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Title: Exploring recent adverse and positive life events: a qualitative study among lonely older adults

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Abstract

This study investigates experiences of recent adverse and positive life events, and how these impact lonely older adults. Qualitative individual interviews were conducted with 53 community-dwelling, lonely older people aged 60 years and over. Analyses identified four key findings. First, the results pointed to a variety of recent life events in different domains (i.e., health, financial status, social network, living situation and meaningful use of time), which are experienced subjectively by participants. Second, life events occur at micro-biographical, meso-institutional, and macro-societal levels. Third, recent life events can signal gradual transitions or can constitute a breaking point. Fourth, while lonely older adults experience different recent adverse life events related to loss experiences, they also experience different positive recent life events, which might have the potential to increase their well-being or reduce feelings of loneliness. Finally, recent life events can have (cumulative) effects on their well-being. The conclusions highlight the need for an in-depth understanding of life events experienced in later life, given their potential role as balancing factors in the well-being of lonely older adults, as well as providing some implications for practice and policy.

Keywords: Loneliness, older adults, adverse and positive life events, qualitative study

Introduction

To date, research on the aging experience of older adults has mostly focused on the description of deficits and losses (Gladman 2019), and on adverse life events and their association with stress and depression (Ong and Bergeman 2004; Zhang et al. 2017). Research on the topic of loneliness in later life has focused in particular on life events or experiences of loss that negatively influence loneliness, such as widowhood (Davies et al. 2016), retirement (Segel-Karpas et al. 2018), divorce (van Tilburg et al. 2015) or health-related factors such as chronic illness (Victor et al. 2009). Studies frequently report that not only individual current circumstances (e.g., living alone, poor health; for an overview, see Cohen-Mansfield et al. 2016) but also life events can have an effect on social exclusion for older people and on their feelings of loneliness (Burholt et al. 2020). These life events can trigger shifts in their social relationships (Perlman and Peplau 1981). However, recent life events do not only have a negative impact on older adults. Previous research has demonstrated that such life events may also positively impact the well-being and (perceived) frailty of older adults (Seematter-Bagnoud et al. 2010; Dury et al. 2018). Therefore, the aim of this study is to understand not only adverse but also recent positive life events experienced by older adults with feelings of loneliness.

Predictors concerning loneliness in later life are mainly investigated in cross-sectional studies that focus on the present (Cohen-Mansfield et al. 2016). Moreover, life-course theories which state the importance of the life span or cycle are receiving an increasing amount of attention within aging studies (Alwin 2012). In examining the life course, several researchers have already established the importance of life events as these are associated with changes and transitions over time (Alwin 2012). Significant life events are often defined as “*events occurring across the life span that mark transitions from one life cycle stage (or state) to another that are accompanied by changes in roles, expectations, responsibilities, and behaviors. These events are typically, but not always, age graded or age differentiated. Events signal transitions*” (Alwin 2012, p. 208). Life events are experiences that have an effect (neutral, positive or negative) on the life of an individual and may require a certain degree of adaptation (da Rosa et al. 2014). They might include (lifelong) changes in several domains such as psychological well-being (Sutin et al. 2010), health (Kristiansen et al. 2017), the social domain (Wrzus et al. 2013), the cognitive domain (Tschanz et al. 2013), the physical domain (Morley 2002), and financial status (Orel et al. 2004). However, recent research on loneliness has often only focused on a single life event in later life, such as experiencing a fall (Hajek and König 2017), a divorce (van Tilburg et al. 2015), or moving to a care home (Taylor et al. 2017). It is important to take into account the multidimensional aspect of life events. Since life events are hardly avoidable within later life, their effects on aging need to be explored (Hsu 2011); hence, this research focuses on recent life events.

Current research on recent life events mainly focuses on events at the micro level (e.g., Hajek and König 2017). However, Silverstein and Giarrusso (2011) emphasize the importance of the aging individual who is influenced by individual, institutional, and societal circumstances, referring to the micro, meso, and macro levels of society. A recent study by Burholt and colleagues (2020) also stated the importance of such a human ecology framework

to understand experiences of exclusion from social relations. At the micro-biographical level, social, physical, financial, and mental aspects of well-being develop over time as people age. The meso-institutional level refers to education, work, family, and leisure organizations or services that create prospects and form the stimulus (and deterrent) for choosing (or postponing) certain life transitions. The macro-societal level refers to the broad social environment which influences the population through demographic structures, economic circumstances, society-wide standards, and public policies (Silverstein and Giarrusso 2011). The question of how life events in these different levels are experienced by lonely older adults is less well known.

Finally, current life course research examines (recent) life events from a quantitative perspective (Silva et al. 2015). In contrast, scarce attention has been given to older adults' experiences of recent adverse and positive life events (McAdams 2005; Komp and Johansson 2015). Relying simply on a quantitative focus on the life course might lead to a fragmented picture of the individual while preventing a fuller picture from being formed (Smith 2010). Assuming that the effects of life events may be influenced by both perceived and subjective experiences, research concerning life events should focus on the narratives of individuals, qualitative methods, and exploring the experienced life course (de Vries et al. 2017).

In order to gain greater insight into the research gaps mentioned above, this study focused on the experiences of different (negative and positive) recent life events (on the micro-, meso-, and macro levels) among older adults who feel lonely. The following central research questions were addressed:

1. Which recent adverse and positive life events can we detect in the narratives of lonely older adults? And how do they experience these events?
2. What is the experienced impact of recent adverse and positive life events on lonely older adults?

Methodology

Data collection

This paper reports on analyses of qualitative interviews focusing on the experience of recent positive and negative life events. Qualitative research acknowledges that human experience takes place according to subjective experiences, in different social contexts and in historical time; therefore, a qualitative method was preferred in this study (Thorne 2000). Data from the research project (2015–2018) – Detection, Support and Care for Older People – Prevention and Empowerment (D-SCOPE) was used. Between November 2015 and March 2016, the D-SCOPE consortium conducted 53 individual interviews with community-dwelling older adults with feelings of loneliness (aged 60 years and over) in Flanders and Brussels. During the qualitative interviews, the researchers asked the participants several open-ended questions concerning six main themes: (1) “What does frailty implies to you and can you explain your experience of frailty?” (2) “Has frailty, in your opinion, had an effect on having a qualitative and meaningful life?” (3) “To what extent do you feel that you can make your own decisions about what happens in your life?” (4) “What can older people do to maintain his or her life quality when frailty occurs; what is your own experience?” (5) “Have there been significant changes in your life, when looking at the previous year? What

were the low points and highlights during the previous year?” (6) “How do you see your future? If we look one year ahead, do you think your life will have changed a lot?” The current paper focuses on exploring the questions concerning theme five, on changes and life events during the past year. Occasionally respondents shared changes and recent life events which had occurred during the past few years; these events were also included in the analyses.

Participants gave their written informed consent before the start of each interview. Ethical approval was granted by the Ethical Committee of Human Sciences at the Vrije Universiteit Brussel (file number ECHW_031). When participants were not able to give their written informed consent, a legal representative or family member was permitted to do so on their behalf, as specified in the Belgian Civil Code. During three interviews, the informal caregiver, namely the daughter, son, or partner, was present and participated in the interview. Furthermore, an interpreter attended the interviews when necessary (N=6). Participants were informed in advance that they could withdraw their consent to participate at any time or refuse to answer questions if they wished. The participants were informed that the data would be analyzed anonymously. For detailed information concerning the research protocol, see Dury et al. (2018).

Participants

A purposive sampling procedure was used to identify, recruit, and select potentially frail community-dwelling adults aged 60 years and over from the Flemish-speaking part of Belgium and Brussels in particular. Five homecare organizations recruited respondents from among their clients, and snowball sampling was used for further recruitment. The inclusion criteria specified community-dwelling older adults who were experiencing some degree of loneliness in later life. The six-item De Jong Gierveld Loneliness Scale was used to assess loneliness (De Jong Gierveld and Van Tilburg 2006). Participants could be scored on this scale from 0 to 6, whereby participants who scored between 0 and 1 were categorized as “not lonely” and were therefore not included in this study. For these criteria, we consulted the online manual of the Loneliness Scale 1999 (de Jong Gierveld and van Tilburg 2019). Table 1 gives an overview of the characteristics of the participants. The mean age of the participants was 79 years (range 60–93 years). The majority of the participants were female (62.3%, n=33). In terms of relationship status, 20.8% (n=11) were married and 66% (n=35) were widowed. In terms of background, 17% (n=9) had a migration background (i.e., they had another country of origin than Belgium).

Table 1: Characteristics of the participants (N=53)

Characteristics		Total (N=53)	%
Mean age	79 years (range 60–93 years)		
Gender	Male	20	37.7
	Female	33	62.3
Migration background	Yes	9	17
	No	44	83
Marital status	Married	11	20.8
	Never married	2	3.8

Divorced	5	9.4
Widowed	35	66
Cohabiting	0	0

Data analysis

The qualitative data were transcribed verbatim and both deductive and inductive thematic analyses were conducted (Vaismoradi et al. 2013). For the deductive analysis, four main labels derived from previous research focusing on life events were applied in advance of the development of the code manual (Cappeliez et al. 2008; Silva et al. 2015; Fredriksen-Goldsen et al. 2017): participants' recent life events concerning health; their living situation; their social network; and financial changes. The inductive analyses aimed to find new categories, themes, and (sub)labels, and was therefore conducted inductively: data were analyzed by means of an open coding method through which new labels were generated from reading and analysis of the transcripts (Elo and Kyngäs 2008). This inductive aspect revealed a fifth main label for life events; namely: meaningful use of time. In addition, we classified recent life events using the dynamic Biographical–Institutional–Societal Model of the Life Course (Silverstein and Giarrusso 2011). The analysis adopted a multilevel life course approach, in which it is stated that one can experience life events at the micro-(biographical), meso-(institutional), and macro-(societal) levels.

To ensure a rigorous process of data analysis, the researcher primarily followed the four coding phases for qualitative analysis developed by Crabtree and Miller (1999) as a guideline. These phases consist of first creating the code manual or labeling scheme, reading the text, then conducting line-by-line coding with the MAXQA software program. The last phase consists of sorting segments and making connections by looking for a deeper understanding of the similarities and differences between the content of the segments. Furthermore, a constant comparison process was applied; namely, when new themes, new labels, or new sublabels were discovered in new interviews, these (sub)labels were controlled for their attendance within the earlier interviews. During this process, the code manual or labeling scheme was adapted and refined based on these new insights (Dierckx de Casterlé et al. 2012). The first author was primarily responsible for completing the analysis but feedback was obtained from the co-authors on a regular basis to deepen the analyses. This process ensured the validity of the analysis. In this way, the co-authors brought different perspectives to the data interpretation. If the co-authors disagreed on the assigned labels, they discussed the interpretation of the assigned labels and the coding was re-examined until consensus was reached. The results are based on this iterative labeling process. We continued this iterative process until no new codes emerged from the analysis and all the variations of codes were identified with consensus.

Results

Life events are multifaceted and subjective

The interviews revealed a wide range of recent life events that had been experienced negatively and/or positively by older people; these were clustered into five themes: (1) Social network, (2) Financial status, (3) Health, (4) Living situation, and (5) Meaningful use of time.

Recent life events concerning a person's (close) **social network** were related to the death of a spouse or another relative or close friend. Participants mentioned that the resulting loss of contact had an important impact on their daily lives, with examples indicating that this resulted in feelings of loneliness and grief, going outside less frequently, and having less social contact. An 81-year-old man talked about the death of his wife and how it affected his life: "Negatively? That's that my wife died. She died in April, last year. We never went to sleep with a fight. We got along well. I always had someone to talk to."

Other experiences of loss noted by participants included losing contact and falling out with their children. The results differentiate between losing contact in a deliberate way, for example, because the participants' children had stolen from their parents or grandparents, and loss of contact with children due to a quarrel or disagreement or because the children had moved away. A 70-year-old woman addressed her emotional pain experienced from no longer having contact with her children because of a disagreement concerning money issues: "Yes, I experience emotional pain from not seeing my children. They excluded me from their lives and there are consequences because of that... I've actually seen them twice this year. That is very little. My own children. They are ungrateful. No feelings, no warmth. [...] and I miss their affection and empathy."

In contrast, recent life events concerning the social network such as family reunions, celebrations, traveling to their country of birth to visit family and friends, the birth of (great-)grandchild(ren), meeting friends or family, or getting in contact with people at the local service center were often reported by older adults as positive events which might increase their well-being.

From the analysis of the narratives, it also became apparent that one life event can be experienced as both positive and negative by the same person. A 70-year-old woman noted the example of experiencing a divorce. She described how this life event had both positive and negative effects. She mentioned how stressful her relationship had been and how the divorce had liberated her: "I always lived in fear. From 'what is he going to do now?' In fear. In stress. From that man. But finally, I am satisfied, and I am content that I am single. Because of what I've been through. [...] Yes, that was a liberation to leave him. Really a deliverance. Getting away from him." But she also explained how the divorce affected her contact with the family in a negative sense: "Yes, there are times when I feel alone, so lonely. I am here and my daughters are partying. And there are Christmas gatherings, but since I left my husband, I have not been there. And my children and grandchildren and those grandsons. And the sons-in-law, I am jealous."

Second, regarding **finance-related recent life events**, participants shared life events such as the loss of their possessions because their children or others were stealing from them. An 85-year-old man cited how his children stole money from him: "I have thrown them outside, my children. They have stripped me of (sigh). [...] Yes, they stripped me. They know how rich I was." A participant mentioned a life event related to compensation for healthcare costs as a positive event. A 79-year-old man expressed an arrangement concerning an allowance as a positive event: "The best thing is that I receive an allowance, from... from... I don't know anymore. It is because I am disabled. That is the only thing. And then a small compensation for skin care. That's the only positive."

Third, regarding **health-related recent life events**, participants mentioned mostly negative events. For example, a 72-year-old woman cited her heart attack as a negative experience because due to this she found out that she had a tumor, and became depressed: “I’ve been seriously depressed twice before and twice after I’ve been in the hospital. I cannot immediately process that and now I certainly could not handle it. You enter with paralysis; you know in yourself: ‘I have had a heart attack.’ And then they say: ‘you have to go through that surgery and there is also a tumor.’ [...] I have had a hard time dealing with it.”

Other recent life events mentioned by participants concerning their health included experiencing a fall, becoming chronically or temporarily ill, experiencing a cerebral infarction and having treatment or an operation. Each recent life event is a unique and therefore subjective experience. This means that one person could interpret a life event as something positive, while another person could see it from a different perspective and label it as a negative experience. For instance, participants mostly reported health-related life events as negative events, while some older adults mentioned these events as something positive. A 69-year-old man described his operation as a positive event due to the positive impact on his life: “A high point was that operation. It worked, and I could walk again. Being able to walk without a stick, that was great. That is an expectation or a highlight. [...] In the past, I practically could not walk anymore. And now I can walk again. Interviewer: Actually, it created a kind of positive expectation. [...] Now that you are getting better and that you can walk forward again.”

Besides their own health, participants also mentioned recent life events related to the health status of a loved one or a relative. Older adults who experienced such events discussed the sadness that these events often entailed. This is illustrated by the comment from an 89-year-old man: “Yes. The disease of my son. Yes, that has, how should I say that now, that has saddled me with sadness.”

Fourth, the following recent life events are related to changes in participants’ **living situation: changes in the neighborhood and housing**. Changes in the neighborhood, such as the closing down of neighborhood stores, and relatives or friends moving away, were experienced as negative changes. An 85-year-old woman explained that her son moved further away from her home and that she had less frequent contact with him due to the move: “The sad thing about this matter is that I regret that he is now living on the coast. He used to live here and he worked here. When I stuck my head out of the window, I saw him pass by. He worked for the municipality, for public works, and he had his own car. So, he had to check the works, and then it was here, then it was there and then he often passed by. Sometimes he came along and I miss that now.” Positive recent life events indicated by participants were that they “decided to move” or they “made adjustments to the house.” Both of these life events were mostly experienced by the participants as having a positive impact on their well-being. Participants mentioned experiencing greater comfort or more frequent social contact with neighbors or family than before they moved. In terms of completing an alteration to the house in order to “age in place,” an 81-year-old man and his wife emphasized the importance of installing an accessible stair lift: “That is the staircase that we have installed. [...] Because she [his wife] can now easily go up and down, and that was really becoming a problem. [...] I felt satisfied that it was in place because it is such a good tool to go upstairs. You do not have to make an effort anymore. She sits down on that chair and it goes automatically.”

Fifth, recent life events concerning **meaningful use of time** were events concerning “competence-related activities” or “events that stimulated their self-fulfillment”: examples include philosophical discussions with the general practitioner at regular times or the happiness of traveling leading to a sense of self-fulfillment, as expressed for instance by a 70-year-old woman: “Oh, Venice, the biennial, that trip. Wonderful. That was the first time. [...] But wow, I enjoyed it. Only to be able to do it and to be allowed to do it. Spending my own time, stay where I want, do what interests me. Wow, that event. I was short of time.”

Recent life events are experienced at the micro-, meso-, and macro levels

Another way of classifying these recent life events is according to the micro-biographical, meso-institutional, and macro-societal levels. Various life events relating to the micro level have been described above. For example, experiencing a fall, becoming ill, and life events concerning self-fulfillment (such as traveling) may all be considered to be recent events at the micro level.

At the meso level, many participants shared recent life events concerning their family: for example, their (grand)children becoming ill, family celebrations, the birth of grandchildren, and children moving away. The results indicate that life events can also occur within the community. An 88-year-old man expressed how his local pub recently closed: “Regularly we went there to play cards, very nice to see friends there, but that has all changed now.”

At the macro level, participants reported recent life events concerning demographic changes through which the neighborhood changed as a result of a greater diversity of local residents with different backgrounds and origins. Furthermore, participants discussed technological, digital changes: “No longer able to compete with, among everything that is related to the computer, everything that is digital. In fact, no longer able to compete.” These events were mainly experienced as negative changes by older adults as they often led to feelings of anxiety and frailty. A 74-year-old woman expressed how her neighborhood had changed in the past years due to economic changes: “And yes, the world is changing. For example, fewer stores in the neighborhood, ordinary shops, so everything that is nearby has gone away recently. Now at the end of this month, a shop where I go to take photocopies is closing. Then I will have to go much further [...]”

Recent life events can be experienced as breaking points or gradual transitions

Transitions can occur as a sudden breaking point (for example, becoming ill, receiving a diagnosis or experiencing a fall). A 76-year-old woman explained how her decision to stop smoking was a breaking point. Her son: “She used to have frequent bronchitis and now she has no problems. She has experienced a fantastic year.” Woman: “I just stopped [smoking].” Son: “She spent a week in the hospital because of the accumulation of water, her lungs were bad, 30% of her alveoli were gone, seven instances of bronchitis a year. She stopped there; she sat there for 10 days without a cigarette and now no more bronchitis.”

Transitions can also take place gradually (for example, the progression of a disease, digital evolutions in society, or neighborhood changes). Older adults were aware of the fact that such life events progressed as step-by-step transitions. A 78-year-old woman expressed how the decision to move to a more accessible home was a positive life event that took place gradually: “We have signed up for a service flat and there would be space now and I had first said that we would wait, but eventually I agreed. There is the possibility that you can speak to someone, do activities, that you can participate occasionally and then the feeling of loneliness will go away, then you have more contact with people. Now you have to wait for someone to come or you have to go over there and there is the possibility that you always have opportunity for relaxation and things are nearby everything there.”

Recent life events influence older adults' well-being

The narratives revealed several different recent adverse life events which negatively influenced participants' well-being. A 66-year-old man described that his health had deteriorated due to blood clots in his leg and how this affected his well-being negatively: “So because I had blood clots on my knee, it also affected the lungs. And because of that it is more difficult for me to breathe. I have more trouble, both physically and mentally. This has made me feel 10 years older.”

Conversely, older adults also experienced positive changes, for example, growth and health improvements after a successful medical treatment. Some participants indicated that their quality of life increased after such treatment, and how this affected their lives positively. A 67-year-old woman explained her situation and positive effect as follows: “I had bowel inflammation and therefore I had to follow a diet as treatment, which caused me to lose a lot of weight. And now I am much better, really much better, because I could not bend over. I can step better now; I can do everything better.” Furthermore, the birth of grandchildren and gatherings with family and friends were mentioned as important events which contributed to their well-being. An 87-year-old widowed woman described the happiness she feels when she sees her grandchildren: “When I see my grandchildren, I feel really happy, I look forward to these moments.”

Recent life events impact loneliness

Many participants experienced recent adverse life events related to experiences of loss, which had a negative impact on their social network and contributed to increased feelings of loneliness. For example, a 66-year-old man explained the impact of the death of his mother as follows: “Interviewer: How did that impact you? Participant: Very much. I go outside less. I miss going outside with her; I miss that. We went outside together every day.” Another participant mentioned that she had to deal with several deaths in her circle of acquaintances: “This year was a less enjoyable period. I have lost some of my acquaintances. Many people around me died. That makes me feel very emotional.”

On the other hand, participants also cited experiences of recent positive life events that influenced their feelings of loneliness in a more positive way. For example, a 77-year-old woman expressed that she had experienced less loneliness since she moved to another neighborhood. This is illustrated by the following comment: “I felt better

when I came to live here [closer to family and shops]; I'm not so alone anymore... that was important; I feel better here. I have more contact with people. [...] Yes, I feel less lonely.”

Another example demonstrates how starting to visit the community service center was experienced as an important positive event in decreasing the loneliness of an 80-year-old widowed woman. During the interview, she talked about the importance for her to start visiting the community service center. She explained that it was good to see people and to talk with people at the community service center; it was for her an important moment in not feeling alone all the time: “The service center, I started to go there this year, I had to. Interviewer: How come? Participant: My general practitioner told me to go because I cried here all-day long. I didn't eat anymore. My husband died and I ate only sandwiches with syrup for two years. My food didn't [have] taste; it didn't taste of anything. And now I eat there every Thursday, but when eating alone it doesn't have taste.” Interviewer: “So, your general practitioner told you to go there?” Participant: “Yes, he told me, but it's only once a week, that's not enough. Three times a week would be better because people really look forward to that day.”

Recent life events have cumulative effects

The participants' narratives showed that life events could also have a cumulative effect. The narratives revealed that a single life event could trigger several different transitions. A 79-year-old woman explained that due to her illness she had less social contact; because of this event she could no longer visit people independently, and so her network had to come to her: “That brings my illness with me. That is why it all started. That I cannot do my work anymore. That I cannot go along with it in social society [...] You have always worked and worked for so many years. And in everything, social contacts, in fact, and that is all gone now. So that is... For me, personally, that is very bad. [...] I still have social contacts but they actually have to come to me. Because I cannot do that anymore.”

Furthermore, an 85-year-old woman explained how the death of her husband influenced her whole social network in a negative way: “We used to have a lot of comrades, many acquaintances, and that reduced step by step. From the day my husband died, that started to decrease, because soon people would say: ‘we will visit you and we will come to pick you up.’ But that is said more quickly than done. And consequently, no one comes any more. [...] We had many younger friends and younger acquaintances, but he has fallen away and now the rest is gone too.”

Discussion

Subjective assessments of recent life events have received very little attention in loneliness research. Therefore, this study reports on the qualitative experiences of community-dwelling lonely older adults' recent life events. The aim of this research was (1) to examine which recent adverse and positive life events we could identify in the narratives of lonely older adults and how do they experience these events, and (2) to understand the experienced impact of recent adverse and positive life events. The results point toward five main conclusions:

First, the findings revealed that recent life events are multifaceted and subjective. Based on the narratives, recent life events include five different overall domains: (1) Social network, (2) Financial status, (3) Health, (4) Living

situation, and (5) Meaningful use of time. The findings revealed similarities between this study with lonely older participants and general populations that have been reported in previous research about (recent) life events and turning points (Cappeliez et al. 2008; Seematter-Bagnoud et al. 2010; de Paula Couto et al. 2011; Silva et al. 2015). However, we found that while many of the events were similar, some life events were loneliness specific. Some themes that were found to be relevant in prior studies, for example, retirement, profession, or education (Cappeliez et al. 2008; Silva et al. 2015), were not mentioned as important recent life events by older adults in this study. This might be because there were only four participants younger than 66 years within this study and therefore most participants had retired several years ago.

Second, research concerning recent life events has often focused on negative life events (Devanand et al. 2002; Seematter-Bagnoud et al. 2010), such as becoming ill, interpersonal loss, experiencing a fall, and so on. In our study, these adverse life events were also mentioned several times. However, our research also unraveled the recent positive life events experienced by older adults: for example, the birth of grandchildren, starting to go to the local service center, family celebrations, completing a home alteration, receiving compensation for healthcare costs, starting competence-related activities, and life events increasing self-fulfillment. The narratives made it clear that this appraisal was subjective, namely that the same life event could be experienced differently by older adults. Moreover, our data indicated that a single life event can be experienced both positively and negatively by one person, due to the different positive and negative transitions. A plausible explanation for these findings might be that older adults' experiences of a life event depend on the situation and how they deal with it (Wells 2015), and is related to a person's resilience (Domajnko and Pahor 2015). Within the context of the concept of positive psychology, even when older adults experience negative or stressful life events, personal growth or development is still possible (Tedeschi et al. 2007; Gladman 2019). Whether the experience is interpreted negatively or positively also depends on their state of physical, mental, and social health (Sutin et al. 2010).

Third, our findings revealed that older people experienced recent life events at different levels (micro-, meso-, and macro levels). To the best of our knowledge, Silverstein and Giarrusso's (2011) dynamic Biographical–Institutional–Societal Model of the Life Course has never been explored in the context of experiencing recent life events. The narratives revealed that most experienced recent life events occur at the micro level. While most research on life events has focused on the micro level (e.g., Hajek and König 2017), this research obtained new insights on life events occurring also at the meso- and macro levels of the life course. At the meso level, recent life events within the family, such as birth of grandchildren, family gatherings, and others were mentioned. Also, recent life events concerning changes in the neighborhood or at the community level were mentioned. In our study, older people discussed only a few life events at the macro level, focusing on demographic changes and digital changes. This may be explained by the fact that this research focused on recent life events. Future research could focus on life events occurring at the macro level, and therefore it might be interesting to conduct life-story interviews to focus on the entire life course (McAdams, 2005; Komp and Johansson, 2015). Furthermore, our results indicate that lonely older adults experienced recent life events not only as a breaking point (i.e., a sudden event, such as the death of a relative, a fall, or stopping smoking), but also as a gradual transition (for example, the progression of a disease, digital evolutions in society, or neighborhood changes).

Fourth, in response to the second research question, the findings indicated that recent life events can signal effects which might influence lonely older adults' well-being in general, but also their feelings of loneliness. This impact can occur in two directions: both negative and positive. Adverse life events have a negative effect on a person's social network and increase their loneliness (for example, the death of a partner or becoming ill). Conversely, they also revealed further that some positive life events had a direct link with reduced loneliness. For example, starting to go to the local service center or moving to another neighborhood can increase opportunities for social contact within the neighborhood and reduce feelings of loneliness. In the analyses, all examples provided seemed to be meso-level events. These results are in line with the research of Kemperman and colleagues (2019), which emphasized the importance of neighborhood attachment for feelings of loneliness.

Finally, the narratives and experiences of older adults indicated that recent life events can have a cumulative effect. One recent life event can trigger the beginning of other life event(s) and transitions, and can affect the experience of how one ages. Cumulative advantage and disadvantage are defined by Dannefer (2003) as the "systematic tendency for interindividual divergence in a given characteristic (e.g., money, health, status) with the passage of time" (p. 327). In our study, the narratives revealed different experiences of loss which cause other negative changes; for example, the loss of a partner can decrease the size of a person's social network in the longer term. Related to this event, Naef and colleagues (2013) showed that spousal loss can influence changes in a person's social network. This is in line with the concept of life-course reflexivity but applied to recent life events (Dannefer 2020).

This study has some shortcomings, which can be opportunities for further research. One of the limitations of this study is that it was based on self-reports about recent life events, which possibly may elicit socially desirable and self-protecting reactions in the participants. For example, all participants who mentioned the birth of (great)grandchildren as a recent life event experienced this event as a positive life event or a high point. While research has indicated that the transition to grandparenting can have indeed have several positive effects on older adults' well-being or their personal growth (Taubman-Ben-Ari et al. 2012), some grandparents can experience difficulties regarding their new role (Ben Shlomo 2014). Therefore, it could be possible that participants did not share negative or neutral feelings concerning this event because of self-protection. Similarly, people can feel nostalgic or regretful about past events (Skow 2011); remembering the past may be influenced by, for example, a person's motives, goals, or purposes (D'Argebeau and Van der Linden 2004). Second, this study only examined recent life events. Future studies concerning the life events of lonely older adults would benefit from a narrative perspective, focusing on life events within the entire life course and their impact on later life, as previous life events can also have a long-term impact on later life (Wells 2015). By also focusing on early life events, the micro-meso-macro linkages within the entire life course could be better understood. This would require a life-story approach, whereby attention is given to the experiences of the entire life course. Finally, an explanation of the link between certain positive life events and loneliness trajectories remains rather limited within our results. In the interview, we focused on recent life events yet did not directly relate them in the interviews to participants' feelings of loneliness, or the possible effect on their loneliness trajectories. This might be the reason why the link between positive life events and loneliness is only modestly discussed. A future study that directly questions the link between life events and participants' feelings of loneliness (e.g., Rönkä et al. 2018) might contribute further to our

knowledge concerning the possible balancing factors of positive life events on loneliness trajectories.

Conclusion

This study contributes to the understanding of the heterogeneous and multifaceted nature of recent life events experienced by lonely older people. Older people experience a variety of recent life events (i.e., relating to health, financial status, social network, living situation, and meaningful use of time). Similar life events are experienced subjectively, namely negatively and/or positively. Furthermore, our results indicate that recent life events can occur at multiple levels (micro-, meso-, and macro levels). Recent life events can signal gradual transitions or can constitute a breaking point in older adults' lives. Examining such life events helps us to understand how recent life events can have an impact, both in a positive and a negative way, on the aging process. The narratives indicate that although lonely older adults experience different adverse recent life events related to loss experiences, they also experience different positive recent life events, which might have the potential to increase their well-being and reduce feelings of loneliness. At this moment, within this research, mainly meso-level factors show potential in decreasing feelings of loneliness. Finally, our results indicate that recent life events can have cumulative effects and can trigger several different transitions that, although not directly, ultimately impact on the well-being of lonely older people.

For policy and practice, it is important to be aware of the individual experience of recent life events, as it seems that similar recent life events can be experienced negatively and/or positively. Additionally, more attention needs to be paid to the possible positive effects of recent life events, for example, the importance of bringing lonely older adults into contact with the local service center, which might have a positive effect on loneliness or well-being. Additionally, being aware of the possible cumulative negative effect of recent life events, and that recent life events can occur at different levels, is important to take into account within practice in order to prevent older adults from becoming lonely or to identify lonely older adults.

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