

Reducing Loneliness in Older Adults: A Three-Arm Randomized Controlled Trial Leveraging Emotional Meaningfulness

The world currently faces two trends: an aging population and the loneliness epidemic. By 2036, the proportion of adults aged 65 and older is projected to double from 16.6% in 2016 to 31.1%. The loneliness epidemic has intensified, particularly following the COVID-19 pandemic, with the World Health Organization recognizing it as a major health concern for older adults. Thus, the proposed project aims to test the effectiveness of two brief psychosocial interventions for reducing loneliness in older adults. Despite the growth of interventions targeting loneliness in old age, many do not align with the prioritized goals of older adults, which could enhance their well-being more effectively. According to the Socioemotional Selectivity Theory, older adults prioritize emotionally meaningful goals, focusing on meaningful (vs. peripheral) social relationships, valuable (vs. trivial) memories, and positive (vs. negative) emotions. However, most existing interventions primarily emphasize establishing new and peripheral social connections and addressing negative emotions, memories, or thoughts, neglecting the fundamental goals of older age. Moreover, most interventions have focused on altering trait loneliness, while state loneliness—characterized by its momentary and fluctuating nature—has received limited attention despite its significant impact on long-term mental health. To address these limitations, this study will conduct a three-arm randomized controlled trial to assess the effectiveness of two scalable 4-week face-to-face group interventions: Groups4Health, targeting meaningful social engagement, and Reminiscence Therapy, focusing on meaningful memories, against an active control in a representative sample of 276 community-dwelling older adults experiencing loneliness. To test trait and state loneliness, we will combine retrospective surveys with ecological momentary assessments (EMAs). Specifically, retrospective surveys will be conducted at baseline (T1a), 3-month (T3), and 6-month (T4) follow-ups, and EMAs will be administered at baseline (T1b) and a 2-week (T2) follow-up (3 times/dayX7 days for each wave). The primary outcomes will be trait, state loneliness, and the temporal dynamics of state loneliness. The secondary outcomes will be psychological well-being, perceived stress, depression, anxiety, and cognitive functioning. We will examine 1) the effects of the interventions on the primary and secondary outcomes; 2) the mechanisms underlying the effectiveness at both momentary and individual levels; 3) investigate whether age moderates the effectiveness. Our study will 1) fill major gaps in the field of interventions targeting loneliness, both theoretically and methodologically; and 2) provide a comprehensive model on how, when, where, and for whom the interventions affect loneliness, using a combination of retrospective surveys and ecological momentary assessments.