensen, Kearney, Noblit, & Sandelowski, 2004). The approach is firmly based on the interpretative paradigm (Noblit & Hare, 1988, p. 11), and is well suited to develop a holistic understanding of personal experiences (France et al., 2015). Although Noblit and Hare's (1988) starting point was not to interpret and synthesize studies to inform practice, their approach has turned out to be useful in this respect (Bondas & Hall, 2007; Clarke, 2014; Noblit in Thorne et al., 2004; Vaismoradi, Wang, Bondas, & Turunen, 2016).

Search Strategy, Criteria, and Qualitative Appraisal of the Studies

We performed a pilot test in a multitude of electronic databases where the keyword "loneliness" was combined with nursing home, attachment, relationship, coherence, social support, belonging, inclusion, social activities, social isolation, nurse–patient relation, and attachment. We altered our original aim to explore loneliness in nursing homes because we did not find enough studies on this. The pilot test and a consultation with an expert librarian aided the identification of keywords and databases for the final search process. All members of the research team participated in the search process, the systematic review of studies, and the appraisal of relevant studies.

Relevant empirical research articles published in scientific journals from 2001 to 2016 from the online databases PubMed (including Medline), SCOPUS, PsycINFO, CINAHL (EBSCO), British Nursing Index, SveMed+, and EMBASE were retrieved. We did not find studies published earlier than 2001 that filled the inclusion criteria. The keywords used for the search process were "older," "elderly," and "old age," combined with "loneliness" (and "qualitative") in any part of the articles. In addition, backtracking of the references of the reviewed articles along with an ancestry search maximized the coverage of related articles. Further manual searches in the most well-known journals with articles relevant to the care of older adults and in qualitative journals were carried out (*International Journal of Older People Nursing, Aging and Mental Health, International Journal of Qualitative Studies on Health and Well-Being*, and *Qualitative Health Research*). The research team members' expertise in Finnish and German led to an expansion of the search to cover relevant studies in those languages in the German journal "Pflege" (Care) and the Finnish journal "Hoitotiede" (Nursing Science). The following inclusion criteria were used to choose articles for the synthesis process:

1. Articles dealing with the phenomenon of loneliness from the perspective of older adults, whom we defined as persons more than 60 years old.
2. Peer-reviewed original articles from health care disciplines published in scientific journals.
3. Articles using qualitative methods or mixed methods.
4. In cases of mixed-methods studies or studies that presented both older adults' and others' perspectives, only the qualitative part and the perspectives of older adults were included for the synthesis if they were discernible.

The exclusion criteria included studies conducted with older adults who suffered from mental or physical illness in a palliative/terminal state or were in a life situation that blurred their perspectives of the phenomenon of loneliness, such as being abused or having an addictive lifestyle. These criteria were set to limit the meta-synthesis

Table 1. Description of the Included Studies and Quality Assessment Score.

	Author, year, country	Aim/objective/purpose	Sample	Context	Method	Results	Quality assessment score (modified COREQ 32)
1.	McInnis and White (2001) Canada	To explore the essential elements of the lived experience of loneliness for the elderly living in the community, and to describe the meaning made of this phenomenon by the person experiencing it	20 old adults (17 women, three men), most aged >75 Interviews	Community-dwelling older adults	Phenomenology	Five themes: The fracture of important relationships; response to the pain accompanying the perceived ending of a relationship; ways of coping: anxiety, fear, sadness, and dependence; silent suffering	33
2.	Graneheim and Lundman (2010) Sweden	To elucidate experiences of loneliness among the very old who live alone	30 oldest old adults (23 women, seven men) aged 85–103	Community dwelling or living in their own apartments in houses for older people	Qualitative content analysis	Four themes: Living with losses, feeling abandoned; living in confidence; feeling free (15 subthemes)	29
3.	Heravi-Karimooi, Anoosheh, Foroughan, Sheykhi, and Hajizadeh (2010) Iran	To explore the lived experiences of loneliness of Iranian elderly people	13 old adults (nine women, four men), aged 65 or >65	Community-dwelling older adults living in their own houses	Hermeneutic phenomenology	Four essential themes: An aversive emotional state; isolated from intimate relationships; being deprived of a social and external support system; being abused and neglected	33
4.	Roos and Klopper (2010) South Africa	To explore and describe older persons' subjective experiences of loneliness	31 (28 women, three men) mean age 74.26	Living in their own homes in a retirement village, in residential care facilities, or with their children	Descriptive phenomenology	Three main themes: Expressions of loneliness; contributing factors of loneliness; coping with loneliness (10 subthemes)	30
5.	Stanley et al. (2010) Australia	To understand the perceptions of loneliness held by both older people and those who provide services and support to them	60 older adults aged >67 (40 women, 20 men)	Living in long-term care facilities, independent living units, community dwelling, receiving various levels of support	Descriptive, exploratory, thematic analysis	Five dimensions describe loneliness as private; relational; connectedness; temporal; readjustment	34
6.	Hauge and Kirkevold (2012) Norway	To investigate how older people experience and deal with loneliness	12 older adults >70 (10 women, two men)	Living in private homes, nursing homes, independent living units	Hermeneutics	Variations in the burden of loneliness: Manageable loneliness; agonizing loneliness	32

(continued)

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	Author, year, country	Aim/objective/purpose	Sample	Context	Method	Results	Quality assessment score (modified COREQ 32)
7.	Roos and Malan (2012) South Africa	To explore older people's experiences of loneliness in the context of institutionalized care	10 older persons (seven women, three men), aged >62	Living in an economically deprived residential care facility with limited health and financial resources	Mmogo-method (participants' visual representations were discussed with the researchers) Thematic analysis	Two main themes: experiences of relationships (subthemes: Experiences of interactions, preferred interpersonal styles); relationships in the context of the residential care facility (subthemes: Unsafe, lacking care, nonstimulating environment)	34
8.	Smith (2012) United States	To explore the meaning of loneliness in community-dwelling older adults and to understand their daily practices in coping with loneliness	12 older adults (eight women, four men), aged >74	Community dwelling	Interpretive phenomenology	Two main areas of findings: Disrupted meaningful engagement with others due to various age-related changes; coping practices	32
9.	Kvaal, Halding, and Kvigne (2014) Norway	To describe and compare the perceived social provision for a group never feeling lonely with a group reporting feeling lonely (quantitative part) and to explore the meaning of loneliness (qualitative part)	76 (51 women, 25 men), aged >65, with chronic physical conditions	Recently admitted to geriatric wards	Qualitative content analysis	Main theme: "Confined with emptiness and negative emotions" (11 subthemes: Sadness, anxiety, anger, guilt, left alone, confined, useless, emptiness, boredom, vacuum, potential for change)	33
10.	Theeke, Mallow, Gianni, Legg, and Glass (2015) United States	To explore the experience of living with loneliness and multiple chronic conditions for rural older women in Appalachia	14 older women, mean age 74.4 years, with chronic physical conditions	Community dwelling	Phenomenology, story theory thematic content analysis	Four categories (including 13 themes): Negative emotions; positive emotions when not lonely; loss of independence; ways of managing loneliness	37
11.	Taube, Jakobsson, Midlov, and Kristensson (2016) Sweden	To explore the experience of loneliness among frail older people living at home	12 older people (10 women, two men), aged 68–88	Living at home, in need of assistance, hospital admissions last year	Qualitative content analysis	Overall theme: "Being in a bubble" with three subthemes: Barriers; hopelessness; freedom	37

Note. COREQ = consolidated criteria for reporting qualitative research.

and to avoid blending the phenomenon of loneliness with other life crises or life-threatening conditions. The members of the research team conducted the search process both independently and in pairs, but held discussions throughout the study process to reach a consensus and inform other members of decisions made during the search process and full-text appraisal. As Noblit and Hare (1988) do not provide information about the search and appraisal process and reporting guidelines are still under development (France et al., 2015), we used Sandelowski and Barroso's (2007) handbook for synthesizing qualitative research to guide these processes. The modified consolidated criteria for reporting qualitative research (COREQ) 32-item checklist were used to appraise the retrieved studies (Lundgren, Begley, Gross, & Bondas, 2012; Tong, Sainsbury, & Craig, 2007; Table 1). Two studies that scored <25 on this checklist were excluded (Supplemental figure 1) Eleven articles were chosen for inclusion in the qualitative synthesis (Table 1).

The Synthesis Process

The researchers read the selected articles independently and in pairs, and extracted core concepts and metaphors from each article. During the translation process, tables were created, and the core concepts and metaphors of each study were compared with those of the other studies (Noblit & Hare, 1988). In frequent Skype discussions, we shared our understandings and theoretical perspectives.

Noblit and Hare's (1988) synthesizing process developed from Turner's thesis that all explanations are essentially comparative and take the form of translation. To translate studies into each other means to compare the studies' main concepts or metaphors to discover if their relationships are reciprocal (similar or analogous), refutational (in opposition), or form a line of argument (illuminate different aspects of a phenomenon). The relationships between the studies' concepts and metaphors were found to be "analogous" with the possibility of further analysis as reciprocal (Noblit & Hare, 1988). Next, the studies were translated into one another by developing themes, considering their homogeneity. An iterative cyclical process characterized the analysis, where we moved back and forth, comparing and contrasting the findings of the primary studies. The translation was synthesized to create a whole greater than the individual parts. Finally, a coherent description of the study phenomenon as a meta-finding was developed (Noblit & Hare, 1988), striving for comprehensiveness and validation by using citations.

Aiming to preserve the key findings of each study, the researchers created a metaphor with sufficient comprehensiveness and abstraction to connect the findings of all the articles, offering a new understanding with the potential to lead to caring interventions for further research.

Results

There is a geographical spread of studies. With the exception of McInnis & White's study, published in 2001, the studies were published between 2010 and 2016. Altogether, the participants of the studies consisted of 290 older adults (217 women and 73 men). Their ages ranged from 62 to 103 years. The marital status of participants is not shown in all studies, but the majority of participants were widowed (*n* = 140) or lived alone because they were single or divorced (*n* = 94). The studies of Stanley et al. (2010), Smith (2012) and Theeke et al. (2015) lack descriptions of participants' types of accommodation. In the remaining studies, two participants lived in nursing homes, 14 in residential care units, 12 in independent living units, and 114 lived in private flats or houses. The participants in the study of Kvaal et al. (2014) had been recently admitted to a geriatric ward to treat exacerbations of chronic illnesses. All participants in the studies of Kvaal et al. (2014) and Theeke et al. (2015) suffered from chronic physical illnesses. In the studies of Graneheim & Lundman (2010), Roos & Malan (2012), and Taube et al. (2016), participants were described as frail and dependent on other people's help.

Five studies used a phenomenological design, and one of these applied story theory. Two were hermeneutical studies, three used content analysis, one had an explorative descriptive design, and one used a visual method representing the participants and people or things of importance for them, where these were discussed with the researcher. With the exception of the latter study, all studies used interviews to collect data. None of the studies applied a theoretical framework other than the chosen methodological approach.

The translation process illuminated four main themes in the included studies; these were further interpreted as the existential human core of loneliness in old age, and were expressed by the metaphor "trapped in an empty waiting room." The four themes that evolved were as follows:

A Wall of Sadness in an Anxious Space of Being—Negative Emotions of Loneliness

Loneliness was perceived as a wall that separated the older adults from their surroundings, leaving them disconnected, helpless, and confined to an empty and boring life. As loneliness was usually not an optional state, there was little chance to escape. The following quotes describe the feelings of imprisonment, "[. . .] like a jail, with the walls around you [. . .] you can't stroll in the streets [. . .] you are entrapped and waiting for death to come" (Roos & Klopper, 2010, p. 284). A 95-year-old man explained, "The problem is to break the wall of

loneliness" (Hauge & Kirkevold, 2012, p. 556). Living in residential care for older adults could enforce feelings of loneliness, especially at weekends when many residents left to visit their family (McInnis & White, 2001; Roos & Malan, 2012).

Often, the older adults could become overwhelmed by negative emotions that made life difficult. Sadness and grief were expressions used throughout all the studies, and anger or disappointment was expressed when participants felt overlooked, rejected, disrespected, or misunderstood by people close to them (McInnis & White, 2001; Heravi-Karimooi, 2010; Roos & Klopper, 2010, Hauge & Kirkevold, 2012; Smith, 2012; Kvaal et al., 2014; Theeke et al., 2015; Taube et al., 2016).

Fear and anxiety were common feelings (McInnis & White, 2001; Graneheim & Lundman, 2010; Heravi-Karimooi et al., 2010; Roos & Klopper, 2010; Hauge & Kirkevold, 2012; Smith, 2012; Kvaal et al., 2014; Theeke et al., 2015; Taube et al. 2016). These feelings were always there, lingering around the next corner, and were related to the fear of future dependency due to increasing illness, frailty, and loss of abilities (Theeke et al., 2015; Taube et al., 2016) and to the anxiety of being forced to relocate (Theeke et al., 2015). Two women said,

> It is the future that's hard [. . .] the day when you won't be able to go out and be part of things [. . .]. Nobody comes [. . .] I think about that a lot [. . .] it's a fear. [woman, 80 years old (Taube et al., 2016, p. 635)].

> I think all those fears would just trap you. There was like a fog on my mind [. . .] being afraid of what would happen [. . .]. [participant's age unknown (Theeke et al., 2015, p. 65)].

Being afraid of causing trouble for others, especially for their children, was a source of anxiety and worry (McInnis & White, 2001; Hauge & Kirkevold, 2012; Theeke et al. 2015). Having no one to turn to when in need, and feeling vulnerable and insecure were other reasons for fear (McInnis & White, 2001; Taube et al., 2016): "*You are so alone and you don't have anybody, you're almost afraid, don't want the night to come* [. . .]" [woman, 83 years old (McInnis & White, 2001, p. 134)].

Being one of the few remaining representatives of their own generation reinforced their feelings of abandonment and sadness. Having no one to turn to called forth feelings of meaninglessness, and made them think of and even wish for death. In six studies, metaphors connected with death or death wishes were expressed: "It is like a morgue" (McInnis & White, 2001)' "nothing to live for, no future [. . .] as though you reached the end of life," "[. . .] waiting for death to come" (Roos & Klopper, 2010), "end of life approaching" (Taube et al., 2016), "best thing is to die"

(Graneheim & Lundman, 2010), "a grave" (Roos & Malan, 2012), "suicidal thoughts 20 hours a day" (Kvaal et al., 2014).

"Give Me Back My Past"—The Loss of Meaningful Interpersonal Relationships

The loss of a beloved partner or other meaningful persons in the old adult's life was a significant contributor to loneliness (McInnis & White, 2001; Graneheim & Lundman, 2010; Heravi-Karimooi et al., 2010; Roos & Klopper, 2010; Stanley et al., 2010; Smith, 2012; Taube et al., 2016). A 75-year-old woman explained, "Loneliness to me is losing your loved ones, like I lost my mum and I lost my husband [. . .] A part of you goes with them [. . .] to me that is loneliness" (Stanley et al., 2010, p. 411). Another old adult said, "The loss of a loved one leaves an emptiness that no one can fill [. . .]" (Roos & Klopper, 2010, p. 284). Sometimes, these losses represented the onset of loneliness. One old woman said, as she drew a grave to illustrate her feelings, "A grave. It was at a grave like this where my loneliness and life alone started" (Roos & Malan, 2012, p. 4). Death of or separation from a child was especially hard to cope with (Roos & Klopper, 2010).

Participants had lost meaningful relationships due to their poor health (Smith, 2012), or their friends' frailty or death (Graneheim & Lundman, 2010; Roos & Klopper, 2010). The older adults missed the affection, nurturance, and affirmation the relationship had provided (McInnis & White, 2001). They especially longed for companionship from someone of their own generation who could understand them Roos & Klopper, 2010; Taube et al., 2016). A 73-year-old female stated"[. . .] that's probably the greatest loneliness [. . .] to feel that one's [. . .] older siblings are gone [. . .] and you get lonelier and lonelier [. . .]" (Taube et al., 2016, p. 636).

Losing these important relationships meant being in a state where it was difficult to embrace new relationships (McInnis & White, 2001; Roos & Klopper, 2010; Smith, 2012). The remaining network did not always fulfill their expectations (McInnis & White, 2001; Heravi-Karimooi et al., 2011; Roos & Klopper, 2010; Roos & Malan, 2012; Kvaal et al., 2014; Theeke et al., 2015; Taube et al., 2016). Without someone to share their world with, life was filled with emptiness. In all but two studies (Stanley et al., 2010; Theeke et al., 2015), hopelessness and loss of meaning in life were expressed: "[. . .] to me loneliness is feeling empty. Feeling like you have nothing to reach for [. . .] nothing to dream of" [80-year-old woman (McInnis & White, 2001, p. 134)]. "It feels as if you no longer have something to live for, no future [. . .] as though you have reached the end of your life" (Roos & Klopper, 2010, p. 284).

In all studies, the older adults expressed their feelings of abandonment, isolation, and disconnection when they felt that no one really cared about them. Widowers often longed for new partners, but remarriage after a partner's death was not accepted in all societies (Heravi-Karimooi et al., 2010). Usually, loneliness was related to living alone but could also occur when living or spending time with adult children (Heravi-Karimooi et al., 2010; Hauge & Kirkevold, 2012). It was hard to accept being cut off when one's family or friends were too busy living their own lives (McInnis & White, 2001; Graneheim & Lundman, 2010; Heravi-Karimooi et al., 2010; Roos & Klopper, 2010; Kvaal et al., 2014; Theeke et al., 2015). One 87-year-old man described his disappointment in this way:

> I have two sons, three daughters and eleven grandchildren, but they have their own life and work. Only one of my daughters visits me regularly once a week [. . .]. They are going to push me towards a nursing home [. . .] [starts crying] (Heravi-Karimooi et al., 2010, p. 278).

The quality of their relationships strongly influenced the older adults' experiences of loneliness. High-quality relationships prevented loneliness (Stanley et al., 2010) and made it easier to deal with (Roos & Klopper, 2010; Hauge & Kirkevold, 2012). Loneliness was experienced as fluctuating according to family members' availability and attitudes toward the elderly (Hauge & Kirkevold, 2012). Furthermore, the wavering experience of loneliness was related to meaningful times of the day or year, such as mealtimes (Taube et al., 2016), or times when the former partner used to come home after work, to Christmas (Roos & Klopper, 2010) or to weekends or vacation times (McInnis & White, 2001; Roos & Malan, 2012; Kvaal et al., 2014). Strong feelings of loneliness sprang forth at evening, at night, or in winter (Stanley et al., 2010), as one woman (age unknown) said, "Loneliness catches up with you at night when you switch off that light. You sleep on the double bed where you are alone. When there is nothing to occupy your thoughts, then loneliness comes" (Roos & Klopper, 2010, p. 284).

Feeling Useless, Unconnected, and Unable to Keep Up—Loneliness and the Perception of Self

Feelings of uselessness and worthlessness strongly influenced participants' perceptions of self (Graneheim & Lundman, 2010; Roos & Malan, 2012; Smith, 2012; Kvaal et al., 2014). These feelings related to lost abilities, both physical and cognitive, or to feelings of being outdated or unconnected to their surroundings (Heravi-Karimooi et al., 2010; Hauge & Kirkevold, 2012). A 96-year-old woman stated, "But you don't know what is going on. Yesterday I spent time with my children and

grandchildren, and they talked all the time about things that I wasn't able to understand. It is impossible to keep up" (Hauge & Kirkevold, 2012, p. 556). Significant others' lack of understanding and acknowledgment or their disrespect and rejection had a negative influence on the older adult's perception of self (Graneheim & Lundman, 2010; Roos & Malan, 2012). On the other hand, the older adults felt valuable and proud if they were still able to contribute to society and meant something to others (Roos & Klopper, 2010; Hauge & Kirkevold, 2012; Roos & Malan, 2012; Smith, 2012).

If the old adults perceived that the community no longer needed them, they felt unconnected, like strangers within their own society (Stanley et al., 2010): "[. . .] you feel like you are abandoned [. . .] you don't fit in [. . .] you are not part of it [. . .] ostracized [. . .] a leper" [man, 86 years old (McInnis & White, 2001, p. 135)]. The societal changes that had contributed to isolation were mentioned:

> Times have changed. Once upon a time, the postman came, the bread man delivered the bread, and the milkman delivered the milk. You knew all these people [. . .] nowadays you don't even see your neighbours [. . .] you don't know them hardly (Stanley et al., 2010, p. 411).

Not being needed any more made them feel worthless and depressed: "It feels like you are a nonentity, and it feels like there is nothing within you that gives someone else a reason to want to know you" [woman, age unknown (Theeke et al., 2015, p.65)]. For men, retirement called forth feelings of worthlessness (Smith, 2012).

Being bothersome for their families was another reason why participants held low feelings of self-worth (Hauge & Kirkevold, 2012; Theeke et al., 2015). A 95-year-old woman claimed, "You are old, and you just think you are a bother. Yes, you are a bother. 'We have to look after mother, oh, mother needs this or that' [. . .]" (Hauge & Kirkevold, 2012, p. 556).

Age-related bodily decline, especially loss of gait function, eyesight, or hearing together with chronic illness made them feel dependent on other people's goodwill (McInnis & White, 2001; Graneheim & Lundman, 2010; Heravi-Karimooi et al., 2010; Roos & Klopper, 2010; Smith, 2012; Theeke et al., 2015). Giving up driving meant a limitation to freedom, and called forth feelings of being trapped and powerless (McInnis & White, 2001; Smith, 2012; Taube et al., 2016). Some communities lacked social and external support systems, making it impossible to get out and join appreciated activities that had been important for self-perception (Heravi-Karimooi et al., 2010; Smith, 2012).

Sometimes, loneliness was experienced as a stigma, a sign of weakness, or even a failure that one should be able to cope with. Participants found it difficult to speak about their loneliness as they thought it was a private matter,

impossible to understand for others (McInnis & White, 2001; Roos & Klopper, 2010; Stanley et al., 2010; Kvaal et al., 2014).

Being alone instead of being part of a couple as before triggered feelings of being incomplete (Smith, 2012), or not being able to mix in with others (McInnis & White, 2001). An 86-year-old widow described her experiences as follows: "After he died, it was like someone got a knife and cut something off [. . .] you don't mix in [. . .] it changes your whole perception of things about you" (McInnis & White, 2001, p. 133).

Some older adults felt invisible, although they wanted others to notice who they had been: "I would like to gather those who live here and tell them my story so they will know who I am and who I was [. . .]" [man, 96 years old (Graneheim & Lundman, 2010, p. 436)].

Struggling to Maintain the Energy to Endure—Ways of Dealing With Loneliness

The varying emotional expressions connected with loneliness were commonly accompanied by bodily sensations. These could be a lack of strength, loss of energy, and initiative (Hauge & Kirkevold, 2012). They could also entail feeling pain (McInnis & White, 2001; Heravi-Karimooi et al., 2010; Roos & Klopper, 2010; Kvaal et al., 2014), tightness in the chest (McInnis & White, 2001), feeling cold, unwell, and agitated (Kvaal et al., 2014), losing appetite (McInnis & White, 2001), feeling tired (Heravi-Karimooi et al., 2010; Roos & Malan, 2012; Taube et al., 2016), feeling lethargic (Taube et al., 2016) and depressed (Roos & Malan, 2012).

Together with the claims of an aging body, it was difficult to endure loneliness or even fight against it: "When it feels so incredibly empty, then I don't have the strength to do anything [. . .]. I don't have the strength to turn on the radio [. . .] I feel so lethargic and strange [. . .] and then I fall asleep" [woman, 84 years old (Taube et al., 2016, p. 636)].

Nevertheless, the studies revealed how important it was to continue an active engagement with life and not to give in. Reaching out to others using the telephone, volunteering, and going out was seen as a release from loneliness (Roos & Klopper, 2010; Hauge & Kirkevold, 2012; Smith, 2012; Theeke et al. 2015; Taube et al., 2016). One female participant suggested trying her solution, "Try to make more friends, and forget about yourself [. . .]. I'm much better when I'm busy doing things for people. That's all I've done all my life, so you have to be needed [. . .]" (Smith, 2012, p. 303). Keeping oneself busy both physically and mentally by maintaining the enjoyable activities that were still available was important (Roos & Klopper, 2010; Smith, 2012; Theeke et al., 2015), as was adding structure to one's day (Theeke et al., 2015).

Television, pets, reading, and gardening helped the older adults to keep busy (Smith, 2012; Theeke et al., 2015). Some participants fought off loneliness by enjoying their memories from happier times together with others (Graneheim & Lundman, 2010; Theeke et al., 2015).

Being active was seen as a conscious decision, and some took responsibility themselves to plan and prepare for the future to fight off loneliness (Roos & Klopper, 2010; Stanley et al., 2010; Taube et al., 2016). A 68-year-old man explained how he kept loneliness away: "You have to keep pushing yourself all the time. I am actually conscious of not sitting in my chair. I have to keep getting up and doing something. [. . .]" (Stanley et al., 2010, p. 410). Some thought that it was a matter of attitude if one felt lonely or not. A participant in the study of Roos & Klopper (2010, p. 285) made these suggestions to avoid loneliness, "It is just your own perspective, change your thoughts to be more positive [. . .]. Set your spirit for something better [. . .]."

Religion was an important means to endure loneliness (McInnis & White, 2001; Graneheim & Lundman, 2010; Roos & Klopper, 2010; Theeke et al., 2015). Faith and trust in God who would take care were highlighted in several studies, as illustrated by the following quote, "I know I'm never alone, the Lord is always with me" (Roos & Klopper, 2010, p. 286).

Some of the older adults' narratives revealed positive features of loneliness. In the study of Kvaal et al. (2014), loneliness as a potential for personal growth was mentioned. Other positive consequences of loneliness were being free to make decisions, not being obliged to take others into consideration (Graneheim & Lundman, 2010; Taube et al. 2016), being protected from disappointment, and having time to reflect and reload (Taube et al., 2016). Loneliness was manageable if it was not constant but fluctuating, and if participants felt that they were still valuable and had the initiative to cope with their loneliness (Hauge & Kirkevold, 2012). Being lonely could be satisfying but only if it was optional (Taube et al., 2016).

The oldest old experienced that loneliness also meant living in confidence and being content and happy (Graneheim & Lundman, 2010). They seemed to have accepted loneliness as an unavoidable part of very old age, and thus managed to live for the moment, as this 95-year-old woman said, "It is this day that counts; yesterday is gone and tomorrow reaches beyond time and life"(Graneheim & Lundman, 2010, p, 436).

The Existential Human Core of Loneliness in Old Age—Trapped in an Empty Waiting Room

The metaphor evolved through the iterative process of analysis, reading, and discussions in the research group.
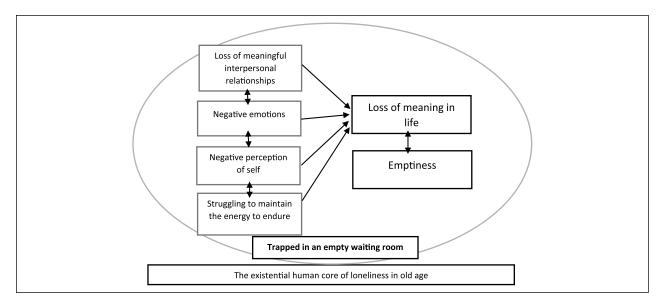
Figure 1. The metaphor of the study.

The older adults' experiences illuminated both the existential and physical core of human loneliness, expressed in this study by the metaphor "trapped in an empty waiting room." The loss of bodily functions and health was common, resulting in loss of personal freedom and choice. The aging body created obstacles that were difficult to overcome, causing increased dependency on others to keep in contact with one's network. As this dependency increased, the older adults felt that their world was shrinking.

Loss was an important part of the older adults' experiences of emptiness. The meaning of various losses came forth as the loss of meaningful relationships and connectedness with the older adult's former familiar world. The aging process left the older adults' bodies weak and vulnerable, and made them feel isolated, anxious, and entrapped within their own four walls. Hope ceased when the older adult understood that their situation would get worse as their state of health and functional ability decreased. In addition, they were trapped by their own feelings of uselessness and inadequacy when they could not keep up with those around them. The older adults experienced a sting of emptiness and meaninglessness when lacking important relationships and feeling that no one needed them.

A waiting room suggests that the person, despite feeling trapped, is not in a permanent situation. There is hope for change, a possibility that someone will open the door and invite the lonely person into a new situation. If the lonely person manages to find new vigor, the feeling of being trapped may transform. The lonely person may actively "open the door" to social life. Empowerment to change the situation may arise from the person's will and wish for change. The door can also be opened from the outside by

others who are aware of the older adult's need for recognition as someone who can still contribute to the community. "Opening the door" is thus a related metaphor for change. If this fails to happen, there is a risk that the lonely older adult will stay trapped, waiting for death to come.

For professionals and relatives, the metaphor of the empty waiting room offers an evocative and fruitful way of understanding the lonely older adult. This tangible picture of what it feels like to be lonely may be what is needed to spur action. We can metaphorically open the door and provide some relief for the older adult who experiences entrapment (Figure 1).

Discussion

The purpose of this meta-synthesis was to synthesize studies that focus on older adults' experiences of loneliness to advance scientific knowledge of the phenomenon of loneliness in old age and to provide suggestions for practice, education, and research. The overall findings reveal an overriding theme, the existential human core of loneliness in old age expressed by the metaphor "trapped in an empty waiting room." The metaphor expresses how the older adults' lives were put on hold, as they were trapped in an anxious state without meaningful interpersonal relationships, and imprisoned in feelings of being useless and unconnected.

Negative Emotions of Loneliness

The older adults portrayed their loneliness as a devastating condition connected with multiple negative emotions that drained their energy and life spirit (Heravi-Karimooi et al., 2010; Hauge & Kirkevold,

2012; Theeke et al., 2015). This is in accordance with the existentialist view that portrays loneliness as an essential but painful structure of human existence impossible to escape from (Tillich, 1980). The findings in Dahlberg's (2007) study show that loneliness is referred to as something wrong, ugly, and even shameful, and Eriksson (1995) claims that the most difficult form of loneliness is being deprived of something one has held or wished for, causing intense suffering comparable with death. According to Eriksson, unendurable suffering cripples the human being and prevents the person from living a meaningful life. The older adults in the studies did in fact use metaphors and symbols connected with death, "like a grave" or "a morgue" to illustrate their feelings of loneliness (McInnis & White, 2001; Roos & Malan, 2012), and they felt isolated and trapped, just waiting for death to come (Roos & Klopper, 2010; Stanley et al., 2010; Smith, 2012; Taube et al., 2016).

The strong relationship between loneliness and loss was obvious in our meta-synthesis, and called forth aching feelings of grief and longing. These findings concur with other qualitative studies that have explored the phenomenon of living alone (Bergland et al., 2016; Kirkevold et al., 2013). Nevertheless, studies also reveal that older adults living alone are content in their solitude (Ebrahimi, Wilhelmson, Moore, & Jakobsson, 2012; Hayes, 2006).

Our meta-synthesis showed that fear or anxiety is a common companion to loneliness and led to feelings of entrapment in the words of one older adult (Theeke et al., 2015, p. 65). Anxiety appeared to reduce the older adults' limited energy even more and hindered them in seeking for strategies that could have alleviated their loneliness. It is known that anxiety in older adults is associated with life dissatisfaction, illness, and mortality (Wuthrich & Frei, 2015). The association between fear and loneliness has been mentioned earlier (Canham 2015; Jakobsson & Hallberg, 2005), and needs to be explored more thoroughly.

The Loss of Meaningful Interpersonal Relationships

The voices of the older adults in the reviewed studies led to an understanding of loneliness in old age as an absence of high-quality relationships (McInnis & White, 2001; Roos & Klopper, 2010; Smith, 2012; Taube et al., 2016). Many had suffered the loss of a beloved partner (McInnis & White, 2001; Graneheim & Lundman, 2010; Heravi-Karimooi et al., 2010; Roos & Klopper, 2010; Stanley et al., 2010; Smith, 2012; Taube et al., 2016), or friends and acquaintances from their own generation (Roos & Klopper, 2010; Taube et al., 2016). A caring family was

of great importance (Hauge & Kirkevold, 2012; Theeke et al., 2015; Taube et al., 2016) but unfortunately, some older adults found that their family visited them out of obligation rather than genuine interest (McInnis & White, 2001; Heravi-Karimooi et al., 2010; Hauge & Kirkevold, 2012). Dahlberg (2007) claims that lacking a sense of belonging to important persons in one's life is an essential feature of loneliness. Our meta-synthesis reveals a strong lack of belonging in relation to significant others; this turned the older adult's being into a state of nonbeing (Theeke et al., 2015; Taube et al., 2016). A sense of meaninglessness came forth that drained the individual's energy.

The findings of our meta-synthesis agree with Pinquart and Sorensen's (2001) meta-analysis, showing that the quality of social contact is more important than the quantity. In their study, loneliness was more strongly related to contact with friends and neighbors than with family. These findings point to the importance of supporting older adults to develop and maintain social ties with people from their own generation with whom they can share common experiences. The influence of culture on loneliness is visible in the Iranian study (Heravi-Karimooi et al., 2010), which showed that remarriage was not accepted by the participants' adult children, and this increased the older adults' loneliness.

Existential philosophers underline that human beings cannot exist without togetherness. Heidegger (2001) states that a substantial existential aspect of being-in-the-world is being-with and nurturing concern for others. Being-with others when others' concern is lacking is of little benefit to the older adult. This is obvious in their quotes, complaining about loneliness when being with others or living with others who do not really care about them. Moustakas (1972) underlines the importance of the genuine presence of one individual to the other. He argues that where this authenticity of the interhuman is not found, the human element itself will be violated.

Loneliness and the Perception of Self

The older adults' feeling of not really being needed any longer either by family or by community was a serious threat to their concept of self (McInnis & White, 2001; Graneheim & Lundman, 2010; Stanley et al., 2010; Roos & Malan, 2012; Smith, 2012; Kvaal et al., 2014), and contributed to their loss of meaning and life purpose. However, respectful and caring relationships with family and friends strengthened the older adults' life purpose (Roos & Klopper, 2010; Stanley et al., 2010; Hauge & Kirkevold, 2012; Smith, 2012). Being needed and wanted by others and being able to do something for others are known as an important source of meaning in life, and contribute to a

positive life orientation (Fagerström, 2010; Pinquart, 2002) and to the inner strength of older adults (Nygren, Norberg, & Lundman, 2007). Data derived from the same project as the study of Graneheim & Lundman (2010) showed that meaning in life in the oldest old meant being able to create a space for living that connected to significant others and nature (Jonsén, Norberg, & Lundman, 2015). Having trust in God, faith in others, and seeing oneself as a link between generations were also important (Jonsén, Norberg, & Lundman, 2015; Nygren et al., 2007).

The lack of meaning in life expressed in most of the included studies (McInnis & White, 2001; Graneheim & Lundman, 2010; Heravi-Karimooi et al., 2010; Roos & Klopper, 2010; Hauge & Kirkevold, 2012; Smith, 2012; Kvaal et al., 2014; Taube et al., 2016) seemed to be the darkest side of loneliness, a feeling of being trapped in a boring and hopeless condition that led to death wishes and suicidal thoughts. This concurs with the findings of a recent meta-synthesis of older adults living in nursing homes who experienced loneliness and struggled to find meaning (Vaismoradi et al., 2016).

Pinquart's (2002) meta-analysis shows that older adults' perceptions of purpose in life are strongly associated with social integration and high-quality relationships. Older adults often claim that they are excluded from social and cultural participation in their communities. Such negative attitudes may be due to agism (Angus & Reeve, 2006). Retirement, lack of public transport, poor economic support, and inappropriate services contribute to social isolation of older adults, especially if they suffer from bodily or cognitive constraints (Nicholson, 2012; Papageorgiou, Marquis, & Dare, 2016). In addition, losing the younger generation's respect and willingness to listen to the older adults' wisdom and advice lead to loneliness and loss of life courage (Van Der Geest, 2004). Tillich (2014) writes about existential courage and the need to be part of something while being acknowledged for being oneself. Existential courage is supported by showing respect for each individual's personhood. As one of the participants in the study of Graneheim and Lundman (2010, p. 436) conveyed, "I would like [. . .] to tell them my story so they will know who I am and who I was."

Struggling to Maintain the Energy to Endure

According to Eriksson (1992), alleviating the suffering of loneliness is possible and depends on the person's ability to face the suffering. Nevertheless, loneliness is not easily recognized, as it often lacks language (Eriksson, 1992, 1997). Our meta-synthesis shows that not all of the older adults were able to disclose their loneliness (McInnis & White, 2001; Roos & Klopper, 2010; Stanley et al., 2010; Kvaal et al., 2014). Some hid their feelings because they felt responsible or ashamed of being lonely, or they suffered

silently as words fell short. To share their experiences with appreciated others would have been beneficial to face the challenges. Sharing experiences that are difficult to express is usually a time-consuming endeavor. Unfortunately, most of the older adults felt that their family members had very little time to spend, as they were busy with their own lives.

In these studies, the older adults showed different strategies to face the suffering of loneliness by looking for togetherness with others, trying to keep occupied, or seeking comfort in religion. Although spirituality can support older adults' resilience and well-being in times of hardship (Manning, 2013) and enhance their coping efforts (Harris, Allen, Dunn, & Parmelee, 2013), most of the participants in the included studies were unable to reconcile themselves to their suffering. It can be assumed that their advanced age, poor health, and lack of energy and support deprived them of strategies to deal with their condition. Dahlberg (2007) found that the lack of a meaningful context is an essential feature of loneliness. Many of these participants appeared to long for a meaningful life context that could provide them with the energy to persevere.

The very old participants in the study of Graneheim and Lundman (2010) showed a more positive attitude to loneliness. Their imminent death may have contributed to their quest for seeking harmony and freedom in solitude. These findings are in accordance with Tornstam's (2005) theory of gerotranscendence, where the older adult is more positive toward life, feels affinity with loved ones who have passed away, and prefers solitude to superficial social contacts.

Methodological Reflections

Being aware of the ongoing discussion on the validity of meta-synthesis research (Britten, Garside, Pope, Frost, & Cooper, 2017; Thorne, 2017a, 2017b; Thorne et al., 2004), our aim was to integrate beyond aggregation. We argue that our meta-synthesis study enhances human science knowledge for the benefit of older adults, their families, and health care practice. Although we preserved the original meanings of the included studies, our synthesis and the emerging metaphor represent a novel interpretation that goes beyond those results (Noblit & Hare, 1988; Thorne et al., 2004). The validity of our meta-synthesis may be judged in relation to whether a progressive problem shift resulted (Noblit & Hare, 1988).

The qualitative research team represented various disciplinary backgrounds in nursing, caring, social sciences and psychology, and a variety of educational, experiential, and research experiences in the field of aging. We adopted a critical reflective approach, ensuring rigor by challenging our preunderstandings and the emerging synthesis. The included studies came from different cultural settings and applied different qualitative methods, which

is considered a strength (Paterson, Thorne, Canam, & Jillings, 2001; Sandelowski & Barroso, 2007). The various studies may have influenced each other as the later studies cite several of the earlier studies.

The decision to include only peer-reviewed studies and to exclude gray literature may have limited the results. Our decision to exclude studies with terminally ill participants or participants suffering from life crises also sets limits. However, the meta-ethnographic approach does not claim to gather all relevant literature on a phenomenon but aims at retrieving sufficient studies to shed light on the phenomenon of interest and enable the translation process (Noblit in Thorne et al., 2004, pp. 27–28). However, thorough searches in relevant databases combined with manual searches in close collaboration with librarians were performed to gather all relevant studies (Bondas & Hall, 2007; Sandelowski & Barroso, 2007). It was important for us to let the voices of the older adults be heard, and we therefore excluded studies without their perspectives.

Noblit and Hare's (1988) approach differs from qualitative systematic reviews in its underpinning theory, use of the original authors' interpretations, and the creation of novel interpretation through the analytic synthesis process (France et al., 2015). Presenting a meta-synthesis using Noblit and Hare's (1988) approach is challenging as reporting guidelines are still under development (France et al., 2015). We have attempted to make our research process transparent. It is for the reader to decide whether the synthesis creates a deeper understanding and is useful within the reader's particular context.

Implications for Practice, Education, and Research

The existential human core of loneliness in old age is difficult to avoid, as it is a feature of growing old and facing multiple losses. Nevertheless, the waiting room metaphor can also capture the possibility for change as the occurrence of an event or events that can help older adults deal with their present state of loneliness. Therefore, health care workers should aim at alleviating the suffering of loneliness and nurture the older adults' zest for life. Faith and trust in another person or being engaged in something experienced as meaningful may alleviate the existential suffering of loneliness (Eriksson, 1992). In such caring communion, health professionals are able to nurture life-conducive phenomena such as hope and life courage (Clancy, Balteskard, Perander, & Mahler, 2015; Delmar, 2013). Preventive home visits undertaken by engaged health care workers can provide caring relationships where the older adults are confirmed in their value as human beings and receive support to maintain their network and meaningful activities (Tøien, Bjørk, & Fagerström, 2015).

To support older lonely adults' self-perception, health care workers should try to promote quality relationships, enable older adults to look back on their lives with pride, and support their ability to do the things they enjoy (Clancy et al., 2015). Activities should be individualized and grounded in the older adults' life history to support their sense of self.

Art interventions may have a positive influence on self-esteem, mental well-being, and the maintenance of social networks (Crone et al., 2012; McCabe, Greasley-Adams, & Goodson, 2015). Likewise, the positive experiences nature can offer reduce isolation and loneliness (Franck et al. 2016; Tse, 2010), and may even enhance the relationship between patients and health care workers (Magnussen, Bondas, & Alteren, 2017).

Storytelling is another meaningful and healing endeavor that supports continuity in life by sharing important experiences with devoted others (Bronken, Kirkevold, Martinsen, & Kvigne, 2012; Frank, 1995). Together with reminiscence, storytelling may enhance older adults' self-esteem (Clancy et al., 2015; Scott & Debrew, 2009). A novel intervention to prevent loneliness in older adults grounded in story theory (Smith & Liehr, 2005) has recently been developed (Theeke & Mallow, 2015).

Interventions to maintain older adults' relationships with family members and significant others are needed. Nowadays, mobile apps and communication software may facilitate contact with others who are unable to pay frequent visits, but instruction in the use of the equipment might be necessary. As shown in the meta-synthesis, spirituality may relieve loneliness and feelings of abandonment, and add meaning to the older adult's life.

Nursing education should focus on the negative impact of the multiple losses in old age, support for older adults to maintain important relationships and the provision of meaningful activities. In 2005, the concept of "joy of life for old people" was introduced by engaged nursing students in Norway. More than 80 joy-of-life nursing homes have since been established in 30 districts in Norway. The overriding aim of these institutions is to preserve older adults' life courage through valuable communion with others, and meaningful and joyful activities on a daily basis. Person-centered professional care based on shared decision making is in focus. In addition, the staff is attentive to the patients' existential worries and psychosocial needs, and facilitates the help of family members and volunteers (Moum, 2016). Although leaders, staff, patients, and family members have evaluated the joy-of-life institutions positively, research work to evaluate the positive consequences is still needed. The exploration and comparison of the meaning of loneliness among older adults living in different places such as nursing homes, their own homes, and public care homes will provide a more comprehensive description of the phenomenon of loneliness. To examine the effect of various interventions to

reduce loneliness in older adults calls for participatory action research (Zakrajsek, Schuster, Guenther, & Lorenz, 2013) to involve the older adults in the research process.

Due to demographic changes and a growing elderly population, a great effort is needed to prevent older adults from sinking into the vicious and life-constraining circle of loneliness. The joint contribution of family members, health care providers, and volunteers seems to be necessary to achieve this goal.

"The sighing of numberless lonely people all over the world and in our nearest neighbourhood fills those ears which are opened by love" (Tillich, 1980, p. 549).

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Supplemental Material

Supplemental material for this article is available online.

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