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The Experience of Older Men Living Alone: A Phenomenological Perspective

Leslie Susan Yetter

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THE EXPERIENCE OF OLDER MEN LIVING ALONE: A PHENOMENOLOGICAL
PERSPECTIVE

A Dissertation

Submitted to the School of Nursing

Duquesne University

In partial fulfillment of the requirements for the degree of

Doctorate in Philosophy

By

L. Susan Yetter

December 2008

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L. Susan Yetter

2008

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PHENOMENOLOGICAL PERSPECTIVE

By

L. Susan Yetter

Approved September 26, 2008

Joan Masters,
Associate Professor of Nursing
Dissertation Chair

Mary Ann Thurkettle
Associate Professor of Nursing
(Committee Member)

Patricia Hentz,
Associate Professor of Nursing
University of Pennsylvania
(Committee Member)

Eileen Zugolo
Dean, Duquesne University,
School of Nursing

ABSTRACT

THE EXPERIENCE OF OLDER MEN WHO LIVE ALONE: A PHENOMENOLOGICAL PERSPECTIVE

By

L. Susan Yetter

December 2008

Dissertation Supervised by Professor Joan Masters

The purpose of this study was to uncover older men's experience of living alone. This study was pursued because much of the literature reports that older men who live alone face the highest risk of death, mental illness, physical disability, and social isolation in our country. Because older women who live alone outnumber older men who live alone, the literature suggests that nurses and other health care providers are ignoring the needs of this vulnerable population. Using Giorgi's phenomenological method, 14 men 60 years and older who lived alone were interviewed and asked about their experience living alone. In the data analysis, the themes of self-growth, self-determination, structure, balance and sense of purpose emerged. Essentially, the experience of living alone for older men means the opportunity for self-growth and the freedom of self-determination, while maintaining structure, balance, and sense of purpose. This study demonstrated that

living alone is not necessarily a contributing factor to the health difficulties this population faces; other factors, in addition to living alone, must contribute to their vulnerabilities. Using this information, nurses are better able to determine how to provide care for older men who live alone. Furthermore, future nursing research is needed to further identify those factors which do contribute to the vulnerabilities of older men who live alone.

DEDICATION

To my daughter, Katherine Robinson, who has taught me more about the meanings of experiences than anyone ever could, and

To my grandfather, Leslie Knesz, who taught me about the joy of listening to the experiences and stories of others.

ACKNOWLEDGMENT

Writing a dissertation is probably the most difficult academic endeavor one can undertake – just ask the families and friends of those who have done so! I could not have accomplished this achievement without the help, love, and support of so many. First, of course, I must thank my family: Katie Andy, my mother, Dorothy Hastings, Scott and Kelly Yetter, and Tom and Isabelle Robinson. Second, I must thank all my dear friends whom I consider family: Cathy Minnis, Chris Pennington, Jeff Kazin, Jim Burnett, Jay Conway, Jeff Stenzel, Eileen Rorke-Soucie, Darcy Murphy, Anita Schlemann, Janet Zalanskas, Laine Laliberte, Linda Lamberson, and countless others who provided words of support and many hours of child care. Third, I would like to thank to the Kappa Zeta-at-Large Chapter of Sigma Theta Tau who provided me with financial support. And finally, I must thank my committee, Dr. Joan Masters, Dr. Mary Ann Thurkettle, and Dr. Patricia Hentz, and the faculty and staff at Duquesne University for encouraging and supporting my efforts to perceive the world and its “participants” from a phenomenological point of view.

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Chapter 1

Introduction

1.1 Purpose of Study

The purpose of this study was to gain understanding of the experience of older men who live alone. Because they are outnumbered significantly by older women, older men in the United States have been described as a forgotten segment of our population (Kosberg & Magnum, 2002). In the early 1980s, feminists demanded that society recognize the gender inequalities in our health care system. Citing the underrepresentation of women in clinical trials and lower rates of detection and treatment of cardiac disease in women as compared to men, early feminists fought to make the health care system acknowledge the importance of women's health issues. An unintended consequence of this recognition was a prioritizing of women's health care concerns over those of men (Kosberg & Magnum, 2002). This unintended consequence occurred despite the fact that older men engage in far more risky behaviors than older women (Courtenay, 2000) and the fact that older men have higher death rates for every one of the top 10 leading causes of death in the United States, including heart disease, cancer, and stroke (Men's Health Network, 2003).

1.2 Background and Significance

Older men are the minority among American elderly – for every 100 females over the age of 65 in the U.S., there are 70 males (U.S. Census: 2000, 2004). However, this minority is composed of 14.9 million men, 9.6 million of whom live alone (U.S. Census: 2000, 2004) and it is this minority of older men who live alone who face the highest risk of death, mental illness, physical disability, and social isolation in our country (Goldman, Korenman, & Weinstein, 1995). Despite these higher risks, the health care needs of older men in our society have been overlooked (Kosberg, 2005).

1.3 Specific Aims, Research Questions, and Assumptions

The specific aims of this research were to:

1. Learn what the experience of living alone is for older men.
2. Learn from older men how they understand the experience of living alone.
3. Uncover the underlying meanings that older men derive from the experience of living alone.

Therefore, the research questions for this study were:

1. What is the experience of living alone for older men?
2. How do older men understand the experience of living alone?
3. What underlying meanings do men derive from the experience of living alone?

In designing this study, the researcher made the following assumptions:

1. Older men are willing and able to articulate and discuss their experience of living alone.
2. These articulations and discussions will lead to new understandings about the population of older men who live alone.

This exploratory study will contribute to knowledge development regarding the experience of living alone for contemporary older men. These new understandings of what the experience of living alone means to older men will fill the gap in the nursing and aging literature by describing the experience of living alone among older men and older men's understanding of the experience of living alone. Additionally, the findings of this study will contribute to identification of areas needing further research and interventions for this population, and, advance theory development. The findings of this study will be the first step in specifying the relationship between living alone and health outcomes in this population. Thus, the findings of this project will not only contribute to the gerontological nursing literature, but it will also contribute to the broader gerontological literature and serve as the foundation for research-based interventions to improve health outcomes among older men.

1.4 Overview of the Dissertation

The extant literature focusing on older men is reviewed in remaining sections of Chapter 1. In this review, findings specific to older men who live alone will be

highlighted. Additionally, the assumptions made within the study, the underpinnings of the phenomenological philosophy and method, and terms used in the phenomenological method are delineated. The evolution of this study within its experiential and theoretical contexts is presented in Chapter 2. The phenomenological method used in this study, including the sampling procedure, participant recruitment, the protection of human rights, the data collection and interview process, phenomenological reduction, and data analysis are presented in Chapter 3. The data, analysis, and findings of the study are presented in Chapter 4. Finally, the discussion of findings, conclusions, and implications of the study are presented in Chapter 5.

1.5 Literature Review

There is a paucity of research regarding the specific needs of older men, and even less research about older men who live alone. The extant research focusing on older men and older men who live alone can be organized into seven categories: the health behaviors of older men who live alone; the influence of marriage on older men; the relationship between retirement and older men; bereavement and loss among older men; mental health concerns of older men; socialization and masculinity among older men; and education and older men. This review will examine the literature in each of these categories, and concludes with a look at Rubinstein's 1981 seminal research of older men living alone (Rubinstein, 1986).

1.5.1 Health Behaviors of Older Men Who Live Alone

Today, older men are marginalized and stigmatized into two stereotypes: the privileged, golf-playing, skirt-chasing, dirty old man living a second childhood and, the

poor, sedentary, befuddled old man dependent upon others to meet his needs (Kosberg, 2005; Kosberg & Magnum, 2002; Thompson, 1994). Because of their minority status among the elderly population, older men in our society have been described as invisible (Thompson, 1994). Older men are no longer deemed important in our society. They are presumed to have completed their life's work and to have been replaced by a younger, hipper, more capable generation (Thompson, 1994). In spite of being overlooked by society in general, older men are expected to maintain male stereotypes and continue to perpetuate the image of being self-reliant, strong, and tough.

Often older men do not feel comfortable acknowledging their weaknesses and any need for help. There is a need for men to maintain emotional control and the appearance of being strong. Ignoring health care needs is seen as a demonstration of masculinity while the onset and treatment of illness may be viewed as personal weakness (Courtenay, 2000). These behaviors and stereotypes are reinforced by health care professionals. Health care professionals spend less time with their male patients and provide fewer and briefer explanations of health care concerns to their male patients than they do with their female patients. Health care professionals are also less likely to discuss modifying risky health behaviors with their male patients than with their female patients. At the same time, men of all ages and socioeconomic status currently experience greater health risks than women (Williams, 2003). Kosberg and Magnum (2002) report that these health risks only increase with age, and that older men are less likely to seek out help to manage these risks than are older women.

Older men who care for their ill wives are less likely to participate in support groups or access respite services than women with similar responsibilities. Older male

caregivers are more likely to remain burdened, isolated, and lonely in their caregiver roles than their female counterparts. Older men often do not seek out assistance for financial, spiritual, or family problems because of their lack of knowledge about community resources (Kosberg & Magnum, 2002). Community services for the elderly are dominated by female providers, which may deter older men from seeking help because of embarrassment or fear (Kosberg & Magnum, 2002).

Older men who live alone are more likely to live in high crime rate areas, engage in substance abuse, be homeless, and less likely to use mental health services than older women who live alone (Kosberg, 1998; Kosberg & Bowie, 1997; Kosberg & Kaye, 1997). Older men are more likely to be found in locations where they are targets for crime and abuse such as homeless shelters, single room occupancies, and prisons (Kosberg, 1998; Kosberg & Bowie, 1997; Kosberg & Kaye, 1997). Furthermore, older men who are divorced, widowed, or never married have the highest suicide rate in the United States, 31.8 suicides per 100,000 (National Center for Health Statistics, 2004).

In summary, the literature reveals that older men who live alone face more health risks than older women, but do not seek out or engage community resources as often as older women. Additionally, older men who live alone may be at greater risk for negative health outcomes.

1.5.2 The Influence of Marriage on Older Men

Older men and marriage appears to be the most researched topic about this population. There is general agreement that marriage provides protective qualities to older men (Barrett, 2003; Cramer, 1993; Goldman et al., 1995; Lillard & Waite, 1995; Peters & Liefbroer, 1997; Satiriano, 1997; Waite, 1995). Married men have lower risks

of dying at any point in their lives than divorced or never married men (Choi, 1996; Cramer, 1993; Goldman et al., 1995). Marriage provides men with someone to talk to, to watch over their health and health related behaviors, to help cope with stress, to encourage healthy behaviors, to provide a sense of obligation to others, and to give a sense of meaning to their lives (Waite, 1995). Married men have larger social networks and support systems than widowed, divorced, and never married men, and they rely heavily upon their wives as confidants (Davidson, 2004).

Never married and divorced older men are more likely to be socially isolated (Choi, 1996). Single, divorced, or widowed older men have reported experiencing more psychological stress, consuming more alcohol, and suffering more physical ailments than married older men (Cramer, 1993). Divorced and widowed older men have poorer health, higher risks of disability (Goldman et al., 1995), and are more likely to engage in risky health behaviors such as substance abuse and drinking and driving (Cramer, 1993; Waite, 1995).

Marriage provides older men with an increased sense of well-being because being part of a couple often facilitates a higher income, more financial assets, increased access to health care, safer living environments, better nutrition, and stronger family support systems. Older divorced, widowed, or never married men are more vulnerable to loneliness and depression compared to older married men. At the end of a marriage, either from death or divorce, older men also experience the same higher risk of dying that unmarried and divorced older men experience (Waite, 1995).

The losses of physical mobility and autonomy as a result of the aging process and the losses of family and friends due to death affect an older man's ability to maintain

relationships and support networks. These losses may be related to increased depressive symptoms (Alpass & Neville, 2003). When interviewing older men without partners, Peters and Lifbroer (1997) found that they experience loneliness more severely than older women without partners. This loneliness may be related to poorer health and increased disability (van der Brink et al., 2004).

In summary, the literature shows that older married men often experience a better quality of life than older divorced, widowed, or single older men. Older men who live alone have increased risk for poorer health and increased rates of morbidity and mortality compared to other groups. However, what experiences increase the vulnerability of a subset of older men for adverse health outcomes remain unknown.

1.5.3 The Relationship between Retirement and Older Men

Men are often described as displaying behaviors that can be categorized as *agency behaviors*. Agency behaviors are those associated with the need for autonomy, control of the immediate environment, social status, and independence to determine current and future conditions. Women often display behaviors that can be categorized as *communion behaviors*. Communion behaviors are those associated with social interest, feeling at one with the community, the ability to love, basic trust, and a sense of oneness with the world (Hegelson, 1994, as cited in Coren & Hewitt, 1999).

Agency behaviors are often greatly reduced in retirement. Because men identify most with agency behaviors, this reduction during retirement can be correlated with mental health problems in older men (Coren & Hewitt, 1999). For some men, work provides a sense of productivity and accomplishment as well as opportunity for camaraderie and social connection (Wagner, 1997). Older men may perceive retirement

as a loss of opportunity to be competitive and independent, to feel accomplished, to maintain control and authority, and to feel fulfilled. Work provides a productive activity, income, status, and social contact. The losses men experience as a result of retirement may threaten a man's sense of identity and masculinity (Gradman, 1994). For some men, the consequences of these losses may be depression, suicide, and alcohol and substance abuse.

Furthermore, success in the American society is often judged by the material or symbolic products of one's actions. Older men may be less able to demonstrate these actions in retirement. Aging and retirement for older men may reinforce feelings of uselessness, dependency, and helplessness (Solomon & Szwabo, 1994). According to some studies, men who have retired from white collar jobs, in which they had more control over their work environments, seem better able to adapt to retirement, experiencing fewer mental health problems than men retired from blue collar jobs (Alpass, Neville, & Flett, 2000; Gradman, 1994). Also, mandatory and health related retirees seem less able to adjust to retirement and are more likely to feel dissatisfied with their retirement status (Kim & Feldman, 2000).

Older male retirees who engage in valued activities, such as part-time work or volunteer work, and maintain social contacts after retirement are better able to derive satisfaction and a sense of purpose from their lives (Kim & Feldman, 2000). Instead of viewing retirement as an ending, those older men who see retirement as the beginning of a new life of growth and opportunity are more satisfied with their lives (Savishinsky, 2001) than those who see retirement as the end. Interestingly, findings of more recent

research similarly reveal that many older men see retirement as a new beginning (Valliant, DiRago, & Mukamal (2006).

As part of his larger study comparing older, socially disadvantaged men with older, socially advantaged men who graduated from Harvard, Valliant (2002) studied which men identified themselves as happily retired. The researchers learned that men who enjoyed retirement most were not just those who were physically healthy or those who had large retirement incomes. Valliant and colleagues found that men who were happily retired frequently identified their purpose in life as activities that were pro-social or creative, such as watching grandchildren, playing the piano, and writing memoirs. Men that were unhappily retired frequently identified their purpose in life as nothing or as solitary activities such as gambling, watching TV, or caring for oneself (Valliant, DiRago, Mukamal, 2006). Socioeconomic status had little effect on life satisfaction; instead life satisfaction was based on how well the men enjoyed retirement. In some ways, retirement gave them another chance for a contented life (Valliant, DiRago, Mukamal, 2006). It is not clear from Valliant's study, however, which of his study participants lived alone or with partners. It would be valuable to determine from his data and discern what differences, if any, existed between the older men who lived alone and those who lived with partners or other people in community settings.

In summary, the research reveals that while work plays an extremely valuable role in the lives of men, retirement does not always mean unhappiness or dissatisfaction. Some older men find retirement enjoyable, while others do not. Men may align themselves with agency behaviors throughout their lives, but these behaviors do not always have to be associated with work. Men can derive a sense of control and purpose

from other activities during retirement, and they are therefore able to find further opportunities for life satisfaction.

1.5.4 Bereavement and Loss Among Older Men

Researchers have also examined the effects of bereavement and loss on older men. Widowhood is a more depressing experience for men than it is for women (Lee, DeMaris, Bovin, & Sullivan, 2001), predisposing men to be particularly vulnerable to social isolation. Older men who do use social supports during bereavement are less likely to suffer the more harmful effects of bereavement. But, older widowed men in the earlier, more vulnerable stages of bereavement are less inclined to rely on friends and family to provide this support than widowed women (Fitzpatrick, 1998), instead using formal support networks (e.g., church) more often than friends for assistance. Unfortunately, those older bereaved men who use these formal support networks have reported that these formal supports do not provide a confidant to talk to when feeling sad or blue (Balaswamy, Richardson, & Price, 2004). Widowed older men in later stages of bereavement (i.e., four or more years after the death of a spouse) are more likely to have a more emotionally supportive network of family, friends, and neighbors than widowed older men in the early stages of bereavement (Balaswamy et al., 2004), perhaps because they have learned to adapt to their new lives.

In summary, it appears that older men who experience widowhood are at higher risk than their female counterparts for health and social problems, perhaps because bereaved older men do not utilize family and community supports to help cope with the effects of bereavement.

1.5.5 Mental Health Issues and Older Men

When retirement occurs, older men often face a reduction in pay, fewer social opportunities, and the possibility of being forced to depend solely upon Social Security, Medicare, and Medicaid. Some older men may also experience the losses of personal and professional identity, physical mobility, social autonomy, and friends and family upon retirement, which may cause increased feelings of worthlessness, sadness, and depression (Alpass & Neville, 2003). In older people, mental health problems, such as depression, are associated with higher rates of morbidity and mortality (Oslin et al., 2002). Older people with depression suffer greater physical disability, cognitive impairment, and functional loss than older people without depression. Depression also is linked to slower recovery from cardiac problems, strokes, and respiratory diseases (Casten, Rovner, Pasternak, & Pelchat, 2000; Oslin et al., 2002; Oslin, Streim, Katz, Edell, & TenHave, 2000). Depression in older men also appears to have more serious consequences than depression in older women, as older men with mental illness are more likely to commit suicide than older women with mental illness.

In summary, this literature suggests that upon retirement, older men may be more vulnerable to mental health problems than younger, working men. These mental health problems may lead to significant decline in functional status, disability, and possibly death.

1.5.6 Socialization and Masculinity

Boys in our society are taught how to be men and how to be masculine, which naturally influences how men perceive health and the aging process. The literature has shown that the process of seeking help from health care providers requires the reliance on

others and the recognition and identification of a problem, both of which directly conflict with how men are socialized to be self-reliant, physically tough, and emotionally in control. These masculine ideologies may have detrimental effects on the physical and mental health of men because it is theorized that these ideologies prevent help-seeking behavior (Addis & Mahalik, 2003). Furthermore, our culture enforces the belief that asking for help and caring for oneself are non-masculine characteristics. Men are socialized to believe that the most powerful men are those for whom health and safety are irrelevant; for example, the personas of Superman and Arnold Schwarzenegger are idealized in our society because they portray strong and powerful men who give no thought to danger or health in their pursuits. Men's work reinforces this belief as the most dangerous types of work such as farming, mining, construction, and fishing are predominated by men. The businessman who works tirelessly and denies the need for sleep is rewarded with power and prestige.

In summary, the literature suggests that men who abide by the traditional male ideologies are rewarded in our society for their use of unhealthy behaviors and beliefs. These "masculine" behaviors and roles, however, may lead to difficulties later in life.

1.5.7 Education

The literature has also shown that levels of education and income appear to be significantly better predictors of quality of life and life satisfaction for widowed men than for widowed women; widowed men with higher levels of education (e.g., college, graduate school) appear to have a better quality of life than widowed men who completed only high school (Fry, 2001). Women measure quality of life in terms of support from friends and family. Widowed women rely more heavily upon social, emotional, and

spiritual support while widowed men's quality of life is more dependent upon the ability to maintain physical health, sustain financial security, and remain independent (Fry, 2001). Therefore, widowed men who have lower levels of education and less financial security may have a lower quality of life than their female counterparts and those older men with higher education and more financial security (Fry, 2001).

In summary, education and financial security appear to be predictors of quality of life for older men, and those with higher levels of education and more financial security seem to have better quality of life than those with less education and less financial security.

In conclusion, older men are often faced with numerous biopsychosocial issues, such as chronic illness, widowhood, reduction in pay, decreased social interaction, and decreased opportunities for feeling productive. However, the research has not yet definitively shown which of these issues positively or negatively impacts upon the lives of older men. The experience of older men, especially those who live alone, and how this impacts upon their lives remains unknown.

1.5.8 Rubinstein's Research

Any literature review regarding older men who live alone would be remiss if it did not include Rubinstein's *Singular paths: Older men living alone* (1986). Rubinstein, an anthropologist, conducted a naturalistic inquiry about the lives of older men living alone in Philadelphia in 1981. The reasons cited by Rubinstein for conducting such a study at that time are surprisingly similar to the reasons for conducting a study about older men living alone today: older men have been forgotten and ignored in gerontological research because they are a minority, and the homogenized stereotypes of

men being strong and stoic or befuddled and womanizing have prevented the social needs of older men from being met. However, the goals for Rubinstein's research were more related to the social activity and the social integration of older men than this study.

Rubinstein was specifically looking to learn how older men find enjoyment in their lives, how some senior centers have successfully engaged the interests and participation of older men, and how to improve existing community activity programs to better meet the needs of older men. Nevertheless, Rubinstein's findings do provide information that may be helpful in conducting the current study.

Among the themes Rubinstein uncovered was the belief among older men that their current lifestyles of living alone were necessary and generally satisfying. Living alone afforded them much valued independence in choosing their own activities, friends, and associates; interestingly, never married older men were more emphatic about their need for independence than their widowed counterparts. No one in Rubinstein's study ever complained about having too much independence; in fact, maintaining one's independence was key in achieving in some degree of contentment. The participants in Rubinstein's study also emphasized that living alone was important only as long as they could be independent – being a “burden” to someone else was the worst possible scenario for these older men. The men in this study emphasized the importance of being active and how activity helped them cope with the feelings of aloneness and separateness. Support from adult children was important as they were able to pick up small chores and responsibilities the older men could no longer perform. Adult children also provided the older men with a sense of security and support if the men were to experience a health problem or some other crisis. Finally, Rubinstein's study revealed that older men

incorporated much of the past into their present day lives. The lives that they led alone were still closely tied to the lives they led with their spouses.

In summary, Rubinstein's research showed that older men who live alone are generally content, as long as they are able to take care of themselves, maintain control over their living environments and daily routines, and have family members available should emergencies arise. One might conclude from Rubinstein's findings that older men who live alone and experience their lives in a manner in which they feel dependent on others, have little control over their environments and daily routines, and do not feel supported by family members are not content and more likely to face the health risks described above. But, this conclusion appears to overreach the available data.

Additionally, Rubinstein's findings in a cohort of older men in 1981 cannot be generalized to describe the experiences of contemporary older men. Rubinstein's participants lived through the depression, World War II, and the Korean War. In contrast, the baby boomers, today's young elderly, came of age during the Vietnam War protests, the sexual revolution, and enjoyed relative affluence. It is unlikely that the experience of contemporary older men echo the sentiments of a quarter century ago. The inconsistencies in research findings focused on older men and the difficulty generalizing Rubinstein's findings to contemporary older men have been the impetus for this study. Does the experience of older men in today's world echo these same sentiments made more than a quarter century ago years ago? This current study has answered this question.

In conclusion, the psychology and social work literature suggest that many older men who live alone, whether the result of death, divorce, or a lifetime of bachelorhood, have poorer health, more psychosocial stress, smaller support networks, engage in riskier

health behavior, and have higher mortality rates than married older men. Despite these problems, Rubenstein (1986) found that older men in general are resilient, often remaining physically active, socially integrated, and politically aware. The nursing literature about older men is scant at best. Furthermore, as can be seen from this literature review, there is very little *current* research about older men who live alone – much of it is 10 to 20 years old. Rubenstein’s seminal work was completed 25 years ago. Society has changed, and the first of the baby boomers are turning 62 this year. Little recent research on older men living alone is available, and as the baby boomers age, understanding their experience would enable society and our health care system better serve this growing population’s needs. The time has come to re-examine the experience of older men who live alone.

1.6 Phenomenology

The goal of phenomenology is to achieve a description of the entire structure of the lived experience, which includes the meanings these experiences had for those who participated in them (Omery, 1983). As a philosophy, phenomenology focuses on a phenomenon as it is experienced by humans; it emphasizes that a phenomenon can only be described and not explained. Through thick description, the essences of the experience of the particular phenomenon are found, and it is these essences that identify what is meaningful about the human experience. The philosophy of phenomenology has generated the phenomenological research method – a qualitative or constructivist research method. As such, phenomenology has enabled researchers within the human

sciences (nursing, psychology, social work) to explore what it means to be human in a way that is impossible through the traditional, positivist research paradigm.

1.6.1 The constructivist paradigm

The constructivist paradigm (also known as qualitative research) as defined and discussed by Guba and Lincoln (1989) proposes that reality is socially constructed and that there is no objective reality. Within this paradigm, findings of a study exist because of the interaction between the researcher and the research participants. The dialectical process between the researcher and participant uncovers a reality that is constructed in a manner that is as informed and sophisticated as it can be at one point in time.

Constructivist research occurs in a natural setting (not a laboratory or controlled setting) so that the contexts and values of the participants are included. Relativism is the basic underlying ontological belief of constructivism; that is, the participants define what is real and what is meaningful. From an epistemological point of view, knowledge is created, again from the interaction between the researcher and the participants (Denzin & Lincoln, 2000). Within the constructivist paradigm, knowledge is not absolute or the final truth; instead it is an ongoing exchange of ideas between the researcher and the participants (Munhall, 2001). The goal of constructivist research is to reach a better understanding or to make sense of interactions with others (Guba & Lincoln, 1989).

Ontologically, this paradigm differs greatly from the traditional positivist paradigm of the scientific method in which it is asserted that there exists an objective reality. The positivist paradigm defines science as discovering nature as it really exists; “truth is any assertion that stands in a one to one relationship with reality” (Guba & Lincoln, 1989, p. 86). The goal of positivist research is to explain the cause or reason for

something. To find unequivocal causes or reasons, research must be done in a controlled setting. Positivist research methodology leads to the explanation, the prediction, and the control of something, while constructivist research leads to the most informed and sophisticated construction of a phenomenon on which there is consensus among individuals most competent to form such a construction. This construction is always open to alteration and challenge by better informed and more sophisticated constructions (Guba & Lincoln, 1989).

Guba and Lincoln (1989) define four basic requirements of constructivist inquiry. First, the research must occur in the natural setting. Since constructivist inquiry assumes that multiple realities exist, the inquirer must carry out the study within the context of the phenomena. Second, the constructivist researcher cannot assume enough knowledge is known about the time frame and the context of the phenomenon to ask all the necessary questions. Instead, the researcher allows the participants to guide the research. Constructivists enter the inquiry not knowing what they don't know. They enter the research as learners. Therefore, the third requirement for constructivist inquiry is the use of the researcher as a human instrument who collects information through interactions with participants. By asking questions of the participants and observing the participants in the natural environment the researcher attempts to make sense of and understand the meanings of a phenomenon. Knowledge, therefore, is not discovered. It emerges as the result of the interaction between humans and the realities constructed during these interactions. Finally, constructivist inquiry requires the researcher to use tacit knowledge. Tacit knowledge (Polanyi, 1966) is unformulated, embodied knowledge in which the particulars are so integrated within us that we need not pay them any attention. By paying

too much attention to the particulars, their meaning is obliterated, and the conception is destroyed. Tacit knowledge is all that we know, but cannot clearly articulate. For example, an auto mechanic might not know the thermodynamic principles upon which an auto engine runs, but can determine what is wrong with the engine by listening to it (Guba & Lincoln, 1989). Tacit knowledge allows the researcher to *sense* what is to be explored with the participants. It is tacit understanding of a situation that enables the constructivist to begin an inquiry. The human instrument uses tacit knowledge to sense what is important and should be further examined. Without the use of tacit knowledge, the opportunities for the constructivist are severely diminished (Guba & Lincoln, 1989). Within the constructivist paradigm there are multiple, socially constructed realities. Researchers explore these realities in an attempt understand and make sense out of the environment and life situations (Guba & Lincoln, 1989). To fully understand the phenomenological research method, the philosophical underpinnings of phenomenology must first be explored.

1.6.2 The Phenomenological Philosophy

Edmund Husserl (1859-1938) is considered the father of phenomenological philosophy. Within this philosophy, it is thought that consciousness can be studied and analyzed; in other words, phenomenology is the study of the essences of consciousness as experienced from the first person point of view. Phenomenology integrates psychology and logic, ultimately developing an understanding of experiences and the meanings attached to these experiences by those who have the experiences. Phenomenology addresses the meanings things have in our experiences, such as objects, events, the self, and others as they arise and are experienced in our *life world* (Smith, 2003).

Phenomenology is “the descriptive science of the essences and actions of consciousness” (Husserl, 2000 as cited in Sadala & Adorno, 2002, p. 289).

Maurice Merleau-Ponty (1908-1961), a student of Husserl’s, further explains the philosophy of phenomenology as the study of the essences of experience. As a philosophy, phenomenology views people in a world that exists before reflection; the human body itself is a perceiving subject – the point of view of the world, the time-space structure of the perceiving experience (Sadala & Adorno, 2002). Phenomenology does not explain or analyze, but instead is pure description. Knowledge of the world is gained through one’s particular point of view or from an experience; hence, phenomenology seeks to understand people as beings in a situation. By studying the experience of *being in the world*, phenomenology considers the whole of human relationships in the world in terms of the individual’s concrete existence (Merleau-Ponty, 1962).

According to Giorgi (1997), a contemporary phenomenologist who translates Merleau-Ponty’s phenomenological philosophy into a phenomenological research method, phenomenology studies the totality of lived experiences and *thematizes* the phenomenon of consciousness. Within phenomenology, the term *intuition* refers to the ordinary types of awareness we experience every day. For example, intuition refers to our awareness of our environment around us, including the furniture, the people, and the objects we see every day. The term *experience* in phenomenology refers to the *presences* of objects around us – how they are perceived and what they mean. Consciousness is the awareness of the embodied self world of others. Consciousness contributes to the meaning of objects or givens and, it is with reflection we become conscious of our experiences and the meanings these experiences hold. Phenomenology is an analysis of

experiences and intuitions in terms of the meanings they have for those experiencing the specific phenomenon (Giorgi, 1997).

Giorgi further points out that the phenomenological method is comprised of three essential steps: phenomenological reduction, description, and the search for essences. Phenomenological reduction requires the bracketing of past knowledge of a phenomenon so that the phenomenon may be approached freshly. Only with bracketing can the experience of the phenomenon be described as it is presented or experienced. Bracketing requires the observer of the phenomenon to be fully present to the existence of the phenomenon only as it is presented without preconceived ideas or beliefs about the phenomenon (Giorgi, 1977). Reduction requires one to consider what is given precisely as it is given.

Second, Giorgi states that phenomenological research requires a description of the experiences of individuals in terms of the meanings they have for the experiencing individuals (Giorgi, 1997). When the phenomenological researcher asks participants to describe a certain phenomenon (e.g., living alone), each participant provides a description from where they perceive the phenomenon (Merleau-Ponty, 1962). Description “gives linguistic expression to the object of a given act precisely as it appears within the act” (Giorgi, 1997, p. 237). The goal of description is to communicate to others the objects of consciousness to which one is present, exactly as they are presented. This description does not provide an objective account of what actually occurred. It is a description of the experience as it was experienced. The description places the researcher in the perspective of the participants in order to understand their point of view (Merleau-Ponty, 1962).

Giorgi's third and final step of the phenomenological is the search for essences. Essences are the fundamental meaning of a phenomenon. Without essences, the phenomenon could not present itself as it is. An essence of a phenomenon is what is essential for the object to be given consciousness. Phenomenology, therefore, requires one to bracket previous knowledge of a phenomenon, describe the phenomenon as it is presented, and search the descriptions for the essences of the phenomenon so that the underlying meanings of the experienced phenomenon are brought to consciousness (Giorgi, 1997).

Chapter 2

Evolution of Study

2.1 Introduction

When conducting a phenomenological study, it is important for the researcher to explain the context from which the study has originated. This explanation provides a rationale for the study as related to the origins of the researcher's interests. The goal of this chapter is to explain the context in which this study evolved: the experiential context in which this researcher developed the research question, and the theoretical context in which older men living alone will be studied.

2.2 Experiential Context

The research literature seems to demonstrate that some older men may be at higher risk for physical and mental health issues. However, older men have been underrepresented in my personal practice as a gero-psychiatric nurse practitioner; my practice is composed of predominantly female clients. Men who do seek mental health care are often referred to the practice by female family members, usually daughters or primary care providers; rarely do men self-refer. Male clients are often reluctant to discuss their mental health needs and at times, they seem embarrassed or ashamed of their mental health concerns. Male clients also seem more inclined to accept the

biological aspects of mental health problems, seeking out medication treatment only, as opposed to the more effective combination of medication and psychotherapy.

When pursuing the community outreach portion of my practice, I have had similar experiences with older men. Older men are often in the minority for educational programs about mental health. Those men who do attend are often accompanied by their wives or female partners. Men usually have few to no questions about mental health, while women have many questions that they ask without inhibition. Men rarely attend such programs alone, and when they do, they often sit in the back of the audience as unobtrusively as possible.

Older men do not appear to pursue mental health services as frequently as older women, and prior to starting this research, I questioned the reasons behind this phenomenon. With further research, I learned that older men who live alone have higher rates of suicide and depression than their married counterparts; so while older men who live alone appear to suffer from mental health problems, few of them seem inclined to seek mental health services. Because of my experiences with older men and the research findings that indicate more mental health problems arise in older men who live alone than in older men who are married or partnered, I realized that a better understanding the experience of living alone for older men was needed. In summary, this researcher explored the experiences of older men who live alone to further the understanding of their experiences and to lay the foundation for future research that will help health care providers better meet the mental health needs of this population.

2.3 Theoretical Context

This researcher has used the following definition of aging as a result of the experiential context described above: Aging is a biopsychosocial, irreversible, and maturational process that occurs with the passage of time during which systems within the human body alter in structure and function, become slower and less efficient, decline and/or deteriorate, and become more vulnerable to chronic disease. The aging process is an individual process influenced by genetic, environmental, social, and biological factors, as well as by chance and personal choices made by the individual. Despite the physical difference, aging can also be an opportunity to learn, grow emotionally and intellectually, and develop wisdom. This definition is based upon the Atchley's Continuity Theory of Aging (1989), the predominant aging theory in gerontological literature today. According to Atchley, when making the necessary adaptive changes during the aging process, older people use concepts from their past to conceive the future and to respond to change. The Continuity Theory implies the coherence or consistency of behavior patterns over time; the construction and use of these enduring patterns are designed to promote life satisfaction and adaptation to change. The goal of continuity is adaptive change, and individuals use continuity as their first adaptive strategy, whether or not the outcome of this adaptation to change is positive or negative. This continuity of behavior patterns can be seen, for example, in men who define themselves as masculine because they are able provide for their families. As they age, they continue to provide, but what they provide to their families changes. The men remain providers, continuing in their description of

masculinity, but they may now provide opportunities for travel or going out to dinner with their partners in retirement (Atchley, 1989). Internal continuity is the remembered internal structure as manifested by temperament, affect, experiences, preferences, disposition, and skills. External continuity is the remembered structures of physical and social environments, role relationships and activities, and the persistent structure of relationships and overt behaviors (Atchley, 1999). Internal continuity promotes predictability, a sense of ego integrity, self esteem, and helps the individual meet important life needs. External continuity helps individuals meet others' expectations, provides predictable social support, promotes expected feedback, and promotes successful coping with changes associated with aging (Onega & Tripp-Reimer, 1997). Too little continuity creates unpredictability and chaos in an individual's life, while too much continuity leads to stagnation and not enough change to enrich an individual's life. Optimal continuity promotes self acceptance – the individual views himself as he really is, not as he would like to be.

Atchley's theory (1999) has been tested and used in several research studies and clinical programs. For example, it has been found that the levels of social participation in older people experiencing widowhood are most likely to be similar to those levels of participation displayed earlier in life, once a grieving and adjustment period has passed (Utz, Carr, Nesse, & Wortman, 2002). Those experiencing widowhood who were actively social and engaged in many community activities prior to widowhood will again become involved in social and community activities after the bereavement period has passed, just as those who were less socially active and engaged in fewer community activities prior to widowhood will again resume a life with fewer social interactions and community

engagements. In other words, older people maintain previously successful structures and continuity, such as level of social participation, in order to adapt to life change.

Continuity theory is also easily demonstrated in nursing care. Often when patients become ill and require support, nurses look for the people and mechanisms that have been supportive to the patient in the past. For example, when illness strikes a mother who has valued the support and love she has received in the past from her six grown sons, the nurse should include the sons in care-planning for the patient. The inclusion of family will not only help the patient maintain her continuity and adapt to the changes the illness may bring, but it will also enable the nurse to provide individualized care that promotes dignity, health, and independence (Onega & Tripp-Reimer, 1997).

Continuity also provides the theoretical underpinnings for reminiscence therapy. Reminiscence therapy encourages older people to reflect upon their lives, share perceived identities with others, and validate the view of the past. By reflecting upon past experiences and measuring one's present in terms of the past, older people are enabled to adapt to the changes of aging and move across the life span (Parker, 1995). Reminiscence therapy allows older people to maintain continuity by reflecting on the past and applying past learning experiences to the current situation so adaptive changes can be made. The Continuity Theory of Aging explains how older people organize their life experiences to express the reality of their lives and permeate that reality with meaning (Atchley, 1999).

In conclusion, Atchley's (1999) Continuity Theory proposes that older men use strategies to cope with the changes of aging that have developed over a lifetime of experiences. By researching the experiences of older men who live alone, a clearer understanding of how their experience of living alone plays a role in the aging process

was achieved and will be further discussed in the following chapters. The understanding of how older men experience living alone was revealed in this study, future research needs are suggested, and the process of developing evidence-based intervention that will improve the care of older men has begun. The following chapter will discuss how the phenomenological method was used to achieve these understandings of the experience of older men who live alone.

Chapter 3

Giorgi's Phenomenological Method

3.1 Introduction

The specific aim of this research was to examine the experiences of healthy, community dwelling older men who currently live alone, and to uncover the meanings of the experience of living alone. Using the phenomenological method, this study answered the questions:

1. What is the experience of living alone for older men?
2. How do older men understand the experience of living alone?
3. What underlying meanings do men derive from the experience of living alone?

The long term goals of this research are:

1. To improve health care professionals' understanding of older men who live alone
2. Advance gerontological theory development by describing older men's lived experience of living alone

This chapter describes how the research was conducted in order to achieve these goals using Giorgi's phenomenological methodology.

3.2 Phenomenological reduction

As identified by Giorgi (1997), the first step of phenomenological research must be reduction. Reduction is an essential step in valid phenomenological research because it enables the researcher to surrender any preconceived ideas or theories that may influence the research (Kleinman, 2004). Phenomenological reduction has two components: (a) bracketing and (b) withholding of existential claims. Bracketing allows the experience to be taken exactly as it is described. It allows the researcher to maintain an attentive and naïve openness to the experiences brought forth by descriptions of the participants so that the researcher can maintain an uncertainty about what is to come. The theorizing, conceptualizing, labeling, and categorizing that taint discovery of unknowns are eliminated through this process (Kleinman, 2004). Bracketing in this research study was completed by the researcher answering research questions herself before the actual interviews:

1. What is the experience of older men living alone?

Prior to conducting this study, this researcher acknowledged a preconception and bias that older men who live alone are lonely and unhappy. This researcher also held the bias that older men who live alone are particularly vulnerable to health problems, but do not seek help to treat these health problems.

2. How do older men understand their experience of living alone? This researcher believed that older men who live alone perceive their

experiences as lonely and frustrating. This researcher believed that older men who live alone would much prefer to live with a partner or a roommate, and living alone was an unpleasant experience.

3. What underlying meanings do men derive from their experience of living alone? This researcher also believed that for older men, living the last portion of their lives alone meant overall dissatisfaction with their lives and the perception of failure. This researcher also held the belief that older men who live alone find little meaning in their lives and perceive themselves as marginalized by society.

By acknowledging these preconceptions and biases, the researcher's views of older men were made explicit. This acknowledgement allowed the researcher to set aside these viewpoints so that the participants' experiences were fully understood and any effects of these viewpoints were examined in the analysis.

The researcher also withheld any existential claims made about the experience and instead, considered what exactly was given as given. Withholding existential claims, which means to consider the participant's experience exactly as it is told (Giorgi, 1997), assisted the researcher in understanding elusive phenomena such as emotions or values (Kleinman, 2004). For example, within this study, withholding existential claims allowed the researcher to better analyze the participants' reported emotions such as loneliness. Instead of assuming the participant's meaning of loneliness, the researcher identified emotions that "appeared as loneliness" to the participant to achieve a better description and definition of the actual emotion generated by the experience of living alone.

3.3 Sampling and data collection

After bracketing and withholding existential claims, the next step of the phenomenological method is to obtain a naïve description of an experience as it is described by the research participant (Figure 1). These extensive descriptions are collected by the researcher through several sessions of interviews. Within a phenomenological study, the sample size is generally small because participants are selected until saturation – or redundancy in the data – is achieved.

The sample was recruited through flyers posted (Appendix 1) in grocery stores, coffee shops, senior housing, senior citizen centers, and retirement communities in the Bath-Brunswick-Topsham area of Maine. This is an area of coastal Maine, 25 miles north east of the state's largest city, Portland. This area is composed of a population of approximately 35,000 people who are mostly white. This area is quite diverse in terms of education, age, and socioeconomic status. Brunswick and Topsham each have large affluent retirement communities with independent homes and apartments, assisted living facilities, and nursing homes. Brunswick is home to the small, liberal arts college, Bowdoin College. Many residents support themselves through the fishing industry, such as lobstering. Many others in the area are Navy families affiliated with the Brunswick Naval Air Station or are employed by Bath Iron Works, one of two shipyards in the United States that make the Aegis destroyers for the Navy. Many are also employed by the outdoor clothing and equipment company, LL Bean, based in nearby Freeport. Bath and Brunswick are also home to two food pantries, a homeless shelter, a domestic violence shelter, and a community mental health clinic. The three towns are closely

connected and often work together to share resources. In recent years the area has experienced tremendous growth; however, the Brunswick Naval Air Station is scheduled to close in 2010, and that pending closure has brought about great economic uncertainty for the area.

The inclusion criteria for the study included: male gender, age 60 years and older, independent living situation in the Bath-Brunswick-Topsham area, cognitively intact, adequate hearing to carry on a conversation, living alone, not experiencing an acute health problem or an acute episode of a chronic illness, and capable of giving informed consent. After Duquesne University IRB approval was granted, participant recruitment began. Participant recruiting was achieved through purposive sampling as much as possible; because volunteer participants were difficult to recruit, this study's success with purposive sampling was limited and some participants were recruited through the snowball method. That is, while the researcher attempted to purposively recruit men of different ages and different socioeconomic status, some men who participated were found based upon the recommendations of other participants. Each participant who volunteered was first contacted by telephone to further explain the study and then asked for verbal consent to participate. Once verbal consent was given by the participant, the telephone screening questionnaire (Appendix 2) was completed. It was during this further explanation and telephone questionnaire that two initial volunteers chose not to participate in the study.

Once screened and verified as meeting study criteria, interview appointments were made with each participant according to his availability. Each were offered the option to meet in a public place, such as the library, a coffee shop, or their own homes.

Reminder letters were sent to each participant (Appendix 4) one week prior to the interview. The researcher obtained written informed consent prior to data collection in the face to face interview (Appendix 3), and oral consent was again obtained before the beginning of each recording. Once each interview was completed, a thank you letter was sent to the participants (Appendix 5) in which an offer was made to the participants to review the data after all data collection was completed. Termination of participant recruitment ended after 14 participants; saturation was reached after 12 participants were interviewed, but to ensure data creditability as described below, two more participants were recruited.

The participants were interviewed using open-ended questions, using the research questions as a guideline. Interview questions were broad and open-ended so the participants had the opportunity to express the experience fully. The research questions and the related open ended questions used included: 1. What is your experience living alone? Can you tell me a little about your life? What is it like to live alone? 2. How do you understand your experience of living alone? What occurs in your life because you live alone? What does not occur in your life because you live alone? 3. What meaning do you derive from the experience of living alone? What does living alone mean to you?

The content of each interview was solely based upon the participant's description of experiences. Only the researcher conducted the interviews with each participant to elicit a thick, detailed description that would be truly the experience of living alone as the participant experienced it (Omery, 1983). These interviews were taped and then transcribed quickly after each interview. The transcriptionist for these interviews was required to sign a written statement agreeing to maintain the confidentiality of the

participants and the interview contents (Appendix 6). Once the interviews were transcribed, the data analysis began as discussed below.

3.4 Phenomenological data analysis

The first step of the phenomenological data analysis was to read the data as a whole to get a global sense of the descriptions without analyzing the data. The researcher read the descriptions several times to gain a general understanding of the experiences as recommended by Giorgi (1997).

The second step of the process was to organize the data into *meaning units*. A meaning unit is a particular portion of an interview in which meaning is expressed. Each time the researcher experiences a transition in meaning in the transcribed interview, that place within the transcript was marked and delineated as a meaning unit. The interview was then divided into meaning units; that is, the raw data was organized in words and phrases used by the participant that express a particular meaning within the description of the experience of living alone.

In the third step, the meaning units were studied, examined, and then re-described so that the disciplinary value of each meaning unit was made more explicit. During this process, the researcher used professional sensitivity and spontaneity to intuit meanings relevant to the discipline of the researcher. In other words, in this study, the language of the participant was translated into the language of nursing so that the meanings would be useful to nurses. It was extremely important that the researcher remained true to the

meanings expressed by the participants while translating the experiences into nursing language.

During the fourth step, the researcher used free imaginative variation to determine which meanings were essential to the identity of the experience of living alone. To do this, the researcher imagined every possible variation of the attributes of the experience to see how far it could stretch before losing its identity. Attributes that were not required for the phenomenon's existence were eliminated (Kleinman, 2004). As a result, structures were identified – the essences of the experience and their relationships with each other. Essences are the most fundamental attributes for a particular context; essences are universal, the expression of essences is not. Without essences, the particular phenomenon could not exist (Kleinman, 2004). This process synthesized the transformed meaning units into a consistent structure.

In the fifth step, the final structure of the phenomenon emerges. This structure is composed of the essential meanings of the experience of living alone, and reflects the individual meanings of the experience for each participant (Giorgi, 1985). It is this final structure of the phenomenon that allows health care providers to understand what living alone means for older men. To ensure accuracy of the structure, the researcher can return to the raw data (i.e., the participants' actual descriptions) to justify the essential meanings and the fundamental structure of the phenomenon of the experience of living alone.

In the sixth and final step, the researcher asked each participant to review the final results to further ensure accuracy. Each participant was mailed a summary of the research findings and asked to provide feedback on the final structure of the phenomenon of older men living alone. Specifically, each was asked if the results of the study truly reflected their own experience of living alone.

3.5 Research rigor

Rigor in a phenomenological study is demonstrated through *credibility, applicability, consistency, and confirmability* (Lincoln & Guba, 1985).

3.5.1 Credibility

Credibility is the qualitative equivalent of internal validity, and it demonstrates how closely the data align with reality (Lincoln & Guba, 1989). Through credibility, confidence in the truth of the findings is established. Credibility requires activities such as (1) prolonged engagement, (2) persistent observation, (3) triangulation – the use of different modes to collect data, (4) peer debriefing, and (5) negative case analysis. Within this study, the researcher demonstrates credibility using prolonged engagement and negative case analysis.

Prolonged engagement was achieved through investing as much time as needed with each participant to build trust and fully learn about each participant's experience. In fact, the researcher was required to engage one participant in a second interview to ensure that a thick description of the experience was achieved. Negative case analysis was also used to establish credibility. Two additional participants were interviewed after saturation

was reached to confirm the findings of previous interviews. These last two interviews assisted the researcher in seeking out cases which negated the previous findings or attributes in the previous findings. Negative, or disconfirming cases, if found, would have prevented premature closure of data collection as it would require the researcher to seek out more participants and re-evaluate current findings (Lincoln & Guba, 1985). In this study, the two additional interviews confirmed the findings of previous interviews and further interviews were not needed.

3.5.2 Applicability

Applicability, or transferability, is the qualitative equivalent of external validity and is the extent to which the findings of the research may be applied in other contexts or with other participants (Lincoln & Guba, 1985). In phenomenology, applicability is impossible. Instead, thick descriptions are generated to understand the phenomenon in a particular context. It is only through thick description that another interested party can reach a conclusion about whether the applicability of the findings is possible. The researcher is only responsible to provide a description of the experience that makes applicability possible; it is not the researcher's responsibility to provide an index of transferability (Lincoln & Guba, 1985).

3.5.3 Consistency

Consistency, or dependability, is the third method used to determine the stability of data over time. Consistency is the qualitative equivalent of reliability and determines if the study findings would be repeated with the same or similar participant in the same or similar context (Beck, 1994). Within a phenomenological study, consistency is determined through an audit, which examines both the process and the final product of

the inquiry. The process of inquiry is examined for its acceptability, which is determined by the appropriateness of the inquiry and methodological shifts. Are these decisions and shifts identified, explicated, and supported? Did the researcher close the interviews prematurely, suggesting dependence upon a priori constructs? Has all the data been accounted for and all reasonable areas explored? Did the researcher attempt to find negative as well as positive data? Were premature judgments reached by the researcher (Lincoln & Guba, 1985)? The data, findings, interpretations, and recommendations are also examined when determining consistency. A dependability audit attests that the final product is indeed supported by the data and is internally coherent so that the final product is deemed successful (Lincoln & Guba, 1985).

3.5.4 Confirmability

The final rigor criterion for a phenomenological study is neutrality, or confirmability. The qualitative equivalent of objectivity, the neutrality of a phenomenological study is determined by establishing the degree to which the findings are determined by the participants and the context of the study, and not the biases, motivations, interests, or perspectives of the researcher (Beck, 1994). Like consistency, confirmability is determined through the examination of the inquiry process and final product. Raw data such as audio tapes and field notes are examined, as are the data analysis and products such as transformation notes and summaries. The processes of reconstructing meaning units and the synthesis of essences are audited through the examination of the researcher's process notes which explicate how the structure of categories, findings, and conclusions were made.

Both consistency and confirmability in a phenomenological study are determined through an outsider reviewer's audit of the researcher's notes, raw data, summaries, and process notes. Within this study, the researcher has maintained an organized and re-traceable audit trail of the many pieces of information generated by the research. If necessary, these pieces of information can be examined by an outside reviewer to assure that the final phenomenological structure of the study was indeed achieved through the research procedure outlined above. Furthermore, the researcher's dissertation committee provided the instruction, feedback, and guidance throughout the entire research process that was necessary to maintain a rigorous study. Through these devices and techniques, this study fully demonstrates its credibility, applicability, consistency, and confirmability.

3.6 Protection of human rights

Approval for the study was obtained from Duquesne University. Before a participant was enrolled in the study, he was informed that participation in the study was voluntary and that he could withdraw from the study at any time. Further, if he chose to withdraw from the study, his data would not be considered in the data analysis. Each was informed that the risk of this study was that the interviews may raise some emotional issues. The participants were informed that they were not obligated to discuss any topic with which they felt uncomfortable or any topic that may have caused them unwanted emotional distress. In addition, the participants were given referral information for any identified problems or concerns that may have arisen during the interviews and that should be further pursued with a health care professional, including the number of the local mental health crisis line (Sweetser crisis 1-888-568-1112) and the numbers of the

local hospitals (Mid Coast Hospital 207-729-0181 and Parkview Hospital 207-373-2000).

The researcher offered to remain with the participant until contact with a health professional was made if he so wished. To protect him from further stress, if the participant's interview precipitated the need for professional intervention, the participant was informed that his interview would not be included in the data analysis. None of the participants in the study became distressed during the interviews and none required the services of health care professionals.

The participants were informed that all of the documents remain confidential, and that each participant would be identified throughout the study by a pseudonym. Furthermore, they were informed that all identifiers, including those of the participants and of those individuals that may be discussed during the interviews were deleted from both the audio tapes and written transcripts. Participants were also given a copy of the consent form. The study documents, including the telephone screening questionnaires and the interview transcripts are locked and only accessible to the researcher. The list of participants, their corresponding pseudonyms and phone numbers, and their original consent forms are being kept in a separate locked location and only accessible to the researcher.

In conclusion, this phenomenological study examined older men's experience of living alone, using Giorgi's methodology. Next in chapter 4, the results of the study discussed.

Chapter 4

The Conceptual Structure of the Phenomenon

4.1 Introduction

Before discussing the results of this study, this chapter will begin with a brief review of Giorgi's phenomenological data analysis. To begin data analysis in a phenomenological study, the researcher first reads the data thoroughly and repeatedly. After reading the data, the investigator delineates meaning units within each interview. The meaning units are then further studied and rewritten at higher levels of abstraction, translating the content of each interview from *what* is said about the experience to *how* the experience is actually lived; as in any psychological analysis, it is a translation of the actual content of the interview to the underlying process of the interview – the implicit is made explicit. Once the how of the experience is understood, the meaning units are again re-described in the language of the researcher, formulating themes of the experience. Then, considering every possible variation of the themes, the researcher determines which themes are essential to the existence of the experience. This chapter discusses the detailed process of data analysis in this study, how the essential themes of the experience were discovered, and how these themes were incorporated into the conceptual structure of the phenomenon of older men's experience of living alone.

4.2 Bracketing and Reduction

Before the interviews of the study participants begin, the researcher is required to make attitudinal shifts to obtain the most precise data from descriptions (Giorgi & Giorgi, 2003). The first attitudinal shift is known as bracketing. Bracketing requires the researcher to acknowledge information about the phenomenon that has been acquired from other sources and then set aside this information so that the influence of this information and view can be examined and considered (Giorgi & Giorgi, 2003). In this study, the researcher acknowledged that she held a bias that older men who live alone are lonely and depressed. The researcher's biases also included the belief that older men who live alone would prefer to live with others, as they find their current living situations unsatisfactory. The researcher believed that older men who live alone would be more content if they lived with a partner, friend, or family members. By acknowledging these biases, the researcher was able to bring them to consciousness and then set them aside during data collection.

The second attitudinal shift required in phenomenological research is that of reduction, which means that the researcher gives consideration to all meaning units. Objects or states of affairs are to be taken exactly as they present themselves to be. They are to be taken as presences, and no claim is made that they are truly the way they present themselves to be (Giorgi, 1997). For example, in this study, many of the participants described themselves as being "free" or having "more freedom." Instead of assuming the meaning of freedom, the researcher examined the characteristics that freedom has within

the contexts of the descriptions before acknowledging its true existence. In other words, what the participants identify as freedom had to be further explored and defined with each participant before it could be presented as truly existing freedom.

4.3 The sample description

Fourteen men were recruited for this study. Of the initial group of participants, 2 changed their minds after the initial phone contact and prior to the face to face interview. Saturation was reached after twelve interviews, but 2 more participants were recruited to ensure credibility. Participants ranged in age from 60 to 92 years of age, all were white males, and their annual income levels ranged from less than \$25,000 to over \$75,000 (Table 1). Some of the participants lived in their own homes or apartments (4), some lived in senior subsidized apartments (8), and others lived in retirement communities (2). None of the participants worked; most were retired, and two were veterans on disability. Eight participants served in the military. The participants represented a wide variety of employment and careers; such work included real estate, teaching, human resource development, music, factory work, and fishing. About half of the participants were still driving at the time of the interviews. Six of the men were divorced, and the rest were widowed. They lived alone for periods of time ranging from one year to forty years.

4.4 Data Analysis

The first step of phenomenological data analysis is to read the entire description of the experience (Giorgi & Giorgi, 2003). The phenomenological perspective is holistic, so the researcher must get a global sense of the data, which was achieved by listening to the interviews repeatedly and reading and re-reading the transcripts several times. Within

this study, the researcher read all of the transcribed interviews several times. To reinforce and recapture the atmosphere of each interview, the researcher also listened to the audio tapes of the each interview and compared the transcripts to the actual taped interviews.

The second step of phenomenological data analysis is meaning discrimination (Giorgi, 1997). Each written transcript of the interviews was examined and read closely, and each time the researcher experienced a transition in meaning within a statement by the participant, a slash was placed in the transcribed text. Each slash indicated the delineations of a meaning unit. Within this study, the meaning units that were relevant to the experience of living alone were then identified. As outlined by Giorgi (1997), the researcher used her own professional sensitivity and spontaneity as a gero-psychiatric nurse to intuit which of the meaning units was relevant. As a result, the meaning units delineated were not objectively determined; instead, the meaning units were considered relevant based on the attitude of the researcher. The end result was a data base of meaning units: short descriptions of the experience of living alone in each participant's own words.

The third step of phenomenological data analysis is the organization and expression of each meaning unit (Giorgi, 1997). It is during this step that the meaning units are transformed from what is explicit to what is implicit, the data is generalized so that it is less situation-specific, and the data is transformed into themes that are disciplinarily specific (Giorgi, 1985). In this study, the researcher organized, redefined, and redescribed the meaning units from the gerontological nursing and psychological perspective. For example, one of the participants had the following response when asked, "Is your life harder or easier because you are alone?"

Easier. Easier, okay? I find that when I have too much involvement with anybody, it creates potential for conflict. It creates a situation for potential and of the unknown. When you are dealing with other people's lives, you don't know what is going to happen in their life that might affect your life.

This response was determined by the researcher to be a meaning unit relevant to the experience of older men living alone because it explains why this participant prefers living alone than living with someone else. Then, through the process of reflection and imaginative variation, this researcher coded this meaning unit into the theme self-determination. By living alone, this participant is free to choose with whom he has contact. He is better able to control his environment. He freely chooses when, how, and with whom he socializes, which he was unable to do when he was married. He finds that independence makes his life easier, and he likes his life being easier. While this participant verbally expressed his desire to avoid conflict by living alone, this meaning unit certainly tells us more about him as a person and his experience living alone than just his desire to live alone. He sees living alone as a way to freely choose how to live his life. Throughout the interview, he made similar statements about his experience living alone and similar meaning units about self-determination. Therefore, self-determination was identified to be an essence, or fundamental theme, of his experience of living alone.

The fourth step in phenomenological data analysis requires the researcher to determine which themes are fundamental to the structure of the phenomenon. In this study, once the themes were discovered from each meaning unit, each was further examined to determine its necessity as part of the phenomenon of living alone for older men. For example, continuing with the theme self-determination, the researcher imagined

every possible variation of self-determination to see what meanings of this theme was applicable to the context of the study. The researcher examined how this theme could be part of the structure of the phenomenon and if the phenomenon of living alone could exist for older men without the theme of self-determination. Ultimately, this theme was determined to be part of the phenomenon's basic structure because of its consistent appearance in each participant's interview, which indicated that for older men, the phenomenon of living alone did not exist without self-determination.

The fifth and final step of phenomenological data analysis is synthesizing the necessary themes into a conceptual structure of the phenomenon. In this research, this entailed organizing the themes into a conceptual structure of the phenomenon of older men living alone. The essential themes that emerged from the data analysis were: self growth, self-determination, structure, balance, and sense of purpose. Before discussing this final synthesis, the transformed meaning units that were discovered in this study will be explored.

4.5 The discovery of themes

4.51 Self Growth

The first essence uncovered in this study was the theme of self growth. All participants described the experience of living alone as an opportunity to further personal growth and development. Many described the initial "learning to live alone," in which they experienced an evolution of feeling lonely, angry, and unhappy to feeling content and comfortable with their lifestyles and with themselves. For example, Irv describes his experience:

Before I was so busy just surviving, who the hell could think about, you know, learning something. So living by myself...I am learning more about life than I ever have in life and so you have a chance to kind of think to that.... There is a lot of anxiety over the unknown that has gone away, so it is almost like a self healing thing. Then of course, (there is) the creative aspect. It kind of gives you self worth – you know self worth that you can do things that are pretty unique and pretty neat. And you get a sense of well being.... I think self awareness and self stability is important.

Irv lives alone in a small, sparsely but neatly furnished apartment. Irv enjoys living alone, but he is not by any means without social contact. He is social with many of the other residents of the building, and last year he organized and cooked a holiday dinner for 30 other residents. He states that he would rather live alone than anything else – “I live my life very simple and I enjoy it.”

Larry acknowledges the adjustment to living alone he experienced after losing his wife of many years. Larry states:

I couldn't get used to the idea of being alone and handling the freedom I had. I felt as though I got to ask (my wife) and think about it. She used to be my sounding board and she never advised against me, so it was a pretty risk free sounding board.... I realized that I've got to make constant decisions on my own. I have had to learn to live alone.

After Larry's wife died, he sold the family home and moved to a condominium which he disliked a great deal, feeling overwhelmed with the tasks of taking care of himself, such as cooking and laundry. He then moved to his current home, an apartment in a retirement community where he receives two meals daily, laundry services, and has many opportunities to socialize with other residents. He finds his current environment more comfortable and satisfying than his previous life at the condominium, and he

acknowledges that he did go through a period of adjustment to living alone. Like all the men in the study, both Irv and Larry demonstrate that living alone is a process in which one not only learns the everyday tasks of housekeeping, but also a process of self growth in which one learns self-awareness and self-reliance.

George has lived alone for more than a decade. After experiencing homelessness for a few years, he was able to move into an apartment with the help of public assistance. However at that time, he hated living alone. He states, “I just didn’t like being alone. I wasn’t content. I wasn’t happy with myself. He described his life at that time as “empty. I had no direction.” Eventually he was incarcerated. Since his release, he has learned self-acceptance. “I like myself more. I have come to like myself. I have discovered that I am alright.” His self-acceptance was a result of learning to like himself and learning to enjoy his own company:

Living alone is liking myself – it is the only thing that means to me now living alone. I enjoy my own company...and I don’t have to worry about somebody saying what do you mean – nagging. Life has this great potential for happiness and joy and believe me it should be, but it is a gift. It is not guaranteed.

Despite his challenges, George is able to accept himself and his past. Living alone provided him an opportunity for personal growth: the development of his self acceptance and contentment.

4.52 Self-determination

Older men who live alone also experience their lives as an opportunity to live as they freely choose. All of the participants identified living alone as having more freedom in their lives; without the responsibilities of a spouse or family, all the participants

described their experience of living alone as the experience of self-determination -- having a new freedom to choose their own activities and lifestyle. Hank, describes being alone as “I get to do everything I want by myself.” While he acknowledges companionship is nice, he “really likes” living alone.

“(I can) play on my computer and do whatever I want and when I walk around the apartment naked I can do it – you know what I am saying.” He further states, “I like my independence. I am not sure if I ever met somebody again that I would want to give that (independence) up.”

Charlie has lived alone for almost a decade. He has a girlfriend nearby whom he sees regularly, and he visits his children every week. He describes living alone as:

I can do what I want. Eat when I want to.
Sleep when I want to. Go out when I want.
I can do what I want. I can't do what I want
living with family. You have to do what they
want. Everything is good, but it's their plans,
you know? You have to do what they do...But
I like to do what I like to do. Oh yeah, I like living
alone and I don't think I would want it any
different.

Similarly, Frank, states he prefers to live alone:

I got my own space and I can come and go and
not bother anybody. I don't have to bug anybody
or anybody bugging me like when you are living with
people. Because some people say I am difficult
to live with. I am used to it, so I don't worry
about bugging somebody else...I prefer living alone.

Frank, like George, has been homeless in the past. He describes living alone as “good” and part of that is because he does socialize with other tenants in his apartment complex. He has coffee with other tenants twice a week, participates in apartment-wide potluck dinners, and visits his neighbors often. Last year, he and the other tenants organized a toy drive. As he reports, his current living situation “can be challenging at

times, but at least I don't have to worry about looking after somebody else. It's just me.”

Living alone for these men means living freely to do what they like to do and making choices without needing to consider the wishes of a spouse or a family.

4.53 Structure

As the study participants acknowledged that they were free to do whatever they wished with their time, they also recognized a need to have a regular daily schedule. Ed is an active volunteer in the community. He states:

I like calling my own schedule. There are things on my calendar and I am glad there are. If I wasn't in these volunteer groups I would be sitting at home unshaven and undressed, you know? That's not what I want to do. I want to help somebody somehow and I am doing that.

Ed enjoys the freedom of self-determination, and this freedom extends to freely choosing regular activities that establish some structure in his life.

John states that having a regular routine is helpful to him. He visits his sister in a local nursing home twice weekly, attends the weekly men's breakfast on Wednesdays at the senior center, watches the local sports teams regularly on television, and hosts weekly suppers every week at his home where friends and family join for food, companionship, and conversation. John misses his wife of many years, but acknowledges having the regular routine prevents boredom and loneliness:

If I get bored, I hop in my car and go to the grocery store and the drug store. Those are my two chief run arounds. Get my medicine and get my food. Outside of my regular routine...I don't know. I go visit the few friends I need. I go visit my sister and get groceries and go to the drug store.

John finds that controlling his own schedule helps maintain his social contacts and his independence, as he feels less dependent upon family members to provide constant companionship and structure.

4.54 Balance

The fourth theme discovered in this study was balance. Balance was described numerous times by the participants in their need to maintain both their social connections and their independence; it was also important to maintain balance between same sex activities and mixed activities. Many described the need to balance their desire to live alone with their desire for companionship. Dan, for example, had previously lived with a partner, but found that living alone and seeing her regularly was better for both of them:

It is better for both us. We don't get into arguments anymore. We are very much in touch with one another by phone daily. Very frequently I will go over to help with yard work and we will have meals together....It is the best of both worlds.

Bob acknowledges that living alone requires some work in order to be social:

You are certainly a little constrained and constricted socially when you want to go and do things and you know people are paired. So you have to develop a new set of friends and acquaintances that allow you to do some things and that has been different for me. At times it's a little difficult adjusting and other times I really like being by myself. I am probably more set in my ways. I like having somebody else around but you don't necessarily want to sacrifice the freedom you have to do what you want when you want to do it.

So while valuing their independence and freedom, many of the participants identified socializing as a necessary, but at times, difficult task. Ed identifies finding male friends difficult:

The number of guys that I see has really shrunk and some of them are in activities that I was never in but I would interact with them somewhere or somehow, so that has really shrunk and that sort of bothers me.

In describing his recent experience at a breakfast at the local senior center, he discusses his difficulties talking with other older men:

I don't know, I didn't have the feeling to walk over to that table and introduce myself and start talking. I need something to trigger that or we both need to be involve in something together. I am not afraid of doing it, but I can't do a good job doing it.

Attempting to balance his social interactions, Ed identifies the need for socialization with other men, but has difficulty finding easy opportunities for male companionship.

Al echoes this point, noting that in many situations women outnumber men:

I went over to the senior center, I said this ain't for me. No way. I mean there are nine women in chairs and one guy. That's the ratio...that scared the hell out of me.

Older men who live alone want some companionship, but it is not always easily achieved. Because they value their freedom, companionship requires balance and compromise that can be elusive. It is not only difficult to find potential friends or companions because fewer opportunities to meet people exist, but it also is difficult because fewer men than women are single and interested in pursuing male companionship.

4.55 Sense of purpose

The fifth and final essence that was discovered during this study was that older men who live alone need to maintain a sense of purpose in life. Maintaining a purpose in life is a skill that is used to manage unstructured time as well as a way to pursue a greater good. For example, Ed is an active volunteer in the community, providing rides to people without the ability or means to drive themselves. His driving provides a valuable service, and as he has stated, it keeps him from “sitting home unshaven and undressed.” Volunteer work has given him a sense of purpose. Ken sees his purpose in life to continue collecting and studying art and antiques, a hobby he started with his wife. He continues to pursue their mutual interest, attending auctions and reading antique magazines. Nick describes his life alone as “more time to devote my own selfishness.” He continues to pursue his interest in gardening and dried flower arranging. Martin, a self-described “care taker,” enjoys helping out his neighbors when he can. Bob described the best time in his life as when he was building his apartment; he was committed to an activity that gave him a sense of purpose and an important end result. Irv and George see their purposes in life to be the pursuit of self-awareness and self-acceptance. They see themselves as maximizing their own potentials by pursuing activities such as music that increase their self awareness. Maintaining a sense of purpose is essential in the experience of older men living alone.

4.6 The conceptual structure

As mentioned previously, the final step of phenomenological data analysis is for the researcher to synthesize and integrate the insights contained in the coded meaning units and themes into a conceptual description of the psychological structure of the event (Giorgi, 1985). What is the conceptual structure of the phenomenon of older men living alone? Essentially, the experience of living alone for older men means the opportunity for self-growth and the freedom of self-determination, while maintaining structure, balance, and sense of purpose. The experience of living alone for older men cannot exist without each theme, and without the entire conceptual structure, none of the themes adequately describes the whole experience of living alone. So the conceptual structure includes: self-growth, self-determination, structure, balance, and sense of purpose. As shown in Figure 2, the conceptual structure of the experience of older men who live alone is composed of these themes and can be illustrated in the shape of a circle. These themes are arranged in a circle symbolically, and the true relationships between each theme will require testing in future research.

4.7 Participant response to results

When contacted by mail for feedback about the study results, many of the respondents chose not to respond. In fact, only two participants returned the feedback questionnaire. When the mail request was followed up by phone, six more participants shared their feedback about the study results. The other six were unavailable by phone: two had moved and four did not return phone calls. Overall, the participants who did

offer feedback agreed with the analysis; none disagreed with any theme, but they did offer further elaboration on the themes. Both Al and Larry agreed that self-determination was part of the experience of living alone, but that experiencing self-determination did not come immediately upon becoming alone through either divorce or widowhood. Self-determination came only after, according to Larry, “a period of grief” during which the loss of the partnership was mourned. Al stated that he needed “time to come to terms with what was happening” and needed more support in the beginning of his experience of living alone. Over time, both Larry and Al were able to find contentment living alone and now agree that they probably would not return to a situation in which they lived with someone.

Ed reiterated his enjoyment of keeping his own schedule and maintaining some structure to his life. He continues to enjoy “sleeping in when I want to” as well as volunteering for the local senior center when he wants. Through volunteering, he has the flexibility to keep his schedule “open” but also the opportunity to schedule “things to do that I want to do.” Martin, acknowledges that he is “a taking care kind of guy,” so that his flexible schedule allows him to help others in his senior housing complex when necessary but it also allows him to go downtown independently when he wants to go to the library or shopping.

Nick, in his response, stated that the themes seemed to be goals of older men who live alone. He wants self-awareness, self-determination, structure, balance, and a sense of purpose in his life and continues to strive for these things. He does not view the

themes as truly achievable goals, but as ideals toward which one is constantly working. Similarly, John, stated on his feedback form that “if one could live by these (themes), he would be living in Utopia.”

Finally, both Dan and Hank reiterated how living alone has given them an opportunity to learn and grow as people. Dan is writing music that he never had time to write when he was a younger man with work and family responsibilities. Hank has done a great deal of research about his family, working on genealogical projects and meeting far-away relatives. Both of these men reported that these were activities that they wanted to pursue their entire lives but never had time. Furthermore, these activities gave them each a sense of purpose in their lives, and “a reason to get out of bed in the morning.”

In conclusion, the conceptual structure of the experience of living alone for older men is composed of self- growth, self-determination, structure, balance, and sense of purpose. These themes were uncovered through interviews of 14 men over sixty who lived alone. Each participant was offered the opportunity to confirm these results, and of those who responded to this confirmation opportunity, all agreed with the findings. In the following chapter, the limitations of the study, the significance of the study, and the implications for nursing research and practice will be discussed.

Chapter 5

Conclusion

5.1 Introduction

This study has demonstrated that the experience of living alone means self-growth, self-determination, structure, balance, and sense of purpose to older men. These results are relevant to nursing practice and future nursing research as well to gerontologists of all fields. This chapter will discuss the limitations and significance of the study followed by the implications for nursing practice and research.

5.2 Limitation of the Study

First, it should be noted that this study occurred in Maine, a predominantly white state with few minorities. All of the participants were older white men. The experience of non-white older men may be very different than the experiences found in this study. Furthermore, the area in which the study took place may be described as suburban-rural, where urban problems, such as over-crowding and high crime rates are rare. The experience of older men living alone in an urban area may again be different than what was found in this study. Second, because the complete data collection and data analysis took approximately 10 months, several of the participants were unavailable for confirmatory interviews. Their feedback may have changed the final outcome. Finally, because this study was the first in a program of research of older men, the study required all the participants to be reasonably healthy and without significant health problems.

Older men who live alone and require regular, in-home care such as visiting nurse services, case management, or social work support may indeed have different experiences than those interviewed for this study.

5.3 Significance of the Study

As discussed previously, much of the literature about older men who live alone implies that older men who live alone are more likely to ignore their health care concerns, have fewer social supports, and generally find life after retirement less satisfying than their female counterparts. These past research findings were not seen in the current research study. In fact, the results of this research are significant because they demonstrate quite different results. Participants in this study did not ignore their health care needs. All of them had primary care physicians whom they saw regularly. They each had the common chronic illnesses of old age such as hypertension and heart disease. And, each of them made efforts to control and treat these illnesses with regular check-ups, prescribed medications, and changes in lifestyle. All participants were involved in some sort of social activity or hobby. Many decidedly enjoyed their solitude, but they also made efforts to be involved with other people and activities. In addition, while some of the men had struggled with mental illness in the past, none saw these mental health issues as a primary focus in their lives. Overall, the participants in this study found living alone satisfying.

Savishinsky (2001) pointed out that older men who see retirement as a new beginning are generally happier and more content. In this study, Savishinsky's findings were further validated. All participants appeared to view their working worlds and retirement worlds as separate, yet equally satisfying, chapters in their lives. In retirement,

they pursued activities of interest from which they derived great pleasure and did not particularly miss their work. Valliant's (2002) research was also validated in this study. While the participants were not specifically asked about their individual purposes in life, each did identify that constructive purpose in their lives led to contentment. Not one mentioned money or health as a source of happiness; in fact, they each identified as sources of contentment as volunteer work, time with friends, and activities with family as well as time spent pursuing individual interests.

This study also echoed previous studies about older men and bereavement. As discussed previously, several of the participants identified that early on in their experiences of living alone they experienced a grieving process not just for the lost spouse or partner, but they experienced a grieving process for the loss of regular, daily human connection a spouse provided. As the previous studies discussed (Lee et al., 2001; Fitzpatrick, 1991; Balaswamy et al., 2004), older men do not seek out as much family support during these early stages of grief, and they instead seek out formal support networks through the community such as churches and bereavement groups. This finding demonstrates that older men who do not receive enough of the type of support they need in the early stages of bereavement to assist in the transition to living alone.

This study is also compatible with aspects of Atchley's Continuity Theory of Aging. As discussed previously, Atchley has theorized that there is no standard, prescribed process of aging that is experienced by all. Atchley theorizes that older people age individually, using concepts from their past to conceive the future and to respond to change. Indeed, the participants of this study are aging in their own ways; none is approaching old age in the same fashion. Furthermore, each is aging in a way that reflects

his own individual, lifetime styles of coping and managing change. Ed, for example, was a successful real estate agent prior retirement and spent much of his time driving clients to various properties for sale. Now, he continues to drive, but in a volunteer capacity, taking others to appointments. Bill has collected art and antiques throughout his life and continues to do so now, well into his eighth decade. Martin, a man who spent his life in a helping profession, continues to provide support and help to his neighbors. Each participant in this study continues to adapt to the changes associated with aging using coping skills they used throughout their lives. These men demonstrate that aging is not a unique stage of life; instead, it is a continuation of adaptation and coping that has occurred throughout life.

Probably most significantly, this study replicated some of the findings in Rubinstein's research from 1986. Rubinstein learned from his research that older men who live alone most valued their independence and control over their lifestyles, coped with aloneness with activity, and relied heavily upon adult children for support. This study also found that older men who live alone value their independence and ability to control their lifestyles. Designated as the theme self-determination, most of the participants indicated that they would not return to a lifestyle in which they resided with someone else, whether it is a spouse, girlfriend, friend, or family member. In fact, most preferred living alone at this point in their lives, finding the encumbrances of living with someone else too demanding. Living alone enabled them to pursue satisfying solitary activities as well as enjoyable social connections at their own pace, on their own schedule.

By replicating Rubinstein's results and finding quite different results than previous studies of older men who live alone, this study identifies that older men who live alone are not necessarily unhealthy, unhappy, and prone to depression and suicide. The problems associated with older men living alone cannot be solely attributed to the fact that they live alone. There are other, unidentified factors that must also contribute to the development of these problems.

5.4 Implications for Nursing Practice and Research

This study generates a new understanding of what the experience of living alone means to older men and fills a gap in the nursing and aging literature. The themes that emerged from this study, self-growth, self-determination, structure, balance, and sense of purpose, are important concepts for nurses to understand so that care of older men is optimized. Nurses should recognize that older men who live alone do not necessarily view life after retirement as an ending. Instead, it is a period of time that allows them to pursue activities that promote increased understanding of themselves as people. It is a time where they are no longer experiencing career and employment pressures and have the opportunity to enjoy other interests such as music, cooking, art, antiques, history, and sports. It is also a time when older men who live alone want to be as independent as possible, and in control of that independence. Nurses must integrate these themes of self-growth, self-determination, and structure into their plans of care, realizing that not all older men are interested in pursuing traditional bingo-like activities, and may prefer to choose activities that are introspective and intellectual. Furthermore, older men who live

alone prefer to pursue these activities on their own schedules and timetables; they will seek out activities that they enjoy when they want and how they want. Older men are very clear that they value structure, but they are also very clear that this structure is determined independently and individually.

Nurses must also recognize that older men who live alone want to balance social activities with solitary activities. They enjoy the company of others, but they also enjoy their solitude. They enjoy the company of their peers, family members, and community groups. They are involved in volunteer work with others and participate in regular activities at the local senior center. However, older men who live alone also strive to find time for themselves. Again, nurses must recognize that older men who live alone prefer a balance of activity and that time alone does not necessarily precipitate loneliness.

Finally, nurses must recognize that older men who live alone value a sense of purpose in their lives. Whether it be understanding themselves better through writing and introspection, assisting others through volunteer work, or helping family members, the experience of living alone for older men means maintaining a sense of purpose. Nurses who care for older men who live alone must understand that a sense of purpose is important; no matter how ill or incapacitated these older men are, they need a reason to get up in the morning, and it may be the nurse's job to help them find that reason.

The findings of this study underscore areas needing further research and interventions for this population. The findings of this study are the first of many steps needed to specify the relationship between living alone and health outcomes in this population. First, it would be important to extend this study to include a more racially diverse group of older men who live alone, to examine the existence and variation of

themes across populations. Similarly, research comparing the experiences of older men who live alone in rural areas with those who live alone in urban areas should be pursued.

In addition, research should be pursued regarding the differences in the findings of this study and those studies that paint older men who live alone as sick, isolated, and depressed. Why do other studies portray older men this way when the current study and Rubinstein's (1986) study do not? Why are the findings of these studies so different and how can they be reconciled? What other factors, in addition to living alone, contribute to the problems associated with older men living alone? Are these factors separate entities such as chronic illness or alcohol abuse, or is there something within the process of living alone that needs further exploration so we can better understand how problems develop? Understanding these factors can help us better identify and develop interventions to prevent potential problems that may occur for older men who live alone. The samples, methodologies, instruments, and actual results of all of these studies must also be examined thoroughly to determine why these different results have occurred and how these differences may affect future research, care practices, and public policy.

Finally, future research is also required to determine the relationship between each of the themes uncovered. How do the themes relate to one another? Is one theme more valuable than another? Does any one theme or combination of themes provide a protective factor? Is the existence of one theme dependent upon the existence of another? Do these themes change when older men who live alone in other parts of the country are studied?

In conclusion, the findings of this study provide information necessary for nurses to better care for older men who live alone. For older men, living alone means self-awareness, self-determination, structure, balance, and sense of purpose. These themes allow nurses to better understand how older men experience living alone so that more appropriate assessment tools and interventions may be developed. This study also is the first step in a program of research, opening the door for further investigations regarding the lives of older men who live alone.

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**Are you a man 60 years of
age or older who lives
alone? Do you know a
man 60 years of age or
older who lives alone?**

**I am a nurse trying to learn more about the
experiences of older men who live alone so that
nurses can take better care of older male patients.
If you are an older man who lives alone or know
an older man who lives alone,**

**Please call
Susan Yetter, RN
207-373-6977**



Appendix 2

1. Do you live alone?
2. How long have you lived alone?
3. Place of birth; ethnic background
4. Single, divorced or widowed
5. Age of retirement/Occupation
6. Highest grade successfully completed
7. Annual income level:
 - <\$25,000 ___
 - \$25-50,000 ___
 - \$50-75,000 ___
 - \$75,000+ ___
 - Decline ___

8. Medical History: Have you recently had any of the following symptoms or problems:

	No	Yes
General:		
Fever	___	___
Unexplained weight loss	___	___
Night sweats	___	___
Ear, nose, or throat:		
Ringing in ears	___	___
Hearing loss	___	___
Vision problems	___	___
Pain	___	___
Swallowing problems	___	___
Nervous system		
Headache	___	___
Stroke	___	___
Seizure/epilepsy	___	___
Weakness, numbness, or tingling	___	___
Heart or circulatory problems		
Heart attack or heart failure	___	___
Irregular heart rate	___	___

	Chest pain	___	___
	Pacemaker	___	___
	High blood pressure	___	___
Endocrine			
	Thyroid disease	___	___
	Diabetes	___	___
	Hormonal disease	___	___
Skin			
	Masses/tumors	___	___
	Rashes	___	___
	Infections	___	___
Lungs/Breathing			
	Breathing problems	___	___
	Asthma	___	___
	Lung disease	___	___
Digestive system			
	Diarrhea, nausea, vomiting	___	___
	Ulcer disease	___	___
	Hepatitis	___	___
Genitourinary			
	Kidney disease	___	___
	Urinary bleeding	___	___
	Urinary tract infection	___	___
Blood			
	Anemia	___	___
	Blood tumors/disease	___	___
	Bleeding disorder	___	___
	Swollen glands	___	___
Musculoskeletal			
	Joint pain/arthritis	___	___
	Fractured bones	___	___
	Pain with chewing	___	___
	Scalp pain or tenderness	___	___
Surgeries(list)	_____		
<hr/>			
Mental health			
	Depression	___	___
	Mood swings	___	___
	Anxiety	___	___
	Admission to hospital for a mental illness	___	___
Other:			
	How many days a week do you drink an alcoholic beverage?		

On the days that you drink alcoholic beverages, how many drinks do you usually consume? _____
Do you smoke? How many packs/day? How many years have you smoked? _____

Please elaborate on any questions above answered with a “yes”

9. What medications do you take currently? (List)

10. Do you drive?

11. Address/Directions/Phone number

12. Where is there a convenient, private place to meet for an interview?



Appendix 3

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: The Experiences of Older Men Who Live Alone

INVESTIGATOR: L. Susan Yetter, MSN, RN, CS, NP
66 Baribeau Drive
Brunswick, ME 04011
207-373-6978

SOURCE OF SUPPORT: This study is being performed as partial fulfillment of requirements for the doctoral degree in nursing at Duquesne University, Pittsburgh, PA.

PURPOSE: You are being asked to participate in a research project investigating the experience of older men who live alone. You will be asked to talk to me about your opinions and life experiences for approximately 60-90 minutes. We will meet twice: a first meeting to discuss your experiences and a second meeting to confirm that I understand your experiences correctly. The interviews will be taped and transcribed.

These are the only requests that will be made of you.

RISKS AND BENEFITS: Occasionally people find talking about their lives distressful. If you experience distress, the researcher will assist you in contacting

your primary care provider, Sweetser Crisis (1-888-568-1112), Mid Coast Hospital (207-729-0181), or Parkview Hospital (207-373-2000) and will stay with you until contact is made, if you wish. You may stop the interview at any time. You may change the topic without explanation any time you wish or if you feel uncomfortable.

The personal benefits to participating in the study may be feeling supported and understood. This study will benefit men over 60 years of age because it will help nurses improve the care of older men. There is no penalty if you should decide to withdraw.

COMPENSATION:

You will not receive any form of compensation for participating in the study. However, participation in the study will require no monetary costs to you.

CONFIDENTIALITY:

All identifying information of the participants and those mentioned in the interviews will be removed from tapes and transcripts. No individual identification will be made in the data analysis. In general, all data will be reported as themes or in data summaries. Non-identifying quotes may be used to reinforce points made within the study. All written materials will be stored in a locked box and available only to the researcher. Consent forms will be stored separately from the data.

RIGHT TO WITHDRAW:

You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time. If you decide to withdraw, your data will not be included in the analysis.

SUMMARY OF RESULTS:

A summary of study results will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT:

I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. I have been given an opportunity to ask any questions I have and those questions have been answered to my satisfaction. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Susan Yetter, RN, NP (207-373-6978), Dr. Joan Masters, the student's advisor, (412-396-6537), or Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412-396-6326).

Participant's Signature

Date

Researcher's Signature

Date

Appendix 4

66 Baribeau Drive
Brunswick, ME 04011
February 20, 2006.

Mr. _____
Address

Dear Mr. _____,

Thank you very much for agreeing to participate in my research study exploring the experiences of older men who live alone. I am sending you this letter as a reminder that I will meet with you at (location) on (date) at (time). As I mentioned in our telephone conversation, at that time I will ask some descriptive questions, review the consent form, and, if you are agreeable, conduct an interview which will take approximately 60-90 minutes. It is not my intent to cause you any distress or make you feel uncomfortable. This interview will be audio-taped, but everything you say will remain confidential. You will be free to stop the interview at any time you wish.

If you have any questions or concerns, please feel free to contact me. I am looking forward to meeting with you on (date). Thanks again.

Sincerely,

L. Susan Yetter, RN, NP
207-373-6978



Appendix 5

66 Baribeau Drive
Brunswick, ME 04011
February 20, 2006.

Mr. _____
Address

Dear Mr. _____,

Thank you so much for participating in my research study exploring the experiences of older men who live alone. Your participation in this study has been extremely valuable, and I appreciate your time and effort. It was a pleasure meeting with you.

After data collection and data analysis are completed, I will be in contact with you for a second interview to our conversation and to confirm that I understand our discussion. Also, if you would like a copy of the final study results, please let me know and I will be happy to share them with you.

Please feel free to contact me if you have any questions or concerns. Again, thank you for your help in this research project.

Sincerely,

L. Susan Yetter, RN, NP
207-373-6978



Appendix 6

Transcriptionist's Consent to Confidentiality

I, _____, agree to transcribe the contents of audio cassettes given to me by Ms. L. Susan Yetter and promise to keep confidential all information I gain access to through my transcribing service. I will return all documentation, audiotapes, and electronic copies to Ms. L. Susan Yetter and delete the original transcription from the hard drive of my computer at home whenever she instructs me to do so.

Signature: _____

Date: _____

Witness: _____

Date: _____

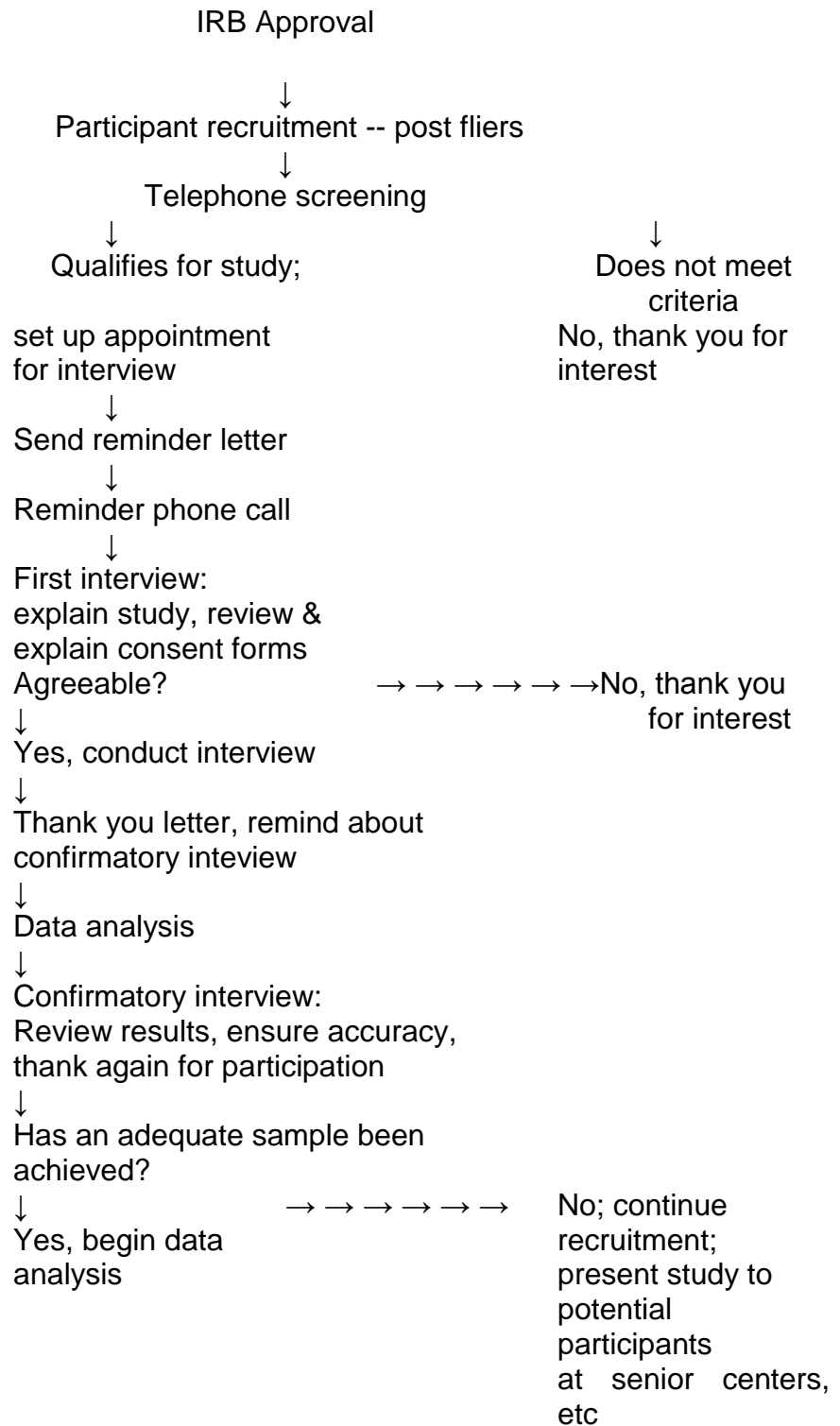


Figure 1. Outline of study process

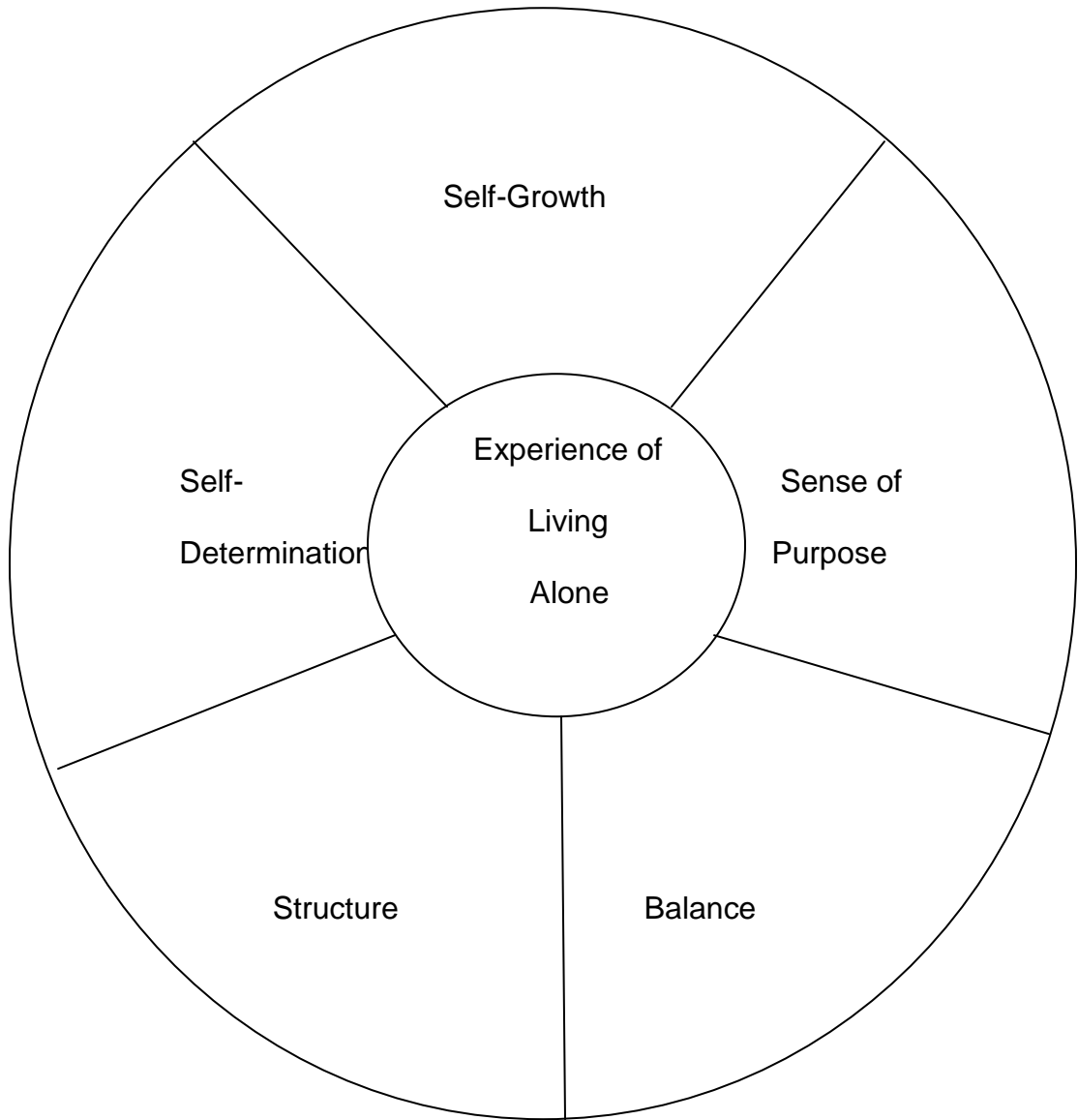


Figure 2. Conceptual structure of phenomenon

	60-74 yrs old	75-84yrs old	85+ years old
<\$25,000	5	4	1
\$25-50,000	1	1	0
\$50-75,000	0	0	0
\$75,000+	1	0	1

Table 1. Participant ages and incomes.