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The Meaning of Loneliness: Listening to the Voice of Older Mental Health Service Users

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Abstract

Loneliness describes a complex experience, the subjective incongruence between one's desired and perceived social connections. The study of loneliness has increased but mostly through quantitative methods, leaving a gap in the personal experience and understanding of what it means to be lonely. The everyday language used to articulate the personal experience of loneliness remains underexamined. To address this gap, we conducted 18 semi-structured life story interviews with older adult mental health service users. Interviews were conducted via telephone and lasted on average 45 min. Participants were included on the basis of being objectively classified as lonely and ranged in age from 66 to 84. This paper provides a thematic analysis of responses to the question "What does loneliness mean to you?" Responses include subjective and objective aspects, as well as frequency, duration, and intensity, and social, emotional, and existential loneliness. Loneliness is a multidimensional, personal experience, rather than a single construct. Participants discussed loneliness alongside social isolation, depression, grief, feelings of emptiness, purpose, meaning, boredom and hopelessness. These insights are important for informing how we frame loneliness in research, policy, and practice, and for highlighting that our language needs to be sufficiently inclusive to capture the complexity of loneliness, not only for work with mental health service users but in public health.

Keywords: loneliness; social isolation; phenomenological; qualitative; mental illness; lived experience

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1. Introduction

> *"That our words are, as a general rule, filled by the person to whom we address them, with a meaning which that person derives from [their] own substance, a meaning widely different from that which we had put into the same words when we uttered them, is a fact which the daily round of life is perpetually demonstrating"* [1].

One in six people worldwide experience loneliness [2,3]. Among people with severe mental illness (SMI), it is estimated that between 59% and 80% experience loneliness [4,5]. The lived experience of those who have the highest rates is seldom explored [6]. While loneliness is experienced subjectively and deeply personal, the language used to describe loneliness tends to be academic, stigmatising and associated with clinical outcomes rather

than providing insights on what it feels like to be lonely. In part, this is because loneliness is a complex subjective feeling. It describes the gap between one's desired and experienced emotional, social, or existential relationships and can occur at different frequencies and intensities, and the causes are often complex [6,7]. The association with poor health outcomes is stark and includes depression, non-communicable diseases such as diabetes, negative health behaviours and, most notably, premature mortality [8,9].

Loneliness is defined as a disconnection from others and the world where individuals feel 'trapped' and a mental 'wall' is created by which they cannot or will not communicate their feelings to others [10–14]. Sometimes loneliness is accompanied by feeling misunderstood or not listened to. Consequently, this reinforces barriers of social exclusion, increased loneliness and abandonment [10–17]. Other commentators report the stigma associated with loneliness. Thus, Larsson et al. [15] highlighted stigma, self-blame and shame related to the sense of social failure in relationship-making, being unlikeable and/or having personality problems. Commonly, too, these may be accompanied by the individual's loss of meaning and purpose, a degree of existential anxiety or pain [10,11,15,17,18].

Language in its purest form relates to communication and connection, permitting description and interpretation of the world and our experience of it. The disciplines of linguistics, semantics, and lexicology provide analytical frameworks. Language and art in its various forms such as poetry, music and painting as symbolic systems may convey emotions such as joy, sadness, grief, and frustration. However, the everyday language of loneliness is understudied. Instead, research on loneliness has tended to focus on the quantification of loneliness, its prevalence, distribution and the measurement of severity [6–9].

The patterns of loneliness in language are less explored, especially in terms of gender differences, where women are more likely to self-label as lonely, while men typically describe fear [19]. Additionally, people who are lonely use longer sentences when discussing the concept [19], more personal pronouns and conversational fillers such as 'you know' [20,21]. Evidence suggested that loneliness could be a positive outcome for some, offering an opportunity for reflection or transforming the feeling to a more benign affinity to solitude [12,21,22]. SMI can impact capacity, e.g., low mood, exhaustion, feeling overwhelmed, and feeling disconnected, and lower the desire to socialise which in turn increases the risk of loneliness [23]. Despite a growing body of literature on loneliness, the field remains fragmented and poorly theorised. There is a dearth of qualitative studies focused on understanding the complexity of loneliness among mental health service users. The aim of this study was to understand the lived experience of loneliness among older adults who use mental health services. This study placed emphasis on giving participants a voice—to define and explain what loneliness meant to them, and how it affected them throughout their lives. Therefore, this paper focuses on the phenomenology and epistemology of loneliness and how it is experienced, perceived, described and understood.

2. Materials and Methods

2.1. Study Setting and Data Collection

This paper is part of the Life Maps Study, which employed a life story and life course approach to investigate loneliness among older individuals using mental health services [6]. The study was conducted in Dublin, Ireland, in 2021, at a day hospital and associated community service that provided mental health services and supports for older adults with a range of mental health conditions (e.g., depression, anxiety, psychosis).

2.1.1. Ethical Approval

This study was approved by the St. James's Hospital Joint Research Ethics Committee (ref/5563). All subjects gave written informed consent in accordance with the Declaration of Helsinki.

2.1.2. Sample Selection

Full details on the procedures, sample selection and scales used are given in Burns et al. [6]. Brief self-completion questionnaires were distributed by staff in January 2021 to collect data on basic socio-demographic information, depression levels were recorded using the CES-D-R 10 scale [24,25], social isolation was measured using the LSNS-6 [26], and loneliness was assessed by the 11-item De Jong Gierveld scale [27]. Participants eligible for the pre-interview questionnaire were older adults currently attending a day hospital or under the care of a community mental health team. Eligible participants provided informed consent. Due to COVID-19 restrictions and public health measures, most patients were recruited remotely. Staff posted the self-completion questionnaires out to the patients. From January–March 2021, 30 self-completion questionnaires were returned. A total of 25 participants reported willingness to participate in a qualitative life story interview exploring loneliness across the life course. All 25 were eligible (minimum loneliness criteria, scoring 3 or more on the De Jong Gierveld Loneliness Scale or reporting they 'felt lonely' at least '3–4 days' a week in response to the CES-D-R 10 scale) and were subsequently contacted between March and June 2021 and asked to take part in the study. Data saturation was achieved in this study with 18 participants, and no further recruitment was necessary as no new themes or categories emerged at this stage. The consolidated criteria for reporting qualitative research (COREQ) were used to ensure thorough reporting of our study [28] (the Supplementary Materials—File S1 interview guide and File S2 COREQ checklist for the Life Maps Study are available from Reference [6]).

2.1.3. Interviews

The interview questions were collaboratively developed and agreed by the multi-disciplinary team and were informed by a phenomenological framework that sought to understand the participants' lived experiences, meanings and interpretations of the question "What does loneliness mean to you?" A total of 18 people took part in the life story interviews. Due to the COVID-19 pandemic, interviews were conducted via telephone rather than face-to-face as initially planned. We asked participants about the language and words they used to define loneliness, and how they explained loneliness to themselves (and possibly to others). Interviews lasted an average of 45 minutes (ranging from 19 to 114) and used a life story approach to explore interviewees' social situations and loneliness across all life stages. A debriefing was conducted with each participant after the interview to ensure they were not distressed by the experience

2.1.4. Theoretical Underpinning

The methodological orientation of phenomenology informed this paper. Phenomenology is a philosophical approach that explores lived/shared human experiences and often utilises interview data [29]. It explores what is experienced, how it is experienced, and how it is described in that lived experience. This approach was chosen based on the study's aim to understand the lived experience of individuals' loneliness over the life course, what the interviewees think and feel about loneliness (experimental), and the language and words used (discursive) [30]. Using a phenomenological approach also allowed participants to have a voice and to share their personal understandings and experiences of loneliness throughout their lives. Phenomenology provides a framework for qualitative research to

increase and deepen understanding by listening to people's ideas, beliefs, knowledge, and language to describe their lived experience and the meaning they give to loneliness.

2.2. Data Analysis

All interviews were digitally recorded and then transcribed verbatim by a professional transcription service. Transcripts were cross-checked against the recordings by the research team to ensure accuracy. Personally identifiable information was removed and pseudonyms were assigned to protect participant anonymity. Interviews were then initially analysed by two members of the research team (A.B. and R.O.) using inductive thematic analysis and coded in NVivo 12 by A.B. [6,31]. For the current paper, responses to the question "What does loneliness mean to you?" were analysed using the Braun and Clarke method [31]. Following immersion in the data, codes were initially organised into themes and sub-themes by R.O. and then further analysed and refined independently by both R.O. and G.L. with additional input from the wider research team. Through collaborative and iterative review and refinement, differences were discussed, and a consensus was reached. This process helped to reduce potential researcher bias and improve the identification of pertinent themes, sub-themes, and the selection of illustrative quotes.

3. Results

3.1. Sample Characteristics

The sample included 18 adults aged 66 to 84. The mean age of those who provided their age (n = 17) was 76 years (one participant did not provide their age). Participants included 1 transgender woman, 5 men and 12 women; a third were married or cohabiting (n = 6), and 10 were living alone. Seven participants had completed only primary education, seven had completed secondary/high school education, and four had completed a degree/diploma. In a previous paper from this study, the typology of loneliness among seven participants was categorised as chronically lonely (i.e., experiencing persistent loneliness across their life courses); four as their loneliness becoming chronic after a life-changing transition in midlife; and seven as their loneliness remaining situational/transitional only [6].

3.2. Themes

Four themes were identified from the question "What does loneliness mean to you?" The four themes identified were: (1) indescribable nature of loneliness, (2) on your own, (3) mental illness, and (4) purpose. Names used in the quotes are pseudonyms to ensure the confidentiality and anonymity of participants.

3.2.1. Theme 1—Indescribable Nature of Loneliness

Theme 1 highlights how difficult it is to describe loneliness, and the differing understanding of the concept—some participants found it hard to explain. In contrast, others described it in very illustrative ways, such as physical senses (e.g., coldness and emptiness). It was notable that some participants felt a lack of empathy toward those who live with loneliness.

Sub-theme: 'Can't explain the feeling'

Rather than providing a definition, participants like Martin highlighted their experiences or personalities as an explanation for their loneliness. Martin blamed himself for his loneliness—*"Yeah. Well, you see, I don't know how to describe myself. I'm always that way inclined. . ."*

Other participants said that they understood what loneliness was, but that it was hard to explain what it felt like to others who are not lonely. For participants, it was more than missing people; it was described as a state of mind or a feeling that is not easy to explain or

share with others which can be linked to trust, stigma and an inability to communicate the personal nature of loneliness.

> *"... You would feel that you couldn't speak to them because you feel that it's hard to explain to people ... you know what I mean? ... [Someone] may ask, why are you lonely? ... I don't effing know, I just feel it." (Thomas).*

Sub-theme: 'Denial'

Denial was noted as a sub-theme within the broader experience of those who found it challenging to describe loneliness. Participants, such as Peter, indicated that they did not have any feelings of loneliness or had not experienced loneliness, even though they were classified as lonely using the De Jong scale. It may be that the denial suggests a coping mechanism for being lonely, allowing them to continue with their lives without fully exploring or accepting the feelings of loneliness, or may be a sign of shame.

> *"No, I can't think I can't honestly say that I've been lonely. Not in the sense I think that you mean like where you feel isolated and stuff like that ... No, I never had that feeling ..." (Peter).*

Nora explained that she enjoyed solitude and that company was not necessary, potentially as a way to help her deal with the issue of loneliness. Solitude is, of course, a choice, but loneliness is not, and describing loneliness as a form of solitude could be interpreted as a form of denial.

> *"I tell you I'm finding it hard to describe loneliness because I keep myself occupied, you know, and I enjoy my own company." (Nora).*

3.2.2. Theme 2—On Your Own

Participants described loneliness as a profound sense of being alone—socially, physically and emotionally and combining social, emotional and existential components. For some, like Dolores, loneliness was defined as the 'state of being on your own', the absence of interaction with others, and the inability to share with others.

> *"Loneliness to me is being totally and utterly on your own, and having nobody to talk to, nobody to look at, you can't do things, loneliness is that" (Dolores).*

Other participants like Tina explained loneliness in terms of lack of support—*"I suppose if you said you needed help and you hadn't got it, you might feel a bit lonely".*

Marianne talked about loneliness in terms of both being and feeling alone—*"Well, you miss people, I was sitting all day yesterday [and the day before] here on my own ... because the home help only lets them come for a few minutes just to see are you alright ..."*

Sub-theme: 'Share'

Not having someone to share thoughts, worries, or experiences with emerged as a sub-theme among participants. Here, loneliness was described as a lack of someone to listen to and understand one's views and feelings, e.g., a confidant. Jane described loneliness as not being able to 'bounce things off' someone, for example, seeking validation.

> *"There's nobody there that you can bounce things off. Nobody to talk to that understands you." (Jane).*

> *"... loneliness is not being able to share something, that maybe you should share with at least one other person, if not more. But at least one." (Patricia).*

Paula described loneliness in terms of the inability to share life events and everyday activities, such as watching TV, coming home to an empty house, being alone, or not having someone to talk to about their day.

"... I think it's coming back to an empty home. If you watch something on television ... you haven't anybody to talk to about it. ... I don't watch things like that now, because I've no one to talk over those things with, and that I miss. ... I'm not used to not being close to somebody." (Paula).

Sub-theme: 'Alienation'

This sub-theme emphasised participants' experiences of social separation and disconnection at an individual and broader level, representing existential loneliness. Angela described loneliness as an acute sense of separation from society, which impacted her ability to engage with others, and she talked about the pain of seeing others connect socially and emotionally—thus, in turn, excluding herself and reinforcing her loneliness.

"... you're in and you know you can't go out and you kind of get lonely because you'd be seeing people passing by and talking to one another and you feel you're not involved, you know, it's like a different part of the world, you know?" (Angela).

John, on explaining loneliness, said *"I think it's that sense of disconnect or inability to be with people and to chat with people".*

3.2.3. Theme 3—Mental Illness

Theme 3 highlights the complexity of loneliness in the context of whether it is the same as depression or not.

Sub-theme: 'Loneliness and depression'

Participants discussed that loneliness and depression are often considered as the same thing. Peter felt that depression impacts daily life, functioning and well-being differently than loneliness, and loneliness was not as debilitating a condition; for him, depression was worse than loneliness.

"... Some people think loneliness is a depression. It's a completely different thing altogether. ... in the middle of [a] field, on my own, I could be lonely. But if I was depressed, I wouldn't be in the field ... loneliness to me is a feeling ... Depression is an illness." (Peter).

"... loneliness is like putting on a T-shirt? Okay, it's light, it's there and you can go [on], right. Depression is putting on a jumper over the T-shirt, it's heavy, it hangs you down, it brings you down. That's the difference" (Peter).

Alternatively, Collette felt that depression and loneliness are interlinked and inseparable. She suggested that being lonely can mean being depressed, as you feel alone and empty. For her, loneliness was associated with a specific psychological state, feeling low and withdrawn.

"[Loneliness is] depression. At the lowest ebb ... I just felt there was nothing for me, you know? Just felt so down ... see with loneliness you want to go to bed" (Colette).

"My example of loneliness would be being depressed ... Well, loneliness means you're on your own, doesn't it? You're lonely. You feel you've nobody—if you're trying to define the word" (Thomas).

"I used to call the situation I used to get into, depression ... And when you're lonely, you're in a room of your own and there's nobody in it" (Alex).

Nora was unsure of whether loneliness, depression and other mental health conditions were linked, and this reflected a degree of uncertainty for her about what constitutes loneliness.

"I don't know if depression is linked to loneliness. It possibly is for some people, you know. And then I think anxiety maybe, and you know, worry ..." (Nora).

Sub-theme: 'Hopelessness and emptiness'

Hopelessness was discussed as a dimension of loneliness and was linked to an emptiness and lack of agency—Nora felt that it was *"... horrendous, an empty hopeless feeling, yeah ... Oh, just an empty feeling."* Participants like John expressed that loneliness is a feeling that you are powerless to change the situation.

> *"It's the actual feeling of being on one's own and that nobody is going to come to you and life has passed you by in some way and that there's nothing that you can do about it ..." (John).*

3.2.4. Theme 4—Purpose

Theme 4 suggests that loneliness can be linked to purpose and meaning in life, which links aspects of hope and connection.

Sub-theme: 'Lack of purpose'

Loneliness was associated with a lack of purpose. Participants discussed that without purposeful daily actions, they felt lonely and isolated. For Ellen, it was more than simply the absence of daily tasks; she described it as being stuck in the same mental process over and over again, where days just blurred into each other, and tasks felt meaningless.

> *"And just existing, not really living I would feel. It's just like, it's like a cog in a wheel doing the same things day after day, Groundhog Day." (Ellen).*

For David—*"It's an awful feeling just sitting in a room with nothing to do. Okay that's loneliness."*

Purpose was considered important as a pathway out of loneliness, shaping meaning and providing structure and engagement. It was suggested by David that without a sense of purpose in daily activities, his mood declined and that he felt empty—*"...when you don't have things to do it's a long day and if you think about it then loneliness sets in" (David).*

David illustrated the importance of purpose or tasks in managing his loneliness -

> *"Well sometimes you're sitting by yourself, you're happy to be thinking of things and happy to be maybe watching television and fixing something or whatever so you're not going to feel lonely, whereas if you're sitting there looking for something to do the loneliness sets in and you feel that you're by yourself." (David).*

Sub-theme: 'Time and boredom'

Some participants, such as Thomas, described loneliness as a sense of boredom, e.g., no interaction with others, nothing meaningful to do, or the feeling that you have no one to talk to. For some participants, boundaries blurred between feeling bored and feeling lonely.

> *"Like loneliness to me would be if you were bored, you know...Well, to me loneliness would be having nobody or think that you have nobody to talk to." (Thomas).*

Participants also described having 'too much time' on their hands as a negative experience and for some this was linked to anxiety. Additional time fed into feelings of loneliness.

> *"...it's just as you get older especially the younger kids they're busy doing their own thing and just to be left alone, a lot of the times when you don't have things to do it's a long day and if you think about it then loneliness sets in." (David).*

Participants like Rebecca felt that having relationships would give her more purpose and, in turn, would provide shape and structure to fill any voids.

> *"Well, you just get very anxious about things and some of that is that you just have too much time to be mulling over them whereas if you were with somebody else you wouldn't be doing that." (Rebecca).*

4. Discussion

4.1. Main Findings and Comparison with the Literature

We aimed to improve our understanding of the personal experiences of loneliness among older adults using mental health services and to give participants a voice to define loneliness, what it meant to them, and how it affected them throughout their lives.

In response to the question "What does loneliness mean to you?", participants did not define loneliness in a single way; rather, it encompassed social, emotional, and existential dimensions, i.e., the feeling of being cut off from others. It was discussed alongside social isolation, depression, and grief, as well as feelings of emptiness, purpose, meaning, boredom and hopelessness. Responses focused on individual circumstances rather than structural factors, e.g., self-blame, upbringing, and living alone. However, it was evident that loneliness was more than just a simple experience of disconnection from others; for some, it was also a disconnection from the world at large and its everyday workings. While all the interviewees lived with loneliness, a number found it hard to explain or understand what was being experienced at their first encounter with loneliness. For others, there was denial about being lonely, which may be linked to stigma and shame. We also noted contrasting and insightful experiences around how loneliness was similar and different to depression. Overall, four key themes emerged: (1) indescribable nature of loneliness, (2) on your own, (3) mental illness, and (4) purpose.

(1) Indescribable nature of loneliness

Theme 1 highlights the difficulties in describing loneliness and that everyone has their own understanding of the concept—this is part of the deeply personal feeling of loneliness that covers more than just one aspect, and may be linked to the issue of shame, but it is clear that words by themselves often fall short in capturing the depth of experience. A study by Thoresen et al. [32] found that loneliness may play a role in the relationship between health and shame, with shame potentially breaking down social connectedness. While previous studies found that people experiencing loneliness often use longer sentences when discussing the concept [19] and/or use more personal pronouns (e.g., 'I', 'myself') or swear words [20,21], our findings add additional nuance to the literature. Although some participants spoke at length on the meaning of loneliness, others found it difficult to articulate. The extended speech may reflect attempts to articulate an experience that was difficult to define or describe—longer sentences may reflect the complexity and potential ineffability of words to capture their lived experience of loneliness and the feeling of loneliness may transcend the boundaries and confinements of traditional language.

(2) On your own

On the theme 'on your own', participants described loneliness as a profound sense of being alone—socially, physically and emotionally—and the absence of quality relationships with others, as well as meaningful interactions which is reflected in the literature. For example, loneliness was described not just as a feeling with social and emotional aspects, but also as a way of thinking (e.g., 'I feel trapped') and as having physical consequences (e.g., heaviness) [18]. A study by Reinhard et al. [33] highlighted that loneliness and personality disorders shared a range of intra- and interpersonal elements, including increased rejection sensitivity, information processing biases, social withdrawal and shame. This theme reflects the literature which discusses disconnection, alienation, social exclusion, abandonment, and loss as reasons attributed for this feeling [10–17] of 'nobody to share life with' [18].

(3) Mental illness

Theme 3 highlights a difference in perspective on whether loneliness is the same as or distinct from depression, underscoring the complexity of loneliness and the difficulties it presents in recognising and explaining it. This is not surprising, as there is a multi-faceted discussion in the literature and in wider society about the relationship between

depression and loneliness [10,17,21], which was reflected in the interviews. Various studies have indicated a bi-directional relationship between loneliness and depression. However, loneliness often acts as a predictor for later depression [34,35]. A recent meta-analysis found a large, positive, and statistically significant correlation between loneliness and depression, indicating that higher loneliness levels are strongly associated with greater depressive symptoms [36]. A study by Nordkamp et al. [17] in adults with rheumatoid arthritis found that loneliness impacts loss of meaning and direction, which can lead to depression. Overall, while loneliness and SMI are conceptually distinct, in this cohort it did appear, for some participants, that there was a reinforcing, overlapping complex relationship. However, one of the participants in our study put forward a convincing case on how depression and loneliness were very different—that when you are depressed, it can be debilitating, while when you are lonely, it can be painful, but you can still function.

(4) Purpose

Emptiness, boredom and hopelessness featured strongly in these interviews with a need for, and lack of, purpose being prominent. Across the wider literature, loneliness is frequently discussed as a loss or lack of meaning and purpose, such as struggling to find meaning or feeling trapped [10,11,15,16,20]. This reflects the classic piece by Viktor E. Frankl on *Man's Search for Meaning* which suggested that even in extreme suffering, one finds purpose by choosing meaning through aspects such as love, work, and attitude. The work of Austin-Keiller et al. [37], a qualitative study on older men living with HIV and loneliness, found that participants struggled to find meaning and something to 'live for'. Similarly, McKenna-Plumley et al. [16], in a qualitative online survey, found that loneliness was linked to feelings of hopelessness or endlessness, which was reflected in this study. An investigation by O'Súilleabháin et al. [38] of the Health and Retirement Study in the United States found that purpose in life is a critical factor in the context of addressing loneliness-related mortality.

4.2. Implications for Research and Practice

The findings of this study suggest that loneliness in patients with SMI is not just a social issue but a clinical concern that affects treatment outcomes, recovery, and overall quality of life and requires further consideration in both research and practice. Although everyone's loneliness may be personal, the findings suggest that, among this group, there is also a commonality in how it is discussed, especially around the four themes identified in the present study, with implications for research and practice. The diversity of lived experiences of loneliness underscores the need to further distinguish between the different types of loneliness (social, emotional, existential) rather than treating it as a single construct. In the study, a substantial proportion of participants lived with others (8/18 of the interviewees lived with others, and 6/18 were married or cohabiting), challenging the typical portrayal of loneliness, e.g., people who live alone. Those individuals experiencing severe or chronic loneliness perceived themselves as unable to connect with others. Therefore, loneliness interventions that rely primarily on increasing social contact may be insufficient and should perhaps focus on other areas, such as psychological barriers and connections, further examining how meaning and purpose could help ameliorate the impacts of loneliness [34]. Finally, in the future, when designing interventions, we need to think much more about ways of co-designing, co-producing, and co-creating interventions to understand the lived experience of those who have the most severe and chronic loneliness.

4.3. Strengths and Limitations

The use of phenomenology enabled a deeper understanding of the lived experience of mental health service users and illustrated the complexity of loneliness, while life story

interviews gave participants a voice. This study was implemented by a multi-disciplinary team involved in both study design and analysis. In addition, the use of a pre-interview screening questionnaire provided an objective assessment of loneliness, which was a strength. The pandemic necessitated telephone interviews, which may have affected rapport compared to face-to-face interviews and also may have meant the loss of non-verbal insights such as facial expressions from participants. Conversely, interviewing by phone can also lower inhibitions and participants did seem forthcoming in this study in sharing their personal experiences [39]. Furthermore, as the study was qualitative with mental health service users, its findings are not generalisable to the general population. A detailed gender analysis was not possible in this study, as there were over twice as many females as males in the cohort; however, the results did not depict notable gender differences from the interview data.

5. Conclusions

This paper examines the epistemology of loneliness, exploring how it is perceived, experienced, described, and understood by those who live with it. Individuals experience loneliness differently over the life course. This study gives participants a voice—to define and describe loneliness and explain how it affected them throughout their lives. It highlights the ineffability of the concept for most of participants in this study—the sense of being overwhelmed by something that they cannot describe. This has implications for measurement of loneliness and the challenge if any of the measures truly capture the phenomenon at all. Future research needs to examine a co-designed, co-produced, and co-created approach to loneliness interventions for those with SMI.

Supplementary Materials: The following supporting information can be downloaded at: https://www.mdpi.com/article/10.3390/jal6020041/s1, File S1: Interview guide; File S2: COREQ checklist.

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