



Life has given me suffering and desire – A study of older men's lives after the loss of their life partners

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Background and aim: All human beings have the need to feel connected with others. However, researchers have found that for those aged 80+, loneliness markedly increases and that such loneliness is often linked to life changes or the loss of a close relative. The loss of a life partner is considered to have a greater impact on men's identify, social engagement and management of life. The aim of this study was to deepen understanding of older (80+) men's life after the loss of their life partners.

Theoretical framework: Caring science and Eriksson's theory of caritative caring form the theoretical base for the study and its interpretative framework. The central concepts are suffering of life and desire of life.

Informants, methodology and methods: A total of five men aged 81–91 gave thereby consent for participation in the study. Emanating from hermeneutical methodology, qualitative deep interviews with a narrative approach were used to collect data. Thereafter, a six-step

qualitative thematic analysis in accordance with Braun and Clarke was used to analyse the text.

Interpretation and conclusion: Four themes emerged: reconciliation with one's lived life, living in the present with uncertainty about the future, a reorientation in life including new living conditions and living with the hope of finding a new life partner and feeling loved. We found that loss can lead to suffering in life. The life can be filled with loneliness, emptiness, life weariness and an absence of desire, hope and longing. Yet there is a vitality in suffering that enables to find new meaning contexts and desire for life. Here, the fundamental choice underpinning the movement between life suffering and desire for life is comprised of reconciliation with one's lived life, living in the present, daily habits and routines, being seen, participation, love and thoughtfulness.

Keywords: caring science, Eriksson's theory of caritative caring, older men, loss of life partner, life suffering, desire of life, hermeneutics, qualitative deep interviews, qualitative thematic analysis.

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Introduction and aim

Involuntary loneliness and social isolation often form an inevitable part of ageing. Researchers have found that loneliness increases markedly among the oldest old: 40–50% of those aged 80 or older often experience loneliness.⁽¹⁾ Age itself is not a cause of loneliness, but it is rather the changes associated with ageing that can cause loneliness, for example the loss of social contacts, such as family members and/or friends. Married individuals consistently report greater happiness, better mental health, a higher quality of life and less loneliness than unmarried

individuals ⁽²⁾. For older people, various health problems can inhibit functional ability, which can cause difficulties in maintaining social contact with others and thereby increase one's feeling of loneliness. Researchers have found that older people with a lower education level have an increased risk for loneliness because their social network decreases with age ⁽³⁾. Even gender is of importance: widowers experience is more involuntary loneliness than widows in a comparable situation ^(4,5).

The starting point for this study is that all human beings have the need to feel connected with others and be in a relationship with someone or something ⁽⁶⁾. Being alone can be voluntary and experienced as a form of relaxation or inner harmony ⁽⁷⁾. Loneliness again can be involuntary, such as when an individual feels excluded from a sense of community because of few relationships or a lack of continuity in relationships ⁽⁶⁾.

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Loneliness can arise from life changes through which important relationships are altered or 'lost', such as when an individual moves or a close relative dies (8).

Many aspects of life for older (80+) men can change when they lose their life partner. Generally speaking, older people have experienced many years of living with another individual, that is life partners, which shapes one's lifestyle and how household tasks are divided (4). Older men who have lost their life partners experience that they have lost their daily support and companion (9,10). They describe how the loss of their life partners led to a sense that a part of themselves was forever lost and that their own death was imminent (10). Older men perceive the loss of closeness (intimacy) and a sense of security as great losses (4). It can be difficult to manage daily life when daily routines are out-of-balance, and they can experience such as being unpleasant or anxiety-inducing (4,11,12). Older men's relationships with other relatives can even sometimes be affected because older widowers often need increased help and support (13). They can fear being a burden or being dependent on others (14). Yet receiving help for activities of daily living can contribute to the prevention of loneliness and can give them a sense of belonging and security (14). For older men, the loss of one's life partner can entail managing on one's own and seeking a new identity as widower, which in turn entails both challenges and new possibilities (10). Some older men actively seek a new partner; hoping to find an individual, they can share their daily life with (4,10,15).

Supporting older people's socialisation and social relationships can help reduce their sense of loneliness. Loneliness can also be reduced through hobbies, pets, staying informed of current events or watching TV (16,17). Maintaining links with those close to one's deceased life partner can also help older people manage everyday life (13). The loss of a life partner appears to be more isolating for men than women, and this can be linked to men's capacity for sustaining and maintaining social relationships (18). During our search for literature, we found little research on loneliness related to older men. The aim of this study was to deepen understanding of older (80+) men's life after the loss of their life partners.

Theoretical framework

Caring science and Eriksson's theory of caritative caring (19,20) form the study's theoretical base and interpretative framework. The central concepts are suffering and existential distress as related to life. In accordance with Eriksson (6,21,22), suffering and desire comprise the driving force behind human life and creation. The suffering of life is the suffering that human beings experience in relation to own life and changed life. The suffering of life can take a wide variety of forms, from existential

threat to living a life without purpose, with lovelessness being one of its deepest forms. Meaning in life is created when human beings reconcile themselves with their suffering and find new possibilities in their actual life situations. Desire is suffering's opposite. Desire for life is something that drives human beings, a deep longing or a love for life. While human beings love and affirm life, painful and inevitable suffering is nonetheless also integrated into life. To live a life with dignity, human beings need fundamental values and a meaning context that rests on love and concern for the other.

Informants, methodology and methods

Emanating from hermeneutical methodology (23), we used qualitative deep interviews (24) with a narrative approach (25) as the data collection method. Convenience selection was used to ensure a reasonably heterogeneous sample from the study target group. The interviewees were recruited by diaconal workers and home care workers in Finland. The participants were asked verbally with a cover letter. There were challenges in finding men aged 80+ who have lost their life partners and live alone as they are a minority. After five interviews, it was nonetheless considered that the content was very rich and assumed to meet the requirements of a qualitative study. A total of five men aged 81–91 gave thereby consent for participation in the study. A reasonably heterogeneous sample was obtained through variation with regard to domicile, educational level and (former) occupation. The informants had been married for between 49 and 67 years, and the length of time that had elapsed since they had lost their life partners varied from one to six years. The majority had lost their life partners after either a prolonged or sudden illness. The deep interviews were performed by two researchers during 2017–2018 in the informants' homes and lasted between 1.5 and 2 hours. The interviews were conducted on the basis of open questions in relation to the time before and after the partner's passing, about life as a single resident, what makes life meaningful and what supports their health and well-being. The interviews were recorded and transcribed verbatim, yielding in total 55 pages of text (Calibri 12-pt, single spacing).

Qualitative thematic analysis in accordance with Braun and Clarke (26) was used as analyse method comprised of six phases. In the first phase, the text was read through several times. In the second phase, statements were coded. In the third phase, themes were formed based on the coding. In the fourth phase, each theme was checked in relation to the codes and a thematic map was designed. In phase five, the specifics of each theme were highlighted by combining text and quotes in relation to each theme. Reading and coding of the interview material were conducted by one researcher, while the

other phases were carried out both individually by all researchers and jointly to find consensus regarding themes in relation to the research question. The researchers who conducted the interviews and a researcher without that preunderstanding participated in the analysis phase. In the sixth and final phase, the results of the analysis were written out.

Research ethics

This research has been planned, conducted and reported, and the data collected and stored in accordance with guidelines for the responsible conduct of research (27). The interviews have also been conducted in accordance with good scientific practice. We provided the informants with information about study participation, including their right to dignity and guaranteed anonymity. The informants received oral information outlining the purpose of the interview, confidentiality and the possibility to withdraw from the study at any time, and they provided their written consent to participate in the study.

Findings

Four themes emerged from the qualitative thematic analysis: reconciliation with one's lived life, living in the present with uncertainty about the future, a reorientation in life including new living conditions and living with the hope of finding a new life partner and feeling loved.

Reconciliation with one's lived life

The informants emphasised the importance of reconciling with what has previously occurred in their lives, that is their lived life, and accepting that the life they had with their life partners could at times be demanding and difficult. *'I will never forget one night, I do not remember what we were fighting about anymore but I broke her favorite figurine, I then regretted this and ordered a new one the following day'*. The informants noted that reconciliation with their lived life also included the time during which their life partners were ill. Many of the informants stated that this was a tiring time for both themselves and their life partners, especially since the informants were expected to act as family caregivers despite not necessarily feeling capable. They found it hard to continuously live with the fear and worry that their life partners' illness would become worse or that they would not be able to access help if something should happen. *'We both became to be sure worn out and tired. She didn't always have energy for me like before'*.

The informants stated that they could partially perceive the loss of their ill life partners to be a relief because their partner's death entailed that the tremendous responsibility they bore for the other was lifted. They

expressed relief that their life partners' suffering had ended and stated that their loved ones were now *'better off'*. At the same time, however, they noted that it was painful to realise that they would never again have the life they previously had, expressing that they were now completely alone. *'...in some way it was of course a relief but then I noticed the disastrous that the old life would not return'*. The informants attempted to reconcile themselves with the idea that *'I am an old man'*. They stated that they did not have such high expectations or demands in life because they were old. Reconciliation for the informants was also related to reconciling with one's personality and one's own imminent death.

Living in the present with uncertainty about the future

We perceived that the informants concentrated on 'living in the present'. They maintained that they live more *'day to day'* and take each day as it comes, viewing each day as a *'flash in time'*, without being overly concerned about what has been or what will be. *'Some maybe plan something a day ahead, a year ahead and the employed look forward to their vacation. But it's said that you should take the day as it comes. Day by Day like in the hymn'*. The informants related that life was often dull, repetitive or empty when one does not have someone to share it with and that time simply goes by. At the same time, they perceived that it could be pleasant to be alone and not need to concentrate on someone else the entire time. They also described how they have changed and that their interest in certain things that previously were important no longer existed. They mentioned that they found it difficult to take initiative, despite have many thoughts about what they should do. *'I don't want to go out to the summer house any more... when you get older, you lose interest in certain things. And I have become a little bad about staying in touch with others even though I think I should. Things that were previously simple'*.

The informants stated that they did not really know what they should think about or plan for in the future because they did not know what would happen or even whether they would be alive the next day. They noted that good health was guaranteed *'only for the day'*. While the informants related that they lived 'in the now', they simultaneously perceived that there were still many things left to do. For example, some of the informants had assembled scrapbooks with various (e.g. newspaper) clippings, composed letters of farewell or sorted through documents considered to be of historical value. Despite their uncertainty about the future, the informants related that they forced themselves to think positively. *'I must look forward. Obviously everyone wants to feel hale and hearty, to be able to push on for each day that passes'*.

A reorientation in life including new living conditions

The informants revealed that their daily life had changed since the loss of their life partners. They noted that they have had to perform many more tasks and chores, which have required that they establish new habits and routines as part of a new life framework that also helps them pass the time. The informants stated that they have tried their best to learn how to do chores that they previously were not responsible for, but that this could be difficult. They noted that they eventually found a way to cope with daily life with regard to housework, eating habits, exercise, clothing care and social contacts. They experienced that their daily habits and routines gave their lives meaning. *'When I have made my porridge I start up the computer and check the day's correspondence. . . I have a stationary bike upstairs and with it I get my legs going in the morning, then I go out and walk a bit longer, and then in the afternoon I go out with my all-terrain vehicle and then I can meet someone to speak to. . . The last thing I do at night is turn off the computer. My friend and I have an arrangement that we take turns calling one another and saying good night'*.

The informants revealed that they engaged in meaningful activities such as cooking, reading, solving crossword puzzles, writing poetry or other forms of text, listening to the radio or watching television. All of the informants highlighted the importance of staying physically active, regardless of daily mood, and those who still had a driver's licence emphasised the importance of being able to independently go to the grocery store or run errands. *'You become like a hermit if you sit and stare at the walls. I therefore have to go out'*. They noted that being able to freely move about gave them a sense of independence. They stated that it was also important to sometimes deviate from their daily habits and routines and 'treat themselves' to something special because this 'brightens' their daily life.

The informants stated that they appreciated 'being seen' and revealed that a smile from a young person, a greeting when they were out walking or the exchange of a few words when waiting in line somewhere made them feel happy and renewed and gave the day meaning. *'I experience it as being very positive that charming young people that I meet in the street happily greet me. You become happy and the day can be saved'*. The informants noted that social contacts give their life meaning, for example visiting neighbours, former work colleagues or classmates, attending church meetings, meetings for older men or virtual group meetings. The informants expressed an appreciation for their family and the care that they received from their children and grandchildren, even while noting that young people in society today appear to constantly be in a hurry. They also mentioned that their siblings provided important support and that as they age, their sibling relationships have grown stronger. We

saw that the informants had a strong need to please and help others, for example by dropping in on others who live alone to have a chat or coffee.

Living with the hope of finding a new life partner and feeling loved

Over the course of long lives, the informants had previously shared every part of their daily lives with their life partners. They stated that after the loss of their life partners, there was an emptiness in the house. They mentioned that they had no one to share daily events or their thoughts with, and they therefore wished that they had a friend to converse with: about the past, each other's lives, different opinions or experiences. They articulated that it was important that they had someone who could listen to them and noted that they could still learn new things. They mentioned that they sought someone with whom they could share their daily thoughts with in confidence and *'someone with whom I can sit in silence'*. The informants stated that they found it difficult to talk about loneliness with other people because they perceived that others do not fully understand how difficult it is to be lonely. The informants viewed loneliness as being something that they must somehow endure and cope with, despite feeling at times that such was impossible. They mentioned that it was difficult to get out of bed in the morning and start the day alone, noting that life could feel dull or empty. The sense of emptiness that they experienced could also lead them to 'darker' thoughts, that is that living was no longer worthwhile. Still, at the same time, they experienced that time does not stop and life somehow nevertheless continues. *'Strangely enough you think that it won't work. . .but then it works. . .it must work even though many mornings it certainly feels hard to get up'*.

The informants related that when they still had their partners, they often socialised with other couples, but that after the loss of their partners, it was more difficult for them to experience a sense of community: their other halves were missing. The informants stated that they felt excluded and like 'outsiders', even among people they had previously socialised with. They also reported that it was challenging to 'rediscover' their personalities and dare open up and create new, close relationships. The informants also experienced that many groups were not conducive to the creation of social connections. They mentioned that there were individuals (other men) in some groups who 'took up all the space'; such men left no room for others to speak or limited conversation to certain topics not of interest to the informants. The informants also noted that some groups were enjoyable but that because of physical barriers (e.g. poor hearing), they could nevertheless feel excluded and thus lonely. *'I can't really participate because they talk so much and laugh so*

loudly, I have to all the time say "what". I hear a few words every now and then...you feel pretty excluded. You can't say anything either because they might be talking about something else entirely. Me, whose mouth has always run, becomes rather mute...you crawl into a shell'.

The informants stated that they very much missed having someone to come home to, a specific friend to share life's secrets with. The informants also revealed that they especially during long, lonely nights missed the presence of a woman by their side. Some informants described having found a new female friend, stating that this was a great happiness and they had a friendship for life. Other informants were of the opinion that the man with a woman by his side was a happy man. 'I feel inferior men...and sometimes men have such strange humor that I can't deal. I enjoy discussing deeper topics'.

Interpretation in relation to suffering of life and desire of life

Life situations can sometimes completely change. Eriksson (6,21) maintains that a sudden, forced change in an individual's life situation is contrary to what is natural and that the individual therefore needs time to find a new meaning context. The informants here revealed how painful it was to realise that their lived life would never return and that they were completely alone. We saw that the informants mourned that which they had lost and no longer had any expectations in life because their own health was not the best either. They had accepted their situation as 'normal' for when one is older and their own imminent death had become a companion (cf. 9, 10). According to Eriksson (6,21,22), a major change in life can cause a human being to end up in a life situation where he/she neither desires nor wants anything. Sorrow for what the human being has lost or has had taken from him/her in life, takes the form of life suffering that can be perceived as a form of dying. It can lead to the loss of vitality and that life becomes filled with indifference, life weariness and an absence of desire, hope and longing. The informants thought life was often dull, repetitive or empty and that time simply went by. We saw that the informants did not really know what to think about the future; they maintained that they did not know what would happen the next day, including whether they would even be alive. The informants no longer planned ahead but instead concentrated on 'living in the present', 'one day at a time'. They described life as something they must somehow endure and cope with, despite sometimes feeling that such was impossible. They found it difficult to get out of bed in the morning and start a day alone. They experienced a sense of emptiness that could also lead to thinking they could not manage or that living was no longer worthwhile, while simultaneously experiencing that time does not stop and life continues anyway, somehow.

The informants described how it was more difficult for them to experience a sense of community because they did not feel whole, that is their other halves were missing (cf. 9, 10). The informants felt excluded, like 'outsiders', and that it was challenging to take the steps needed to create new, close relationships. They found it difficult to talk about loneliness with others and open up. They perceived it to be challenging to 'rediscover' their personalities. Eriksson (6,21) maintains that a human being who has lost someone whom he/she loves often feel that his/her identity as whole person is erased and he/she becomes 'a number of parts' with a dissolved inner and experiences a sense of loneliness that entails being excluded from all communion and not being seen or understood by anyone. The informants described how they missed having company, someone to converse with and someone to sit with in silence, stating that it was important to have someone with whom they could share their daily thoughts with in confidence (cf. 9, 10).

Eriksson (6,21) also maintains that when human beings find themselves in a changed life situation, the ability to suffer is essential. There is a vitality in suffering that enables change. Through suffering, human beings mature, achieve wisdom and find harmony. Suffering can protect from apathy and mental rigidity. Suffering can also evolve into desire if an individual comes to the insight that new, unimagined possibilities exist and is capable of feeling hope in a previously seemingly hopeless situation. Life takes on new meaning in the moment that an individual reconciles with his/her lived life and with the realities of his/her actual life situation. The informants here emphasised the importance of reconciling with their lived life. Here, reconciliation involved accepting that life with their life partners could sometimes be demanding and difficult, that the time during which their life partners were ill could be tiring, that their life partners' suffering was now over and that their loved ones were now better off. For the informants, here hope was related to, among other things, feeling hale and hearty, once again being reunited with their deceased life partners.

The realities of life led to the informants 'living in the now' and finding their own ways of coping with daily life. They established new habits and routines as part of their new life framework, which helped them pass the time and gave them meaning in life (cf. 4, 11, 12). The informants noted the importance of staying physically active, regardless of daily mood while also stating that they sometimes deviated from their daily habits and routines to 'treat themselves' to something special to 'brighten' their daily life. Eriksson (6,21,22) argues that when a human being is confronted with the fact that he/she cannot change his/her circumstances, he/she must change his/her attitude to those circumstances in order to face life's trials and come to terms with his/her

destiny. In a deeper sense, the human being essentially wants life and has a strong desire for life. This can also be related to that the will to live can sometimes require an active struggle to not be consumed by suffering, threats and fear. It can also require that one enter into a life battle for one's own best, take responsibility for one's life and view one's life in a new light. Suffering can in this manner touch a human being's innermost desire, that is reawaken a hunger for life and a hope that life, despite everything, has meaning and can cause the human being to strive and long for more life. This occurs in the moment when the individual realises his/her absolute loneliness and that only he/she can take action.

Eriksson (6,21,22) maintains that love is the fundamental force needed to alleviate suffering, regardless of how suffering is expressed, because each human being in his/her innermost seeks to love and be loved. Human beings are dependent on others in their daily lives and long to participate and confirm their lives through connections with others. Here, the informants expressed how important social contacts, children, grandchildren, siblings and friends were with regard to their feeling a sense of meaning in life (cf. 16, 17). Communication technology is of importance for some informants in preventing loneliness and boredom. The informants also described how they appreciated being seen and how a smile from another person could make them feel happy and renewed and give meaning. The informants also demonstrated a strong need to please and help others. According to Eriksson (6,21), it is important for human beings to have a place, participate and feel confirmed and understood. There are moments when an individual needs to share his/her secrets and burdens with another, expressed here as filling the void left after the loss of a life partner and seeking to alleviate the sense of loneliness one feels after such loss (15). The informants noted how they very much missed having someone to come home to and a specific friend to share life's secrets with. They especially missed having a female friend because they perceived that discussing life's deep questions and secrets was easier with women than men (cf. 16, 17). The informants who had found a new, female friend stating that the man with a woman by his side was a happy

man. To live a life that feels worthy, they had to find a new life compass and a meaning context that rests on love and thoughtfulness.

Limitations and conclusion

This study appropriates new theoretical understanding about suffering of life and desire of life and contributes to expanded reflections in relation to attitudes as well as acting in healthcare practice. A limitation in this study is the rather narrow sample of men as they were recruited only from one country, which might reflect on the result as culture-specific.

The fundamental choice underpinning the movement between life suffering and desire for life is comprised of reconciliation with one's lived life, living in the present, daily habits and routines, being seen, participation, love and thoughtfulness. For older men, life is never the same after the loss of their life partners and they must reconcile with the fact that life has changed; they are simultaneously forced to live with a life suffering while daily routines and social contacts create room for a desire for life. It is important for older men to converse about deep questions in life, and sometimes as small as a smile from another human being can make life worth living.

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Conflict of Interest

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References

- 1 Yang K, Victor C. Age and loneliness in 25 European nations. *Aging Soc* 2011; 31: 1368–88.
- 2 Hansen T, Slagsvold B. Later life loneliness in 11 European countries: results from the generations and gender survey. *Soc Indic Res* 2016; 129: 445–64.
- 3 Dahlberg L, Agahi N, Lennartsson C. Lonelier than ever? Loneliness of older people over two decades. *Arch Gerontol Geriatr* 2018; 75: 96–103.
- 4 Tiikkainen P. Yksinäisyys ja yhteisyys [Loneliness and solidarity]. In *Vanhemminen ja terveys* (Lyyra T-M, Pikkarainen A, Tiikkainen P eds), 2007, Edita Publishing Oy, Helsinki, 146–52.
- 5 Nicolaisen M, Thorsen K. Loneliness among men and women - a five-year follow-up study. *Aging Ment Health* 2014; 18: 194–206.

- 6 Eriksson K. *Vårdvetenskap : vetenskapen om vårdandet - det tidlösa i tiden*. [Caring science: the science of caring – about the timeless in time]. 2018, Libris Förlag, Stockholm.
- 7 Lindström UÅ, Lindholm L. Kontext och meningssammanhang [Context and context of meaning]. In *Gryning II. Klinisk vårdvetenskap* (Eriksson K, Lindström UÅ eds), 2003, Institutionen för vårdvetenskap, Åbo Akademi, 35–45.
- 8 Cederlund E, Ågren A. Äldre människor i ensamhet och gemenskap [Older people in loneliness and community]. In *Vem är den äldre? Äldrebilder i ett åldrande Sverige* (Abramsson M, Hydén L-C, Motel-Klingebiel A eds), 2015, NISAL Nationell kvalitetsplan för äldreomsorgen (S2015:03), Linköping, 74–84.
- 9 Saaristo L. Vanhusten yksinäisyys [The loneliness of the elderly]. In *Kaiken keskellä yksin. Yksinäisyyden syyt, seuraukset ja hallituskeinot* (Heiskanen T, Saaristo L eds), 2011, PS-kustannus, Jyväskylä.
- 10 Gosli Bergland AM, Tveit B, Gonzalez MT. Experiences of older men living alone: a qualitative study. *Issues Ment Health Nurs* 2016; 37: 113–20.
- 11 Mentsen Ness T, Hellzen O, Enmarker I. Struggling for independence: The meaning of being an oldest old man in a rural area. Interpretation of oldest old men's narrations. *Int J Qual Stud Heal* 2014; 9: 1748–2631.
- 12 Jungerstam S, Nygård M, Olofsson B, Pellfolk T, Sund M. Äldres delaktighet, värdighet och hälsa. Resultat från GERDA Botnia projektet. Rapport 4. [The elderly's participation, dignity and health. Results from the GERDA Botnia project. Report 4.] 2012, Novia publikation och produktion, Vasa.
- 13 Naef R, Ward R, Mahrer-Imhof R, Grande G. Characteristics of bereavement experience of older persons after spousal loss: An integrative review. *Int J Nurs Stud* 2013; 50: 1108–21.
- 14 Graneheim UH, Lundman B. Experiences of loneliness among the very old: The Umeå 85+ project. *Aging Ment Health* 2009; 14: 433–8.
- 15 Tiilikainen E, Seppänen M. Lost and unfulfilled relationships behind emotional loneliness in old age. *Ageing Soc* 2017; 37: 1068–88.
- 16 Pettigrew S, Roberts M. Addressing loneliness in later life. *Aging Ment Health* 2008; 12: 302–9.
- 17 Smith JM. Toward a better understanding of loneliness in community-dwelling older adults. *J Psychol* 2012; 146: 293–311.
- 18 Alpass FM, Neville S. Loneliness, health and depression in older males. *Aging Ment Health* 2003; 7(3): 212–6.
- 19 Lindström UÅ, Lindholm Nyström L, Zetterlund JE. Katie Eriksson: Theory of caritative caring. In *Nursing Theorists and Their Work*, 9th edn (Raile Alligood M ed.), 2017, Elsevier, St. Louis, 140–63.
- 20 Gullett DL, Katie Koskinen C. Eriksson's theory of caritative caring. In *Nursing Theories and Nursing Practice*, 5th edn (Smith M ed.), 2020, F.A. Davis Company, Philadelphia, PA, USA, 523–38.
- 21 Eriksson K. *The Suffering Human Being*. 2006, Nordic Studies Press, Chicago.
- 22 Eriksson K. Det olevda livet – Några tankefragment [The unlived life – some thoughts]. In *Ihmisen arvo* (Keskitalo J, Kolehmainen R, Kopperi K, Leppänen R eds), 2013, Arvojen Akatemia, Helsinki.
- 23 Gadamer H-G. *Truth and Method*, 2nd edn. 1998, The Crossroad Publishing Corporation, New York.
- 24 Den Kvale S. *kvalitativa forskningsintervjuen*. [The qualitative research interview]. 1997, Studentlitteratur, Lund.
- 25 Scott C. Berättelser - narrativ analys och tolkning [Stories – narrative analysis and interpretation]. In *Vetenskaplig teori och metod. Från idé till examination inom omvårdnad* (Henricson M ed), 2017, Studentlitteratur AB, Lund, 205–16.
- 26 Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006; 3: 77–101.
- 27 The Finnish National Board on Research Integrity. *The ethical principles of research with human participants and ethical review in the human sciences in Finland. Finnish National Board on Research Integrity guidelines* (TENK 3/2019) https://www.tenk.fi/sites/tenk.fi/files/Ihmistieteiden_eettisen_ennakkoarviointin_ohje_2019.pdf (last accessed 16 December 2019).