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Coping with loneliness: What do older adults suggest?

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Objectives: A limited amount of information is available on how older adults cope with loneliness. Two ways of coping are distinguished here, i.e., active coping by improving relationships and regulative coping by lowering expectations about relationships. We explore how often older adults suggest these options to their lonely peers in various situations and to what extent individual resources influence their suggestions.
Method: After introducing them to four vignettes of lonely individuals, discriminating with regard to age, partner status, and health, 1187 respondents aged 62–100 from the Longitudinal Aging Study Amsterdam were asked whether this loneliness can be alleviated by using various ways of coping.
Results: In general, both ways of coping were often suggested. However, regression analyses revealed that active coping was suggested less often to people who are older, in poor health, or lonely and by older adults who were employed in midlife and have high self-esteem. Regulative coping was suggested more often to people who are older and by older adults with a low educational level and with low mastery.
Conclusions: Coping with loneliness by actively removing the stressor is less often seen as an option for and by the people who could benefit most from it. This underlines the difficulty of combating loneliness.

Keywords: coping; loneliness; older adults; individual resources

Introduction

In Western countries, between 10% and 40% of the population reports having feelings of loneliness (Holmen, Ericsson, & Winblad, 2000; Jylhä, 2004; Paul, Ayis, & Ebrahim, 2006; Routasalo & Pitkala, 2003; Schnittker, 2007; Steed, Boldy, Grenade, & Iredell, 2007; Van Tilburg, Havens, & De Jong Gierveld, 2004; Victor, Scambler, Bowling, & Bond, 2005). Due to a higher risk of poor health and the loss of loved ones, the percentage of lonely individuals increases after the age of 75 (Dykstra, 2009; Jylhä, 2004). Older adults perceive loneliness as a serious problem for their age group (Abramson & Silverstein, 2006). Even though loneliness can have positive side effects (De Jong Gierveld & Raadschelders, 1982), for instance by helping people to grieve or by creating a sense of perspective which helps people make important choices, there is agreement that loneliness is a negative feeling (Dahlberg, 2007; De Jong Gierveld, 1998; Peplau & Perlman, 1982). Moreover, research shows that loneliness causes physical and mental health, for instance because lonely individuals more often engage in poorer health behaviors than non-lonely individuals and because loneliness is associated with sleep problems, which in turn causes poor health (Cacioppo et al., 2002; Hawkley & Cacioppo, 2010; Heinrich & Gullone, 2006; Ó Luanaigh & Lawlor, 2008; Routasalo & Pitkala, 2003).

Since older adults are at a higher risk of becoming lonely, it is important to know what ways they see for coping with loneliness. Various earlier studies have focused on coping approaches used by lonely people in their own situations. For example, Rokach and Brock (1998) distinguish six coping strategies, i.e., acceptance, self-development, increased social involvement, unhealthy behavior, being comforted by religion, and solitary activities. Pettigrew and Roberts (2008) select two coping types, i.e., social behavior focusing on social interaction with relatives, friends, or acquaintances, and non-social behavior focusing on solitary activities such as reading and gardening. This study concurs with this approach and studies social and non-social activities to alleviate loneliness. Rook and Peplau (1982) argue that encouraging lonely people to develop solitary activities does not combat loneliness directly and is only second best. However, they also state that social contact not only entails personal rewards, but also has certain costs, and thus might not be a solution for everyone. Building on the work of Rook and Peplau, we connect coping behavior with the cognitive approach to loneliness and distinguish between efforts to improve social contact and cognitive activities to lower the importance of social contact. This gives us a balanced perspective on the pros and cons of social contact.

Coping always has to do with the situation the stressor occurs in. Specific situations may limit the perceived options for coping with loneliness. For example, lonely people with severe physical limitations have fewer opportunities to meet other people outdoors (Kelley-Moore & Ferraro, 2001). Specific limitations may elicit different suggested ways of coping.

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Loneliness is common among old people, in particular the oldest. High levels of loneliness in old age are generally linked to widowhood, shrinking social networks, and health problems (De Jong Gierveld, 1998). Our study focuses on ways of coping suggested by older adults for peers who feel lonely in various situations, i.e., they are old, in poor health, or widowed. Our first aim is to explore the ways of coping distinguished by older adults and the extent to which they suggest them to their peers in various situations.

Previous research shows that individual resources such as self-esteem and mastery, lead to lower levels of loneliness (Guiaux, 2010). A possible explanation is that individual resources improve people's chances to cope successfully with problems such as loneliness (Thoits, 1995). For instance, older adults with high self-esteem may think that more ways of coping are within their reach than older adults with lower self-esteem. We assume that people's own individual resources play a role in how they perceive others. Our second aim is to discover the extent to which older adults with greater individual resources adopt the two ways of coping with loneliness.

Coping is defined as people's cognitive and behavioral efforts to manage specific demands appraised as being taxing or exceeding their resources (Folkman & Lazarus, 1980). Two main dimensions in coping efforts are distinguished. One dimension is active coping and refers to all active efforts to alter the troubled person-environment relationship in order to modify or eliminate the sources of stress through one's own behavior. The other dimension is regulative coping and refers to all efforts to diminish the emotional consequences of stress (Carver, Scheier, & Weintraub, 1989; Folkman & Lazarus, 1980; Pearlin & Schooler, 1978). All efforts are perceived as coping, not just the successful or beneficial ones (Folkman & Lazarus, 1980). However, it can be argued that actively coping with the stressor at hand is more effective than regulating emotions, since active coping is employed to remove the stressor (Carstensen, Fung, & Charles, 2003) and regulative coping pertains to short-term distractions and does not contribute to increased satisfaction with one's social life (Rook & Peplau, 1982).

Loneliness is defined as a situation perceived by an individual as one where there is an unpleasant or unacceptable lack of certain relationships (Peplau & Perlman, 1982). Central to this definition is that loneliness is a subjective and negative experience, and the outcome of a cognitive evaluation of existing relationships and relationship standards. This evaluation is a subjective one, meaning that people can feel lonely even though they have many relationships, for instance because they have higher standards than others and strive to have even more relationships, or because they lack certain types of relationships, for instance with a confidant. On the other hand, others will not feel lonely, even though they have few relationships, if they feel these relationships are sufficient in quantity and quality. According to the cognitive theoretical approach (Peplau & Perlman, 1982), people are lonely if there is a discrepancy between the relationships they have and the relationships they want. There are two general ways in which people can cope with loneliness. The gap between the relationships they have and the ones they want can be closed by improving their relationships and by lowering their expectations about relationships (Heylen, 2010; Rook & Peplau, 1982). Improving relationships is an active way of coping that implies altering person–environment relationships. For example, by making new friends, re-establishing contact with old friends, or seeking a partner to share life with. Lowering expectations implies regulating the emotions linked to relationships. Lowering expectations can be done by, for example, not expecting one's children to visit as often, realizing that breaking down barriers to improve relationships is too costly, or comparing oneself with someone who is worse off. The cognitive theoretical approach also suggests a third option. One can reduce the perceived importance of the social deficiency, for example, by telling oneself that most people are lonely at one time or another. This option does not improve relationships or lower relationship standards. Since it only delays dealing with the problem at hand, we do not consider this to be a separate coping option.

Socio-emotional selectivity theory (Carstensen, 1992) posits that as people grow older, they focus more on well-being in the present as opposed to investing in the future. They are more interested in achieving emotional goals, such as increasing the sense of being needed by others, which satisfies their present needs, and less in making new contacts or maintaining superficial contacts that might be beneficial in the future. People do so because they perceive a limitation in time left. More than older people younger people focus on achieving goals that are important for the future, such as acquiring knowledge or making new social contacts. In coping with loneliness, improving relationships means investing in contacts, a future-oriented way of coping. Lowering expectations aims at regulating emotions in the present. Previous studies on coping with various stressors show that older adults use regulative coping more often and active coping less often than younger adults (Blanchard-Fields, Chen, & Norris, 1997; Folkman, Lazarus, Pimley, & Novacek, 1987; Pettigrew & Roberts, 2008). Socio-emotional selectivity theory has also been found to apply to people in poor health who perceive a limitation in time (Charles & Carstensen, 1999). Furthermore, losing one's partner at an older age might cause older adults to also feel they have a limited amount of time left. We assume that socio-emotional selectivity theory continues to apply in late adult life. We hypothesize that older adults suggest improving relationships less often and lowering expectations more often as a way of coping for peers who are older, widowed or in poor health than for peers who are younger, married, or in good health (Hypothesis 1).

According to coping theory (Folkman & Lazarus, 1980), active forms of coping are used more often in situations perceived as changeable, and regulating forms more often in situations perceived as unchangeable (Cacioppo et al., 2000; Cecen, 2008; Folkman, Lazarus, Pimley, & Novacek, 1987; Hansson, Jones, Carpenter, & Remondet, 1986; Thoits, 1995). Severe loneliness can be perceived as less controllable and less changeable than mild loneliness. Being lonely in old age means that people increasingly have to readjust at a time when their capacity to do so is decreasing. The loneliness of older people might be due to circumstances beyond their control (Jones, Victor, & Vetter, 1985). We hypothesize that improving relationships is suggested less often and lowering expectations more often as a way of coping for older adults perceived to be lonelier (Hypothesis 2).

Carstensen et al. (2003) state that active coping with the stressor at hand is more adaptive than regulating one's emotions. People with good resources are more likely to use active coping, people without them adopt more passive or avoidant emotion-focused coping strategies (Thoits, 1995). Actively coping with loneliness may be easier for people with good resources because they are better equipped to directly address the stressor. We focus on four types of resources. Taking part in social networks might be easier for people who are well-educated and have had a career. A higher level of education stimulates relational competence, which in turn makes it easier to initiate and maintain personal relationships (Hogg & Heller, 1990). Work experience outside the home provides structural opportunities for developing personal ties with people outside the family and neighborhood (Moore, 1990). Earlier research shows that people with greater self-esteem and mastery are less apt to be lonely (Guiaux, 2010). Self-esteem and mastery, or in general a sense of feeling in control, is important in situations where it is necessary to take initiative, e.g., to meet new people and deepen superficial contacts. So these resources make people more successful in improving relationships. People with greater resources for actively coping with loneliness perceive active coping as more promising, and might project this onto the situations of peers. We hypothesize that older adults with a high educational level, work experience after the age of 40, good self-esteem, and good mastery suggest improving relationships more often and lowering expectations less often as a way of coping than people with more limited resources (Hypothesis 3).

In this study, we examined the ways of coping suggested by and to older adults in various situations where loneliness occurs. We interviewed older adults and introduced them to vignettes about four fictional individuals described in a written questionnaire. Vignettes are short hypothetical scenarios intended to elicit people's perceptions, beliefs, and attitudes. Using vignettes allowed us to question respondents about hypothetical situations they might not be familiar with. The four vignettes of fictional individuals varied over the characteristics of age, partner status, and health. We asked our respondents how these individuals could alleviate their loneliness, assuming they do feel lonely. To give our respondents a number of meaningful possible responses, we developed an instrument to measure the degree to which active and regulative coping are suggested.

Method

Sample

The Longitudinal Aging Study Amsterdam (LASA) is a continuing study of the physical, emotional, cognitive, and social functioning of older adults (Huisman et al., 2011). First conducted in 1992, the representative national survey consisted of 3107 people between the ages of 55 and 85. The sample was stratified by sex and age, respondents were selected from the registers of 11 municipalities varying in religion and urbanization. Follow-ups were conducted at three-year intervals from 1995/1996 to 2008/2009. In 2002/2003, a new sample of respondents, aged 55–64 was selected from the same municipalities.

For this study, in 2010 1546 respondents who participated in the 2008/2009 observation were approached. They received a questionnaire by mail. The response rate was 78%. Non-response is due to death (1%), failure to reply (16%), and refusal because of lack of interest or health reasons (5%). The respondents were introduced to four vignette individuals. If a respondent failed to reply to all of the coping items for one of the vignette individuals, the respondent was excluded from the analysis. After this selection, the data consisted of 1187 respondents who answered coping items on 4526 vignette individuals. The average age of the 642 women and 545 men was 73.6 (SD = 8.1); their ages ranged from 62 to 100. Logistic analysis of the non-response showed that, compared to the 359 older adults who did not participate in the study, the 1187 older adults in the analyses did not differ in gender or age, but did have greater physical capacities.

Measurements

Ways of coping – Respondents were introduced to four fictional individuals in written vignettes. An example of a vignette is: 'Ms Berg is 69 years old and married. Ms Berg is in good health'. After the introductory question, 'Assuming this person is lonely, how can this loneliness be alleviated?', we asked six questions on coping. Respondents were asked to answer yes or no. We examined the existence of the two postulated dimensions – improving relationships and lowering expectations – by means of confirmatory factor analysis incorporated in the LISREL 8 program (Jöreskog & Sörbom, 1993). Since item scores were dichotomous, tetrachoric correlations were computed and Weighted Least Squares estimation was applied. We adopted the

evaluation criteria for model fit recommended by Schermelleh-Engel, Moosbrugger and Müller (2003). The analysis of responses ($N = 4526$) showed an acceptable or good fit of the two-factor model (RMSEA = 0.055; p for test of close fit RMSEA = 0.14; 90% confidence interval for RMSEA = 0.047–0.064; SRMR = 0.060; NNFI = 0.98; CFI = 0.99; GFI = 0.95; AGFI = 0.86) with an exception of the X^2 based fit statistics ($X^2_{(15)} = 12{,}678.8$; $p = 0.000$; $X^2/\mathrm{df} = 845.3$) due to the large sample size. Three items compose the scale for improving relationships: 'Attend a course to learn to make and keep friends', 'Go to places or club meetings in order to meet people', and 'Become a volunteer' (reliability, as computed by the LISREL program = 0.85). Three other items compose the scale for lowering expectations: 'Keep in mind that other people are lonely as well, or even more lonely', 'He/she should appreciate the existing contacts with relatives and friends more', and 'Family and friends should point out that he/she must not complain and be realistic' (reliability = 0.76). We calculated sum scores for both dimensions ranging from 0 to 3.

Vignette individual characteristics

Respondents were introduced to vignettes of fictional individuals varying in age, partner status, and health status. Gender was matched to the respondent's sex. There is a 15-year interval in the ages. If the respondent was aged under 75, vignette individuals were equally old as the respondent or 15 years older. If the respondent was above 76, vignette individuals were equally old as the respondent or 15 years younger. As a result, the vignette ages varied from 61 to 100, closely matching the age range in the sample. Partner status was simplified to married or widowed. Health status was simplified to 'being in good health' or 'having several chronic diseases that cause limitations'. All the respondents were introduced to four of the eight vignette individuals. Respondents were asked to estimate the extent to which they thought the individual in the vignette was lonely. Scores range from 1 'not lonely' to 4 'very lonely'.

Respondent individual resources

Four resources were included. Educational level ranged from incomplete primary school (1) to university (9). Based on various questions, we distinguished between respondents employed at the age of 40, i.e., in midlife, and those who never worked or quitted early. We used a four-item version of the Rosenberg (1965) scale to measure self-esteem. An example item is: 'On the whole, I am satisfied with myself'. Scores ranged from 1 'strongly agree' to 5 'strongly disagree'. The scale score is the sum of the ratings, with a range from 4 to 20; a higher rating indicates greater self-esteem. Reliability (Cronbach's alpha) is 0.70. We used a five-item version of the scale by Pearlin and Schooler (1978) to measure mastery. An example item is: 'There is not much I can do to change important things in my life'. Scores ranged from 1 'strongly agree' to 5 'strongly disagree', resulting in scale scores ranging from 5 to 25. Reliability is 0.75. All the respondent variables were adopted from the 2008/2009 observation. Descriptive statistics are presented in Table 1.

Table 1. Descriptive statistics of respondents ($N = 1187$).

	M	SD	Percent
Age (62–100)	73.6	8.1	
Female (*vs.* male)			54
Aged 75 or younger			65
Living with partner (*vs.* not living with partner)			70
In good health (*vs.* in poor health)			64
Educational level (1–9)	4.2	2.1	
Employed at age of 40 (*vs.* not)			78
Self-esteem (4–20)	15.3	2.2	
Mastery (5–25)	17.7	3.3	

Procedure

Multivariate linear regressions of active coping and regulative coping were conducted to test the hypotheses. Since there was a positive correlation between the two ways of coping, we controlled for the other coping method. We included vignette individual characteristics (age, partner status, health status, and loneliness) and respondent characteristics (educational level, employed at age of 40, self-esteem, and mastery). Gender was included as control variable and was the same for the vignette individual and the respondent. Because of the multilevel structure of the data – responses on four vignette individuals are nested within the respondents – analyses were conducted by means of the mixed method option in SPSS. No multicollinearity issues occurred for any of the variables.

Results

To find out whether the vignette situations were sufficient for the respondents to identify with, we asked them whether they recognized themselves or someone they know in each of the vignettes. Of all the respondents, 93% recognized themselves or someone they know in at least one of the four vignettes. The respondents seemed to be able to identify with the situations of the older adults described in the vignettes.

The mean scores of improving relationships ($M = 2.0$, SD = 1.0) and lowering expectations ($M = 1.9$, SD = 1.9, $N = 4526$ vignette individuals) indicate that both ways of coping were often suggested by older adults as possible ways to alleviate loneliness. Of the items composing the scale for improving relationships, the item 'Go to places or club meetings in order to meet people', was mentioned most often

Table 2. Multilevel regression analysis of coping by improving relationships and lowering expectations on vignette individual and respondent characteristics ($N_1 = 4526$ vignette individuals; $N_2 = 1187$ respondents) (unstandardized regression coefficients).

	Improving relationships	Lowering expectations
Intercept	3.68***	1.48***
Lowering expectations (0–3)	0.25***	
Improving relationships (0–3)		0.17***
Vignette individuals characteristics		
Age (62–100)	−0.033***	0.004***
Healthy (*vs.* unhealthy)	0.31***	0.00
Married (*vs.* widowed)	−0.18***	0.00
Female (*vs.* male)	0.00	0.09
Lonely (1–4)	−0.18***	−0.01
Respondent characteristics		
Educational level (1–9)	0.01	−0.06***
Employed at age of 40 (*vs.* not)	0.12*	−0.09
Self-esteem (4–20)	0.03*	0.03*
Mastery (5–25)	0.00	−0.03**

Note: *$p < 0.05$; **$p < 0.01$; and ***$p < 0.001$.

(83%) and 'Becoming a volunteer' least often (58%), with 'Attend a course to learn to make and keep friends' in between (63%). For lowering expectations, 'Family and friends should point out that he/she must not complain and be realistic' was mentioned most often (87%), followed by 'Keep in mind that other people are lonely as well, or even more lonely' (53%) and 'He/she should appreciate the existing contacts with relatives and friends more' (50%). The two ways of coping are interrelated, with a correlation of $\varphi = 0.51$ derived from the LISREL analysis. This correlation is reflected in the regression coefficients presented in Table 2.

In our first hypothesis, we expected respondents to suggest improving relationships more often and lowering expectations less often as a way of coping with loneliness for older adults of a higher age, who are widowed, or unhealthy. The results partly support this hypothesis. As expected, the higher the age of the vignette individual, the less often the respondents suggested improving relationships and the more often they suggested lowering expectations. Also as expected, if the vignette individual was in poor health, improving relationships was suggested less often. In contrast to what was expected, improving relationships was suggested more often for widowed than for married vignette individuals. With regard to Hypothesis 2 on the perceived loneliness of the vignette individual, we observed that improving relationships is suggested less often for more severely lonely vignette individuals. The extent to which lowering expectations was suggested did not differ according to partner status, health status, or perceived loneliness.

According to the third hypothesis, the more resources older adults have, measured by their educational level, employment situation at the age of 40, self-esteem, and mastery, the more often they suggest improving relationships and the less often they suggest lowering expectations as a way of coping for older adults. For all the resources, the results partly supported this hypothesis. As expected, well-educated respondents and those with higher mastery suggested lowering expectations less often than their counterparts. Respondents who were employed at age of 40 and those with higher self-esteem suggested improving relationships more often than those who were not employed and with low self-esteem, respectively. However, contrary to our expectations, respondents with high self-esteem also suggested lowering expectations more often.

Discussion

In this study, we explored the ways of coping with loneliness older adults suggest to their lonely peers in various situations. Two ways of coping are distinguished, i.e., improving relationships by increasing the number of contacts or intensifying specific relationships, and lowering expectations about relationships. According to the cognitive theory on loneliness, they both help prevent or alleviate loneliness. Along the lines of the theoretical framework of coping, improving relationships is an active way of coping, and lowering expectations is a way of regulating emotions. To examine the extent to which these two ways of coping are suggested for combating loneliness, we asked older adults questions on coping about four fictional individuals described in vignettes. The respondents suggested both ways of coping to a high extent, as was also observed in the study by Rook and Peplau (1982). There is a positive correlation between the two ways of coping. This indicates that older adults believe that the gap between the relationships one has and the relationships one wants can best be closed by using both ways of coping at the same time. Older adults also feel that many strategies are available within the two ways of coping with loneliness, suggesting that loneliness can be combated successfully.

However, active coping is often not suggested for the older individuals in the vignettes who are perceived as being lonely, or are old, or in poor health and thus run an increased risk of becoming lonely (Victor et al., 2005). Older adults with fewer resources, in particular those unemployed in midlife (Lauder, Sharkey, & Mummery, 2004) or with low self-esteem and thus at a greater risk of becoming lonely (Leary, Terdal, Tambor, & Downs, 1995) suggested active coping less often as well. Carstensen et al. (2003) noted that active coping is more adaptive because if it is successful, it eliminates the stressor at hand. Apparently, active coping with loneliness is more difficult for those who are lonely or most likely to become so. This underlines the difficulty of combating loneliness. There was one exception, i.e., improving relationships was more often suggested for bereaved vignette individuals than for their married counterparts. In other words, active coping with loneliness is perceived as a realistic option for the bereaved.

Regulative coping is suggested more often for people in the higher age groups, probably to compensate for the lack of active ways of coping. Carstensen (1992) observed this compensation and noted that an awareness of the limited number of years left makes regulative coping more important and active coping less so. We did not observe a compensation of this kind with regard to the vignette individuals in poor health or perceived as lonely. These older adults are perceived to have fewer active ways of coping available, but they do not have more regulative ways. Lowering expectations is not affected by partner status. Apparently regulative coping is seen as equally useful for older adults who are married or bereaved, in good or poor health, and lonely or not lonely. Regulative coping might be beneficial for lonely people because it helps make their situation bearable. It might also increase the likelihood of being successful in improving their relationships, since high expectations might lead to overcharge a fresh relationship. Older adults with favorable individual resources, i.e., a high educational level or high mastery, also suggest regulative coping less often than people with fewer resources. Although older adults with less favorable individual resources might be apt to suggest to lonely people that they adjust their aspirations, others maintain the notion of removing the stressor by improving contacts.

The costs of loneliness to individuals and to society have led to a number of loneliness reduction interventions. While our results show that older adults see advantages in both ways of coping, interventions largely focus on alleviating loneliness solely by improving the number of meaningful relationships or the quality of existing relationships. Unfortunately, only very few interventions succeed in alleviating loneliness (Cattan, White, Bond, & Learmouth, 2005; Findlay, 2003; Fokkema & Van Tilburg, 2007; Masi, Chen, Hawkley, & Cacioppo, 2011). One explanation for this lack of success is the poor fit between the interventions offered and the loneliness problem experienced. For example, Guiaux (2010) showed that bereavement does increase emotional loneliness, i.e., feelings associated with emptiness and the lack of a confidant, but does not increase social loneliness, i.e., a lack of meaningful relationships with close or extended kin and non-kin. Our results show that older adults suggest that bereaved people should improve their relationships, and in line with this suggestion, many interventions focus on improving the social network of bereaved lonely people. However, since their focus is on mourning, this is not likely to help alleviate loneliness among recently bereaved people. A second aspect of the poor fit has to do with the ways of coping people see for coping with loneliness. Interventions focusing on improving the social network should do more than provide meeting places. As our results show, in particular the people most prone to loneliness are not likely to take the initiative to build up their social network. This is all the more important since improving relationships, especially increasing the closeness in relationships, takes a great deal of time and effort (Perese & Wolf, 2005). Close relationships between people who like and trust each other and feel close require self-disclosure, which is difficult for lonely people (Solano, Batten, & Parish, 1982). If people who are unlikely to take the initiative to build up relationships in the first place encounter setbacks or barriers, they are apt to discontinue their efforts and give up. This might be even more so for people with limited resources (Hansson et al., 1986). Being lonely is associated with shyness or reluctance to take social risks, characteristics that disrupt the development of the effective relational skills necessary to initiate and maintain close relationships (Jones, Freemon, & Goswick, 1981). In our opinion, lonely people and the organizations that initiate interventions for them should not overestimate lonely people's coping capacities. To combat loneliness more effectively and have a wider appeal, interventions should not only help lonely people achieve the final aim of reducing loneliness by developing a high quality network, they should also address more easily attainable intermediate goals. In other words, interventions should help lonely people adjust their expectations to realistic proportions. One example of such an intervention is the friendship enrichment program developed in the Netherlands, where people discuss expectations related to friendship, set specific goals in friendships, and learn to make new friends and improve existing friendships (Stevens & Van Tilburg, 2000).

Our findings partly support Carstensen's (1992) socio-emotional selectivity theory. With reference to the individuals in the vignettes who are older and in poor health, the older respondents were less apt to suggest active coping. Regulative coping is suggested more often for the older individuals. A perceived limitation of the amount of time left that makes active coping less important also plays a role in relation to perceiving others. Our observations also ask for considering the social position of older people.

Loneliness is one of the most persistent aspects of stereotype images of older adults (Tornstam, 2007; Whitbourne & Sneed, 2002). Older adults acknowledge this stereotype, partly as a result of self-stereotyping (Levy, 2003). The image that old age and poor health imply loneliness might make it hard to believe that older adults can cope successfully with loneliness. As a result, active coping is suggested less often and as a second best option.

In this study, vignettes were used for two reasons. Vignettes allow respondents to voice their opinions on issues even if they do not have – or admit to having – any experience of their own to draw from. Vignettes can also elicit less socially desirable answers (Torres, 2009). Since loneliness is not an easy topic to discuss (Lau & Gruen, 1992), both these aspects are important. However, using vignettes has two limitations as well. The first is that what is suggested for vignette individuals is not necessarily what older adults would choose to adopt themselves (Finch, 1987; Hox, Kreft, & Hermkens, 1991). Therefore, we cannot make statements about how individuals would cope with loneliness themselves, only about what they advise to others. The second limitation of using vignettes is that they only include a few personal characteristics, while other characteristics may also be related to loneliness. Furthermore, the vignettes do not refer to experiences with loneliness earlier in life, so there might be a poor fit with the loneliness-inducing circumstances in the respondent's own life. However, most respondents were able to recognize themselves in at least one of the vignettes, which means that they were able to mentally place themselves in the situation of the vignette persons. Future research might focus on the personal situation of lonely people in greater detail and incorporate how successfully they coped with loneliness earlier in life.

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