LIVED EXPERIENCES OF LONELINESS AMONG ELDERLY: AN INTERPRETIVE PHENOMENOLOGICAL STUDY

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CERTIFICATE OF PANEL APPROVAL

In partial fulfillment of the requirements for the Bachelor of Science in Nursing degree, this research study entitled **"LIVED EXPERIENCES OF LONELINESS AMONG ELDERLY: AN INTERPRETIVE PHENOMENOLOGICAL STUDY"** was prepared and submitted by Khylle Adriane D. Burlas, Jaysha Nickole A. Catiloc, Mel Jane C. Codera, Barbie Jane D. Dedoro, and Drake Adriane D. Estrera has been examined and recommended for acceptance and approval.

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ABSTRACT

Amid the growing number of the elderly, loneliness emerges as a silent force endangering their overall well-being. In response to this, the study was conducted to examine the lived experiences of loneliness among the elderly in Ozamiz City, using Robert S. Weiss's Social Needs Theory (1973) to understand how unmet social needs contribute to loneliness, and Jean Watson's Theory of Human Caring (1970s) to highlight the significance of compassionate care. An interpretive phenomenological approach was employed to deeply understand the experiences of the elderly. Ten (10) participants aged 60 and above, living alone, and able to provide informed consent were selected through snowball sampling. Data were gathered through face-to-face interviews conducted in Cebuano and English. With consent, interviews were recorded and transcribed, and data were analyzed using Max van Manen's interpretive phenomenological framework. The findings revealed that loneliness has a profound effect on the overall well-being of the elderly, increasing their vulnerability. Five essential themes emerged: physical shifts, disconnected yet yearning for belonging, time that moves too slowly, emptiness within familiar spaces, and bridges and barriers—each representing facets of participant's lived experiences of loneliness. Findings illustrate the importance of empathetic communication, community support, and culturally sensitive interventions that enhance the quality of life among the elderly. Families can help by maintaining regular communication, while healthcare providers may tailor care to meet individual needs. Future researchers may explore loneliness across diverse cultural and socioeconomic contexts to develop broader, evidence-based care strategies for the elderly.

Keywords: *Elderly, Experience, Interpretative Phenomenology, Living Alone, Loneliness*

DEDICATION

We dedicate this research study to our Almighty God, who gives us hope every day and makes our lives complete, regardless of any distractions. This study is dedicated to all elderly individuals who silently endure loneliness. May their voices be captured in this study. May it be heard and recognized in the hearts of those who care for them. We hope this study serves as a reflection of their resilience and a call for compassion and understanding. To Misamis University, specifically the College of Nursing, Midwifery, and Radiologic Technology, our clinical instructors, and all participants, we would like to extend our gratitude for allowing us to conduct this study and for your participation.

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The Researchers

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The Researchers

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INTRODUCTION

Background of the Study

The world is aging very fast, thereby raising awareness about the specific needs and experiences of the elderly (Briede-Westermeyer et al., 2023). The term "elderly" is generally used to describe people aged 60 years and above, who often undergo numerous physiological, psychological, and social alterations during the aging process (Singh & Bajorek, 2014). Notably, this age group is the fastest-growing segment of the population, which is expected to reach a staggering 2.1 billion by 2050 (World Health Organization, 2022). To be healthy in aging means being able to fulfill health requirements not only in the physical sense but also in the social and psychological aspects (World Health Organization, 2020).

The issue of loneliness among the elderly is becoming an important public health concern, especially when considering the challenges posed by an aging global population. Compared to younger adults, the elderly have fewer social contacts and engage in social interactions less frequently (De Bruin et al., 2019). This decline is often caused by life transitions, such as retirement or the loss of family, friends, or neighbors (Schutter et al., 2022). In the Philippines, elderly people aged 60 years and above, especially those from lower socioeconomic statuses, are at greater risk for social isolation and loneliness (Francisco et al., 2023).

Loneliness is an individual deficiency in which people believe that their social relationships are either lacking in number or quality (Kemperman et al., 2019). It is fascinating how a person can be physically alone, with no one around, yet not feel lonely, or feel lonely even within a social circle (Ratcliffe, 2023). In the case of Filipinos, people

in the sixty and older age bracket are often perceived as not being supportive and are instead viewed as dependents requiring care and assistance (Parial, 2024). Changes in societal roles have significantly influenced the elderly's self-control and social participation, leading to increased social activity or withdrawal from society, and fostering pessimistic perceptions of old age (Carandang et al., 2020).

Limited job markets, restricted mobility because of health, and shrinking social networks are some of the contributing factors that tend to 'force' socially isolated individuals into a state of mental depression or other ailments, thereby aggravating the person's quality of life (Takagi et al., 2022). The emotional consequences of loneliness tend to manifest in other concerning forms, such as changes in diet or sleep routines, which in turn negatively affect overall health— particularly among elderly Filipinos who are living alone, as they are more likely to become isolated due to lack of companionship as compared to the better socially supported ones (Shi et al., 2023; Felipe-Dimog et al).

According to Holt-Lunstad et al. (2010), loneliness has profound implications for health, as it increases the risk for many diseases, including heart disease and a decline in cognitive functioning. It poses a greater challenge to the elderly in the Philippines, whose families, traditionally, have become less intact due to urbanization and migration (Cabonegro, 2024). As a result of these changes, elderly people often find themselves living alone or with minimal family support (Buenaventura et al., 2020). This situation is exacerbated by the social perception that views old age as a burden rather than a time when one can still contribute to society (Weir, 2023). This requires addressing the needs of lonely elderly Filipinos through community outreach programs and policies that foster social ties.

Loneliness is a significant issue among the elderly in Ozamiz City, which is often intensified by decreased mobility, reduction of social circles, and gradual loss of independence. Those elderly living alone are more vulnerable because they suffer from chronic loneliness due to minimalism in social interactions and support systems (Pradana et al., 2024). Besides the emotional and social difficulties, many of them display resilience and use different coping strategies in dealing with their isolation. It is essential to understand their experiences to craft community-based initiatives and policies that can lead to meaningful connections and exclusive programs aimed at their specific needs.

A significant knowledge gap exists regarding the qualitative understanding of loneliness among the elderly in the Philippines, particularly in Ozamiz City. Although several factors contributing to loneliness—such as declining social networks, life transitions, and socioeconomic status—that have been acknowledged, there are still limited qualitative studies exploring how these factors are phenomenologically experienced by the elderly (Carrasco et al., 2024). Most of the existing literature does employ quantitative tools to assess loneliness. However, these often fail to be sensitive enough to capture the highly contextualized and individualized nature of loneliness in the elderly (Ray et al., 2019). In addition, the complex interaction among gender, economic class, and cultural background remains insufficiently researched, despite its significant relevance for understanding and managing loneliness in the elderly (Fierloos et al., 2021). For instance, it has been proven that elderly people in rural areas can be lonelier than those in urban areas; however, they often overlook how cultural norms and family structures influence these aspects (Takagi et al., 2022). This concern is particularly relevant in the Philippine context, where rapid modernization and urban migration are reshaping family

expectations for elder care (Montayre et al., 2019).

This study aims to investigate the loneliness experienced by elderly Filipinos, specifically those living alone in Ozamiz City, with a focus on cultural, social, and economic changes. Addressing this gap could lead to a more human-centered and contextually sensitive definition of loneliness, which in turn guides the development of culturally sensitive community-based interventions.

Theoretical Framework

This study is grounded in Robert S. Weiss's Social Needs Theory, first proposed in 1973, and Jean Watson's Theory of Human Caring, which was developed in the 1970s. These two theories provide fundamental concepts that guide researchers in understanding the lived experiences of loneliness among the elderly, and in the process, potentially advance social integration and improve the quality of care in healthcare and social facilities.

Robert S. Weiss is a sociologist who developed the Social Needs Theory, which posits that unmet social needs lead to feelings of loneliness. It was first articulated in his 1973 book entitled "Loneliness: The Experience of Emotional and Social Isolation," which distinguishes between two primary types of loneliness: emotional loneliness and social loneliness. It is grounded in the notion that loneliness is not merely a reaction to social deficits but rather a reflection of specific relational needs that are unmet. He argued against the simplistic view that loneliness results solely from having few friends or inadequate social interaction. Instead, he proposed that both emotional and social loneliness arise from distinct relational deficits that require different forms of fulfillment.

In the context of this study, loneliness among the elderly is best understood through

Weiss's Social Needs Theory (1973), which explains that individuals experience emotional loneliness when they are unable to form strong, secure connections with others—particularly within intimate relationships or close friendships. According to this theory, loneliness is not merely the state of being alone, but rather the absence of meaningful emotional and social connections. Such disconnection often leads to intense feelings of loss and sadness, which can result in depression and a deepened sense of loneliness. In line with this theory, loneliness is associated with adverse health outcomes, including an increased risk of depression, dementia, and even early mortality among older adults living alone (Carbone et al., 2022; Balki et al., 2023). Weiss further emphasizes that emotional loneliness is especially intense because it stems from unmet needs for closeness and emotional intimacy. Age is also a significant factor linked to heightened emotional loneliness, as older adults tend to experience the loss of close relationships over time (Dahlberg & McKee, 2013).

In contrast, social loneliness, as described by Weiss (1973), occurs when an individual feels disconnected from a broader social group or community, even if they have close relationships. This form of loneliness often gives rise to feelings of exclusion or isolation, despite being surrounded by others. It is more common among those who are less socially active or who have smaller social networks, and it can be further intensified by major life transitions such as retirement or declining health (Berg-Weger & Morley, 2020). Weiss also highlights that superficial or casual social contact is insufficient; deeper, more meaningful interactions within a supportive and consistent group are essential in meeting social needs and preventing loneliness.

Moreover, Weiss enumerated six social needs that are potential sources of

loneliness: Attachment: Sense of safety and security from a relationship; Social integration: Interlocking relationships wherein individuals share common interests and concerns; Nurturance: Sense of responsibility for the welfare of another person; Reassurance of worth: Acknowledgment of a person's competence and talents; Reliable alliance: A relationship wherein a person can count on assistance in any given situation; Guidance: Advice and assistance from people who are competent and in charge. Awareness of the social needs defined by Weiss sheds light on the etiology of loneliness and its long-term health consequences. Satisfaction of these needs through developing meaningful relationships can reduce the adverse consequences of loneliness. As society increasingly recognizes loneliness as a public health issue, social integration and emotional support are crucial for enhancing individual well-being and overall public health.

Studies have utilized Weiss's Social Needs Theory to gain a deeper understanding of the experience of loneliness among the elderly. In this regard, a study conducted by Fierloos et al. (2021) investigated emotional and social loneliness among European elderly individuals, revealing that those without partners and with lower levels of education were more likely to experience emotional loneliness, while being older and having fewer social contacts were associated with social loneliness. Similarly, Zhou et al. (2024) found that face-to-face interaction with social partners alleviated the daily loneliness of elderly people, highlighting the significance of satisfying different relational needs. These findings support the validity and appropriateness of Weiss's model in understanding and explaining the various aspects of loneliness in later life.

Another theory is Jean Watson's Theory of Human Caring, which emphasizes the significance of caring in nursing practice (Smith, 2020). Watson developed her theory in

the 1970s and believes that the core of nursing is not merely the technical processes of care but also the relational and emotional bonds between nurses and clients. For Watson, caring is an integrated practice that entails grasping patients as whole individuals, connected to the world around them, and in need of sympathy and respect. Watson emphasizes the importance of an environment that fosters individual growth and development. This theory articulates fundamental assumptions regarding the essence of caring, including that it is expressed through human relationships, encourages health and development, and fosters a healing-friendly environment (Bagheri et al., 2023). Within this framework, Watson identifies ten carative factors that guide nurses in fostering meaningful connections with their clients. Her ten carative factors, which include fostering trust, nurturing relationships, and embracing altruistic values, align closely with addressing the social needs identified by Weiss. Among these, the values of humanism and altruism are central, as they motivate nurses to provide care with empathy and respect for each person's dignity (Watson, 1970s). This carative factor is best aligned with taking care of Weiss's emotional and social needs because it creates feelings of belonging and acceptance in clients.

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acceptance in clients.

Another essential curative factor is fostering a helping and trusting therapeutic relationship. This includes the need for building trust and understanding between care providers and their patients, which is key to adequate emotional support and communication (Sya'diyah et al., 2020). Such relationships have the potential in the field of elderly care to significantly reduce loneliness; they make an individual feel valued and understood. Promoting and accepting the expression of feelings, positive and negative, through open communication is essential. This factor enables patients to be open about their feelings, which can lead to improved communication and bonding with caregivers (Tyson & Bsn, 2025).

Studies have shown that Watson's theory improves patient outcomes and emotional well-being, particularly in gerontological nursing. For instance, Sya'diyah et al. (2020) conducted a study among elderly patients receiving home care. They discovered a very high negative correlation between how nurses cared for them, based on Watson's factors of caring, and the level of loneliness experienced. The study found that high levels of nurse caring behaviors, including empathy, presence, and trust, were associated with significantly lower feelings of loneliness among the elderly. In another study, Drageset and Haugan (2021) investigated the relationship between nurse-patient interactions and loneliness among elderly people in nursing homes. The research established that positive nurse-patient interactions, characterized by trust, honesty, and empathy —a central aspect of Watson's theory —were inversely correlated with fewer feelings of loneliness among the elderly. These findings support the practical application of the theory in addressing the emotional and relational deficits that contribute to loneliness.

Overall, the convergence of Weiss's Social Needs Theory and Watson's Human Caring Theory presents an inclusive understanding of loneliness among older adults. Although Weiss presents the individual social needs that lead to loneliness, Watson proposes a channel through which these needs can be addressed appropriately by caregivers. By promoting caring relationships with a focus on empathy, trust, and support, health practitioners can help counter feelings of loneliness in older adults.

Conceptual Framework

The phenomenon of loneliness in the elderly is intricately linked with five existential dimensions of human experience, often referred to as "lifeworlds" in phenomenological research. These lifeworlds represent the fundamental ways in which individuals experience and interpret their reality (Lindseth et al., 2022). Each lifeworld theme in the framework reflects a facet of how loneliness manifests in the lived experience of the elderly. Instead of viewing loneliness as merely the absence of social contact, this model approaches the issue from a holistic, phenomenological perspective, illustrating how it permeates the body, time, space, others, and things (Motta et al., 2021). This provides researchers with a better understanding of the experience of loneliness and where interventions should be directed.

Physical Shifts (Lived Body). In this study, this refers to the bodily changes—such as fatigue, weakness, pain or illness, and mobility constraints—that restrict the elderly from moving or functioning daily and from engaging socially, leading to isolation, while also prompting coping through physical distractions and adaptation through stable routines to maintain independence. Moreover, this theme underscores how loneliness affects the elderly physically, leading to fatigue, illness, and a decline in mobility (Shi et al., 2023).

One of the ways loneliness manifests itself is through physical decline; as people age, their physical mobility deteriorates, which in turn causes emotional tiredness and social disengagement (Pollak et al., 2023). Prolonged loneliness may weaken the immune system, making older adults more susceptible to infections and chronic diseases (Lapane et al., 2022).

Additionally, the lack of physical touch and social interaction can exacerbate feelings of isolation, compounding emotional and physical decline (National Institute on Aging, 2019). Physical signs of loneliness, such as chronic pain and sleep disturbances, are found to be common in the elderly and could further reduce their well-being (Czaja et al., 2021). Others respond through physical activities such as cleaning or sleeping, indicating the close relationship between emotional tension and physical response (Leger et al., 2023).

Disconnected Yet Yearning for Belonging (Lived Others). This is defined as an emotional or social disconnectedness, marked by a person who feels alone from others or their community, while simultaneously experiencing a profound yearning to connect, be welcomed, and experience a place of genuine inclusion and understanding. It becomes a conflict between the human need to belong and the distance that separates them. Furthermore, this conveys how elderly individuals often feel emotionally disconnected due to losses or deteriorating relationships with family, friends, and the community (Morgan et al., 2021). Persistent social disconnection is associated with depression and decreased life satisfaction in elderly populations (Cheng et al., 2021). Even though they feel isolated, they strongly wish to belong, be understood, and appreciate the importance of interpersonal relations in their overall well-being (McKenna-Plumley et al., 2023).

Elderly people still yearn for closeness, connection, and the acceptance that comes with belonging to a community (Akhter-Khan et al., 2022). To cope with their loneliness, they express a desire for emotional involvement and frequently reflect on previous relationships. As a result, their sense of social invisibility may deteriorate due to this unmet demand for social connection, making companionship and emotional support required to increase their well-being.

Time That Moves Too Slowly (Lived Time). This refers to the perception of time that can be articulated as dragging or lengthy, often due to feelings of emptiness, repetitiveness, or heaviness. It also considers how, in the case of loneliness, perception can be distorted; time can seem slower, more repetitive, and unbearable without some form of social interaction or engagement. Additionally, this theme describes how loneliness alters the way the elderly experience time, making it seem slow, empty, and repetitive (Carr et al., 2023). Without interaction or companionship, every day becomes hollow and a burden, exacerbating their sense of isolation and emotional suffering (Mathew, 2024). Loneliness distorts temporal experience, slowing down time and making it emotionally burdensome, particularly during times of inactivity (Lazuras et al., 2024). Time passes slowly and heavily when one feels lonely, which intensifies feelings of emptiness and imprisons day-to-day living (Hemberg et al., 2021). With days losing meaning, the lack of meaningful experiences or social interaction makes time stand still and painful. Moreover, the things that were previously meaningful become tiresome and time-consuming.

Emptiness Within Familiar Spaces (Lived Space). This theme highlights how familiar settings, such as homes or care facilities, can become more distressing rather than comforting when social connections are lost. Elderly individuals often experience a

deepening sense of isolation, disconnection, and emotional void within these once-familiar environments, as the absence of meaningful social interactions strips the space of its comforting qualities and transforms it into a source of distress and loneliness (Murtazina et al., 2025; Bhat et al., 2024). Moreover, environmental familiarity alone does not guarantee comfort; the absence of relational connections within these spaces leads to emotional emptiness (Nguyen-Dinh & Zhang, 2025). Once there are no meaningful human connections left, even familiar environments become emotionally impoverished (Martino et al., 2015). In addition, the silence in these settings can become overwhelming, serving as a constant reminder of absence and loss. What once symbolized safety and belonging now echoes with solitude, reinforcing the emotional pain that loneliness brings.

Bridges and Barriers (Lived Things). This refers to material and technological tools, like phones, TVs, radios, and the internet, that shape how the elderly experience loneliness. These items serve as bridges that connect them to others or barriers that deepen isolation when absent or unfamiliar, affecting their sense of safety, belonging, and emotional well-being (Emami, 2024). For instance, some elderly people believe that these technological devices provide them with a lifeline to entertainment, information, and friends, as well as giving their lives meaning and structure. However, when devices fail or become confusing, it can widen the gap between the elderly and the rest of society. In addition, technology can help reduce loneliness in the elderly by providing social contact; however, digital literacy and accessibility continue to be central issues (Sen et al., 2021). Ultimately, technology and physical things, whether present or unknown, can either serve as painful reminders of loneliness or as lifelines that lessen it (Hughes et al., 2024).

Objectives of the Study

The primary objective of this study was to investigate the lived experiences of loneliness among elderly individuals in Ozamiz City, identifying the factors that contribute to their loneliness, assessing its impact on their daily living and quality of life, and evaluating the coping strategies and mechanisms they employ to mitigate it.

Significance of the Study

The study was anticipated to offer benefits across several domains of nursing and healthcare.

Elderly individuals, this study speaks to their experiences, affirming their perceptions of loneliness and shedding light on their psychosocial and emotional needs. The results can raise awareness and understanding, contributing to the development of more empathetic and responsive care approaches that prioritize dignity, relationships, and overall health.

Families, the research serves as a reflective guide that highlights the supportive role of the family in mitigating feelings of loneliness among older members. It encourages family members to have meaningful interactions and regular communication with older relatives, fostering emotional connections that can enhance the well-being of the elderly.

Community, this study highlights the importance of establishing socially supportive communities and inclusive programs for the elderly. Their unique experiences, combined with community leaders, social workers, and organizations, can tailor initiatives such as neighborhood visits, senior centers, and culturally appropriate activities that strengthen interaction and a sense of belonging.

Policy Development, the study provides evidence-based insights that can guide the development of community programs and support networks to alleviate social isolation and foster meaningful connections among the elderly. These findings can inform policies that prioritize the emotional and social well-being of the elderly, providing them with access to resources and opportunities for engagement. This will not only improve the quality of life but also lead to the creation of policies aimed at developing supportive communities for the elderly.

Nursing Education, the study identifies key facts about the loneliness experienced by older people. This could educate nursing students on social and emotional issues faced by older people. This could be useful in the "Care for Older People" module since student nurses can use the findings to enhance their care for elderly patients. With this, future nurses will be better equipped to deliver caring and patient-centered care to older people.

Nursing Practice, the results of this research can serve as a basis for developing care plans that prioritize social and emotional support. This may enable nurses to tackle loneliness head-on, acknowledging it as a vital component of holistic care for the elderly. By incorporating these findings, nurses can deliver more holistic and compassionate care, thereby promoting a higher quality of life for older adults and enhancing their overall well-being.

Ultimately, this research in *Nursing Knowledge* expands the understanding of loneliness among the elderly, highlighting the significance of emotional and social well-being in elderly care. In analyzing the lived experience of loneliness, this research highlights the crucial need for targeted interventions that promote social connectedness and alleviate feelings of isolation. The findings will guide healthcare providers,

community partners, and policymakers in collaborating to create interventions that enhance the emotional well-being and overall quality of life for the elderly.

RESEARCH METHODOLOGY

This section provides an overview of the methodology employed in the study. This included the research design, research environment, participants and sampling, data gathering instruments, data gathering procedure, mode of data analysis, and ethical considerations.

Design

This research utilized a qualitative research approach, specifically the interpretive phenomenological method, to comprehend the personal experiences of loneliness among elderly people in Ozamiz City. To guide this exploration, the study employed Max van Manen's phenomenological approach, which allowed the researchers to listen to participants' accounts and gain a deeper understanding of how they conceptualized their lived experiences of aging and loneliness. The application of Max van Manen's framework enabled a rigorous examination of these dimensions, yielding an in-depth understanding of how the elderly cope with loneliness within a complex socio-emotional environment (Ho et al., 2021).

Moreover, the integration of Max van Manen's Five Existential Lifeworlds—lived space, lived body, lived time, lived other, and lived things—into the analysis further strengthened the study's findings by embedding participants' experiences within broader existential contexts. This integrated strategy not only enriched the quality of data gathered but also offered valuable insights to guide potential interventions aimed at alleviating loneliness among this at-risk population.

The application of this design was highly appropriate, as it allowed the extensive

exploration of how the elderly perceived, felt, and expressed their sense of loneliness. Moreover, this approach aligned with contemporary studies that emphasized loneliness as an active, multifaceted experience rather than a mere social deficiency (Lachaud et al., 2024). As loneliness is a deeply subjective and emotionally nuanced experience, the interpretive phenomenological design was particularly suited to uncovering the richness and complexity of the participants' inner worlds.

Environment

This research was carried out in Ozamiz City, Misamis Occidental. The city is notable for its high concentration of elderly citizens. According to the 2020 Census, approximately 8,442 residents aged 60 and above reside in Ozamiz City, highlighting a significant segment of the population that is potentially at risk of experiencing loneliness (Philippine Statistics Authority, 2020). The researchers specifically chose this city because observed patterns indicated that elderly residents often received less attention and care than they needed. This observation highlighted a potential discrepancy between the available community resources and the specific needs of elderly individuals. By focusing on this area, the research aimed to identify the specific causes of loneliness among the elderly and how these factors interact with their social and emotional well-being.

Participants and Sampling

The participants of the research were ten elderly individuals aged 60 years and older, residing in selected barangays in Ozamiz City, Misamis Occidental. The primary target group included elderly individuals who lived alone and had limited social interaction, as they were particularly vulnerable to social isolation and loneliness. By focusing on those

less likely to engage in social activities, the study aimed to explore the unique challenges and lived experiences of these individuals. Furthermore, participants were required to be capable of providing informed consent.

The researchers employed a snowball sampling method for participant selection. Initially, a few eligible participants who met the inclusion criteria were identified. These participants were then asked to refer others with similar characteristics, thereby expanding the sample size through social networks. Snowball sampling not only facilitated the recruitment of hard-to-reach individuals but also fostered participant trust, as referrals came from known and trusted sources. This technique proved especially valuable in qualitative studies on sensitive topics, such as loneliness, where participants were more comfortable sharing their experiences with researchers introduced by someone they trusted. Through this approach, the study sought to gain a deeper understanding of the lived experiences of loneliness among elderly individuals in Ozamiz City.

Data Gathering Instruments

The researchers conducted semi-structured interviews to gain a thorough understanding of the elderly participants. In doing so, they created an environment where participants felt comfortable enough to share their life stories, which were instrumental in revealing the subtleties of their experiences. This approach aligns with previous research that emphasizes the importance of viewing loneliness not merely as a social issue, but as a deeply personal and existential condition shaped by various factors, such as health, social connections, and life transitions.

Data Gathering Procedure

Prior to data collection, the researchers secured a Memorandum of Agreement with the City Government of Ozamiz, along with permission from the Dean of the College of Nursing, Midwifery, and Radiologic Technology. This step was essential to ensure that the research was conducted in accordance with institutional procedures and ethical standards. Informed consent was obtained from the participants, and they were informed of the study's purpose, significance, potential benefits, and potential risks. This process was not merely a technical requirement but a fundamental ethical obligation that helped build trust between the researchers and the participants. Detailed information about the study was given, allowing participants ample time to ask questions and express any concerns.

Upon receiving informed consent, the researchers conducted interviews with the participants. The interviews were carried out in a manner that prioritized the participants' comfort and emotional well-being, recognizing that discussing loneliness could evoke sensitive emotions. To ensure the accuracy of the information and to clarify responses, the researchers employed a technique in which they paraphrased or repeated participants' answers and sought confirmation. This validation process not only ensured correct interpretation but also allowed participants to elaborate, correct, or refine their responses.

Data collection continued until data saturation was reached—that is, when no new insights or emerging themes were identified from subsequent interviews. Once saturation was achieved, the researchers concluded the interviews and proceeded to analyze and interpret the results in alignment with the study’s objectives.

Mode of Data Analysis

This study utilizes Max van Manen's phenomenological approach. In the 1990s, he developed a methodological framework for researching lived experience using the hermeneutic phenomenological approach. His methodology combines both the descriptive and interpretive aspects of human experience. In Researching Lived Experience, van Manen focused on the distinction between phenomenology, a process of describing lived experience, and hermeneutics, an interpretation of the experience using language and symbolic forms. In accordance with Heidegger, he accepted that even description is interpretative, and therefore, a strictly objective account cannot be achieved. Instead of providing a predetermined approach, van Manen outlined six research activities to use as a flexible guide in conducting phenomenological research. The research activity includes: (1) turning to a phenomenon which seriously interests us and commits us to the world; (2) investigating experience as we live it rather than as we conceptualize it; (3) reflecting on the essential themes which characterize the phenomenon; (4) describing the phenomenon through the art of writing and rewriting; (5) manipulating a strong and oriented pedagogical relation to the phenomenon; and (6) balancing the research context by considering parts and whole.

Although these activities appear sequential, they are meant to be cyclical, moving back and forth in accordance with the hermeneutic circle.

Turning to a phenomenon that seriously interests us and commits us to the world. Phenomenological inquiry begins with a genuine and intimate commitment to a phenomenon that holds profound significance for the researcher. It is more than just choosing a topic; it is addressing a lived phenomenon that speaks to an existential and

human level. This step, as noted by van Manen (1990), involves the researcher's reflective care and active engagement with the world, and thus serves as a pillar for a significant investigation.

Investigating experience as it unfolds rather than as we conceptualize it. Phenomenology attempts to study things as they occur, rather than as they are perceived. To get close to people's pre-reflective, direct experience, you need to give much information about their lives. According to van Manen (1990), to truly understand something, one needs to ask how people live their experiences, rather than just thinking about them.

Reflecting on the essential themes that characterize the phenomenon. This stage is about revealing the essential meanings that provide form to the experience of living. It is reflective analysis that reveals the underlying themes being repeated and that brings the essence of the phenomenon into view. According to van Manen (1990), these themes reveal the underlying nature of the experience, providing greater insight into the specifics that make the phenomenon precisely what it is.

Lived Body (Corporeality). This speaks to the way physical well-being and body awareness influence feelings of loneliness; for older adults, changes in mobility or the presence of chronic conditions can intensify feelings of isolation.

Lived Others (Relationality). This investigation examines the significance of familial relationships, peer relations, and social relations of place, illustrating that both the quality and quantity of family, friends, and neighbors impact the experiences of loneliness among elderly subjects.

Lived Time (Temporality). This speaks to how perceptions of time, based on past,

current, and prospective futures, influence loneliness, as volunteers might dwell on memories of foreclosed relationships or apprehension about future isolation.

Lived Space (Spatiality). This addresses the relevance of the physical environment in influencing experiences with loneliness and illustrates how solo dwelling in an expansive residence can compound feelings of loneliness when compared to group dwelling spaces that support relational engagement. Finally,

Lived Things (Materiality). This discusses the manner in which material objects hold a unique relevance to human life in the way they influence the experience of loneliness.

Describing the phenomenon through the art of writing and rewriting. Phenomenological research is deeply rooted in the writing process. It is not just a method of presentation but an inquiry process. Through writing and rewriting, the researcher conveys the meanings of lived experience in a manner that invites understanding. Van Manen (1990) claims that phenomenological writing needs to be reflective, meaningful, and rich so that the phenomenon can reveal itself in and through language.

Maintaining a strong and oriented pedagogical relation to the phenomenon. The researcher must remain focused on the phenomenon and research question throughout the study. Maintaining this orientation prevents the inquiry from becoming aimless or overly theoretical. Through this activity, van Manen (1990) indicates that the researcher should remain strongly related to the research question and the phenomena under study to guard against aimlessness. Being fully oriented about the phenomenon will assist the researcher in gaining a comprehensive and nuanced insight.

Balancing the research context by considering parts and the whole. In phenomenology, understanding comes from a constant movement between the parts of an experience and the experience as a whole. The researcher needs to switch between detailed descriptions and the broader picture to maintain the integrity of the phenomenon. Van Manen (1990) says that this interaction is necessary to fully understand lived experience and to find meaning in the whole.

According to van Manen (1990), phenomenology is the fundamental study of lived experience or the human world of life, our world of daily living, as it is immediately given in everyday situations and relationships. He insists that human existence can be understood by examining it through its essential thematic structure, providing a means for further consideration and interpretation. In support of this, van Manen suggested five "existentials," or universal elements of human existence —lived space, lived body, lived time, lived relation, and lived things —that act as phenomenological reflection guides for the research process. These existentials provide researchers with an organized yet flexible means of revealing the meaning within lived experience, respecting the holistic and interpretive essence of hermeneutic phenomenology.

Ethical Considerations

The objective of research ethics was to promote responsible and reliable research practices that protected the rights and welfare of participants while ensuring the integrity of the research process (Resnik, 2020). To that end, the researchers adhered to ethical standards by implementing the following: (a) secured a Memorandum of Agreement with the City Government of Ozamiz and a formal consent letter addressed to the Dean of the

College of Nursing, Midwifery, and Radiologic Technology; (b) informed consent; (c) voluntary participation; (d) anonymity; and (e) participant confidentiality.

The researchers ensured that participants were fully informed about the study's purpose, significance, benefits, potential risks, and their right to decline participation at any time. They upheld the principle of beneficence by maximizing benefits and minimizing harm to participants.

Confidentiality was maintained by anonymizing personal data and safeguarding the privacy and rights of all participants. All data collected were securely stored in a locked cabinet accessible only to the researchers and were scheduled for disposal five years after the study's completion. The researchers took additional precautions to prevent unauthorized disclosure of participant-provided information, thereby reinforcing respect for human dignity.

Furthermore, fairness in participant selection and the equitable distribution of burdens and benefits were upheld in accordance with the principle of justice. Recognizing that the elderly are a vulnerable population, the researchers took care to avoid coercion or undue influence. Efforts were made to protect participants from exploitation and ensure that their involvement was entirely voluntary. This ethical approach safeguarded the dignity and rights of older adults and maintained the integrity of the research process.

RESULTS AND DISCUSSIONS

This chapter presents the study's findings, which explored and interpreted the lived experiences of loneliness among the elderly in Ozamiz City. Guided by an interpretative approach, the study aimed to gain deeper insight into how the elderly perceive, experience, and make sense of loneliness in their daily lives.

Description of the Participants

Ten participants from Ozamiz City, Misamis Occidental, Philippines, volunteered to participate in the study. All of them have met the inclusion criteria prescribed by the study. The participants' names were replaced with pseudonyms to ensure their anonymity and the confidentiality of their responses.

Participant 1. A 69-year-old woman from Ozamiz City has a chronic illness that requires ongoing medication. She lives by herself because her family members are located far away and are preoccupied with their own lives.

Participant 2. A 77-year-old widowed man lives alone in Ozamiz City. He and his late wife had no children. Since her death, he has remained in their home, coping with aging and physical limitations. With no close family nearby, he relies on routines and occasional interactions with neighbors and the media for companionship.

Participant 3. A 76-year-old woman residing in Ozamiz City lives independently. Though alone, she keeps herself occupied with chores to manage her loneliness. She misses her grandchild, who is in Manila and depends on her family for financial support. Her spiritual practices and gardening help her

emotionally.

Participant 4. A 60-year-old single woman who lives in Ozamiz City handles her daily life independently. She experiences loneliness due to minimal social connections and emotional struggles. Despite feeling isolated, she finds joy in her grandchildren and copes through music, rest, and singing.

Participant 5. A 67-year-old man from Ozamiz City has been widowed for three years and lives alone. With his family residing far away, he only has a dog for companionship.

Participant 6. A 66-year-old widowed woman and retired hospital staff member lives by herself in Ozamiz City. Although she suffers from vertigo, she enjoys spending her time at church and maintains a cheerful attitude.

Participant 7. A 60-year-old woman living alone in Ozamiz City. Her family lives far from her and only maintains contact through phone calls or during family reunions.

Participant 8. A 65-year-old retired security guard from a local fast food chain resides alone in a small house near a fish pond in Ozamiz City. He maintains a healthy lifestyle and finds peace in the natural surroundings.

Participant 9. A 64-year-old woman lives alone in Ozamiz City and sustains herself by selling corn and making rugs. Though she faces financial and emotional challenges, she has adapted to solitude and finds solace in prayer and quiet reflection.

Participant 10. The 64-year-old resident of Ozamiz City. Despite facing the pain of separation from his wife and children in the past, he continues to live a

simple life by feeding chickens and weighing items like copra and charcoal.

These participants were supported through retirement pensions, small-scale informal livelihood activities, family assistance, and government aid. Some were supported by pensions or retirement pay from past employment, such as hospital-based work or security guard services. Others were involved in informal livelihood activities, such as vending, rug making, or selling corn. Some participants also received financial assistance from distant relatives. Additionally, some of them benefited from the Philippine government's senior citizen program, which provided a small monthly allowance to help cover basic expenses.

Despite being financially challenged, the participants demonstrated resourcefulness and resilience in managing their daily lives. Various sources of income had a significant impact on the coping ability of participants experiencing aging and loneliness (Drost et al., 2025). Having access to even minimal sources of income gave elderly people some autonomy and decreased their dependence on others for daily requirements (Byun et al., 2021). Financial independence, although limited, instills dignity and self-respect in old age (Moradoghli et al., 2022).

Discussion of Themes in relation to the Five Existential Lifeworlds of van Manen

Table 1 presents a simplified version of the participants' overall statements, categorized into essential themes, sub-themes, and meaning units. The meaning units represent the participants' experiences of loneliness, which are then combined into sub-themes that reflect these experiencesLastly, the essential themes are explained and concluded using van Manen's Five Existential Lifeworlds. This table reflects the participants' feelings of loneliness while living alone.

Table 1. The Experience of Loneliness among the Elderly

Meaning Units	Sub-themes	Essential Themes
Fatigue and Weakness	Limits That Isolate	Physical Shifts (Lived Body)
Pain or illness restricts movement		
Mobility constraints		
Physical distraction as coping	Adapting in Motion	
Stabilizing Through Routine		
Acceptance and adaptation to bodily limitations		
Loss of meaningful conversation	Fading Social Connections	Disconnected Yet Yearning for Belonging (Lived Others)
Living alone leads to emotional emptiness		
Drifting from old social roles		
Neglect from neighbors and family	Social Exclusion	
Lack of emotional closeness despite presence		
Feeling forgotten in social circles		
Gradual loss of social contacts	Social Fade	Time That Moves Too Slowly (Lived Time)
Reduced mobility and activity participation		
Death of spouse or friends		
Adaptation and acceptance of loneliness	Rethinking Reality	
Self-Reflection		
Solitary reflection	Cultivating Inner Peace	Emptiness Within Familiar Spaces (Lived Space)
Religious engagement and personal devotion		
Daily Life Anchored in Place	Finding Spirit in the Familiar	
Environmental Interaction and Well- Being		
Limited Access to Media devices	Unplugged Living	Bridges and Barriers (Lived Things)
Tech Unfamiliarity		
Coping with Minimal Media Access		
Media Comfort	Wired for Warmth	
Family Connection		
Emergency Support		

Physical Shifts (Lived Body)

In the context of this study, physical shifts refer to noticeable changes in how participants move, feel, or physically experience their surroundings. These shifts underscore the elderly participants' experiences of physical limitations that contribute to their isolation, as well as their efforts to adapt to specific situations. As reflected in Table 1, the elderly participants experienced both limits that isolate and adapting in motion in

response to the loneliness they encountered.

Limits That Isolate. As shown in Table 1, the participants experience limits that isolate them and exacerbate feelings of loneliness. Limits that isolate refer to the participants' experiences of physical changes that restrict their ability to engage with others. These limitations often lead them to withdraw from social interactions. This is evident in the elderly participants' reports of feeling too weak and unable to move freely, which contributes to their isolation. Moreover, this sub-theme is reflected in their experiences of fatigue and weakness, pain or illness that restricts movement, and mobility constraints—specific limitations that further contribute to their isolation and intensify their feelings of loneliness. As their physical condition declines, many find themselves participating less in social activities, not by choice, but because their bodies no longer allow it. Over time, this reduction in social interaction, combined with persistent physical challenges, deepens their loneliness and gradually affects their overall well-being (Clarke et al., 2019; Van Hees et al., 2019).

Fatigue and Weakness. The elderly participants' experiences of physical shifts are shown through fatigue and physical weakness, which become barriers to carrying out daily tasks and participating in social engagement. This was evident as some participants shared that they had withdrawn from social activities due to persistent fatigue. In contrast, others have expressed that even brief visits left them feeling exhausted—highlighting a decline in physical endurance. As a result, participants struggle to engage in even the most basic activities, leading to withdrawal from social interactions and exacerbating their feelings of loneliness. This physiological response can make them feel overwhelmed. Even in simple daily tasks, they tend to withdraw more frequently from community gatherings,

family events, or even casual neighborly conversations. This chronic exhaustion cultivates a sense of helplessness, contributing to a perceived disconnection from life around them. The inability to sustain energy levels isolates them not just physically but emotionally, reinforcing feelings of loneliness (Hawkley & Cacioppo, 2010).

P1. "Kapoy na akong lawas… panglawas di na mosugot… mag lingkod nalang ko ug maghilom-hilom." (My body feels tired… it does not allow me… I just sit and stay quiet.)

P2. "Tungod sa katigulangon, lain na pod akong lawas. Dali na ko kapoyon…" (Because of old age, my body feels different. I get tired easily.)

P5. "Kapoy na man gani ko mosuroy aning silingan…" (I even get tired just visiting my neighbor.)

P6. "Mu-ingon pod ko nga 'kapoy man akong lawas ron uy.'" (I tell them, 'I am tired now, I will not go out today.)

P1, P2, and P6 withdrew from social activities due to their physical weakness and fatigue. P5 also mentioned how even brief visits tire her out, indicating a decrease in her physical endurance. These answers demonstrate how aging bodies restrict mobility and hinder social engagement. As their bodies change, so does their way of engaging with the world.

Pain or Illness Restricts Movement. This refers to the experiences of physical pain or health issues among elderly participants that restrict their ability to move freely and carry out everyday tasks. Participants shared how bodily discomfort has made it challenging for them to manage their everyday lives. Specifically, participants reported sensitivity and discomfort in the head, mentioned that her vertigo interferes with

household chores, and experience numbness and restricted mobility due to an injury. These physical challenges not only affect their functionality but also impact their willingness and ability to engage socially. Such pain frequently results in decreased walking endurance, a slower gait speed, and a higher risk for falls, all of which dissuade older people from socializing outside the home (Ogawa et al., 2019). As a result, there are fewer opportunities for genuine social engagement since many people prefer to stay at home and avoid social interactions. In addition to limiting their independence, the decrease in physical mobility also contributes to emotional and social isolation. This seclusion can eventually worsen loneliness and lead to more severe mental health conditions like anxiety and depression (Dagnino & Campos, 2022). Therefore, it is crucial to address physical pain and illnesses to improve their ability to function physically and to support elderly individuals' mental and physical health.

P4. "Sakit kaayo akong ulo, sakit hikapon akong buhok…" (My head really hurts, my hair is painful to the touch…)

P6. "…naa man gud ko'y vertigo, nya nag hikay ko paniudto nya ni kalit rakog kalipong…" (...I have vertigo, I was cooking for lunch, then I suddenly felt dizzy…)

P7. "Kani akong kamot, binhod na, dili na maka-aswat og kutsara… napiang man gud akong dape-dape." (My hand is numb, I cannot even hold a spoon… I injured my hip.)

P4, P6, and P7 have bodily pain and suffering that makes it difficult for them to go about their everyday lives. While P4 expresses sensitivity and discomfort in the head, P6 talks about how her vertigo affects her chores, and P7 suffers from numbness and restricted

mobility as a result of an injury. These physical experiences act as continual reminders of their dependence and vulnerability.

Mobility Constraints. This refers to the mobility limitations experienced by elderly participants due to age-related physiological changes, such as unintentional weight loss, chronic fatigue, and shortness of breath. These restrictions manifest as challenges in performing everyday tasks, socializing, and maintaining a good quality of life, making it significantly harder for elderly individuals to navigate their surroundings. Some participants reported observable physical deterioration that interferes with their capacity to carry out daily activities. One participant spoke about feeling different and experiencing weight loss, which suggests a decline in physical strength and a shift in body image. Another shared that her weakness prevents her from cooking, while another struggles with breathlessness. These specific accounts reflect how physical symptoms limit their ability to perform even basic self-care activities such as bathing, cooking, and walking, thereby reducing their independence. Over time, these limitations may lead to social and emotional isolation, which can contribute to the onset or worsening of loneliness (Hall et al., 2021). Therefore, addressing mobility constraints requires a holistic approach—one that considers physical health, psychological support, and environmental modifications—to help preserve and restore independence in later life.

P4. "Karon medyo gyud nikupos ko ba… lahi na jhud." (Now I have really lost weight… I am very different now.)

P5. "Karon di naman kaya… kutas nakaayo…" (Now I cannot do it anymore… I am easily out of breath.)

P6. "Mura sab kag ma luya… pwede naka dili mag luto…" (It feels like I am weak… I sometimes do not even cook anymore.)

P4, P5, and P6 all report observable physical deterioration that interferes with their capacity to carry out everyday activities. P4 discusses feeling different and losing weight, which suggests a shift in strength and body image. While P6 talks about the weakness that prevents her from cooking, P5 battles with breathlessness. These observations show how their physical ability and independence change as they age.

Adapting in Motion. As shown in table 1, elderly participants have experienced adapting in motion while facing loneliness. Adapting in motion conveys the idea of the participants continuously moving, living, or functioning while adjusting to physical changes. This highlights how the elderly use their bodies to cope with loneliness by engaging in physical activity. Within this sub-theme are meaning units such as physical distraction as a coping mechanism, stabilizing through routine, and acceptance and adaptation to bodily limitations, all of which help elderly participants manage feelings of loneliness. They experience a sense of purpose and reduced loneliness through engaging in activities. Small routines help the elderly feel like they can still make a difference and keep their brains occupied (Lee et al., 2022). In this sense, their body serves as a means of coping with loneliness and gaining a sense of control over their lives, demonstrating that the body can remain a source of power and comfort even in the face of physical deterioration.

Physical Distraction as Coping. This describes the participants' deliberate use of physical activities, such as cleaning, gardening, walking, or mild exercise, to divert attention from discomfort, mental distress, or aging-related limits. Elderly participants are

actively engaging their bodies in daily tasks and routines as a way to cope with the challenges of aging. Participants find distraction through doing chores, take full responsibility for household work, and walk or socialize to avoid loneliness. Keeping the elderly participants' bodies busy may help alleviate the anxiety or feelings of hopelessness brought on by their physical deterioration. Such physical activity can eventually strengthen a person's feeling of agency by boosting their sense of productivity and self-worth. This approach affords elderly individuals a sense of control, temporary relief, and emotional regulation by helping them divert their attention from negative thoughts or physical discomfort to deliberate action (Rivers, 2019; Leslie-Miller et al., 2023).

P3. "Lingaw-lingawon lang nako akong kaugalingon sa pagbuhat ug mga trabaho…" (I keep myself busy with chores to distract myself.)

P4. "Ako tanan, luto ug sud-an, tanan-tanan." (I do everything — cook, everything.)

P9. "Mag lakaw-lakaw ko ug mo laag sa silingan…" (I walk around or visit neighbors to avoid feeling lonely.)

P3, P4, and P9 are actively engaging their bodies in daily tasks and routines as a means of coping with the challenges of aging. P3 finds distraction in chores, P4 takes full responsibility for household work, and P9 walks or socializes to avoid loneliness. These actions show that despite physical limitations, they strive to remain purposeful and connected.

Stabilizing Through Routine. Establishing and maintaining daily routines or habits provides the elderly participants with a sense of structure, predictability, and stability—especially during times of life transition and aging. These routines act as anchors in their

daily lives, helping them feel less mentally fatigued and more emotionally grounded. Some participants stay engaged by maintaining active daily routines through simple physical activities. One participant watches TV, listens to the radio, and takes walks outside, while another tends to chickens and assists with weighing tasks. Sticking to familiar routines supports psychological well-being by creating a sense of stability, even when physical health or the environment becomes unstable (Leask et al., 2016). Routines not only help preserve functional independence and personal autonomy but also reduce feelings of anxiety (Röcke et al., 2023). When an individual's physical or cognitive function begins to deteriorate, having structured daily activities can offer a comforting framework that promotes a sense of continuity and control in everyday living (Smagula et al., 2022).

P8."Mag lantaw ko og TV, maminaw sa radyo, mag lakaw-lakaw sa gawas…"

(I watch TV, listen to the radio, walk outside…)

P10."Mag pa-kaon sa mga manok, mag timbang sab ko…" (I feed the chickens, weigh items… that's my daily routine.)

P8 and P10 are maintaining an active daily routine through simple physical activities that keep them engaged. P8 watches TV, listens to the radio, and walks outside, while P10 takes care of chickens and handles weighing tasks. These routines show that they continue to use their bodies meaningfully despite aging.

Acceptance and Adaptation to Bodily Limitations. This refers to the process by which elderly participants intentionally modify their daily lives, expectations, and routines to accommodate the physical changes they are experiencing. Participants demonstrate acceptance and various coping strategies in response to the physical and emotional challenges of aging. Some have grown accustomed to bodily and social changes, while

others manage stress by choosing not to dwell on their problems and also turning to faith for strength and healing. Rather than ignoring or denying the changes in their bodies, they focus on what they can still do and what continues to bring meaning to their lives. This approach to coping emphasizes staying mentally strong while being kind to oneself—making simple, practical adjustments, such as taking breaks or moving at a slower pace—to maintain independence and dignity (Saxon et al., 2021). According to Lachman et al. (2006), positive beliefs about aging and a maintained sense of control can help older adults adapt more effectively to physical limitations and preserve emotional well-being. This mindset enables them to maintain emotional balance, set realistic goals, and experience a sense of well-being despite the everyday limitations that come with aging.

P1.“Anad-anad nalang ko nga naa juy kausaban…” (I’ve just gotten used to the changes…)

P2. "Na-anad na lang ko sa kahilom ug inusara…” (I’ve gotten used to the silence and being alone…)

P6. “I-ignore nako tanan… dili ko mo absorbed ug problema…” (I ignore it all… I do not absorb problems.)

P7. “Mangayo nalang ko sa Ginoo nga tagaan kog maayong lawas…” (I ask God to give me strength.)

P10.“Mas naanad na ko sa akong pagka-inusara…” (I have been used to being alone…)

P1, P2, P6, P7, and P10 are showing acceptance and coping strategies in response to the physical and emotional challenges of aging. P1, P2, and P10 have grown used to bodily and social changes, while P6 manages stress by choosing not to dwell on problems.

P7 turns to faith for strength and healing.

As people age, their bodies can become both a source of limitation and a means of coping (Rupprecht, 2021). Physical deterioration— such as fatigue, pain, and reduced mobility— often leads to emotional distress and social withdrawal, which can further perpetuate isolation and loneliness (Gao et al., 2024). However, many older adults adapt by finding new ways to maintain a sense of control and purpose, such as engaging in routines like cleaning, walking, praying, or staying active in small ways. These activities provide comfort and mental relief, highlighting the close link between physical and mental health and demonstrating that bodily responses can serve as both subtle forms of resistance and signs of decline.

Disconnected Yet Yearning for Belonging (Lived Others)

In the context of this study, this describes a a harsh existential and emotional condition where individuals sense a disconnection from significant social relationships, yet still possess a powerful, often troubling need to belong and be accepted. Even when individuals are physically present, disconnection here is meant to describe an internal experience of isolation from friends, family, and society, rather than physical distance alone. Many of life's changes, such as aging, retirement, widowhood, migration, or sickness, have the potential to create this experience by undermining the social connections that previously provided one comfort, identity, and a sense of purpose. The human desire for belonging persists despite these disturbances. It reflects our primal social nature, which is the need to be seen, heard, and valued by others.

Fading Social Connections. Elderly participants gradually lose the relationships and roles that previously provided meaning to their lives, which tends to result in the loss

of meaningful conversations that previously offered warmth and understanding. As connections fade, participants often end up living alone, which intensifies feelings of emotional hollowness as everyday contact and shared experiences are lost. This isolation is compounded by drifting away from previous social roles such as being a worker, spouse, or active community participant, leaving a void in identity and purpose.

Loss of Meaningful Conversation. The loss of social interaction and emotional ties among the elderly is reflected in the decline of meaningful conversation. "The lack of conversation adds to the loneliness I feel." Many of the participants exhibited a loss of meaningful conversation due to aging and felt lonely despite being present and unrecognized. Without meaningful conversation, daily life can feel empty and isolating, because small talk or casual exchanges cannot replace the comfort and connection that heartfelt discussions provide. This loss can deepen loneliness and make people feel unheard and invisible, further fueling the longing to belong and be understood.

P1. "Wala nakoy kusog nga makig-istorya ug mag pakatawa sama sauna." (I no longer have the strength to talk and make people laugh like before). *"Wala naman sad koy ka istoryahan karon."* (I also do not have anyone to talk to now).

P2. "Ang ka kulang sa istorya sa uban, maka dugang gyud sa akong kamingaw." (The lack of conversation adds to the loneliness I feel). *P5."Naa mi mga paryente pero dili na mi mag kita permi, seldom ra kaayo mi mag-istorya."* (We have relatives but we rarely see each other and seldom talk.)

P1, P2, and P5 illustrate the diminishing importance of social interaction and conversation in one's life. P1 expresses a reduced opportunity for conversation, indicating

a decline in meaningful interpersonal communication. P2, on the other hand, shows a lack of conversation, which contributes to feelings of loneliness. Moreover, P5 suggests that there is seldom communication with relatives.

Living Alone Leads to Emotional Emptiness. Elderly participants often feel emotionally empty while living alone. Without regular meaningful contact, casual conversations, or emotional support, their days can feel hollow and unfulfilling. Over time, this isolation affects their mental and emotional well-being, making them feel disconnected, forgotten, and purposeless. This experience is particularly evident among participants who live alone, highlighting the importance of belonging and human connection in later life. Moreover, elderly people often face extended periods of solitude as they adjust to significant life changes, such as retirement or physical separation from loved ones. This prolonged loneliness makes them feel less purposeful and more emotionally vulnerable, resulting in a form of silent grief and persistent longing (Adi, 2024).

P3. *"Wala koy kauban dri sa balay maong kada gabii bation kaayo kog kamingaw."* (I live alone, so every night I feel very lonely). *"Bation kaayo kog kaguol mahinumdom saakong anak."* (I feel deep sadness when I remember my child).

P8. *"Sukad ato, nag-inusara na lang gyud ko."* (Since then, I've been truly alone.) *"Bisan tuod na anad na ko, dili gyud malikayan ang kasubo, labina kung makahinumdum ko sa among kaagi."* (Even though I've gotten used to it, I can't avoid the sadness, especially when I remember our memories together.)

P10.“Mas naanad na ko sa akong pagka-inusara tungod kay wala nakoy trabaho sama sauna.” (I’ve become used to being alone since I no longer have a job like before.)

P3, P8, and P10 have shown a sense of emptiness, loneliness, and sadness as a result of living alone. P3 and P8 show an apparent emotional emptiness due to being physically alone after a loved one's death. At the same time, P10 indicates a sense of accustomed solitude, which suggests an ongoing emotional void brought on by isolation, even if it was somewhat accepted.

Drifting From Old Social Roles. The gradual loss or alteration of responsibilities and roles that once gave a person a sense of self, purpose, and belonging is a common experience among elderly individuals—especially after retirement or the loss of a close friend. This shift can leave them feeling disconnected from the communities they were once actively part of. As Participant 2 shared, “I used to be active in the community, but now I always stay at home,” reflecting how much can change over time. As they move away from these familiar roles, many elderly individuals begin to feel less needed, invisible, or socially disconnected. This transition may lead to decreased sociability, lower self-worth, and a diminished sense of purpose, all of which can take a significant emotional toll (Wood, 2023).

P2. “Sauna, aktibo pa ko sa komunidad, karon pirmi na lang ko sa balay.” (I used to be active in the community, but now I always stay at home).

P5. “Sa una, bibo ug lingaw ko sa trabaho, pero karon ni-retire nako.” (Before, I enjoyed my job and it kept me active, but now I am retired.)

P6.“Sauna suod kaayo mi sa akong mga amigo.” (Before, I was very close with my friends).

P2, P5, and P6 involve the loss or fading of previous friendships and other relationships. P2 transitions away from an active community role. P5's retirement had led to the loss of his meaningful social role, contributing to social disconnection. Moreover, P6 reflects a gradual detachment from an old friendship, a role that once brought him a sense of fulfillment. They emphasize the longing for meaningful interaction, the sadness of being forgotten or left behind, and how emotional support, or the lack thereof, plays a critical role in how they cope with loneliness in their later years.

Social Exclusion. Participants in their immediate surroundings often ignore, exclude, or fail to listen to them. Irrespective of social rejection, family and neighborhood neglect, or indifference from society, this feeling of exclusion is responsible for cementing their emotional isolation and loneliness. This sub-theme is reflected in the participants' experiences of being neglected by neighbors and family, feeling a lack of emotional closeness despite physical presence, and feeling forgotten within their social circles.

Neglect From Neighbors and Family. This theme reflects the elderly participants’ experiences of feeling unacknowledged, unsupported, and emotionally distant from those around them. As relationships with neighbors and family members weaken, many elderly individuals are left to fend for themselves, receiving little support and experiencing reduced social interaction (Becker, 2023). One participant shared, “It’s hard when your neighbors know you only when you have something; if you don’t have anything, they don’t care about you,” expressing the reality of neglect in their environment. This kind of disregard can lead older adults to feel unimportant or abandoned—especially those who

once played active roles in their families or communities. Feeling disrespected and taken for granted, they are often left with a sense of abandonment and increasing emotional and physical vulnerability.

> *P4. "Lisud kaayo ning silingan, pag kita moy wala, wala pod ka nila."* (It is hard when your neighbors know you only when you have something; if you do not have anything, they do not care about you.) *"Pero ug naa ka, kaila kaayo sila nimo."* (But if you have something, they know you very well.)
>
> *P7. "Naa man akong mga apo mang laag, pero dili na masugo, mga tapulan. Mao nga ako nalang ang nagpaambit sa akong kaugalingon."* (My grandchildren do come here, but they can't be asked to do anything,they're lazy. So I do it all by my self.)
>
> *P10. "Ang akong duha ka anak, wala na gapuyo uban nako, naa sila sa ilang nanay nga akong igsoon."* (My two children don't live with me, they stay with their aunt.) *"Panagsa ra mi mag kita pero sila ra gihapon ang akong gisaligan."* (We rarely see each other, but I still count on them.

P4, P7, and P10 are all neglected in different ways. P4 talks about how the neighborhood only acknowledges presence when there is something to gain. P7, on the other hand, shows that despite family presence through visitation, they do not help or engage, which indicates a functional neglect. At the same time, P10 shows physical separation and infrequent visits, which suggests a level of familial neglect. A perceived lack of concern, presence, and reciprocity from neighbors and family members contributes to the deepening of isolation and a painful sense of being forgotten in one's immediate surroundings (Zelalem et al., 2021). When meaningful connections are lost, it intensifies

loneliness, fosters emotional emptiness, and weakens their overall sense of belonging.

Lack of Emotional Closeness Despite Presence. The lack of emotional closeness, even in the presence of others, reflects the participants' experience of being physically surrounded yet emotionally isolated. This often occurs when family visits feel superficial, conversations lack depth, or their feelings and stories are not truly heard or valued. Elderly individuals may live with family or see them frequently, yet still feel lonely due to the absence of a genuine emotional connection. As Participant 8 shared, "My relationship with my family is distant," highlighting the pain of emotional disconnection despite physical proximity. Such emotional deprivation deepens loneliness, as meaningful relationships are replaced by shallow interactions (Neves et al., 2025). Even when loved ones are nearby, the lack of warmth, sincere communication, and emotional involvement creates a persistent sense of exclusion (Pandey, 2022). As social ties weaken with age, many elderly individuals feel increasingly emotionally distanced and disconnected from their environment, which heightens their sense of loneliness and perceived irrelevance (Carr et al., 2023).

P5. *"Seldom ra kaayo mi mag kita sa mga paryente."* (We rarely see our relatives.) *"Wala mi naanad ug istorya-istorya, labi na anang walay pulos nga istorya."* (We're not used to chatting, especially about small things.)

P8. *"Ang mga relasyon sa akong pamilya medyo layo."* (My relationship with my family is distant.) *"Usahay, murag wala nakoy lugar sa ilang kinabuhi."* (Sometimes, I feel like I no longer have a place in their lives.)

P5 and P8 both feel the presence of loved ones but are emotionally distant. P5 suggests that the family lacks closeness, as they are physically present but emotionally

distant from one another. In contrast, P8 points to a profound emotional disconnection and has considered a sense of lack of belonging.

Feeling Forgotten in Social Circles. This reflects the elderly participant's sense of being excluded or overlooked by their close friends. As social connections fade due to life changes—such as retirement, declining health, reduced mobility, or the loss of peers—they experience reduced recognition, emotional distancing, and a diminished sense of social belonging, which deepens their feelings of loneliness and irrelevance (Carr et al., 2023). A participant notices fewer invitations, less communication, or finds themselves no longer informed about gatherings and events they once enjoyed. This sense of being left out can lead to sadness, emotional disconnection, and a longing for the social world they once knew. These experiences of the participants highlight the vital role that friends, neighbors, and community groups play in helping older adults feel seen, valued, and emotionally supported.

> *P6. "Kung wala ko muadto, dili na mi magkita sa akong mga amigo."* (If I don't go visit my friends, we won't see each other.) *"Makasabut ra ko nga busy, pero dili malikayan nga mabag-uhan ko. Usahay, maguol sab ko."* (I understand everyone's busy, but I can't help but feel the change. I do get sad sometimes.)

P6 reflects passive exclusion from social circles. The participant may not be actively rejected, but others make no effort to maintain a good relationship, which makes the participant sad, indicating an emotional impact.

These experiences reveal the various ways elderly participants cope with loneliness and maintain emotional resilience in the face of isolation. Many have found inner peace

through prayer, acceptance, and a deeper understanding of life's circumstances (Keskin et al., 2021). While some manage their loneliness by keeping themselves busy with simple activities and casual social interactions, others draw emotional strength from their loved ones—even if they are physically distant. Their accounts highlight how spirituality, hope, and compassion serve as vital coping mechanisms, offering meaning, purpose, and emotional balance amid the persistent challenges of aging and loneliness (Banerjee, 2021). In addition to these internal strategies, maintaining physical well-being and nurturing social relationships also play a crucial role in easing loneliness, further supporting their emotional strength and sense of connectedness (Tragantzopoulou et al., 2021).

Time That Moves Too Slowly (Lived Time)

In this study, the time that moves too slowly underscores the participants' experience of social fade and rethinking reality. As shown in Table 2, the participants experienced a gradual decline in social connections, reduced mobility and activity participation, and death of a spouse or friends, along with adaptation and acceptance of loneliness and self-reflection, which brought both a sense of clarity and quiet sorrow over time.

Social Fade. As shown in the table, the participants experienced a social fade as part of their lived experience of loneliness. It refers to the gradual, cumulative loss of social participation among the elderly, which leads to a visible decrease in the quantity and quality of their social interactions. This fading is not sudden, but rather a gradual process influenced by cumulative life changes and losses that deplete opportunities for purposeful social connection. As aging advances, elderly people gradually lose social contacts — either through retirement, the moving away of family members, or the death

of a spouse or friends — causing the thinning of their social network. This is reinforced by reduced mobility and participation in activities that predispose individuals towards social withdrawal. The lack of routine talks, communal engagement, and togetherness makes the days seem longer, monotonous, and emotionally hollow. The social spaces that previously provided structure and purpose to their existence slowly break down, leaving no traces but a feeling of emptiness and emotional detachment. With time, the withdrawal of shared routines and interactions robs the elderly of both stimulation and recognition, shifting their sense of time and intensifying their feelings of isolation.

Gradual Loss of Social Contacts. As participants grew older, many began to lose their social networks gradually and painfully. As P1 herself described, having been chatty and enjoying meeting up with the neighbors, she now sits alone daydreaming. P8 had a similar experience, describing how his environment has fallen silent and he now has nobody to chat with on a daily basis. These findings reveal how meaningful daily interactions were once lost, leaving long, empty days filled with loneliness and isolation. This aligns with Hawkley and Kocherginsky (2017), who noted that life changes, such as retirement, the displacement of kin members, and the migration of age peers, considerably reduce everyday social contact among the elderly. In addition, the descriptions of the participants corroborate with the observation of Teater et al. (2020), which highlighted that the elderly have fewer conversations and group engagements over time, thereby increasing their risk of emotional deterioration and intensifying feelings of loneliness.

> *P1. "Atong una nabag-ohan jud ko kay lagi tabian man kayko sauna hilig pa mag uban sa tapok nga tabi kauban ang mga silingan unya karon ako nalang diri usa sa silong maglingkod, maghinoktok."* (At first, I was really shocked

because I used to be very talkative and enjoyed gathering with neighbors to chat, but now I just sit alone downstairs, thinking to myself.)

P8. "Ang akong palibot hilom, ug kasagaran ako ra usa sa balay. Dili na pareha sauna nga naa koy ka istorya matag adlaw." (My surroundings are quiet, and most of the time I am alone at home. It is not like before when I had someone to talk to every day)

Both P1 and P8's statements reflect a shift from being socially active to becoming isolated over time. The participants describe a stark contrast between their previously sociable lives and their current solitude. This illustrates how the gradual reduction of social contact profoundly affects their emotional well-being and sense of identity.

Reduced Mobility and Activity Participation. Most participants attributed their inability to move around or engage in bodily and social activities as a significant factor in their experience of loneliness. As their bodies became unreliable, they were confined to their homes, and their universe gradually narrowed. The feeling of independence they had gradually disappeared, replaced by the fact that they were in need of assistance or simply would not venture out. Participant 6 (P6) captures eloquently this in the following: "Mu-ingon pod ko nga kapoy man akong lawas ron uy, dili lang sako mo kuyog" (I tell them, I am tired today, maybe I will not join). This straightforward but insightful quotation expresses the way bodily fatigue serves as a doorway to sociality. It shows that the body then becomes both a material and symbolic barrier—though the desire to engage may remain, the age-weakened body serves to constrain. This aligns with Henning-Smith (2014), who determined that physical deterioration is one of the main reasons for emotional suffering and compromised quality of life among the elderly. Equivalently,

Boekhout et al. (2021) highlighted that impairing mobility for the long term has a close connection with reduced social activity, as well as increased feelings of loneliness among the the elderly. These observations further confirm how mobility decrement does not merely influence physical independence but also profoundly intensifies the emotional feeling of loneliness in the elderly.

P6. "Muingon pod ko nga 'kapoy man akong lawas ron uy dili lang sako mo kuyog'..." (I tell them, 'I am feeling tired today, maybe I will not join)

P6 suggests that physical limitations and declining energy contribute to the elderly's withdrawal from social activities. Their reduced mobility prevents them from maintaining past routines and relationships, which accelerates their experience of disconnection and deepens their loneliness.

Death of Spouse and Friends. The death of a spouse or close friend had a profound emotional impact on participants that left them vulnerable, abandoned, and empty. Losses were not only moments of bereavement but often the beginning of a perpetual, hurting relationship with loneliness that reordered daily life. Participants discussed how the death of a beloved changed their emotional landscape and everyday lives. P2 said, "Sa una, naa pa akong asawa… dili ko kaayo mo bati og kamingaw.". However, now that she does not have any, more bitter was the welcoming," highlighting how his wife's passing deepened his isolation after he had managed just fine without kids. P3 also commented, "Bation kaau kog kaguol mahinumdom sa akong anak… di gyud nako malimtan," with ongoing sorrow and a failure to get past it. P5 and P7 reiterated this view, explaining how simple activities, such as having breakfast or sitting at home in peace, now become empty and emotionally painful because of missing loved ones. This aligns with Cunningham et al. (2025), who

identify how bereavement induces extreme emotional loneliness and alters the elderly's connection to the world. The chronic grief and yearning in these stories also aligns with Morimoto et al. (2014), which concluded that intimate emotional losses could cause chronic mental health problems, including depression and cognitive impairment among the aged. These findings show that loss not only induces intense sorrow but also reconfigures the experience of time, space, and daily life—turning loneliness into a chronic and emotionally disorienting state.

P2. "Sa una, naa pa akong asawa, bisan wala mi anak, dili ko kaayo mo bati og kamingaw. Pero karon nga siya wala na, mas bug-at nagyud ang pagbati." (Before, when my spouse was still alive, even though we did not have children, I did not feel much loneliness. But now that they are gone, the feeling is much heavier.)

P3. "Bation kaau kog kaguol mahinumdom sa akong anak. Pagkawalaniya, di gyud nako malimtan." (I feel very sad remembering my child. Since they have been gone, I really cannot forget them.)

P5. "Oo, labinang pamahaw kay nasanay man gud ko nga sabay mi sakong anak ug asawa sauna unya kay lagi ang mga bata tua naman sa layo unya karon kay wala na sab sya maong mingawon ko anang panahuna." (Yes, especially during breakfast because I was used to eating with my child and wife before. But now, the children are far away, and she (my wife) is also gone, so I feel lonely during those times)

P7. "Oo, mingaw man gyud kay wala na akong bana." (Yes, it is really lonely because my husband is gone)

P2, P3, P5, and P7 illustrate how the loss of close relationships, particularly a spouse, profoundly alters the participants' social and emotional landscape. These deaths remove key sources of companionship and emotional support, intensifying their feelings of abandonment and loneliness over time.

Rethinking Reality. As shown in the table, it is clear that rethinking reality occurred in the participants as they came to terms with their loneliness. It refers to the way in which the elderly come to terms with their solitude by learning to adapt emotionally and mentally to the quiet that envelops them. They discussed how they gradually came to accept that there would be no daily interaction and explained how they learned to become comfortable with the silence and solitude. This inner transformation frequently caused them to occupy quiet moments of introspection, brooding over their past and recalibrating their expectations in the present. For participants, loneliness was no longer a battle to be won but an accompaniment to be endured—characterized by a quiet adjustment in how they perceived their time, their place in the world, and their daily habits. With each passing day of limited social interaction, introspection became a survival tactic for the emotions, enabling them to find purpose in solitude and reconcile with their state of existence.

Adaptation and Acceptance of Loneliness. Despite the intensity of their isolation, several participants reported finding a place of emotional adaptation, where they came to accept aloneness as an inevitable aspect of the aging process. Participant 4 shared, "Dira ko naka-experience nga ana diayng kinabuhi sa tawo. nakahatag napod ug leksyon ba," how new understanding regarding life was formed by isolation and being aware that some friendships are not reliable. Participant 9 lamented, "Nag-anam-anam na ug kaanad sa kamingaw\. Atong ibutang pud sa atong huna-huna ang mga maayong butang," which

shows one making an effort to think positively while adjusting to a solitary existence. This aligns with Lima et al. (2023), who clarified that acceptance plays a central role in the emotional resilience of elderly individuals experiencing long-term solitude. It also aligns with Reynolds et al. (2022), who found that elderly individuals who adopt acceptance-based coping mechanisms tend to exhibit better emotional stability and mental well-being, despite the severity of their loneliness. These observations demonstrate that, while loneliness can be challenging, most elderly individuals develop resilience by embracing solitude and finding meaning in it.

> *P4. "Oh, naghatag jhud ug kabag-uhan. Ngano? Dira ko naka- experience nga ana diayng kinabuhi sa tawo, nga di ta palabig kuan satong barkada kay mao ray mo unay nimo. Dayun sa in-ana pod nga sitwasyon murag nakahatag napod ug leksyon ba."* (Oh, it gave me new insights. Why? That is where I experienced what human life is really about: that we should not depend too much on friends because they are the ones who will do something to you. Then in that situation, it also gave me a lesson.)
>
> *P9."Depende na sa akong pang-edaron karon, nag-anam-anam na ug kaanad sa kamingaw, sa pag hinay-hinay ug sulbad sa akong mga problema. Atong ibutang pud sa atong huna-huna ang mga maayong butang, dili nato i-butang ang mga dili maayo."* (Depending on my age now, I've gradually adapted to loneliness, slowly solving my problems. Let's put good things in our minds, not the bad ones.)

P4 and P9 both demonstrate a form of acceptance over time, suggesting that they have learned to live with loneliness through reflection and positive thinking. Their

statements indicate a shift in mindset that helps them emotionally cope with solitude, highlighting personal growth and adaptation.

Self-reflection. With fewer external distractions, the participants were likely to look inward, reflecting on themselves and their lives as a way of interpreting their emotions and lives at the time. P10 relates, "Sakit gyud ang akong kaagi sa kamingaw sauna, labi na sa panahon nga nagbulag mi sa akong asawa ug gi-kuha sab niya ang akong mga anak," articulating how the isolation of being away from his wife and kids created an indelible emotional impression. Despite the profound grief, this act of introspection marks a coping strategy—a way of reconciling with the past and finding meaning in a challenging life episode. This aligns with Löckenhoff and Rutt (2017), who noted that self-reflection and life review are common strategies in late adulthood that help preserve identity and emotional continuity. Moreover, this participant's quiet processing of his experience reflects how structured reflection can offer a sense of emotional grounding amid ongoing solitude, which supports the findings of Chiang et al. (2024) that such self-reflection fosters emotional stability and lessens the harmful effects of prolonged isolation.

> *P10. "Sakit gyud ang akong kaagi sa kamingaw sauna, labi na sa panahon nga nag bulag mi sa akong asawa ug gi-kuha sab niya ang akong mga anak."*
> (My experience of loneliness was really painful before, especially during the time when my wife and I separated, and she also took our children)

P10 is reflecting on the deep emotional pain caused by separation from both spouse and children, emphasizing a more traumatic dimension of loneliness.

This thematic analysis reveals how the temporal dimension of loneliness in elderly individuals involves both a transformation in social identity and adaptations to existential

solitude that develop over time. The lived time experience encompasses both the painful awareness of what has been lost from the past and the development of coping mechanisms that emerge through the progression of time. As older adults reflect on their lived experiences, they often confront a painful awareness of accumulated losses—such as the death of loved ones, diminished social roles, and declining health—which contribute to a sense of deprivation and suffering (McKenna-Plumley et al., 2023).

Emptiness Within Familiar Spaces (Lived Space)

Elderly participants described their physical environments, homes, rooms, or care facilities as places once filled with life that now feel empty or confining. The absence of meaningful social presence transformed once-comforting spaces into silent reminders of isolation. As social circles shrink and physical limitations grow, this sacred space often becomes the primary environment in which the individual experiences a continuity of identity, memory, and spiritual coping.

Cultivating Inner Peace. The context here relates to how participants can find solace, peace, or emotional balance within themselves during times of emptiness, loneliness, or life transitions. It primarily draws from intentional activities involving solitary reflection, mindfulness, meditation, and religious or spiritual commitment that provide meaning and personal grounding in life. It includes solitary reflection, religious engagement, and personal devotion. This practice emphasizes the importance of nurturing and connecting with the inner, sacred resources available to us, promoting well-being, peace, and resilience.

Solitary Reflection. Most participants noted that spending time alone can become a meaningful way to cope with loneliness and find peace. It allows them to rest, pray, and

think about their lives. This quiet time helps them manage their emotions, remember loved ones, and remain connected to their faith. Moreover, involvement in personally meaningful solitary activities—such as meditation, journaling, or nature walks—can enhance cognitive functioning and buffer against loneliness and psychological distress in later life (Pauly et al., 2023 & Coelho-Júnior et al., 2022). As such, solitary reflection should be recognized as a valuable component of healthy aging, particularly for individuals navigating the challenges of living alone. This is evident in the statements of P1, P2, and P6.

P1. "Wala naman sad koy ka istoryahan karon. Maglingkod ra ko sa silong, mag pahulay o mag pamalandong." (I do not have anyone to talk to now either. I just sit downstairs, rest, or reflect.)

P2. "Mas mobati ko og kamingaw inig gabii. Mao na ang oras nga mag huna-huna ko sa mga butang nga nawala akong asawa, ug ang pamilya nga among gipangandoy." (I feel lonelier at night. That's the time when I reflect on the things I've lost—my spouse, and the family we once dreamed of.)

P6. "Gi promised nako sakong kaugalingon nga ug mo retire ko focus jud ko sa simbahan." (I promised myself that when I retire, I will truly focus on the church.)

P1, P2, and P6 cope through solitary reflection because it allows them to process their thoughts and emotions in a quiet, personal space. This introspective practice helps them come to terms with loss, such as the death of a loved one or unfulfilled dreams, and provides an opportunity to reconnect with their inner selves and spiritual beliefs. Through

moments of stillness and contemplation, they are able to find a sense of peace, meaning, and acceptance amid the emotional difficulties of aging.

Religious Engagement and Personal Devotion. For many older adults, faith becomes a strong source of comfort, meaning, and emotional strength as they age. Participating in religious activities, such as prayer, reading scriptures, and attending church, helps individuals cope with life changes like retirement, loss, or health issues. These practices offer not only inner peace but also a sense of belonging and connection to a larger community. Recent evidence shows that participation in religious and spiritual practices—such as prayer, meditation, attending services, and engaging with religious communities—is significantly associated with lower levels of anxiety and depression, greater life satisfaction, and enhanced psychological and emotional well-being in later life (Coelho-Júnior et al., 2022; Kaplan, 2025). This is evident in the statements of P3 and P7.

> *P3. "Kuan lang, mo apil-apil lang sila sa simbahan. Mao man gyud nay paingnan ug matiguwang na, didto raman gyud sa simbahan. Ready na ghud na ug aha ibutang sa Ginoo."* (Well, we just get involved in church activities. That is really where we end up when we get old; it all leads to the church. We are already ready for wherever God places us.)
>
> *P7. "Kuan, pero mag basa rasad ko sa Nazareno basta mag-ampo lang ko, mag ampo nalang jud ko permi."* (Well, I just read about the Nazarene, and as long as I am praying, I just keep on praying all the time.)

P3 and P7 cope through religious engagement and personal devotion, which provide them with structure, purpose, and a sense of belonging. P3 participates actively in church activities, viewing the church as a central place for connection, guidance, and

preparation for life's final stages. This involvement reinforces a sense of readiness and surrender to a higher power, providing comfort and direction in later life. P7, on the other hand, turns to consistent personal prayer and spiritual reading, finding solace in a private relationship with the divine. This daily devotion becomes a source of inner strength and emotional stability, especially during moments of solitude.

Finding Spirit in the Familiar. Reflects how older adults find strength, comfort, and even spiritual meaning from their physical surroundings despite facing the realities of aging and limitations. This highlights the daily life that is anchored in place and involves environmental interactions and well-being. These activities offer both physical and spiritual benefits by fostering a deeper connection with the environment, highlighting the importance of environmental interaction and its impact on well-being in later life.

Daily Life Anchored in Place. As people grow older, they often spend more time at home due to physical limitations and reduced social interactions. For many elderly individuals, the home becomes both a place of comfort and a reminder of things and people they have lost. Nevertheless, small daily routines, such as taking short walks, chatting with neighbors, or simply sitting outside, help them cope with feelings of loneliness. All these simple acts help them cope with the feeling of loneliness. Wiles et al. (2012) suggest, however, that for older people, familiar spaces provide a sense of identity and emotional support; yet, when such spaces become sparse in social connections, even the home can become lonely. This is evident in the statements of P5, P8, and P9.

> *P5: "Laag nga lagyo kay kaya kaayo nako unya sapagka karon di naman kaya di sab pariha sauna nga dali ra para nako nang baklay-baklay."* (Before, I could easily go on long trips; it was no problem for me. But now, I

cannot do that anymore; it is not like before when walking around was easy for me.)

P8. "Wala man sad kaayo dong. Naa raman ko diri gihapon sa balay usahay mogawas lang ko mag lakaw-lakaw sa gawas pag wala nakoy lingaw og usahay mag lingkud lang ko sagawas mag pa hangin og mag lantaw-lantaw sa palibot taman mo hapon." (Not much, son. I am just usually here at home. Sometimes I go outside for a walk when I have nothing else to do, and other times I just sit outside to get some fresh air and watch the surroundings until afternoon.)

P9. "Ang akong buhaton para dili ko maka huna-huna ug ka mingaw kay mag lakaw-lakaw ko ug molaag sa silingan, tabi kadiyot then uli." (What I do so I will not feel lonely is I go for a walk and visit the neighbors, chat for a bit, then go home.)

Participants P5, P8, and P9 still have a meaningful connection through small actions that keep them connected to their surroundings. Although they are no longer able to move as freely as they could in the past, they make an effort to take short walks, sit outside for fresh air occasionally, or visit a neighbor's house briefly. Routines such as these define their daily schedule and help them cope with the loneliness experienced. Moreover, even though they may not have continuous interactions with their immediate environment, being outside or merely watching adds a small quantity of comfort to their lives. These familiar spaces, filled with memories and quiet routines, are designed to help individuals cope emotionally. The horizons may have become smaller for them, but these everyday actions enable them to hold on to a semblance of everyday life, independence, and peace.

Environmental Interaction and Well-Being. For elderly participants living alone, the environment plays a crucial role in supporting their overall well-being. Safe, accessible, and socially engaging surroundings help promote physical health, reduce feelings of loneliness, and enhance emotional resilience. These environmental factors are essential for maintaining autonomy and improving the overall quality of life for older adults living independently. Research highlights that enhancing environmental conditions is directly associated with increased happiness and well-being among elderly individuals living alone (Hwang & Sim, 2021). This is evident in the statements of P4 and P10.

> *P4."Mas maayo pang mag pundo ka sa balay dayun imong ikuan sa trabaho, panginabuhi, negosyo, tinda-tinda, ana."* (It's better to just stay at home and focus on work, livelihood, business, or selling things, something like that.)
>
> *P10. "Usahay, moadto ko sa sabongan aron malingaw. Moadto sab ko sa beach* to have fun. I also go to the beach to have a barbecue, and I also attend church to pray.)

Both P4 and P10 understand the importance of engaging with their environment for mental and emotional well-being. While P4 stays primarily at home to maintain a sense of purpose, P10 seeks out more external, social interactions. Both also demonstrate that maintaining a routine, whether through home-based work or social activities, is crucial for preventing isolation and managing the challenges of aging.

These highlight the significant role of lived spaces in the lives of older adults, showing how their physical and emotional environments—whether their homes, spiritual spaces, or leisure areas—are key to maintaining emotional health, identity, and a sense of

purpose (Younes et al., 2024; Scott, 2021). Recent studies have underscored the crucial role that the design of both private and public spaces plays in fostering mental well-being and social connectedness among older adults (Oh, 2024; Liu et al., 2024). Furthermore, spiritual and leisure spaces offer critical emotional support and engagement opportunities that are essential for maintaining a sense of belonging and purpose (Jiang et al., 2022).

Bridges and Barriers (Lived Things)

In this study, bridges and barriers refer to the extent to which material objects and technological devices contribute to or mitigate loneliness. Moreover, it investigates how access to and utilization of technology (such as a computer or a mobile phone) might influence one's affective state of solitude, either by offering comfort and companionship or by fostering absence and solitude. These tools can serve as bridges that foster connection, communication, and emotional relief. Conversely, their absence or unfamiliarity can become barriers that intensify disconnection and helplessness. Under this essential theme are unplugged living and wired warmth, which further describe the bridges and barriers or challenges experienced by the elderly.

Unplugged Living. Most participants highlighted the absence of specific technological devices as a contributing factor to their feelings of isolation and loneliness. Without a phone, TV, or internet, they were more aware of being alone and could not contact loved ones. This sub-theme includes limited access to media devices, tech unfamiliarity, and coping with minimal media access.

Limited Access to Media Devices. Many participants struggled to stay connected and informed because they lacked access to personal media devices such as televisions,

radios, and cell phones. In today's digital world, these tools are essential for communication, entertainment, and accessing information. In the absence of technology, the elderly were cut off from society and unable to engage in even the most basic social interactions, such as calling loved ones or watching the news. Mubarak et al. (2022) stated that being cut off from the digital world made the elderly feel incredibly isolated from society, as if they had been abandoned and forgotten. This is evident in the statements of P1, P2, P3, and P9.

P1. "Wala man koy cellphone, mao nang dili ko kasulti sakong mga anak nga tua salayo" (I do not have a cellphone, that is why I cannot talk to my children who are far away). *"Mao pud nga mas nabati nako ang kamingaw ug wala kay ko kabalo sailang kahimtang ron"* (That is also why I feel lonelier, and I do not really know how they are doing right now). *P2."Wala koy gamit nga cellphone o social media"* (I do not use a cellphone or social media). *"Wala man sad koy anak nga kontakon"* (I also do not have any children to contact). *"Sa tinuod lang, tingali makatabang unta, pero wala man ko naanad og teknolohiya"* (To be honest, it might have helped, but I'm not used to technology).

*P3."Moanhi tong Isa nako ka apo dri kung motawagsi *****, wala man gud koy cellphone nga akoa"* (One of my grandchildren comes here whenever ***** calls, since I really do not have a cellphone of my own.)

P9."Naa koy radyo, pero wala sab koy TV." (I have a radio, but no TV). *"Makalantaw rakog TV ug molaag ko sa akong mga anak."* (I can only watch TV when I visit my children). *"Ug ang radyo, dili makatabang sa*

akong kamingaw kay usahay maka dungog kag dili mao, unya mo balik nasab ang kagool." (The radio doesn't help my loneliness because sometimes I hear unpleasant things, and it brings back the sadness).

P1, P2, P3, and P9 expressed feelings of loneliness stemming from the absence of communication tools, such as cellphones. P1 and P2 could not reach their children, deepening their sense of isolation. P3 relied on a grandchild to relay calls, and P9 noted that listening to the radio sometimes worsened their sadness due to distressing content, further emphasizing their emotional disconnect.

Tech Unfamiliarity. Elderly participants exhibited hesitation or discomfort when discussing digital communication tools. Their unfamiliarity with modern technology created barriers to virtual interaction, reinforcing feelings of exclusion and helplessness in a world that increasingly relies on digital means of communication. This experience is evident from participant 2's statement.

P2. "Sa tinuod lang, tingali makatabang unta, pero wala man ko naanad og teknolohiya" (To be honest, it might have helped, but I'm not used to technology).

P2 acknowledged that while technology might have helped ease loneliness, unfamiliarity with it prevented her from taking advantage of it. This highlights how not just the absence, but also the lack of knowledge or exposure to technology, can be a barrier to social connection and emotional support.

Coping with Minimal Media Access. Despite limited media access, some elderly people managed to adapt, for example, by watching TV and listening to the radio or maintaining their daily routines, which helped distract them from their loneliness. They

used these coping mechanisms as indicators of their ability to adapt in terms of emotional welfare on limited technological fronts. This is evident from the statements of P4, P8, and P9.

> *P4.“Wala man mi tv, maong mga sounds ra gyud kanunay”* (We do not have a TV, so it is always just the radio or music playing).
>
> *P8. “Kay wala man koy cellphone, para mawala ang akong kalaay, maglantaw ko og TV ug maminaw sa radyo”* (Since I don’t have a cellphone, I watch TV and listen to the radio to ease my boredom).
>
> *P9.“Naa koy radyo, pero wala sab koy TV.”* (I have a radio, but no TV). *“Makalantaw rakog TV ug molaag ko sa akong mga anak.”* (I can only watch TV when I visit my children.)

P4, P8, and P9 turned to the limited media available to them, such as radio or occasional access to TV, to distract themselves from boredom and loneliness. P4 listened to sounds or music due to the lack of a TV, while P8 used TV and radio to fill the emotional void left by the absence of a phone. P9 only had access to TV when visiting family, underscoring their dependence on media as a temporary relief from isolation.

Overall, the unavailability of technology to older participants exacerbated their sense of isolation by restricting contact with family and friends. Although a few adapted through passive media such as radio and television, the unavailability of personal communication devices remained the central barrier to emotional attachment and social support.

Wired for Warmth. Conversely, for those participants with access to technology, devices such as mobile phones and Wi-Fi allowed a meaningful bridge between physical

distance and emotional closeness. As shown in Table 1, the sub-theme encompasses media comfort, family connection, and emergency support.

Media Comfort. Some participants showed a strong comfort and familiarity with traditional forms of media, such as radio and television. Compared to modern digital devices, these old technologies were more accessible and more straightforward to use, requiring no internet connection or complicated processes. They had been using them for decades, so the experience was both habitual and emotional. Duque et al. (2021) describe that radios and televisions were reliable sources of companionship, bringing voices, stories, music, and news to fill the gaps in their everyday lives. The statements of P2, P7, and P9 clarify this experience.

P2. *"Nakatabang rapod bya ni akong paglantaw og TV kay malingaw man kog lantawg salida og mga teleserye aning ABS CBN"* (Watching TV has also helped me because I enjoy watching shows and teleseryes on ABS-CBN). *"Usahay sad sa radio makapaminaw og mga balita nga naunsa na ang kalibutan og usahay maminaw og tug-tug sa music"* (Sometimes I also listen to the radio to hear news about what's happening in the world, and sometimes I listen to music too.)

P7. *"Maong mag-ampo nalang ko, maminaw sad ko sa radyo, kay misa"* (So instead, I just pray and listen to the radio, especially to the mass.)

P9. *"Ug molantaw pud ko'g TV, kana lang Showtime ra man pud ako ganahan lantawon."* (When I watch TV, I only enjoy Showtime). *"Akong lantawon sab kada gabii kay kana silang Dingdong."* (I also watch Dingdong every night.)

P2, P7, and P9 felt emotional relief through media consumption. Watching teleseryes, listening to music, receiving news updates, and tuning in to religious radio programs helped distract them from feelings of loneliness and brought a sense of routine and enjoyment to their daily lives.

Family Connection. Regular communication with family members, particularly grandchildren and children, was essential for providing emotional support to the elderly. Despite physical distance, mobile phone use, video conversations, and messaging applications such as Messenger bridged the emotional space. Participants, such as P4, P5, and P7, stated that these interactions provided comfort, alleviated feelings of loneliness, and reinforced their sense of being cared for and remembered by others.

> *P4. "Akong kinamagulangan ug kinamanghuran naga contact gyapon mi. Video call mi ana"* (My eldest and youngest children still keep in touch with me. We do video calls).
>
> *P5."Oo gang, layo man akong mga anak manawag ko nilagamit sab nang cellphone nga ilang gihatag sa akoa."* (Yes, my children are far away, so I call them using the cellphone they gave me). *"Dako kaayong tabang ning cellphone kay minga-won man sab ko's akong mga apo tuas layo."* (This cellphone is a big help because I miss my grandchildren who are far away).
>
> *P10. "Gamit kog messenger para makatawag ko sa akong mga anak nga naa sa lagyo"* (I use Messenger to call my children who are far away). "*Nakatabang ni aron ma contact nako sila ug mingawon ko sailaha."* (This helps me stay in touch with them whenever I miss them).

P4, P5, and P10 shared that having access to phones, video calls, and messaging

apps allowed them to stay emotionally connected with their children and grandchildren despite physical distance. These digital tools helped maintain their sense of belonging and eased feelings of isolation.

Emergency Support. The experiences of elderly people highlighted the importance of having access to means to call for help during health-related emergencies and for the elderly living alone, being able to easily call a family member offered not just instant support but a line of support through an extended family structure. Kendig (2023) describes how a quick response provided a feeling of protection and security in the face of vulnerability during unexpected health events. This experience is evident in the statement of P6.

> P6.“Last week sa February kay naa man gud ko’y vertigo, nya nag hikay ko paniudto nya nikalit rakog kalipong mao tong nitawag dayon ko.” (Last week of February, I was having vertigo and I was preparing lunch when I suddenly felt dizzy, so I immediately made a call.)
>
> “Ni connect dayon ko sakong anak nya siya na pod ang nag pahibalo saiyang mga igsoon.” (I got in touch with my child right away, and he/she was the one who informed his/her siblings.)

P6 described using her phone during a sudden health episode to immediately reach her child, who then informed her other children. This demonstrated that, beyond social benefits, technology played a crucial role in providing immediate support and security during emergencies.

In summary, access to communication technology enables elderly participants to stay in touch with family members, regardless of geographical distance. It provided

emotional support, feelings of security, and companionship on a daily basis. This highlights the critical role technology plays in alleviating feelings of loneliness and promoting the social well-being of older persons.

These statements demonstrate the profoundly significant impact of material and technological presence on the experience of loneliness among elderly individuals. For some, they had found security, affiliation, and even safety through access to gadgets such as phones, Wi-Fi, and televisions. Others felt more detached because they lacked or were unfamiliar with the use of similar tools. These lived things are not just practical things but highly symbolic and instrumental in coping with loneliness, pointing to differences in access and digital literacy among the elderly (Latikka et al., 2021).

Thematic Categorization

Table 2 includes the five essential themes of the study: Physical Shifts (Lived Body), Disconnected Yet Yearning for Belonging (Lived Others), Time That Moves Too Slowly (Lived Time), Emptiness Within Familiar Spaces (Lived Space), and Bridges and Barriers (Lived Things).

Table 2. Thematic Categorization in the Five Lifeworlds of van Manen

Essential Theme	Existential Lifeworlds
Physical Shifts	Lived Body (Corporeality)
Disconnected Yet Yearning for Belonging	Lived Others (Relationality)
Time That Moves Too Slowly	Lived Time (Temporality)
Emptiness Within Familiar Spaces	Lived Space (Spatiality)
Bridges and Barriers	Live Things (Materiality)

Physical Shifts (Lived Body). This theme describes how loneliness affects the body. As people age, their bodies undergo deterioration, making it increasingly difficult for them

to walk, engage in activities, and interact with others. Their mental loneliness is exacerbated by this physical decline, which limits their movement. Participants described feeling weak, tired, wounded, and dependent on others. Some people experienced fatigue or discomfort as a result of emotional stress. While others stayed physically active by gardening or doing housework, others opted to sleep rather than contemplate their loneliness. These responses underscore the importance of promoting physical health to mitigate loneliness in elderly individuals and highlight the psychological and physical consequences of loneliness. According to Weiss's theory, unfulfilled needs for social integration and connection can lead to emotional and social loneliness, which could then lead to physical degeneration. This is supported by Watson's theory, which emphasizes the need to concurrently provide emotional and physical care to increase the comfort and recuperation of elderly individuals.

Disconnected Yet Yearning for Belonging (Lived Others). This encapsulates the way in which the elderly view their social relationships. As they aged, had health issues, or lost a loved one, many reported a decrease in their social activities. These conditions caused strong feelings of isolation and loneliness. Others thought their family members or neighbors were misinterpreting or ignoring them. Even so, there were occasions when socializing with people—whether via church, informal discussions, or memories—provided emotional comfort. They gained a sense of worth and acceptability despite their fluctuating limitations as a result of these encounters, which also demonstrated the pain of social rejection and the restorative potential of human interaction and relationships. Weiss's theory suggests that the loss of trustworthy friendships and nurturing exacerbates emotional loneliness. While Watson's carative elements demonstrate the importance of

trust and a meaningful connection in helping the elderly feel like they belong once more.

Time That Moves Too Slowly (Lived Time). It is used to explain how time is lived with respect to the loneliness experiences of older adults. Time seemed slow and heavy to many after losing a spouse or becoming less involved in the community. The passing of time reminded them of their past losses, prompting them to worry about the future. However, humans have also experienced periods of peace, reflection, and spiritual growth throughout time. Therefore, lived time is more than just hours or days; it captures how older adults see themselves as they cope with loneliness, mourn losses, or search for a new purpose in life. From Weiss's perspective, the lack of emotional closeness over time could intensify the loneliness experienced during extended periods of inactivity. Watson's focus on emotional expression and spiritual development provides a road via loving relationships to discover peace and purpose.

Emptiness Within Familiar Spaces (Lived Space). This describes how elderly individuals feel about the houses, gardens, and places of worship where they spend much time. Emotions and memories abound in these places. Although a home can be comforting, it can also feel quite empty when no one is living there. While some found solace in peaceful environments or nature, others claimed to feel depressed in once-bustling but now-calm situations. The radios and televisions that surrounded these places also had an impact on their appearance. Additionally, these comfortable surroundings acted as a reminder of the absence. Weiss underlines that without fulfilling social integration and attachment, familiar locations lose relevance. Watson's approach reminds caregivers that emotional presence and shared experiences can transform empty areas into therapeutic surroundings.

Bridges and Barriers (Lived Things). This describes the material possessions and technological innovations that affected how elderly people cope with loneliness. Because they offered news, entertainment, and a sense of community, devices like radios, televisions, and cell phones were indispensable to their owners. Those who were unable to access or comprehend these services felt even more isolated as a result of their absence. These were either barriers that increased the distance or comforting bridges. They were more than simply objects; they symbolized whether the elderly felt connected to the outside world. According to Weiss's theory unmet desires for direction and affirmation of worth can exacerbate feelings of disconnection. Watson's idea motivates caregivers to support elderly people using technology, enabling them to feel included and supported.

Aesthetic Expression of the Findings

Presented below is the poetry written as an artistic expression of the spoken reality that lonely elderly people face. It highlights the physical and emotional changes that accompany aging, especially loneliness. However, underneath these changes is a deeper story of perseverance. Through simple imagery and a gentle rhythm, it asks readers to reflect on how small deeds, everyday routines, and inner strength enable the dignity of customs to persist. It also highlights the importance of connections in preserving hope. This poem is not only a reflection of the realities of aging but also a quiet tribute to those who face it with courage and resilience.

ECHOES OF AGING

A weary body moves gracefully.

In silent rooms, the space feels lonely.

Time drips through the night and day slowly,

As memories drift away softly.

Once-shared steps are now taken alone.

Through the smallest things, comfort is known:

The broom, the prayer, the neighbor's tone—

Have made them forget being alone.

While the strength may wane and ties may fade,

They have lived with hope and found a shade.

Each breath recalls the vows they once made;

Still, they endure— so strong,unafraid.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This study delved into the lived experiences of loneliness among the elderly in Ozamiz City using the five essential themes: physical shifts (lived body), disconnected yet yearning for belonging (lived others), time that moves too slowly (lived time), emotional emptiness in familiar places (lived space), and bridges and barriers (lived things). These themes provide a rich and empathetic understanding of how loneliness is experienced not only emotionally, but also holistically, across multiple dimensions of existence.

1. *Physical Shifts (Lived Body).* Physical decline, such as pain, weakness, and immobilization, was not merely a health issue; it also served as a direct source of loneliness. The elderly experienced their bodies as limiting their ability to engage with others, making the body itself a symbol and source of their loneliness.
2. *Disconnected Yet Yearning For Belonging (Lived Others).* Many participants felt abandoned by family and neighbors. Despite this, brief social interactions and memories offered comfort. These frail but strong connections acted as powerful reminders of self and belonging.
3. *Time That Moves Too Slowly (Lived Time).* Loneliness becomes more intense over time, particularly after the loss of a spouse or a significant social function. However, time allows for meditation and spiritual growth, demonstrating that loneliness can lead to individual awareness and acceptance.
4. *Emotional Emptiness In Familiar Places (Lived Space).* Homes, gardens, and churches were both comforting and isolating. While familiar spaces reminded participants of what was lost, they also provided a sense of refuge, routine, and emotional grounding.

5. *Bridges And Barriers (Lived Things).* Objects like phones, radios, and TVs served as tools for connection and distraction. For some, they bridged the gap between isolation and the outside world; for others, their absence worsened the feeling of being left behind

Recommendations

The findings of this study could add to the understanding of the emotional, psychological, and social aspects of loneliness among the elderly. Based on the findings, the study provides the following recommendations to the elderly individuals, family members, healthcare providers, community leaders, and future researchers:

1. *For elderly individuals.* Engaging older adults in social and purposeful activities can help minimize feelings of loneliness. Encouraging them to attend community activities, senior citizen clubs, religious services, and other group functions. Maintaining contact with family and friends through phone calls or virtual means can also provide emotional support. Engaging in hobbies, volunteering, or joining interest groups can help foster feelings of meaning and belonging.

2. *For family members.* The family plays a significant role in preventing the elderly from being lonely. Maintaining constant contact, bonding with each other, being there for them, and showing emotional presence and nourishing are recommended. Sharing special occasions and squeezing in the odd visit can really change the lives of older individuals. Early recognition of loneliness signs brings awareness to families, as well as encouragement and support when necessary.

3. *For healthcare providers.* Nurses and other healthcare providers are encouraged to screen for symptoms of loneliness and emotional distress during routine care visits. The

integration of mental health screening tools and psycho-social assessment can assist in identifying vulnerable patients. They can refer patients to counseling or support groups and educate older patients in coping strategies. Training sessions for healthcare providers can also include emphasis on the emotional and mental health issues of elderly patients.

4. *For community leaders and organizations.* Provide more activity within the community to offer available, inclusive, and regular activity for older people. Home visiting, peer support groups, and transport to activities can stimulate participation and reduce isolation. Safe, age-friendly, elder-friendly communities can stimulate interaction and mobility.

5. *For nursing educators and students.* We encourage nursing educators to incorporate loneliness into nursing curricula, highlighting its emotional, psychological, and social effects on health. Lessons on holistic and person-centered care should address the signs of loneliness and appropriate interventions. Nursing students should be exposed to real-life situations through home visits or elder care simulations to gain a deeper understanding of the lived experiences of the elderly. Students will be better prepared to provide effective, compassionate care to elderly individuals experiencing loneliness if they enhance their reflective practice, emotional sensitivity, and communication skills.

6. *For future researchers.* Further research is needed to investigate loneliness among the elderly across various cultural, economic, and living conditions. Research can be conducted to determine the effectiveness of interventions such as social support interventions and technology-enabled communication devices. Studies on how mobility status and living situation influence loneliness experiences will be helpful to develop targeted support systems.

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APPENDICES

Appendix A – Interview Guide Questionnaire Introduction:

- Greet the participant and introduce self.
- Explain the study's purpose, ensuring confidentiality and voluntary participation.
- Obtain verbal or written consent.

Opening Statement:

This interview will consist of open-ended questions designed to encourage you to share your personal stories, thoughts, and feelings. There are no right or wrong answers—your honest experiences are what matter most. The interview will take approximately 30 minutes and your responses will be kept confidential. If at any point you feel uncomfortable, you may skip a question or stop the interview entirely.

(Kini nga interbyu maglakip og mga pangutana nga bukas ug walay eksaktong tubag aron mapaambit nimo ang imong mga personal nga istorya, gihunahuna, ug gibati. Walay sakto o sayop nga tubag niini—ang imong tinuod nga kasinatian mao ang labing importante. Ang interbyumolungtad ug mga 30 minutos ug ang imongtubagpagatipiganngakompidensyal. Kung sabisanunsang punto dili ka komportable, mahimonimongalaktawan ang usa ka pangutana o undangon ang interbyu.)

Opening Question:

1. Can you kindly tell us about yourself—like your age, where you live, and your daily life as an elderly? *(Pwede ba nimo ipaambit gamay mahitungod sa imong kaugalingon—sama sa imong edad, asa ka nagpuyo, ug unsay imong kasagaran nga ginabuhat isip usa ka tigulang?)*

Main Question:

2. Can you describe what it feels like to experience loneliness as an elderly? *(Pwede ba nimo ipasabut kung unsa ang pagbati nimo sa kamingaw isip usa ka tigulang?)*

Possible Follow-up Questions:

A. ***Lived Body (Corporeality)***

1. How does your physical health or movement ability influence your connection with others? *(Giunsa pag-epekto sa kahimtang sa imong panglawas o kakayahan sa paglihok ang imong pakig-uban sa uban?)*
2. Do you feel that changes in your body affect how you interact socially? How so? *(Nabati ba nimo nga ang mga kausaban sa imong panlawas nakaapekto sa imong pakig-uban sa uban? Giunsa man?)*

B. ***Lived Other (Relationality)***

1. How do your relationships with your family, friends, or neighbors affect your sense of loneliness? *(Giunsa pag-apekto sa imong relasyon sa pamilya, mga higala, o silingan ang imong pagbati sa kamingaw?)*
2. Have your social relationships changed as you got older? If yes, how did those changes affect you? *(Nag-usab ba ang imong relasyon sa uban tawo sa imong pagtigulang? Kung oo, unsa'y epekto sa imo sa mga kausaban?)*

C. ***Lived Time (Temporality)***

1. Has your experience of loneliness changed as you've grown older? If yes, how has it changed over time? *(Sa imong pagtigulang, nabag-o ba ang imong kasinatian sa kamingaw? Kung oo, unsa'y kausaban sa niya samtang nagkatigulang ka?)*
2. Are there moments or events in your life when you felt especially lonely? Can you share one of them? *(Aduna bay mga panahon o hitabo sa imong kinabuhi nga mas nabati gyud nimo ang kamingaw? Pwede ba nimo kini ipaambit?)*

D. ***Lived Space (Spatiality)***

1. How does your current home or environment (like your neighborhood or community) affect your feelings of loneliness? *(Giunsa pag-apekto sa imong kasamtangang palibot— sama sa imong silingan o komunidad—ang imong pagbati sa kamingaw?)*
2. Are there specific places or situations where you feel more alone? Why do you think

that is? *(Aduna bay mga lugar o sitwasyon nga mas mobati ka og kamingaw? Nganong man kaha?)*

E. ***Lived Things (Mteriality)***

1. What activities or hobbies—like watching TV, using a mobile phone, or listening to the radio—help you cope with feelings of loneliness? *(Unsa nga mga kalihokan o lingaw- lingaw—sama sa pagtan-aw og TV, paggamit og telepono, o pagpaminaw og radyo—ang makatabang sa pagpakunhod sa imong pagbati sa kamingaw?)*
2. Do you use any form of technology like video calls or social media to stay connected with others? If yes, how has it helped? *(Nagagamit ba ka og teknolohiya sama sa video call o social media aron mokonekta sa uban? Giunsa kini pagtabang nimo?)*

Closing Question:

1. In your opinion, what could be done to help reduce loneliness among older people like you? *(Sa imong hunahuna, unsa man ang mga butang nga makapakunhod sa kamingaw sa mga tigulang sama kanimo?)*

Conclusion:

We appreciate your willingness to share your experiences with us. Your participation is invaluable in helping us better understand loneliness among older adults. If you have any questions or concerns before we end the interview, feel free to ask.

"Nagpasalamat kami sa imong kabubut-on sa pagpaambit sa imong mga kasinatian kanamo. Ang imong partisipasyon bililhon sa among pagsabot sa kasubo o kamingaw sa mga tigulang. Kung aduna kay mgapangutana o gikalibgan sa dili pa mahuman ang interbyu, pwede nimo kining ipangutana."

Appendix B – Approved Consent

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E-mail Address: mu@mu.edu.ph

College of Nursing, Midwifery and Radiologic Technology

CERTIFIED: ISO 9001:2015 Risk Management – Det Norske Veritas, The Netherlands
ACCREDITED: Philippine Association of Colleges and Universities Commission On Accreditation (PACUCOA)

April 28, 2025

SAMMY B. TAGHOY, PhD, RN
College Dean

Dear Dr. TAGHOY:

Greetings!

We, 3rd year BS Nursing students, are writing to formally seek your permission to conduct our research study titled "Lived Experiences of Loneliness among Elderly: An Interpretive Study" outside the premises of Misamis University. This study is an essential part of our academic requirements and aims to explore the lived experiences of loneliness among elderly.

The research will be conducted within Ozamiz City, and the target participants include elderly who are living alone. The study will strictly adhere to ethical research guidelines, ensuring confidentiality, voluntary participation, and proper data management in accordance with institutional and ethical research standards. We assure you that all necessary precautions will be taken to uphold the integrity of this research and to prevent any inconvenience to the participants.

We would greatly appreciate your approval and support for this study. Thank you for your time and consideration.

Sincerely yours,

KHYLLE ADRIANE D. BURLAS

JAYSHA NICKOLE C. CATILOC

MEL JANE C. CODERA

BARBIE JANE D. DIDORO

DRAKE ADRIANE D. ESTRERA
Researchers

Noted by:

ARNIELYN M. EMEDULAN, MAN, MN, RN
Research Adviser

Approved by:

SAMMY B. TAGHOY, PhD, RN
Dean of the College of Nursing, Midwifery and Radiologic Technology

Appendix C – Informed Consent

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INFORMED CONSENT FORM
(PORMA SA NASABTAN NGA PAGTUGOT)

Researcher/Investigator (Nagtuon): Khylle Burlas, Jaysha Cañioc, Mel Jane Cadera, Barbie Dedoro, Drake Estrera
Course: Bachelor of Science in Nursing
College: College of Nursing, Midwifery and Radiologic Technology
Email / Contact Number: barbiededoro@gmail.com /09636408429

Thesis Title: Lived Experiences of Loneliness among Elderly: An Interpretive Study

PART I. INFORMATION SHEET	
Introduction *(Pasiuna)*	Good day! I am Barbie Dedoro, the principal researcher/investigator of the study entitled "Lived Experiences of Loneliness among Elderly: An Interpretive Study." I am a student under the program, Bachelor of Science in Nursing at Misamis University in Ozamiz City. I am to conduct the research with elderly as participants. In this vein, I am respectfully seeking your **voluntary participation,** being qualified to give your informed consent to take part of this study. Before you decide whether to participate or not in this study, please read the succeeding information about the study and feel free to ask questions anytime should there be anything you do not understand or want to clarify. If you agree to answer the interview, you will be asked to affix your name and signature on this form for which you will be given a copy. *(Maayong adlaw! Ako si Barbie Dedoro ang nagpahigayon sa pagtuon kabahin sa "Lived Experiences of Loneliness among Elderly: An Interpretive Study" Ako usa ka estudyante sa Misamis University sa Ozamis City. Ako nagapili kanimo isip partisipante nga maoy mutubag sa gikinahagnglang impormasyon niining gihimong pagtuon. Ako matinahurong naghangyo sa inyong bulontaryo nga pag-apil niini nga pagtuon. Gikinahanglan nga ikaw naa sa saktong edad ug naay kakayahan nga mohatag sa pagtugot aron makaapil niini nga pagtuon. Sa dili pa ka mohukom sa pag-apil niini nga interview, palihug sa pagbasa sa mga impormasyon sa ubos ug gawasnon ka nga makapangutana kon adunay wala nimo nasabtan o gusto nimong iklaro. Kung motugot ka sa pagahimoon nga interview, papirmahon ka niini nga porma ug tagaan usab ka ug imong kaugalingong kopya.*
Purpose *(Katuyoan)*	The purpose of this study is to explore the lived experiences of loneliness among elderly. This research will fill the gap about how elderly personally experience and make sense of loneliness, especially in relation to their daily lives, emotions, physical changes, and social environments. *(Ang katuyuan niini nga pagtuon mao ang pagsusi sa mga kasinatian sa kamingaw nga nabati sa mga tigulang. Kini nga pagtuon makahatag og kaayuhan ngadto sa pagsabot sa kamingaw nga nasinati sa mga tigulang.)*
Type of Research Intervention *(Matang sa Interbensyon sa Pagtuon)*	This study will be conducted through an interview. The gathering of data will be conducted in person. *(Kining pagtuon pagabuhaton pinaagi sa pag interbyu. Personal ang pagkuha sa datos.)*
Selection of Participants *(Pagpili sa mga Partisipante)*	The selection of the participants is based on the following inclusion criteria: The participants will be 60y.o. and above selected through snowball sampling. The participants will be selected with the following criteria: *(Ang mga partisipante niini nga pagtuon mao ang indibidwal nga naga-angkon sa mosunod:)* - 60 y.o. and above - wala'y problema sa pangutok sama sa dementia. - nag-inusara ug puyo

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Voluntary Participation *(Boluntaryo nga Partisipasyon)*	Your participation has to be voluntary and will not affect your situation or status in any way, including your relationship with the researcher. Thus, you are free to decide if you will take part or not. If you decide to participate, you are free not to answer any question(s) if you choose not to, and you are free to withdraw or terminate participation at any stage of the study, without the need to give any reason. You will not be penalized in case of termination of participation. *(Boluntaryo ang imong pag-apil ug kini dili makaapekto sa imong sitwasyon o estado apil na imong relasyon sa nagtuon. Gawasnon ka nga modesisyon kung kung moapil ka niini nga pagtoon o dili. Kung mo-desisyon ka nga moapil, gawasnon ka nga dili motubag sa bisan asa nga pangutana nga dili nimo gusto nga tubagon.)*
Procedure *(Pamaagi)*	The participants will be given ample time to answer the questions. The interview will be done according to the schedule agreed upon. The researcher will personally interview the participant. Transcribing of the data will follow. Aside from answering the questions, you may be asked to provide demographic profile as deemed necessary for the study. The personal information which includes name, age, civil status, (etc.) will be utilized in the discussion of the findings of the study. The information and data provided by you as a respondent will be utilized for this study alone and will be treated with utmost confidentiality. *(Ang mga partisipante pagahatagan og igong panahon sa pag-apil sa interview. Ang interview pwedeng himoon kausa nga higayon o sa makadaghan depende sa panginanghalanon. Isulat sa nagtuon ang interviews para sa pag-analisa sa datos. Ang mga impormasyon ug datos nga nakuha gikan kanimo isip ka partisipante gamiton lamang niining research og hatagan og tumang pag-amping nga dili mabutyag.)*
Duration *(Gidugayon)*	The gathering of data through the interview will last for 30 minutes to 1 hour. (Ang pagkuha sa datos pinaagi sa interview mokabat ngadto sa 30 minutos hangtod isa ka oras)
Risks and Discomforts *(Risgo ug Kahasol)*	The participants will be protected from physical, social, or economic risks. In case the items in the survey instrument are too personal and make you feel uncomfortable, you may decline to answer any or all questions and may terminate your involvement at any time you choose. *(Ang mga partispnate ginaprotektahan sa pisikal, sosyal o ekonomikanhong risgo. Kung pananglitan adunay mga pangutana nga personal ra kaayo o kung dili ka komportable, mamahimong dili ka motubag o mobalibad sa pagtubag sa bisan asa o sa tanang mga pangutana ug moatras sa pag-apil sa bisan unsang panahon nga imong gusto.)*
Benefits *(Kaayohan)*	This study will enable you to shed light or provide understanding about the factors that can influence breastfeeding. Thus, your responses shall be highly valued being deemed important in the field of nursing. *(Kini nga pagtuon makapahimo kanimo paghatag og katin-awan o pagpasabot kabahin sa nagkalahi lahi nga mga factors nga makaimpluwensya sa pagpatotoy sa mama ngadto sa iyang anak. Ang imong mga tubag hatagan og dakong bili nga giisip nga importante sa linya sa nursing.)*
Reimbursements *(Hulip nga bayad)*	There will be no monetary expenses or costs on your part as a participant, nor any monetary compensation for your participation in this study. However, personal protective equipment (PPE) like face masks, alcohol and face shields may be provided during the gathering of the research data. *(Wala kay magasto sa imong pag-apil niini nga pagtuon ug dili usab ka bayaran ug kwarta sa imong pag-apil niini nga pagtuon. Apan adunay nga personal protective equipment (PPE) sama sa face masks, alcohol ug face shields nga pwede nga mahatag sa panahon sa pagkuha sa mga datos)*
Confidentiality of Data *(Pag-amping sa Datos)*	Only the researcher will have access to the information and responses of the participants. The personal identifying information of the participants will only be used for research analysis and

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	will be treated with the utmost confidentiality. During the study, all data will be kept in a locked, secure filing cabinet, of which will be discarded 6 months after the publication of the results. *(Ang nagtuon lamang ang makakita sa mga impormasyon ug tubag sa respondents. Ang mga datos nga makuha i-analisa ug hatagan og tumang pag-amping aron dili ibutyag. Sa panahon sa pagtuon, ipahimutang sa usa ka selyadong filing cabinet ang tanang datos nga pagagub-on human sa 6 kabulan gikan sa pag-publish sa resulta.)*
Sharing of Findings *(Pagpaambit sa Nakaplagan)*	The results of this study will be presented during the thesis/dissertation final defense of the researcher. Also, the research findings may be shared through publications and conferences with the assurance that the identities of the participants will remain confidential. A printed copy of the completed study will be provided to the participants. *(Ang mga resulta niini nga pagtuon ipresenta sa panahon sa final defense sa thesis/ dissertation sa nagtuon. Ang mga nakaplagan sa pagtuon posible nga ipaambit pinaagi sa mga publications ug conferences nga adunay kapanigurohan nga dili mabutyag ang pagkatawo sa mga partisipante. Pagahatagan og isa ka giimprinta nga kopya sa kumpleto nga pagtuon ang mga partisipante.)*
Rights to Refuse or Withdraw *(Katungod sa Pagpalibabad o Pag-undang)*	You are free to withdraw or terminate participation at any stage of the study, without the need to give any reason. You will not be penalized in case of termination of participation. *(Gawasnon ka nga moatras or moundang sa pag-apil sa bisan asa nga punto sa pagtuon nga dili na magkinahanglan pa ug rason. Dili ka ipamulta sa pag-atras o pag-undang.)*
Who to Contact (Kinsa ang Kontakon)	Should there be any queries as a parent, you can contact the researcher through the following details: *(Kung adunay mga pangutana, mamhimo nga mokontak pinaagi aning mga detalye:)* Name of the Researcher (Ngalan sa Nagtuon): Cellphone Number/s: E-mail Address: **STATEMENT BY THE RESEARCHER** **(PAGPADAYAG SA NAGTUON)** I will read the Information Sheet to the potential participant. With the best of my ability, I make sure that the participant will understand the interview questions and that possible follow-up interviews may be undertaken. *(Akong pagabasahon ang mga nasulat niining Information Sheet ngadto sa potensyal nga partisipante. Kutob sa akong mahimo siguroon nako nga masabtan sa partisipante ang mga pangutana sa interview ug ang possible nga follow-up nga interviews.)* I can assure that the participant will be given an opportunity to ask questions about the study, and all the questions raised will be answered fully. I can likewise assure that the participant will not be coerced into giving consent that must be free and voluntary. *(Gisiguro ko nga ang partisipante mahatagan og panahon sa pagpangutana kabahin niiining pagtuon og ang tanang pangutana nga iyang gihatag matubag sa hingpit. Siguroon ko usab ang maong partisipante dili mapugos sa paghatag sa pagtugot nga kinahanglan nga gawasnon og boluntaryo.)* A copy of this Informed Consent Form will be provided to the participant. (Ang kopya sa niining Informed Consent Form ihatag ngadto sa respondent.) Print Name of Researcher (Ngalan sa Nagtuon): BARBIE JANE D. DEDORO

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PART II. CERTIFICATE OF CONSENT

This research entitled "Lived Experiences of Loneliness among Elderly : An Interpretive Study" by Burlas, Catilac, Cadera, Dedoro, and Estrera with the aim of gathering information and data pertaining to experiences of loneliness, has been presented and explained to me clearly. Since the study involves elderly who are living alone, I am chosen as one of the participants.

(Kini nga pagtuon gititulohan, "Lived Experiences of Loneliness among Elderly : An Interpretive Study" ni Burlas, Catilac, Cadera, Dedoro, and Estrera, nga adunay tumong sa pagkuha og impormasyon ug datos kabahin sa kasinatahan sa kagul, gipresenta ug gipasabot og klaro kanako. Tungod kay ang pagtuon kay kabahin sa tigulang nga nag-inusara, ako napilian isip usa sa mga partisipante.

I have read the foregoing Informed Consent Form, or it has been read to me. I had the opportunity to ask questions, which were subsequently answered fully. I consent voluntarily to be a participant of this study.

(Akong nabasa ang nauna nga Informed Consent Form, o gibasa kini kanako. Natagaan ako og higayon nga makapangutana nga natubag sa hingpit. Ako mosugot nga boluntaryo nga mahimong participant sa niining pagtuon.)

Print Name of Participant (Ngalan sa Partisipante): _____
Signature of Participant (Pirma sa Partisipante): _____
Date: [MM/DD/YYYY] 05/02/2025

If Illiterate (Kung dili makasulat ug makabasa)

If the participant is illiterate, a witness who is literate will sign. The participant will choose him/ her and who is without connection with the researcher or the research group to attest this undertaking. The participant will affix his thumb print.

[Kung ang participant kay dili makabasa o makasulat, mopirma ang usa ka makabasa ug makasulat nga testigo. Ang participant ang mopili kaniya nga walay koneksyon sa nagtuon o sa iyang grupo para mopamatuod sa gimbuhaton. Ang participant mobutang sa iyang tamla (thumb print)].

_____
Name and Signature of the Witness
(Ngalan ug Pirma sa Testigo)

Thumb mark

Appendix D – Transcript of Interviews

Table 3. The Experiences of Loneliness among Elderly with Participants' Statement

Participants' Statement	Meaning Units	Sub-themes	Essential Themes
P1. "Kapoy na akong lawas… panglawas di na mosugot… maglingkod nalang ko ug maghilom-hilom."	Fatigue and Weakness	Limits That Isolate	Physical Shifts (Lived Body)
P2. "Tungod sa katigulangon, lain na pod akong lawas. Dali na ko kapoyon…"			
P5. "Kapoy na man gani ko mosuroy aning silingan…"			
P6. "Muingon pod ko nga 'kapoy man akong lawas ron uy.'"			
P4. "Sakit kaayoakong ulo, sakit hikapon akong buhok…"	Pain or illness restricts movement		
P6. "…naa man gud ko'y vertigo, nya nag hikay ko paniudto nya ni kalit rakog kalipong…"			
P7. "Kani akong kamot, binhod na, dili na maka-aswat og kutsara… napiang man gud akong dape-dape."			
P4. "Karon medyo gyud ni kupos ko ba… lahi na jhud."	Mobility constraints		
P5. "Karon di naman kaya… kutas nakaayo…"			
P6. "Mura sab kagmaluya… pwede naka deli magluto…"			
P3. "Lingaw-lingawon lang nako akong kaugalingon sa pagbuhat ug mga trabaho…"	Physical distraction as coping	Adapting in Motion	
P4. "Ako tanan, luto ug sud-an, tanan-tanan."			
P9. "Maglakaw-lakaw ko ug molaag sa silingan…"			
P8. "Maglantaw ko og TV, maminaw sa radyo, maglakaw-lakaw sa gawas…"	Stabilizing Through Routine		
P10. "Magpa-kaon sa mga manok, mag timbang sab ko…"			
P1."Anad-anad nalang ko nga naa juy kausaban…"	Acceptance and		

P2. "Na-anad na lang ko sa kahilom ug inusara…"	adaptation to bodily limitations		
P6. "I-ignore nakotanan… deli ko mo absorbed ug problema…"			
P7. *"Mangayo nalang ko sa Ginoo nga tagaan kog maayong lawas…"*			
P10."Mas naanad na ko sa akong pagka-inusara…"			
P1. "Wala nakoy kusog nga makig-istorya ug magpakatawa sama sauna." "Wala naman sad koy kaistoryahan karon."	Loss of meaningful conversation	Fading Social Connections	Disconnected Yet Yearning for Belonging (Lived Others)
P2. "Ang kakulang sa istorya sa uban, makadugang gyud sa akong kamingaw."			
P5."Naa mi mga paryente pero dili na mi magkita permi, seldom ra kaayo mi mag-istorya."			
P3. "Wala koy kauban dri sa balay maong kada gabii bation kaayo kog kamingaw." "Bation kaayo kog kaguol mahinumdom sa akong anak."	Living alone leads to emotional emptiness		
P8."Sukad ato, nag-inusara na lang gyud ko." "Bisan tuod naanad na ko, dili gyud malikayan ang kasubo, labina kung makahinumdum ko sa among kaagi."			
P10. "Mas naanad na ko saakong pagka-inusara tungod kay wala na koy trabaho sama sauna."			
P2. "Sauna, aktibo pa ko sa komunidad, karon pirmi na lang ko sa balay."	Drifting from old social roles		
P5. "Sa una, bibo ug lingaw ko sa trabaho, pero karon ni-retire nako."			
P6."Sauna suod kaayo mi sa akong mga amigo."			
P4. "Lisud kaayo ning silingan, pagkita moy wala, wala pod ka nila." "Pero ug naa ka, kaila kaayo sila nimo."	Neglect from neighbors and family	Social Exclusion	
P7. "Naa man akong mga apo manglaag, pero dili na masugo, mga tapulan. Mao nga ako nalang ang nagpaambit sa akong kaugalingon."			
P10. "Ang akong duha ka anak, wala nagpuyo uban nako, naa sila sa ilang nanay nga akong igsoon."			

"Panagsara mi magkita pero sila ra gihapon ang akong gisaligan."			
P5."Seldom ra kaayo mi magkita sa mga paryente." *"Wala mi naanad ug istorya-istorya, labina anang walay pulos nga istorya."*	Lack of emotional closeness despite presence		
P8. "Ang mga relasyon sa akong pamilya medyo layo." *"Usahay, murag wala nakoy lugar sa ilang kinabuhi."*			
P6. "Kung wala ko muadto, dili na mi magkita sa akong mga amigo." *"Makasabut ra ko nga busy, pero dili malikayan nga mabag-uhan ko. Usahay, maguol sab ko."*	Feeling forgotten in social circles		
P1. "Atong una nabag-ohan jud ko kay lagi tabian man kay ko sauna hilig pa mag-uban sa tapok nga tabi kauban ang mga silingan unya karon ako nalang dri usa sa silong maglingkod, maghinoktok."	Gradual loss of social contacts	Social Fade	Time That Moves Too Slowly (Lived Time)
P8. "Ang akong palibot hilom, ug kasagaran ako ra usa sa balay. Dili napareha sauna nga naa koy kaistorya matag adlaw."			
P6. "Muingon pod ko nga 'kapoy man akong lawas ron uy deli lang sako mokuyog'..."	Reduced mobility and activity participation		
P2. "Sa una, naa pa akong asawa, bisan wala mi anak, dili ko kaayo mo bati og kamingaw. Pero karon nga siya wala na, mas bug-at nagyud ang pagbati."	Death of spouse or friends		
P3. "Bation kaau kog kaguol mahinumdom sa akong anak. Pagkawala niya, di gyud nako malimtan."			
P5. "Oo, labinang pamahaw kay nasanay man gud ko nga sabay mi sakong anak ug asawa sauna unya kay lagi ang mga bata tua naman sa layo unya karon kay walana sab sya maong mingawon ko anang panahuna."			
P7. "Oo, mingaw man gyud kay wala na akong bana."			
P4. "Oh, naghatag jhud ug kabag-uhan. Ngano? Dira ko naka-experience nga ana diayng kinabuhi sa tawo, nga di ta	Adaptation and	Rethinking Reality	

palabig kuan satong barkada kay mao ray mo unay nimo. Dayun sa in-ana pod nga sitwasyon murag nakahatag napod ug leksyon ba."	acceptance of loneliness		
P9."Depende nasaakong pang-edaron karon, nag-anam-anam na ug kaand sakamingaw, sa paghinay-hinay ug sulbad saakong mga problema. Atong ibutang pud sa atong huna-huna ang mga maayong butang, dili nato ibutang ang mga dili maayo."			
P10. "Sakit gyud ang akong kaagi sa kamingaw sauna, labina sa panahon nga nagbulag mi saakong asawa ug gi-kuha sab niya ang akong mga anak."	Reflection and meaning-making		
P1. "Wala naman sad koy kaistoryahan karon. Maglingkod ra ko sa silong, magpahulay o magpamalandong."	Solitary reflection	Cultivating Inner Peace	Emptiness Within Familiar Spaces (Lived Space)
P2. "Mas mobati ko og kamingaw inig gabii. Mao na ang oras nga maghuna-huna ko sa mga butang nga nawala—akong asawa, ug ang pamilya nga among gipangandoy."			
P6. "Gi promised nakos akong kaugalingon nga ug mo retire ko focus jud ko sa simbahan"			
P3. "Kuan lang, moapil-apil lang sila sasimbahan. Mao man gyud nay paingnan ug matiguwang na, didto raman gyud sa simbahan. Ready na ghud na ug aha ibutang sa Ginoo."	Religious engagement and personal devotion		
P7. "Kuan, pero magbasa nasad rako sa Nazareno basta mag-ampo lang ko, mag ampo nalang jud ko permi."			
P5: "Laag nga lagyo kay kaya kaayo nako unya sa pakakaron di naman kaya di sab pariha sauna nga dali ra para nakonangbaklay-baklay"	Daily Life Anchored in Place	Finding Spirit in the Familiar	
P8. "Wala man sad kaayo dong. Naa raman ko diri gihapon sa balay usahay mogawas lang ko mag lakaw-lakaw sa gawas pag wala nakoy lingaw og usahay mag lingkud lang ko sa gawas mag pa hanginog mag lantaw-lantaw sa palibot taman mo hapon."			

P9. "Ang akong buhaton para dili ko makahunahuna ug ka mingaw kay maglakaw-lakaw ko ug molaag sa silingan, tabi kadiyot then uli."			
P4."Mas maayo pang magpundo ka sa balay dayun imong ikuan sa trabaho, panginabuhi, negosyo, tinda-tinda, ana."	Environmental Interaction and Well-Being		
P10. "Usahay, moadto ko sa sabongan aron malingaw. Moadto sab ko sa beach para mag sugba-sugba, ug mosimba pud ko."			
P1. "Wala man koy cellphone, mao nang dili ko kasulti sakong mga anak nga tua sa layo" "*Mao pud nga mas nabati nako ang kamingaw ug wala kayko kabalo sa ilangkahimtang ron"*	Limited Access to Media devices	Unplugged Living	Bridges and Barriers (Lived Things)
P2."Wala koygamitnga cellphone o social media" *"Sa tinuod lang, tingali makatabang unta, pero wala man ko naanad og teknolohiya"*			
*P3."Moanhi tong isa nako ka apo dri kung motawag si *****, wala man ghud koy cellphone nga akoa"*			
P9."Naa koy radyo, pero wala sab koy TV." *"Makalantaw ra kog TV ug mo laag ko sa akong mga anak."* *"Ug ang radyo, dili makatabang sa akong kamingaw kay usahay makadungog kag dili mao, unya mobalik nasab ang kagool."*			
P2. "Sa tinuod lang, tingali makatabang unta, pero wala man ko naanad og teknolohiya"	Tech Unfamiliarity		
P4."Wala man mi tv, maong mga sounds ra gyud kanunay"	Coping with Minimal		

P8. "Kay wala man koy cellphone, para mawala ang akong kalaay, maglantaw ko og TV ug maminaw sa radyo"	Media Access		
P9."Naa koy radyo, pero wala sab koy TV."			
P2. "Nakatabang rapod bya ni akong paglantaw og TV kay malingaw man kog lantawg salida og mga teleserye aning ABS CBN" *"Usahay sad sa radio makapaminaw og mga balita nga naunsa na ang kalibutan og usahay maminaw og tug tugsa music*"	Media Comfort	Wired for Warmth	
P7."Maong mag-ampo nalang ko, maminaw sad ko sa radyo, kay misa"			
P9."Ug molantaw pud ko'g TV, kana lang Showtime ra man pud ako ganahan lantawon." *"Akong lantawon sab kadagabii kay kana silang Dingdong."*			
P4. "Akong kinamagulangan ug kinamanghuran naga contact gyapon mi. Video call mi ana"	Family Connection		
P5."Oo gang, layo man akong mga anak manawag ko nila gamit sab nang cellphone nga ilang gihatag sa akoa." *"Dako kaayong tabang ning cellphone kay mingawon man sab ko's akong mga apo tuas layo."*			
P10. "Gamit kog messenger para makatawag ko saakong mga anak nga naa sa lagyo" *"Nakatabang ni aron ma contact nako sila ug mingwon ko sa ilaha."*			
P6."Last week sa february kay naa man gud ko'y vertigo, nya nag hikay ko paniudto nya ni kalit rakog kalipong mao tong nitawag dayon ko." *"Ni connect dayon ko sakong anak nya siya napod ang nag pahibalo saiyang mga igsoon."*	Emergency Support		

PARTICIPANT 1

Interviewer: Good morning, ma'am. We are from Misamis University 3rd year nursing students. Gibuhat namo ni nga interview para makabalo mi sa mga loneliness sa mga katigulangan, kung unsa ilahang experiences nila ug gi unsa nila pag cope up. Makatabang pod ni samong study sa government and mga health care provider kung unsa nga mga programa na ilang pwede mabuhat para malikayan o maubsan ang loneliness. Among study is entitled "Lived Experience of Loneliness Among Elderly: An Interpretative Study." Before ta magsugod, Magpahibalo mi nga ang imong identity will be kept anonymous, and the information nga imong ihatag or imong mga tubag will only be used for academic purposes. Okay raba ma'am if we proceed with this interview and record our conversation for transcription?

Participant 01: Oo, okay ra.

Interviewer: Okay so sa una nga pangutana, kani siya nga pangutana kay mao ang over all Question. Nagamit man mig Van Manen which is (5 lifewords) so amo rani syang i- question additional para makatabang ug dali. So, Can you describe your experiences of loneliness as an elderly individual? (Pwede ba nimo ipasabut ang imong kasinatian sa kamingaw isip usa ka tigulang?)

Participant 01: Lisod jud ang pagpuyo nga ikaw ra isa, labi na kung naa nakay gibati nga sakit, wala pa jud kay kwarta para sa maintenance nga tambal. Makabati ko usahay og kakapoy nga murag wala nakoy kasandigan. Layo akong mga anak, ug bisan pa nga nasabtan nako nga aduna na silay kaugalingong kinabuhi, sakit gihapon sa pamati. Usahay ganahan ko nga naa lang koy kadungan og storya o kadungog nga naay mangumusta. Mao nga usahay muadto ko sa akong silingan aron motan-aw og TV, aron lang mawala gamay ang akong kamingaw. Mao rajud pod tawon nay nalipay nako kay kung magpundo raman gud ko sa balay kay hilom kaayo unya makabug at kaayo sa pamati.Usahay, imbes maglingaw lingaw, mapasanginlan pa ta. Ang uban nakong silingan mosulti nga nagmarites ko bisag gusto ra gyud ko makig-istorya. Tungod ana, dili na ko ganahan makig-uban. Sakit pod sya huna hunaon labi na nga daan na ka nagbati og kamingaw. Ato pong panahon nga nagsakit ko ug wala koy pampalit og tambal. Nakadungag jud to sa akong kaguol og kamingaw kay wala man ko kahibalo kung kinsay masampit nako og motabang kay karon lagyo naman akong anak di parehas sauna nga dali ra sila masampit. Lahi rajud kaayo ang sauna.

Interviewer: Sakto jud ma'am. Lahi rajud ang sauna ug di gyud lalim nga mag inisura raka sa balay.

Interviewer: Next po, Do you feel lonelier in certain places or at certain times of the day? Why? (Mas mobati ba ka og kamingaw sa pipila ka mga lugar o mga oras sa adlaw? Nganong man?)

Participant 01: Oo, usahay makahinomdom ko sa akong mga anak nga tua sa layo. Labi

na sa gabii o kung mag-ulan, makahinomdom ko sa una nga naa pa sila. Mabalik jud nako tung mga panahon nga gagmay pa sila, ang kasaba sa balay kay magsampit sila nako inig mag away² sila og kanang mangita sila nako unya karon ako dri wala nay laing masampitan kay naa naman silay lain lain nga kinabuhi og pamilya. Kana nga mga oras, didto gyud ko makabati og kamingaw.

Interviewer: Next, How does your physical health or mobility affect your ability to connect with others? (Giunsa sa imong panglawas o kalihokan ang pag-apekto sa imong koneksyon sa ubang tao?)

Participant 01: Kung naay makig-istorya nako, motubag ko ug maminaw pud ko. Ganahan ko maminaw sa mga istorya sa uban, pero usahay kapoy na akong lawas. Gusto unta ko mogawas o makig-uban, pero ang akong panglawas di na mosugot. Mao nga maglingkod nalang ko ug maghilom-hilom.

Interviewer: Next, Do you feel that your body has changed in a way that influences your social interactions? (Nabantayan ba nimo nga ang kausaban sa imong panglawas nakaapekto sa imong pakig-socialize sa uban?)

Participant 01: Oo. Wala na koy kusog nga makig-istorya ug magpakatawa sama sa una. Wala naman sad koy kaistoryahan karon. Maglingkod ra ko sa silong, magpahulay o magpamalandong.

Interviewer: Sauna ma'am mahilig jud ka makig tabi tabi sa mga silingan?

Participant 01: Hilig kaayo oy, basta naa lay mo sulong dri saamo og tabi awh dira wala juy kaundangan nga tabi.

Interviewer: Karon ma'am nga nagbag o na tungod sa mga gipangbati, nakaya rapod nmo ma'am?

Participant 01: Awh anad-anad nalang ko nga naa juy kausaban, kay ingon ana gyud siguro ang kinabuhi. Atong una nabag khan jud ko kay lagi tabian man kayko sauna hilig pa maguban sa tapok nga tabi kauban ang mga silingan unya karon ako nalang dri usa sa silong maglingkod, maghinoktok.

Interviewer: Next, Have there been changes in your social relationships as you aged? If so, how have they affected you? (Aduna bay mga kausaban sa imong relasyon sa uban samtang nagkatigulang ka? Giunsa kini nakaapekto kanimo?)

Participant 01: Wala ra kaayo'y nabag-o kay mao ra gihapon akong mga silingan. Pero mas nabati gyud nako nga nag-inusara ko karon kay wala na'y pareha sauna nga muanhi o makigtabi nako.

Interviewer: Next, Do you use any forms of technology (social media, video calls) to stay

connected with others? If so, how has it helped? (Nagagamit ba ka og teknolohiya (social media, video call) aron makigkomunikar sa uban? Nakatabang ba kini sa imong kasinatian?)

Participant 01: Wala man koy cellphone, mao nang dili ko kasulti sakong mga anak nga tua sa layo. Mao pud nga mas nabati nako ang kamingaw ug wala kayko kabalo sa ilang kahimtang ron.

Interviewer: Last, What do you think could help reduce loneliness among elderly individuals like you? (Sa imong hunahuna, unsa ang makatabang sa pagpakunhod sa kamingaw sa mga tigulang sama kanimo?)

Participant 01: Kanang mga programa sa barangay nga magdalag katawa sa mga katigulangan. Apil napod ng sayaw-sayaw og kalingawan para pod malingaw mi. Tas kanang lantaw lang og tv para di maguol og makahuna huna og kamingaw.

Interviewer: Daghang kaayong salamat sa imong oras ug pagshare sa imong kasinatian, Ma'am. Ang imong giambit dakong tabang sa among pagtuon. Amping kanunay, ug hinaut pa nga pinaagi ani nga research, matagaan og dakong pagtagad ang inyong kahimtang.

PARTICIPANT 2

Interviewer: Good morning, sir. We are from Misamis University 3rd year nursing students. Gibuhat namo ni nga interview para makabalo mi sa mga loneliness sa mga katigulangan, kung unsa ilahang experiences nila ug gi unsa nila pag cope up. Makatabang pod ni samong study sa government and mga health care provider kung unsa nga mga programa na ilang pwede mabuhat para malikayan o maubsan ang loneliness. Among study is entitled "Lived Experience of Loneliness Among Elderly: An Interpretative Study." Before ta magsugod, Magpahibalo mi nga ang imong identity will be kept anonymous, and the information nga imong ihatag or imong mga tubag will only be used for academic purposes. Okay raba ma'am if we proceed with this interview and record our conversation for transcription?

Participant 02: Oo, okay ra.

Interviewer: Okay so sa una nga pangutana, kani siya nga pangutana kay mao ang over all Question. Nagamit man mig Van Manen which is (5 lifewords) so amo rani syang i- question additional para makatabang ug dali. So, Can you describe your experiences of loneliness as an elderly individual? (Pwede ba nimo ipasabut ang imong kasinatian sa kamingaw isip usa ka tigulang?)

Participant 02: Sukad namatay akong asawa, nabag-o gyud ang dagan sa akong kinabuhi. Ang adlaw mura'g taas ug walay sulod. Sauna, kuyog mi permi, bisan og simple lang. Karon, pirmi na lang hilom. Kada adlaw parehas ra—walay kaistorya, walay

kasangkot. Kada gabii, maghuna-huna ko nga kung aduna lang unta mi anak, basin dili ko mag-inusara karon. Tungod sa katigulangon, lain na pod akong lawas. Dali na ko kapoyon. Dili na ko parehas sauna nga abtik. Usahay, bisan ganahan ko makigtabi sa uban, mas pilion na lang nako nga magpundo sa balay. Ang lawas nako muingon nga pahulay na lang, mao nga wala na kaayo koy kadasig makig-uban sa uban. Mas sakit pa gyud kung makakita ko sa akong silingan nga nagtapok kauban ang ilang mga anak ug apo. Magkatawa sila, magtinabian, magkaon-kaon. Samtang ako, mutan-aw lang, hilom. Wala ko masuko, pero masakitan ko. Wala man koy anak, wala koy apo. Ug sa ingon ana nga mga higayon, mas mograbe ang akong pagbati sa kamingaw.

Interviewer: Condolences sir. Tinood jud sir nga dili lalim ang way anak kay way makaatiman nato inig matigulang ta ug watay masampit sampit og dali.

Interviewer: Next po, Do you feel lonelier in certain places or at certain times of the day? Why? (Mas mobati ba ka og kamingaw sa pipila ka mga lugar o mga oras sa adlaw? Nganong man?)

Participant 02: Mas mobati ko og kamingaw inig gabii. Mao na ang oras nga maghuna-huna ko sa mga butang nga nawala—akong asawa, ug ang pamilya nga among gipangandoy. Inig makakita ko sa akong silingan nga nagtapok uban sa ilang mga anak ug apo, mas mo-grabe akong pagbati sa kamingaw. Ma-realize nako nga lahi rajud kung naa kay matawag nga anak or mahimo nga Jr. Makamahay nga wala namo natuman ang sauna namong pangandoy sakong asawa.

Interviewer: Next, How does your physical health or mobility affect your ability to connect with others? (Giunsa sa imong panglawas o kalihokan ang pag-apekto sa imong koneksyon sa ubang tao?)

Participant 02: Dali na ko kapoyon karon. Dili na kaayo ko kasuroy sa gawas sama sauna. Tungod ana, dili na ko kaadto sa mga tapok-tapok o kalingawan sa barangay. Bisan ganahan ko makigtabi sa uban, mas pilion na lang nako magpabilin sa balay kay luya naman akong lawas.

Interviewer: Next, How has your experience of loneliness changed throughout your life? (Giunsa pag-usab sa imong kasinatian sa kamingaw sa nagkalain-laing yugto sa imong kinabuhi?)

Participant 02: Sa una, naa pa akong asawa, bisan wala mi anak, dili ko kaayo mobati og kamingaw. Pero karon nga siya wala na, mas bug-at na gyud ang pagbati. Na-anad na lang ko sa kahilom ug inusara, pero naa ra gihapon ang kamingaw. Ingon ana gyud siguro ning kinabuhi, nagabag-o ug kinahanglan mo-anad.

Interviewer: Next, How do your relationships with family, friends, or neighbors impact your feelings of loneliness? (Giunsa pag-apekto sa imong relasyon sa pamilya, mga higala, o silingan ang imong pagbati sa kamingaw?)

Participant 02: Wala koy kapamilya nga naa diri, ug panagsa na lang sad ko makigtabi sa mga silingan. Sauna, aktibo pa ko sa komunidad. Karon, pirmi na lang ko sa balay. Ang kakulang sa istorya sa uban, makadugang gyud sa akong kamingaw.

Interviewer: Next, Have there been changes in your social relationships as you aged? If so, how have they affected you? (Aduna bay mga kausaban sa imong relasyon sa uban samtang nagkatigulang ka? Giunsa kini nakaapekto kanimo?)

Participant 02: Oo, sauna, abtik pa ko motambong og mga tapok. Mokuyog ko sa akong asawa sa mga kasilinganan. Karon, sukad siya namatay ug nagkatigulang na ko, murag naawad-an nakog gana nga molakaw-lakaw. Mas ganahan na lang ko mag-inusara.

Interviewer: Next, How do activities such as watching TV, using a mobile phone, or listening to the radio help you cope with loneliness? (Giunsa sa mga kalihokan sama sa pagtan-aw og TV, paggamit og telepono, o pagpaminaw og radyo makatabang sa imong pagbati sa kamingaw?)

Participant 02: Nakatabang rapod bya ni akoong paglantaw og TV kay malingaw man kog lantawg salida og mga teleserye aning ABS CBN. Usahay sad sa radio makapaminaw og mga balita nga naunsa na ang kalibutan og usahay maminaw og tug tug sa music.

Interviewer: Next, Do you use any forms of technology (social media, video calls) to stay connected with others? If so, how has it helped? (Nagagamit ba ka og teknolohiya (social media, video call) aron makigkomunikar sa uban? Nakatabang ba kini sa imong kasinatian?)

Participant 02 : Wala, wala koy gamit nga cellphone o social media. Wala man sad koy anak nga kontakon. Sa tinuod lang, tingali makatabang unta, pero wala man ko naanad og teknolohiya.

Interviewer: Last, What do you think could help reduce loneliness among elderly individuals like you? (Sa imong hunahuna, unsa ang makatabang sa pagpakunhod sa kamingaw sa mga tigulang sama kanimo?)

Participant 02: Para saakoa kay kanang kung daghang kwarta I laag laag lang jud ug ilingaw ang kaugalingon mintras buhi pa tas pwede rapod lantaw og tv or maminaw sa radio. Kanang pag apil sad sa mga kalingawan sa barangay para di makasinatig kamingaw.

Interviewer: Daghang salamat sa imong oras ug pagshare sa imong kasinatian, Sir. Ang imong giambit dakong tabang sa among pagtuon. Amping kanunay, ug hinaut pa nga pinaagi ani nga research, matagaan og dakong pagtagad ang inyong kahimtang.

PARTICIPANT 3

Interviewer: Maayong buntag, ma'am. Kami kay mga estudyante nga gikan sa Misamis University. Naa mi karon diri ma'am kay para mangayog gamay tabang sa imoha nga moparticipate Ani among study. Bali interviewhon ka namo, ma'am. Ang title aning among study ma'am kay Lived Experiences of Loneliness among Elderly: An Interpretive Study. Kaning study namo kay about ni sya sa mga katiguwangan o mga senior citizen nga nag-inusara ug puyo, kung unsay bay kasinatian nila sa kamingaw. Kining among study kay makatabang ni sa lain sab nga katiguwangan puhon. Makatabang sab sya sa atong mga future nurses kay arun makabalo sila kung unsaon pagdala ang mga katiguwangan nga ingon ani ug kahimtang. Asta sab atong mga future nga researchers, matabangan nato sila sa ilang study puhon nga related ra sab Ani. Before ta magsugod, ma'am, gusto nakong makabalo ka nga ang imong mga private nga detalye sama imong ngalan kay walay lain makabalo kundi kami rang mga researchers. Kung unsa man gani imong desisyon ma'am, dili ka namo pugson kay gusto namo nga moparticipate ka sa among study nga igo sa imong kabubut-on. So ma'am, mo sugot ba ka nga interviewhon namo ug moparticipate ba ka sa among study nga walay pagduha-duha?

Participant 03: Okay, sige day. Gusto sab nako nga mga gwapa sama sakong apo.

Interviewer: Buyag, ma'am. Daghan kaayong salamat, ma'am, sa pagsugot. Kining among interview kay naglakip ug mga bukas nga pangutana, ug walay sakto ug sayop nga tubag niini, ang imong kinasing-kasing nga tubag ang importante. Gusto lang namong mapaambit ang imong personal nga gihuna-huna ug gibati. Kini nga interview kay modagan rag mga 30 minutos, ug ang imong mga tubag kay magpabilin nga kompidensyal. Kung pamati man gani nimo, ma'am nga dili naka komportable na motubag samong mga pangutana, mamahimo kang mobalibad sa amoa ug undangon nato ang interview.

Participant 03: Sige. Sugdan na nato?

Interviewer: Sige ma'am. Pero bag-o na, mangayo sa kog permiso nimo, ma'am kung okay ra ba sa imoha ma'am nga magrecord ko sa atong pagahisgutan karon?

Participant 03: Okay ra kaayo.

Interviewer: Salamat, ma'am. Sugdan na nato. Pwede ba nimong ipaila ang imong kaugalingon, ma'am?

Participant 03: Ako kay nag-inusara nalang dri sa balay. Wala nakoy kauban kay akong apo tua na sa Manila. Pero naa man sab akong uban pamilya nga moanhi dri nako ug mohatag sa akong uban panginahanglanon. Wala naman ghud koy trabaho kay tiguwang naman.

Interviewer: Hmm...Pwede ba nimong i-describe imong gibati as a tiguwang nga nag-

inusara ug puyo dri, ma'am?

Participant 03: Ang akong gibati kay nabalaka ko ug maayo sa akong apo nga tua sa Manila. Dayun akong mga problema dri, di man kaayo ko magproblema dri sa akong kahimtang kay makakaon raman sab kog katulo sa isa ka adlaw. Basta mauli lang intawn akong apo dri sa Ozamis, kay perti nagyud kaau nakong kabalakaha sa ilaha. Wa ko kabalo ug naunsa na sya didto, naa ba syay kapuy-an or unsa ba. Di ko katulog magabii ug hinuna-huna niya. Wala koy kauban dri sa balay maong kada gabii bation kaayo kog kamingaw niya ug ni ***** nga gikuha na sa Ginoo. Bation kaau kog kaguol mahinumdom sa akong anak. Pagkawala niya, di gyud nako malimtan, kanunay sa akong kasing-kasing nga naa koy anak mibiya nako. Pagkawala ni *****, Wala na dayun nagkadimao among kinabuhi ni *****. Wala naman mobadlong niya ghud kay Wala naman si *****. Di man ta ko gusto nga molakaw to sya pero tungod sa iyang mga pangandoy nga moskwela, nipadayun gyud siya. Unya walay klaro ang gadala sa iya didto, igo ra sya gidani para mouban dayun gipasagdaan na dayun sya didto. Wa nako kabalo ug naunsa na sya didto kay panagsa ra kaau sya motawag dri. Moanhi tong Isa nako ka apo dri kung mo tawag si *****, wala man ghud koy cellphone nga akoa. Nalooy kaau ko niya gyud, gusto sya mo uli sab pero wa daw syuay ikapleti. Lahi naman ghud kaau run nga tiguwang nako kay wala nakoy trabaho di pareha sauna nga makatigum ko binaligya ug utan ginagmay. Wala naman koy income run ghud, gasalig nalang ko sa ihatag nga pagkaon sa akong anak ug apo. Lisud kaau walay Kwarta gyud. Ako, lonely kaau ko. Walay nay kasiguraduan nga makauli pa si ***** kay walang-wala man gyud mi oi. Naningkamot gyud ko ug ayo asta sab tong iyang mama para mahatagan lang gyud syag pleti arun makauli. Wa gyud koy lain nga magbuhat kundi mag-ampo nalang, Ginoo ra guy makatabang namo.

Interviewer: Imong panlawas nay, nakaepekto ba sya sa imong gibati?

Participant 03: Usahay kay wala man pod koy gibati nga lain, makulbaan lang gyud kog hinuna-huna sakong apo nga naa sa layo, nerbiyoson ko ba. Pero ako lang lingaw-lingawon akong kaugalingon sa pagbuhat ug mga trabaho dri sa balay arun mawa sakong huna-huna ang problema na akong gihuna huna ba. Sama Karun oh, namandayu ko para di kaau ko magproblema, para malingaw ko.

Interviewer: Ang imohang panlawas, nakaapekto ba na sa imong pakighalubilo sa lain tawo?

Participant 03: Dili raman pod. I-control raman ghud nako, pero continuous akong pagkuan sa Ginoo. Ug naay tawo nga makig-istorya nako bahin sa Ginoo, mokuan man ko. Akong Kuan kay wa man nawala, naa ra gyapon akong pagsalig sa Ginoo. Kung unsa akong pagtagad sa ilaha sauna, mao ra gihapon karon. Naa lang gyuy usahay nga di nako maentertain kay nalimot na lagi ko sa dagway gumikan sa katigulang ba. Pero ug makaila ko kay makig-istorya man ko nila, hilabi na ug mahinumduman nako ang dagway.

Interviewer: Maglantaw sab kag mga tv or kalingaw nay?

Participant 03: Oo, motan-aw kog tv para mawala akong kaguol nga gibati maskin kadyot man lang. Magkalingaw kog panday dri. Magtanom ug mag-ayo sa mga angay ayuhon. Dako kaau ug katabang ning mga buluhaton dri sa balay para malimot ko ba nga gainusara nalang ko dri. Igka human sa adlaw, kapoy na akong lawas, Matulog nalang dayun ko para Malikayah nako nga makabati ug kaguol ug kamingaw. Mao nalang na akong pamaagi arun di ko mingawan ug ayo. Kuan pod, ug makadungog ko naay kalihokan sa simbahan, moapil-apil ko para sab malingaw ko ug makaalagad sa Ginoo.

Interviewer: Unsay angay buhaton nga mga program ug aktibidadis para sa mga katogulang nga gibati ug kamingaw?

Participant 03: Kuan lang, mo apil-apil lang sila sa simbahan. Mao man gyud nay paingnan ug matiguwang na, didto raman gyud sa simbahan. Ready na ghud na ug aha ibutang sa Ginoo. Maong ug naa man gani kalihokan ang simbahan, dra nalang gyud punta ang mga katiguwangan sama nako. Usahay po, mo attend pod ug ginagmay nga sayaw-sayaw. Pero kining matiguwang na, daghan na kaau ug bation, di na pareho sauna. Kani biyang mga tiguwang kay Dali ra kaau mahiubos. Maong iampo nalang gyud nako ang tanan. Ihatag nako ang tanan sa Ginoo.

Interviewer: Ug didto ra ta taman, ma'am. Daghan kaayong salamat sa imong pagsugot nga moparticipate sa among study, ma'am. Kaning imong mga tubag kay dako gyud kaayo nig katabang sa amoa, ma'am.

Participant 03: Walay sapayan, mga Inday. Ayaw biya ko ninyo kalimti ug mga human namo puhon ha?

Interviewer: Dili ma'am oi. Kini imong pagsugot sa interview kay dako kaayo nig katabang arun makalampos mi. Tabangi biya mig ampo nga makalampos, ma'am ha?

Participant 03: Oo, Syempre.

Interviewer: Daghan kaayong salamat, ma'am!

PARTICIPANT 4

Interviewer: Maayong hapon, ma'am. Kami kay mga estudyante gikan sa Misamis University. Kani nga interview kay para sa among study nga ang title kay Lived Experiences of Loneliness among Elderly: An Interpretive Study. Kaning study namo kay about ni sya sa mga katiguwangan o mga senior citizen nga nag-inusara ug puyo, kung unsay bay kasinatian nila sa kamingaw. Kining among study kay makatabang ni puhon sa uban nga mga katiguwangan, arun ang atong mga future nurses kay kabalo kung unsaon pagdala ang mga katiguwangan nga ingon Ani ug

kahimtang. Asta sab atong mga future nga researchers, matabang sila nga mas mapalambo ilang study. Bag-o ta magsugod, ma'am, gusto nakong makabalo ka nga ang imong ngalan ug uban private nga detalye kay walay lain makabalo kundi kami ra nga mga researchers. Dili sab ka namo pugson ug mobalibad kang magpa-interview, ma'am. Ug karon, ma'am, mo sugot ba ka nga interviewhon namo ug moparticipate sa among study nga walay pagduha-duha?

Participant 04: Oo, walay problema gang. Wa paman sab koy gibuhat.

Interviewer: Salamat kaayo, ma'am. Kining among interview kay naglakip ug mga bukas nga pangutana, ug walay sakto ug sayop nga tubag niini, ang imong kinasing-kasing nga tubag ang importante. Gusto lang namong mapaambit ang imong personal nga gihuna-huna ug gibati. Kini nga interview kay modagan rag mga 30 minutos, ug ang imong mga tubag kay magpabilin nga kompidensyal. Kung pamati nimo dili naka komportable na motubag samong mga pangutana, mamahimo kang mobalibad sa amoa ug undangon nato ang interview.

Participant 04: Aww sige gang.

Interviewer: Bag-o nato sugdan atong interview, ma'am, mangayo lang mig permiso sa imo ma'am nga magrecord mi.

Participant 04: Walay problema sa akoa.

Interviewer: Daghan kaayong salamat, ma'am. Sugdan na nato, ma'am. Pwede nimo ipaila imong kaugalingon?

Participant 04: Ako kay usa na ka balo ug gainusara na ug puyo dri sa balay. Wala na akong mga anak kay naa naman silay mga pamilya, molaag ra sila dri panalagsa kauban sakong mga apo.

Interviewer: Ahh...pwede ba nimo I explain ang imong kasinatian sa kamingaw, ma'am?

Participant 04: Kamingaw sa mga problema, kita ra nag-inusara, pagbalanse ug unsay paagi, unsay mga kasulbaran nga wa tay ikatimbang sa pangita sa panginabuhi. Ingon ana. Kamingaw sa uyab. Bitaw tinood biya na. Dayon way makatabang nato para sa mga panginahanglan. Ug makahatag man gani taman ra sa kaon.

Interviewer: Sunod nga pangutana te, unsay epekto sa imong environment bitaw sa imohang kagool? Nakabati ba ka ug kagool tungod sa imong palibot or nakatabang kini para ma wala imong kagool?

Participant 04: Wala, ako lang nag-inusara. Lisud kaayo ning silingan pag kita moy wala, wala pod ka nila. Perog naa ka, kaila kaayo sila nimo. Anytime kaayo ta nila, wa jud mibalibad basta naa lang, pero pag akoy wala, wala jhud ta nila. Mao nang ako karon, sakong Kuan, di nako makigsuod. Ug moanhi sila, istorya gamay. Di na gyud pareha anang akoy moadto sa ila, mag-uban ug laag-laag, dili na. Dili jhud ko.

Interviewer: Bation ba kag kagool sa usa ka Lugar or sa usa ka panahon?

Participant 04: Kanang hapon, panahon na tingtrabaho dayun akoa tanan. Ako tanan maghakot tubig, magbugha ug kahoy, bunot lubi, mao mana akong buhaton para magamit nig buntag. Ako tanan, luto ug sud an, tanan tanan. Mao na akong kagul-an, human sa trabaho, wa na. Murag labay lang ba. Di man pod ko tig tanom ug problema.

Interviewer: Naa ba kay gibati run te? Makaapekto ba na siya sa imong paglihok dri sa balay ug pakighalubilo nimo sa lain tawo?

Participant 04: Naa guy panahon nga sakit kaayo, sakit hikapon akong buhok. Dayon mawala raman sya kadugayan. Kana siguro nang mapasaran kog kaon ba. Ang pikas raman pod sa ulo nako ang sakit.

Interviewer: Nabati ba nimo te nga naa nay kausaban imong lawas?

Participant 04: Syempre makita nako sakong mga pictures sauna ug karon. Karon medyo gyud nikupos ko ba. Akong naewong sauna katong ni-edad pakog 52-54, medyo bugol-bugol pa ba. Karon lahi najhud, nikupos najhud.

Interviewer: Nakaapekto ba na sya sa pakig-interact nimo sa lain tawo?

Participant 04: Oh, kay murag ingon ghud ta nga, "Naniwang lagi kaayo ka run? Naguol ka no sa imong mga kuan?" Ako, wala man. Maguol nalang ta.

Interviewer: Naa bay specific nga panahon nga nakafeel ka ug kagool? Like, naa kay nahinumduman sauna nga nakapagool sa imoha?

Participant 04: Naa jhud. Dati naa koy textmate, pero pagkahibalo nako nga naa syay Asawa, Syempre murag nadevelop najhud ko, nainlove nako niya, nagool gyud ko. Tawag- tawag rami, text-text, dayon kalit lang nawala. Gipost pagyud ko, ako di gyud ko maulaw mosulti kay wa man ghud sya nagpahibalo na minyo man diay sya. Sa tinood lang, daghan na kaayo kog kasuko sa iya kay gikuan ko nga wa man lang koy kasayuran.

Interviewer: Diba te, nakabati ka ug kamingaw? Naa ba ni syay kabag-uhan sa imong kinabuhi?'

Participant 04: Oh, naghatag jhud ug kabag-uhan. Ngano? Dira ko naka-experience nga anang diayng kinabuhi sa tawo, nga di ta palabig Kuan satong barkada kay mao ray mo unsay nimo. Dayun sa inana pod nga sitwasyon murag nakahatag napod ug leksyon ba.

Interviewer: Imo diay relasyon sa imong pamilya, friends, ug silingan te, Nakaapekto ba sa imong kasinatian sa kamingaw? Nakatabang ba sya na mawala imong kamingaw or nakadungag sa imong kamingaw?

Participant 04: Bahin sa barkada, bahin sa miga, murag nakaapekto sila. Panahon bitaw nga medyo murag kag galisud, makasabot man ghud ka nga gitsismisan ka. Pati sakong mga anak, pero sakong mga apo kay malingaw raman ko sa ilaha. Akong atensyon kay naa ra nila ug manlaag sila nako. Wala koy panahon pag-laag-laag,nakafocus ko sakong panginabuhi sa adlaw-adlaw, ug sakong mga apo.

Interviewer: If nagool ka te, unsay mga buhaton nimo arun mawala imong kagool?

Participant 04: Matulog, magkanta-kanta, kana ra sila. Di ko ganahan maglaag-laag ug naa koy problema. Wala man koy bana. Ako nalang, solo jhud. Wala man mi tv, maong mga sounds ra gyud kanunay. Pabungol sa sounds, kanta-kanta.

Interviewer: Naa kay pamilya nga nagpuyo sa layo?

Participant : Naa. Akong kinamagulangan ug kinamanghuran pero naga contact gyapon mi. Video call mi ana.

Interviewer: Last nga question te, unsa may angay buhaton para matabangan ang mga tiguwang nga nag-inusara ug nakasinatig kagool?

Participant 04: Sa akong bahin no, arun mawa ang kagool, ilingaw nako akong kaugalingon sa pagtrabaho, pero ug suroy-suroy wa jhud koy panahon kay nig-uli sa balay mobalik ra japhun tanan nakong problema. Mas maayo pang magpundo ka sa balay dayun imong ikuan sa trabaho, panginabuhi, negosyo, tinda-tinda, ana.

Interviewer: Mao rato tanan, ma'am. Daghan jhud kaayong salamat sa imong partisipasyon, ma'am. Dako jhud kaayo nig ug katabang sa amoa.

Participant 04: Welcome, gang. Salamat sab ninyo.

PARTICIPNT 5

*Interviewer:*Maayong buntag sir, I'm from Misamis University 3rd year nursing student ug usa ko ka researcher. Gibuhat namo ni nga interview para makabalo mi sa mga loneliness nga giabati sa mga katigulangan sama nimo, kini makatabang sa government nga ma address ang inyong kasinatian para kini usab matabangan mi as a researcher nga makita namo ang inyung sitwasyon para mahatagan ug bili kini sa atong goberno. Unya sir mag record ko for the purpose nga i- transcribe imong tubag sa akong pangutana, ayaw pod kahadlok kay kini imong tubag kay naka disclose nga kita rang duha ang naka balo. Okay ra ba sir?

Participant 05: Oo, okay ra.

Interviewer: segi sir mag sugod nako, kani akong unsa nga pangutana kay mao ni among

ang overall nga question. Nagamit mi ug Vab Manem which is (5 lifewords) ako lang ni syang I- question additional para makatabang. Proceed nako sir , can you describe your experience of loneliness as an elderly individual? (Pwede ba nimo ipasabut ang imong kasinatian sa kamingaw isip usa ka tigulang?)

Participant 05: Wala na man gud ko'y pares gang nya ako ra isa ug akong iro, laay jud sya labi na usahay kanang nangihanglan kag kaistory need pa mulakaw sa silingan kay

wala man koy kauban. Mingaw sab ang pamati kay lagi ako nalang man usa di pariha sa una nga kay kauban mukaon, karon ako nalang jud tawon nya panalagsa ra kaayo ko maduaw sa akong anak kay tua man sa layo

Interviewer: lisod jud diay ning lagyo ang anak sir sa? Participant 05: Oo gang uy.

Interviewer: Next sir kay, Do you feel lonelier in certain place or at certain times of the day? Why? (Mas mobati ba ka og kamingaw sa pipila ka mga lugar o mga oras sa adlaw? Nganong man?)

Participant 05: Oo, labi nang pamahaw kay nasanay man gud ko nga sabay mi sakong anak ug asawa sauna unya kay lagi ang mga bata tua naman sa layo unya karon kay wala na sab sya maong mingawon ko anang panahuna. pareha sab sa kanan manglaag mi uban man gud jud tanan unya karon kay ako nalang mulaag usahay sakong anak nya tua pa gyd ug layo, tuag abroad United state, mao nang panahuna nga mingawon jud ko nila.

Interviewer: sunod sir, How does your physical health or mobility affect your ability to connect with others? (Giunsa sa imong panglawas o kalihokan ang pag-apekto sa imong koneksyon sa ubang tao?)

Participant 05: Di jud ikalimud nga gulang na jud ko gang, naa sab kausaban uy pareha anang sauna abtik kaayo ko anang laag ug imbetaron gani lakaw dayon di na magduhaduha kay baskog pa man ang tuhod, unya ang karon kay naunsa mang kapoy na man gani ko mosuroy aning silingan laayon lang jud ko maong mosuroy ra pod ko, pero lahi na jud kaayo sauna kay abtik kaayo, lisod sab ning nagkatigulang kay di na sab ka sugakod ug lagyo nga byahe mao bitaw ning akong mga anak nga tua sa gawas (america) kay segi nila imbetaron didto unya kay lagi apyugon na man maong sila nalang akong pasoruyon deri.

Interviewe: lagi sir no? Di man jud malikayan gud labi na nga nagka edaran na. Sa next na pod ko nga pangutana sir kanang, Do you feel that your body has changed in a way that influences your social interaction? (Nabantayan ba nimo nga ang kausaban sa imong panglawas nakaapekto sa imong pakig-socialize sa uban?)

Participant 05: Oo, pariha anang sauna ug laag nga lagyo kay kaya kaayo nako unya sa pakakaron di naman kaya di sab pariha sauna nga dali ra para nako nang baklay-baklay unya sa pagkakaron kapoy na, kutas na kaayo di na jud ko kaagwanta.

Interviewer: kusog jud diay ka mag laag laag sauna sir no?

Participant 05: oo, gang lagyo gani kaayog naabtan kay lagi kani sab akong pamilya anad man mig mangadtog lain laing lugar.

Interviewer: mao jud, so next kay, Have you there been changes in your social relationship as you aged? If so, how have they affected you? (Aduna bay mga kausaban sa imong relasyon sa uban samtang nagkatigulang ka? Giunsa kini nakaapekto kanimo?)

Participant 05: Sa pagkakaron kay Oo naa jud, kay sauna suod kaayo mi saakong mga amigo naa gani usahay ug dili ko kaagto sila ang muanhi unya naunsa mang karon ug dili agtuon di sab mi mag kita, hinuon sinabtanay ra mana kay sa ako man sab ushay naa man jud tay panahon nga ma busy maong sabot ra sab ko, pero di malikayan ning mabag uhan kaba kay lagi lahi ra man tong sauna. Maguol sab ko usahay pero sabton ra jud na nimo kay lahi-lahi man mog posisyon sa kinabuhi.

Interviewer: Next, Do you use any forms of technology (social media, video calls) to stay connected with others? If so, how has it helped (Nagagamit ba ka og teknolohiya (social media, video call) aron makigkomunikar sa uban? Nakatabang ba kini sa imong kasinatian?)

Participant 05: Oo gang, layo man akong mga anak manawag ko nila gamit sab nang cellphone nga ilang gihatag saakoa, dako kaayong tabang ning cellphone kay minga- won man sab ko's akong mga apo tuas layo, igo rako manawag mangumusta sailaha.

Interviewer: Last, What do you think could help reduce loneliness among elderly individuals like you? (Sa imong hunahuna, unsa ang makatabang sa pagpakunhod sa kamingaw sa mga tigulang sama kanimo?)

Participant 05: Para nako gang kay kaning tv, tv man gud jud ang dali ma open nako mas mag tv pa man gani ko kaysa anang selpon ug kani pong laag nga uban akong pamilya kanang imbetaron ko kana, mabaw ra man gud ning kalipay namo gang uy.

Interviewer: Daghang kaayong salamat sir sa paggahin saimong oras sa pag participate karong buntaga salamat sa sa pa share sa imong kasinatian, kining paambit nimo kay dakong tabang aron masulta ug mahatagan ug pagtagad ang imong kahimtang.

PARTICIPANT 6

Interviewer: Good morning, Ma'am. We are from BSN 3D. Kini nga interbyu nagalakip ug mga pangutana nga ni base sa kasinatian sa usa ka tigulang, Kini nga mga pangutana bukas ug walay eksaktong tubag aron mapaambit nimo ang imong mga personal nga istorya, gihunahuna, ug gibati. Walay sakto o sayop nga tubag niini—

ang imong tinuod nga kasinatian mao ang labing importante. Ang interbyu molungtad ug mga 30 minutos ug ang imong tubag pagatipigan nga kompidensyal. Kung sa bisan unsang punto dili ka komportable, mahimo nimo nga laktawan ang usa ka pangutana o undangon ang interbyu. We would like to ask if okay raba nga mugamit mi ug recording device for transcription purposes, ang maong recording kay itago ug ibutang kini sa usa ka drive nga anaay password. Okay ra po?

Participant 06: Yes, okay ra.

Interviewer: Pwede ba nimo ipaila imong kaugalingon?

Participant 06: Ako si T,A 66 nag puyo sa Ozamiz City , usa ka retired nga impleyado sa MHARS MC naa ko sa housekeeping.

Interviewer: Pwede ba nimo ipasabut ang imong kasinatian sa kamingaw isip usa ka tigulang?

Participant 06: Ako sa pagkakaron dili gayud ako mahulog nga lonely, kay bisan nagtrabaho pako ako'y nag dala sa kapilya sa hospital ever since ako gayud tanan, sa pag atiman sa pare ug sa tanan labina sa mga pagkaon tanan tanan ako gayud na ug unsa ang mga gamiton nako sa simbahan. Gi promised nako sakong saugalingon nga ug mo retire ko focus jud ko sa simbaha, pero before pako wala nag trabaho presidente nako sa choir sa tibuok simbahan sa Ozamis City.

Interviewer: Giunsa pag-apekto sa imong kasamtangang palibot—sama sa imong silingan o komunidad—ang imong pagbati sa kamingaw?

Participant 06: Ma feel gihapon nako ang kamingaw kay sa nag trabaho paka bibo enjoy, then naa kay dawaton nga every almost every week nga naay mahatag, karon nga ni retired nako naa mi mga parente pero seldom ra kaayo mi mag kita, mag istorya kay gumikan wala mi naanad bitaw anang mag storya anang nonsence wala, magkita lang. Sa tanan deri ako ra ilang makita ngasegi rag gawas kay naa man gud ko almost every day sa simbahan

Interviewer: Aduna bay mga lugar o sitwasyon nga mas mobati ka og kamingaw? Nganong man kaha?

Participant 06: Oo pareha karon alone rako deri sa balay, nya alone rako pero akong anak concerned man gud man jud nako nga para kuno deli kaayo ko maguol gyd kay ila kung gipatauran ug wifi aron malingaw ko ug deli rako nila pugngan nga unsay sa akong mga lakaw basta sakto lang ug maayo lang akong mga lakaw deli ko nila pugngan bisag everyday ko mulakaw kay akong katuyoan maayo man.

Interviewer: Sa imong pagtigulang, nabag-o ba ang imong kasinatian sa kamingaw? Kung oo, unsa'y kausaban sa niya samtang nagkatigulang ka?

Participant 06: Para nako wala, kuan man gud ko nga pagkatawo jolly, deli ko mo absorbed ug problema I ignore nako tanan mao nang bisan ni retired nako tanan sila lantaw nako kay mura ra kuno ko'g ako kay kuan man gud ko hingatawa ba the mo approach kog tawo nga maayo wala sab ko'y kuntra.

Interviewer: Aduna bay mga panahon o hitabo sa imong kinabuhi nga mas nabati gyud nimo ang kamingaw? Pwede ba nimo kini ipaambit?

Participant 06: Oo naa gyd ang kamingaw pareha anang for example karon ako ra isa mo tan-aw rako sa TV, pero naa lang ko'y daghang amiga nga manawag nako mangomusta ug ila kong duawon deri sa balay kay makig storya ug makig laag sab nako, mao nang deli gyd ko completely nga mingaw pero dili gyd nga malikayan naa gyd ang kamingaw labi kay lagi balo nako.

Interviewer: Giunsa pag-apekto sa imong relasyon sa pamilya, mga higala, o silingan ang imong pagbati sa kamingaw?

Participant 06: Pag feel na gyd nako ang kamingaw kay mukontak ra gyd ko nila moduol lang gyd ko nila, laag lang gyd ko nila ug naa lang pod ko'y problema kay mo share ra pod ko nila unya icomfort ra pod ko nila.

Interviewer: Nag-usab ba ang imong relasyon sa uban tawo sa imong pagtigulang? Kung oo, unsa'y epekto sa imo sa mga kausaban?

Participant 06: ang positive Para nako karon kay mas naduol nako ang mga amiga nako nga sauna nga nagtrabaho pako talgasa ra nako makita nya sa pag retired nako makita nanako sila segi, segi nami makaistoya kay naa naman ko'y panahon.

Interviewer: Giunsa pag-epekto sa kahimtang sa imong panglawas o kakayahan sa paglihok ang imong pakig-uban sa uban?

Participant 06: Ang diperensya kay nakita nako sa nag trabaho pako kay wa jud ko'y gibate nga sakit-sakit kay ka kita na man ta sa mga sakit sa hospital nya kabalo naka maglikay naka ana, unya active pod kaayo ko, pero karon nga ni retirede nako kana sigurong di naka pwede maabik kay pwede na man ka deli mubangon kay deki ka mutrabaho nya pwede naka udto naka mubangon muabot nga mutapol naka sa imong kaugalingon kay pwedi naka deli magluto, nya mura sab kag maabot ka sa point ba nga mura kag maluya kay lagi anad imong kaugalingon nga active kaayo sa una.

Interviewer: Nabati ba nimo nga ang mga kausaban sa imong panlawas nakaapekto sa imong pakig-uban sa uban? Giunsa man?

Participant 06: Kay ako man gud ug naa ko'y transaction or magkita ta or buhaton or meeting, ako jud nang buhaton, pero sa panahon nga mangagda sila ug suroy,

muingon pod ko nga “kapoy man akong lawas ron uy deli lang sako mokuyog” mubalibad pod ko ug isa pod kay ang financial kay lahi ra jud ang naa kay trabaho kay naa jud kay madawat di pareha aning maghulat rakas pension.

Interviewer: Unsa nga mga kalihokan o lingaw-lingaw—sama sa pagtan-aw og TV, paggamit og telepono, o pagpaminaw og radyo—ang makatabang sa pagpakunhod sa imong pagbati sa kamingaw?

Participant 06: Ang pag agto sa simbahan jud kay naa man sab didto akong mga amiga ug malingaw sab ko sa mga bulohaton maong di ra sab ko magmingaw didto.

Interviewer: Nagagamit ba ka og teknolohiya sama sa video call o social media aron mokonekta sa uban? Giunsa kini pagtabang nimo?

Participant 06: Oo pare example nako kay akong last week sa february kay naa man gud ko’y vertigo nya nag hikay ko paniudto nya nikalit rakog kalipong mao tong nitawag dayon ko ni connect dayon ko sakong anak nya siya na pod ang nag pahibalo sa iyang mga igsoon, maong usa gyd ni sa gamit kaayo pag abot sa emergency labi na pareha nako nga ako ra nag inusara.

Interviewer: Sa imong hunahuna, unsa man ang mga butang nga makapakunhod sa kamingaw sa mga tigulang sama kanimo?

Participant 06: Kanang happy ka, happiness jud then naa jud kay focus sa imong kaugalingon nga ug matigulang ka naa jud kay imong oras kung asa ka dapit nga malipay, outlet sab jud nako ang simbahan kay mao sab akong usa sa kalipay ug magbonding ra sab sa akong mga amiga nya among hisgutan kay para ra sab sa Ginoo, ug suroy pod grabi pod akong suroy kay bisag asa.

PARTICIPANT 7

Interviewer: Maayong adlaw! Ako diay si Khylle Adriane D. Burlas, usa ka estudyante sa kursong Bachelor of Science in Nursing sa Misamis University. Nagahimo ko karon og research ug ang katuyoan ani mao ang pagsabot kung unsaon pag-atubang sa mga tigulang sa kamingaw ug unsaon nila pag-atiman sa ilang emosyonal nga kahimtang samtang nag-inusara. Pinaagi sa imong kasinatian, makatabang ka sa among pagsabot sa mga tinuod nga kahimtang nga gisagubang sa mga elderly sa ilang adlaw-adlaw nga kinabuhi. Apan sa dili pa kita magsugod, gusto ko nga ipasabot nimo ang pipila ka mga butang. Ang imong pag-apil aning interview dili pugos buot ipasabot nga kung dili ka komportable sa ubang pangutana, pwede ra nimo dili tubagon. Konpidensyal ang tanan nimong tubag dili kini gamiton sa bisan unsang paagi nga makaila sa imong tinuod nga identidad. Anytime pwede ka mobiya sa interview kung dili naka gusto mopadayon. Gamiton ra ang imong mga tubag para sa akademikong tuyo ug research purpose lamang. Kung okay ra nimo, magsugod na ta. Andam naka?

Participant 07: Oo sigi loy.(then nod)

Interviewer: Ming kaon naka nay?

Participant 07: Oo loy.

Interviewer: Before diay ko mag start nanay, kanang mag ask ko nimo if mo sugot baka na e interview karon buntaga? and dili sad ma balaka nanay kay kani na interview kay ato-ato lang ni siya o confidential rani siya pasabot na dili kini ma hibalo sa uban po, if okay ra nimo nay?

Participant 07: Okay ra.

Interviewer: Sigi mag start nako nay ha? Ikaw ra usa diri nay?
Participant 07: Oo dong, pero mo anhi akong anak usahay.
Interviewer: Sigi nay nakang pwede naba ta mag sugod aning interview nato po?

Participant 07: Sigi walay problema, pero ta-asa lang magay ang tingog dong kay bungol-bungol na raba ko.

Interviewer: Ay wala nay problema nanay.

Interviewer: Pwede ka mag pa ambit sa imong kaugalingon sama sa imong edad, asa ka nag puyo, og imong pag adlaw-adlaw na kinabuhi?

Participant 07: Ako si L.S nag-edad og 50, sa Banadero. Akong pag-inusara, akong mga bata unom o pito sila nga nabuhi nako. Nangompit man ko sauna, moadto sa Tati kay akong pares tua sa barkada—patay naman siya dugay na. Tua siya sa barkada, wala may pakialam namong magtiayon, mao nga nanginabuhi ko og ma- inusara. Sa kalooy sa Diyos, akong mga anak nangadako na, pero wala pud sila nakalampus tungod lagi sa kakuwang sa panalapi. Sa mga anak, pila ra kabuok ang babaye. Wala mi'y kabtangan, wala gyud makuha, ako rang paningkamot. Dayon, nibalhin ko sa Cagayan kay aduna koy igsoon didto. Sa akong pagpanginda, mura kog gilay-an bitaw kay dili man to akong lugar. Mao nga mibalik ko diri sa Banadero. Dinhi, nakaminyo ko og ikaduha, pero kani siya, mapinanggaon ug relihiyoso. Ang iyang mga anak lang ang supak sa among kaminyoon. Gusto nila nga dili na magminyo ilang amahan, pero akong gipangga siya tungod sa iyang pagkabuotan ug pagka-diosnon. Busa, giatiman nako siya. Pagkadaot niya niadtong 2009, na- paralyzed siya. Adtong pagkaparalyzed niya, akong kamanghuran nga anak maoy magpas-an-pas-an niya. Kay sa ato pa, gikontrahan na siya sa iyang mga anak kay nakigminyo siya nako. Ako siyang giingnan, "Lang, ingon-ana lang diay atong pagpuyo?" Ako siyang giingnan nga "Mo-uli nalang ka sa inyo kay anak man nimo sila. Dili man pud ko maka-kuan kay wala man tay pinirmahan." Ako siyang giingnan, pero dili ko mosugot kay gipangayo taka sa Ginoo. Basta kay ako, magsilbi ko nimo taman ra diha. Pero kung ingon-ana lang ka sa imong mga anak,

dili ko. Dayon, ilang gipangkuha siya. Katulo siya'g kuha sa iyang mga anak. Nianang ikatulo, nananghid siya nako nga mo-uli siya kay dili siya pakan-on sa iyang mga anak, limtan ba siya. Nakapoy pud ko kay gipanglibak man gud ko nila. Wala man pud silay butang-butang kay nagtrabaho ra man siya sa kilid. Php 3,500 ra iyang madawat sa iyang trabaho, tapos kuhaan pa sa iyang mga anak. Unsa pa man ang among pagkaon? Mao to, ako siyang giingnan, "Ako, dili nako magbuot sa imo kay imo manang mga anak. Naa ra nimo." Dayon, kay gusto man siya mokuyog sa iyang mga anak, misugot nalang ko. "Sige, ikaw na bahala sa kwarta."

Interviewer: So nay, unsa may pwede nimo ma describe sa amoa og unsa imonhang na bati atong ikaw nalang usa nabilin nag puyo?

Participant 07: Kuan man gihapon, malipayon man gihapon ko, maong ning-abot karon akong edad og 85. Lahi man gud among kadugo kay Salvador, nya nakabana ko og Malime. Nya, kuan pud, kaliwat nila kay hubakon, usahay biklonon pud. Dili lang ko mag-ambat sa ilaha, pero pait jud—pait sa tanan pait, hangtod karon.

Interviewer: Pero maka bati jud ka og ka mingaw nay no?

Participant 07: Oo, mingaw man gyud kay wala na akong bana. Bitaw, kay kinasal man mi, mingaw siya, pero ma-handle gihapon nako.

Interviewer: So unsa puy ma kuan nimo nay, if ever gibati ka og ka mingaw or ka guol na ikaw ra us ana inusara. Unsa poy buhaton nimo nay?

Participant 07: Karon, dili na ko makalihok-lihok. Tua na lang ko sa pagpamalandong.

Interviewer: So kani nay, gi unsa man nimo pag apikto imong palibot sa imong mga kamingaw nay. Naka apikto ba ang palibot sa imong kamingaw.?

Participant 07: Mangayo nalang ko sa Ginoo, Dong, nga tagaan kog maayong lawas—pagkapiskay sa lawas. Mao ra gyud na akong pangayo kay dili naman ko makalihok- lihok. Kani akong kamot, binhod na, dili na maka-aswat og kutsara. Naa man pud akong mga apo, pero dili na masugo—mga tapulan. Mao nga ako nalang ang nagpaambit sa akong kaugalingon.

Interviewer: Pero naay mga specific na lugar nay or situation na maka trigger jud pag mo adto ka ana na lugara dayon maka bati ka og ka mingaw?

Participant 07: Nuon, akong mga igsoon naa sa Cagayan, tua sad sa Bukidnon. Niadtong miaging Disyembre, nag-reunion mi. Niadto ko uban sa akong mga anak.

Interviewer: Pero na usab ba imong kamingaw nay, samtang nag ka tigulang ka?
Participant 07: Wala oi, wala raman, mao ra gihapon.
Interviewer: Wala bakay pamilya na mo tabang na sa imoha na mo bati sa imong ka mingaw nay.?

Participant 07: Ambot lang, pero naa man koy anak nga tua sa Manila, nagtrabaho nila laboring. Usahay, padal-an ko nila og kwarta pangpalit nako og tambal.

Interviewer: Pero kuan nay Kamusta naman imong pang lawas karon nay?

Participant 07: Karon, maayo man kog gibati, pero napiang man gud akong dape-dape, maong maglisod ko'g lakaw. Dili lang kana, kani pud akong kamot, binhod gihapon. Pero sa kalooy sa Diyos, among doktor sauna—kanang naa sa Faith Hospital magpa check-up ko niya.

Interviewer: Naa man kay mga amiga, friends, or barkada nay no?

Participant 07: Naa pa, pero nangamatay naman sila. Pero naa pay usa diha, si Marciana. Balo na pud siya. Iya gali birthday karon.

Interviewer: Ay diay? Happy birthday sa ihaya nanay.

Participant 07: Naa ra siya diha ga puyo sa unahan, parihas sad ming balo.

Interviewer: Kanang unsa may mga kalingawan nimo nay like mga hobbies nimo kanang unsa man ang mga ginabuhat nimo pang pa lipas oras, like kanang mga tv or radio?

Participant 07: Dili ko ka lantaw sa TV kay magsakit akong mata. Interviewer: So mag ampo nalang ka nay?
Participant 07: Maong mag-ampo nalang ko, maminaw sad ko sa radyo, kay misa.

Interviewer: Sa imong pang lantaw nay, unsa may makapawala o makapahimunos sa mga ka mingaw sa mga tigulang parihas sama nimo

Participant 07: Kuan, pero magbasa nasad rako sa Nazareno basta mag-ampo lang ko, mag ampo nalang jud ko permi.

Interviewer: Sigi nanay didto r ataman atong interview karon po, samalat jud kaayo sa imong oras!

Participant 07: Wala problema dong, ako may nag pa salamat sa ninyong duha kay naay koy ka istorya karon, kay na laayan na jud ko diri jud.

Interviewer: Pa salamat sad me nay, kay naa me karon diri nag tabi-tabi nimo, dili pa unta me gusto mo lakaw kay na lingaw nami og tabi-tabi sa imoha pero og sa dihang mang lakaw paman gud me nanay oi. Mag ayo-ayo ka diri permi nanay ha? Mag ampo ka permi kanang hatagan ka sa Diyos og maayong lawas permi.

Participant 07: Sigi dong e apil sad tamo sa akong pag ampo permi.

Interviewer: Hala! Salamat jud kaayo nanay. Ayaw sad og kabalaka nanay kay e apil sad ka namo sa among pag ampo, na hatagan ka permi sa Diyos og maayong lawas kanunay.Sigi nay anhi sa me, amping po!

PARTICIPANT 8

Interviewer: Maayong adlaw! Ako diay si Khylle Adriane D. Burlas, usa ka estudyante sa kursong Bachelor of Science in Nursing sa Misamis University. Nagahimo ko karon og research ug ang katuyoan ani mao ang pagsabot kung unsaon pag-atubang sa mga tigulang sa kamingaw ug unsaon nila pag-atiman sa ilang emosyonal nga kahimtang samtang nag-inusara. Pinaagi sa imong kasinatian, makatabang ka sa among pagsabot sa mga tinuod nga kahimtang nga gisagubang sa mga elderly sa ilang adlaw-adlaw nga kinabuhi. Apan sa dili pa kita magsugod, gusto ko nga ipasabot nimo ang pipila ka mga butang. Ang imong pag-apil aning interview dili pugos buot ipasabot nga kung dili ka komportable sa ubang pangutana, pwede ra nimo dili tubagon. Konpidensyal ang tanan nimong tubag dili kini gamiton sa bisan unsang paagi nga makaila sa imong tinuod nga identidad. Anytime pwede ka mobiya sa interview kung dili naka gusto mopadayon. Gamiton ra ang imong mga tubag para sa akademikong tuyo ug research purpose lamang. Kung okay ra nimo, magsugod na ta. Andam naka?

Interviewer: Kang before ta mag start tatay, mag ask ko nimo na okay raba ka e interview katong adlawa? Tas dili sad ma balaka tay kay ani na interview kay ato-ato rani pasabot na confidential kini og dili sad ni siya ma hibalo sa kinsa na laing tao kung dili atoa ra jud ni, okay raba sa imoha tay?

Participant 08: Sigi Dong
Interviewer: Sigi tay, salamat kaayo.
Participant 08: Taga asa man mo dong?
Interviewer: Kami diay tay kay taga MU nag conduct me og research study para sa mga kamingaw sa katigulangan sama sa imo po.

Participant 08: Ah mao diay para asa man diay na siya? Interviewer: Para sa among school activity po tay.
Interviewer: Tatay ming kaon naka og pamahaw po?

Participant 08: Nama init ra ko dong.

Interviewer: Sigi tay kanang mag ask ko po na pwede naba ta mag sugod sa atong interview?
Participant 08: Sigi padayon lang.
Interviewer: Pwede ka mag pa ambit sa imong kaugalingon sama sa imong edad, asa ka nag puyo, og imong pag adlaw-adlaw na kinabuhi?
Participant 08: Ako nag inusara rako og puyo
Interviewer: Pwede ko mag ask sa imong edad tay.?

Participant 08: Ako 65 anyos nako, nag puyo ako sa Ozamis City.

Interviewer: So unsa imong gina buhat pang adlaw-adlaw tatay.?

Participant 08: Sa una, isa ko ka guard diha sa Gegee ug sa McDo. Karon, wala na ko trabaho kay gi-baryan ko nila tungod kay milapas na ko sa edad. Ang ilang requirement taman ra og 60 anyos, pero nakaabot pa ko og 65. Sa una, lingaw pa kay naa koy trabaho ug kadungan, daghang tawo, ug busy ang adlaw. Karon, lain na gyud ang kahimtang kay hilom na kaayo ang adlaw, ug mas mingaw na tungod kay wala na koy kauban ug buhat. Ang akong palibot hilom, ug kasagaran ako ra usa sa balay. Dili na pareha sauna nga naa koy kaistorya matag adlaw.

Interviewer: Maka bati sad ka og ka mingaw tay, na ikaw ra usa nag puyo og inusara?
Participant 08: Maka bati baya pud, pero anad-anad nalang pud ko.
Interviewer: Naa ba kay na bati tay na pag usab samtang nag ka tigulang ka

Participant 08: Nausab gyud ang akong adlaw-adlaw nga kinabuhi sukad nawala ko sa trabaho. Sauna, busy kaayo ko kada adlaw, dili na gani ko makahunahuna og kamingaw. Karon, mas daghan kog oras nga walay buhaton, mao nga dali ra pud mubati og kasubo o kalaay. Bisan naanad na ko sa pag-inusara, lain gihapon ang walay kapuslanan nga buhat sa adlaw. Ang mga adlaw murag dugay mulabay, ug gabii na lang usahay ko kabantay nga wala diay koy kaistorya o kuyog.

Interviewer: Unsa man imong pag-bati tay kung makasinati ka og ka mingaw?

Participant 08: Laay baya, mayman tog naa tay kauban, pero wala man. Nag-inusara nalang ta ani.
Interviewer: Gi unsa man pud pag apikto sa imong palibot sa imong ka mingaw?
Participant 08: Para mawala ang akong kalaay, maglantaw ko og TV, maminaw sa radyo, maglakaw-lakaw sa gawas, ug usahay molingkod ra ko sa akong silong aron tan-aw sa palibot. Usahay, moabot ko og 10 minutos lang, pero makatabang na gyud og gamay para mawala ang kabug-at sa hunahuna. Dili permi, pero kung naa koy panahon o gana, buhaton nako ni. Panagsa, makahatag kini og kalinaw sa hunahuna, bisan og dili permanente.

Interviewer: Naa pabay kay lugar tay nga kuan situation na mas ma trigger imong ka mingaw, na mo anha ka diha na lugara?

Participant 08: Wala man sad kaayo dong.

Interviewer: Nag usab ba imong kamingaw samtang nag ka edaran nata?

Participant 08: Bitaw, laay bitaw jud, pero na-anad naman gud ko. Sigi nalang, mao man sad ang situation

Interviewer: Naa kay asawa tatay?

Participant 08: Ang pinakalisod ug pinakasakit nga nahitabo sa akong kinabuhi kay kadtong namatay akong asawa niadtong 2016. Sukad ato, nag-inusara na lang gyud ko sa kinabuhi. Bisan tuod naanad na ko, dili gyud malikayan ang kasubo, labi na kung makahinumdum ko sa among kaagi. Usahay, makabati ko og kasubo nga walay makatabang kundi ako ra gyud. Ang mga relasyon sa akong pamilya medyo layo, ug panagsa ra mi magkita o magkaistorya.

Interviewer: Wala kay lain ka contact kanang if kanang ma bati ka og ka mingaw, naa bakay ma tawagan or matawagan ba nimo sila o kanag naa bakay mga barkada tay or kanang mga amigo, kadugo or pamilya?

Participant 08: Wala kayo, kay wala man koy cellphone. Naa koy mga igsoon, pero tua sa layo. Pero usahay bisitahon ko nila, pero usahay dili sad.

Interviewer: Na change ba imong mga relasyon sa uban tay, samtang nag ka tigulang ka?

Participant 08: Oo Medyo nausab, pero dili pareha sauna. Karon, kay wala naman ko nagtrabaho.

Interviewer: Wala raba kay gi bati karon tay, like kanang sakit sa lawas?

Participant 08: Okay ra man ang akong lawas karon, salamat sa Ginoo. Wala koy bisyo dili ko moinom, dili sad ko manigarilyo. Maong wala kaayo koy gibati nga sakit. Ang akong adlaw karon, simpleng kinabuhi ra mokaon, magpahulay, matulog. Bisan dili na aktibo sama sauna, lipay gihapon ko nga walay seryosong balatian, ug makalihok pa ko bisan hinay-hinay.

Interviewer: Sa imong pang lantaw tatay, unsa may maka pawala o maka pahimotang sa ka mingaw parihas sa imoha, Sr na nag puyo og nag inusara og puyo?

Participant 08: Kuan, na-anad naman ko. Maglingkod lang ko sa gawas, lantaw-lantaw ko sa palibot para pang-papalipas oras.

Interviewer: So mao rato siya tatay, salamat jud kaayo sa imong pag participate ani na interview, dayon sama sa among gi ingon tay sa amoa-amoa lang ni siya dili ni siya ma share sa uban.

Participant 08: Sigi salamat pud ninyong duha dong, medyo na lingaw ra biya sad ko ninyo kay laay man gud kaayo, bida lagi ning ikaw ray isa na puyo oi.

Interviewer: Sigi tay ayo-ayo ka tay ha, sigi mo lakaw nami tay. Salamat jud kaayo!
Participant 08: Sigi amping mong duha pa uli.

PARTICIPANT 9

Interviewer: Maayong adlaw! Ako diay si Drake Adriane Estrera, usa ka estudyante sa kursong Bachelor of Science in Nursing sa Misamis University. Nagahimo ko karon og research ug ang katuyoan ani mao ang pagsabot kung unsaon pag-atubang sa mga tigulang sa kamingaw ug unsaon nila pag-atiman sa ilang emosyonal nga kahimtang samtang nag-inusara. Pinaagi sa imong kasinatian, makatabang ka sa among pagsabot sa mga tinuod nga kahimtang nga gisagubang sa mga katigulangan sa ilang adlaw- adlaw nga kinabuhi. Apan sa dili pa kita magsugod, gusto ko nga ipasabot nimo ang pipila ka mga butang. Ang imong pag-apil aning interview dili pugos buot ipasabot nga kung dili ka komportable sa ubang pangutana, pwede ra nimo dili tubagon. Konpidensyal ang tanan nimong tubag maam, dili kini gamiton sa bisan unsang paagi nga makaila sa imong tinuod nga identidad. Anytime pwede ka mobiya sa interview kung dili naka gusto mopadayon. Gamiton ra ang imong mga tubag para sa akademikong tuyo ug research purpose lamang. Kung okay ra nimo, magsugod na ta. Andam naka?

Participant 09: Oo sige dong.

Interviewer: Okay maam, so pwede ka mag sulti gamay mahitungod sa imong kaugalingon maam, sama sa imong edad, asa ka nagpuyo, ug unsay imong kasagaran nga ginabuhat isip usa ka tigulang?

Partcipant 09: Ako kay 64 anyos, nagpuyo sa Purok 10, Bañadero. Ako na lang usa sa balay. Lisod-lisod pud akongkahimtang karon. Kada adlaw, magbaligya ko og maiskada hapon kay mao ra gyud na akong panginabuhi. Usahay, maghimo pud ko og trapo o rug.

Interviewer: Okay maam, so ikaw nalang usa sa inyo balay dba maam, maka bati pud kag kamingaw maam nga ikaw nalang usa nag puyo? Ug Pwede ba nimo ipasabut kung unsa ang pagbati nimo sa kamingaw isip usa ka tigulang?

Participant 09: Oo dong oy, batian sab kog kamingaw ug kagool nga ako na lang usa ug ang akong buhaton kay mag-ampo na lang sa Ginoo, ug maglantaw pud ko sa palibot. Daghan sabtag mahunahuna-an nga dili maayo, mga ingon ana, ugdili pud maayo atong buhaton. Kay akong mga anak ug apo, naa ilang balay didto sa unahan. Usahay ma lingaw rasab kog laag didto mo lantaw ug tv katong showtime, malingaw rasab ko ana nga moment.

Interviewer: ahh okay maam, tapos maam kanang sa imong pagtigulang, nabag-o ba ang imong kasinatian sa kamingaw? Kung oo, unsa'y kausaban sa niya samtang nagkatigulang ka?

Participant 09: Depende na sa akong pang-edaron karon, nag-anam-anam na ug kaand sa kamingaw, sapaghinay-hinay ug sulbad sa akong mga problema. Atong ibutang pud sa atong hunahuna ang mgamaayong butang, dili nato ibutang ang mga dili maayo.

Interviewer: ahh stay positive lang maam no, tapos maam kanang nag-usab ba ang imong

relasyon sa uban tawo sa imong pagtigulang?

Participant 09: Wala ra sab na nagbag-o akong relasyon sa uban dong, mao ra gihapon. Usahay, naay panahon nga mawala siya, ug naa pod panahon nga mobalik siya. Dili lang gyud nako hunahunaon nga maguol.

Interviewer: okay maam, nya kamusta man atong lawas ron maam? Giunsa pag-epekto sa kahimtang sa imong panglawas o kakayahan sa paglihok ang imong pakig-uban sa uban?)

Participant 09: Wala raman naka apekto akong pang lawas dong, Ang akong buhaton para dili ko makahunahuna ug ka mingaw kay maglakaw-lakaw ko ug molaag sa silingan, tabi kadiyot then uli.

Interviewer: Ahh mao ba maam, tapos maam unsa man ang atong hobbies maam o kalihokan o lingaw-lingaw sama sa pagtan-aw og TV, paggamit og telepono, o pagpaminaw og radyo ang makatabang sa pagpakunhod sa imong pagbati sa kamingaw?

Participant 09: Naa koy radyo, pero wala sab koy TV. Makalantaw ra kog TV ug molaagko sa akong mga anak.

Interviewer: Kaning radyo maam, maka tabang rasab nig pa wala sa imo ka mingaw maam?

Participant 09: Ug ang radyo, dili makatabang sa akong kamingaw kay usahay makadungog kag dili mao, unya mobalik nasab ang kagool.

Interviewer: Ahh so sa TV raka ma enjoy ug lantaw maam?

Participant 09: Ug molantaw pud ko'g TV, kana lang Showtime ra man pud ako ganahan lantawon. Akong lantawon sab kada gabii kay kana silang Dingdong, mao ra na ako lantawon. Dili ko molantaw anang salidang uban, nga dili maayo.

Interviewer: Ahh okay maam. So para sa last nga pangutana maam no, kanang para sa imoha maam, unsa man ang mga butang nga makapakunhod sa kamingaw sa mga tigulang sama kanimo?

Participant 09: Ang akoa lang, ug kung makabati man gani ug kamingaw, pag-ampo lang gyud sa Ginoo ngatagaan tag kabaskog ug tangtangon ang atong mgakabalatian.

Interviewer: Okay maam, wala nakay laing gusto e share sa amoa maam bahin sa imo na bati karon?

Participant 09: Wala na dong.

Interviewer: okay maam, daghan kaayong salamat kaayo maam sa imong oras ug pag

tagad ug sa imong effort sa pag tubag sa amoa mga pangutana.

Participant 09: Okay dong, way sapayan,

PARTICIPANT 10

Interviewer: Maayong adlaw Sir! Ako diay si Drake Adriane Estrera, usa ka estudyante sa kursong Bachelor of Science in Nursing sa Misamis University. Nagahimo ko karon ogresearch ug ang katuyoan ani mao ang pagsabot kung unsaon pag-atubang sa mga tigulang sa kamingaw ugunsaon nila pag-atiman sa ilang emosyonal nga kahimtangsamtang nag-inusara. Pinaagi sa imong kasinatian, makatabang ka sa among pagsabot sa mga tinuod ngakahimtang nga gisagubang sa mga katigulangan sa ilangadlaw-adlaw nga kinabuhi. Apan sa dili pa kita magsugod, gusto ko nga ipasabot nimo ang pipila ka mga butang. Angimong pag-apil aning interview dili pugos buot ipasabotnga kung dili ka komportable sa ubang pangutana, pwedera nimo dili tubagon. Konpidensyal ang tanan nimongtubag maam, dili kini gamiton sa bisan unsang paagi ngamakaila sa imong tinuod nga identidad. Anytime pwede kamobiya sa interview kung dili naka gusto mopadayon. Gamiton ra ang imong mga tubag para sa akademikongtuyo ug research purpose lamang. Kung okay ra nimo, magsugod na ta. Andam naka?

Participant 10: Oo, andam nako.

Interviewer: Okay sir, Pwede ba nimo ipaambit gamay mahitungod sa imong kaugalingon?sama sa imong edad, asa ka nagpuyo, ug unsay imong kasagaran nga ginabuhat isip usa ka tigulang?

Participant 10: Ako diay nagpuyo diri sa Lam-an. Misamis Occidental. Dri sab ko nga tawo ning barangaya. Natawo ko sa tuig 1961, ug 64 na ako ang edad karon. Okay ra ang akong kinabuhi, naa koy gamaynga trabaho, magpa-kaon sa mga manok, mag timbang sab ko diri ug ginagmay nga copras uguling, ug naay magpa-timbang nako. Mao ra gyudna akong trabaho kada adlaw.

Interviewer: Ahh hilig sab diay kag mga manok sir, ug sir kanang pwede ba nimo ipasabut kung unsa ang pagbati nimo sa kamingaw isip usa ka tigulang?

Participant 10: Bahin sa kamingaw, na anad nako ana. Pag-retirenako sa Philippine Army ug pagkahuman niadtongpulo ka tuig nga nag-security sa Manila, nag-inusara ra ko sa boarding house. Na anad nako anang kinaandan nga mag-inusara, mao nga bisan kung usahay makabati ko og kamingaw, naanad na ko ani. Pagka-retire pud nako gikan sa security industry, nibalik ko diri sa akong natawhan. Pero ingon ana gihapon ang akong kahimtang nag-inusara ra ko. Usahay, molaag ko didto sa lungsod aron mawalaang kalaay ug kamingaw.

Interviewer: Ahh okay sir. Dayon sir aduna bay mga lugar o sitwasyon nga mas mobati ka og kamingaw? Nganong man kaha?

Participant 10: Ang kamingaw mas ma bati nako labi na sa mga panahon nga nag-inusara ko. Labina sa kagabion nga mingaw kaayo, mas kusog ang akong pagbati sa kamingaw.

Interviewer: Ahh mao ba sir, tapos sir sa imong pagtigulang, nabag-o ba ang imong kasinatian sa kamingaw?

Participant10: Wala ra bya, Mao ra gihapon.

Interviewer: Pero Aduna bay mga panahon o hitabo sa imong kinabuhi nga mas nabati gyud nimo ang kamingaw? Pwede ba nimo kini ipaambit?

Participant 10: Sakit gyud ang akong kaagi sa kamingaw sa una, labi na sa panahon nganagbulag mi sa akong asawa ug gi-kuha sab niya ang akong mga anak. Pero gikuha nako balik ang akong mga anak tapos gipa-puyo nako nila sa akong igsoon nga walay anak, samtang ako nagtrabaho sa Manila. Karon, bisan naakoy kamingaw, naanad na ko ug mobalik ra gihapon ang akong kalipay.

Interviewer: Dayon sir giunsa pag-apekto sa imong relasyon sa pamilya ang imong pagbati sa kamingaw?

Participant 10: Ang akong pagtan-aw karon mao nga ang akong duha ka anak nga nag-eskwela bisan wala sila nagpuyo uban nako, naa sila sa ilahang nanay nga akong igsoon, mao nay naghatag og paglaom. Pangandoy nako nga makatapos sila ug skwela. Mas naanad na ko sa akong pagka-inusara tungodkay wala na koy trabaho sama sauna.

Interviewer: Naka apekto ba imong panglawas sir oh kakayahan sa pag lihok ang imong pakig-uban sa uban?

Participant 10: Wala man koy gibati nga sakit karon, mao nga makalihok ra ko, ug makig-istorya ra ko sa akong mga silingan kung magkita mi. Wala koy sakit nga nakababag sa akong paglihok, mao nga bisan nag-inusara ko, makagawas-gawas gihapon ko, ug makatabi-tabi ra gamay.

Interviewer: Dayon sir unsa nga mga kalihokan o lingaw-lingaw sama sa pagtan-aw og TV, paggamit og telepono, o pagpaminaw og radyo ang makatabang sa pagpakunhod sa imong pagbati sa kamingaw?

Participant 10: Usahay, mo adto ko sa sabongan aron malingaw. Moadto sab ko sa beach para mag sugba-sugba, ugmo simba pud ko.

Interviewer: Nagagamit ba ka og teknolohiya sama sa video call o social media aron mokonekta sa uban? Giunsa kini pagtabang nimo?

Participant 10: Gamit kog Messenger, kay nagpataod ko og PLDT wifi diri sa balay, maong kusog akong signal. Nakatabang ni nako kay makatawag ko sa akong mga anak nga tua sa lagyo, kung mingawon ko, makastorya ko nila. Usahay, kung naa koy tuyo, tawagan nako sila. Bisan wala sila dinhi sa balay, makontak gihapon nako sila, ug mawala-wala gamay ang akong kamingaw kung makadungog ko sa ilang tingog. Mao ra gyud ni ang usa sa pinakadako nga tabang nako karon, ang pagkahimo og paagi nga makig-uban gihapon sa akong mga anak bisag layo sila.

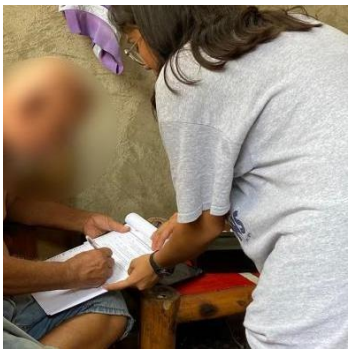
Interviewer: Ahhh okay sir. So para sa atoang last nga pangutana sir no, kanang sa imong hunahuna, unsa man ang mga butang nga makapakunhod sa kamingaw sa mga tigulang sama kanimo?

Participant 10: Wala ko ga huna-huna ana, ang akoa lang kay d lang padala sa kamingaw.

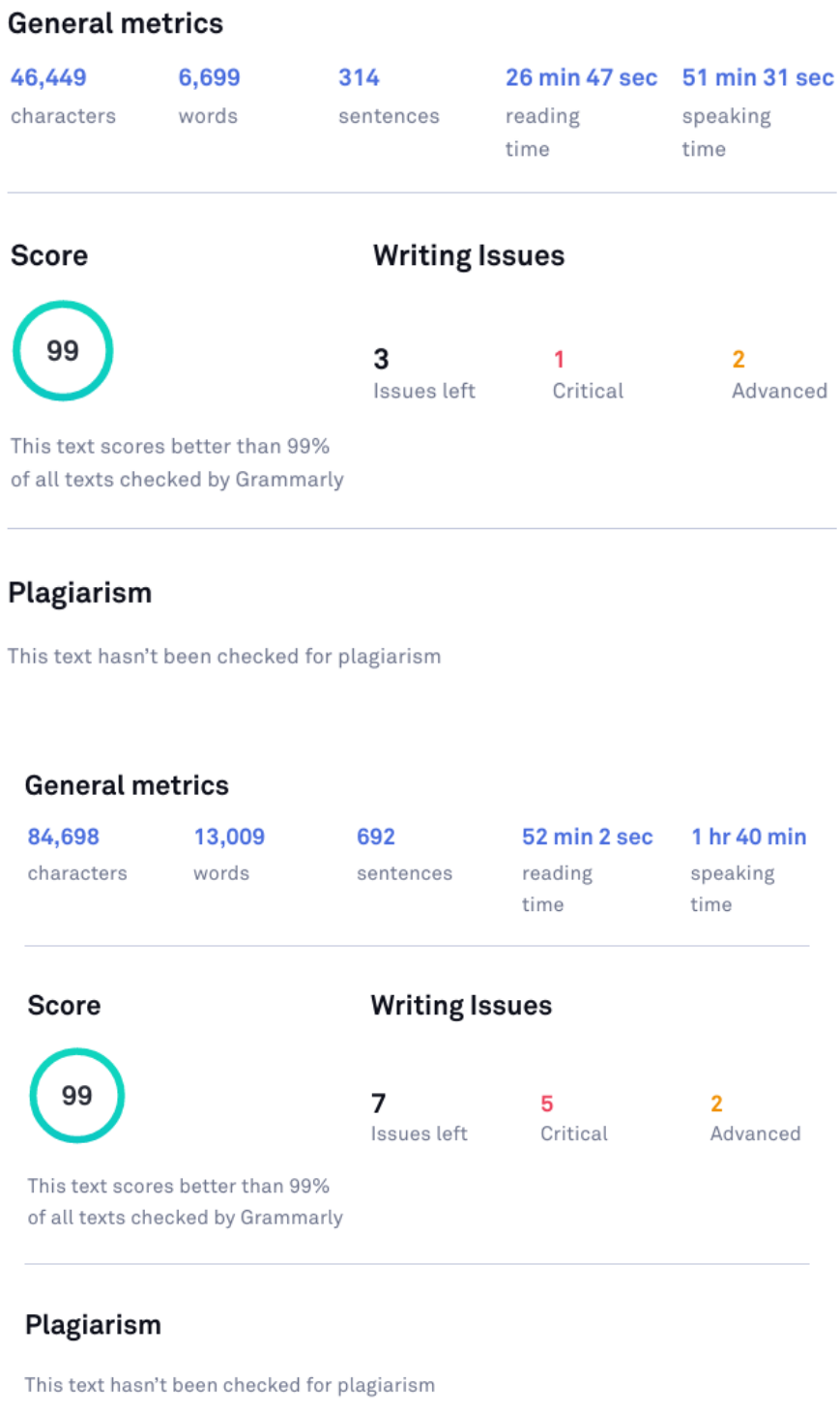
Interviewer: Ahh okay sir, so mao nato ang last pangutana. Salamat kaayo sa imong oras sir ug sa imong pag tagad sa amoa sir, ilabina sa imo effort pag tubag sa among pangutana. God Bless po.

Participant 10: Oh sige salamat sab.

Appendix E – Documentations (Photos)



Appendix F – Grammarly and Turnitin Report



General metrics

46,449	6,699	314	26 min 47 sec	51 min 31 sec
characters	words	sentences	reading time	speaking time

Score

99

This text scores better than 99% of all texts checked by Grammarly

Writing Issues

3	1	2
Issues left	Critical	Advanced

Plagiarism

This text hasn't been checked for plagiarism

General metrics

84,698	13,009	692	52 min 2 sec	1 hr 40 min
characters	words	sentences	reading time	speaking time

Score

99

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Writing Issues

7	5	2
Issues left	Critical	Advanced

Plagiarism

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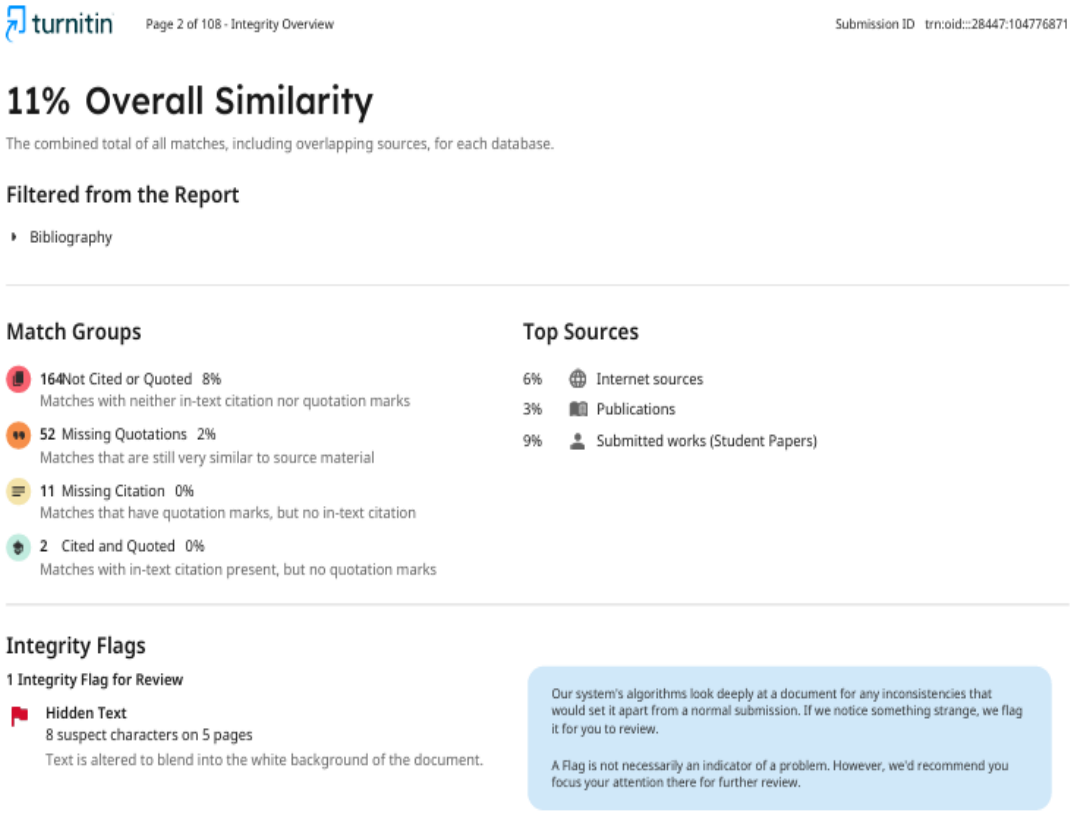
Appendix F Cont'd – Grammarly and Turnitin Report



turnitin Page 2 of 108 - Integrity Overview Submission ID trn:oid:::28447:104776871

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CURRICULUM VITAE

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College	: Misamis University
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