

Mild Cognitive Impairment, Loneliness and Old Age: A Qualitative Study

Srividhya Srikumar^{1*}, S. Dhruthi Prasad²

ABSTRACT

Background-Ageing involves biological, psychological, and social changes that can influence both cognitive functioning and emotional well-being. Mild cognitive impairment represents a stage between normal ageing and dementia, where individuals experience noticeable memory or attention difficulties while maintaining daily independence. Loneliness is also a growing concern in later life and may arise from life transitions such as retirement, bereavement, and changing family structures. However, most studies focus on quantitative measures and provide limited insight into how older adults personally experience these changes. Understanding the lived experiences of older adults may provide deeper insight into how cognitive changes and loneliness interact within everyday life. **Objective**-The study aimed to explore the relationship between perceived mild cognitive changes and experiences of loneliness among adults aged 60–80 years. **Method**-A qualitative cross-sectional design was used. Seven older adults aged 60–80 years were recruited through purposive sampling. Participants reported mild memory concerns but had no diagnosis of dementia. Data were collected through semi-structured interviews focusing on daily routines, social relationships, experiences of cognitive changes, and feelings of loneliness. Interviews lasted 45–75 minutes and were audio-recorded and transcribed. Data were analysed using Braun and Clarke’s Reflexive Thematic Analysis to identify patterns across participants. **Results**-Five themes emerged from the analysis. Differential Cognitive Ageing reflected strong long-term memory alongside minor difficulties in attention and multitasking. Emotional Loneliness Beyond Physical Isolation showed that loneliness was often related to emotional disconnection rather than living alone. Role Transition and Identity Reconfiguration highlighted how retirement and reduced responsibilities influenced confidence and identity. Interrelationship Between Cognitive Vulnerability and Emotional Experience indicated that emotional states such as grief or rumination sometimes shaped how participants perceived cognitive changes. An analytical pattern of Meaningful Participation and Cognitive Resilience suggested that continued engagement in activities such as teaching, hobbies, or family responsibilities supported confidence and well-being. **Conclusion**-The findings suggest that cognitive ageing is often gradual and selective process rather than uniform decline. Emotional connection, meaningful roles, and active participation appear important in supporting both cognitive confidence and well-being in later life.

¹Student, Jain deemed to be University

²Assistant Professor, Jain deemed to be University

*Corresponding Author

Received: March 09, 2026; Revision Received: March 23, 2026; Accepted: March 27, 2026

Keywords: *Mild cognitive impairment (MCI), loneliness, old age, social isolation, cognitive decline*

Ageing involves biological, psychological, and social changes that shape the everyday experiences of older adults. Although certain cognitive changes occur with age, some individuals develop impairments that go beyond normal ageing but do not meet criteria for dementia. Mild Cognitive Impairment (MCI) represents this intermediate stage and involves noticeable difficulties in areas such as memory, attention, or executive functioning while daily independence is largely maintained (Anderson, 2019; Jongsiriyanyong & Limpawattana, 2018). MCI has gained attention because it increases the risk of dementia and can influence emotional well-being and social participation (Anderson, 2019).

Loneliness is another important concern in later life. It refers to the subjective feeling that social relationships are inadequate, and it differs from social isolation, which indicates an objective lack of social contact (Guarnera et al., 2023). Older adults may experience loneliness following life transitions such as bereavement, retirement, declining health, and shifting social roles (Srivastava & Srivastava, 2023). Research in India suggests that loneliness can occur even among those living with family members, indicating that emotional closeness is often more significant than physical presence (Manchana, 2024).

Studies increasingly demonstrate links between loneliness and cognitive decline. Longitudinal evidence shows that loneliness is associated with poorer cognitive functioning, faster decline, and increased risk of both Mild Cognitive Impairment and dementia (Shen et al., 2022; Harrington et al., 2023; Qiao et al., 2022). Cognitive difficulties related to MCI may reduce social confidence, while persistent loneliness may weaken emotional well-being and cognitive engagement (Guarnera et al., 2023; Myers et al., 2023). Research also indicates that loneliness among individuals with MCI is associated with depressive symptoms, subjective memory complaints, and poorer perceived health (Kwon et al., 2017; Prada-Crespo et al., 2024). Within India, loneliness has been observed more frequently among widowed individuals, institutionalized older adults, and those experiencing declining health (Agarwal et al., 2023; Mishra et al., 2023), with cultural factors such as family structures and caregiving patterns shaping these experiences (Manchana, 2024).

Background

India's ageing population has grown steadily due to increased life expectancy. Older adults often face challenges including declining health, reduced mobility, cognitive difficulties, and psychological distress (Malik et al., 2021). Evidence suggests that cognitive decline and mental health concerns are closely associated with loneliness and social isolation (Cherry, 2023; Lara et al., 2019; Mishra et al., 2023). Loneliness refers to a perceived gap between desired and actual relationships, whereas social isolation refers to the objective absence of social contact (Gardiner et al., 2018). Both conditions have been linked with adverse outcomes such as poorer mental health, cardiovascular problems, and increased mortality (Barnes et al., 2022; Holt-Lunstad & Steptoe, 2022; Leigh-Hunt et al., 2021).

Mild Cognitive Impairment represents a transitional state between normal ageing and dementia in which cognitive decline is present but independence is generally preserved (Anderson, 2019). Even so, these changes may affect quality of life and lead individuals to withdraw from social participation due to reduced confidence (Lara et al., 2019). Such withdrawal may increase vulnerability to loneliness and reduce cognitive stimulation.

Mild Cognitive Impairment, Loneliness and Old Age: A Qualitative Study

Loneliness itself may contribute to cognitive decline beyond normal ageing through mechanisms related to chronic stress and reduced cognitive engagement (Rauf & Roub, 2022). Consequently, loneliness is increasingly viewed as a public health concern affecting mental and cognitive well-being (Srivastava & Srivastava, 2023).

Social changes in India further influence these experiences. Urbanization, migration of younger generations, and the transition from joint to nuclear families have altered traditional support systems (Shubham & Joshi, 2020). Data from the Longitudinal Ageing Study in India indicate higher loneliness among widowed individuals, those living alone, and individuals with chronic illnesses (Srivastava & Srivastava, 2023). Research also shows greater loneliness and cognitive impairment among institutionalized older adults (Agarwal, Gawali, & Puranik, 2023), while cross-sectional studies link MCI with depression, chronic illness, and limited social engagement (Abonmai et al., 2024). Loneliness has also been identified as a risk factor for dementia independent of traumatic life events (Rauf, Hussain, & Roub, 2022), and social isolation in old-age homes has been associated with poorer psychological well-being (Mishra et al., 2023).

International research further supports these findings. MCI affects approximately 10–15% of adults over sixty-five and is widely considered an early stage in the pathway to dementia (Anderson, 2019). Studies show that loneliness is associated with poorer cognitive performance across domains such as memory and executive functioning (Harrington et al., 2023; Qiao et al., 2022), while population studies demonstrate inverse associations between loneliness and global cognition (Camacho et al., 2024). Longitudinal research indicates that social isolation predicts dementia risk and is associated with disability and mortality (Shen et al., 2022; Lyu et al., 2024). Among individuals with MCI, loneliness is linked with depressive symptoms and attentional difficulties (Kwon et al., 2017; Prada-Crespo et al., 2024). Proposed mechanisms include reduced cognitive stimulation, chronic stress responses, and diminished cognitive reserve (Franceschi et al., 2018; Guarnera et al., 2023). Despite this growing evidence, studies in India remain limited and often focus primarily on prevalence of loneliness or general cognitive impairment rather than the relationship between loneliness and Mild Cognitive Impairment. In addition, most research relies on quantitative measures and offers limited insight into how older adults interpret and experience loneliness alongside cognitive changes. Exploring these lived experiences is therefore important within the Indian sociocultural context, where family relationships, caregiving expectations, and social roles strongly influence ageing.

METHOD

This study explored how older adults experience and interpret mild cognitive changes in relation to feelings of loneliness. Ageing-related cognitive shifts such as forgetfulness or reduced attention may influence daily functioning, social engagement, and emotional well-being. Understanding how individuals interpret these changes in the context of their relationships and everyday lives provides insight into the subjective experience of ageing. A qualitative approach was therefore adopted to capture these lived experiences and meanings in depth. Experiences of mild cognitive changes and loneliness are shaped by personal narratives, identity, and social relationships, which are best understood through participants' own descriptions and reflections. Qualitative inquiry allows exploration of these nuanced meanings within participants' real-life contexts.

Mild Cognitive Impairment, Loneliness and Old Age: A Qualitative Study

Research Objective

The study aimed to explore the relationship between perceived mild cognitive changes and experiences of loneliness among adults aged 60–80 years.

Research Design

A cross-sectional qualitative design was used, involving individual semi-structured interviews. Each participant was interviewed once, allowing the study to focus on participants' present reflections on cognitive changes, social relationships, and emotional experiences in later life.

Participants and Sampling

Participants were recruited through purposive sampling to include older adults who could meaningfully reflect on experiences of ageing and memory changes. The sample size 7.

Inclusion criteria were:

- adults aged 60–80 years,
- ability to communicate effectively, and
- self-reported mild memory concerns or noticeable everyday forgetfulness that had not been clinically diagnosed.

Exclusion criteria:

- a diagnosis of dementia,
- severe psychiatric illness, or
- significant sensory impairments that could interfere with participation in interviews.

Data Collection:

Data were collected through semi-structured interviews, which provided a balance between guiding the conversation and allowing participants to discuss experiences in their own words. This format enabled the exploration of sensitive and personal topics while allowing the interviewer to probe for clarification and detail when needed.

An interview guide was developed around several experiential domains relevant to ageing and social connection: daily routines and meaningful activities, social relationships and perceived support, experiences of cognitive changes, emotional aspects of loneliness, and reflections on ageing and identity. Questions were open-ended to encourage participants to describe their experiences and perspectives freely.

Ethical consideration

Participants were approached through community contacts and personal networks. After providing written informed consent, interviews were conducted either in person or through video calls, depending on participant preference. Interviews typically lasted 45–75 minutes. With permission, conversations were audio-recorded and later transcribed verbatim. Field notes were written after interviews to capture contextual observations and reflections during the data collection process. To ensure confidentiality the participants are listed as *p1 to p7* and names are not disclosed.

Procedure

Interview transcripts were analysed using Braun and Clarke's Reflexive Thematic Analysis. The analysis involved repeated reading of the transcripts, generation of initial codes, development and review of themes, and refinement of theme definitions. This approach was

Mild Cognitive Impairment, Loneliness and Old Age: A Qualitative Study

selected because it allows patterns of meaning to be identified across participants while acknowledging the interpretative role of the researcher in the analytic process.

To enhance methodological rigor and trustworthiness, the study followed **Lincoln and Guba's criteria of credibility, transferability, dependability, and confirmability**. These were supported through careful engagement with the data, use of verbatim transcripts, reflexive note-keeping, and transparent documentation of the analytic process.

RESULTS

Table 1 Thematic Analysis (Clarke and Braun)

Verbatim Extract	Secondary Codes	Subtheme	Themes
"I remember all the past incidents and events very clearly and vividly." (P7)	Clear recall of past events	Preserved Remote Memory	
"I had lived in various parts of the world with my husband when young and remember those places vividly." (P6)	Vivid autobiographical recall	Preserved Remote Memory	
"Even if same news comes after a week, initially I do not recall that I had seen that earlier." (P1)	Forgetting recent events	Subtle Executive and Working Memory Changes	
"Misplace things now and then, once I forgot to switch off stove and went for a walk." (P3)	Misplacing objects; everyday forgetfulness	Subtle Executive and Working Memory Changes	
"When daughter says something, I do not grasp it completely and may answer out of context sometimes." (P4)	Difficulty following conversations	Subtle Executive and Working Memory Changes	
"When younger I could manage many household tasks together... now I try to finish one type of work first." (P7)	Reduced multitasking	Reduced Multitasking and Slower Processing	
"My mental maths ability has gone down compared to my fifties." (P4)	Slower mental calculations	Reduced Multitasking and Slower Processing	
"I may not remember much of the interaction happening in this interview later." (P1)	Awareness of memory limitation	Metacognitive Awareness	Differential Cognitive Ageing – Preservation Amidst Subtle Decline
"I try hard to recall and gets back that information, but at times forget names." (P3)	Effortful recall	Metacognitive Awareness	

Mild Cognitive Impairment, Loneliness and Old Age: A Qualitative Study

Verbatim Extract	Secondary Codes	Subtheme	Themes
“There are certain situations where I find I do not have anyone to share my feelings.” (P4)	Emotional non-sharing	Loneliness Despite Family Presence	
“Sometimes I feel it would be nice if daughter lives closer.” (P3)	Desire for emotional closeness	Loneliness Despite Family Presence	
“I feel lonely when I think of my husband, especially during festivals.” (P2)	Loneliness linked to bereavement	Bereavement and Emotional Void	Emotional
“I don’t feel lonely, but definitely the void of husband is there.” (P6)	Emotional absence after loss	Bereavement and Emotional Void	Loneliness Beyond Physical Isolation
“I feel staying with son and grandchild is lively, otherwise it may be very lonely.” (P7)	Anticipation of isolation	Anticipatory Fear of Isolation	
“I have no work at home. I just do my personal work.” (P1)	Reduced responsibility	Loss of Functional Role	
“Now I am scared to take up the responsibility.” (P4)	Fear of responsibility	Loss of Functional Role	
“Teaching boosts my confidence.” (P6)	Engagement strengthens identity	Purpose as Cognitive Reinforcement	
“One horoscope itself I will study for the whole day.” (P5)	Intellectual engagement	Purpose as Cognitive Reinforcement	Role Transition and Identity
Descriptions of prayer, cooking, walking, and structured daily activities	Stable routine patterns	Structured Routine as Stability	Reconfiguration
“When not sleeping, my thought goes to my early life... I miss them a lot.” (P1)	Rumination about past	Rumination and Cognitive Strain	
“My mother had lot of memory loss due to loneliness.” (P7)	Perceived link between loneliness and memory	Perceived Link Between Loneliness and Memory Decline	Interrelationship Between Cognitive Vulnerability and Emotional
Teaching, financial management, and intellectual hobbies described by participants	Active engagement supporting cognition	Engagement as Protective Pathway	Experience

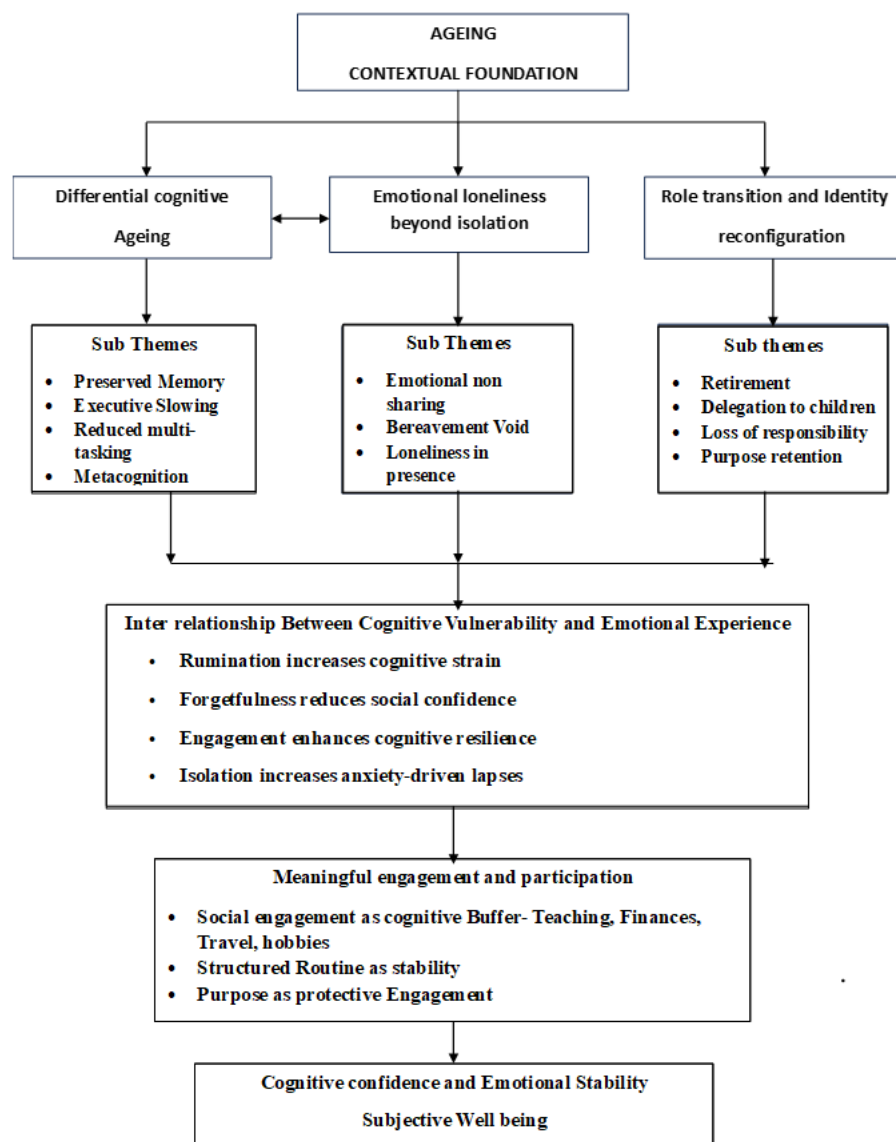
Meaningful participation

Verbatim Extract	Secondary Codes	Subtheme	Analytical category
“Teaching boosts my confidence.” (P6)	Teaching role increases confidence	Purposeful Engagement	Meaningful Participation and Cognitive Resilience
“One horoscope itself I will study for the whole day... deeper analysis shows many interconnections.” (P5)	Intellectual hobby engagement; sustained cognitive effort	Intellectual Engagement as Participation	
Participant describing managing finances and teaching music students (P6)	Active responsibility; continued professional identity	Role Continuity	
Managing taxation and finances for family (P7)	Financial responsibility; decision-making role	Functional Participation in Family Roles	
Participant describing advising daughters on financial matters and monitoring share markets (P4)	Advisory participation; cognitive involvement in finances	Cognitive Participation in Household Decisions	
Structured routine involving prayer, cooking, walking and daily responsibilities	Routine-based activity structure	Structured Daily Engagement	
Early rising, teaching schedule, grocery shopping, and music practice described by participant (P6)	Organized daily routine; active lifestyle	Structured Routine Supporting Participation	
Living with family and engaging with grandchildren described as lively and motivating (P7)	Intergenerational interaction; social stimulation	Intergenerational Engagement	
Participants describing reading newspapers and following current affairs (P1)	Cognitive stimulation through information engagement	Informational Engagement	

Table 2 Themes Identified

Theme 1	Differential Cognitive Ageing – Preservation Amidst Subtle Decline Themes
Theme 2	Emotional Loneliness Beyond Physical Isolation
Theme 3	Role Transition and Identity Reconfiguration
Theme 4	Interrelationship Between Cognitive Vulnerability and Emotional Experience
Analytical theme	Meaningful Participation and Cognitive Resilience

Figure 1 Thematic Map



Reflexive thematic Analysis

The analysis follows Braun and Clarke’s (2006, 2019) six-phase framework for reflexive thematic analysis. This approach was selected due to its epistemological flexibility, its emphasis on researcher reflexivity, and its suitability for examining lived experiences of ageing, perceived cognitive change, and loneliness.

Differential Cognitive Ageing – Preservation Amidst Subtle Decline

Participants described cognitive changes that were **selective rather than global**. Most retained clear long-term memories while noticing occasional difficulties with recent recall, multitasking, or attention. For instance, P7 remarked, *“I remember all the past incidents and events very clearly and vividly along with period.”* Similarly, P6 reflected, *“I had lived in various parts of the world with my husband when young and remember those places vividly.”* These accounts indicate strong preservation of autobiographical memory and accumulated knowledge. However, participants also acknowledged subtle lapses in recent memory. P1 explained, *“Even if same news comes after a week, initially I do not recall that I*

had seen that earlier.” Likewise, P4 described moments of confusion during conversations, *“When daughter says something, I do not grasp it completely and may answer out of context sometimes.”* Participants frequently compared their current abilities with earlier stages of life. P7 observed that tasks that were once managed simultaneously now required a more sequential approach. Such reflections suggest slower processing and reduced multitasking capacity, rather than marked cognitive impairment.

These experiences are consistent with established findings on normative cognitive ageing. Research indicates that crystallised knowledge and remote memory are relatively preserved, whereas processing speed and divided attention may decline gradually with age (Jongsiriyanyong & Limpawattana, 2018). Evidence also suggests that loneliness may be linked to modest reductions in cognitive performance, particularly in memory and processing speed (Harrington et al., 2023). However, these effects are typically small and influenced by broader psychosocial factors such as lifestyle and engagement (Boss et al., 2015). The present findings therefore support the view that cognitive ageing often involves preservation alongside subtle domain-specific changes.

Emotional Loneliness Beyond Physical Isolation

Loneliness in this study emerged primarily as an emotional experience rather than a simple lack of social contact. Although most participants lived with family members or maintained regular interactions with relatives, some still reported feeling emotionally disconnected. P4 noted, *“There are certain situations where I find I do not have anyone to share my feelings.”* Similarly, P3 reflected, *“Sometimes I feel it would be nice if daughter lives closer.”* These accounts suggest that the quality of relationships and emotional reciprocity mattered more than the number of people present. This distinction is widely recognised in research, which differentiates emotional loneliness from social isolation. Loneliness refers to the subjective gap between desired and actual relationships, whereas social isolation refers to the objective absence of social contacts (Guarnera et al., 2023). Bereavement further illustrated this emotional dimension. P2 shared, *“I feel lonely when I think of my husband, especially during festivals.”* Another participant acknowledged the continuing emotional impact of loss while describing gradual adjustment, *“I don’t feel lonely... but definitely the void of husband is there.” (P6)* Previous studies have similarly shown that spousal loss can intensify emotional loneliness, though its impact may lessen over time when individuals remain socially engaged (Mishra et al., 2023). Importantly, living with family members did not necessarily prevent loneliness. Evidence suggests that perceived support, autonomy, and meaningful participation are stronger predictors of emotional well-being than living arrangements alone (Prada-Crespo et al., 2023). The findings therefore indicate that loneliness in later life is closely tied to emotional connection rather than physical proximity.

Role Transition and Identity Reconfiguration

Changes in roles and responsibilities following retirement shaped participants’ perceptions of competence and usefulness. Some participants described a sense of reduced responsibility after stepping away from earlier roles. P1 commented, *“I have no work at home. I just do my personal work.”* Similarly, P4 admitted hesitancy about handling responsibilities that she had previously managed, *“Now I am scared to take up the responsibility.”* These reflections suggest that reduced autonomy can affect both daily functioning and self-confidence. When responsibilities shift to younger family members, older adults may experience a change in how they view their abilities. In contrast, participants who remained actively engaged reported greater confidence in their cognitive abilities. P6 explained, *“Teaching boosts my confidence.”*

Others continued managing finances, intellectual hobbies, or family decisions. These activities appeared to reinforce a sense of competence and mental activity. The literature supports the idea that retirement and lifestyle transitions can influence both social engagement and psychological well-being (Guarnera et al., 2023). Continued activity and participation are often recommended as strategies for maintaining cognitive health in later life (Jongsiriyanyong & Limpawattana, 2018). In this study, individuals who retained meaningful roles appeared to maintain stronger cognitive confidence, suggesting that role continuity may support both identity and cognitive engagement.

Interrelationship Between Cognitive Vulnerability and Emotional Experience

Participants' accounts also indicated that emotional experiences and cognitive perceptions were closely intertwined. Emotional strain, grief, or rumination sometimes shaped how individuals interpreted their cognitive abilities. P1 described periods of nighttime reflection, *"When not sleeping, my thought goes to my early life with my parents and sibling, I miss them a lot,"* Such rumination may influence sleep and concentration, which in turn can affect perceived memory performance. Participants themselves recognised possible connections between emotional states and cognition. For example, P7 reflected on her mother's experience, *"My mother had lot of memory loss due to loneliness as my father passed away when we were young."* Research suggests that emotional distress and cognitive functioning may influence each other over time. Longitudinal studies indicate that social isolation can predict cognitive decline, while declining cognition may also reduce social engagement (Zhang et al., 2025). Loneliness has also been linked to modest reductions in memory and processing speed, though these associations often weaken after accounting for depression and other psychosocial factors (Harrington et al., 2023; Boss et al., 2015). In the present study, participants who maintained active engagement in teaching, hobbies, or family responsibilities appeared to report fewer concerns about cognitive decline. These observations suggest that emotional well-being, social participation, and cognitive experience are interconnected aspects of ageing. Supporting emotional expression and meaningful engagement may therefore help individuals manage the cognitive changes that accompany later life.

Meaningful Participation and Cognitive Confidence

Across participants, continued involvement in meaningful activities appeared to support both cognitive confidence and emotional well-being. For example, one participant noted, *"Teaching boosts my confidence"* (P6), while another described sustained intellectual engagement: *"One horoscope itself I will study for the whole day, deeper analysis shows many interconnections"* (P5). Such activities required attention, reasoning, and decision-making, reinforcing a sense of mental competence. Participants who remained active in roles such as teaching, financial management, hobbies, or maintaining social ties generally spoke about their cognitive abilities with greater assurance. In contrast, those who had reduced responsibilities sometimes expressed more self-doubt regarding memory or decision-making. This suggests that continued participation may influence how older adults interpret age-related cognitive changes. The findings are consistent with research showing that sustained mental and social engagement supports cognitive health and psychological well-being in later life (Jongsiriyanyong & Limpawattana, 2018; Prada-Crespo et al., 2023). While participation may not prevent normal cognitive ageing, it appears to help maintain confidence, purpose, and resilience among older adults.

DISCUSSION

This study explored how older adults understand mild cognitive changes in relation to loneliness. Overall, the findings suggest that ageing is experienced not only as a biological process but also as something shaped by relationships, daily roles, and meaningful activities. Participants generally described cognitive changes as subtle rather than severe, with many noting that their long-term memories remained strong while certain everyday tasks required more effort. Several participants spoke about remembering past experiences clearly. For instance, P7 stated, *“I remember all the past incidents and events very clearly and vividly.”* However, some also described minor difficulties with recent information or attention. P1 mentioned that he sometimes could not recall recently heard news, while P4 said that she occasionally struggled to fully follow conversations. These accounts suggest that long-term memory often remains intact while processing speed or multitasking may slow slightly with age. Similar patterns have been reported in research on normal cognitive ageing, where accumulated knowledge tends to remain stable while certain executive functions gradually decline (Jongsiriyanyong & Limpawattana, 2018).

Loneliness in the interviews appeared mainly as an emotional experience rather than simply being alone. Many participants lived with family members or were in regular contact with relatives, yet some still felt that they lacked someone with whom they could openly share their feelings. P4 explained, *“There are certain situations where I find I do not have anyone to share my feelings,”* while P3 mentioned wishing her daughter lived closer. These experiences highlight that loneliness often depends on the quality of relationships and emotional support, rather than the number of people around. This distinction between loneliness and social isolation has been widely noted in previous research (Guarnera et al., 2023). Bereavement also shaped feelings of loneliness for some participants. P2 described missing her husband especially during festivals, and P6 spoke about the emotional void left after her spouse’s death. Studies similarly show that the loss of a partner can increase emotional loneliness, although people often adjust over time, particularly when they remain socially or mentally active (Mishra et al., 2023).

Another important pattern in the interviews was the role of changing responsibilities after retirement. Some participants felt that stepping away from earlier roles affected how useful or capable they felt. For example, P1 said he now had “no work at home,” and P4 felt unsure about handling responsibilities she once managed confidently. Such changes suggest that reduced autonomy can influence self-confidence as well as daily routines. In contrast, participants who continued to take part in meaningful activities appeared more confident about their cognitive abilities. P6, who continued teaching and managing finances, said that *“Teaching boosts my confidence.”* Others remained involved in hobbies, financial decisions, or family responsibilities. These activities seemed to provide both mental stimulation and a sense of purpose. Research on ageing similarly shows that ongoing mental and social engagement can support cognitive health and psychological well-being (Prada-Crespo et al., 2023; Jongsiriyanyong & Limpawattana, 2018).

Participants’ accounts also suggested that emotional experiences and cognitive perceptions are connected. Some described how grief, worry, or rumination affected their sleep or concentration. P1 mentioned thinking about deceased family members late at night, which sometimes disturbed his rest. Participants themselves sometimes believed that loneliness could influence memory. For example, P7 recalled that her mother experienced memory problems after becoming lonely following her husband’s death. Research also suggests that loneliness and cognitive functioning can influence each other over time, although the

relationship is usually modest and shaped by many factors (Harrington et al., 2023; Boss et al., 2015).

Across the interviews, a clear pattern emerged: continued participation seemed to support confidence and well-being. Participants who remained active through teaching, hobbies, travel, or family roles often felt mentally capable and engaged. For example, P5 described spending long periods studying horoscopes, which required concentration and analysis. In contrast, those who had reduced their responsibilities sometimes expressed more uncertainty about their cognitive abilities. Overall, the findings suggest that ageing involves both minor cognitive changes and ongoing adaptation. Emotional connection, meaningful roles, and active participation appear to shape how these changes are experienced.

CONCLUSION

This study explored how older adults experience mild cognitive changes and loneliness. Participants often reported strong long-term memories with minor difficulties in attention or recent recall, suggesting that cognitive ageing may be selective rather than severe. Loneliness was mainly described as an emotional experience, influenced more by the quality of relationships than by living arrangements. Older adults who stayed involved in meaningful activities such as teaching, hobbies, or family responsibilities appeared more confident about their cognitive abilities. Overall, participation, emotional connection, and autonomy seemed important for well-being in later life.

Limitations

The study included a small qualitative sample, so the findings cannot be generalized to all older adults. Cognitive changes and loneliness were explored through participants' experiences rather than standardized assessments. In addition, the cross-sectional design limits conclusions about cause and effect between engagement, loneliness, and cognitive changes.

Future Research

Future studies could involve larger and more diverse samples and include objective cognitive tests and structured measures of loneliness or emotional well-being. Longitudinal research may help clarify how engagement, emotional health, and cognitive changes influence each other over time.

REFERENCES

- Abonmai, K., Sharma, R., & Singh, P. (2024). Prevalence and factors associated with mild cognitive impairment among older adults in selected rural areas of Gurugram, India. *Journal of Geriatric Mental Health, 11*(1), 45–53.
- Agarwal, S. P., Gawali, G., & Puranik, D. (2023). Cognitive impairment and loneliness among the elderly. *Journal of the Indian Academy of Applied Psychology, 49*(1), 144–148.
- Anderson, N. D. (2019). State of the science on mild cognitive impairment (MCI). *CNS Spectrums, 24*(1), 78–87. <https://doi.org/10.1017/S1092852918001343>
- Barnes, T. L., MacLeod, S., Tkatch, R., Ahuja, M., Albright, L., Schaeffer, J. A., & Yeh, C. S. (2022). Cumulative effect of loneliness and social isolation on health outcomes among older adults. *Aging & Mental Health, 26*(7), 1327–1334.
- Boss, L., Kang, D. H., & Branson, S. (2015). Loneliness and cognitive function in the older adult: A systematic review. *International Journal of Geriatric Psychiatry, 30*(6), 541–553.

Mild Cognitive Impairment, Loneliness and Old Age: A Qualitative Study

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597.
- Camacho, D., Almeida, D. M., Whitfield, K. E., & Mitchell, U. A. (2024). Loneliness and global cognitive functioning in racially and ethnically diverse midlife and older adults. *Journal of Aging and Health*, 36(2), 215–229.
- Cherry, K. (2023, December 5). Loneliness: Causes and health consequences. *Verywell Mind*. Retrieved from <https://www.verywellmind.com/loneliness-causes-effects-and-treatments-2795749>
- Colita, E., Mateescu, V. O., Oлару, D. G., & Popa-Wagner, A. (2024). Cognitive decline in ageing and disease: Risk factors, genetics and treatments. *Current Health Sciences Journal*, 50(2), 170–180.
- Franceschi, C., Garagnani, P., Parini, P., Giuliani, C., & Santoro, A. (2018). Inflammaging: A new immune–metabolic viewpoint for age-related diseases. *Nature Reviews Endocrinology*, 14(10), 576–590.
- Gardiner, C., Geldenhuys, G., & Gott, M. (2018). Interventions to reduce social isolation and loneliness among older people: An integrative review. *Health & Social Care in the Community*, 26(2), 147–157.
- Guarnera, J., McCallum, T. J., & Henning-Smith, C. (2023). The impact of loneliness and social isolation on cognitive aging. *Frontiers in Psychology*, 14, 1108721.
- Harrington, K. D., Lim, Y. Y., Ames, D., & Martins, R. N. (2023). Loneliness and cognitive function in older adults without dementia: A systematic review and meta-analysis. *Ageing Research Reviews*, 87, 101923.
- Holt-Lunstad, J., & Steptoe, A. (2022). Social isolation: An underappreciated determinant of physical health. *Current Opinion in Psychology*, 43, 232–237.
- Ishikawa, K. M., Seeman, T. E., & Crimmins, E. M. (2022). The prevalence of mild cognitive impairment across aspects of social isolation. *PLOS ONE*, 17(5), e0268170
- Jongsiriyanyong, S., & Limpawattana, P. (2018). Mild cognitive impairment in clinical practice: A review article. *American Journal of Alzheimer's Disease & Other Dementias*, 33(8), 500–507.
- Kwon, D. Y., Jung, J. M., & Park, M. H. (2017). Loneliness in elderly patients with mild cognitive impairment. *International Psychogeriatrics*, 29(7), 1179–1187.
- Lara, E., Martín-María, N., De la Torre-Luque, A., Koyanagi, A., Vancampfort, D., Izquierdo, A., & Miret, M. (2019). Does loneliness contribute to mild cognitive impairment and dementia? *Ageing Research Reviews*, 52, 7–16.
- Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N., & Caan, W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health*, 152, 157–171.
- Lyu, C., Wang, X., Shi, Z., & Han, Y. (2024). Social isolation changes and long-term outcomes among older adults. *JAMA Network Open*, 7(1), e240768.
- Malik, C., Khanna, S., Jain, Y., & Jain, R. (2021). Geriatric population in India: Demography, vulnerabilities, and healthcare challenges. *Journal of Family Medicine and Primary Care*, 10(1), 72–76.
- Manchana, V. (2025). Loneliness and social connections: Lived experiences on predictors and coping with loneliness among Indian older adults. *Journal of Human Behavior in the Social Environment*, 35(3), 438–453.
- Mishra, B., Pradhan, J., & Dhaka, S. (2023). Identifying the impact of social isolation and loneliness on psychological well-being among the elderly in old-age homes of India. *BMC Geriatrics*, 23, 684.

Mild Cognitive Impairment, Loneliness and Old Age: A Qualitative Study

- Myers, E., Teixeira-Pinto, A., & Stewart, R. (2023). Loneliness, social isolation, and effects on cognitive decline in patients with dementia. *Journal of Neurology*, 270(9), 4512–4522.
- Prada-Crespo, D., Montejo-Carrasco, P., Díaz-Mardomingo, C., Villalba-Mora, E., & Montenegro-Peña, M. (2024). Social loneliness in older adults with mild cognitive impairment: Predictive factors and associated clinical characteristics. *Journal of Alzheimer's Disease*, 97, 697–714.
- Qiao, Y., Liu, S., Li, G., & Zhang, W. (2022). Association between loneliness and dementia risk: A systematic review and meta-analysis. *Frontiers in Human Neuroscience*, 16, 870840.
- Rauf, I., Hussain, A., & Roub, F. (2022). Loneliness, social isolation, traumatic life events and risk of Alzheimer's dementia: A case-control study. *Indian Journal of Social Psychiatry*, 38(3), 276–281.
- Shen, C., Rolls, E. T., Cheng, W., Kang, J., Dong, G., & Feng, J. (2022). Associations of social isolation and loneliness with risk of incident dementia. *Alzheimer's & Dementia*, 18(3), 451–460.
- Shubham, S., & Joshi, A. K. (2020). Social care of the elderly in urban India. In *International perspectives on aging* (Vol. 32). Springer.
- Srivastava, P., & Srivastava, M. (2023). Prevalence and correlates of loneliness in later life in India: Evidence from LASI. *BMC Geriatrics*, 23, 512.
- Zeas-Sigüenza, A., Gómez-Gallego, M., & Pérez-Rodríguez, R. (2025). Loneliness as a public health challenge: A systematic review and meta-analysis. *European Journal of Investigation in Health, Psychology and Education*, 15(1), 131–150.

Acknowledgment

I would like to thank and appreciate the participants for their co-operation, my guide for continued support and guidance, and my family members for emotional and technological support.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Srikumar, S. & Prasad, S.D. (2026). Mild Cognitive Impairment, Loneliness and Old Age: A Qualitative Study. *International Journal of Indian Psychology*, 14(1), 2071-2084. DIP:18.01.209.20261401, DOI:10.25215/1401.209