**Living Arrangements and Loneliness Among the Elderly in Israel:**

**Qualitative Research Findings**

The literature differentiates between several types of loneliness, most significantly between situational loneliness and chronic loneliness (Shiovitz-Ezra & Ayalon, 2010). Situational loneliness occurs following stressful life events that damage a person's social network. Chronic loneliness is an ongoing situation resulting from a person's inability to develop satisfactory long-term relationships. This diagnosis is important because research has shown that those who suffer from chronic loneliness are more vulnerable in terms of morbidity or mortality than those who suffer from situational loneliness (Martín-María et al., 2020; Rotem, 2014). Differences between the two types of loneliness are the basis for using various intervention strategies to deal with each.

Older adults each experience loneliness differently, based on characteristics of their individual lives (Cohen-Mansfield & Eisner, 2020). However, research has established that loneliness among older adults is associated with mortality, depression, Alzheimer’s disease (Beller & Wagner, 2018; Liu et al., 2016; Wilson et al., 2007) and increased risk of cardiovascular disease over a follow-up period of 5.4 years (Valtorta et al., 2018).

Although aging is not the main cause of loneliness among the elderly, a direct correlation has been found between age and loneliness (Yang & Victor, 2011). A recent study examined the characteristics of the feeling of loneliness among European adults, and found a connection between increased age and feeling greater loneliness, with the population of those 80 years and older feeling especially lonely compared to other age groups (Shiovitz-Ezra & Erlich, 2022). The literature mentions a variety of risk factors that may affect the feeling of loneliness among the elderly. For example, a study conducted in Turkey found that factors such as chronic disease and physical disabilities, regular use of medications, lack of hobbies, and living alone contribute to increased feelings of loneliness among the older population (Arslantaş et al., 2015).

In a recent study, researchers found that emotional loneliness emerged as a significant predictor of all-cause mortality in an adjusted model among elderly people who were living alone (O'Súilleabháin et al., 2019). Emotional loneliness can arise out of the loss or absence of a close emotional attachment figure, which is a toxic component of loneliness. A recent review examined social isolation, loneliness, and quality of life among the elderly during the COVID-19 pandemic (Kasar & Karaman, 2021). It found that the elderly experienced social isolation associated with the restrictions during the pandemic, and this intensified their degree of loneliness and negatively affected their quality of life. In addition, elderly people living in social service institutions or who lived alone, and those who had a low socioeconomic status were at particularly great risk.

Previous evidence indicated cultural factors associated with loneliness. Yang and Victor (2011) assessed the prevalence of loneliness across various age groups in 25 European nations. They found that the prevalence of loneliness increased with age. Russia and Eastern European nations, which are considered more collectivistic cultures, had the highest proportion of lonely elderly people. Lykes and Kemmelmeier (2014) examined loneliness as a function of dominant cultural values in European societies and found that levels of loneliness were higher in collectivistic societies as compared with individualistic societies, and that in collectivistic societies the lack of familial interactions was more closely linked with loneliness.

Health and social research on loneliness focus on the elderly population because they are more likely to be ill, isolated, less active, and to report loneliness with higher frequency. Loneliness negatively affects the quality of life and the physical and mental state in old age. In recent years, the pandemic has changed the living situation, family support, and social circles of many elderly people. It is evident that the pandemic and social distancing had long-term implications and consequences for the elderly, affecting a wide range of social and cultural aspects, beyond the health considerations. The purpose of this study is to examine the characteristics of loneliness and the relationship between loneliness and the type of residence and other socio-demographic characteristics among the elderly living in Israel. Two groups were examined in the current study: a group of elderly people living in a shared communal housing cluster, and a group of elderly people living in the community alone or with their spouses. The perceptions of the elderly regarding the feeling of loneliness and the factors that increase and decrease loneliness in the post-Covid era were examined.

**Methods**

A qualitative method was used to gain in-depth insights into the feelings and perceptions of elderly people toward loneliness; a subject often neglected in epidemiological research. The study was approved by the Ashkelon Academic College Ethics Committee (Approval # 34-2021).

**Participants**

Thirty-one elderly people were interviewed between November 2021 and March 2022. The sample included interviewees who live independently in their houses in the community and interviewees who live in apartments complex designed for the elderly (Appendix 1). Written informed consent was obtained from all interviewees. We used intentional sampling combined with snowball sampling, maintaining variability in participant characteristics. In intentional sampling methods, researchers select individuals who meet specific prescribed criteria. For this study, interviewees were selected to obtain optimal variety and serve as potentially rich information sources to meet the study objectives. Participants were recruited using a number of strategies including advertisements in the local community and personal inquiries by the study team to residents of apartments complex designed for the elderly.

These apartment complexes are residential buildings designed to house elderly people who can live independently but need a safe and supportive environment. This housing solution in Israel was originally intended for elderly immigrants who can manage an independent household. It includes shared common green outdoor space and indoor spaces with a common house or rooms in which community members may come together for various activities. Each building has a team that includes a housekeeper, a social worker, a social coordinator, caregivers, and a gardener.

**Data Collection**

We conducted a prospective qualitative study using semi-structured individual interviews using interview guides. The topics that guided the question development include: the characteristics of loneliness among elderly people in the post-pandemic period; the factors associated with increased loneliness; coping with loneliness; and the effect of living arrangements on loneliness among the elderly.