

Addressing older men's experiences of loneliness and social isolation in later life.

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About the research

Loneliness can impact on people's lives at any time, however later life is consistently associated with loneliness ([Age UK, 2018](#)). While higher percentages of older women report loneliness as a problem compared to men, a greater number of older men (50+) report moderate to high levels of social isolation ([Beach & Bamford, 2013](#)). Loneliness is an emotional response where we desire increased social contact with others while social isolation is often measured in terms of our level of contact with others. Little research has been undertaken into older men's experiences of loneliness and isolation. This two-year study aimed to develop understanding of the ways in which older men (65+ years) from different social backgrounds and circumstances stay socially connected with others and combat loneliness and social isolation in later life. The objectives were:

- To develop a deeper understanding of how sexual identity, rurality, hearing loss and caring responsibilities shape older men's experiences of social engagement and participation;
- To ascertain the current membership of participants' social networks, levels of social engagement with others and sources of support;

- To identify new ways in which social care and voluntary services could support older men to maintain social engagement and contact with significant others, alleviate loneliness and reduce social isolation.

One hundred and eleven men aged 65+ from five different groups took part in single, semi-structured interviews. The groups were: 1) men who were single or living in urban areas (n=21); 2) men who were single or living alone in rural areas (n=22); 3) men who identified as gay and were single or living alone (n=21); 4) men who were carers for significant others (n=25); and, 5) men with acquired hearing loss (n=21). We recruited men through groups for older people across the West and South West England because we wanted to learn more about their experiences of group participation. Participants were between 65 to 95 years of age and the mean age was 76. Thirty men (27%) were between 80-89 years with 6 men (5%) over 90 years of age. Most of the sample were from White British backgrounds (a limitation of the study) with 6 men identifying with BAME groups.

Key findings

1. Variations in experiences of loneliness and social isolation across groups.

“ Loneliness to me means I’m entirely on my own, nobody is with me... And I feel that there is nobody around me, nobody sitting with me, there is nobody to talk to me. You know. I feel discarded, I feel left by human society and things like that. That’s my feeling...
M10, 74 years, heterosexual, single

Loneliness and social isolation impacted negatively on men’s social connections across the groups. Feeling ‘left out’, socially excluded, overlooked, cut-off: these were emotions commonly expressed across groups. The way loneliness is experienced in later life differs not only according to gender but also on the basis of other intersecting dimensions. Key differences are identified in Table 1.

2. Alleviating loneliness and reducing social isolation on one’s own.

Feeling stuck versus getting on with it. Men’s discussions about alleviating loneliness often wavered between two positions: social inertia (‘I don’t know

what to do about it’) versus self-sufficiency and self-reliance (‘getting on with it and doing something about it’). The latter position overlaps with masculine ideals of independence and autonomy while the former suggests a more entrenched position of being stuck in an emotionally difficult space.

“ You get spasms [of loneliness] if you know what I mean? You sit down and you get a bit depressed thinking, “What am I going to do? What can I do?” It’s hard to explain loneliness. That’s why I always like to be busy... because there’s no time for thinking and worrying about things.
M14, 84, heterosexual, single

Reluctance to speak to others. Men did not always have people to confide their feelings in - or felt reticent about doing so. Across the groups, some men reported reluctance to seek help from others. Underlying this concern was a perception of other people as not being interested in their lives or the potential stigma attached to loneliness. Some men struggled with identifying a confidant for sharing emotionally difficult issues. Men with adult children avoided speaking to their children as

they did not wish to worry them, or it was not in keeping with their family role as the father-type figurehead.

3. The role of groups in alleviating loneliness and reducing social isolation.

“ That’s my feelings, I’ve kept private. Not through a sense of not wanting to discuss things with people, but a feeling that either they’re not interested in you personally, or that you will be embarrassed by talking about intimate things like that.
M63, 67 years, gay, single

What older men value in groups. Men valued groups that tried to increase social opportunities and interaction. Groups of mixed ages were strongly preferred by both heterosexual and gay men, as they did not want to be siloed in groups for ‘old people’. Mixed-generational groups that included younger adults were preferred. Equally, men valued groups that facilitated emotional and social ties with other men. However, the social value attached to these groups differed according to sexuality. For straight men this was commonly associated with male companionship and the enjoyment of male banter and opportunities. For gay men this was

often associated with a sense of belonging gained from being in the company of other gay men with similar life-experiences.

“ Like the dining group I belong to, it’s primarily over 60s. I would prefer more of a mixture of young people, old people. When I hit 60, people would say to me, “Oh, why don’t you join an over 60s walking group?” I said, “No, I would like to go walking with people of all ages.” I still want to mix with people of all ages, you know?
M51, 68 years, heterosexual, single

Targeted groups were also highly valued, for example groups for carers where men could meet with others in caregiving roles and receive emotional and practical support. There were a small number of men who valued groups that were specific to disabilities or impairments they were living with, for example deaf club, lip-reading classes or mental health support groups.

Barriers to accessing and participating in groups. General barriers included living with physical disabilities which restricted mobility and travel to groups. Specific barriers are outlined in Table 1.

Table 1 - Key differences in experiences of loneliness and social isolation across groups.

Groups	Single or living alone (urban and rural)	Living in rural areas (towns, villages, remote)	Caring for significant others	Gay men, single and living alone	Living with hearing loss
Experiences of loneliness and social isolation	Two forms of loneliness: 1. yearning for a partner (often overlapping with spousal/ partner bereavement); 2. seeking increased day-to-day contact with others.	Cities viewed as lonelier places than rural areas. Rural areas potentially isolating - limited number of groups in small towns and villages.	Loneliness not a recurring problem, however attuned to loneliness in the future if caring relationship changes. Diminished contact with friends – unable to fit in meeting up with friends due to caring routines.	Loneliness and isolation interconnected with concerns about ‘coming out’ in early and current life. Being a ‘minority in a minority’ as older and gay – impacts on forming new relationships.	Loneliness experienced within groups due to hearing loss. Cycle of indirect exclusion: from feeling isolated and invisible in groups to withdrawing from groups. As a result, men are further isolated from others.
Barriers to accessing and participating in groups	Feeling left out in groups full of couples. Not being a ‘social animal’ – interpersonal difficulties interacting in groups. For some widowers – difficulties readjusting after having relied on spouses to lead socialising activities.	Long driving distances. Preferring not to drive at night time. Poor access to public transport.	Women-majority membership in groups – restricts discussion of sensitive issues for male carers. Hard to discuss personal issues when the person receiving care also attends carer groups.	Isolation from gay or LGBT groups – groups all located in bigger cities. Feeling invisible in LGBT-venues and services targeted at younger people.	Hearing loss as a barrier across groups. Environmental barriers - background noise (e.g. music in pubs), room acoustics, competing conversations. Interpersonal barriers – keeping up with conversations, sidelined in conversations, embarrassed to ask people to repeat themselves.

Practice and policy implications

For social care workers and statutory services:

- Social care practitioners need to understand how men from diverse social backgrounds and circumstances experience loneliness and isolation in different ways. This includes recognising challenges in speaking about loneliness and knowing how to initiate conversations about this.
- Alongside this, practitioners need a fine-grained understanding of the ways in which older age can intersect with other important aspects of identity and how these shape older men's patterns of social engagement and help-seeking.

For voluntary service providers who run groups:

- Group interventions may not always be the most suitable intervention for change, particularly for men who experience interpersonal difficulties in groups. One-to-one interventions are also needed.
- When planning groups, it is important to recognise that older men's identities, social circumstances and life-experiences differ considerably and that groups should be designed around shared experiences as well as shared interests and hobbies.
- Group leaders need to appreciate the importance of mixed-generational groups that mirror social interactions in everyday life.

For policymakers and commissioners of voluntary and community-based services:

- Greater priority needs to be given to the long-term resourcing of community-based groups for older adults. The sustainability of community-based groups must be considered and addressed alongside the current priority given to social prescribing services.

Further information:

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More information about the project is available at: www.bristol.ac.uk/sps/research/projects/current/older-men-at-the-margins/

To view resources and short films from the project on the Age UK website: www.ageuk.org.uk/men-and-loneliness/

Age UK (2018). All the Lonely People: Loneliness in Later Life. URL: www.ageuk.org.uk/latest-press/articles/2018/october/all-the-lonely-people-report/

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