EXPLORING THE IMPACT OF SOCIAL ISOLATION ON MENTAL WELL-BEING AND LIFE SATISFACTION AMONG OLDER ADULTS: A PHENOMENOLOGICAL STUDY

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In Partial Fulfillment

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ABSTRACT

With the global increase in the population of older adults, social isolation has become a significant concern affecting mental well-being and life satisfaction (WHO, 2021). This qualitative study explored the lived experiences of four older adults aged 60 and above in Misamis Occidental, Philippines, using a descriptive-phenomenological approach. Guided by Moustakas' (1994) transcendental phenomenology and Hildegard Peplau's Interpersonal Relations Theory (1952), the research aimed to understand how older adults perceive, cope with, and find meaning in social isolation. Data were collected via semi-structured interviews and analyzed using bracketing, horizontalization, theme clustering, and textural-structural synthesis. Five themes emerged: Emotional Landscape of Isolation; Coping Strategies and Meaning-Making; Perception of Life Satisfaction and Acceptance; Safety and Autonomy; and Relational Supports and Barriers. Participants revealed emotional struggles such as loneliness and grief, but showed resilience through faith, volunteerism, routines, and community engagement. While autonomy was important, it sometimes heightened their sense of isolation. Limited yet meaningful social connections helped buffer psychological distress. The findings echo the literature emphasizing the emotional and relational aspects of older adults' well-being (Cudjoe et al., 2020; Chafidoh et al., 2024), and Peplau's theory highlights the role of supportive relationships in fostering resilience. The study recommends culturally sensitive, community-based interventions that enhance emotional and social support for older adults, especially in rural Filipino settings.

Keywords: *life satisfaction, mental well-being, older adults, phenomenological research, social isolation*

DEDICATION

This research study is wholeheartedly dedicated to those who have been our source of strength, wisdom, and encouragement throughout this academic journey.

First and foremost, to our Almighty God, whose grace and divine guidance have been our constant refuge. His light has illuminated our path and sustained our spirits during the most challenging times of this endeavor.

To our families—our parents, siblings, and loved ones—thank you for being our foundation. Your patience, sacrifices, and words of encouragement have carried us through both the difficult and triumphant moments of this endeavor. Your belief in our capabilities has meant more than words can express.

We also extend our deepest appreciation to our research adviser, Prof. Judy Jane S. Revelo, for her invaluable guidance, patience, and unwavering support. Her commitment to excellence and thoughtful mentorship has played a vital role in completing this study.

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Lastly, to ourselves, who gave our best to make this knowledge file successful and helpful to others and future researchers.

The Researchers

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CERTIFIED: ISO 21001: 2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)

CERTIFICATE OF PANEL APPROVAL

In partial fulfillment of the requirements for the Bachelor of Science in Nursing degree, this research study with the title, "**EXPLORING THE IMPACT OF SOCIAL ISOLATION ON MENTAL WELL-BEING AND LIFE SATISFACTION AMONG OLDER ADULTS: A PHENOMENOLOGICAL STUDY,"** submitted and prepared by **Chelsea H. Alagenio, Milje Mae R. Arcilla, Kiara Jane S. Baraya, and Rigie Louis E. Besire**, has been examined and recommended for acceptance and approval.

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Oral Defense Date: May 26, 2025

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INTRODUCTION

Rationale/Background of the Study

Aging, for practical and convenient purposes, often refers to chronological aging. According to Maltoni et al. (2021), age is defined as the "amount of time that has elapsed from birth to a given date and is the main way of defining age". Over the course of a person's life, however, aging is experienced differently, often because the identities they define themselves by change as different social circles, cultural groups, and peers shift, and people learn to adapt (Huang et al., 2022). Older adults, in particular, have a more complex identity as they often attribute aging to how they feel, rather than how they look (Sternad, 2021).

The aging global population presents a range of challenges, particularly concerning the mental well-being and life satisfaction of older adults. According to the World Health Organization (WHO, 2021), the population aged 60 and older will double by 2050, making the well-being of this demographic a critical issue. This demographic shift is a positive marker of societal progress but poses new social, psychological, and health-related challenges. Among the various factors that influence their quality of life, social isolation stands out as a key determinant.

Social isolation, often defined as the objective lack of social contacts and connections, is associated with numerous negative health outcomes. Human aging lowers one's quality of life as it is a very complicated process that results in a progressive loss of function (Leidal et al., 2018, as cited in Cai et al., 2022), and, because of this, social isolation among older adults represents a significant threat to both mental well-being and life satisfaction, as many face retirement, the death of peers, chronic illnesses, and sensory

loss. Impairments and mobility limitations, which restrict their ability to engage in social interactions (National Academies of Sciences, Engineering, and Medicine, 2020). As a result, understanding the impact of social isolation on older adults is paramount for public health and social policy.

Social isolation is becoming increasingly common among older people, often due to cultural, societal, and economic factors. A systematic review by Chawla et al. (2021) estimated that about 1 in 4 adults aged 60 and older experience some level of loneliness at least occasionally. This is often attributed to being unmarried or the death of their significant other, limited social network, low social activity, poor self-perception, and depression (Dahlberg et al., 2021).

Social isolation among older adults is not only a psychological concern but also a public health issue. It is associated with increased mortality risk, poor physical health, and greater use of health care services. Research has shown that socially isolated individuals are more likely to develop chronic health conditions such as cardiovascular disease, obesity, and impaired immune function (Shankar et al., 2020). These health risks, combined with the mental health challenges posed by isolation, make it imperative for policymakers and healthcare providers to develop interventions aimed at reducing social isolation among older adults.

Social isolation among older groups must be addressed, as the Philippines' 2015 population census found that of the 22,975,630 households, roughly 590,000 were one-member households made up of older adults (60 years of age and over) living alone. The social isolation of aging Filipinos became a significant concern in 2020. As reported by the Longitudinal Study of Aging and Health in the Philippines, although 12.9% lived alone,

there was significant difficulty with social activities due to the health conditions of older adults: 42% with hearing disabilities, 32% with cognitive decline, among others.

The mental well-being of older adults is particularly vulnerable to the effects of social isolation. Research suggests that individuals who experience prolonged isolation are more prone to decreased life satisfaction, higher levels of depression, and lower levels of psychological well-being (Usher et al., 2020; Clair et al., 2021). These negative psychological outcomes are often compounded by feelings of loneliness, which is common among socially isolated older adults. Loneliness, although distinct from social isolation, is highly correlated with it and contributes to emotional distress and mental health decline. Studies have shown that older adults who report feelings of loneliness also experience decreased life satisfaction and lower levels of happiness (Fakoya, McCorry, & Donnelly, 2020). On the structural level, providing opportunities for older adults to engage in community activities, improving access to transportation, and creating age-friendly environments can help reduce isolation. On the emotional level, counseling services and social support programs can help mitigate feelings of loneliness and improve health outcomes (Czaja et al., 2021). These interventions, when tailored to the specific needs of older adults, can have a significant positive impact on their mental well-being and life satisfaction.

Life satisfaction, an individual's overall assessment of well-being, is also negatively affected by social isolation. Older adults who are isolated from meaningful social interactions tend to have lower self-reported quality of life. A recent study found that socially isolated older adults are more likely to experience diminished. physical health, a lower sense of purpose, and reduced independence (Cudjoe et al., 2020). These findings

underscore the importance of addressing social isolation to improve life satisfaction and overall well-being among older adults.

A study by Jafaraghaee et al. (2024) found that 59.4% of the older adult population reported reduced life satisfaction, with factors such as educational status, economic standing, and employment status greatly affecting it. Research also suggests that life satisfaction is positively correlated with life quality and leisure satisfaction (Argan & Mersin, 2020), and it ties back to the positive effect of life satisfaction on older adults' psychosocial well-being, health behaviors, and physical health outcomes (Kim et al., 2021).

This study aimed to address a literature gap: despite existing global, regional, and national efforts to understand the impact of social isolation on mental well-being and life satisfaction among older adults, there remains a significant lack of understanding of their personal experiences, particularly in the Philippines. While various studies have focused on the general well-being of older adults, there is still insufficient research on the experiences of social isolation on mental well-being and life satisfaction among older adults. Their unique perspectives on aging are often overlooked, especially concerning their health status and living conditions.

This study was undertaken to explore the impact of social isolation on mental well-being and life satisfaction among older adults. By understanding their perspectives on social isolation, mental well-being, and life satisfaction, this research seeks to provide recommendations to improve the well-being of this often marginalized group. The findings from this study can serve as a foundation for policymakers and healthcare providers to develop more effective programs that address the unique needs of older adults.

Theoretical Framework

In exploring the lived experiences of older adults who faced social isolation, it was essential to ground the study in a theory that emphasized interpersonal connections, emotional well-being, and the therapeutic role of the nurse. As the older adult population continued to grow, so did the risk of isolation, a condition that deeply affected mental health and life satisfaction. Understanding how older adults perceived and experienced isolation required not only a humanistic approach but also a nursing perspective that prioritized relationships and psychological care.

This theoretical framework aligned seamlessly with the goals of phenomenological research, which sought to capture individuals' personal meanings and emotional realities. In this study, Peplau's theory guided the interpretation of older adults' experiences with social isolation. It informed potential nursing interventions that promoted mental well-being and life satisfaction through meaningful interpersonal interactions.

Hildegard Peplau's Theory of Interpersonal Relations was one of the foundational frameworks in nursing, focusing on the therapeutic relationship between the nurse and the patient. Developed in 1952, Peplau's theory emphasized the importance of interpersonal interactions in nursing practice and viewed nursing as a process in which the patient and the nurse work together to achieve health outcomes. Unlike other theories that focused mainly on the physiological or technical aspects of care, Peplau's theory highlighted the psychological and emotional dimensions of nursing, particularly through communication and collaboration. This theory remained highly relevant, especially in mental health nursing, where establishing trust and rapport with patients was critical.

Peplau's theory was crucial in psychiatric nursing, particularly for addressing social

isolation, depression, and anxiety. It highlighted the therapeutic nurse-patient relationship, enabling nurses to help socially isolated individuals build trust and improve mental well-being. Communication was central to the theory, as nurses assisted older adults in expressing their emotions and understanding their loneliness, thereby improving mental health outcomes. Additionally, Peplau emphasized the nurse's role as an educator, providing older adult patients with coping strategies and community resources to manage isolation, ultimately enhancing their life satisfaction. The phenomenological approach aligned with Peplau's theory by emphasizing the patient's subjective experience, personal history, emotions, and perceptions. This connection enabled nurses to empathize with socially isolated older adults, fostering deeper relationships and enhancing the therapeutic process.

The relevance of Peplau's theory was also reflected in the holistic nature of nursing care, which considered both the patient's physical and mental health (Wuetal., 2024). Social isolation not only affects an individual's mental well-being but also has physical consequences, such as decreased mobility and an increased risk of chronic illness (Holt-Lunstad & Steptoe, 2021). Peplau's theory encouraged nurses to adopt a holistic approach to care, addressing both the psychological and physical needs of older adults in isolation. Peplau's emphasis on interpersonal relations highlighted the importance of social connections in mental health (Dal'Bosco et al., 2021). For older adults, the loss of social networks significantly impacted their sense of identity and purpose. Peplau's theory underscored the nurse's role in helping patients rebuild social connections, whether through direct engagement or by facilitating access to social support systems. This relational approach was vital in improving the mental well-being and life satisfaction of

older adults facing isolation.

Uomoto (2021) applied Hildegard Peplau's Theory of Interpersonal Relations to improve the recognition and management of depression among older adults by strengthening nurse-patient interactions. The study emphasized that through Peplau's four phases: orientation, identification, exploitation, and resolution. Nurses established trust, assessed depressive symptoms, implemented targeted interventions, and evaluated improvements in mental well-being. By fostering meaningful interpersonal relationships, nurses helped older adult patients articulate their emotional struggles, engage in therapeutic communication, and utilize available mental health resources.

Hildegard Peplau's Theory of Interpersonal Relations was highly relevant to research on social isolation among older adults. The theory provided a structured approach for nurses to develop therapeutic relationships that addressed the psychological and emotional needs of isolated individuals (Chafidoh et al., 2024). Through trust-building, communication, and empowerment, nurses helped older adults overcome the challenges of isolation, thus improving their mental well-being and life satisfaction.

This study sought to explore the relationship between social isolation, mental health, and quality of life in older populations through the lens of Peplau's theory. The framework provided a valuable perspective on how human interaction influenced psychological and emotional well-being, guiding the study's investigation into the impacts of social isolation. It also informed interventions aimed at enhancing the quality of life for older adults, particularly those that focus on fostering interpersonal relationships, which can mitigate the negative effects of isolation. It emphasized the importance of building supportive relationships, providing care, and offering guidance to individuals who might

have been experiencing psychological distress.

Conceptual Framework

The conceptual framework is organized around five core themes that emerged as central to understanding these experiences: the emotional landscape of isolation; coping strategies and meaning-making; perceptions of life satisfaction and acceptance; safety and autonomy; and relational support and barriers.

The *Emotional landscape of isolation* refers to the internal emotional states experienced by older adults due to sustained social disconnection. This theme captures how emotional responses such as loneliness, sadness, and vulnerability shape mental well-being and the overall Perception of aging. It reflects the emotional weight carried by older adults in the absence of meaningful interactions and underscores the importance of emotional experience in understanding the impact of isolation.

Social isolation in later life has been found to correlate strongly with increased emotional distress, including depression, anxiety, and cognitive decline (Santini et al., 2020). A systematic review demonstrated that both perceived and actual social disconnection are linked to disrupted sleep, fatigue, and depressive symptoms among older adults. Further evidence indicates that loneliness is a predictor of poor mental health and reduced life satisfaction, including heightened risks for suicidal ideation and loss of purpose (Cudjoe et al.,2020; National Academies of Sciences, Engineering, and Medicine [NASEM], 2020).

Coping strategies and meaning-making refer to the cognitive and behavioral mechanisms older adults use to adapt to the challenges of social isolation. Coping strategies help regulate emotions and reduce stress, while meaning-making allows individuals to

reinterpret their circumstances in ways that foster psychological resilience. These processes mediate how older adults perceive and emotionally respond to prolonged isolation.

Coping is defined as the internal and external efforts employed to manage stressors (Lazarus & Folkman, as cited in Park & George, 2022). Among older adults, strategies such as emotional regulation, acceptance, and connecting with spirituality or others have been linked to improved well-being (Zhang et al., 2021). Meaning-making allows them to frame isolation as an opportunity for reflection or personal growth. Those who adopt positive meaning frameworks report greater life satisfaction and emotional stability (Kim & Kim, 2023).

The *Perception of life satisfaction* and acceptance involves how older adults evaluate their quality of life and come to terms with aging-related changes. This includes reflections on past experiences, present well-being, and the Degree of acceptance toward events such as loss, physical decline, or solitude. These perceptions influence how seniors maintain mental stability and resilience.

Life satisfaction is considered a cognitive judgment of one's life based on individual values and goals (Diener et al., 1985), while acceptance involves recognizing and adjusting to life transitions. Research shows that social interaction significantly enhances life satisfaction among older adults. Kim and Lee (2023) found that participation in social activities was positively associated with greater satisfaction among older adults. Similarly, Zhang et al. (2024) noted that social engagement reduces loneliness and improves health, indirectly promoting acceptance and emotional well-being.

Safety and autonomy refer to the sense of control and security older adults experience in their daily lives. Autonomy encompasses the ability to make decisions and

act independently, while safety includes both physical protection and emotional reassurance. In the context of isolation, these factors often become compromised, affecting mental health and life satisfaction.

Older adults experiencing social isolation may feel a reduced sense of autonomy and increased vulnerability to emotional distress (Sixsmith et al., 2020). When decision-making power is diminished, individuals may experience helplessness and loss of agency (Douglas et al., 2021). Ensuring autonomy and safety through consistent routines, meaningful choices, and social contact contributes to emotional stability and well-being (O'Rourke et al., 2023).

Relationship support and barriers encompass the presence or absence of meaningful social relationships that influence mental well-being in later life. Supports include family, friends, and community, while barriers include physical limitations, bereavement, or a lack of digital access. These factors significantly impact how isolation is experienced and internalized.

Older adults with strong social ties report better psychological health and life satisfaction (Hajek & König, 2021). Supportive relationships help reduce loneliness and foster a sense of emotional security. On the other hand, barriers such as institutionalization or lack of emotional connection heighten vulnerability (Cattan et al., 2020). Wang et al. (2022) emphasized that relational obstacles not only prevent social participation but also exacerbate psychological issues like anxiety and low self-worth.

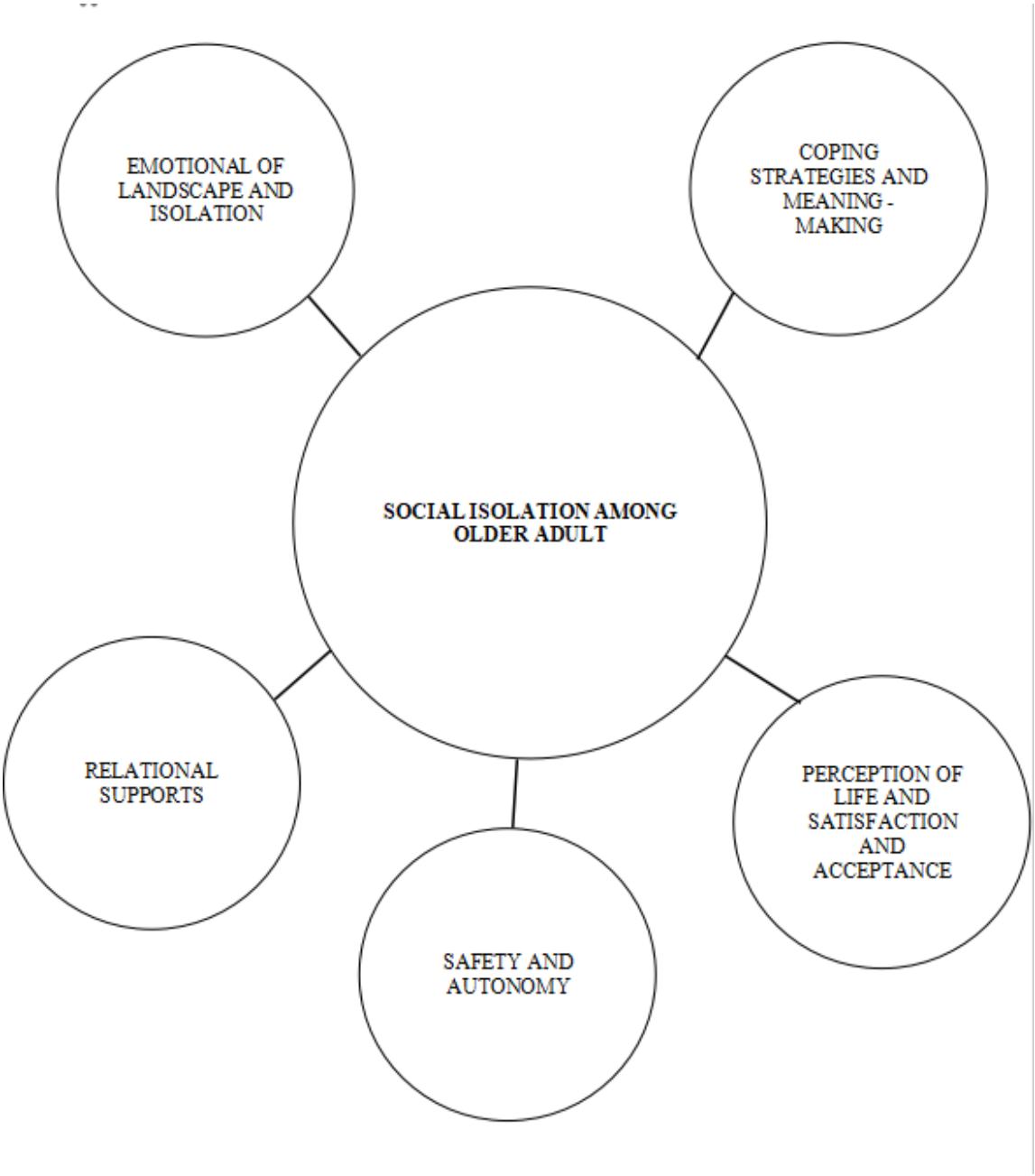

Figure 1: Schematic Diagram of the Study

Objectives of the Study

The study explored the impact of social isolation on mental well-being and life satisfaction among older adults.

This study answered the following questions: (1) What are your experiences, and how do you perceive social isolation in your daily lives; (2) What do you think are the key factors contributing to social isolation, and how do these factors vary across different contexts (e.g., rural vs. urban, living alone vs. in care facilities); (3) In what ways does social isolation impact your mental well-being, including symptoms of depression, anxiety, and loneliness; (4) How does social isolation affect your overall life satisfaction and quality of life; and, (5) What are the coping mechanisms or social support systems do you rely on to mitigate the effects of social isolation, and how effective are these strategies in improving your mental well-being?

Significance of the Study

This study is significant because it aims to explore the impact of Social Isolation on Mental Well-being and life satisfaction among older adults. Understanding this relationship is crucial in today's aging population, especially as societies weaken due to physical, social, or environmental limitations. The findings of this study will be beneficial to the following:

Older Adults. The results may help older adults become more aware of how social isolation affects their mental health and life satisfaction, empowering them to seek social connection and support when needed.

Family Members and Caregivers. Insights from this study can inform families and caregivers on how to address the emotional and psychological needs of older adults,

ultimately promoting more effective support systems and interactions.

Healthcare Providers. This study can assist health professionals in identifying early signs of mental distress caused by social isolation and in developing appropriate interventions or mental health programs tailored for older adults.

Community Leaders and Policy Makers. The findings of this study may help plan community-based programs and social policies to reduce social isolation among older adults and improve their overall well-being and quality of life.

Researchers. This research will serve as a reference and foundation for future studies related to geriatric mental health, social support systems, and aging. It also contributes to the growing body of literature on mental health among older adults.

RESEARCH METHODOLOGY

Design

This study employed a qualitative research method, specifically a phenomenological design. Phenomenology focuses on a person's lived experiences with a given phenomenon. This design stems from the art of naturalistic exploration, wherein there is no preliminary drafting of variables, manipulation, or adherence to any theoretical perspective of the intended phenomena (Shorey & Ng, 2022). The relevance of the design is that it enables the researchers to fully commit to studying a phenomenon in its raw form, to any degree within the bounds allowed by the research field.

Environment

The study was conducted in selected municipalities of Misamis Occidental, a province in Northern Mindanao with three cities and fourteen municipalities. According to the 2022 population data, the province has 595,643 residents, including a significant number of older adults.

This location was chosen because many older adults live in rural or semi-urban areas where social isolation is more likely due to limited access to transportation, social programs, and communication tools. Studying in Misamis Occidental provides an opportunity to explore the real-life experiences of older adults and may help in creating localized support systems to address social isolation.

Participants of the Study/Sampling Procedure

The participants of the study were four (4) older adults, and data saturation was

reached during the interview process. Participants were selected using purposive sampling, a non-probability sampling technique in which researchers intentionally select individuals who possess specific characteristics relevant to the study. In this case, participants were selected based on their experiences of social isolation, making them well-suited to provide rich, meaningful data on the research topic.

In addition, the snowball sampling technique was also applied to identify additional potential participants. Snowball sampling involves initial participants referring or recommending other individuals who meet the inclusion criteria. This method is particularly useful when accessing hard-to-reach or underrepresented populations, such as socially isolated older adults, who may not be easily identifiable through public means.

The participants of the study were four (4) older adults, where data saturation had been reached. The participants were selected through purposive sampling and snowball sampling. The inclusion criteria were: (1) individuals aged 60 years old and above, classified as older adult according to Philippine demographic standards; (2) residents of Misamis Occidental for at least one (1) year to ensure familiarity with the local social environment; (3) currently experiencing or having experienced social isolation, whether living alone or in conditions of limited social contact; (4) cognitively able to understand and respond to interview questions, as assessed informally by the researchers priorto the interview; and (5) willing to voluntarily participate in the study and provide informed consent.

Instrument

Interviews with the study's participants were conducted to better understand the

experiences of older adults. A semi-structured interview guide (see Appendix A for the Interview Protocol) was used to gather data with an audio recorder, facilitating a free-flowing dialogue and guiding the interview with open-ended questions. This would give the researchers the chance to further explore the participants' perspectives on the topic. During the interview sessions, the researchers asked participants whether they agreed to be recorded; if they declined, another strategy, such as taking simple notes, would proceed. Recordings were transcribed into Word documents, literature on the experiences of older adults was reviewed, and data were coded for emergent themes. Questions were directed at gaining information about the respondent's experiences in facing them.

Data Gathering Procedure

Before data collection, the researchers obtained the College Dean's permission to conduct the study. After approval of the letter request, the researchers secured the Participant's permission. A researcher's semi-structured interview guide was used to collect data on participants' life experiences as older individuals experiencing social isolation. The researchers obtained information on the agreed-upon schedule between the selected Participant and the researchers. The researchers explained the nature of the research, including the interview and the time required for it. The researchers informed the participants that their participation was voluntary. Participants were asked to complete an informed consent form.

After the researchers identified the final participants, an interview was conducted. The interview was recorded and transcribed. The interviews occurred throughout the course (1 month, and each one lasted for approximately forty-five (45) minutes to one (1) hour.

To start the interview, the researchers offered courtesy to the participants and

explained the purpose of the interview. The participants were informed again of their right to withdraw at any time, and confidentiality was maintained. Participants were asked to review drafts of the study's written report to provide additional feedback and help establish the accuracy of the findings. An interview protocol was followed. The questions were open-ended. As in the characteristics of phenomenological interviews, participants were encouraged to share details of their experiences with the researchers. Probing questions were asked when necessary to gain the rich description needed for the study and to clarify the meaning of participants' statements. The recorded interviews were transcribed as soon as saturation was reached. The researcher's reflective notes and interview observations were collected and added to the interview data.

To arrive at the findings, the researchers systematically analyzed data from participants' interviews using Moustakas' six essential steps in qualitative phenomenological research. These are: (1) Epoche/Bracketing, (2) Horizontalizing,(3) Organizing Invariant Qualities and Themes,(4) Constructing Textural Descriptions, (5) Constructing Structural Descriptions, and (6) Synthesizing Textural and Structural Descriptions to Reveal the Essence.

Ethical Considerations

This study appraised ethical standards to protect the participants' dignity, rights, and welfare. The participants were informed about all the steps taken in this research through the provided Informed Consent Form (ICF). Their participation was voluntary and not coerced. They have the right to exercise their free will in deciding whether to participate in the research activity. They also have the right to withdraw from participation at any time.

Their responses will be kept confidential and used only for academic purposes. After gathering and analyzing the data, the participants' recorded interviews were deleted. Moreover, all participants' information was kept confidential, and they participated anonymously. The researcher was responsible for ensuring that all participants were informed of the study's aim and that informed consent was obtained before participating in the survey.

Data Analysis

This study used the phenomenological reduction data analysis technique proposed by Moustakas (1994) to explore the lived experiences of older adults facing social isolation. The data collected from participants' interviews were systematically analyzed using Moustakas' six essential steps in qualitative phenomenological research. These are: (1) Epoche/Bracketing, (2) Horizontalizing, (3) Organizing Invariant Qualities and Themes, (4) Constructing Textural Descriptions, (5) Constructing Structural Descriptions, and (6) Synthesizing Textural and Structural Descriptions to Reveal the Essence.

The researchers began with bracketing to minimize the influence of personal assumptions, prior knowledge, and biases. This step, also known as epoche, allowed the researchers to suspend judgments and set aside preconceived ideas, ensuring that the participants' perspectives remained central throughout the study. Next, the researchers treated every significant statement from the interviews equally. This step, known as horizontalizing, involved identifying all verbatim expressions related to the phenomenon and excluding irrelevant or repetitive content. The remaining significant statements, referred to as horizons, became the core building blocks for analysis.

After horizontalization, the horizons were clustered into invariant constituents and

organized into emerging themes. These represented the participants' essential qualities. The researchers validated these themes by comparing them with data from field notes, observations, and relevant literature. The researchers then created textural descriptions that detailed what the participants experienced regarding social isolation. This included rich, direct excerpts from the interview transcript to authentically capture the emotional and experiential dimensions of their daily lives.

Through imaginative variation, the researchers explored the structural aspects of the participants' experiences. This involved describing how the phenomenon was experienced, examining the context, conditions, and situations that influenced their feelings of isolation, including environmental factors, health status, and interpersonal relationships. Finally, the researchers synthesized the textural and structural descriptions into a unified narrative that captured the essence of the phenomenon. This synthesis provided a comprehensive understanding of the impact of social isolation on the mental well-being and life satisfaction of older participants, representing their shared and unique lived experiences. Through these six steps, the study ensured a rigorous, systematic approach to analyzing qualitative data, staying true to the phenomenological intent of uncovering the depth and meaning of participants' lived realities.

RESULTS AND DISCUSSIONS

Description of Participants

This study involved four older adult participants, aged 65 to 79, all of whom are widowed and currently living in different communities within the region. Participant 1, a 65-year-old widower, now lives alone after the passing of his eldest son and struggles with emotional grief and isolation, despite having another person living nearby. Participant 2, a 69-year-old widow, continues working as a household helper to support her grandchild's education, quietly enduring financial hardship and emotional solitude while drawing strength from small social interactions. Participant 3, aged 79 and also a widow, reflects deeply on life after years of raising her children alone; her spiritual involvement and church service now give her purpose and relief from loneliness. Lastly, Participant 4, a 68-year-old widow, links solitude with the absence of someone to confide in and the burden of suppressed worries. However, she finds comfort through her faith-based community involvement and the companionship of neighbors. These profiles collectively reflect how older adults face the complex emotional and practical challenges of aging and widowhood.

The experiences of the older adult participants in this study align closely with Hildegard Peplau's Interpersonal Relations Theory, which emphasizes the importance of therapeutic relationships in promoting individual well-being. Each Participant demonstrated how interpersonal interactions, whether with family, neighbors, or faith-based communities, play a vital role in coping with grief, isolation, and the emotional burdens of widowhood. Peplau's phases of the nurse-client relationship, particularly the orientation and identification phases, are reflected in how the participants recognize their emotional needs and gradually seek support through social or spiritual means. The

exploitation and resolution phases are evident in their active engagement with community activities and personal coping mechanisms that promote healing and resilience.

Moreover, the roles identified by Peplau, such as the counselor, resource person, and surrogate, can be applied to the informal support systems older adults rely on, including neighbors, church members, and extended family. These roles help facilitate emotional expression, provide guidance, and foster a sense of belonging. Thus, Peplau's theory provides a meaningful lens for understanding how interpersonal connections help older adults navigate the psychological and practical challenges of aging and widowhood, highlighting the importance of supportive relationships in fostering emotional resilience and well-being.

Theme 1: *Emotional Landscape of Isolation*

This theme encapsulates the broad range of emotional experiences older adults experience due to social isolation. It includes feelings of loneliness, sadness, fear, and emotional exhaustion, as well as existential questioning. The emotional toll of being disconnected from family, friends, or social roles manifests in both overt distress and subtle internal turmoil. As isolation persists, these emotions often become deeply rooted, influencing not only mental well-being but also how older adults perceive their place in the world. This theme aims to uncover the silent suffering and rich emotional depth behind the older adults' isolated existence.

Social isolation has been consistently linked with emotional distress in older populations. According to Hawkley and Cacioppo (2022), loneliness and isolation in late adulthood can activate neuroendocrine stress responses, leading to sustained emotional vulnerability. Emotional states such as fear, sadness, and resentment can become chronic

among older adults when social connections deteriorate. Moreover, van Manen's existential structure of Lived Other is particularly applicable here. It emphasizes how emotional relational experiences shape well-being. In the absence of meaningful others, the self becomes emotionally fragmented, leading to spiritual and psychological disquiet. Older adults, in losing relational roles, also lose a mirror through which their emotions are understood and validated.

Participant 1 spoke of fear and anxiety, particularly during nights alone, stating, *"Sa pormero gyud, hadlok gyud kaayo ko. Kanang murag gi-nerbyos ko ba, dili ko makatulog matag gabii."* Her experience reflects the common fear of vulnerability experienced by older adults living alone. The lack of physical and emotional security during isolation may trigger anxiety-related disorders. This aligns with findings from Domènech-Abella et al. (2022), who emphasized that loneliness is a significant predictor of anxiety and depressive symptoms among older adults. Participant 1's statement underscores how solitude in late adulthood can amplify emotional fragility.

Participant 2 shared moments of deep emotional vulnerability, crying alone and questioning her situation: *"Usahay, makapangutana ko sa Ginoo, "Ngano kaha ingon ani gihapon akong kahimtang?"* This statement reveals the existential dimension of emotional distress, which is a common but underexplored facet of isolation among older adults. According to Wu(2020), older adults experiencing isolation may struggle with a sense of purposelessness, further intensifying their emotional suffering. Participant 2's reflection reflects how religious or spiritual questioning can emerge during periods of loneliness. Emotional isolation, in this sense, touches both psychological and spiritual dimensions.

Participant 3 described becoming *"Dili na parehas sauna nga positibo akong*

panan-aw. Karong panahona, dali ko ma-stress, dali ko mairita," highlighting how persistent problems and isolation shift one's emotional baseline. Emotional dysregulation among older adults can stem from prolonged social detachment. The gradual erosion of patience and increased irritability often indicates underlying psychological fatigue. Current literature suggests that social isolation may contribute to neuropsychological stress responses, which manifest in mood volatility and frustration (Smith et al., 2021). Participant 3's irritation is a symptom of deeper emotional depletion caused by prolonged solitude.

Participant 4 articulated that *"Dili na ganahan magsamok sa uban, maghilom nalang, dal-on nalang ang problema"* showing how internalized emotions fester in the absence of connection. The suppression of emotional distress, especially in cultures where older adults are expected to endure silently, can lead to chronic mental health issues. According to a study by Ong et al. (2023), emotional suppression among older adults is linked to increased psychological burden and reduced life satisfaction. Participant 3's account supports this, suggesting that unexpressed sorrow accumulates when there is no emotional outlet. The interview reflects the long-term harm of unresolved emotional experiences.

Collectively, these narratives reflect a common thread of emotional pain, a hidden consequence of isolation that cannot be measured solely by behavioral observations. Emotional solitude in older adults often coexists with physical seclusion, compounding its psychological impact. These unspoken emotions may not be immediately visible, yet they significantly influence well-being. Phenomenological insights such as these underscore the complexity of mental health in late life. Social isolation, therefore, is not merely about

being alone; it is about feeling emotionally abandoned.

These findings are consistent with recent studies that have linked emotional loneliness to cognitive decline, depression, and lower quality of life in older populations. The literature supports the idea that emotional connectivity serves as a protective factor for psychological resilience in aging adults (Cudjoe et al., 2020). Interventions focused solely on increasing social contact may fall short if they do not address the emotional dimension of loneliness. Emotional isolation needs to be recognized as a standalone risk to mental health, warranting specialized interventions. This theme reveals that feelings, not just relationships, are central to understanding isolation's full impact.

In conclusion, the "Emotional Landscape of Isolation" theme emphasizes the deeply personal and often hidden emotional challenges faced by older adults. From fear and sadness to existential questioning and emotional suppression, participants' internal experiences reveal a profound psychological toll. These lived experiences enrich our understanding of how social disconnection erodes emotional well-being. Emotional distress is a central, not peripheral, outcome of the isolation of older adults. Recognizing and addressing this emotional core is essential to improving life satisfaction and mental health among aging adults.

Theme 2: *Coping Strategies and Meaning-Making*

Coping strategies and meaning-making refer to how individuals manage their isolation and derive meaning in life despite hardships. It captures the dynamic processes in which older adults adapt to prolonged or situational isolation, in which participants express emotion-focused and problem-focused coping strategies and, in doing so, construct or sustain a sense of purpose and well-being.

Coping strategies are the ideas and actions used to manage the demands of a stressful environment, both internal and external (Stephenson & DeLongis, 2020). It has been observed that older adults who possess sufficient coping mechanisms have better physical and mental health (Boerner, 2004; Yancura & Aldwin, 2008, as cited in Fuller & Huseth-Zosel, 2020). There are two distinct coping mechanisms: emotion-focused coping, which involves managing the stressor's emotional response, e.g., acceptance, and problem-focused coping, which focuses on solving the current issue by directly addressing it (Kawata et al., 2023).

Meaning-making refers to the process of interpreting life experiences to create a sense of purpose or coherence. It is closely tied to well-being in later life; for example, studies have found that a stronger sense of meaning in life mediates the relationship between social support and mental health outcomes among older adults (Czaja et al.,2021; Utley et al., 2022). In other words, older adults who find meaning in their circumstances tend to report lower depression and higher life satisfaction (Zhou et al., 2023). From an existential viewpoint, meaning-making often involves connecting to values or beliefs (such as faith or legacy), reflecting on life experiences, and finding continuity in one's identity despite changing circumstances.

In the interviews, all participants emphasized active engagement in faith-based and communal activities as ways to cope. Participant 1 (age 65) explained that she relied on nightly prayer and staying occupied with chores to distract from loneliness. Participant 2 (age 79) described how attending family gatherings, singing and dancing with neighbors, and sharing humor with relatives “really helped [her] feel better, even just a little.” Participant3(age 69) noted that taking on church responsibilities–for example, organizing

services or helping with events gave her life purpose and significantly eased her distress. Likewise, Participant 4 (age 68) coped by volunteering her time: she routinely cleaned the local chapel and regularly visited isolated neighbors. These first-person accounts highlight that prayer and spirituality, meaningful work (such as church duties or volunteering), and social interaction with family or community members were the primary coping practices reported by the participants.

Participant 1: *"Salig lang ko sa Ginoo ba, nga Siya ray magbantay nako… Mag busy-busy, bisan unsa buhaton miski kapoy kay naginusara nalang mangyud."* Participant 1's words reveal that they turn to faith rituals and relentless activity to counteract isolation. This suggests an immediate dual strategy of spiritual coping and active engagement. From an alifeworld perspective, her nightly prayers signify the temporality of her lived experience – she uses the passage of time as a stabilizing routine. At the same time, her determination to stay busy despite physical fatigue reflects the corporeal dimension. Empirically, this pattern aligns with research showing that spiritual practices and optimistic coping bolster older adults' mental health, as greater religiosity is correlated with higher life satisfaction and a clearer sense of meaning among seniors (Coelho-Júnior et al., 2022). Similarly, positive coping behaviors (such as staying active) have been found to improve resilience and quality of life in older populations (Liu et al., 2025). Together, these studies suggest that Participant 1's reliance on prayer and activity is an effective way to create meaning and buffer stress. In sum, her quote illustrates how integrating faith-based practices and purposeful activities into daily life fosters a sense of purpose and helps alleviate loneliness in older age.

Participant 2: *"Pinaagi adto kaganina akong nasulti kanang moadto ko sa ila*

abiabihon ra pod ko nila magistoryahanay bi bahin sa bisag unsa ug naay kataw-anan mokatawa rapod ko ug naay kalingaw sa barangay pareha aning fiesta nato rong hinapos kaning giingon nilang "ParentsNights" diha malingawko anah… natabangan kay ko ana bisan ginagmay maibsan rapod akong mga kaguol magaan gaan akong pagbati." This brief remark, made after describing family get-togethers and lively singing, emphasizes how even modest social engagement can lift her mood. It immediately indicates that interpersonal connection and shared enjoyment provide her emotional relief. Through an existential lens, this reflects the relational lifeworld: forging laughter and companionship with others brings her a feeling of belonging and lightens her emotional load. It also involves corporeality, as physical expressions convey her embodied joy. This aligns with evidence that maintaining social ties is a common coping strategy for older adults: systematic reviews indicate that they frequently draw on social interaction and community involvement to mitigate isolation (Ahmadi et al., 2023).

Additionally, engagement in community or volunteer activities has been empirically linked to lower loneliness and greater psychological well-being among older adults (Torres et al., 2023). Thus, Participant 2's experience exemplifies how even small doses of communal support can be uplifting. Integrating theory and research, her quote, the existential focus on relational meaning, and the literature show that sustaining social connections, even in limited ways, provides meaningful comfort and helps counteract isolation.

Participant 3: *"Moadto ko sa among kapilya, didto ko magpuyo og kadyot. Alagad man ko sa simbahan, so maglimpyo ko, magtabang ko sa mga misa. Didto, makalingaw gamay."* This statement shows that assuming roles within her religious community has

been a source of help. Immediately, it suggests that purpose-driven activity contributes to her coping. It highlights relationality and also a sense of transcendence/meaning. The church serves as a lived space and community where her actions carry significance. Empirical studies support this pattern: higher religiosity and active religious engagement among older adults are associated with better life satisfaction, healthier social networks, and a stronger sense of meaning in life (Coelho-Júnioretal,2022). One review found that older persons with active faith reported greater meaning in life and psychological well-being (Kang & Kim, 2022).In other words, taking on meaningful religious duties can directly improve an older adult's sense of purpose and mental health. Thus, Participant 3's narrative confirms that serving a faith community can be an important means of meaning-making. Integratively, her quote, our existential interpretation of service in lived relationality, and the literature suggest that by committing to others in a spiritual setting, she imbues her days with significance, thereby mitigating loneliness and enhancing well-being.

Participant 4: *"Taga-adlaw ko mosimba, didto nako gibuhos akong oras.… Usahay, moadto sila [neighbors] sa balay, makig-kuyog, mangumusta."* This reflects a combination of volunteering and neighborly outreach as her coping methods. The immediate sense is that she seeks usefulness and social companionship to deal with isolation. Theoretically, cleaning the chapel exemplifies lived spatiality; during her visit, she transforms the chapel's physical space into a setting of service and meaning. Neighbors embody, and embody relationality. There is also a corporeal element in performing physical cleaning tasks. Empirical research underscores that such community engagement protects against loneliness: longitudinal data show that older adults who volunteer have a significantly

reduced risk of loneliness (Kharicha et al., 2020). Likewise, the coping literature emphasizes that maintaining social connections is a key strategy for older adults (Willis & Vickery, 2022). Together, these findings indicate that Participant 4's choice to clean and visit others is consistent with effective coping patterns identified in recent studies. In synthesis, her actions illustrate how embedding oneself in meaningful physical spaces and social networks offers distraction and purpose, a thematic insight that underscores the role of active community involvement in alleviating social isolation among older adults.

Theme 3: *Perception of Life Satisfaction and Acceptance*

This theme explores how older adults perceive life satisfaction and acceptance in the context of social isolation. Drawing from participant narratives, it becomes evident that acceptance, resilience, and hope derived from family connections are key psychological strategies in maintaining emotional stability despite limited social engagement.

Acceptance was identified as a foundational coping mechanism among older adults living in solitude. As noted by Participant 1, *"Kung di nimo dawaton nga ikaw ra usa, maglibog-libog lang ka… mingaw pero naay kalinaw."* This statement reflects how older individuals develop adaptive emotional regulation by accepting their circumstances. This supports Tian's (2022) claim that self-efficacy and personal health conservation are instrumental in shaping life satisfaction among older adults. By shifting the focus from external loss to inner peace, acceptance becomes a stabilizing force in later life.

Hope, particularly rooted in familial relationships, was also a salient factor contributing to life satisfaction. Participant 2 shared her emotional reliance on her grandchild's success: *"Kung makagraduate na akong apo, makauli na ko, mopahuway na ko."* Such future-oriented thinking is a powerful motivator and reflects the role of

intergenerational connection in enhancing psychological well-being. According to Kim and Lee (2023), strong family ties and continued interaction with younger generations significantly contribute to emotional fulfillment and perceived life satisfaction in old age. In this context, family members serve not only as social support systems but also as sources of purpose and meaning, especially for those who experience loneliness.

Changes in emotional perspective were also apparent as social networks diminished. As Participant 3 expressed, *"Sa una, positibo pa ko… karon, murag wala na koy kasaligan,"* highlighting a shift from optimism to detachment following the loss of close companions. This statement underscores the emotional toll of reduced social interaction and the shrinking of one's support system. This phenomenon is consistent with the study by Kim, Lee, and Park (2021), which found that decreased social participation and the breakdown of supportive relationships are key factors negatively influencing life satisfaction among older adults. As expectations and social roles decline with age, emotional satisfaction increasingly depends on the availability of meaningful relationships.

Negative thought patterns were also cited as major hindrances to experiencing contentment. Participant 4 candidly admitted, *"Sige rakog negatibonga hunahuna…lisod gyud ipangita ang kalipay basta ingon ana,"* indicating how persistent negative cognition can obstruct emotional stability. This observation is supported by Tian (2022), who noted that promoting self-efficacy, the belief in one's ability to manage life's demands, can help older adults cope with aging-related stressors and reduce negative self-perceptions. Without appropriate psychological support or social reinforcement, these patterns may solidify into chronic distress, thereby reducing overall well-being.

In many cases, life satisfaction among older adults is no longer associated with joy in the traditional sense but rather with stability, spiritual peace, and a meaningful routine. This shift from hedonic (pleasure-seeking) to eudaimonic (purpose-driven) well-being reflects a definition of what it means to live a good life in old age. According to Tian (2022), internal strengths such as resilience and emotional regulation contribute more significantly to life satisfaction than material or external conditions. The participants' experiences further illustrate this as they derive fulfillment from faith, ritual, and perseverance despite their solitude.

The narratives also revealed that loneliness continues to be a pervasive emotional reality among older adults. Both P3 and P4 described the deep sense of isolation that often accompanies old age. As emphasized by Kim and Lee (2023), reduced social interaction is strongly correlated with diminished life satisfaction. These findings highlight the critical need for familial and community-based support programs to counter the isolating effects of aging.

Finally, the participants' experiences show that perceptions of life satisfaction and acceptance are shaped by a confluence of internal coping strategies, such as acceptance, faith, and hope, and external social factors, particularly familial involvement. While feelings of sadness and detachment were present, many older adults retained a sense of peace through self-discipline, emotional resilience, and a quiet hope rooted in family. These factors contribute to a form of life satisfaction that, although subdued, remains meaningful and emotionally sustaining in late adulthood.

Theme 4: *Safety and Autonomy*

The theme of safety and autonomy describes the tension between feeling secure and

acting independently in the lives of isolated older adults. In general terms, autonomy refers to the older individual's capacity to make decisions and control personal activities (Bölenius et al., 2023). This sense of control is critical to dignity. As one review notes, autonomy means freedom of choice and the freedom to influence one's own life, including the ability to interact with one's environment (Larsson et al., 2017). Safety, by contrast, involves feeling protected from harm in familiar surroundings. In existential terms, safety can be seen as the comforting mood of being-in-the-world, while autonomy is the exercise of freedom and self-responsibility. When asked about these concepts, the participants framed autonomy as self-reliance and choice, and safety as the preservation of personal integrity and peace of mind. Phenomenologically, these two are intertwined: an older adult may feel at home (Heidegger's Bauwelt) in a space that is safe and known, yet that same independence can accentuate loneliness and existential loneliness when others are absent.

In participants' own words, the interplay of safety and autonomy was a central concern. They described a continual balancing act: desiring independence while fearing vulnerability. For example, several participants mentioned keeping themselves busy or maintaining routines of self-secure, even as they shunned frequent help from family. They framed autonomy as a means to preserve pride and to spare relatives worry. However, they also acknowledged the emotional cost of this choice, noting anxiety or loneliness at night or during illness. These narratives consistently revealed that older adults often choose solitude to uphold dignity, even at the price of social isolation. Across the interviews, the theme of safety and autonomy was expressed as a double-edged sword: enabling a sense of agency but also heightening existential loneliness.

Participant 1 expressed a clear example of this dynamic. Participant 1said *"Mas gusto*

nako nga ania lang ko sa akong balay bisan mag-usa ra ko inigka-gabii. Dili ko gusto mahasol akong mga anak, ug mas hayahay ang akong paminaw dinhi sa dapit nga suwito na kaayo ko." At first glance, she emphasizes safety, feeling secure at home, but immediately ties it to autonomy: the decision to stay alone is her choice. Interpreting this, one sees that her fear of burdening others motivates her independence. She consciously limits family involvement to protect their peace of mind, while clinging to the comfort of the known environment. Existentially, this resonates with Sartre's notion that freedom brings responsibility: by choosing solitude, she assumes responsibility for both her safety and her isolation. It also echoes Heidegger's idea of "authentic being" in one's own world; she chooses to remain in her space. Machielse's (2024) findings support this narrative that many socially isolated older adults "prefer to determine how they lead their life" and feel proud of self-reliance. At the same time, it reflects Moilanen et al.'s (2021) observation that safety measures or familial concerns often restrict autonomy, even if intended to protect well-being. In synthesis, Participant 1's story shows that the older adult's embodied experience of home can be both refuge and prison. By securing safety through autonomy, she affirms her dignity, yet she simultaneously inhabits an existential isolation that underscores the themes of safety and autonomy.

Similarly, Participant 2 said, *"Ako ra ang nagluto ug nanglimpyo sa akong kaugalingong balay. Dili nako gusto nga mabalaka pa ang akong mga anak inig-anhi nila. Dinhi sa akong balay, suwito na nako ang tanang liko-liko, ug mas mobati ko og kasegurohan kon ako ray magbuhat bisan pa man og nalisdan ko."* This quotation highlights pride in independence and reiterates the protective instinct. Her narrative suggests that control over her own home is what makes her feel secure: knowing "all the

tricks" of her environment allows her to anticipate risks. Phenomenologically, this can be understood through the concept of the embodied life world. Her body has learned the space so well that it feels like a second skin, fostering a sense of safety. However, that very self-sufficiency intensifies aloneness, since she actively keeps others at bay. Machielse (2024) similarly reports that older adults derive self-esteem from independence: one Participant declares, "I am a fighter and proud of it… Keep trying, do not give up." The determination in both statements underscores an existential courage. Henning et al. (2021) also note that some older adults view loneliness as an opportunity to reclaim autonomy and well-being. In Participant 2's case, meaning is made by framing self-reliance as a source of inner strength, a coping strategy that transforms vulnerability into empowerment. Thus, her experience ties back to the theme by showing that autonomy can create a personal sense of safety through mastery of one's environment, even as it reinforces existential isolation.

In Participant3's words*, "Aduna'y mga higayon nga kulba-an ko mag-inusara sa gabii, pero dili gyud ko mobiya niining dapita. Naa na'y ilang kaugalingong kinabuhi ang akong mga anak; dili nako gusto nga mahibalo sila sa tanan nakong giantos kay dili ko gusto nga mahimong palas-anon ko nila ."* This statement openly acknowledges fear while reaffirming agency. Her refusal to "tell them everything" reflects the common theme of not burdening family (Cahill et al., 2009). Existentially, her narrative captures what Yalom calls existential guilt–a painful sense of responsibility to protect loved ones from distress, even at personal cost. Empirically, this aligns with findings that older adults often keep concerns private to avoid feeling like a burden (Ward-Griffin et al., 2006). Wakefield et al. (2021) provide a parallel: isolated older adults may hide suffering to maintain others' peace. In phenomenological terms, Participant 3's fear is an ever-present mood

(Heidegger's angst), yet she confronts it in solitude as her chosen way of caring.

Participant 4 said, *"Anad na man gud ko nga ako-ako ra. Ako ray nag-asikaso sa akong mga buluhaton adlaw-adlaw luto, ampo, tanan. Mas komportable ko ng ako-ako ra bitaw dili nako makahasol pa sa akong mga anak. Mingaw usahay, pero garbo man gud nako nga independent ko, mao nang dili ko gusto magsige'g panawag sa pamilya ."* This quotation emphasizes ritual and routine as sources of security. Her narration shows that autonomy provides the structure that stabilizes her world; the predictable routine serves as an existential anchor. She explicitly links autonomy to dignity, giving independence meaning by equating it with self-respect. However, by rarely involving family, she once again chooses solitude over support, keeping her struggles inward. Philosophically, this reflects Merleau-Ponty's idea that lived bodies find being in habitual practices – her repeated actions make the world legible and safe. However, the ongoing aloneness also embodies existential isolation. Her emphasis on routine and dignity resonates with Ruggeri et al. (2023)'s finding that older adults' self-worth is built on personal achievement and perseverance. In short, Participant 4's narrative shows that autonomy – enacted through mastery of daily life – becomes the foundation for safety and identity. The brief solace of routine underscores the theme's synthesis: control over one's life yields psychological safety, yet by human design it also entails confronting solitude alone.

Peplau's Interpersonal Relations Theory offers a useful lens for understanding these dynamics and guiding nursing practice. In Peplau's framework, the nurse-patient relationship is a collaborative process through which the patient gains understanding and autonomy (Deane & Fain, 2015).In the orientation phase, the nurse can assume a resource role, providing information and helping the older person articulate concerns about safety

and independence. During the working phase, the counselor's role enables the nurse to coach the patient through problem-solving, for instance, by jointly developing a safety plan that honors the patient's wishes while empowering them to make decisions. In this way, Peplau's model supports autonomy by treating the patient as an active partner. Adapting Peplau to aging care means respecting the older adult as a knowledgeable agent, inviting them to guide the conversation and set goals. In doing so, the nurse plays the surrogate role, empathically acknowledging the patient's fears without undermining their freedom. Through these roles, Peplau's theory reinforces the existential need for both security and freedom: the nurse helps the patient feel safe in expressing vulnerability while honoring the patient's choice and dignity in every decision.

The implications for practice are profound. Nurses and caregivers should recognize that autonomy can be both empowering and isolating and strive to support both aspects. This means actively listening to older adults' wishes and fears, and involving them in care plans rather than imposing solutions. For example, rather than assuming safety means moving a patient to assisted living, a practitioner might explore home-based safety measures that preserve autonomy. Integrating social and meaningful activities into care can also safeguard well-being: Fernández-Dávila et al. (2025) found that engagement in social or religious activities protected older adults from the harms of isolation. Thus, practitioners should facilitate access to support groups, intergenerational programs, or faith communities that foster a sense of belonging. At the same time, healthcare providers should be mindful of the older person's privacy and desire not to be a burden: even when monitoring safety, it is crucial to frame assistance as enhancing independence rather than surveillance.

In conclusion, the theme of safety and autonomy reveals a sacro existential structure

in isolation among older adults: the interplay between secure being and free becoming. The participants' narratives show that choosing autonomy–even when it leads to solitude – is often experienced as a final assertion of agency and respect. This resonates with the notion that, in the absence of other threats, loneliness can become an opportunity to redefine autonomy and personal well-being. In other words, older adults derive meaning from their self-imposed independence, framing it as a source of dignity and strength. At the same time, their stories underscore that such autonomy can intensify existential loneliness (Aho, 2022). By integrating these interpretations with existing theory and research, we see that the safety-autonomy dialectic is central to the lived experience of isolated older adults. Finally, the thematic synthesis highlights that care for older adults must honor this dialectic: promoting safety without undermining autonomy and recognizing autonomy as both a source of empowerment and a context for existential reflection.

Theme 5: *Relational Supports*

This theme explores the significance of relational supports, defined as the emotional, instrumental, and social connections with family, neighbors, and community, in helping older adults cope with social isolation. While most participants lived alone, their emotional and mental states were shaped by how often and meaningfully they interacted with others. These interactions, although limited, served as lifelines of emotional relief and purpose. Social engagement, whether through casual conversations, religious services, or community events, offered a momentary escape from the weight of solitude and reaffirmed their sense of belonging. At the same time, several barriers, including pride, fear of being a burden, or lack of programs, hindered deeper relational ties.

The older adult participants emphasized that relational support does not necessarily require daily interaction or cohabitation. Instead, it is often found in small but meaningful

ways.

gestures. As the Participant shared, *"Moadto ko sa akong kambal… Didto ko maka-istorya og makatambag siya… Usahay pud, moadto ko sa silingan. Makig-istorya lang. Malingaw pud ko kung naay pista o birthday, moapil ko sayaw gamay, kanta, katawa, makatabang gyud, maskin ginagmaylang."* These activities helped her emotionally manage the weight of being alone. Cudjoe et al. (2020) found that older adults with stronger informal networks experienced better mental health outcomes, even in the absence of live-in companions. Such brief moments of connectedness can significantly alleviate the emotional strain of isolation.

Spiritual engagement also served as a potent form of relational support. Participant 3 expressed this by saying, *"Kada adlaw, mo simba gyud ko. Diha nako gibubo akong pagbati sa Ginoo. Nya usahay, motudlo ko sa mga bata, usahay sa prisohan, mag-share ko bahin sa Ginoo. Diha nako mabati nga naa pa koy katuyuan ba."* This form of social-religious participation gave her a sense of meaning, emotional relief, and a sense of inclusion. Holt-Lunstad (2021) explains that relational connection is not just a protective factor but a human necessity that helps reduce mental and even physical health risks. For Participant 3, church involvement compensated for her lack of close family proximity, reinforcing her self-worth and emotional well-being.

Community-based engagement, even on a small scale, made a significant emotional impact. Participant 4 explained, *"Kung naa'y activity sa barangay, apil pud ko. Makatabang gyud, kay makalingaw. Mawala sa hunahuna ba nga ikaw ra isa… Makaingon ko sa akong kaugalingon, 'Uy, dili ra diay ko nag-inusara.''* These events

served as psychological anchors that broke the routine of isolation. The statement reflects that occasional inclusion can be psychologically uplifting. Participants derived a renewed sense of social presence by merely observing or participating in community interactions. These opportunities provided a reminder that they were still part of a broader social fabric.

Despite these positive accounts, barriers to relational support were frequently mentioned. Participants often described self-imposed withdrawal to avoid burdening others. As Participant 3 explained, *"Kung naa koy problema, wa gyud koy mastoryahan… Di lang ko gusto nga magpadugang sa problema sa akong mga anak, mao nga hilom nalang ko pirmi."* This intentional silence underscores a common emotional barrier among older adults who fear being perceived as dependent or emotionally demanding. Holt-Lunstad (2021) suggests that when such internalized fears remain unaddressed, they reinforce isolation, thereby limiting the protective benefits of social support. Furthermore, others cited the lack of accessible programs or awareness about support services. As Participant 4 mentioned, *"Wala pa gyud ko, Day. Wala pud ko kabalo unsay mga programa paran amo. Basin naa, pero wala lang ko na sayod o wala lang gyud ko na apil."* This reveals an institutional barrier that leaves some older adults unaware or uninvolved in services that could ease their emotional burden.

In conclusion, relational support, whether through family, community, or faith-based activities, plays a crucial role in mitigating the emotional toll of social isolation. Even brief, non-intensive interactions can bring relief and reaffirm identity and a sense of belonging among older adults. However, internal and structural barriers, such as fear of burdening others and limited program visibility, continue to limit access to these essential supports. Cudjoe et al. (2020) and Holt-Lunstad (2021) affirm that relational connectedness

is both a buffer and a fundamental need in aging populations. These findings emphasize the need for both culturally sensitive interventions and strengthened grassroots initiatives that validate, involve, and empower older adults within their own communities.

CONCLUSIONS AND RECOMMENDATIONS

The experience of aging is often accompanied by complex emotional and social challenges, particularly as older adults face prolonged periods of isolation. Research consistently highlights that emotional adults are linked to significant psychological distress, including feelings of fear, sadness, anxiety, and emotional suppression, which collectively impact mental health and spiritual well-being (Cacioppo & Cacioppo, 2018; Hawkley & Cacioppo, 2010). Moreover, adaptive coping strategies such as faith-based practices, community engagement, and maintaining daily routines play a crucial role in fostering resilience and emotional relief in this population (Park, 2010; Folkman & Moskowitz, 2004). As older adults navigate the complexities of life satisfaction, acceptance, autonomy, and relational support, it becomes evident that targeted interventions addressing both emotional and social dimensions are essential to enhance their quality of life and overall well-being (Victor et al., 2005).

Conclusions

1. The theme of the emotional landscape of isolation revealed that older adults face deep psychological and emotional challenges associated with prolonged solitude. Participants expressed feelings of fear, sadness, anxiety, and emotional suppression, highlighting how social disconnection impacts not only mental health but also spiritual well-being. These experiences confirm that emotional isolation is a significant and independent risk factor that requires targeted attention in care interventions for older adults.
2. Under the themes of coping strategies and meaning-making, participants

demonstrated various adaptive behaviors, including faith-based practices, community or volunteer work, and maintaining daily routines. These coping mechanisms provided emotional relief, preserved dignity, and helped participants find purpose. The findings emphasize the critical role of both emotion-focused and problem-focused strategies in promoting resilience and psychological well-being among older adults.

3. The theme perception of life satisfaction and acceptance illustrated how older adults recalibrate their expectations and emotional priorities as they age. While some participants struggled with negative cognitive patterns, many found peace through acceptance, familial hope, and inner strength. This demonstrates that, in later years, life satisfaction shifts from the pursuit of happiness to the attainment of emotional stability, self-efficacy, and spiritual fulfillment.
4. In the theme of safety and autonomy, participants conveyed a strong desire to maintain independence despite the emotional cost of solitude. Familiar routines and the comfort of one's own home were associated with feelings of security and dignity. However, the decision to live independently often heightened existential loneliness. These narratives highlight the need to support autonomy while ensuring adequate safety and emotional care.
5. The theme of relational supports and barriers emphasized the dual nature of social relationships among older adults. While emotional support from family, neighbors, and community organizations was found to be beneficial, barriers such as physical limitations, cultural norms, and reluctance to burden others often hindered meaningful interaction. This underscores the need for inclusive, culturally sensitive

strategies to foster social connectedness and reduce isolation.

Recommendations

Based on the significance and practical implications derived from this study on the impact of social isolation on the mental well-being and life satisfaction of older adults, the following key recommendations are proposed for specific stakeholders.

1. For healthcare providers and family members/caregivers (clinical and support systems): Healthcare providers are strongly recommended to integrate routine emotional assessment tools and supportive counseling services into geriatric care protocols. This will assist health professionals in identifying early signs of mental distress caused by social isolation and, consequently, inform families and caregivers on how to provide effective emotional and psychological support.
2. For community leaders and policymakers (systemic and community planning): Community leaders and policymakers should prioritize developing accessible, culturally sensitive community-based programs that actively promote social engagement among older adults. These interventions should aim to directly reduce social isolation, thereby improving the participants' overall well-being and quality of life.
3. For older adults (empowerment and self-efficacy): Mental health professionals are advised to design clinical and educational interventions that specifically promote psychological resilience through meaning-making strategies. The goal is to empower older adults to become more aware of how social isolation affects their mental health and life satisfaction, thereby encouraging them to proactively seek

social connection and support.

4. For researchers (expansion and nuance): Future studies should examine the diverse experiences of older adults across cultural, gender, and socioeconomic backgrounds. This research will serve as a crucial reference and foundation for subsequent studies on geriatric mental health, social support systems, and aging, thereby contributing significantly to the literature.

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APPENDICES

APPENDIX A: INTERVIEW GUIDE

EXPLORING THE IMPACT OF SOCIAL ISOLATION ON MENTAL WELL-BEING AND LIFE SATISFACTION IN ELDERLY ADULTS: A PHENOMENOLOGICAL STUDY

Introduction

The researchers first and foremost would make sure that the tools are set and participants are ready for the interview and are comfortable enough to speak. This will be the researcher's chance to show positivity, politeness, and persuasion.

- Introducing Self
- Discusses the purpose of the study
- Provides informed consent
- Provides structure of the interview (audio recording and taking notes)
- Ask if they have any questions
- Tests audio recording equipment
- Makes respondents feel comfortable

Opening Questions

The researchers will ask open questions to the interviewees to get to know the respondents in terms of personal information. These questions serve as demographic queries.

1. Ask about her/his profile as to age, sex, civil status, educational attainment.

Core Questions

These core questions are useful in gaining answers to the current research problem.

1. Can you describe what social isolation means to you and how you have personally experienced it?
2. How has social isolation affected your emotions and mental well-being
3. In what ways has being socially isolated influenced your perception of life satisfaction and overall quality of life?
4. What do you think are the main factors—whether social, environmental, or personal—that contribute to social isolation among older adults?
5. How do you cope with or adapt to feelings of social isolation? Are there any strategies or activities that help you manage it?
6. What role do your family, friends, or community services play in helping you feel less isolated?
7. Have you encountered any programs or interventions aimed at reducing social isolation? If so, how effective do you think they are in improving mental well-being and life satisfaction?

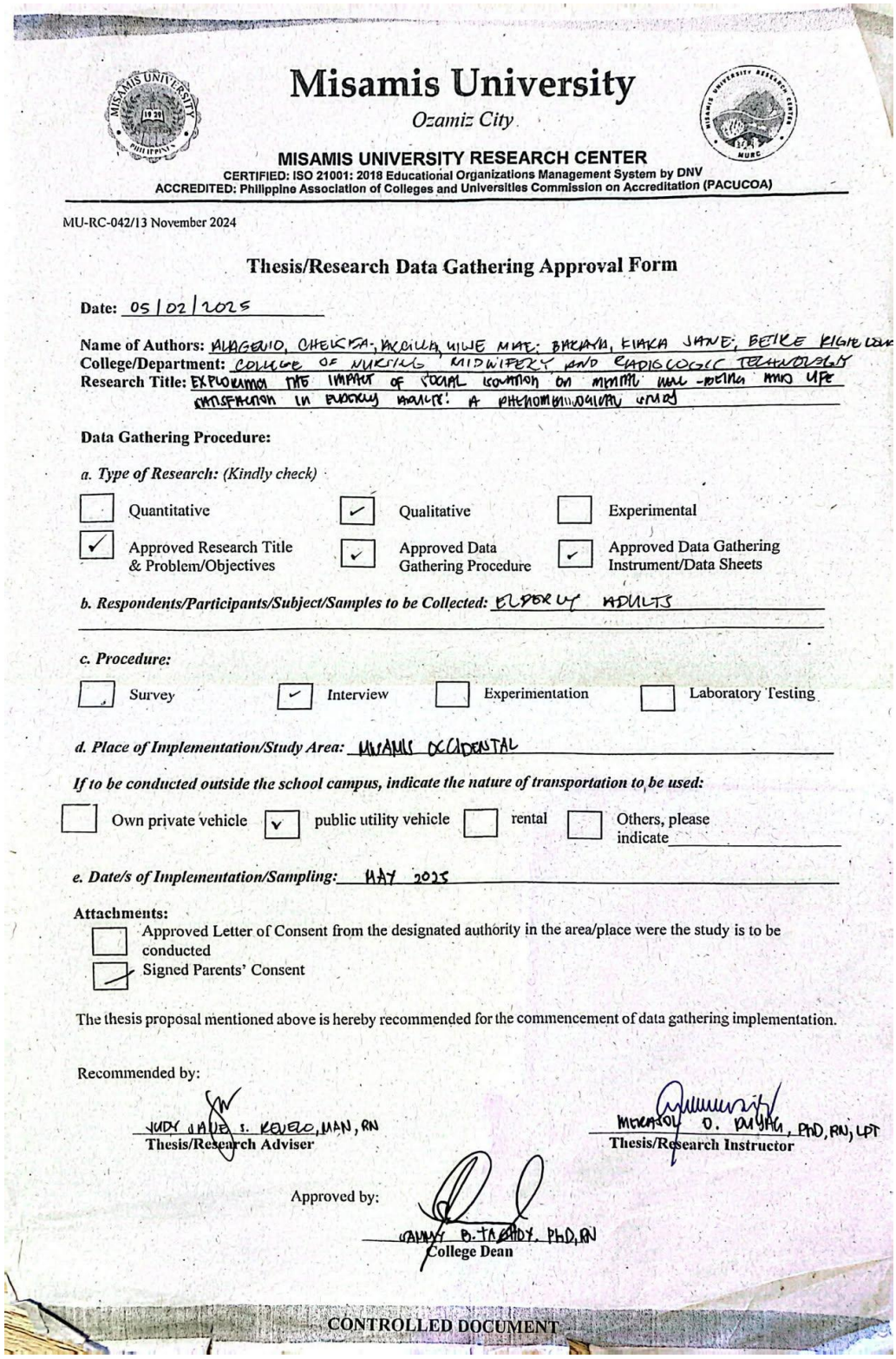
Concluding Statements

After the core interview, the researchers will make sure to express their gratitude for the respondents' participation in the interview and reassure the participants that they will benefit from the research.

1. Thank the participant

2. Ask if he/she would like to see a copy of the results

APPENDIX B: DATA GATHERING APPROVAL FORM



Misamis University

Ozamiz City

MISAMIS UNIVERSITY RESEARCH CENTER

CERTIFIED: ISO 21001: 2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)

MU-RC-042/13 November 2024

Thesis/Research Data Gathering Approval Form

Date: 05/02/2025

Name of Authors: ALAGENIO, CHELSEA; BACOLLA, LILIE MAE; BARAYA, ELAIKA JANE; BETKE KIGHT LOU
College/Department: COLLEGE OF NURSING, MIDWIFERY AND RADIOLOGIC TECHNOLOGY
Research Title: EXPLORING THE IMPACT OF SOCIAL ISOLATION ON MENTAL WELL-BEING AND LIFE SATISFACTION IN ELDERLY MALES: A PHENOMENOLOGICAL STUDY

Data Gathering Procedure:

a. Type of Research: (Kindly check)

- [ ] Quantitative
- [x] Qualitative
- [ ] Experimental
- [x] Approved Research Title & Problem/Objectives
- [x] Approved Data Gathering Procedure
- [x] Approved Data Gathering Instrument/Data Sheets

b. Respondents/Participants/Subject/Samples to be Collected: ELDERLY MALES

c. Procedure:

- [ ] Survey
- [x] Interview
- [ ] Experimentation
- [ ] Laboratory Testing

d. Place of Implementation/Study Area: MISAMIS OCCIDENTAL

If to be conducted outside the school campus, indicate the nature of transportation to be used:

- [ ] Own private vehicle
- [x] public utility vehicle
- [ ] rental
- [ ] Others, please indicate

e. Date/s of Implementation/Sampling: MAY 2025

Attachments:

- [ ] Approved Letter of Consent from the designated authority in the area/place were the study is to be conducted
- [x] Signed Parents' Consent

The thesis proposal mentioned above is hereby recommended for the commencement of data gathering implementation.

Recommended by:

JUDY MAE S. REVELO, MAN, RN
Thesis/Research Adviser

MICHAEL O. DUYAG, PhD, RN, LPT
Thesis/Research Instructor

Approved by:

ANNA B. TABOADA, PhD, RN
College Dean

CONTROLLED DOCUMENT

APPENDIX C: APPROVED LETTER OF CONSENT

MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines
Tel No. +63 88 521-0367 / Telefax No. +63 88 521-2917
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College of Nursing, Midwifery and Radiologic Technology
CERTIFIED: ISO 21001:2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission On Accreditation (PACUCOA)

May 08, 2025

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

Dear Dr. Taghoy,

Greetings of Peace!

The undersigned are Level III Nursing students of Misamis University who will conduct a research study entitled **"Exploring the Impact of Social Isolation on Mental Well-being and Life Satisfaction in Elderly Adults: A Phenomenological Study"**. In partial fulfillment of the requirements for the Nursing Research 2 course, the researchers respectfully seek approval from your esteemed office to conduct the proposed study. The study is scheduled to take place in Misamis Occidental, from April to May 2025. The researchers assure that all information derived herein will be treated with utmost confidentiality.

They are looking forward to your favorable response on this matter. Thank you very much and *God bless!*

Very respectfully yours,

Alagenio, Chelsea H.

Arcilla, Milje Mae R.

Baraya, Kiara Jane S.

Besire, Rigie Louis E.
Researchers

Noted by:

JUDY JANE S. REVELO, MAN, RN
Research Adviser

Approved by:

SAMMY B. TAGHOY , PhD , RN
College Dean

APPENDIX D: DOCUMENTATION

PARTICIPANT 1

PARTICIPANT 2

PARTICIPANT 3

PARTICIPANT 4

APPENDIX E: TRANSCRIPT OF INTERVIEWS

Participant 1

Researcher's Questions	Participants Answer	Translation
1. Unsa man ang buot ipasabot sa pag-inusara para nimo? Naka-agi ba ka ani? Puwede nimo isulti kung unsa imong kasinatian?	Ahh, ako ra gyud usa. Nag-isa na lang ko karon. Salig lang ko sa Ginoo ba, nga Siya ray magbantay nako. Uhm, akong apo unta ang kuyog nako pero kinahanglan man siya mohawa kung gabii. Ganahan man gud siya mag-electricfan, unya ako kay dili man ko ana. Dili ko ganahan og bugnaw nga hangin. Mao nga ako na lang gyud usa perme.	Ahh, I'm really just alone. I've been living alone now. I just put my trust in the Lord, that He is the one watching over me. Uhm, my grandchild used to stay with me, but he needs to leave at night because he likes to use the electric fan, and I don't like that. I'm not comfortable with cold air. So now, I'm the only one left here at home.
2. Giunsa ka naapektuhan sa pag-inusara? Nausab ba imong pagbati o panghunahuna?	Ahh, sa pormero gyud, hadlok gyud kaayo ko. Kanang murag gi-nerbyos ko ba, dili ko makatulog matag gabii. Uhm, maghuna-huna ra ko unsaon nako, kay dili man ko ganahan moadto sa laing balay. Alang-alang pud nga motugpa ko didto nga naa man koy kaugalingong balay diri. Mas maayo man gyud ni akong balay. Mao nga kada gabii, mag-ampo lang gyud ko sa Ginoo nga tagaan ko'g kusog.	Ahh, at first, I was really scared. Like I felt very nervous, I couldn't sleep at night. Uhm, I kept thinking about what I should do, but I didn't want to go live in someone else's house. It didn't make sense because I already have my own home here. This house is better for me. So every night, I just pray to God to give me strength.
3. Sa pag-inusara, nausab ba ang imong tan-aw sa kinabuhi ug kalipay?	Uhm, depende pud. Pero kung di ka mo-accept nga ikaw na lang usa, maglibog-libog ra gyud ka. Samot kag hunahuna. Magka-anxiety pa hinoon. Mas maayo na lang usahay nga ikaw ra ba. Bisan mingaw, mas klaro. Uhm, dili man pud ko ganahan magsamok ug lain tawo. Dili	Uhm, it depends. But if you don't accept that you're now on your own, you'll just get confused. You'll overthink things. You might even get anxiety. Sometimes it's better to be alone. Even if it's lonely, at least it's clear. Uhm, I also don't like to bother other people. It's not

	baya lalim, simbako naa kay bati-on. Kinsa may motabang nimo? Dili pud ko katulog kung sa laing balay, lain ra gyud.	easy, God forbid something happens to you, who's going to help? I also can't sleep in another house, it just doesn't feel right.
4. Para nimo, unsa man ang mga rason nganong ang mga tigulang mag-inusara? Tungod ba sa palibot, sa pamilya, o sa kaugalingon?	Wa man, uhm… wa man gyud. Ako lang gyud mismo. Kursunada lang ba. Naanad na siguro ko, bitaw.	No one really told me… uhm… really, no one. It was just me. It's something I chose. Maybe I've just gotten used to it.
5. Unsa imong ginabuhat kung makabati ka nga nag-inusara ka? Aduna bay butang o kalihokan nga makatabang nimo?	Ahh, mag-busy-busy lang ko. Bisan kapoy na, buhaton lang gihapon. Bisan gamay lang nga kalihukan. Magwalis, magluto, bantay tindahan. Uhm… mao na lang na akong lingaw-lingaw karon. Kay nag-inusara na gyud ko ba.	Ahh, I just keep myself busy. Even when I'm tired, I still keep doing things. Even just small chores like sweeping, cooking, tending to the store. Uhm… those are the things that keep me entertained nowadays. Because I really am just alone now.
6. Giunsa ka matabangan sa imong pamilya, mga silingan, o komunidad para dili ka mag-inusara?	Wala man, uhm… naa ra man pud na nako. Dili man ko ganahan magsamok sa uban. Kung naay problema, ako ra gyud. Dili nako padak-on ba. Ahh, salamat nalang pud kay naa koy pension ug gamayng kita sa tindahan. Maka-survive ra pud.	Ahh, not really. Everything is just the same. I wake up early, clean a bit, watch over the store, and just sit around on the terrace. Uhm… sometimes I enjoy watching people pass by. But it still feels lonely.
7. Nakadungog o nakaapil ba ka og mga tabang o programa alang sa mga tigulang? Nakatabang ba ni sa imong pagbati ug kalipay?	Oo, nakaapil ko sa mga meeting. Ahh, makatabang sad. Makalingaw gamay ba, malingaw ka makig-istorya. Makahatag sad ug kadasig, labi na kay naay mga porma para sa pension. Mas ma-feel nimo nga naa gihapon kay silbi.	Yes, I've attended meetings. Ahh, it helps too. It's a bit fun, you get to talk with others. It gives you some encouragement, especially when there are forms for the pension. It makes you feel like you still have purpose.

Participant 2

Researcher's Questions	Participants Answer	Translation
1. Unsa man ang buot ipasabot sa pag-inusara para nimo? Naka-agi ba ka ani? Puwede nimo isulti kung unsa imong kasinatian?	Uhmmm… usahay, maguol gyud ko, labi na gyud kung gabii na. Maghuna-huna ko sa akong mga anak… og mga apo. Ako ra man pirmi diri sa balay. Ako ra ang nagluto ug nanglimpyo sa akong kaugalingong balay. Dili nako gusto nga mabalaka pa ang akong mga anak inig-anhi nila. Dinhi sa akong balay, suwito na nako ang tanang liko-liko, ug mas mobati ko og kasegurohan kon ako ray magbuhat bisan pa man og nalisdan ko. Naay silingan, pero di man pud ko pirme makig-istorya… maulaw ko usahay, basin makasamok ba ko nila. Kuan… naa man gud tay tagsa-tagsang problema.	Uhmmm… sometimes, I really feel sad, especially at night. I start thinking about my children… and my grandchildren. I'm usually alone here at home. I cook and clean by myself. I don't want my son or daughter to come in and worry. In my home, I know all the tricks, and I feel safer doing it on my own even if it's harder. I have neighbors, but I don't really talk to them often… I get shy sometimes, afraid I might bother them. You know… we all have our own problems.
2. Giunsa ka naapektuhan sa pag-inusara? Nausab ba imong pagbati o panghunahuna?	Usahay, makapangutana ko sa Ginoo, "Ngano kaha ingon ani gihapon akong Kahimtang?" Bisan og maningkamot ko… mura gyud og lisod gihapon. Maka-hilak ko usahay… labi na gyud kung bug-at na akong gibati. [Ginhawa og lawom]	Sometimes, I even ask God, "Why is my situation still Like this?" Even though I try my best… it still feels difficult. Sometimes I cry… especially when I feel really heavy inside. [Takes a deep breath]
3. Sa pag-inusara, nausab ba ang imong tan-aw sa kinabuhi ug kalipay?	Oo gyud,… dako kaayo og kausaban. Sauna, naa pako sa akong mga anak, lingaw pa. Naa koy kuyog pirmi. Bisan og lisod, dili man gyud kaayo mingaw.Karon, lahi na gyud… kay layo nami. [Hilom] Mingaw kaayo. Usahay, magtan-aw lang ko sa among mga litrato…	Yes, Day… a lot has changed. Before, when I was still with my kids, things were more lively. I always had company. Even if life was hard, it wasn't that lonely. Now, it's really different… because we live far from each other. [Pause] It's really lonely. Sometimes I just look at our old pictures… I

		maghunahuna ko sa akong apo nga akong ginasuportahan. Ingon gani siya, “Sagdi lang Lola, kung makagraduate ko puhon, magpahuway naka.” Mao na lang gyud na akong gipaabot. Gikapoy na baya ko, tigulang na baya ko. [Tingog nga medyo luya, ningisi gamay]	think of my grandchild whom I’m supporting.She even told me, “Don’t worry, Lola… once I graduate, you can rest already.” That’s the only thing I’m really holding on to. I’m getting tired, I’m old now. [Voice softens, slight smile]
4.	Para nimo, unsa man ang mga rason nganong ang mga tigulang mag-inusara? Tungod ba sa palibot, sa pamilya, o sa kaugalingon?	[Ginhawa og lawom] … Murag halos tanan gyud, Day. Sa pamilya… usahay kinahanglan gyud mi mosakripisyo. Sama nako nga balo, kinahanglan mo trabaho para makasuporta. Bisan layo ko, basta makatabang lang… okay na nako. Usahay pud, kita mismo ang mu-likay. Kay kung naa tay problema, dili na lang ta musaba. Dili nato gusto nga makakita ang pamilya nga naglisod ta. Mas maayo pa nga kita na lang ang musabot kaysa sila pa ang maguol.	[Takes a deep breath] … It seems like almost everything, Day. In the family… sometimes we really need to sacrifice. Like me, being a widow, I need to work in order to support. Even if I am far, as long as I can help… that is already okay for me. Sometimes also, we ourselves are the ones who avoid. Because if we have a problem, we just do not speak anymore. We do not want the family to see that we are struggling. It is better that we are the ones who understand instead of them being the ones who worry.
5.	Unsa imong ginabuhat kung makabati ka nga nag-inusara ka? Aduna bay butang o kalihokan nga makatabang nimo?	Uhmmm… moadto ko sa akong kambal. Dili ra siya layo. Didto ko… makapahuway-huway ko sa hunahuna, makastorya gyud ko og tinuod.Kabalo gyud siya kung unsa akong gibati. Usahay pud, moadto ko sa silingan. Makig-istorya lang, malingaw pud ko. Kung naay pista o birthday, moapil ko. Sayaw gamay, kanta, katawa…Makatabang gyud, maskin ginagmay lang. [Hinay og tingog] Importante gyud kaayo nga naa kay	Uhmmm… I go to my twin. She doesn’t live far. There, I can breathe a little and speak my mind.She really knows what I’m feeling. Sometimes too, I visit my neighbor, just to chat. I enjoy that. If there’s a fiesta or a birthday, I join. I dance a little, sing, laugh… It really helps, even in small ways. [Soft voice] It’s really important to have something to do. Because if you just sit around… and think and think, the sadness just gets worse.

	kalingawan. Kay kung magsige lang kag puyo… magsige lang kag hunahuna, samot gyud ka maguol.	
6. Giunsa ka matabanga sa imong pamilya, mga silingan, o komunidad para dili ka mag-inusara?	Kung muadto ko sa ilang balay, dawaton man ko. Makalingaw, mag-istorya mi, magkatawa.Sa barangay pud, kung naa gani sayawan o activity, like "Parents' Night," moapil ko. Usahay inom gamay malingaw na gyud.Makatabang gyud. Usahay magmanagkot mi sa among inahan. Dayon magtapok mi sa balay sa akong igsoon, magkanta-kanta. Dili na kaayo mingaw kung naa ing-ana. [Ningisi]	When I visit their houses, they welcome me. It's fun, we talk, we laugh. In the barangay too, when there are events like dances or "Parents' Night," I join. Sometimes I drink a little, I enjoy it. It really helps. Sometimes we light candles for our mother. Then we gather at my sibling's house, sing together. It's not so lonely when we have things like that. [Smiles]
7. Nakadungog o nakaapil ba ka og mga tabang o programa alang sa mga tigulang? Nakatabang ba ni sa imong pagbati ug kalipay?	Wala pa gyud ko kasuway, Chel. Kuan… kung naa man gani, maayo unta. Para naa pud mi kalihokan… dili pirmi magpuyo lang sa balay. Siguro naa pay uban sama nako nga layo sa pamilya… walay lingaw.	I haven't experienced anything like that, Chel. Uhm… if there are any, that would really be nice. So we can have activities too… and not just stay home all the time. I'm sure there are others like me; far from their families, with nothing to do.

PARTICIPANT 3

Researcher's Questions	Participants Answer	Translation
1. Unsa man ang buot ipasabot sa pag-inusara para nimo? Naka-agi ba ka ani? Puwede nimo isulti kung unsa imong kasinatian?	Aduna'y mga higayon nga kulba-an ko mag-inusara sa gabii, pero dili gyud ko mobiya niining dapita. Naa na'y ilang kaugalingong kinabuhi ang akong mga anak; dili nako gusto nga mahibalo sila sa tanan nakong giantos kay dili ko gusto nga mahimong palas-anon ko nila . [gininhawa og lawom] Haaa…	I get scared sometimes when I'm alone at night, but I still don't want to move. My children have their own families; I won't tell them everything and make them worry. [deep breath] Sigh… For me, isolation is that feeling of being all alone. You know, ever since my husband passed away, I've been on

	Para nako, ang pag-inusara kay katong... kanang mura ba'g wala nakay kauban. Bitaw, sukad pagkamatay sa akong bana, ako nalang gyud ang nahabilin. Ako nalay naningkamot para sa mga bata. Nangita ko'g trabaho, nahilayo ko nila, nya hangtod karon, ako ra pirme. Usahay, malingkod lang ko sa usa ka daplin, maghilom... magsige'g huna-huna. Wala kay makastorya, mao na, imo ra tanan gi-atubang.	my own. I was the only one who provided for the kids. I had to find work and ended up far from them, and even now, I'm always alone. Sometimes I just sit quietly in a corner, thinking deeply. There's no one to talk to, so I end up facing everything by myself.
2. Giunsa ka naapektuhan sa pag-inusara? Nausab ba imong pagbati o panghunahuna?	Lagi, Day. Dako kaayo og epekto. Dali ra ko mapungot, dali ra ko masakitan ug buot. Magsige ra ko'g hilom, murag wala nalay gana ba. Ako ra pirme usa. Magsige kog paminsar ug unsaon ni, unsaon to. Usahay, muabot ang adlaw nga murag wala nalay kalipay. Kalipay nga way kabalaka, sus… panagsa ra kaayo na mahitabo.	Yes, dear. It really has a big impact. I get irritated easily, and sometimes I get hurt emotionally for the smallest things. I often stay quiet, like I've lost my energy. I'm always just by myself. I keep thinking and overthinking on how to deal with this, how to solve that. There are days when it feels like there's no more joy. That kind of happiness where there are no worries… that's very rare now.
3. Sa pag-inusara, nausab ba ang imong tan-aw sa kinabuhi ug kalipay?	Oo, kaayo. Sauna, positibo kaayo ko, kay naa pa akong bana. Inigmata nako, siya ang mag-andam, magtabang. Naa koy kasaligan ba. Karon, ambot lang, ako nalang. Kung naa koy problema, wa gyud koy mastoryahan. Usahay, moingon ko nga "okay ra ko", pero tinuod, dili ra gyud. Di lang ko gusto nga magpadugang sa problema sa akong mga anak, mao nga hilom nalang ko pirmi.	Yeah, definitely. Before, I was so optimistic because my husband was still around. When I woke up, he'd prepare things, he'd help out. I had someone I could depend on. Now? I don't know, it's just me. When I have problems, I don't really have anyone to talk to. Sometimes I just say "I'm okay," but the truth is, I'm really not. I just don't want to burden my children with my worries, so I keep it

		all in.
4. Para nimo, unsa man ang mga rason nganong ang mga tigulang mag-inusara? Tungod ba sa palibot, sa pamilya, o sa kaugalingon?	Ahhh… kana, Day, kay inig katigulang nato, ang mga anak naa na'y kaugalingon. Magminyo, mangabuhi na, busy sa ilang pamilya. Kita, mabilin. Usahay pud, kita mismo ang molikay. Dili na ganahan magsamok ba. Kay basin maulaw, basin di na gusto magpabug-at. Hilom nalang. Bitbiton nalang ang tanan.	Ahh… well, dear, because as we grow older, our children start living their own lives. They get married, have families, they get busy. We, the parents, are left behind. Sometimes, we're the ones who distance ourselves too. We don't want to be a bother. We feel ashamed or we don't want to add to their problems. So we just stay quiet. We carry everything ourselves.
5. Unsa imong ginabuhat kung makabati ka nga nag-inusara ka? Aduna bay butang o kalihokan nga makatabang nimo?	Naa man, Day. Kada adlaw, mosimba gyud ko. Diha nako gibubo akong pagbati sa Ginoo. Nya usahay, motudlo ko sa mga bata, usahay sa prisohan, mag-share ko bahin sa Ginoo. Diha nako mabati nga naa pa koy katuyuan ba. Mura ba'g, naa pa koy kapuslanan. Makaayo gyud sa kasingkasing.	There is, dear. I go to church every day. That's where I pour out everything I feel to the Lord. Sometimes I also teach children, or visit people in jail to share the word of God. That's where I feel like hey, maybe I still have a purpose. Like I still have value. It really helps heal the heart.
6. Giunsa ka matabangan sa imong pamilya, mga silingan, o komunidad para dili ka mag-inusara?	Uhm... Usahay muanhi sila diri sa balay, mangumusta, magtapok mi, mokaon, maghinay-hinay og istorya. Makalingaw ba. Makakape mi, mokatawa. Diha nako mabati nga naa pa koy kauban. Naa pa koy kaistorya. Usahay pud, tagaan ko og ginagmay nga butang. Sud-an, bugas, o kwarta gamay. Bisag ginagmay ra, makalipay pud kaayo.	Uhm… sometimes they come here to the house, check in on me, we gather, eat together, talk little by little. It's fun. We have coffee, we laugh. That's when I feel like I still have people around me. That I'm not totally alone. Sometimes, they give me small things. Some food, rice, or a little money. Even the smallest things like that, they bring joy.
7. Nakadungog o nakaapil ba ka og mga tabang o programa alang sa mga tigulang? Nakatabang	Hmm… sa tinuod lang, wala pa gyud ko kabalo. Basin naa na, pero ambot lang, basin wala lang pud ko kabantay o	Hmm… honestly, I haven't. Maybe there are programs out there, but I don't know… maybe I just haven't heard of

ba ni sa imong pagbati ug kalipay?	wala ko naapil.	them or wasn't included.

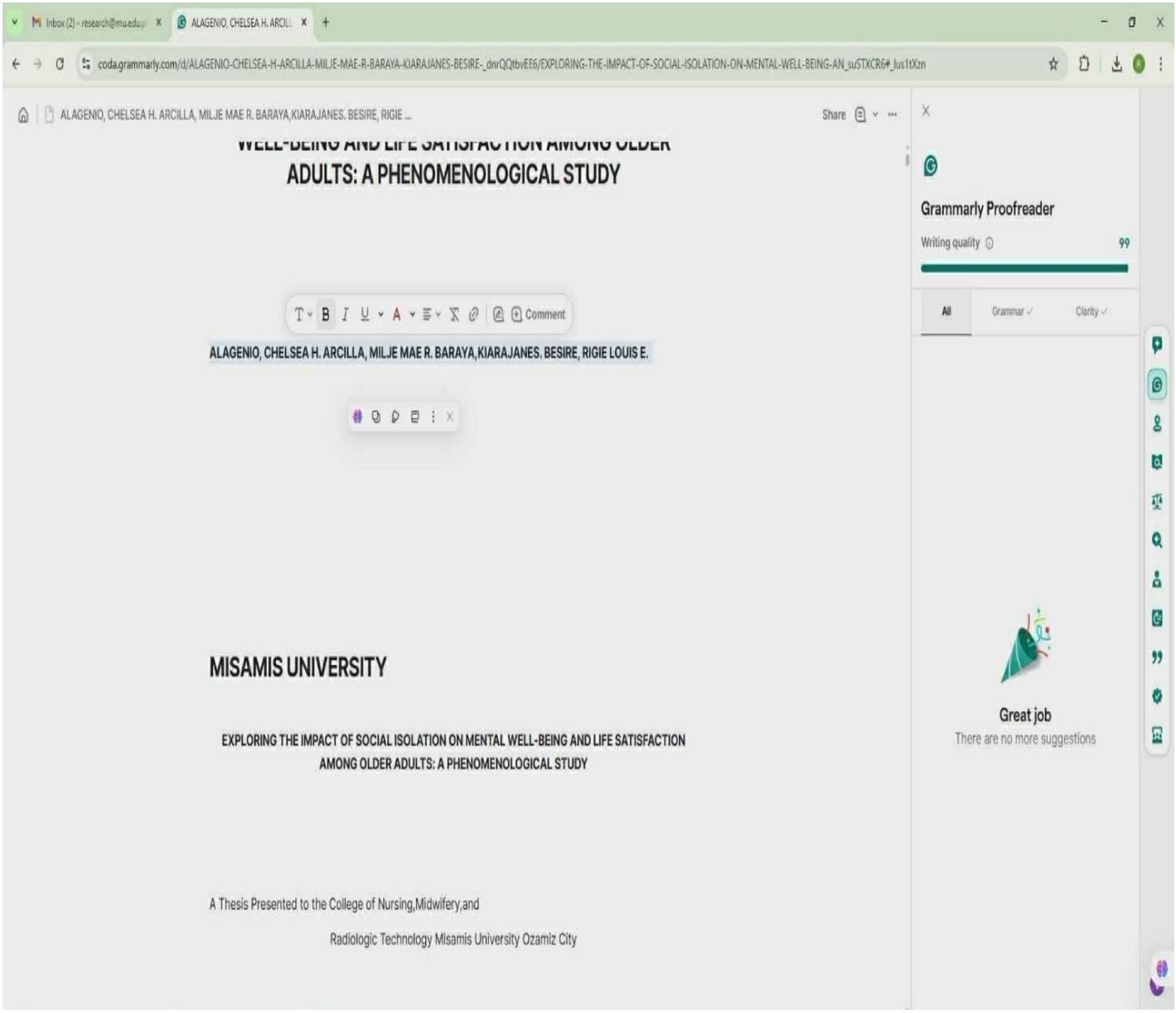
PARTICIPANT 4

Researcher's Questions	Participants Answer	Translation
1. Unsa man ang buot ipasabot sa pag-inusara para nimo? Naka-agi ba ka ani? Puwede nimo isulti kung unsa imong kasinatian?	Uhmmm… Para nako, ang pag-inusara kay kana gyud, nga walay kauban, walay tawo nga puwede nimo maistoryahan kung naa kay problema. [mohunong kadali] Kadtong namatay akong bana, didto gyud nako nabati ang tinuod nga kasakit. Murag kalit lang ba nga nahilom ang kalibutan. Lisod kaayo. [gininhawa og lawom] Ako nalang usa, ako ra magdala sa tanan, problema, responsibilidad, kabalaka. Mao nga magsige nalang kag paminsar, usahay gani, kalit ra gyud kag hilak. Makaapekto gyud siya sa imong panghuna-huna.	Uhmmm… For me, isolation means having no one with you, no one to talk to when you're dealing with problems. [pauses briefly] When my husband died, that's when I truly felt the real pain. It's like the whole world suddenly went quiet. It was so hard. [deep breath] I was left alone. I had to carry everything, problems, responsibilities, worries. So I would just keep thinking and thinking, and sometimes, tears would suddenly fall. It really affects how you think.
2. Giunsa ka naapektuhan sa pag-inusara? Nausab ba imong pagbati o panghunahuna?	Dako kaayo, Day. Sauna kay naa pa akong bana, murag gaan ra tanan. Makatawa pa ko, makalingaw. Karon, pirme nalang ko mag-inusara. Usahay gani, bisan wala man problema, maluya nalang ko kalit. Maghilom ra ko sa usa ka kanto. Dili na parehas sauna nga positibo akong panan-aw. Karon, dali ra kaayo ko ma-stress, dali pud ko mairita. [gininhawa og lawom] Murag ang kalipay, lisod na	Yes, really. Before, I found happiness in the smallest things. Now, even when my family is around me, sometimes I still feel like something's missing. Like there's a void. It's really hard to feel genuine happiness when you're always alone. And when you constantly entertain negative thoughts, your view of life starts to feel like it's just full of exhaustion, worry, and sorrow.

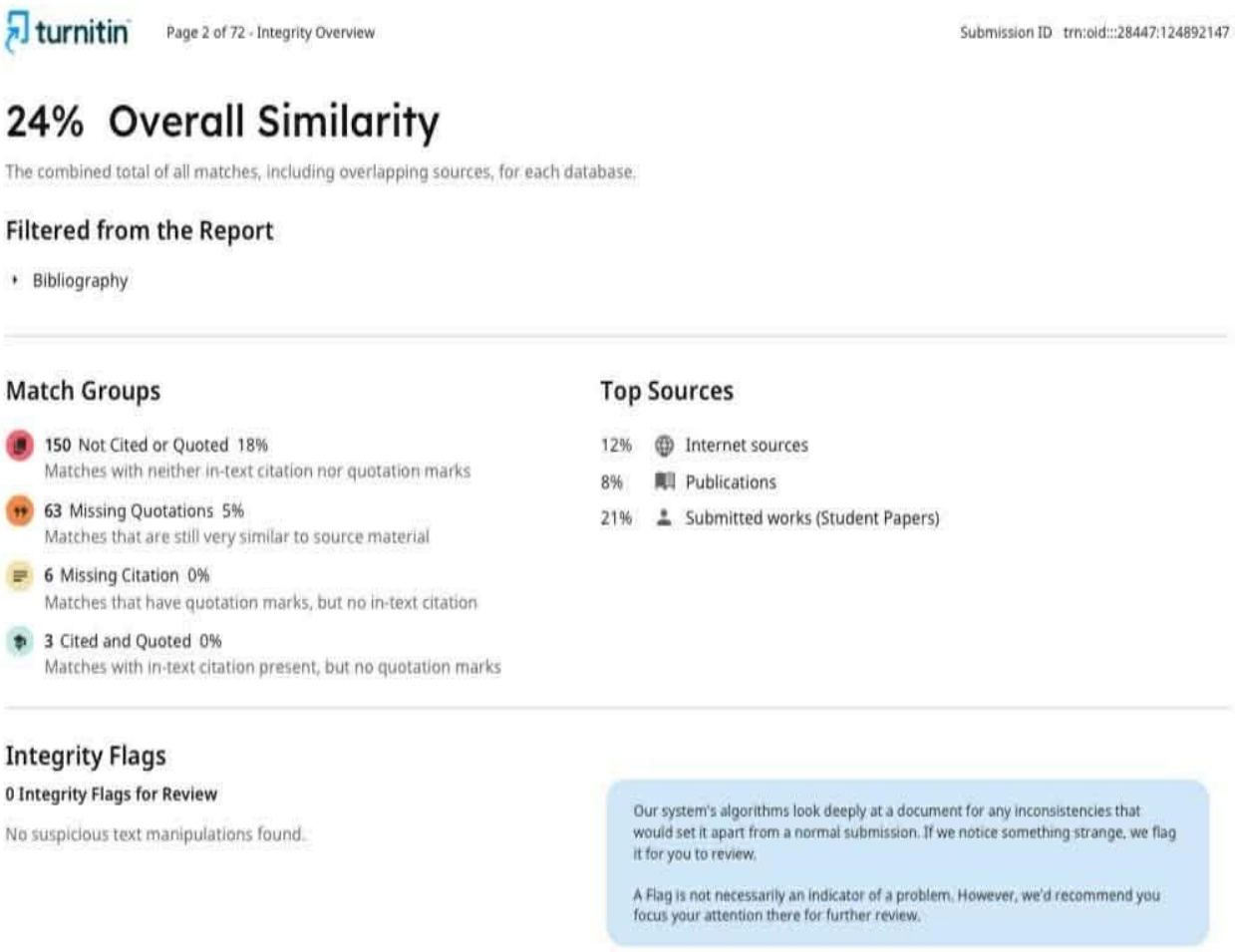
	kaayo kab-oton karon ba.	
3. Sa pag-inusara, nausab ba ang imong tan-aw sa kinabuhi ug kalipay?	Oo, bitaw. Sauna, dali ra kaayo ko malipay. Bisan ginagmay lang nga butang, makapalipay nako. Karon, bisan naa ra sa akong palibot ang akong pamilya, usahay lahi ra gihapon akong gibati, murag bakante ba. Dili man sayon makabati og tinuod nga kalipay kung pirmi ka nag-inusara. Ug kung magsige kag hunahuna og mga negatibo, murag ang tan-aw nimo sa kinabuhi kay puro nalang kapoy, kabalaka, ug kasubo.	A lot, dear. Before, when my husband was still around, everything felt lighter. I could laugh, enjoy myself. Now, I'm always alone. Sometimes, even without any specific problem, I'd just suddenly feel weak. I sit quietly in one corner. It's no longer like before when my outlook was positive. Now, I get stressed so easily, irritated easily too. [deep sigh] It feels like happiness is so hard to reach nowadays.
4. Para nimo, unsa man ang mga rason nganong ang mga tigulang mag-inusara? Tungod ba sa palibot, sa pamilya, o sa kaugalingon?	Kuan, para nako Day, kasagaran tungod kay ang mga anak naa na'y kaugalingong pamilya. Ikaw, mabilin nalang. Unya naa pud sa kaugalingon ba kay usahay, dili nalang ka gusto manguros o samok sa uban, mao nga maghilom nalang, magpuyo. Pero sa tinuod lang, bisan naa sila'y pamilya, daghan gihapon nga tigulang nga murag walay kasabay. [nagduko gamay] Ambot uy, kasakit pud paminawon.	For me, dear, it's mostly because the children have their own families already. You're left behind. And also, it comes from within, you sometimes just don't want to bother others, so you stay silent, stay at home. But in truth, even if they have families, many elders still feel like they have no one beside them. [looks down] I don't know… It's painful when you think about it.
5. Unsa imong ginabuhat kung makabati ka nga nag-inusara ka? Aduna bay butang o kalihokan nga makatabang nimo?	Moadto ko sa among kapilya. Didto ko magpundo og gamay. Alagad man ko sa simbahan, mao magalimpyo ko, motabang ko sa misa. Makalingaw sad gamay. Mawala-wala gamay ang gibati nga bug-at ba.	I go to our chapel. I stay there for a while. I serve in the church, so I help clean, assist during mass. It helps distract me a bit. The heavy feelings lessen. Sometimes, I go visit neighbors, talk to someone. Even just a short conversation can help. It feels like you can

	Usahay pud, mangadto ko sa silingan, makig-istorya lang. Bisan kadiyot ra nga istorya, makatabang na gyud. Mura'g makaginhawa ka gamay. Anad na man gud ko nga ako-ako ra. Ako ray nag-asikaso sa akong mga buluhaton adlaw-adlaw luto, ampo, tanan. Mas komportable ko ng ako-ako ra bitaw dili nako makahasol pa sa akong mga anak. Mingaw usahay, pero garbo man gud nako nga independent ko, mao nang dili ko gusto magsige'g panawag sa pamilya.	breathe a little easier. I've always been independent, and since I live alone, I just took care of my own routine – mornings, cooking, prayers. It gives me comfort, like I'm still in charge. It's lonely, but it's my dignity to care for myself, so I rarely call family.
6. Giunsa ka matabangan sa imong pamilya, mga silingan, o komunidad para dili ka mag-inusara?	Ang akong mga silingan, usahay moanhi, mangumusta. Nya kung naa'y activity sa barangay, apil pud ko. Makatabang gyud, kay makalingaw. Mawala sa hunahuna ba nga ikaw ra isa. Usahay gani, malingaw nalang ko og tan-aw sa ilang katawa. Makaingon ko sa akong kaugalingon, "Uy, dili ra diay ko nag-inusara." [nagngisi gamay, malumo ang tingog].	My neighbors, sometimes they come over and check on me. And if there are activities in the barangay, I join. That really helps because it's fun. It takes your mind off the thought that you're alone. Sometimes, I just enjoy watching them laugh. I say to myself, "Oh, I'm really not alone after all." [smiles softly].
7. Nakadungog o nakaapil ba ka og mga tabang o programa alang sa mga tigulang? Nakatabang ba ni sa imong pagbati ug kalipay?	Wala pa gyud ko, Day. Wala pud ko kabalo unsay mga programa para namo. Basin naa, pero wa lang ko nasayod o wa lang gyud ko naapil.	I haven't, dear. I also don't know what programs are available for us. Maybe there are some, but I just haven't heard of them or maybe I haven't been included.

Appendix F- Grammarly Report



Appendix G- Turnitin Results



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CURRICULUM VITAE

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EDUCATIONAL BACKGROUND

Tertiary : Misamis University
H.T., Feliciano St., Ozamiz City
Bachelor of Science in Nursing
2022 - Present

Secondary : Clarin National High School
Poblacion 3, Clarin, Mis. Occ.
2016- 2022

Primary : Mialen Central School
Mialen, Clarin, Mis. Occ.
2014 – 2016