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Article

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Abstract
In this article, issues of loneliness and exclusion from social relations in old age are examined from the perspective of older men and women. Our focus is on sources of loneliness they themselves perceive and what strategies they use to cope with it. Twenty-nine interviews with older adults at risk of loneliness in the Czech Republic and their models of social convoys are analyzed. Surprisingly small gender differences in feelings of loneliness are found. A major source of loneliness for both men and women is the loss of a life partner. Perceptions of loneliness and the shape of social networks differ substantially in the case of lifelong singles and childless people. A second significant source for feelings of loneliness includes unsatisfactory relationships with close family. Based on the participants' accounts, three strategies for coping with loneliness are identified.

1. Introduction

The lack of social ties and loneliness in old age are issues that have rapidly raised the attention of scholars and politicians alike, who seek to improve the quality of life among older adults. Although the direction of the inter-relationship between social ties and loneliness is still not clear, the existence of mutual relations is not disputed. Loneliness and exclusion from social relations are interconnected with lower life satisfaction (Bai et al., 2018), lack of self-confidence (Masi et al., 2011), and anxiety and pessimism (Cacioppo et al., 2006). Older adults experiencing loneliness have self-rated their health as worse than people who are not lonely (Coyle & Dugan, 2012; K. J. Smith & Victor, 2019; Sunwoo, 2020). Loneliness is connected with low daily activity engagement, low satisfaction with social relationships, and low levels of emotional closeness in social networks (Sunwoo, 2020). Loneliness can be understood as an unpleasant or unacceptable feeling that arises when, regardless of objective aspects, individuals would like to have more and/or bet-

ter social relations than the ones they have (Perlman & Peplau, 1982).

Due to its significant impact on life quality, social isolation and loneliness among older men and women have been identified as a key challenge at the national and international levels (European Union, 2021). Although social exclusion has been primarily understood as the experience of poverty and material deprivation, it is a multidimensional concept that includes the relative absence of social relations (Walsh et al., 2017). The concept is broader than simply a lack of social contacts. Exclusion from social relations can be understood as a "situation in which people are socially and emotionally disconnected from adequate levels of intimate relationships, social networks, social support, and/or social opportunities" (Aartsen et al., 2021, p. 27). Loneliness is one of the individualized impacts of exclusion from social relations, and it can also be an individual-level predictor of this type of exclusion. The relationship between poor health and well-being is similar (Aartsen et al., 2021). Not all lonely people are excluded from social relations, just

as not all socially excluded people feel lonely. Neither loneliness nor exclusion from social relations can be confused with living alone, although loneliness and living alone, in particular, are often seen as interchangeable (A. E. Smith, 2009). Moreover, single living is seen as a risk factor for loneliness (Wenger et al., 1996). At the same time, some studies show that it is exclusion from social relations, rather than feelings of loneliness, that significantly affects health (Steptoe et al., 2013).

Social relations can be characterized by their quality and quantity. Their comprehensive capture is made possible by the social convoy model (Kahn & Antonucci, 1980), which conceptualizes social reality as a collection of people who surround individuals during their life course. Convoys are dynamic; close relationships remain relatively stable over the life course, while more distant relationships may shift based on changing life circumstances (Antonucci et al., 2014). The social convoy model recognizes that, even in old age, social networks do not only shrink but may also expand, growing through new members or changes in the importance of existing members. The interdependence of social network size and geographic distance is dependent on the cultural context, and the association of age and sense of closeness with the frequency of contact and the presence of children in networks is universal (Ajrouch et al., 2018).

There are considerable differences among countries concerning degrees of loneliness. More older adults in Eastern Europe suffer from loneliness than in Western Europe (de Jong Gierveld & Tesch-Römer, 2012). Older adults in Central and Southern European nations appear to be the loneliest among Europeans when controlling for socio-economic variables (Shiovitz-Ezra, 2015). Based on SHARE data, Sunwoo (2020) concludes that only five percent of older adults (65+ years) in the Czech population suffer from loneliness and finds no differences between men and women.

1.1. Household Composition and Family Differences

The possibilities for social relationships (not only in old age) are conditioned by the structure of families. Spouses and children comprise important close contacts, even if adult children live in separate households, typical for the Czech environment. However, their importance in preventing loneliness in old age is unclear, and scholars have presented contradictory results. Sunwoo (2020), based on an analysis of SHARE data for the Czech Republic, finds that variation in the sample of older adults (age 65+ years) is substantial. The widowed, the divorced, and the young-old experience significantly higher levels of loneliness. Those with single-person households and more than four in a household are more likely to score high on loneliness compared to those with a household size between two and three (Sunwoo, 2020, p. 5). Similarly, Štípková (2021), based on the same data source, finds that married older adults have the lowest levels of loneliness and, together with widowed

men, have the largest network of intimates. According to the analysis, the only characteristic of close social networks that has an effect on loneliness is the presence of a partner in social networks. De Jong Gierveld and Tesch-Römer (2012) come to the same conclusion about the importance of partnerships when testing the effect of household type on loneliness in old age and conclude that only the presence of a partner has an effect. Based on these findings, it seems that feelings of loneliness are not necessarily influenced by the form of social networks or relationships with adult children; the main factor appears to be the existence of a partner relationship. However, it is not entirely clear from these data whether it is the partnership itself that is the influencing factor or just the presence of someone else close to the household.

Moreover, a partnership seems to influence the meaning of other relationships. Pinquart (2003) finds different meanings concerning adult children for respondents living in and out of marriage. Adult children are more important in preventing loneliness for single adults than for married respondents, and siblings, friends, and neighbors became more important for those respondents who have neither a spouse nor adult children. A study from a Portuguese setting shows that the social networks of childless older adults are smaller but more diverse and include more friends and neighbors (Vicente & Guadalupe, 2022). The childless subset reports more feelings of loneliness, along with less life satisfaction and less network reciprocity. In Italy, the childless are likely to lack the forms of support most needed in cases of ill health (Albertini & Mencarini, 2014).

Childless older adults are perceived as more vulnerable to social isolation because their networks consist of peers; when they need care, these friends and acquaintances do not step in and they are reliant on professional services (Dykstra, 2006). In a different vein, Djundeva et al. (2019) find that, in the case of older adults living alone, the relationships between social networks and well-being reveal that both kin and non-kin network members contribute to better well-being, even after controlling for marital status. Vicente and Guadalupe (2022) conclude that network reciprocity emerges as the most influential predictor of loneliness and also acts as a significant factor in explaining life satisfaction. Health, gender, age, and income, rather than childlessness/childhood, have a major influence on well-being.

1.2. Gender Differences in Loneliness and Exclusion From Social Relationships

Gender plays a crucial role in the shape of social relationships. Gender differences in social relationships seem to be universal in the European context (Ajrouch et al., 2005). Women tend to have wider, more supportive social networks, including more non-family members (Liebler & Sandefur, 2002) and more members that they consider very close (Antonucci et al., 1998). Women are

also typically those more actively involved in maintaining social ties, and, thus, for example, have more frequent contact with their adult children (Greenwell & Bengtson, 1997). In the Czech Republic, in the pre-1989 era, this contact had taken the form of a persistent maternal role that did not end with children's adulthood; women continued to care for their households, despite their full employment during the socialist era (Možný, 1991).

Schwartz and Litwin (2018), in their analysis of social network change with age using SHARE data, find that older men and women do not differ in the amount of contact they have lost. What does differ is the number of new contacts, with women experiencing a greater increase in close ties, not always new network members, but an increase in the importance of previously more distant relationships, for example, the inclusion of important friends in close contact. Accordingly, for women, social networks have generally increased with age as non-familial relationships have increased. Similarly, Antonucci and Akiyama (1987) find that older women have larger social networks than men and provide as well as receive more support. Women's social networks are also more diverse, including more friends and as many family members as men's social networks. Men tend to rely on their spouses exclusively. However, findings of significant gender differences in the form of social networks may no longer be relevant given the generational change in the older population. More recent research tends to agree on smaller differences.

Some scholars suggest that loneliness itself might be reported by women significantly more often also because men perceive loneliness as disparaging their masculine identity (Ratcliffe et al., 2019). Women are more willing to avow feelings of loneliness than men (Victor et al., 2006). When asked about loneliness indirectly, men's and women's responses are similar (Pinquart & Sörensen, 2001). Similarly, aging itself poses a challenge to masculine identity. In situations in which a couple ages together, partners tend to care for each other, with masculine activities shifting from the workplace and community home towards the family and the marital relationship (Jackson, 2016). The effects of this shift in men's activities on the form of their social relationships are not yet well understood. Regardless of family status, men consider partnerships more important than women (Dykstra & Fokkema, 2007).

Results on gender differences in loneliness remain inconclusive, but as far as they have been detected, they are generally small and may be the consequence of the unequal distribution of risk factors across groups of men and women (Pinquart & Sörensen, 2001; Victor et al., 2006). The higher incidence of loneliness among women can be fully explained by the unequal distribution of risk factors among men and women (e.g., women more often become widowed; Aartsen & Jylhä, 2011).

In this article, the perceived sources of loneliness among older adults in the Czech Republic are examined. Loneliness, as a subjective feeling, is analyzed in the con-text of the broader concept of exclusion from social relations. The main focus is on the perception of loneliness by older adults themselves.

2. Methodology and Data

The findings presented in this article are based on the qualitative part of a larger European mixed-methods study (the project GENPATH—A Life Course Perspective on the Gendered Pathways of Social Exclusion in Later Life, and Its Consequences for Health and Well-Being). The research is focused on capturing lived experiences regarding relational changes across the life course (Antonucci et al., 2014), the implications of these changes on multiple forms of exclusion from social relations (Burholt et al., 2020), and the role of gender in social relations and their transformations (Aartsen et al., 2021), specifically in the Czech Republic. Twenty-nine interviews were conducted. The average age of the participants was 74 years, and 12 of them were men. Marital status breaks down as follows: married and living together with a spouse (3); married and living separated from a spouse (1); never married (3); divorced (10); widowed (12). Most participants were of Czech origin, with one participant from Hungary and one from Russia. More than half of the participants (16) have a (self-reported) disability. Participants were recruited both within the researchers' wider social networks and with the help of NGOs focusing on helping lonely older adults.

Interviews were based on a semi-structured interview guide and a graphical representation of the participants' social convoy, in which participants were asked to map their relationships hierarchically onto the convoy model's concentric circle diagram (the resulting diagram has not been analyzed for this text, but participants' verbal descriptions of it are part of the interviews analyzed). The sample consisted of older people at risk of loneliness, typically living in a single-person household or without close relatives, or with close relatives at a greater distance. Due to the Covid-19 pandemic, only some of the interviews were conducted in person; the rest were conducted via telephone (the offer of an online interview was not chosen by any participant). Although a telephone interview may produce significantly different results from a face-to-face interview, in our case, we did not find any substantive differences. In the case of telephone interviews, the necessary documents (the social convoy model diagram and the informed consent) were sent to the participants in advance by post with a stamped return envelope. In these cases, the social convoy model was either completed directly by the participant and sent to the research team after the interview, or completed by the researcher based on the participant's instructions, depending on mutual agreement.

The interview sample included men and women aged 65 years and over (the age of 65 was mandated for all participating countries; however, in the case of the Czech Republic, one participant was aged 64), from both

urban and rural settings. In addition, to increase variation among the sample, we included people with disabilities, people from the LGBTQ+ community (1), and from a variety of ethnic and social groups. Participants were informed about the objectives of the study and how issues of confidentiality were addressed. The recordings of the interviews were transcribed verbatim. The analysis was based on constructivist grounded theory (Bryant & Charmaz, 2007; Charmaz, 2014), consisting of repeated readings of all transcripts and coding essential parts of the interviews, comparing constantly with quotations from other interviews to identify patterns in the data.

The standard ethical procedures of written informed consent and the anonymization of published excerpts were applied to protect participants' privacy and rights. Data collection and analysis were conducted following ethical guidelines and were approved by the Ethics Committee for Research at Masaryk University (approval number EKV-2018–072).

3. Results

3.1. Long-Term Partnership as a Dividing Line Between Loneliness and Non-Loneliness

Although our primary interest was to explore gender differences in the feelings of loneliness and exclusion from social relations among aging men and women, throughout the analyses it turned out that gender was not a crucial characteristic; on the contrary, it held unexpectedly little significance. Partner trajectory and childlessness/childhood instead proved to be absolutely crucial. Two quite specific cases with different perceptions of loneliness included people living outside of partner relationships and childlessness (see Section 3.3). Widowhood is a typical experience in old age and, in the Czech environment, it is experienced by women significantly more often than men. Apart from the emotional burden, widowhood in the Czech context usually implies a transition to single living. For those who have lived most of their lives in marriage, the loss of a life partner is a major turning point. In her narrative, Elen, a 67-year-old widow with three grown children, clearly associates widowhood with loneliness: "I am a widow….One gets up in the morning alone, one is alone all day, and one goes to bed alone….You miss him…you miss the person next to you." She directly associates her feelings of loneliness with widowhood, reflecting on the absence of a spouse in the household. Regardless of the length of the period of widowhood and the quality of one's relationship with one's children, the feeling of loneliness cannot be completely eliminated, only suppressed through various strategies. Štěpán, a 67-year-old man, sums up his experience in a similar way:

I'm alone. Yeah, and I'm really well aware of it. The fact that I'm alone is more or less…now I've moved into a one-bedroom flat. That means I'm not count-

ing on change. And I was just commenting that it's actually a retreat. And it's more or less an emergency. Personally, I think of people as couples, yeah. Also, in a lot of things, basically things lose meaning if they're not *shared with someone*. Yeah…that's how I think of it. So, yeah….You feel there's a definite loneliness in these things. Yeah, it is. And there's nothing I can do about it. And, basically, not to be lonely, I have to be very active. Yeah, it's actually due to my activity. Because obviously, I have kids, I have this. (emphasis added)

Štěpán is long divorced and has experience with multiple partnerships. Although he has a different life path than Elen, his experience of loneliness is very similar. He perceives the feeling of loneliness as a consequence of not living in a partnership and of a lack of cohabitation. For him, it is not the mere absence of the other in the household, but the impossibility of sharing exceptional as well as everyday experiences. This inability to share cannot be compensated; it can only be resisted and suppressed (coping strategies are discussed in Section 3.4). Although Štěpán says he has already given up on trying to find a partner, he considers this an unpleasant concession forced by his situation. Despite good relations with his children, these family ties are not sufficient to prevent these feelings of loneliness. However, this is not an experience that has emerged with old age: Štěpán also speaks about the fact that this feeling of loneliness has been with him all his life due to the instability of his partner relationships.

Sofie, a 75-year-old woman, has been feeling lonely since becoming a widow although her son and his family live in the immediate vicinity and she has regular contact with her daughter by phone. A one-person household is a source of loneliness for her. Her husband's death marked a significant transition because it was preceded by a period of intensive caregiving, in which her daughter and another caregiver were heavily involved. Sophie's daily routine and regular social contacts had thus been completely transformed. Her sense of loneliness is exacerbated by the fact that she lives in a house in the suburbs and relies on the help of others for more distant mobility. Her husband's death has turned her apartment into a quiet place, in stark contrast to her previous experience with the frequent and intensive presence of others helping to care for her husband. The loneliness is significant for these participants even though they have strong relationships with their children and also have rich wider social networks. The stories of Elena, Štěpán, and Sophie have been chosen as typical, well illustrating the loss of a partner.

3.2. Conflicting Family Relationships

When widowhood or divorce are accompanied by complicated relationships with children, grandchildren, siblings, and other close relatives, these transitions not

only cause a sense of loneliness but significantly reduce the quality of life in old age. Some of the participants in our research had experienced very complicated relationships with their close family, in which domestic violence or alcoholism was present. Their infrequent contact with their children is often the result of long-term complicated relationships. The problematic nature of family relationships is illustrated by Pavlína, an 88-year-old woman:

> And as far as the family is concerned…I have a daughter and a grandson. And when my husband was alive, he kept giving them money and more money so they would come to our house…[so] they would come. And [my] daughter has a quarrelsome nature. She's been a naughty, troubled girl since she was little. I can't get along with her at all. She would fight all the time. And she's selfish. I had a son, but he died in childhood.

After Pavlína became a widow, her relations with her daughter and grandson—her only close relatives—gradually escalated until contact was almost entirely severed. Although Pavlína defines herself as someone who has had many friends and easily meets new acquaintances, she did not maintain any contacts at the time of the interview, living in considerable isolation. The closest person to her is the home caregiver, who visits her regularly and provides her with basic assistance. However, the reason for Pavlína's social isolation is not only the result of her conflicting relationships with those close to her; it is also due to Pavlína's health condition. Mobility limitations do not allow her to leave the flat. Her opportunities to maintain or build broader social ties are thus severely limited. Pavlína's narrowing of her social ties to the home caregiver is not unique among the participants in our research. It is accompanied by feelings of loneliness, as well as a negative perception of one's life situation. In our sample, this situation is typically associated with a certain passivity in social relations or a lack of agency.

3.3. The Case of Lifelong Singles

> I do realize that one should be with someone, yeah, now, at this age, 71.…But I couldn't do it anymore. I know that every old person has their habits, their routines, their families, all kinds of things. I can't do anything now. Yeah, I can't do that anymore. It wouldn't work.…But I don't miss it. I don't miss it, but the mistake was that I…that somehow, I should have had at least that son, that daughter, that I should have had some kid. I'm only just realizing that now. (Marek, 71, man)

The importance of partnership in old age is clearly perceived by the lifelong single and childless Marek, but, given his life biography, it is something useful to others

rather than to himself. The long-term experience of partner cohabitation, coupled with the loss of a partner, is a vector that brings a sense of loneliness in the perception of aging. Those who have lived without a partner for their entire adult life or for a long time (like Marek) do not necessarily perceive this fact as a source of loneliness. In their view, it is rather their childlessness that leads them to the risk of loneliness; they do not attach such fundamental importance to the partnership itself. As Běta, a 67-year-old woman, explains: "I sometimes see the horror of being alone and something can happen to me." Childlessness brings a sense of fear to Běta that she will be left without help in case of health problems or an accident. She is not referring to short-term help in a crisis, but to the need for long-term care. In her eyes, childlessness makes her dependent on the help of professional services. While she herself cared for her mother until her death and allowed her to die at home, she has no one so close to her. The experience of caring for a dying mother in the home environment is very significant in Běta's narrative. She returns to it repeatedly. She also repeats that it was a matter of course; she did not have to decide on it, because her mother had similarly cared for her mother until the latter's death. She sees this as a moral obligation, which she does not question, but which her own childlessness violates.

Marek and Běta do not feel lonely; they list a considerable number of friends, neighbors, and former colleagues as part of their social networks. A deeper exploration, however, shows that these are dense but not very intimate networks. None of their relationships allow for confiding in someone. In terms of closeness, they are community ties rather than intimate relationships. If we view their social relationships not through the narrow lens of feelings of loneliness but rather through the broader lens of exclusion from social relations, both are at high risk.

Loneliness is therefore linked to the lack of an existing immediate family, not simply to its absence but to its loss of adequate contact. Our data do not show any differences in loneliness between older men and women. Men only speak more clearly about the lack of the possibility of sharing experiences, and women more about the lack of the presence of a partner in the home. Thus, the dividing vector in the sources and experience of loneliness in old age is not a gender pathway but a partner pathway.

3.4. Strategies for Coping With Loneliness

Although the interviews had not directly focused on strategies to counter feelings of loneliness, some of our participants talked about ways they struggle and cope with feelings of loneliness. We have identified three types of strategies in their narratives: (a) actively seeking out activities and encounters; (b) enjoying the solitude; and/or (c) slowing down. Crucially, participants themselves describe their strategies as their ways of coping with loneliness. Thus, their approach is an actor-centered

proactive one, which has a significant positive impact on their quality of life.

3.4.1. Actively Seeking Out Activities and Encounters

> Well, of course, I feel lonely. Of course. I feel that way almost every day. Of course I do. Well, if I'm here alone, of course. But I'll get over it….You can't think about it all the time. I've got to keep myself busy, and I've just got to get over it somehow….I've got to get a job or something to get over the loneliness somehow. TV or something. Just something. I have to find the strength within myself and suppress [the loneliness]. (Jitka, 91, woman)

> I can't say that I feel lonely because, first of all, I'm in that cottage among…old residents who live there [nearby], so I don't feel so lonely, I still have, like, somebody next to me. And….I don't know, I guess the kids got me out of not feeling lonely….I'm just always on the run somewhere and I'm always creating something and…trying not to be alone at home and not to cry. And on top of that, I have a garden that I work on, which means that, even though I have health problems…it satisfies me. So much so that I am just satisfied. (Elen, 67, woman)

Both Jitka and Elen are widowed women living in one-person households. They actively fight the feeling of loneliness by looking for activities. Finding an activity, going out among people, or phoning a friend are among the most frequent coping strategies mentioned by our participants. The range of activities is very wide and varies from watching television to organizing regular trips for a larger group of people, as well as civic participation and keeping in touch with long-time friends; while for the more frail participants it is generally a matter of phoning friends or watching television, for the fitter ones it can be a "life on the move," i.e., one day after another purposefully filled with activities, as Elen asserts. An active approach is associated with a positive perception of one's own situation and well-being.

The activities that participants discuss are very varied and include both meeting other people and activities carried out more independently (e.g., home maintenance and gardening). Some are more physically demanding and some are more passive. The level and type of activity, at least among our participants, do not differ between men and women but rather depend on physical limitations. Participation in the organization of social activities, as well as care for a house and garden, could be found among both men and women. One specific activity not mentioned by men as a strategy against loneliness is phone calls to friends, typically mentioned by women with limited mobility.

Vladan, a 70-year-old man, provides a contrasting example to the agentic older people, with his passive approach to social relations:

> Sometimes, yes. I'm here alone most of the time. I can keep myself occupied….I'm going to put it succinctly: I still have, like, things to do. But sometimes things start to hurt more and so….And I just wait patiently….I don't mean [waiting] for death, no, but until I get a little bit better again, or until someone calls me, or until someone gives me a good word.

Vladan, like Jitka, talks about his ability to find activities that help him overcome his feelings of loneliness; however, unlike Jitka, who actively maintains her relationships, he is passive. He is waiting for someone to call him, someone to visit him, someone to comfort him. If he does not feel well, he passively waits to see if someone will please him with a visit or a phone call. This inactive attitude, combined with mobility limitations, significantly reduces Vladan's well-being. Unfortunately, the nature of the data does not allow us to distinguish whether lower levels of well-being lead to a passive approach to relationships or, on the contrary, a passive approach to relationships reduces well-being. Although confinement in a flat due to mobility-related disabilities poses significant difficulties in maintaining social relationships, this passive approach is not characteristic of all participants with mobility limitations.

3.4.2. Enjoying Solitude

In addition to purposefully seeking activities and initiating encounters, satisfaction with being alone, with one's solitude, is identified in the interviews as another successful strategy for coping with loneliness:

> I like my alone time. Well, I like being alone more and more as I get older….I'm fine when I'm alone….But [this is] because I still have my family here, some of them are here…so….But overwhelmingly, compared to when the question was asked, what [has] changed [with] old age is that I'm more of a loner and I'm realizing more and more that I'm comfortable with that. I can say [that] I've liked people, that very few people have annoyed me or anything [like that]….But I [always] liked the times when I was alone. Well, in my old age, I like being alone more and more. I'm fine when I'm alone. (Karla, 75, woman)

Enjoying solitude is an increasingly popular activity for Karla as she gets older and as her peers pass away. She enjoys spending time with her children and grandchildren, but she does not require their regular presence; the feeling that they are well and doing well is enough for her. Enjoying her time alone is a conscious strategy she uses to adapt to the changes in her social networks. However, this is possible because she has a solid and satisfying social network. Her social activities include regular contact with her family, as well as numerous wider friendships, and regular trips with the hiking club to which she belongs.

3.4.3. Slowing Down

Similar strategies are used by Antonín, a 78-year-old man, although in his everyday life he is more likely to be in his house, garden, and immediate surroundings:

> [In the past] sometimes I [have] felt lonely. Maybe even lonelier than I am now. So now I'm….I've just shifted gears, as they say. I'm just quite comfortable with the solitude. Well, there's a mess. I'm over there shelling nuts in front of the TV and stuff, so it's a bit of a mess. If my wife came back, she'd give me hell. But I don't feel lonely. Because I have a dog, I have these three cats, I have ten rabbits.

Since becoming a widower, Antonín has lived alone in a house on the outskirts of a big city. He devotes his time and energy to gardening and breeding animals. As a former university teacher, his social network is enriched by students who come to him for tutoring. The tutoring of students is an activity he controls the frequency and intensity of. He associates his enjoyment of solitude with another successful strategy, and that is slowing down in old age. Although a one-person household means that he spends most of his time without the presence of another person, which creates a feeling of loneliness, he can decide when, where, and for what purpose he meets someone in an active way, according to his strengths and needs. He finds it convenient to cut back on activities as he gets older. Taking care of the house, his garden, and his pets provides him with a variety of activities and a sense of usefulness (the data do not allow us to comment on the role of pets in preventing loneliness; however, on the importance of pets for quality of life in old age, see, for example, Vidovićová et al., 2013).

All three of the above strategies are linked in their successful implementation to the active maintenance of social relationships and receiving a certain satisfaction from the interaction. The participants who describe these strategies actively maintain family and friendship relationships. However, they feel loneliness to varying degrees. But through their attitudes, they actively work to ensure that being lonely does not diminish their quality of life.

4. Conclusions

This article has dealt with the theme of loneliness in old age. Loneliness is observed from the perspective of older men and women, in terms of their perceived resources and strategies to cope with loneliness. Loneliness (not only) in old age is a serious problem interlinked with poorer health outcomes (Coyle & Dugan, 2012; K. J. Smith & Victor, 2019; Sunwoo, 2020) and lower life satisfaction (Bai et al., 2018); it is also associated with higher mortality (Holt-Lunstad et al., 2015).

Loneliness is an experience often understood as typical of old age. In the media space, old age is often associated with the image of a lonely widow watching television alone. Given women's more frequent experience of widowhood and their higher life expectancy, older women are more likely than men to live in a single-person household. Living in a single-person household poses a considerable challenge in terms of social relationships. Nevertheless, loneliness cannot be confused with a single-person household. A distinction should be made between loneliness—i.e., the subjective feeling of a lack of satisfactory social ties—and solitude, which can also be positive (Lay et al., 2019).

The shape of our social relationships is strongly gendered, with women typically having wider social networks and bein more often the ones who maintain relationships. At the same time, they are perceived to be at greater risk of loneliness in old age; studies disagree on whether older women really suffer from loneliness more often than men. It seems that differences in loneliness between men and women can be explained by structural factors, mainly marital status, age, and living arrangements (Aartsen & Jylhä, 2011; Victor et al., 2006). In particular, widowhood, which women are more likely to experience, is a risk factor leading to loneliness (Aartsen & Jylhä, 2011). A key finding in this article is the crucial effect of the partner pathway on the feeling of loneliness in old age. Although the intention has been to explore differences in loneliness between older men and women, gender turned out to play a surprisingly minor role in the participants' narratives. In fact, the experience of marriage or partnerships, or, conversely, single life without partner cohabitation, is the main dividing vector regarding feelings of loneliness. Participants explain their feelings of loneliness specifically through widowhood or the loss of a partner. Older adults without a partnership experience and without children differ in the shape of their social networks and their subjectively lower feelings of loneliness. However, they experience a significant risk of exclusion from social relations, given that their social networks include mostly low-intimacy relationships. Another strong source of loneliness is the feeling of unsatisfactory relationships with close family, especially children. Scarce and conflicting relationships with children not only lead to a strong sense of loneliness among our participants but also reduce the perceived quality of life, leading, in turn, to dissatisfaction with their life situation. When conflictual relationships are accompanied by health problems, they lead to significant exclusion from social relations, even as regards contact with caregivers.

In addition to the subjective perception of the sources of loneliness by older men and women, this article has focused on the strategies employed by older adults to counteract their feelings of loneliness. Based on the analysis of participants' narratives, they engage in three compensatory strategies: (a) actively seeking activities and encounters; (b) enjoying solitude; and/or (c) slowing down. In addition, an actor-centered approach to social relationships and agency in maintaining social relations appears to be crucial in promoting life satisfaction despite the loss of loved ones and health problems.

Conflict of Interests

The author declares no conflict of interests.

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