



Social and Spatial Aspects of Loneliness: Challenges to Belong and Acquiring a Sense of Home in a Senior Housing Facility in Denmark

Anne Mia Steno

amst@kp.dk

University College Copenhagen

Abstract

This paper contributes to the literature on loneliness by exploring how loneliness is impacted by a sense of home and experiences and negotiations of belonging. With an ethnographic point of departure in a newly established senior housing facility for older adults experiencing loneliness in Denmark, the paper discusses loneliness as a social and spatial phenomenon that is not static and does not exclusively pertain to the individual. Instead, it is something that is reshaped and (re)negotiated among the residents and their surroundings. This holds promise for welfare professionals to work on alleviating loneliness among older adults at senior housing facilities through working with the arrangements of the social and physical environments. This paper also notes that structures and physical settings that are purportedly supportive can also alienate older adults and hence risk worsening their experiences of loneliness.

Keywords: *Loneliness; Aging; Home; Space; Senior housing facility*

Anthropology & Aging, Vol 44, No 3 (2023), pp. 32-41

ISSN 2374-2267 (online) DOI 10.5195/aa.2023.427



This work is licensed under a Creative Commons Attribution 4.0 International License

This journal is published by the [University Library System](#) of the [University of Pittsburgh](#) as part of its

[D-Scribe Digital Publishing Program](#), and is cosponsored by the [University of Pittsburgh Press](#).



Social and Spatial Aspects of Loneliness: Challenges to Belong and Acquiring a Sense of Home in a Senior Housing Facility in Denmark

Anne Mia Steno

amst@kp.dk

University College Copenhagen

Spaces of Loneliness

William, a man in his late eighties, sat in his old, large, wooden chair. The armrests had indentations where his hands were resting. It's the only one of his six chairs he had space for in the small new apartment he recently moved into at Maple Grove,¹ a senior housing facility for older adults experiencing severe loneliness. William packed his pipe and began to speak about the numerous boxes of his late wife's clothing that he had to part with because there wasn't enough space in the new apartment. The scent of her was slowly fading away, he explained. William has lived in many different places: he grew up in a small house in the city, and later traveled for work, bringing his family along with him. His wife, children, and all the things they brought back from their travels and overseas stays are what feel like home to him, more than the physical building. However, not all those belongings could be moved to the new apartment, so he now finds himself in a situation where his new apartment is crowded yet empty in the sense that it reminds him of all the things that are missing. Similarly, the common areas that are part of the new senior housing facility appear empty and institutional from his perspective. "I've lived a life with a piano, with books lining the shelves, genuine paintings. But here, it's completely empty. It's like an institution, a sort of prison," he explained, continuing, "But I'm old, so no one really counts me for anything. I'm no longer useful."

Over a period of two years, I followed eight older adults ranging in age from 69 to 99 years. They all, like William, had recently moved into a new senior housing facility, due to experiences of chronic and severe loneliness. The aim was to follow these older adults in their journey from moving in and having their first experiences with the senior housing facility to settling in. As I listened to and spent time with my interlocutors, I began wondering how loneliness could be understood not only as a subjective feeling, but as something deeply related to not feeling at home and not being needed in social environments. Did the new facility, the new people and the move affect their reporting of loneliness? And in that case, what did they identify as making a difference to alleviate or worsen their loneliness?

Loneliness is in many ways a universal human condition. We all experience loneliness from time to time. It may hit us when saying goodbye to someone, or while sitting in the bus surrounded by people but feeling alone. However, for some people loneliness can become so intense and persistent that it defines and controls their everyday life. The term "severe and chronic loneliness" is commonly used and refers to self-reported persistent loneliness that interferes with and significantly affects essential aspects of one's life (Lasgaard et al. 2020). More and more people are experiencing severe loneliness, and especially older adults are prominent in the statistics on severe and chronic loneliness (Lasgaard et al. 2020; Wahl-Brink, Olesen, and Rejckjær 2015). The rise in reported severe loneliness has caused significant political concern in Denmark.² Hence, there are many initiatives underway to tackle it, such as food-sharing communities, volunteer visiting companions, and,

recently, senior housing facilities such as the one to which William had recently moved in which staff are employed to help facilitate communities for the residents.

Loneliness can be defined and measured in many ways, and is most commonly understood as a discrepancy between an individual's desire for social stimuli and that person's actual social life (Russell, Peplau, and Cutrona 1980). Loneliness is, in that respect, a subjective experience of feeling involuntarily socially isolated, which can occur both when you are physically alone and in the company of other people. This definition reflects a psychological and individual-based understanding of loneliness that this paper seeks to move beyond. The paper draws attention to the need to comprehend the social contexts in which loneliness arises, worsens, and is perpetuated. (Ozawa-De Silva and Parsons 2020). Loneliness can have many faces and expressions. Within the subjective and individual-focused approach, there may be a tendency to unilaterally understand loneliness as something introverted, as manifesting in quiet withdrawal. The image of lonely older individuals being alone in their homes, surrounded by distant memories, is the prevailing depiction in the media in Denmark. However, my study shows that loneliness can worsen in the presence of others and in specific environments where one doesn't feel at home.

Anthropologist Ozawa-De Silva (2021) points out that instead of solely focusing on the loneliness of individuals, one should take an interest in what she refers to as "the lonely society." By this, she refers to forms of societies that make people feel uncared for, unseen, and unimportant (like William expressed in his quote). A lonely society is not only a society in which many feel lonely, but a society whose structures promote loneliness over a sense of belonging and connection (Ozawa-De Silva 2021, 5–6). Ozawa-de Silva's studies on loneliness originate in Japan and focus on a completely different demographic than mine. However, this paper builds upon and expands this relational and social approach to loneliness and the premise that loneliness can involve the absence not only of relations with other living beings but also of social and physical places where one feels a sense of belonging and being at home (Ozawa-De Silva 2021, 16). Building on and advancing Ozawa-de Silva's perspectives on the meaning and significance of home, this paper contributes to the literature on loneliness as a social and spatial phenomenon by interweaving experiences and negotiations of loneliness with belonging and having a sense of home, from the viewpoint of older adults in Denmark.

I approach loneliness as fluid and dynamic, growing and diminishing within different contexts and circumstances. This implies that loneliness is not a constant and fixed concept but rather something that is reshaped and negotiated among people. It is not solely a feeling but also something the body senses. A space that is too narrow to navigate with a walker becomes out of reach for someone who uses a walker, signaling that this is not suitable for their body (Ahmed 2006; Steno 2023; Steno and Jønsson 2022). This, as I show through my research, can trigger feelings of loneliness. Conversely, a place might also become integrated into one's body, become an extension of it. Anthropologists Robert L. Rubinstein and Patricia A. Parlamee (1992) have argued that a home for older people may function as a kind of extension of themselves. The notion that a home may also become an extension of a person is connected partly to the daily and habitual bodily movements within that space, as well as to processes by which a space becomes personal as a home is filled with references to significant events in a person's life (e.g., family photos and objects given by significant others or acquired on significant occasions) (Rubinstein and Parlamee 1992). This is also due to the fact that places can hold memories and recollections that extend beyond one's current self. These memories connect an individual with another time, reaching beyond the limitations of the present moment.

Thus, when older adults move into new buildings, such as senior housing facilities, they are not just moving out of a house, but also out of a home that has been a part of them, an extension of their own body and being. This perspective on what constitutes a home is interesting in relation to understanding home as something relational. A building is not necessarily a home; a home is something that is created over time through the relationship between the person and the space in which they live. Drawing on Marx's concept of alienation, anthropologist Vacher has advanced this idea by pointing out that a home should be understood as a commodity because it must be bought before it becomes a home. In Marxist terms this means that the

commodity (the home) is a product of alienated labor (Vacher 2010). When you buy or rent a space, you get the right to live there, but it does not come to feel like a home until appropriating practices occur. Such appropriating practices may take place in different ways, but what often happens is a process of erasing the traces of previous owners. This may be done by painting, renovating, and cleaning. Home is the result of an ongoing process, and a home is thus the culmination of appropriating practices (Vacher 2010).

Drawing from this literature on loneliness and negotiations of home I address the following questions: Do older adults have opportunities to appropriate their new homes in senior housing facilities? And how does this process, or lack thereof, impact their experiences of loneliness?

Moving into a Senior Housing Facility because of Experiences with Loneliness: Empirical and Methodological Frameworks

A primary focus in my fieldwork has been on “listening for the unsaid, looking for the visually unmarked, sensing the unrepresented, and thus seeking for connections among parts of the obvious which locally remain unstated” (Dresch and James 2000, 23). This process of listening for the unsaid has involved not only approaching the research with predefined concepts and ready-made questions, but also striving to make myself approachable and responsive in the field in order to determine what questions should be asked. This kind of object sensitivity is particularly well-suited for eliciting different narratives and insights around a topic like loneliness, which was considered a taboo by many of my research participants and hence was sometimes difficult to talk about. Doing context-sensitive fieldwork also holds the potential for other voices to be heard, beyond those who can articulate themselves in a conventional interview setting, where conversation holds a privileged position (Steno 2015, 2020).

During my fieldwork at Maple Grove seniors home, I participated in communal dinners, attended residents’ meetings, joined outings, had coffee and discussions in common areas, and visited the residents in their individual apartments. During these visits, I conducted semi-structured narrative interviews with eight older adults, initially when they moved in and then after they had lived in the housing facility for one year. Each interview lasted one to three hours, focusing on the residents’ experiences of different homes throughout their lives – from childhood homes to their new homes in the senior housing facility. Other themes that emerged from the interviews included their initial impressions of the housing facility, experiences of loneliness in general, feelings of attachment or detachment to the new housing environment, the concept of home, relationships with fellow residents and staff members, experiences with residents’ meetings, and their overall involvement at the senior housing facility.

Fieldnotes and interviews were transcribed and coded in NVivo according to pre-arranged themes such as narratives of loneliness and homeliness, as well as newly arising themes such as spatial, social, and environmental loneliness. The analysis was done abductively; theoretical innovations were elicited through a double engagement with existing theory and careful methodological steps (Timmermans and Tavory 2012, 181). For the purpose of anonymization, names and places have been altered. All residents gave their written consent before they participated in the study and the study was conducted under The Danish Code of Conduct for Research Integrity.

I have prioritized bringing forth the voices and experiences of the older adults within the senior housing facility while the orientations of the staff are less represented in this paper. One might hence get the impression that the staff are a homogenous group, all thinking and doing the same thing. Of course, this is far from the truth. The residents’ feelings of loneliness are not constant; they change, and in certain situations, specific staff members have created inviting spaces and opportunities for residents to experience a sense of connection. This has been achieved through communal dinners, where candles are lit, flowers adorn the tables, and dishes are prepared based on residents’ preferences. Such moments have created a sense of community and belonging that many residents have spoken about long afterward. The reason I have prioritized narratives of alienation and loneliness in this paper is because it was the predominant theme and feeling among the residents with

whom I interacted during fieldwork. It is essential to document and reflect upon this in order to advocate for a change in institutional structures that may inadvertently perpetuate loneliness instead of alleviating it.

Maple Grove is run by the municipality and consists of 24 independent apartments alongside shared common rooms. Before moving in, the residents must go through a visitation process to assess whether or not they fit the criteria: eligible individuals must be over the age of 65, not require daily care, and self-report being lonely. The professionals involved with resident care at Maple Grove have different backgrounds, such as occupational therapists, social workers, and social and healthcare assistants. Despite one of the visitation criteria being that the older adults are not in need of healthcare and personal assistance, many of the residents end up requiring healthcare support and medication distribution after they move in. Having a team of occupational therapists and healthcare assistants helps facilitate common and individual programs with the residents. The social workers see their role as crucial in building relationships with the residents in order to foster their participation in group activities, such as going for walks and attending common dinners.

The eight older individuals I followed all live in Maple Grove, but their move-ins were staggered. Much like William, most of them moved into smaller apartments than what they were accustomed to, which necessitated parting with many belongings and memories. In return, the facilities at Maple Grove promised them access to spacious common areas including a kitchen, living room, and creative space that is shared but is also meant to be an extension of their homes.

A residents' meeting is held every month at Maple Grove, in which both residents and staff take part. At these meetings, residents' involvement in activities is emphasized and encouraged by the professionals. A recurring part of the agenda is for the residents to decide how to make use of the common rooms, how common dinners should be arranged, and what kinds of activities they would like to engage in.

Spatial Loneliness: Experiencing Common Room Areas as Alienating

Maple Grove seniors home aims to "combat loneliness" through providing specific spaces and institutional settings where communities are fostered. According to the management, this is to be achieved through resident-driven events like communal meals and meetings, which staff are supposed to facilitate, but where the residents are meant to be active and driving participants. The level of staff involvement and interaction varies significantly between staff members. Over the course of my fieldwork, I witnessed considerable turnover in personnel and changing understandings of their professional roles. For example, over the course of my research, a staff member's tasks might have shifted from cooking for residents and arranging activities for them, to assisting residents in undertaking those activities by themselves to being primarily available in the office when residents request assistance.

In relation to understanding different experiences of loneliness my interest is in how the common spaces function and whether they are experienced as a home in the sense of providing a sense of belonging for the residents, or if they, conversely, lead to more loneliness and distance? To explore this question, I will now describe the layout of the common room, which includes kitchen, eating area, sofas, and a creative workshop corner with arts and crafts materials. The common spaces in Maple Grove are brand new and have been designed and furnished by a corporate architect, with large glass sections, petrol-blue cupboards, and wooden panels. On the glass partitions, large letters form the words *Common Room* and *Common Kitchen*. The kitchen is decorated in the same petrol-blue color and has four tables in light wood with matching dining table chairs and a small wooden bench in a built-in wall system that functions as a room divider. On one side of the room there is a piano. On the windowsill is a stack of weekly magazines and some crime novels, but most of the shelves are empty.

Though staff have a separate office, they often use the common rooms to sit in and work on laptops. They explained that this allows them to be present and accessible in the area, something several residents had requested. However, many residents also perceive this presence of staff working as a confusing signal regarding

the purpose of the room. Several times while I was hanging out in the common room, residents left upon seeing staff members working on computers. Some withdrew from the room with apologetic comments like, "I don't want to disturb," while others more angrily asked, "Has this become your office now?"

One afternoon, I was having coffee with William in the common room. He brought out an old photo album and showed me pictures of holidays with his kids with whom he now has very little contact. His wife died three years earlier, leaving him depressed and experiencing severe loneliness. A staff member approached to offer him another cup of coffee, and William said, "I thought I had chosen freedom." He continued, "I don't want to go to a nursing home, I said that when I agreed to move in here, but if we're not careful, this will become a nursing home. A dictatorship." The staff member listened and nodded and was about to say something when William interrupted her by saying, "To you, it's your job. You have to go home to baby bottles and husband. But it's about my everyday life, you know." He looked at me and said, "It's rules, rules, rules. They [he nodded towards the staff member] just decide everything." He pointed towards the balcony which functioned as an extension of the common area and said,

There is a nice balcony there, we are not allowed to smoke on it. They could have asked us what we think, like when they say coffee is served from 11 am-2 pm. I wake up at 7 and I would much rather it was [served from] 9-11 am. I'm not saying things have to go according to my head only, but I just want to be asked, to be heard [...] It's my home after all [...] Sometimes they have their meetings here and we have to keep out.

William felt like he was not allowed to put a mark on or contribute to the interior of the common room, and he expressed in various ways that he didn't have the opportunity to make the space his own. This was partly because others dictated when coffee could be enjoyed (it depended on staff schedules) meaning he couldn't determine what could or could not happen in the space. For instance, smoking on the balcony was not allowed due to workplace regulations, reflecting the dual nature of the space as both a home for residents and a workplace for staff. This highlights a point that other studies have demonstrated in the context of nursing homes: common living rooms have an ambiguous boundary between the public and private spheres, unlike the clear boundaries characterizing a home (Hauge and Heggen 2008).

William, like several other residents, complained that the furniture and the layout of the space in the common areas wasn't inviting for older bodies. For example, the wooden built-in bench may have been stylish, but it was uncomfortable for a stiff old body to sit on. He would also have liked to have paintings on the walls and more colors besides the petrol blue shades, but he faced resistance from the management when he brought in his own items. On one occasion these items were removed and placed back in front of his apartment, leaving him devastated. As previously noted, activities like furnishing, painting, and decorating are all aspects crucial to the process of appropriating a space and establishing a sense of home (Vacher 2010). However, the common areas in Maple Grove were deliberately kept neutral and clinical. The management explained this in terms of creating a space to suit everyone that was easy to clean and could accommodate new residents in the sense that a neutral and clinical space may appeal to a broader group of people. The argument was also that spaces that are easy to clean are also easier for the staff to keep tidy. Yet, my research shows that the aesthetic of the common room risks alienating the residents and inhibiting their involvement in processes that would otherwise make this shared space feel like their home. Consequently, the common area is perceived as an institution, in contrast to a home, as expressed by William. The common areas are also very elongated and difficult to navigate with a walking aid, and the space hence obstructs movement, which may also contribute to a feeling of not being at home (Zhang 2022).

Another aspect that characterizes the common space and signals what can – and cannot – happen in it are the rhythms and time logics of the staff. Coffee is served around noon, when the staff have finished their morning routines, which include meetings where they discuss the residents' status (e.g., how they are doing that day) and the events of the previous day; checking in on residents feeling ill; and assisting with medicine for those

who need it. Most of the residents, however, have by this time already been up for a long time; they would prefer to have their coffee earlier and feel frustrated that it seems to be the logic of staff schedules that dictates how activities in the common area are organized rather than their own schedules and desires. Several of the residents expressed that they understand that it is expensive to have staff in the afternoons, evenings, and on weekends, and that they do understand why the staff prefer to work during the day; but it is also precisely during these periods outside working hours that loneliness is most difficult for most of them. As Karen put it,

I'm looking for security. I don't see my family. Saturday and Sunday are hell for me! I almost always make sure to have some appointment, but on the other hand, I also don't like clinging to my girlfriends and being a nuisance. So, if there was a trip, an excursion, or something happening in the common room on a Saturday or Sunday, it would make a huge difference for me.

The spaces and the ways in which they are temporally organized and controlled exemplify a common frustration felt by residents: on the one hand, residents are encouraged to participate in and contribute to what goes on in the home, but, on the other hand, the priorities of worktime routinely outweigh their suggestions. Hence, the framework about what the new shared home is – and is not – is difficult to decode. Residents, like William, who complain about the confusing messages about the room and its ownership are categorized as “annoying” and “uncooperative” by a large number of the staff. While residents may be perceived by staff as irritating, my emphasis is on how specific structures make the residents “irritated” and thus irritating to staff (Holen 2023). An example of such a structure is the fact that the common areas are constructed, decorated, and controlled by people other than those who live in them. Thus, even though some residents find it “cozy” to have coffee in the common room, none of them have a feeling that the common room is part of their home. They don't have control over the space: it was designed by architects (seemingly without an understanding of the need for comfortable furniture for older bodies and space required for wheelchairs, for example) and it is the staff who decide what is allowed and not allowed (such as drinking, smoking, etc.). As a result, appropriating activities that could make the common room feel like home are difficult for residents to engage in, and this lack of agency in shaping and owning the space potentially reinforces feelings of loneliness through its spatial and contextual aspects.

Loneliness in the Company of Others: New Witnesses to Loneliness

Grethe, a woman in her early nineties, moved into Maple Grove after losing her second husband. Her apartment is adorned with paintings and embroidery, creations made by her, her mother, and her late husband. When she spoke about her childhood home, her narrative centered mostly on a hospital bed. Illness was a significant part of her upbringing: she practically grew up in hospital, and back then, as she put it, “you just had to lie down all the time.” So, she learned to read by looking at the other patients' magazines while lying on her back, and she took up embroidery, an activity that could be done lying down. Even though she eventually recovered, it wasn't until she reached her sixties that she decided to start doing gymnastics, a lifelong dream. “When I am moving, I am truly living,” she explained with gleaming eyes. She had held back on physical exercise because the instruction from healthcare professionals during her childhood was “to stay still,” advice that was difficult to move past. Therefore, it wasn't until her second husband passed away and her son was in a good place with his own family that she thought she could risk it.

As both her husbands had passed away, and she was reluctant to burden her son, Grethe decided to move into Maple Grove to be around other people. Unlike William and most of the others, she didn't bring much furniture because she had always lived a modest material life. However, she had numerous photo albums filled with pictures from parties. She had always taken pride in inviting many people and hosting grand celebrations. But most of her friends had passed away leaving her feeling lonely and lacking a sense of community. She particularly hoped to find someone to do gymnastics with at the senior housing facility.

Like Grethe, all my interlocutors very much looked forward to moving into Maple Grove before they actually moved in. One referred to it as having won the lottery, and during my first meetings with each of them

(immediately after moving in) there was almost an atmosphere of euphoria. Ahmed had lived alone for many years and, rather than feeling insecure and lonely in his apartment, he spent many nights sleeping in his car. He saw moving into Maple Grove as his chance “to become himself again.” Several of the residents had been alone for many years after their spouses, and other family and friends, had passed away and were happy to again be around people. But the feeling of euphoria that came with moving into the housing facility changed for many during the first year. This was also the case for Grethe, who took pride in being positive, but struggled to feel at home in her new surroundings. For Grethe, as for many other residents, loneliness became more pronounced after moving in.

Moving into a new environment requires new orientations and adjustments, as exemplified by the story of another resident. Karen lived alone in an apartment for many years before moving into Maple Grove. She only had sporadic contact with her children. She felt that her loneliness had been exposed in a new way since moving in. As she put it,

A new resident has just moved in next to me and she has a lot of family who visit her. I can hear their footsteps outside. At weekends. On weekdays. There is no one here [with me]. My children don't bother visiting me. I don't know what I've done. Why is she [the new resident] here when she has so many people in her life?

Karen had previously lived in an apartment building where she had many neighbors, but she had not been bothered by their noise, such as footsteps on the stairs, before. She explained that it was different at Maple Grove. While she had moved there to be with others instead of being alone, moving there also caused her to confront a feeling of loneliness. She now feels even more alone and exposed in being so. As she explained, “If you have some time to kill, you go to the common room but then there is no one and then you don't want to just sit there and look stupid. Alone.”

Several residents refrain from entering the common room when they feel alone, because they feel certain it will be empty of people, and they don't want to stand out by sitting there “looking stupid” by themselves, as one put it, continuing that “it's a vulnerable position.” In the common room, many of the older adults became aware of themselves in new ways. Similar to Sartre's famous analogy of the “gaze,” we catch sight of ourselves and our bodies through the gazes of others (Sartre 2018 [1943]). One can sit alone in a room without giving it much thought or connecting it with something shameful, but when others notice that you're there, it suddenly becomes visible in a new way. You become present in a new way within the gaze of others. Being alone is in itself not a problem for many of the residents; they describe feeling content in their own company to a large extent. However, when others bear witness to that solitude, it takes on a different relational dimension, because others potentially hold opinions that stigmatize solitude, which can amplify a sense of loneliness and shame. In this way, the common room, which is intended to be social, can inadvertently amplify loneliness instead of inviting a sense of belonging and being at home. As described in the introduction, loneliness is not constant, but fluctuates. There are periods when the common room becomes more inviting for the residents but also periods when they feel alienated in the space. Visitors can have an equally paradoxical impact on residents at the home. While having visitors is welcomed at Maple Grove, an unintended consequence is that visitors may expose the loneliness of other residents who receive very few or no visitors at all. Hence, there is a built-in vulnerability of communal living as individuals are confronted with the lives of other people which may mirror their own situations in complex ways.

Social Loneliness

Previously, I have described how William, upon growing older, felt unneeded because many of the relationships in which he felt needed had faded away. The feeling of not being needed, “being unimportant” and “sometimes even invisible,” as he put it, constitutes part of his experiences of loneliness. Many of the older adults that I spoke to experienced similar sentiments as the combination of feeling lonely and being old became their primary label: being old became the main category that defined the ways in which they were met by their

surroundings. As Grethe put it, "We are all very different, can I put it that way? The only thing we have in common is that we are old." In line with this statement, Karen said, "When you get old, everything is explained by being old. I'm in pain, then they say: that's how it is to be old. I feel invisible. That's just how it is to be old."

Social loneliness may have something to do with my interlocutors feeling even more lonely after moving into the senior housing facility. Even when they were physically together with others in the common areas, they felt lonely because they experienced a lack of shared interests which diminished their sense of belonging with the other residents. My interlocutors all led very different lives. They came from different cultural contexts, and had very different preferences regarding food and hobbies. Hans, who is in his eighties, had spent a significant portion of his life abroad and was accustomed to international acquaintances where politics, mathematics, wine, and chanterelle mushrooms were discussed. He explained,

Brigit, she's 95 and a housewife from downtown. Grethe she's 92-93 years old and a housewife from, well, I don't know. Both of them seem mainly to be occupied with peeling potatoes. Bente, she's a housewife from a suburban neighborhood. Then you have Henrietta, who is married and has been a housewife in a suburb; she splits her time between being here, in a summer house, and her home in the suburb and apparently has some problems with her husband. Ahmed doesn't come down to the common room very often, and he has a completely different mentality; he worked as a welder, he talks about different things. Then you have Oscar, and he's an engineer with many interesting stories to tell but has become somewhat demented since moving in here [...] If I have to say what the biggest problem is, well, I don't have anything against the others, but a 99-year-old lady, a 94-year-old lady, and then a housewife from the suburbs, it's not the group you would expect to form the basis of a collective.

Hans was frustrated and felt alone with his interests in food and culture, which in his view could be the basis for community and a sense of belonging in the senior housing facility but this was not possible within his present company. Grethe wanted to do gymnastics. William wanted to listen to historical lectures and talk about his own life. Karen liked to watch the latest cinema films. Yet what was most commonly initiated and framed as community-building activities by the staff were activities such as knitting, arts and crafts activities, bingo, showing old movies, and excursions to the harbor for an ice cream – activities that some of the residents enjoyed and participated in, but others found infantilizing and unappealing in relation to their desires. As Karen said, "I don't want to knit, I've knitted for my children my whole life. I don't want to be made to watch *Matador* [a popular TV show from 1978]; it's 100 years old." Similarly, William said, "An outing to an ice cream parlor, am I five years old? Couldn't we arrange a lecture about Desmond Tutu?"

There are several reasons why it may not be practically possible for the staff at Maple Grove to accommodate each resident's desire for activities and socializing, just as they cannot change the composition of people who live there. What I want to draw attention to in this context is the normative understandings of aging that are implicit in the suggested activities of knitting, old TV shows, and bingo. These are passive, seated activities that are assumed to appeal to an aging generation, but do not appeal to many. The difficulty in finding activities that suit everyone may also be due to cultural class and how the staff's preferences become the horizon that defines which communities are supported.

Conclusion

Loneliness isn't solely a quiet, internal feeling; it may manifest as anger, frustration towards others, and estrangement from a place. It can be closely linked to a need to matter to others, as the initial quote from William illustrates. Growing older can mean experiencing a sense of loss of meaning and belonging. While William was needed by his children when they were younger and in his workplace, when his children grew up and when he retired, this changed. He, like many of the other residents, was now perceived primarily as 'old,' rather than as a mosaic of roles such as spouse, friend, father, and colleague. Being perceived as 'old' and feeling lonely is

thus connected in the sense that being categorized as old neglects the many other roles and identities one holds which help one feel needed.

The older adults in my study may be alone without being lonely and be with others and feel lonely. A central distinction lies between *being* alone and *feeling* alone, and for some, this is closely tied to "lacking meaning in life" as one of my interlocutors put it. One is no longer necessary or at least not in the same way as before. Loneliness hence is to be understood as related to a person's experiences of their relationships and their place in the world (Ozawa-De Silva 2021; Cacioppo and Patrick 2008). The ways in which the common areas at Maple Grove are designed and governed risk alienating residents and preventing them from appropriating these spaces. This can mean that instead of creating structures and spaces that alleviate loneliness, senior housing facilities such as Maple Grove inadvertently do the opposite – they risk creating 'lonely communities' where residents don't feel at home and their sense of belonging and participation in a community is not supported.

The fact that loneliness is not just a subjective experience but is also relational means that the environment and one's surroundings, by virtue of the ways they are designed and structured, can worsen the feeling of loneliness, just as there are environments that can do the opposite by enhancing a sense of belonging and feeling significant. Therefore, it is important that spaces for older adults experiencing loneliness are accessible and comfortable for the residents to move around in and designed in a context-sensitive manner, recognizing that large empty spaces may make them feel alienated and vulnerable. In order for these spaces to evoke a feeling of belonging, it is crucial that the residents have a say in the design of common areas, both in terms of appearance and purpose. It is vital to comprehend loneliness in relation to social factors and to not allow 'old and lonely' to be the primary category through which older adults are encountered.

Notes

1. Maple Grove is a fictional name chosen for anonymity.
2. A majority of parties in the government have agreed to support a collective effort to combat loneliness: <https://sm.dk/nyheder/nyhedsarkiv/2023/jun/bredt-flertal-enige-om-foerste-skridt-i-indsatsen-mod-ensomhed>. And initiatives to remedy loneliness have been initiated and evaluated: <https://www.sst.dk/da/puljer/styrket-indsats-mod-ensomhed-blandt-aeldre-mennesker-der-modtager-meget-hjemmehjaelp>

Acknowledgements

I would like to thank each of the residents for sharing their experiences with me and allowing me to be a part of their lives.

The research and findings presented in this paper have been the subject of several joint analysis workshops within a larger research group at University College Copenhagen. This group consists of three other researchers who have focused on staff perspectives of working within senior housing facilities as well as quantitative research on the residents' reporting of quality of life and social and physical wellbeing before and after moving in. I thank this group of researchers for their helpful comments and our joint discussions.

The author declares no potential conflicts of interest with respect to the research, authorship, and/or publication of this paper.

References

- Ahmed, Sara. 2006. *Queer Phenomenology: Orientations, Object, Others*. Duke University Press. <https://doi.org/10.1515/9780822388074/HTML>
- Cacioppo, John T., and William Patrick. 2008. *Loneliness: Human Nature and the Need for Social Connection*. New York: WW Norton.
- Dresch, Paul, and Wendy James. 2000. "Introduction: Fieldwork and the Passage of Time." In *Anthropologists in a Wider*

- World*, edited by Paul Dresch, Wendy James and David Parkin, 1-26. Oxford: Berghahn Books.
- Hauge, Solveig, and Kristin Heggen. 2008. "The Nursing Home as a Home: A Field Study of Residents Daily Life in the Common Living Rooms." *Journal of Clinical Nursing*. 17 (4): 460-467. <https://doi.org/DOI: 10.1111/j.1365-2702.2007.02031.x>
- Holen, Mari. 2023. "Irriterende Patienter Og Deres Endnu Mere Irriterende Pårørende." In *Pissedårlig Sygepleje*, edited by Dorthe and Alexander von Oettingen, 85-96. Copenhagen: Hans Reitzels forlag.
- Lasgaard, Mathias, Julie Christiansen, Maj Bekker-Jeppesen, and Karina Friis. 2020. *Ensomhed i Danmark -Analyse Af Befolkningsdata Fra 2017. Region Midtjylland*. <https://www.defactum.dk/projekter/showPublication?publicationId=909&pageId=343600>
- Ozawa-De Silva, Chikako. 2021. *The Anatomy of Loneliness: Suicide, Social Connection, and the Search for Relational Meaning in Contemporary Japan*. Oakland, CA: University of California Press.
- Ozawa-De Silva, Chikako, and Michelle Parsons. 2020. "Toward an Anthropology of Loneliness." *Transcultural Psychiatry* 57: 613–22. <https://doi.org/10.1177/1363461520961627>
- Rubinstein, Robert I., and Patricia A. Parmelee. 1992. "Attachment to Place and the Representation of the Life Course by the Elderly." In *Place Attachment*, edited by Irwin Altman and Setha Low, 139-63. New York: Plenum Press. https://doi.org/10.1007/978-1-4684-8753-4_7
- Daniel Russell, Anne Peplau, and Carolyn Cutrona. 1980. "The Revised UCLA Loneliness Scale: Concurrent and Discriminant Validity Evidence." *Journal of Personality and Social Psychology* 39 (3): 472–480.
- Sartre, Jean-Paul. 2018. [1943]. *Being and Nothingness*. Routledge. New York.
- Steno, Anne Mia. 2023. "Bodies and Orientations. Perspectives and Strategies among Service Users in Psychosocial Rehabilitation Housing Facilities in Denmark." *Anthropology and Medicine* 30 (1):17-30. <https://doi.org/10.1080/13648470.2023.2181573>
- Steno, Anne Mia. 2020. "Farlig intimitet? Nærhed og distance i feltarbejdet." *Jordens Folk. Temanummer om intimitet*. Etnografisk forening. 55. årgang. Nr. 1.
- Steno, Anne Mia. 2015. *Ungdomsliv i en Uddannelsestid: Kønnede, klassede og tidsbundne driblerier i og mellem erhvervsuddannelser*. Roskilde University: PhD diss.
- Steno, Anne Mia, and Alexandra Ryborg Jønsson. 2022. "Spaces out of Reach? Service User Involvement in Residents' Meetings at Recovery-oriented Social Housing Facilities for Young People with Mental Health Disorders." *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 27 (6): 1-17. <https://doi.org/10.1177/13634593221075950>
- Timmermans, Stefan, and Iddo Tavory. 2012. "Theory Construction in Qualitative Research: From Grounded Theory to Abductive Analysis." *Sociological Theory* 30 (3): 167–86. <https://doi.org/10.1177/0735275112457914/FORMAT/EPUB>
- Vacher, Mark. 2010. "Looking at Houses, Searching for Homes: An Anthropological Analysis of the Relationship between Danish Homeowners and Their Houses." *Ethnologia Scandinavia. A Journal for Nordic Ethnology* 40: 52-67
- Wahl-Brink, Dorit, Mia Olesen, and Christina Rejkjær. 2015. "Ensomhed Blandt Ældre: Myter Og Fakta." Marselisborg - center for udvikling, kompetence og viden. https://egv.dk/images/OmEnsomhed/Ensomhed-blandt-aeldre_2015.pdf
- Zhang, Angela Rong Yang. 2022. *At Home in the Nursing Home. An Ethnography of Movement and Care in Australia*. New York: Berghahn Books. <https://doi.org/https://doi.org/10.3167/9781800736641>