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THE LIVED EXPERIENCE OF BEING SINGLE FOR THE NEVER MARRIED WOMAN OVER AGE THIRTY

By

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A Thesis Submitted to the Faculty of the

COLLEGE OF NURSING

In Partial Fulfillment of the Requirements
For the Degree of

MASTER OF SCIENCE

In the Graduate College

THE UNIVERSITY OF ARIZONA

2001
STATEMENT BY AUTHOR

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ACKNOWLEDGEMENTS

First and foremost, to all the single women who have yet to tell their story. This is for you, a small attempt at sharing with others what the single life entails.

To my participants for sharing their lives with me. I consider it a true honor and privilege to have heard your story. I hope that through this thesis we did the single experience justice.

To Joan Haase, my thesis chair, for your continual support and never-ending patience with my missed deadlines and rough drafts. It has been a distinct honor to work with you and I look forward to future endeavors. Thank you for taking me on and making the qualitative experience a life-long endeavor to pursue and love.

To Judy Berg and Cheryl McGaffie, my committee members for keeping me on track, providing me support and encouragement as well as valuable input. Your flexibility will not be forgotten. Thank You.

To Mom and Dad, for your never-ending encouragement to “sit still” and get this done, but also for all the projects that would not have gotten done without you. Thank you from the bottom of my heart.

To my wonderful supporting classmates, friends and relatives that have kept me going on this journey for both single women and for myself. Thank you Bev and Jennifer for helping me along in this process. Your thoughts and assistance throughout the past two years were Godsend.

I would like to thank Jo Lemons, my Siamese single sister, for all of her listening, input, comparison and inspiration when things were bleak. Thank you for letting me vent at all hours and expressing your humor and wit to survive this.

A special thank you to Amy Wozniak, my dear friend, for your support through some rough times. I could not have done this without you.

Thank you to all of my friends and relatives for “checking in” on me.

Thank you to my clinical preceptors for your patience while I was trying to finish this project. Specifically, to Lisette LeCorgne, for your taking me under your wing of experience and bearing with me, offering me the greatest flexibility to finish clinical and inviting new ways to think about not just clinic but many other areas of life.
"I would ask you to remember only this one thing...the stories people tell have a way of taking care of them. If stories come to you, care for them. And learn to given them away where they are needed. Sometimes a person needs a story more than food to stay alive. That is why we put these stories in each other’s memory. This is how people care for themselves. One day you will be good storytellers. Never forget these obligations."

(Lopez, 1990, p. 48)
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ABSTRACT

When trying to understand how they wound up single, there is a moment in life when a critical mass of pros and cons is reached, and the awakening happens. Ambivalent or not, the women in this study were very clear that the direction taken was no accident. The journey of never-married single women over thirty is constantly changing and complex. Historically labeled as unhealthy and different than the norm, the battle ensues to overcome societal expectations, personal and familial hopes and dreams in order to establish themselves as complete and whole individuals. The intent may not be to remain single, but for the moment, have others respect them for who they are.

The purpose of this thesis is to describe the essential structure of being single for the never-married woman over age thirty. Using phenomenology as both theory and design, three participants were interviewed in order to gain a deeper understanding of being single for women over thirty.

Fourteen theme categories were identified after the data was analyzed. A sample of the fourteen include: (1) Establishing a Pathway for Becoming Single; (2) The Awakening of Being Single; (3) Realizing that Happily Ever After Begins with Yourself; (4) Coming to Wholeness; (5) Know Thyself; (6) Answering the Question: Why aren’t I Married?; (7) Wanting Happily Ever After—Realizing that there aren’t always fairy tale endings or beginnings; and (8) Being Single on Noah’s Ark. Understanding the complex interactions between structural, cultural and biographical aspect provides a fertile ground for nursing to assist single women to construct an independent life and find a place of peace until the next transition occurs.
CHAPTER ONE

Introduction

"Marriage is a healthy state. The single individual is more likely to be wrecked on his voyage than the lives joined together in matrimony" (Wyke & Ford, 1992, p. 523). Quoted from a study done in the mid-nineteenth century in which death rates for single, married and widowed men and women were compared. The number of unmarried adults has grown significantly from 1970 to 1996 (Sussman, Steinmetz & Peterson, 1999). Little research has addressed the life of the single person and the associated implications for providing health care. Only within the last 20-25 years has the perspective of the single person been expanded and only within the last 10-15 years has the legitimacy of singlehood been viewed as an acceptable alternative to marriage in society (Sussman, Steinmetz & Peterson, 1999). There is a shift in thought that getting married is not necessarily better than remaining single (Sussman, Steinmetz, & Peterson, 1999; Thornton & Freedman, 1982).

Research studies have shown that the state of being single correlates with disease states (Ren, 1997; Waldron, Weiss, Hughes 1997; Umberson, 1992). Assumptions that singlehood contributes to disease states and is associated with higher mortality rates predisposes the single person to judgment by the health care provider. Single people who seek health and healing are categorized as unhealthy and perhaps treated as such, alienating the individual. Several research studies have found that single people have unhealthier lives than married people (Waldron, Weiss, & Hughes, 1997; Cramer, 1993).
The unmarried tend to have higher mortality rates, use more health services, have higher levels of distress and assess global health and well-being more poorly (Ren, 1997; Sorlie, Backlund & Keller, 1995).

**Thirty and Still Single**

The cavalier decision not to rush into marriage in one's 20s is replaced by a sense of urgency in one's 30s (Kaslow, 1992). Society places the responsibility on the unmarried woman for not having found a husband by the age of thirty, and begins to blame her for being too fussy or not trying (Kaslow, 1992). The percentage of time spent alone for the adult, age 30-39 reaches a low 10-20 percent as compared to the 19-29 year old or the 40-65 year old, who spend 20-30 percent of the time alone (Larson, 1990). The difference of women who are never-married and single dramatically decreases from six million for 20-29 year old to one million for the 30-34 year old (US Bureau of the Census, 1998). After 30, the numbers of adults that are never married and single continues to decline until the age of 45, in which an increasing trend is noted (US Bureau of the Census, 1998).

These statistics suggest that the majority of adults who remain single after age 29 is significantly less than those under 29. It has been suggested that women not married by the age of 35, have only a five percent of finding a suitable mate and marrying or were unlikely to marry at all (Cheung, 2000; Kaslow, 1992). The sense of being left behind by same age friends that marry before 30 becomes a reality that can lead to unfulfilled expectations, hopelessness and a lack of clarity and closure (Lewis, 1994). Understanding
the life of the thirty and older never-married woman's transition has historically contained value-laden implications that are negatively perceived. The health care provider's ability to intuit for women in this stage will assist the never-married single woman to adjust and further grow.

The Definition of Family

Theories of women's development within the family have tended to exclude women who do not experience the typical events of marriage and motherhood (Allen & Pickett, 1987). The single person today is often left out of the traditional or contemporary definition of family. Phillips makes the call to nurse researchers, to see new family patterns, broaden their perspective, and challenge the imagination in order to transcend the constraints of current thinking (1993). He describes the family as a resonating matrix of individuals, a group of people who opt to live together and who should be nurturing each other in one way or another (1993). Phillips' definition of family includes the nuclear family, extended family, single parent family, a group of persons, such as the elderly, gay and lesbian families, and an unmarried woman and man living together as family (1993).

From a broader perspective, the family is defined as a social system comprised of individuals who share a permanent household or group of households that endure over time (Caroff & Maillick, 1985). Accepted definitions of family establish boundaries which, if left unchallenged, can exclude those who typically fall outside these boundaries. If the family is the basic unit of society, ideological representations and State practices
that reinforce the rhetoric around the family, exclude those from either contemporary or traditional definition, which can lend to oppression. This oppression contributes to marginalization of those who fall outside the definition, single people are sometimes excluded from the definition (Gordon, 1994). Paramount to meeting the needs of a particular group is to understand them from the population served (Anderson & Hatton, 2000). Nursing's response to accept the single person as their own entity and understand the implications of being excluded from traditional familial definitions is fundamental to providing holistic care. The implications of being single impacts many decisions, including how health care is approached, how life is lived, priorities that are set. Awareness by health care providers of the sociocultural context of transition for the single woman enables development of therapeutic intervention at the group, community and societal level (Schumacher & Meleis, 1994).

Living Alone

Many single people are alone. Being alone did not always mean an absence of others. Originating in medieval times, it signified a completeness in one's singular being (Buchholz, 1998). Monastery and monk stem from the same Greek word, meaning "alone" or "single" (Buchholz, 1998). Yet, the word "alone" today signifies a lack of something, almost antisocial because it is frequently found in context with loneliness, isolation, estrangement and solitude. "Aloneness" is used in the literature but it is rarely discussed or defined to any great extent by the authors, suggesting perhaps, an implied meaning. It is listed as an undefined term in the dictionary, with reference to the word
“leave” or to ‘leave alone’ or ‘let alone’ (Random House Webster’s College Dictionary, 1999). One step up from alienation is loneliness (Younger 1995). Loneliness is the feeling of being alone in spite of longing for others (Younger, 1995). Phenomenologists have described being alone as the awareness of separateness. This separateness results in experiencing an intensified awareness of a human condition or, more commonly, the person who is alone, attempts to distract from this painful awareness through denial, hyperactivity or other mechanisms (Younger, 1995). Many single persons are alone. The labels imposed by mere virtue that they are alone alienates, lending towards loneliness. This thesis is conducted to add understanding of the world of the single person. The focus of this study is on the never married single woman age over age 30.

Statement of the problem

It has been proposed that the never married single person’s life contains no cycles. It begins with birth and progresses through the developmental stages up to adulthood, and continues until death (Lewis, 1994). Historically, our American culture has not celebrated the single person. Young women who were not married by age 20, were labeled “stale maids” or “old maids”, “spinsters”, men are stereotyped at womanizers, mama’s boys and workaholics (Lewis, 1994; Keith, 1989; Waehler, 1996). Counteract past philosophy with the recent glamorization of singlehood, in that, single people have no ties, no children, therefore, are free from responsibility and burden (Lewis, 1994). Although, the never-married single person can be demographically described, understanding, accepting their lifestyle and promoting health for the single person requires a knowledge about the
foundations of being a single person, their choice of lifestyle and the implications it has for achieving and maintaining health. "Without some concrete understanding of specific people, young and old, sick and well, marginalized or mainstream...in their distinctive and variable and changing circumstances, we can give very little substance to our belief that the life of everyone matters and matters equally." (Clement, 1996, p. 78).

The trend toward postponement of first marriage has been increasing over the last 25 years. Since 1975 the median age of first marriage has increased three full years, with an average age of 27.1 years for men and 24.8 years for women, up from 23.5 and 21.1 respectively. The number of unmarried adults has grown from 38 million in 1970 to 77 million in 1996 (US Bureau of the Census, 1996). Never married adults account for 23 percent of all adults. The percent of 25-29 year olds more than tripled for women from 11 percent to 38 percent and more than doubled for men, from 19 to 52 percent. Among 30-34 year olds who have never married, the proportions have tripled, from 6 to 21 percent for women, 9 to 30 percent for men. The population living alone in 1996 represents about one in eight adults age 18 and over. Women's living alone has doubled from 7.3 million in 1970 to 14.6 million in 1996, men living alone has risen from 3.5 million to 10.3 million in 1996 (US Bureau of the Census, 1996).

The problem therein is, despite the increase in numbers of the never married adult population over the last twenty-five years, there continues to be a gap in research and literature regarding the specific health care needs for this group. Literature has attributed the health problems of these individuals to their "unmarried" status (Cheung, 2000;
Waldron, Weiss, & Hughes, 1997; Waldron, Hughes & Brooks, 1996; Cramer, 1993). Ornish (1998) alerts us to health associated morbidity and health care problems associated with those who lack love and intimacy in their life. Married people were found to have both a lower incidence of disease and better survival after diagnosis of certain diseases (Ornish, 1998). Assuming that the unmarried person lack the love and intimacy because of a current choice of lifestyle falsely labels this population as “unhealthy” perhaps predisposing them to unnecessary bias and alienation. As a healing profession, nurses need to consider the ethics of care, and abate potential bias that may direct our approach with patients.

Sociocultural awareness of the context in developmental transition enables nurses to develop therapeutics at the group, community and societal level (Schumacher & Meleis, 1994). The more known about the individual particularities of group members, it enables possibilities to focus on the group’s special needs and provide comprehensive health care. In addition to providing individual care, nurses can also advocate for fair and equal public policy for the single population. And while public policy decisions may not allow for attention to particular features of individuals, they do allow for attending to the distinguishing features of groups. Active political action by nursing at both individual and population level is integrated in ethical code of care.

Even though many single people do not live alone, they are essentially alone in their life. The single person is responsible to themselves without the usual check and balance system found in committed relationships. Single people may or may not be
Loneliness is identified as troublesome for the single person (Rokach & Brock, 1995). Because many single people are theoretically alone, loneliness is sometimes automatically assumed with single people. Being alone or in solitude does not necessarily mean that someone is lonely. Loneliness becomes the unbidden hunger, while solitude is the chosen fast. Solitude brings a deeper kind of living, loneliness brings a kind of death (Shaw, 1997). One can be married, or in a large group of people and still feel lonely. Making the assumption that single people are lonely again establishes a predestined decision to attribute health problems to their choice of a lifestyle. While nursing has vested interest in the phenomenon of loneliness as it relates to the health and well-being of patients, its automatic correlation of the single person sets the stage for bias and alienation and misrepresentation.

The lack of literature on describing the life of being single and the impacts on health leads to the research problem statement: What is the lived experience of being single for the never-married single woman over age 30?

Purpose of the Study

The purpose of this phenomenological study is to describe the essential structure of the lived experience of being single for the never married single woman over age 30. The lived experience of single people is defined as the personal experience of being single as recounted by never-married single women over age 30. Knowledge generated from this study may enhance understanding of the lives of never married single women for nurses as well as other health care professionals. Understanding "what is" for the
single woman is important to building a therapeutic relationship and promoting holistic care.

Philosophical Orientation

Boyd describes the tension between science and nursing practice as the primary impetus for qualitative research in nursing (1993). Qualitative research features qualities that pertain directly to human nature. The holistic approach to qualitative research is to establish phenomenological baseline for nursing knowledge that provides a description of the life worlds of participants as experienced by them (Boyd, 1993). Qualitative research contacts people in their natural surroundings rather than a controlled environment supporting the thought that people construct meaning in relation to the world in which they exist (Boyd, 1993). Finally, qualitative research allows for a high level of researcher-participant involvement, so that the humanistic realm of nursing is nurtured.

Holistic nursing coincides with phenomenological worldview (Munhall & Oiler, 1986). Recognizing each person’s links with the world through the process of phenomenology contributes to the body of knowledge that is sought. Facts alone about a person is not suffice to provide knowledge about his or her hearth. Witnessing the awareness through phenomenological inquiry and entering the participant’s perceived world to bring nursing to a fuller understanding. Phenomenology coincides with nursing’s intimate involvement with patient.

Phenomenology is a style of philosophizing that attempts to get to the truth of matters to describe phenomena (Moran, 2000). Phenomenology attempts to understand
phenomena before misconstructions and impositions by science, culture and everyday traditions alter the true essence that is being experienced (Moran, 2000). The philosopher, Edmund Husserl, introduced phenomenological inquiry as a method for research in the early 1900's. Phenomenology has expanded since its beginnings with influential development by others such as Hiedegger, Merleau-Ponty, and other disciplines such as psychology and sociology. The work of phenomenology is described as archaeology of consciousness, a digging down to and uncovering the predicative and preconscious structures of experience, which are the essences of experience (Edie, 1987). The beauty of such essence allows us to know more about the experience. Phenomenology is used to seek an understanding of being single for the never-married woman over age 30. The phenomenological method is consistent with the research question and the author's worldview.

Recurring ideas among authors delineate an area of consensus that establishes boundaries for what is to be considered phenomenological research in nursing (Oiler-Boyd, 1993). This research proposal will be based upon the phenomenological philosophical ideas of Husserl and Merleau-Ponty, in addition to nursing researchers, such as, Oiler and Munhall. Using phenomenology to establish baseline knowledge expands nursing's understanding of the phenomenon of being single.

**Personal Perspective**

Part of the phenomenological process is to engage in phenomenological reduction in which beliefs, presuppositions, and preconceptions of the researcher are suspended.
This is done in an effort to not interfere with the meaning of the research participant’s perceptions of the experience and defends the objectivity and hence the validity of interpretation against the self-interest of the researcher (Koch, 1995; Crotty, 1996). The researcher suspends through bracketing. Bracketing for the researcher is not just laying aside the mundane understandings, ideas and assumptions, but accesses the source of intentional acts by breaking familiar acceptance of the world (Crotty, 1996). The goal of this process is to move from naïve understanding of the object to the object itself, to a pure, anonymous, impersonal consciousness beneath the empirical and historical level of individual experience (Edie, 1987). This journey is to a place, which is understood intuitively, as it presents to consciousness in an original and direct fashion (Crotty, 1996). This process is an attempt to achieve clarity and certitude and attributes to isolation of the pure phenomenon and neutrality (Struebert & Carpenter, 1999). The following is part of the bracketing process of this researcher regarding singlehood.

A single person is theoretically alone. I am alone. I am vulnerable. I have doubts about my ability to survive sometimes even the smallest obstacles. I have relatives who are single, I thought it was because they never wanted to marry or did not find the right person. I am sympathetic towards the single person because they live alone, eat, sleep, and eventually, die alone. I feel misunderstood, labeled and alienated.

The single person also has freedom. I have freedom, to live as I want to and be whom I want. I can be irresponsible to myself. I have control over who I am, how I live
my life, how I am going to face the world. I decide whether I face the day with a smile or not.

Being single is a process, just as being married is. As I live this very experience, I ask if indeed it is a process? I wonder how the single population impacts society. I question whether this crusade for single people is because I consider myself permanently a member of this group.

It usually starts off something like this, "are you married?" And when your response is 'no, I’m single', there is this silence, almost a sympathy that is conveyed for you. "Oh" is the usual response, followed by some witty, "well, some of us are late bloomers", or "you just haven’t found the right one yet." I love this question, "why is a nice girl like you not married?" To which I respond, how does one answer such a question? It is as if there is some magical bliss by being labeled "married".

So, I ask myself, if this just a point in my life when I just happen to be single, or am I looking at a state of mind, a state of being? When I contemplate this question, then somewhere along the way, the possibility of not being married at some point in the near future has crossed my mind. I begin to hope or believe there is a chance that this current state of affairs is not permanent. I wonder if being single is construed as negative state and needs to be rectified. Is there a difference in thought on choosing singlehood and not finding the "right" mate to spend the rest of your life with? Everyday you wonder these things, and usually I am constantly reminded by people around me of their need to address these issues for me. It is as if they are more uncomfortable with my current
choice to remain single than I am. For this study, my personal definition of single people is the never-married, without children or dependents, self-supporting adult, over age 30.

I don’t want the beginning of this to sound like a chip on my shoulder, or a negative aspect of my life. Neither do I want to sound like I am justifying my current state of singlehood because of my perception of exalted benefits. Embracing can mean acceptance. Perhaps a better term here is celebrating singlehood. Celebrating singlehood, means that I must celebrate it before I can embrace it.

Freedom and independence. There is this freedom, freedom to choose how I live. I easily live by the 5-minute rule, which means, I can literally be out the door to wherever in five minutes, no questions. I became very intimate with myself, there is this sense of purity that I can enjoy, knowing that for the most part, I am who I am and I have control who that is. There exists this appreciation for solitude and a celebration of friendships. I believe that a sense of survivability also exists because of my ability to manage a household. Even though it is a household of one, it is hard work. The sense of accomplishment I feel when I open the front door to my house that I own and care for is good.

When someone asked me the marriage question when I was 27 or 28, my answer was different. Something like, ‘no, but I’m looking ’ or ‘I don’t have time’. I would say anything just to get people off my back. It is beyond the age of thirty that my mind began to play tricks on me, it sends out messages of doubt, confusion and wonderment. My thoughts are easily filled with fulfilling the expectations of my family, especially my
parents, siblings, friends and even societal norms. I walk through the process and wonder if there really is something wrong with me, I question my sexual identity, the signals I send out, my personality, my ability to find and sustain a meaningful relationship. And, if that isn’t enough, I began to think everyone around me was asking me those very same questions. I look at myself in the mirror and just wonder. There is a lot of self-talking that occurs. I spend time contemplating whether there is something truly wrong with me, with my ability to communicate, by ability to commit. I wonder do my fellow single people experience these same thoughts?

**Loneliness.** Loneliness is a state that can happen to anyone, single or not. It seems to me that people choose to be lonely just as they choose to be alone. There is a difference between the two. Being alone is something consciously chosen for whatever reason. Loneliness is when the mind takes over and tells you that there is no one out there for you to bond with. When the phone doesn’t ring, I take it personally. I become angry with all of the people that are supposed to be my friends.

**Vulnerability.** One can feel vulnerable when you are single. In the back of my mind, I always think, if I am seriously injured, setback, attacked, who will come to my aid? If I can’t pay my bills, who will cover them? I feel vulnerable. I think it is especially bad when I hear about friends, relatives that experience some disastrous event, and wonder, what would I do if that happened to me?

**Defensiveness.** It is very easy to become defensive, as I always feel as though I am justifying my choices. Anger exists towards societal norms and attitudes that glorify
the married state and support it more in regards to housing, taxes and benefits. Why is it that if you are single and own your own home, you cannot claim head of household on your tax form? Rather, you are reduced to “single”. This is so aggravating. On holidays, the single person is expected to work the undesirable schedule, because after all, they have no family, why would anyone want to spend the holiday alone. The defensiveness leads me down a path that I think is self-centered and part of the “poor me” syndrome. It becomes an easy trap to fall in. I begin to resent people that are always talking how great it is to be married, who then, have the audacity to say, “oh, you are so lucky to be single, I wish I had your life.” I try not to spend too much time there. First off, it only leads to a state of misery and this I suffer alone. Second, once I accept that being single is a gift that not many can enjoy or survive, what other people have in their life doesn’t make mine any worse. Accepting and celebrating this state is to be relished, because it may not always be there.

**Healing thyself and self-discovery.** There is a journey that the single person follows that leads to self-discovery. Under all of the pretenses, all the defense barriers and all the labels, I step inside, I search within, to the dark corners to my real self. It is in these dark corners that I see my shadows. I move beyond the veils of habit, routine and stability to a place that many find scary. I look around and see that I am alone. The necessary pathway, comfortable is being alone with only myself, before I can be with others.
What you see is what you get. Having to love myself and emit the love that comes from within because there isn’t anyone at the door every night to tell me these things. I am alone. I realize that I make the decision to be who I am, I decide how I view the world, how I choose to be. When I am feeling low, I cannot rely on others to pick me up. This attitude affects all aspects of my life: when I seek out health care, whether I eat a healthy diet, whether I exercise, whether I shave, eat potato chips at 3 AM, no one is there to judge these choices. It is my decision. Perhaps there is an assumption that “married” people do not engage in this thinking. Having someone support me daily in such endeavors makes it not a choice but an obligation because of the other person. The single person is perhaps more capable of understanding the significance of this self-love and self-discovery to guide the things we do and don’t do. It is a choice. I choose to live this way, and I choose the attitude I will have for living this way. Celebrating the single life while it is what my life is for the time being, is my way to go.

Summary

Being single carries the negative stigma that continues to resonate in society today. Singlehood is often associated with loneliness, and subsequently, being labeled as unhealthy. It is imperative that clinicians be aware and sensitive to the unique experiences of single people, so that holistic care can be provided. Associating health with life status endangers open communication with those who are single. It is the purpose of this thesis to continue to build on the phenomenological baseline of knowledge of single people.
CHAPTER TWO

LITERATURE REVIEW

This chapter reviews the literature on the aspects associated with being single. Much of the literature on singlehood focuses on why the single person remains single or chooses to be single or characteristics commonly discussed concomitantly with the single person. Most literature on being single is found in the sociological and psychological disciplines. The single life has been studied extensively and compared with the married, the divorced, widowed in variable aspects. The single person has been demographically analyzed and categorized by age, gender, ethnic background and housing status. The books written about single women, single men discuss rationalizations and theories as to why the single person is single, although few address developmental tasks of the single person.

Literature Review

The term “single” is inconsistently defined. It usually encompasses more than the never-married single person, including: the always single, the divorced and the widowed. It also includes unmarried people in long term committed relationships, people dating or not dating, those who hope to marry, those who cohabitate, and those who are single because of religious mandate (Shostak, 1987). It includes the single person at 22 and the single person at 55. The single person described in the this thesis are those who chose to remain single past the usual expected time when people marry, namely those persons in their early thirties, who have never married. Despite an increase in the number of people
who choose to remain single, little is published on the developmental stage for those who have left the family of origin and haven not started a new family. The assumption is there that one will progress quickly through this stage, and that the choice to remain single is an inability to grow and progress and have a stable long-term relationship (Shostak, 1987).

A comprehensive review of all factors involved with the single person is beyond the scope of this thesis. Elements that were resounding themes in literature were addressed, but by no means exhaustive. In this chapter, concepts pertaining to family and singlehood are reviewed, including discussion of family development and the developmental stage of being single. A brief discussion of the health status of single people, as well as health and healing is presented. Despite the wide variation of definitions of health, a gap exists in the literature that defines health according to the single person. Finally, the following concepts are reviewed: aloneness, loneliness, vulnerability, marginalization, and self-awareness.

The Definition of Family

It is difficult to arrive at an unambiguous definition of “family”. The word “family” is both a pervasive ideology and a historical creation. The notion exists that there is a normative form of the family, that, if not more prevalent, is at least more accepted than other forms (Allen 2000; Scanzoni & Marsiglio, 1993). Literature, especially since the 1950’s, has continued to categorize and expand the definition of what
really the family is and means. The topic of debate is what do we call families that do not
fall into the “traditional” family ideal?

America embraced the family of the 1950’s in which the “nuclear family” model
was regarded as the ideal, despite the fact that this picture of the family was only a brief
moment in the history of family (Allen, 2000; Cargan & Melko, 1982; Coontz, 1995;
Stacey, 1990). The nuclear family of the 1950’s had well defined roles for the man and
the woman, with the notion of male dominance and dependent women, with the primary
purpose of procreation (Allen, 2000; Coontz, 1995; Fine, 1992; Gittins, 1985; Macklin,
1980). Unfortunately, this view disregards other cultural or ethnic variations. The family
has been and is always changing. Historically, even Biblical families were diverse and
did not follow a “traditional” pattern (Chafin, 1995). Perhaps, since no one really aspires
to be single, widowed, divorced or a single parent when growing up, the traditional
family automatically becomes the ideal, rather than the reality. This discrepancy creates a
sense of failure when the ideal is not met.

In Fine’s (1992) article about families of the United States, a threat to the quality
of families is the increased social and political emphasis on “traditional” family values.
The term “traditional” is often translated as meaning heterosexual, nuclear families rather
than alternative family structures, which threatens acceptance of family diversity (Fine,
1992). He clarifies that ‘traditional’ should mean the values that place work and families
as central to well-being rather than to the actual physical structure. Fine feels that there is
less controversy over this definition (1992). Understanding of the family becomes more complex when other types of family are considered.

Failing to expand on the definition of family that includes singlehood as its own distinct entity with unique characteristics fails to recognize nontraditional members, beyond the family of origin, that may influence the single person. Many family theories are based upon a sociological perspective, in which the family is again defined as a social system comprised of individuals related to each other by blood, marriage or adoption (Caroff & Mailick, 1985; Ross, Mirowsky, & Goldsteen, 1990). Families are classified as traditional and non-traditional variant family forms (Friedman, 1998). The traditional or nuclear family is where the majority of society exists meaning husband, wife and children living under one roof (Friedman, 1998; Ross, Mirowsky & Goldsteen, 1990). The non-traditional family comprises all of those who exist outside of the “nuclear family” definition, and includes the single person living alone (Macklin, 1988; Sussman, 1974).

Trends in family nursing have focused attention on involving the patient’s family when planning or implementing health care. The implication exists that the family is the most important social unit to the individual (Jones & Dimond, 1982; Wright & Leahey, 1990). Theories of women’s development have excluded those who do no experience the typical event of marriage and motherhood (Allen & Picket, 1987). Those who remain in this never married status have been contrasted to their traditional counterparts as “deviants” (Allen & Pickett, 1987, p. 517). According to the social integrative theory, marriage is the perceived status and the social valued role at a certain age (Anson, 1989).
The never-married single woman must be defined in a different paradigm other than motherhood or spouse, to include the broader context of caretaking, extending kin relationships and maintaining family of origin (Allen & Pickett, 1987).

The definition of family for the single person is limited by traditional constraints as the extended family, siblings, parents or relatives. The traditionally defined family possesses an assumed role when incorporating health care for the single person living alone (Caroff & Mailick, 1985). Both assumptions place the single person in the expected roles that have been defined from a historical and idealistic perspective. The social networks of the never-married differ in composition from those in other marital statuses (Barrett, 1999). The substitution theory proposes that networks of the never married contain more remote family or non-family members compared with networks of the married or formerly married (Barrett, 1999). The never married substitute more remote kin, in their absence, friends are substituted in one’s network (Barrett, 1999). Recognizing this is important when providing healthcare for the never married single woman.

**Family roles.** The way the family is analyzed has implications for a study on single people. Expectations are implied when the word “family” is associated with fulfilling the child-rearing role. This places emphasis on the expectation that family is to include procreation and assumes roles that have always been the norm. If the family is the basic unit of society and the ideological representations and state practices reinforce the rhetoric around families, then, while women and children may be oppressed inside roles
historically defined in traditional families, those excluded from the family definition may be oppressed from the outside because of their exclusion (Gordon, 1994). Being outside familial structures contributes to the marginality of single people, as well as anyone else that doesn't fit into the ideal (Gordon, 1994; Keith, 1989). However, if marginality is viewed as a tendency rather than a place, an alternate view challenges the impact of labeling of someone as marginal.

Socialization refers to the interaction between person and society that leads to the assumption of social roles and/or developmental tasks (Benner, 1989). Living in a culture prepares one to expect and encounter certain situations. Enabling the ability to be comfortable situated in one's own life can be attributed to the general expectation that some events are part of the natural order of events, this includes marriage (Benner, 1989). "Particular emphasis has been focused on marriage and child-bearing for women" (Benner, 1989, p. 121). Participating in expectable life changes and transitions makes one a member of one's own cultural community while a life cycle situation that does not occur can be a source of stress (Benner, 1989). What is the message for the over thirty year old woman who thus far has not married or had children, who has not completed expected social roles and developmental tasks? The key to knowledge about understanding is to expand the plurality of what constitutes family, life developmental stages and the ideology of social norms. The shifting timing of the life cycle passages are not automatically deemed deviant but rather a time to be careful in generalizing about groups bases on either chronological age or life passage.
In a society where over 90 percent of adults marry sooner or later, the married lifestyle is considered “natural”, while other lifestyles are considered “deviant” (Cargan, 1986). Single people are often viewed as deviants, unstable and incomplete. Their identity may be damaged by the lack of an acceptable social definition and support for their lifestyle (Cargan & Melko, 1982; Cockrum & White, 1985; Keith, 1989; Waehler, 1996). By discouraging subjectivity and inclusivity, it is possible to deny the reality of family complexity and diversity and thereby stigmatize difference (Allen, 2000). As mentioned, attitude towards being single is changing. In the Study of Modern Living, attitudes toward a person who does not want to marry and about how a person’s life is changed by marriage was compared. Fifty-three percent responded negatively toward those who do not want to marry in 1957, only 34 percent responded similarly in 1976. The question posed how marriage alters a person’s life, 43 percent responded that marriage positively affects a person’s life in 1957, but only 30 percent responded in similar fashion 1976 (Thorton & Freedman, 1982).

Despite this trend, the single person continues to be in the minority, and negative stereotypes remain. A study in 1980 revealed that most 18 year olds plan to marry, 87 of females and 90 percent of males prefer to do so in their twenties (Thorton, Freedman & Camburn, 1982). When there is failure to integrate people into society, as a result of failed expectations or roles that are individual, familial or societal, disconnectedness and failure ensues and ultimately, validation is limited as an accepted person. A sense of
deviance leads to alienation of groups and individuals (Benner, 1989; Schwartzberg, Berliner & Jacob, 1995).

Alienation stems from family disorganization and the feeling that no support or recognition from the outside world exists (Bronfenbrenner, 1974). The single woman at any age continues to be perceived as a sexual threat to the social comfort of a coupled society (Schwartzberg, Berliner & Jacob, 1995). These difficulties may erode the self-esteem of the single person and negatively affects their self-perception (Joung, Van Der Meer & Mackenbach, 1995; Ren, 1997; Wyke & Ford, 1992).

A sociological based perspective counters this thinking with the strengths perspective. Families are described as a social service agency meeting social, educational and health care needs of each member. The environment is both the resource and target of intervention rather than the family. The strengths perspective examines survival skills, abilities, knowledge, and resources that can be used to meet client goals. Recognizing that families share strengths of other systems, the strengths perspective is focused on listening to and accepting the client’s definition and ascribes meaning to their own situations. Environmental modification and advocacy involve educating other people of the client’s environment, which may influence negative attitudes and progress towards a more accepting, and helpful environment (Early & GlenMaye, 2000).

**Developmental Theory of Family and Single People**

Being single is a journey, the journey from childhood, when expectations are usually clear and unquestionable, through a difficult time when the marriage choice
looms large, and remains, for one reason or another—inactivated (Reilly, 1996). The single, childless woman does not have the next generation to key her growth. The stage division that uses a cyclical pattern of family procreation as a normal baseline is irrelevant for the single woman. This lack of a cyclical pattern can create ambiguity and angst for the single woman without children.

At any given time, ten percent of all people are single (McGoldrick, 1988; Reilly, 1996). There are many ways to view the passage of becoming an adult. Developmental, demographical, familial, individualistic and life course perspectives offer road maps so to speak, as to the milestones to achieve in adulthood. Their family of origin, cultural, religious and ethnic backgrounds, influences adults. Many times certain “rites of passage” are recognized and occasionally celebrated. Life course decisions have been typically determined by current historical and societal paradigms. “His” and “her” developmental paradigms also exist. Depending upon one’s perspective, those who do not fit into these paradigms and typical passages give rise to speculation and rationalizations as to why these people deviate.

A common theme for developmental theories generally equate maturity with autonomy, rationality, clear decision making, and responsible action (McGoldrick, 1988). Developmental theories historically recognize the importance of individuation, but fail to mention the importance of progression toward maturity of interdependence (McGoldrick, 1988). Erikson’s work on life stages postulates three adult stages: intimacy, generatively and integrity (1950).
Levinson’s work discusses sequential tasks in which the end result is marriage and children (1978). Both of these classical developmental approaches have been criticized for their focus on the male gender.

Family sociologists and family system theorists have structured the lives of adults to fit into a linear progression of life phases, that are predictable and definable stages of development (Schwartzberg, Berliner & Jacob, 1995). The key principle in this developmental stage ‘between families’ is accepting emotional and financial responsibility for self, with differentiation of self in relation to family of origin (Carter & McGoldrick, 1988). These people have also developed intimate peer relationships and established the self in terms of work and financial independence (Carter & McGoldrick, 1988). The expected norm is to marry after these tasks are successfully completed.

Erikson describes this stage as isolation versus intimacy. Marriage used to be the major marker of transition to the adult world…now it reflects a greater continuity with the phase of young adulthood or even adolescence (Erikson, 1968; McGoldrick, 1988). Rationalization as to why single people remain single into the thirties is attributed to commonly accepted theories, but there is little discussion on the tasks for those who remain single.

Historically, the female adult life cycle was marriage, motherhood, grand motherhood and widowhood (Glick, 1977, Hill & Rodgers, 1964). Dederick and Miller found that women go through the same age-linked stages of development as men and many women cannot move on to other tasks until they do marry (1992). Mason discusses
challenges for women in order to meet personal growth but these are not developmental
tasks unique for singles (1991). Few resources were found that specifically addressed the
stages of development for the single adult female. It was noted that many tasks for adult
development are similar for married and single people (Lewis, 1994). The tasks identified
by Lewis for never married, single, childless adult females: *Grounding, emotional
intimacy, basic daily needs or enhancement of self-esteem, mutual empowerment and
nurturance, awareness, expression or denial of sexual feelings, grieving the ambiguity of
being single, making peace with parents,* and finally, *old age* in which financial
preparation and development of positive self-image are achieved as an older single
woman (1994).

A search for the use of these stages was not identified within the literature.

Schwartzberg, Berliner and Jacob (1995) identified five life cycle stages for the single
adult, including *not yet married,* then shifting to *the thirties: entering the twilight zone of
singlehood.* It is during the *thirties* that adults face the single status for the first time and
expand life goals to include other possibilities in addition to marriage (Schwartzberg, et
al., 1995).

Brief mention of the single woman as "family keeping roles" was discovered.
This role was based upon a familialistic ideology that some familial decisions involved
some members marrying, some to reproduce and extend the kin group, and others to
remain at home to maintain the original family (Allen, 1989; Rapp, 1982). Remaining
single was a normative process that was a result of their mutual relationship with their family of origin rather than an independent choice (Allen, 1989).

Lewis and Moon (1997) conducted a two phase study using ethnographic and phenomenologic methodologies in 76 single women, investigating the perceptions of being single among heterosexual women age 30-65. The common theme that emerged from both studies revealed that single women have unresolved or unrecognized ambivalences about being single (Lewis & Moon, 1997).

The decision to remain single is a decision for a scriptless journey. Tasks that are targeted as developmental drivers for the single adult are establishing a relationship with work, finances, peer network, family and culture (Schwartzberg, Berliner & Jacob, 1995). At no point does any person who is single know for sure that they will never marry. The ambiguity leaves room for hope. Without this clarity, there is no closure, without closure, it is harder to mourn and move on. The cost of remaining single for women are low self esteem and poor self image due to internalizing responsibility for not being married (Lewis, 1994). Expecting a certain script puts the person in flux. The single person faces extraordinary challenges and unanticipated questions, like, “why is a nice person like you, not married?” and “what’s wrong with me?”. The challenge remains for the single person to make an identity without the usual script and usual structures. The question of intimacy versus isolation becomes the fork in the road where many developmental authors feel that the single person has failed. The task is supposedly to choose intimacy and achieve partnership. If not, then the single person is left to write his or her own script.
Marital Status: Single versus Married

Conceptualizations of health and illness vary widely from culture to culture, region to region, family to family, person to person, and profession to profession. The ubiquity of disease in a community, social class, gender, region, ethnic group or culture factor in on a person’s conceptualization of health. Health status is defined and separated by many factors: socio-economic status, social class, income, educational status, ethnic and cultural factors, income and marital status. The following is focused on marital status and health.

Marital status. Singleness refers to those who have never been married. Despite that 35 percent of people aged 25-34 have never been married, single people are often grouped with stereotypical connotations as ‘deviants’ (Keith, 1989; Lugaila, US Bureau of the Census, 1998). As discussed in chapter one, the number of unmarried adults has grown from 38 million in 1970 to 77 million in 1996, of which 45 million have never been married, double the number from 1970 (Saluter & Lugaila, US Bureau of the Census, 1998) Health related literature continues to consider the single person unhealthy. Unmarried people compared with married have been shown to have higher mortality rates, use more health services, have higher levels of distress, depression and other forms of psychological distress, engage in high risk activities which affect health and assess well-being more poorly than married people (Cheung, 2000; Hu & Goldman, 1990; Lillard & Panis, 1996; Mookherjee, 1997; Ren, 1997; Ross, Mirowsky & Goldsteen, 1990; Umberson, 1992; Waldron, Hughes, Brooks, 1996; Wyke & Ford, 1992). These
findings are more significant for men than women (Hu & Goldman, 1990; Lillard & Panis, 1996; Litwack & Messeri, 1989; Umberson, 1992).

In a comparative study of never married, separated and divorced women, younger never married women experience more harmful health effects and thus a higher mortality affect younger divorced and separated women (Sorlie, Backlund & Keller, 1995; Waldron, Weiss & Hughes, 1997).

The causal direction of the positive association between marital status and health is not known (Cramer, 1993). Several theories exist as to explain the healthier state of the married individual versus the unmarried individual, specifically the never married single person. The social causation model postulates that health is dependent upon marital status (Wyke & Ford, 1992). Four explanations are hypothesized, of which three pertain to the never married individual. Marriage has been postulated to offer protective effects by reducing risky behavior and thus, engage in healthy behaviors, provide emotional support, which reduces stress, and stress related illness (Cheung, 2000; Lillard & Panis, 1996; Ren, 1997; Umberson, 1987; Waldron, Hughes & Brooks, 1996).

Another theory is that marriage raises the possibility of positive selection in which healthier people get married. Persons who have poor health, those with chronic conditions or dangerous or unhealthy lifestyles may have more difficulty attracting a spouse over healthy relatively settled individuals (Cheung, 2000; Hu & Goldman, 1990; Lillard & Panis, 1996; Ross, Mirowsky & Goldsteen, 1990; Umberson, 1992; Waldron, Hughes & Brooks, 1996; Waldron, Weiss & Hughes, 1997; Wyke & Ford, 1992). Although,
Umberson found that ‘becoming married’ resulted in minimal changes to improve health behavior (1992).

The final explanation postulated suggests that marriage enhances health by increasing social interaction, commitment, intimacy and emotional-social support, wherein low levels of such social factors are associated with higher all cause mortality and poor mental health (Anson, 1989; Hu & Goldman, 1990; Hughes & Gove, 1981; Mookherjee, 1997; Umberson, 1992; Wyke & Ford, 1992). Several studies have shown that the quality of social support co-varies positively with physical and psychological well-being, where individuals in an unhappy relationship are at a higher risk for unfavorable health (Cramer, 1991; Ren, 1997; Schwarzer & Leppin, 1989). The social integration of marriage increases the sense of coherence, meaningfulness, and perceived social support while decreasing the sense of alienation, all positively affecting health behavior (Umberson, 1992). Social ties, intimacy and social support are more accessible for the married person (Hemstrom, 1996). The social control and regulation within marriage create responsibilities that lead to a healthier lifestyle, supporting the protective effects of marriage, especially for men (Hemstrom, 1996; Mookherjee, 1997; Umberson, 1992).

Several concepts from this final aspect of the social causation model are key factors in the life of the single person. It has been found that the never married person has the lowest rates for health care utilization (Joung, Van Der Meer, & Mackenbach, 1995). Three points to consider for this may be due to low rate of utilization due to
underreporting, never married people have less health insurance, or never married do not have the responsibility to a spouse or children and thus do not engage in self-promoting health behavior. The question remains does the higher mortality and morbidity rates of the never married a result in under utilization because they neglect their health or do they under utilize health care because they are misunderstood or assumed to be healthy or mislabeled.

**Nursing Family Theory and the Single Person**

Nursing recognizes the importance of family in the connection with family dynamics and health and illness (Wright & Leahey, 1990). Family nursing practice is normally based on developmental theory, social-learning theory and family studies (Wright & Leahey, 1990). There is a lack of nursing family literature that specifically addresses the single state and associated tasks to be accomplished. Family developmental theories found in nursing literature attempt describe family life over time and divide the adult life into a series of stages that generalize family life. These theories have been derived from sociological or psychological perspective. These family theories are usually divided into stages based upon chronological periods and developmental tasks. Two theories currently in print within nursing literature attempt to divide the adult life into stages. Both essentially begin with couplehood and progress sequentially through childbearing and eventually through retirement.

Carter and McGoldrick (1988) describe six stages that begin with the “Between families” stage or the transitional stage (the unattached young adult). This stage includes
single people in their 20's, financially independent and are between their family of origin and have not begun their own family. To complete this stage successfully, the young adult must separate from the family of origin without attaching reactively to an emotional surrogate. It is considered to be the crucial stage for all successive stages to follow (Carter & McGoldrick, 1988).

Health concerns for this stage are described as both personal and familial. Concerns delineated for this stage include family planning and birth control. Mental health problems are common and deal primarily with separating from one's family of origin to that intimacy can be achieved (Friedman, 1998). This stage profoundly affects whom he or she marries (Carter & McGoldrick, 1988). The assumption here is that the person will decide to leave this stage.

As mentioned in chapter one, Phillips calls for nurse researchers to broaden their perspective of the family (1993). Unfortunately, he excludes the single person, living alone as their own family. The challenge ensues to continually view the family as it undergoes transformations beyond our traditional definitions and understand each family in their own context. This paper attempts to address some of the issues of single people who remain in the "between families" stage into the thirties.

Nursing as a profession has not addressed the life of the single person within nursing literature. One study has been conducted and published regarding the life of a single person (Dalton, 1992). Themes that were generated from this study included Singleness: as Freedom, as Independence, as Loneliness, as Choice, as Transition, as
Opportunity, as Loss, as Self-reliance, as a Burden, as a Social role, as Rootlessness, as Openness, and as Self-acceptance (Dalton, 1992). This study was focused on never married women who were financially secure and well educated. The recommendation for future research was expand the knowledge base for other groups of women and determining what factors contribute to successful adaptation of being single (Dalton, 1992).

Although other studies have been conducted on how the unmarried cope with various disease states or conditions (Budin, 1998), the majority of literature written about single people is taken from sociological, epidemiological and familial perspectives. The following discussion addresses the apparent health care needs of the single person. Based upon the lack of nursing literature about the single person, specific health needs of the single adult is limited and incomplete.

Health and Healing

If health care workers are to be effective in designing interventions to bring about personal change or assist a person through transition, then determining the personal saliency of health and disease is useful to develop interventions that promote wellness behavior (Jensen & Allen, 1993). Health is a relative term. People are deemed “healthy” when measured against a standard or ideal. The conclusion of who is healthy then differs depending on the standard or model that is used (Smith, 1981).

Defining health is difficult and more difficult to measure. Health and cure is often focused on the person as a physical entity (Quinn, 1999). Health is often measured by the
lack or presence of defined diseases, mortality based indicators, morbidity and disability measures and the use of health services (Turnock, 1997). Defining health from one's own perspective is easy but not generalizable. Defining for a general population or even a specific group of people often excludes important cultural and personal entities as well as the concept of well-being and healing. The World Health Organization defines health as a disease-free state, as well as a state of complete physical, mental and social well-being (Turnock, 1997). Most people view health and illness on a continuum and as opposites and mutually exclusive states (Turnock, 1997). This can be criticized as simplistic and uni-dimensional.

Nursing's definition of health offers a holistic and healing component that is often overlooked from the biomedical model. Yet, nursing also refers to the absence of disease as health expressed by Friedman and Morgan, "hundreds of thousands of Americans die prematurely each year of diseases caused by unhealthy lifestyles, including heart disease, cancer, accidents, hypertension, cirrhosis, suicide and diabetes." (1998. p. 412). This suggests that health is the lack of certain lifestyle-associated diseases.

Nursing also describes health as a goal, more than the absence of disease, as internal homeostasis, as performing roles and functions, as consciousness expansion, personal empowerment and mastery over the body, health as healing within (Meleis, 1997; Smith, 1981). As each nursing theorist defines health within his or her own paradigm and worldview, contributing to an expansive definition, the fact remains, many definitions of health exist. This again suggests that many factors influence health. Health
and illness represent subjective experiences, whereas disease is relatively objective (Turnock, 1997). Health and wellness is more than absence of disease alone, because of the mental, social and spiritual components of health. The goal of health and healing is to become whole whereby there is increased energy, coherence and creativity in the whole body-mind-spirit system (Quinn, 1999).

With so many different dimensions of health, the question arises whether there is some maximum or optimal end point of health and well-being, whether improvement can be achieved through change in one's physical, mental, social and spiritual facets. A philosophical dichotomy about health exists in which homeostasis and stability is contrasted with change and growth. Holistic nursing acknowledges that health and healing is multidimensional, occurring at the physical level as well as other levels the human system-emotional, mind and spirit (Quinn, 1999). Whereas a cure may not be possible, healing can occur. This healing is not fully measurable despite tools constructed to elicit information about quality of life, lifestyle, spiritual well-being, and the essences of experience.

These tools only provide glimpses into healing and the definition of health for each person. Understanding healing often only occurs and is realized through the intuitive voice that "knows" that it is standing in the presence of "something sacred", where both the patient and the nurse just know (Quinn, 1999). Knowing healing has occurred despite the lack of words or a description. Nurses can participate in this healing process and
facilitate this for the patient to achieve the goal of “holding sacred space” in the body-mind-spirit system.

Intrapersonal factors have been identified that affect the wellness-illness experience. Social support and relationships are viewed as protectors against stress. Social roles, culture, familial, institutional and environmental variables are important interrelated determinants of health and healing (Jensen & Allen, 1993). Realizing the individual representations of health are important in constructing the healing experience and will break down barriers that have traditionally labeled groups, in order to facilitate healing.

Feelings

Aloneness. “What is there in us, or in the society of our time, that makes each of us a solitary individual, separate and apart, alone, yet needing others and needed by them?” (Wood, 1953).

Alone, lonely, solitude, isolation, married, single, terms such as these spark images in our mind; and depending on our perception, they can be negative or positive, rarely neutral. Being alone, does not necessarily mean one is lonely.

“It is possible to be lonely though never alone, and to be lonely in a crowd, school can be a desperately lonely place, and marriage, a lonely institution...lovers can be lonely in each others arms, these very times are composed of the loneliness at the heart of things, the horror of that awareness, and the despair. Then, there is
physical aloneness, which may or may not add up to loneliness. …and there is
mental aloneness, which always adds up to loneliness (Mannin, 1966).

The terms are interconnected and interrelated. The attempt to clarify and define is no
small challenge. A fine line delineates the terms loneliness and aloneness. The decision to
begin with aloneness in this section was based upon its centrality to all of the other
concepts.

“Aloneness refers to a state of being—nothing more…but whether one is alone by
oneself, or alone with others, there is no way of knowing what aloneness actually
means—in substance” (Moustakas, 1972). Aloneness is the ‘alone condition’ in which
someone is objectively alone or separate from others (Donaldson & Watson, 1996;
Griffin & Kent, 1998; Wilkinson & Pierce, 1997). Aloneness is a neutral state; it is not
known whether being alone is positive or negative until it is known what it expresses for
the person involved (Moustakas, 1972). Aloneness is mentioned in existential context as
an objective state which people choose to engage in, otherwise referred to as social
isolation with choice (Andersson, 1986; Donaldson & Watson, 1996; Killeen, 1998;
Younger, 1995). Killeen expands the concept of aloneness and places it on a continuum
from alienation to connectedness (1998).

The word aloneness is sometimes referred synonomously with terms such as:
alone-time, isolation with choice, solitude, living alone, and being alone. (Andersson,
1986; Buchholz, 1998; Burnley & Kurth, 1992; Killeen, 1998; Porter, 1994;). Several
authors state that there are stages of life in which the state of “aloneness” is a necessity
and has to be accepted such as, e.g. dying, but not to associate this objective state with the subjective state of loneliness (Andersson, 1986; Buchholz, 1998; Donaldson & Watson, 1996; Killeen, 1998; Moustakas, 1972). Aloneness is an opportunity for others to interact with someone who is simultaneously lonely (Donaldson & Watson, 1996).

Living alone provides freedom, independence and mobility, yet the loneliness of living alone can be terrifying, requiring courage due to the constant struggle of the individual versus him or herself (Rokach, 1998). Social integration is more that the mere presence or absence of a social tie. The essence of social integration has focused on meaningfulness, stabilization through social control and constraint, absence of alienation, and perceived social and emotional support to assert that positive health effects are achieved through the protective effects of companionship (Hughes & Gove, 1981; Umberson, 1992). And indeed, the literature has shown that the married are healthier than the unmarried. However, the literature is divided. Single men and single women are either going to be socially isolated or have a very active social network than married people (Barrett, 1999; Hughes & Gove, 1981; Lewis & Moon, 1997; Seccombe & Ishii-Kuntz, 1994).

Social integration theory assumes that those who live alone are more isolated and experience less social interaction because they lack social and economic networks, typically occupied by the family in our society (Hughes & Gove, 1981). Whereas, antithetical research indicates the younger-never-married's (age 30-45) have been found to be the least isolated of all the married groups and have a better perceived support than
the currently or formerly married (Barrett, 1999). Although, this latter study focused on
the objective social support systems rather than the subjective support systems.

Review of nursing literature revealed limited studies that investigated the concept
of aloneness with adults, most studies concentrated on elderly women living alone
(Levtak, 1997; Porter, 1994; Essex & Nam, 1987). Research on being alone for single
never-married women is limited. Perhaps this is due to previous studies which revealed
that adults report being alone 29 percent of the time, in comparison to the older, retired
people who spend 48 percent time alone, and the elderly spend over 50 percent of time
alone (Larson, 1990; Larson, Csikszentimihalyi & Graef, 1982; Moss & Lawton, 1982).
Other explanations for the apparent lack of literature may be due to that adults are less
likely to seek solitude and less likely to go out of their way to avoid it, thus the choice is
essential to how one copes with being alone (Larson, 1990).

Being alone for extended periods of time, or adults who report a lower affect
whether alone or with someone are more likely to be depressed (Kubey, 1986; Larson,
1990). Although, one quantitative study compared living alone with psychological
distress, alcohol consumption and physical symptoms found little evidence to show that
living alone was associated with poor health, showing that the less favorable health of
those living alone compared with those living with someone does not appear to be due to
the fact that more non-married people live alone (Cramer, 1993). It also concluded that
higher psychological distress may result from a lack of social integration, specifically for
men (Cramer, 1993) Further study was recommended. These studies were found outside
of nursing literature and did not address the qualitative aspects of living alone. One researcher did state the importance of investigating how people experience occasions when modern life finds them, or leads them to be, alone (Larson, 1990).

The two nursing studies were based upon phenomenological inquiry in elderly women living alone, which makes it difficult to generalize. Eight women, age 55-75, living alone were interviewed. Themes that emerged were making aloneness acceptable, doing things their own way (self-reliance), reducing risks, sustaining myself (self-efficacy), connectedness with a social support system and maintaining independence (Letvak, 1997; Porter, 1994). Recommendations from both authors for future research were confined to furthering future research to women in different life stages and different ethnic groups (Letvak, 1997; Porter, 1994). One study compared the concept of alone and lonely among 30-40 year-old females through an interviewing process. The methodology was not discussed, but finding concluded that the never married woman age 30-40 are not alone and not lonely (Burnley & Kurth, 1992). This study has been criticized for excluding a married control group for rigorous comparison and no actual questions were asked regarding loneliness (Stack, 1998).

Aloneness has been paired with solitude and social isolation (Buchholz, 1998; Fischer & Phillips, 1982; Younger, 1995). This can invoke an image of sitting in a naturalistic setting, soaking in the beauty, perhaps feeling an inner peace and tranquility. This is best communicated by the statement, "being alone gives us the power to regulate and adjust our lives. It can teach us the fortitude and the ability to satisfy our own
needs...it provides us with the much needed rest....It brings forth our longing to explore, our curiosity about the unknown, our will to be an individual, our hopes for freedom. Alonetime is fuel for life.” (Buchholz, 1998, p. 50).

Periods of solitude are expected within certain cultures, Native Americans, Hindus, artists, scholars, philosophers as an opportunity for self-renewal (Larson, 1990). Studies done on aloneness in the elderly are concert with this theme, in which the elderly living alone report a sense of freedom, personal growth and renewal, independence and autonomy (Peplau, Bikson, Rook, & Goodchilds, 1982; Wilkinson & Pierce, 1997). Wilkinson and Pierce's (1997) study expanded on the concept that aloneness and revealed five themes that defined the essence of aloneness: vulnerability versus self-reliance, fear versus hope, helplessness versus resourcefulness, loss of self-control versus self-determination, and identity confusion versus self-reflection. Aloneness emerged as an opportunity when in recovery from depression, and emerged as imposing and vacuous when depressed (Wilkinson & Pierce, 1997.)

Conversely, negative attitudes towards social isolation and solitude has been associated with loneliness, social failure, depression, vulnerability, fear, helplessness, loss of control and identity confusion were noted (Rokach & Brock, 1995; Larson, 1990; American Psychiatric Association, 1987). Being alone is a necessary pause; being lonely is an ultimate condition (Moustakas, 1972). This is the point where aloneness runs the risk of becoming loneliness. Being alone for extended periods is a defining symptom of depression (Larson, 1990; American Psychiatric Association, 1987). This solitude or
separation from participating in the social activities of talking, sharing, loving, judging, and being judged has the potential for a wide range of thoughts and feelings, from generative and self-nurturant to those that may be harmful to the individual (Larson, 1990).

Living a solitary life at all ages is accompanied by feelings of loneliness and boredom (Larson, 1990; Moustakas, 1972; Weiss, 1973). Larson’s study found this especially true for adolescents, and with age, solitude is experienced as less lonely, a necessity for growth (1990). After adolescence it is not the quantity of solitude but the quality and the person’s capacity to tolerate solitude to construct new potential within the self (Larson, 1990). The concept of aloneness for single people aged 30-35 has not been definitively studied, although the lived experience of never married women at 32-54 was studied, the concept of being alone was not extensively explored.

Loneliness. Who are the lonely? Do we know it by looking at someone? Is it the person sitting in a restaurant with no one to talk to? To live it is to know it. There are many definitions of loneliness, many categories and theories that attempt to explain it. The health of an individual is determined by it. The questions remain: is it a single phenomenon, or is it a number of different experiences linked through mutual association to isolation; in which direction does causation flow—from health to social relationships, or from social relationships to health? The researcher defines loneliness in this section and discusses some causation theories, what predispose a person to be lonely, events that precipitate loneliness and the health consequences of loneliness. It is important to discuss
the different aspects or categories of loneliness. Loneliness is ultimately experienced subjectively, and this individualistic essence of the experience should be the focus of investigations (Rokach, 1988).

Several authors have described loneliness. It has been suggested that the term loneliness is a conceptual umbrella sheltering no fewer than ten different experiences (Stuewe-Portnoff, 1988). This is reinforced in research done by Rokach and Brock (1996) and Rokach (1989; 1988) where models of loneliness were developed. One discussed antecedents of loneliness in which eight factors under three clusters with 20 differentiated components were identified (Rokach, 1989). The second model discusses the causes of loneliness, which yields five factors of causes of loneliness.

Objectively, loneliness is a real life phenomenon in which a discrepancy exists between a person's social and/or emotional needs/wants and their social reality (Andersson, 1986; Killeen, 1998; Mannin, 1966; Peplau & Perlman, 1982; Rokach & Brock, 1996; Rokach, 1988; Weiss, 1973). It is lost communication through distance, imprisonment (physically or mentally), illness or death that closes loneliness in (Mannin, 1966) Since loneliness is also highly subjective, its meaning is something different for all individuals and leaves the potential that anybody and everybody is lonely at some time (Blai, 1989; Killeen, 1998; Larson; 1990).

The subjective description is an ever-changing one depending on the individual and the time and space in which they exist. Without etically placing a definition on loneliness, it has been described as very painful, distressing, depressing, dehumanizing,
detachment that endures when a gaping emptiness is experienced due to unfulfilled social or emotional needs or desires (Killeen, 1998; Moustakas, 1972; Rokach, 1989). The experience of loneliness has been described in terms of solitude, self-imposed loneliness, existential loneliness, meaninglessness and self-estrangement (Weiss, 1973).

Two broad classifications of loneliness exist: emotional isolation and social isolation. Emotional isolation refers to the perception versus reality conflict with social relations which may or may not be related to actual isolation from social relationships (Andersson, 1986; Stack, 1998; Weiss, 1973). Emotional isolation involves the absence of an attachment figure, which results in a sense of utter aloneness, over sensitivity and restless anxiety (Andersson, 1986).

Social isolation occurs when there is an absence of an accessible social network, which can lead to meaninglessness and marginality (Andersson, 1986; Donaldson & Watson, 1996; Weiss, 1973). Social isolation or, structural loneliness, assumes that those who are isolated physically from primary institutional ties are lonely or, have the tendency to be lonely compared with those who are integrated into such ties (Stack, 1998). Thus, the socially isolated become prime targets for loneliness including: the single person, the widowed, the divorced, prison inmates, adolescents, low income adolescent mothers, elderly, immigrants and freshman college students (Blai, 1989; Donaldson & Watson, 1996; McWhirter, 1990; Medora & Woodward, 1986; Rokach, 1998; Rokach & Brock, 1996).
Extensive research has been done on the cause of loneliness and causation models were created (Blai, 1989; Rokach, 1996; 1989; 1988). Predisposing elements are presumed to be factors that make people vulnerable to loneliness, such as situational, characterological and historical factors; while precipitating events create a mismatch in the balance of the perceived versus actual social relationships (Blai, 1989; Rokach, 1989; Rokach & Brock, 1996). Research determined that characterological and historical factors of loneliness is experienced on a stable or chronic basis, supporting the premise that loneliness for some is an enduring trait (Rokach, 1996; Rokach & Brock, 1995; Shaver, Furman & Buhrmester, 1985). Research indicates those who experience loneliness as a chronic way of being, believe that loneliness is caused by social ostracization, whereas those who experience loneliness in a episodic, time limited, event related episode attribute the influence of primary life crisis as the cause of loneliness (Rokach & Brock, 1995). While, experiential and situational factors are situation specific and shorter duration (Rokach, 1996).

Common causes of loneliness have been identified: loss, inadequate social support system, personal shortcomings or personality, environmental and social change or crisis, with personal inadequacies as the most central cause of loneliness (Blai, 1989; Jones, Freeman & Goswick, 1981; Jones & Moore, 1987; Rokach, 1989). Recent research has supported this and has expanded societal and cultural backgrounds and expectations may contribute to one's perception of loneliness (Rokach, 1998).
The inadequate social support system stems from a concept known as the proximity-promoting mechanism, in which feeling of loneliness act as an internal alarm signal when the self is experiencing feelings of non-belonging, disconnection and social alienation (Bowlby, 1973). The mere absence of an engaging social network can be overcome only by access into the network (Rokach, 1989; Weiss, 1973). This concept has important implications for the single adult, because of the premise that one is living alone and must rely on external support systems for social engagement. Although, research has shown that aloneness becomes less lonely in adulthood, and that spending a regular amount of time alone is related to better overall psychological well-being (Larson, 1990).

Adults spend time alone due to social roles that are held and are less likely to go out of their way to avoid being alone (Larson & Brandney, 1988; Larson, 1990). The adjustment to solitude for adults is experienced as less lonely and enervating, but research continues to support the premise that too much time apart from others is correlated with loneliness, depression and psychiatric disorder (Larson, 1990). Forty percent of waking hours experienced in solitude is compatible with good adjustment, but may not be for the unmarried (Larson, 1990). Further research needs to be done regarding how much time is detrimental to the health status of the single person.

Married people are assumed to be excluded from the socially isolated because of the presence of at least one primary relationship who typically serves as the intimate confidant (de Jong-Gierveld & Tilburg, 1989; Keith, Braito, & Breci, 1990). Loneliness is less frequently reported among married people and more in the single person (Blai,
Stack, 1998). Stack’s study reinforced this finding by controlling for economic well being, financial satisfaction and health with the finding that married people are less lonely than single people (1998). The level of intimacy and companionship was not addressed in this study, which does not have to come from a spouse. Studies have been conducted that suggest that the quality of social interaction more than quantity is most predictive of loneliness (Blai, 1989; Keith, Braito, & Breci, 1990; Larson, 1990). The significance of loneliness in this study is its close association with single people because they are alone and run the risk (Larson, 1990).

“The possibility looms before them, although many times unsaid, the thought is, old age is the fertile soil for loneliness and the fear of a lonely old age far outweighs the fear of death in the thinking of many people” (Moustakas, 1972, p. 26). For the single person, growing old can be a concern, especially if one is alone. A final thought on marriage and loneliness, with divorce rates in the US approaching the fifty percent, one has to wonder whether marriage is the social intimacy that it is supposed to be.

Detrimental health effects of loneliness have been empirically studied and well established in the literature. The difficulty lies within as other clinical syndromes often mask loneliness. Lynch found that the lonely individual uses illness as a means to gain attention (1977). From earlier discussion in which single people use health services less, does this mean that single people are indeed less lonely? Loneliness has been associated with depression, suicide, anxiety, alcoholism, poor self-concept, and psychosomatic
illnesses (Anderson & Harvey, 1988; Andersson & Stevens, 1993; Blai, 1989; Rokach, 1998; Sadava & Thompson, 1987; Suedfeld, 1982; Wenz, 1977). The implications for nursing are to recognize the phenomenon of loneliness in the relationship for health and well-being. Although extensive research has been done on loneliness, there is no definitive literature that links the loneliness of singlehood with the poor health status of single people.

The difficulty with loneliness is that people are less apt to admit being lonely while they are undergoing the experience (Rokach & Brock, 1995). “To be alone is to be different, to be different is to be alone, and to be in the interior of this fatal circle is to be lonely. To be lonely is to have failed” (Gordon, 1976, p. 43).

**Vulnerability.** The health status of a community is commonly reflected in disease prevalence and morbidity and mortality rates rather than health itself (Flaskerud & Winslow, 1998; Turnock, 1997). Improvements in many health indicators over the past 50 years have not been shared equally by all subgroups of the population (Turnock, 1997). This disparity between different groups challenges the nation’s health care system to close the gaps and equalize and minimize risks. Principle factors responsible for inequities fall into general categories of social and physical environment, personal behavior and health services (Turnock, 1997). Resource availability, relative risk and health status have been conceptually related to vulnerable populations (Flaskerud & Winslow, 1998). The vulnerable are frequently associated with insecurity and victimization (Delor & Hubert, 2000). Vulnerability is an important concept for nurses
because it is linked to health and health problems as evidenced by increased comparative morbidity, premature mortality and diminished quality of life (Flaskerud & Winslow, 1998; Rogers, 1997). Defining individuals or groups as “vulnerable” requires alertness on the part of researchers because of the dynamic nature of societal attitudes can impact the perception of being labeled “vulnerable” (Moore & Miller, 1999). The concept of vulnerability runs the risk of losing ‘heuristic capacity’ and political and practical relevancy through frequent and ambiguous use (Delor & Hubert, 2000). The author’s intention with presenting this concept is not to directly associate vulnerability with being alone and single, but to indeed expand its ‘heuristic capacity’ and expand awareness.

The conventional definition of ‘vulnerability’ refers to a state or quality of being exposed to or unprotected from health-damaging environments (Aday, 1993; Hall, Stevens, & Meleis, 1994). Vulnerability is often interpreted as a person or group’s characteristics that interact with the environment to influence health. Characteristics that delineate who are at risk are based upon personal characteristics (age, gender, race/ethnicity), social system (family, community, friends, neighbors), income, housing and education (Aday, 1993).

These characteristics increase susceptibility and potentiality, and place the individual ‘at risk’ to develop health problems, suffer harm or neglect physically, psychologically and socially (Aday, 1994; Aday, 1993; Rogers, 1997; Rose & Killien, 1983; Spiers, 2000). Relative risk reflects the differential vulnerability of different groups to poor health (Aday, 1993). We all are potentially at risk of poor physical, psychological
or social health, but certain experiences and places can increase susceptibility for individuals or groups.

Risk refers to the hazards within the environment that contribute to health problems as a result of disproportionate exposure to damaging environmental factors (Aday, 1994; Rose & Killien, 1983). The hazards can include the immediate environment (temperature, light, noise and pollution) and an extended environment (family, community, society) (Rose & Killien, 1983). As one author states, "the vulnerable is not necessarily every sick individual but rather those who lack the ability to maintain autonomy, personal independence and self-determination could be at risk to become vulnerable" (Moore & Miller, 1999). Often, these hazards are normative derived standards based upon external evaluation of a population's health reaction to externally defined factors, which, with increased and subsequent exposure, the probability of occurrence of health related outcomes has historically increased (Aday, 1994; Turnock, 1997). This external definition of vulnerability assigns individuals or groups to have a higher relative probability of health or social problems based upon where they are in space and time and associate poor health with their immediate and extended environment (Aday, 1994; Demi & Warren, 1995; Rose & Killien, 1983; Spiers, 2000). This external view of vulnerability determines whether a person or group is "vulnerable" or "not vulnerable" based upon the criterion of objective harm (Spiers, 2000). As Louis Pasteur said on this deathbed, "the microbe is nothing, the soil is everything" (Ornish, 1998). What is the soil for the vulnerable, the external environment or the internal environment?
The vulnerable conceptually are those social groups or individuals that experience relatively more illness, have higher morbidity and premature mortality, a diminished quality of life and autonomy than comparable groups because of status inequalities' (socioeconomic, minority, educational), a lack of resources, increased risk and physiological/psychological factors (Demi & Warren, 1995; Flakerud & Winslow, 1998; Moore & Miller, 1999; Nyamathi, 1998; Rogers, 1997).

Groups commonly recognized as vulnerable are persons who are subject to discrimination, intolerance, subordination, and stigma, those who are marginalized and disenfranchised (Aday, 1994; Flakerud & Winslow, 1998; Moore & Miller, 1999; Nyamathi, 1998; Rogers, 1997). Examples include the elderly, high-risk mothers and infants, racial and ethnic minorities, the lonely, unmarried people, the poor, homeless, uneducated, unemployed, immigrants, homosexuals, mentally ill and disabled, those who are chronically ill and disabled, people with AIDS, abusing families, refugees and those experiencing recent diagnosis of life-threatening or debilitating illness, recent death of loved one, or anyone experiencing major crisis or transition (Aday, 1994; Aday, 1993; Flakerud & Winslow, 1998; Moore & Miller, 1999; Rogers, 1997).

Examples of societal trends that will occur or have occurred report an increasing proportion of elderly, 40 million by the year 2010, divorce rates are approaching 50 percent, the immigrant and refugee population has doubled since 1980, approximately 25 percent of the population is living alone, the number of never married single people has doubled since 1970 from 22 million to 45 million (Aday, 1993; Rogers, 1997; Saluter &
The difficulty in labeling and categorizing may potentially exclude those who do not because of demographic or situational assignments, do not fit the criterion and may be indeed, 'vulnerable'.

A positive concept linked to vulnerability is resilience. Resilience incorporates the capacities gained from person-environment interactions that foster survival and includes genetic predispositions, learned abilities and factors in their surroundings that enhance well-being (Hall, Stevens & Meleis, 1994). The literature has shown among unmarried people, the never married single person is healthiest and uses health services less as compared to the widowed and the divorced (Anson, 1989; Joung, Van Der Meer & Makenbach, 1995; Verbrugge, 1979). Additionally, the premise that single people live "riskier" lives is not supported but that single people just don't need health care or neglect symptoms (Joung, Van Der Meer, & Makenbach, 1995; Verbrugge, 1979). There is no mention of resilience within the never married single population. If resilience is a factor is it due to being vulnerable or is it a learned response or genetic predisposition. Further research is warranted.

Nursing literature has primarily focused on different populations that have been historically categorized as vulnerable, are at risk or have the potential to be at risk for vulnerability, none specifically have been done on the concept of vulnerability and single people. The effects of being vulnerable is linked to stress and anxiety, is associated with multiple physiological and psychological effects, hopelessness and helplessness, lack of autonomy, powerlessness and social isolation, marginalization and alienation (Albright,
Since many issues of vulnerability stem from social and economic conditions, seeking health care may be prolonged, thus increasing costs and increasing risk for complications (Rogers, 1997). The vulnerable are frequently marginalized and disenfranchised (Flaskerud, 1999). Implications for labeling the labeled in an attempt to explain health problems may unintentionally marginalize or alienate a particular group (Rogers, 1997; Spiers, 2000; Vezeau, Peterson, Nakao & Ersek, 1998;). The literature is clear that unmarried adults have higher morbidity and mortality rates than married people, more so for men than women (Cramer, 1993; Lillard & Panis, 1996). Yet, definitive causation for this is continues to unknown.

Frameworks and educational programs have been proposed based upon the concept of vulnerability and risk (Flaskerud & Winslow, 1998; Rogers, 1997; Rose & Killien, 1983; Vezeau, Peterson, Nakao & Ersek, 1998) Discussion pertaining to challenges of researching vulnerable populations, including risk to benefit ratio, ethical issues, accessing vulnerable populations and stigmatizing groups conclude that traditional (descriptive and epidemiological) approaches are limited. Other areas identified to discuss regarding vulnerability include: ambiguous defined populations, variability in the quality of information, lack of demographic identifiers and multidisciplinary theoretical perspectives, and insufficient comparative data on the origins, prevalence and
consequences of vulnerability. Some recommendations for future research include ethically sound designs to investigate the above areas and continued qualitative studies to fully understand experiences of vulnerable populations (Aday, 1993; Anderson & Hatton, 2000; Demi & Warren, 1995; Flakerud & Winslow, 1998; Hall, Stevens & Meleis, 1994; Lessick, Woodring, Naber & Halstead, 1992; Moore & Miller, 1999; Rogers, 1997; Rose & Killien, 1983; Spiers, 2000; Vezeau, Peterson, Nakao & Ersek, 1998).

The following perspective may offer some insight to the experiential experience of vulnerability and may expand information regarding it, if research steps beyond traditional boundaries to study the protective effects within well-adapted healthy individuals. The concept of vulnerability is commonly viewed epidemiologically as population based relative risk, giving little consideration of its experiential qualities (Aday, 1994; Flakerud & Winslow, 1998; Lessick, Woodring, Naber & Halstead, 1992; Spiers, 2000). Everyone has the potential to become vulnerable, as vulnerability is affected by and can only determined from the perspective of the individual (Parse, 1996; Phillips, 1992; Rogers, 1997; Spiers, 2000; Vezeau, Peterson, Nakao & Ersek, 1998).

Recently, an alternative vantage point is to view vulnerability from an emic perspective has been introduced. The emic perspective describes the phenomena as understood by the person, qualitatively and experientially (Spiers, 2000). The emic perspective assumes that people live the experience of vulnerability. The presence of risk factors is not necessary, unless the perception is present that an aspect of the self is
threatened and they lack the capacity to respond. It also assumes people possess a sense of themselves, are universally vulnerable, and vulnerability can only be determined by the person experiencing it (Spiers, 2000). Although risk is a part of the experience, including the individual’s way of living with risk may be just as important (Spiers, 2000). This emic view allows for understanding of the experience and does not assume that vulnerability has a direct impact on health and illness (Spiers, 2000). Although, this framework has not been utilized in any study within nursing, it synchronizes with phenomenological inquiry.

**Marginalization.** The meaning of the social relationship within marriage is continuing to evolve. Since the 1950’s changes in values, attitudes and beliefs about marriage has occurred (Thorton & Freedman, 1982). Between the 1950’s to the 1970’s there was an increased negative orientation toward marriage, while from the mid 1980’s to 1990’s endorsements toward marriage have remained stable (Axinn & Thorton, 2000; Thorton, 1989). There is a greater tolerance of cohabitation, premarital sex, nonmarital childbearing and divorce, which has weakened the desire to marry (Oropesa & Gorman, 2000). Despite an increase in activities happening extramaritally that used to be normally associated with marriage, the attitude remains, Americans continue to hold the institution of marriage in high regard, as the normal imperative (Cargan, 1986; Tucker, 2000). Yet, single people remain single in a society that endorses, emphasizes and caters to couples (Rokach, 1998). Subsequently, various negative explanations are proposed for the
lifestyles that are deviant to this expectation. An example, “remaining single is safe, since expectations won’t be set and thus disappointed” (Rokach, 1998).

Historically, the single population has been stereotyped as deviants, risk takers, lonely, loners, social isolates, selfish, swingers, hedonists, unattractive, failures, immature, pathological, independent, carefree, desperate, and incomplete (Barrett, 1999; Cargan, 1986; Cargan, 1982; Lewis & Moon, 1997). The effects of stereotyping can lead to self-fulfilling prophesies, as well as a reaction of increased alertness and sensitivity, withdrawal and overly aggressive stance (Cargan, 1986). Members of the majority tend to avoid friendship with members of an underrepresented group because they are viewed through negative stereotypes and majority members exaggerate differences in order to preserve in-group cohesiveness (Mehra, Kilduff & Brass, 1998).

Individual experiences shape values and beliefs, in addition to social forces such as religion, mass media, the legal system, family and friends (Axinn & Thorton, 2000). Glamorization of marriage continues to permeate mainstream society through titles of articles and books such as “The Rules”, “What women should know about single men”, “How come a nice girl like you isn’t married?”. The bottom line, all equate to: ‘What’s wrong with you?’ Is stereotyping, stigmatizing and glamorization all part of the pathway to marginalization?

Marginalization has been defined as the peripheralization and disenfranchisement of individuals and groups from a dominant central majority because of gender, race, sexual orientation, socio-economic factors, national origin, level of chronicity and
impairment and those who tend to respond in ways that we think do not fit any of our normative expectations or theories (Hall, 1999; Meleis & Im, 1999). The single person does not fit our normative expectations or theories. This is evidenced by the lack of literature regarding the single person as well as the dearth of developmental stages of the single person. Only since the 1990’s has the exploration of adult singlehood as a separate life stage opened (Lewis & Moon, 1997).

Nursing’s response to investigating the life of a single person is limited. Studies done in regards to nurses’ attitudes towards people with altered marital status revealed concerning results. Although technical competence and professional knowledge does not define quality care, rather it begins with the nurse’s ability to nonjudgementally accept patients (Ganong & Coleman, 1997, Orem, 1985). Research has shown that the affective dimensions of nursing care may be negatively influenced by knowing a patient’s family structure (Ganong, 1993; Ganong & Coleman, 1997). Although, the importance of studying the effects of stereotypes has not been recognized in the literature, this may be due to absence of theory on stereotyping (Ganong, Bzdek & Manderino, 1987). Additional research is recommended to determine the conditions under which marital status categories are perceived as clinically relevant (Ganong & Coleman, 1997).

Stereotyping can be subtle as experienced in clinical settings. The patient that presents late in the day before a holiday is referred to as lonely, with no place to go. Single people are often taxed to work holidays, ‘since they really don’t have family to be with.’ The military pushes marriage through benefits. If you are single, your choice is to
either live in the barracks, which is a single room shared with one or two others, or you live off base. If you are married, you are given a house on base, all expenses paid. If you’re enlisted (E-4 and below) and stationed on board a ship, policy mandates that you live on board the ship unless you are married. Shipboard accommodations typically are four stacked racks and a locker and a community bathroom. Living space is compares with the size of a twin mattress. The mentality seems to push many military members age, 18-22 years towards marriage for the sake of better living conditions.

Church communities have also been criticized as arenas that provide no clear path for the single person to follow as a member (Yoder, 1999). Formal religious life is centered on marriage and birth; single people experience themselves on the outside of life’s important events (Schwartzberg, Berliner & Jacob, 1995).

Literature from the mid 80’s to 1990’s reveals that remaining single is a choice, not a boycott, a personal deviant personality or a lack of beauty (Lewis & Moon, 1997). Despite this trend, single people continue to feel alienated from the larger society and very aware of their differentness. Many still long for the safety, normalcy and connectedness of married life (Schwartzberg, Berliner & Jacob, 1995). Yet within the fields of family therapy and nursing there continues to be a gap in the literature for understanding singleness as an adult (Schwartzberg, Berliner & Jacob, 1995). A computer search based within the databases PsychINFO (1967-present) and CINHAL (1982-present) under subject headings ‘single adult’ yielded 50 entries. Of the seven retrieved from CINAHL, five discussed the homeless population. Ironically, one article discussed
the experience of "living on the edge" as a medically uninsured person. Of the twelve participants, eight were single, four were divorced (Orne, Fishman, Manka & Pagnozzi, 2000). Themes that emerged from living a marginalized life included: feeling vulnerable, powerless, resentment, disconnectedness, apprehension, resilience, resignation to adversity, uncertainty and fear (Orne, Fishman, Manka & Pagnozzi, 2000). Is the apparent lack of research on the single person due to marginalization, assumptions, stereotyping, or ignorance? Is the profession caught in the mainstream thinking of the traditional nuclear family? Being alert to the experience will sensitize nurses to what it means and improve awareness.

Associated with marginalization and vulnerability are transitions created from dislocations, loss of networks, loss of support and new challenges (Meleis, 1996). Nurses deal with health illness transitions, developmental and organizational transitions with the goal to facilitate patient transitions. One goal of knowledge development is to enhance the perceived well-being and functioning of individuals who are in transition and to promote understanding transitional identities through describing the environments that constrain, support or promote health transition (Meleis, 1996). Recent discussions on culturally competent scholarship investigate the issues related to diversity, marginalization and vulnerability due to age, social class, culture, race, gender and sexual orientation (Hall, Stevens, & Meleis, 1994; Meleis, 1996; Meleis & Im, 1999). Civil status is not addressed. A great deal of knowledge is situated at the margins, the marginalized are intimately familiar with mainstream ideas but this is not reciprocated
(Hall, Stevens, & Meleis, 1994). Nursing has a responsibility to recognize this and tap into it. Research on the normal healthy single person could provide invaluable insight to self-awareness and health behaviors that could be applied to other populations.

Isolation refers to being alone, desolation is the process of becoming alone. Again, there is a danger to create stereotypes because people do not fit the definition. When people are marginalized, they are stripped of their voice, their power, and their rights to resources (Hall, 1999; Meleis, 1996). This is a very powerful statement, and even more powerful if we as health care providers label someone or group as marginalized. Who are we with such arrogance to do such a thing? But Nursing has marginalized its own, just as other professions have marginalized nursing. Does the associate degree nurse afford the same privileges and respect as the doctorally prepared? Think of the male nurse and the stereotypes that are still being overcome not only within the profession but to the public. Hasn't nursing been criticized for its philosophical inquiry, for its way of conducting research, that is doesn't have its own knowledge base, but must borrow from other disciplines? Marginalization is often paired with vulnerability, alienation and exclusion (Anderson, 1981; Drew, 1986; Hall, 1999; Hall, Stevens, & Meleis, 1994; Meleis, 1996). Any person's deviation with the "norms" is met with negative pressure (Hall, 1999). The source of this disciplinary pressure is untraceable because "judgement is diffused with the network of society, and subsequently, judges now include doctors, clergy, social workers and nurses" (Hall, 1999, p.92).
Alienation is often the subjective experience that accompanies marginalization (Hall, Stevens & Meleis, 1994). Alienation results in dissatisfaction from one’s perceived association with a negatively valued activity, person, group or culture and causes an altered relationship with the self (Younger, 1995). No matter how much the traditional foundations of society change, there are lags in the establishment of institutional structures that support a lifestyle “deviant” from mainstream culture (Schwartzberg, Berliner & Jacob, 1995). One can take the form of “despised”, in which a discrepancy exists between the person’s preferred ideal and actual self, similar to the definition of loneliness (Younger, 1995). Because of the dreaded image of desperate, many singles deny a part of themselves that feels deprived while overstating their satisfaction with being single. Most singles carry with them a deep longing for a relationship (Lewis, 1994). Anything less results in a process of self-evaluation of who they are, and what group they are currently labeled under. The next section is a brief discussion of self-evaluation with the goal of becoming more self-aware.

Self-Awareness. “Riding the ox in search of an ox” (Anonymous, cited in Skinner, 2000, p.191). Eloquently stated by Lewis Mehl-Madrona, “Who are you? Where did you come from? Why are you here? Anyone who can answer those three questions will be well…” (Cited in Skinner, 2000, p.29). Much of the difficulty in any navigation is overcoming the obstacles one encounters along the way to the destination (Sternberg & Spear-Swerling, 1998). The definition of self and the process of becoming the self is still debated in the disciplines of psychology, sociology, anthropology and philosophy, and
without resolution on who is correct. There are many theories that discuss the means by
which one becomes self-aware and self-understood, as well as discussion as to the
purpose or benefit of achieving self-awareness.

"The person who cannot grow, who experiences his own being and the being of
the world as "frozen" is its present status, is in hell" (Jourard, 1971, p. 68). The
assumption is that growth equates with change in a valued direction, and anything but
growth results in the forsaken state called 'hell'. The non-aware self is responsive to
rewards, costs and other factors in the immediate context, with little regard for self-
concept congruence (Vallacher & Nowak, 2000) "When we experience the power of the
self, there is an absence of fear, there is no compulsion to control, and no struggle for
approval or external power" (Chopra, cited in Skinner, 2000; p. 169). One might be
tempted to say love, selflessness, inner peace and happiness as ultimate goals, and once
achieved, maintaining it becomes the next journey. Self-awareness and self-acceptance
can also promote understanding and acceptance of others (Cook, 1999). Who has it, who
doesn't? Does marriage guarantee it, or perhaps is marriage part of the necessary pathway
to achieve inner peace and self-awareness? The following is a brief discussion of the
concepts self-awareness and its relation to the single person.

Achieving self awareness is often metaphorically compared with a voyage that
has historically infiltrated literature, Shakespeare in Julius Ceasar wrote, "all the voyage
of their life, is bound in shallows and in miseries", Walt Whitman in Aboard at a Ship's
Helm, "But O the ship, the immortal ship! O ship aboard the ship! Ship of the body, ship
of the soul, voyaging, voyaging, voyaging" (Cited in Sternberg & Spear-Swerling, 1998).
Depending on the school of thought, induction of deeper sensitivities and awareness is achieved through: solitude and alonetime (Buchholz, 1998; Moustakas, 1972; 1961) through suffering (Miri, 1976; Younger, 1995), becoming a moral agent (Barresi, 1999), through self-disclosure (Drew, 1997; Jourard, 1971), through personal narratives (Barresi & Juckes, 1997), though love and intimacy (Ornish, 1998; Powell; 1989; Skinner, 2000), through the personal navigation of a voyage (Sternberg & Spear-Swerling; 1998), evaluative coherence (Vallacher & Nowak, 2000) and through participation in cultural practices (Markus, Mullally, & Kitayama, 1997). This list is by no means exhaustive, but shows the complexity of self-awareness.

Often people are identified through their roles and expectations, and often spends a great of life trying to discover who he is, and once that is discovered, spends the rest of his life playing the part (Jourard, 1971). What is the role and expectations of the single person? Does failing to live up to the roles and expectations placed on them by society, culture and family affect their health?

The self-categorization theory embraces that social category and group membership become part of self-concept (Abrams, 1994). Self-categorization as a member of a group changes accordingly to perceptions of social norms and its congruence with either the salience of the private self (personal identity) or public self (social identity) (Abrams, 1994; Morse, 1997). Self-acceptance and self-concept include beliefs about one's attributes (personality traits, abilities, physical features, values, goal
and roles) and thus uncertainty in acceptance and concept of the self reflect conflict and instability in self-understanding (Campbell, Assanand, & Di Paula, 2000; Cook, 1999). Identity is reinforced when one’s existence is acknowledged by another (Drew, 1986; Jourard, 1971). When one feels out of place, or made to stand out, there is a separation of the body and the mind, which can lead to shame and embarrassment (Drew, 1986; Anderson, 1981). Awareness of this separation has consequences that affect the body-mind-spirit system. Our bodies, minds and spirits are sensitively interconnected parts; nothing can happen in one of the parts without affecting the other two (Cousins, 1979; Jourard, 1971; Powell, 1989).

There is a pervasive thought in nursing literature about self-awareness, the thought that nursing has overlooked the relationship between the individual and society and the extent to which one is the product of the other (Cook, 1999). The traditional view that supports and values individuality, seeing humans as self-contained unitary individuals who carry their unique traits deep within, and society as separate, with the goal of understanding the dynamic relationship between them (Cook, 1999; Morse, 1997). The implications of this philosophy focuses on the inner feelings, meaning and reactions to a supposedly external reality, which inhibits examination of behaviors and issues associated with the construction of realities, and ultimately contribute to a sense of alienation (Cook, 1999).

A qualitative study on 37 always single and single again women revealed they must create new rules, accept the ambiguity and continue to challenge familial and
cultural stereotypes (Lewis & Moon, 1997). The resounding theme was that single women have unresolved or unrecognized ambivalences about being single (Lewis & Moon, 1997). Research focusing on the lived experience of single and never married women had self-acceptance emerge as a theme, summarized by one participant, “I have to remind myself that I am here [single] largely because of my choices” or “I’m free to work on a lot of self-disclosure, I have the energy to figure out who I am, where I am going…” (Dalton, 1992; Lewis & Moon, 1997). But there is negative aspects as well, accepting that part of them that will never be developed in a relationship because of their choice to remain single (Lewis & Moon, 1997). Self-reliance also emerges, accepting the responsibility that “I am everything in my household” (Dalton, 1992). The single person is left with an incomplete picture because of this ambiguity.

Within nursing, self-awareness serves the purpose through which a greater depth of meaning and understanding enables intentional and conscious use of self for more open and honest relationships with others (Cook, 1999; Jourard, 1971). Processes to expand self-awareness were found in recent literature and involved such concepts of self-disclosure, reflection and articulation of meaningful experiences and interpersonal interaction (Drew, 1997; Drew & Dahlberg, 1995; Hall, 1999).

Finally, the process of becoming aware of “being single” predicates that a process accompanies this experience. Morse describes a five-stage model that seeks to explain strategies employed to preserve integrity and the inner, private and public self in response to acute and chronic illness. Individuals seek self-comforting strategies to mediate the
experience of acute illness. The degree to which one's identity is affected depends upon
the number and salient aspects of the self that are lost in response to chronic and acute
illness (Corbin & Strauss, 1987; Morse, 1997). The first of five stages is vigilance which
is denoted by an attempt to maintain control to preserve the self, as loss of control results
in loss of awareness and loss of self (Morse, 1997). Stage two is disruption, where the
world is perceived as changing and hostile; stage three is enduring to survive, striving to
regain the self. This stage is characterized by pain (physical). Strategies are developed to
block the pain. The person feels vulnerable, dependent and fearful. Stage four is
suffering, where there is an attempt to restore the self, grieve establish goals, heal and
understand. Stage five is learning to live with the altered self, learning limitations,
reevaluating and reinterpreting life and learning to live as the new person they have
become (Morse, 1997). These strategies are geared toward preserving the integrity and
preservation of the inner, private and public self. This concept has not been applied to the
single person. Comparing the stages with data collected in this study may produce a
similar process.

Summary

As the numbers of single people continue to grow and social attitude become
more accepting, the experiences of this group should be expanded. The single person
carries the weight of unconscious stereotyping and thus far, has done so without a strong
voice. Being connected means a sense of membership and belonging in the human
community. This sense of belonging is sometimes referred to as meaning (Younger, 1995).

Prominent concepts that have been discussed in this chapter include loneliness, aloneness, vulnerability, marginalization and self-awareness. Marginalization and alienation are concepts although not implicitly stated in the literature, single women considered “deviant” by society certainly invites the association with the concepts. Vulnerability is usually assigned to the frail and helpless, but based upon new vantage points, single women are prone to this as well.

This study aims to identify the meaning of the experience of being single. Nursing’s responsibility is to assess the unique concerns of the single women during this time and assist them with accomplishing developmental stages and accept this stage as a valid life choice. Some of the concepts presented in this chapter may provide links to improving the process of caring for single women.
CHAPTER THREE

METHODOLOGY

This chapter describes the research design and methodology of this study as well as its usefulness in examining being alone for the single person. Sample, setting, protection of human subjects, data-generating question, data collection, data analysis, trustworthiness and credibility will be addressed.

Design and Methodology

The humanistic aspect of nursing is characterized through attributes of caring, humanism, nurturing and empowering to enhance healing, health and wellness. Research to understand the phenomena associated with these concepts historically has been done through a positivist paradigm (Rose, Beeby & Parker, 1995). Nursing is unique because of our presence in people's lives, through the act of listening; nursing acknowledges the person's self and their world. (Munhall & Boyd, 1993). Qualitative research methods offer an alternative means to develop knowledge that coincides with nursing beliefs, values and aims in both process and meaning (Munhall & Oiler Boyd, 1986). Qualitative methods encompass human experiences and realities through persons in their natural environments to produce rich, descriptive data that expands understanding (Boyd, 1993). One purpose of qualitative research is sensitization, which serves to effectively communicate insights about experiences to positively impact quality of care through awareness and meaning (Boyd, 1986). A qualitative research method was chosen for this
study to expand nursing’s awareness of being single for the never-married woman over age 30.

One of phenomenology’s founding philosophers describes phenomenology as the process of grounding knowledge about reality; one must look to reality, or to go “back to the things themselves” (Crotty, 1996). Herbert Spiedgelberg, a well-known historian for the phenomenological movement summarized seven elements of phenomenological method: investigating particular phenomenon, investigating general essences, watching modes of appearing, exploring the constitution of phenomenon in consciousness, suspending belief in existence and interpreting concealed meanings. The first three elements are considered essential for phenomenological research with variations for the remaining steps (Crotty, 1996).

Phenomenology is a philosophy whose purpose is to describe phenomena, in the broadest sense, as whatever appears in the manner in which it appears, as it manifests itself through the lived experience, in an attempt to get to the truth of matters (Moran, 2000; Streubert & Carpenter, 1999). It is the study of essences that elucidates phenomena to which people attach meaning through subjective experience, not from a personal perspective, but from the perceived world (Munhall & Oiler, 1986).

Phenomenology protects the subjective view of experience as a necessity to full understanding of the nature of knowledge (Moran, 2000). Additionally, understanding the object of the experience is essential. There is no object, which, in any meaningful sense, exists apart from the subject (Crotty, 1996). In presentation, something is presented. In
experiencing the essence of the phenomenon, the subject is aware of the object, and with this awareness, the act can then be characterized (Crotty, 1996). Experience bears to the object, and subject and object are united through description. The object is sought within the subject, fact is through interpretation, phenomena in consciousness (Crotty, 1996).

The lived experience emphasizes the focus of human involvement in the world (Boyd, 1993). Phenomenology understands that people do hold mysteries, have different understandings and reactions, despite all that is known about the phenomenon, inherent or perceived. This is called intentionality, which unionizes the object and subject (Crotty, 1996). The idea that to know something is to become that something. Phenomenology studies this process and blends the individual experience of the individual with the object that they are experiencing.

Phenomenology was used to explore the experience of becoming aware that one is single. Merleau-Ponty speaks to this as “that which grasps its object as it comes into being and as it appears to the person experiencing it with the atmosphere of meaning surrounding it” (Crotty, 1996) To summarize, phenomenon are defined as the immediate object of awareness in experience, as it establishes itself and takes shape in our consciousness, perceiving the object in its native state (Boyd, 1993; Crotty, 1996).

Perception refers to the original awareness of the appearance of phenomena in experience and is constituted in one’s perspective (Boyd, 1993). Experience can only be known reflectively, as it refers to living through a situation, event or circumstance
Phenomenological method focuses on the sense of what appears, the way it appears, how it is established and how it takes shape in consciousness (Oiler-Boyd, 1993). The concretely experienced phenomenon of 'being single' is the focus of this study. Phenomenology seeks to free the objective of being single from conceptual presuppositions (Oiler-Boyd, 1993). The lived experience is thus experienced, whether or not the person is aware of it or not. Common themes are extracted to discover the essential structure of the phenomenon of interest. The goal then is to describe the lived experience as understood by those living the experience (Oiler, 1996).

Unveiling the object and recognizing the lived experience is done in part through setting aside the natural attitude toward the world, disrupting the roles, knowledge, beliefs, habits and veils so that what is being examined is exposed (Munhall & Oiler, 1986). This process of recovering original awareness is called reduction (Munhall & Oiler, 1986). The outcome of reduction is the appearances of phenomena as they are given in perception, prior to interpretation and explanation (Munhall & Oiler Boyd, 1986). Setting aside personal theorization's and purifying our consciousness to reveal the concept as it is intuited, it is not constructed or formed (Crotty, 1996).

Reduction is achieved through a process called bracketing, which is a suspension of the natural attitude, the meanings and understandings that are created historically, from existing in the world. Crotty critiques nursing for deviating from Husserl's bracketing,
which is described as a first-person, self-reflective process in an attempt to achieve clarity and certitude (1996). He accuses nursing for bracketing their own presuppositions and preconceptions, but then fails to include this process for the participants. Nursing’s phenomenology then becomes merely a description of what their participants are describing to them (Crotty, 1996).

Despite the obvious need for debate on this, phenomenology has been progressed from many perspectives; his attempt to invalidate the process because of a different reality limits its potential and expansion. What Crotty fails to realize, despite his own definition of time and space, the possibility that experiencing the phenomenon and the process by which it occurs may not have occurred, meaning that the person may unaware of the phenomenon until they are asked to describe it.

The first element of Spiedelberg’s essentials involves this very process of watching the appearing and exploring the phenomena in consciousness, what appears, how it appears, the way it appears (Oiler-Boyd, 1993). The phenomenological process may indeed be the emancipation from preconceptions, and being there in this potential transition is what nursing is all about. Nursing capitalizes on both the experience through dialogical interaction, and on the experience through the subjective description of the experience.

As stated earlier, experience becomes known after the fact, when we reflect on it. When we turn back to see it, we are experiencing a new experience, and possibly be aware of our awareness, recognizing that knowledge is interpreted reality. Reflection on
experience opens up possible modes of awareness, which may be instrumental for freedom to choose among the alternatives that now present (Munhall & Oiler-Boyd, 1993).

No one consciously plans to live life naked to the world; phenomenology is the unclothing of the experience to reveal the essence, the truth, what remains. This allows for exploring what might be known, rather than what is already known (Oiler-Boyd, 1986). The single person can be alone for many years before they realize that they are indeed, alone. Some never realize it. The phenomenon of being single as it appears in immediate, primordial awareness out of a direct, intuitive relationship with it, may present itself through the process. The phenomenological method engages the researcher into the experience as it is lived. In our wonderment of the world for other's, nursing must be attentive to these potential transitions of becoming and allow the person to live it, if need be. Attending to participant’s responses understanding how realities are constituted, may potentiate self-awareness for participant, researcher and the profession of nursing.

This method is appropriate for the present study to examine the lived experience of being alone as a single person, because it may be profoundly personal and difficult to observe externally and define objectively. A study based on the lived experience of being single will enhance further understanding and research in this developing area for the profession through description, reflection, and direct awareness.
The purpose of this phenomenological study is to describe the essential structure of the lived experience of being single for the never-married woman over age 30. This leads to the research problem statement: What is the lived experience of being single for the never-married single person over age 30?

Sample and Setting

The purposive sample method was used to select three study participants. Participation selection to achieve redundancy in or saturation of data can be done with two to ten participants, although no set criteria is established (Munhall & Oiler-Boyd, 1993). The sample size of three provided a reasonable amount of data to obtain beginning theme categories and essential structure, but redundancy was not expected. This method of sampling selects individuals for study participation based on their particular knowledge of the phenomenon of study (Struebert & Carpenter, 1999). Inclusion criteria were as follows: never married single people, age over 30, living alone independently without dependents, significant others or roommates, willing and able to fully discuss their experience. The age over 30 was selected because the likelihood of marriage declines after this age for those who have not married before this (Burnely & Kurth, 1992; Dalton; 1992; Gordon, 1994). Living alone establishes the objective context of aloneness in the physical sense. No effort was made to control for gender, education, religion, socioeconomic status or cultural background.

Study participants were identified through the researchers social group and recommendations from friends, classmates, and colleagues of the researcher. Participants
were contacted a minimum of one month prior to data collection and offered the opportunity to participate in the study. Demographic information was gathered to provide an account and dimension of the context for the study. Information about age, ethnicity, education, employment status, chronic health problems, health insurance, current relationships, and housing accommodations were obtained.

Protection of Human Subjects

This study was proposed to the University of Arizona Human Subjects Review Committee (Appendix A). The nature of the study and the potential risks were fully communicated to the participants. Informed consent was obtained from each participant and they received a copy of the consent (Appendix B). The policy of voluntary participation was exercised and continual renegotiation of consent was employed as unforeseen events or circumstances arose. Additionally, the impact of being a participant was continually considered throughout the study. Confidentiality was assured through the use of pseudonyms for all participants and used throughout the study. Any information that linked the identity of participants was omitted from transcripts. All audiotapes were secured in the researchers home. Participants were made aware that names and identifying information would not be transcribed and that authorized personnel would have access to information.

Data Collection

Each participant was given the data-generating question one week prior to the interview to encourage a thoughtful response and reflection. The initial data-generating
question was, “Please describe your experience of being single. Please include all your thoughts and feelings related to this experience in as much detail as you like. Describe the experience as fully as possible, until you have said all you need to about this experience.” Subsequent open-ended questions and comments were used for clarification, to elicit further information and obtain more detail or enrich descriptions. Probes and questions such as, “tell me more about that” or the use of silence to allow for reflections were employed. Field notes were taken to document any non-verbal information. The interviews were continued until the participant was unable to think of anything else to say. The final question asked, “is there anything else you would like to add about your experience?” Interview length ranged from 40 minutes to 90 minutes. Upon a negative response, the interview was concluded. A professional transcriber transcribed the interviews verbatim for data analysis.

**Setting.** The researcher conducted all interviews in a place as chosen by the participant. Setting for the interviews were in private residences or quiet conference rooms. Attempts to limit distractions were made and interruptions during the interviews were rare. All interviews were completed on the initial visit with the participant and no further clarification was needed.

**Data Analysis**

The three transcribed interviews were analyzed using Colaizzi’s method of phenomenological analysis (1978): a) acquire a feeling by reading and listening to the interviews; b) extract phrases and sentences that directly pertain to the investigated
phenomenon (significant statements); c) restate specific statements into generalized statements; d) from significant statements, attach meanings, validate, and develop formulated meanings without losing connection of original statements; e) aggregate and organize formulated meanings into themes, clusters of themes, and categories, then compare with original descriptions to validate and examine for discrepancies; f) assemble themes, clusters and categories into an exhaustive description; g) formulate the exhaustive description of the investigated phenomenon into a clear statement of identification of its fundamental structure; h) compare the structure and validate with participant the structure comprised by the researcher, work in any new data into the final product.

**Trustworthiness and Credibility**

Several procedures were used to ensure trustworthiness and credibility of the findings. Criteria were established by Guba and Lincoln (1989). Credibility refers to the trustworthiness of the findings and is demonstrated when participants recognize the reported research findings (researchers realities) as their own experiences (realities) (Streubert & Carpenter, 1999; Guba & Lincoln, 1989). Several techniques were used to ensure credibility. Peer debriefing is a process of engaging with an objective peer, tentative analyses of the findings (Guba & Lincoln, 1989). Findings of this study were reviewed with the committee chairperson, two other committee members and peers of a qualitative analysis class. The purpose of peer debriefing is to “test out” the finding with those who have no contractual interest in the situation (Guba & Lincoln, 1989).
Progressive subjectivity is a process which monitors the researcher's own developing construction. It is intended to provide a check to ensure that the researcher's construction is not given privilege over that of anyone else and is inherent when Colaizzi's procedure is used (Guba & Lincoln, 1989).

This was accomplished by the author providing a personal statement regarding the phenomenon of interest prior to engaging in data collection (see chapter one). During data analysis, this personal perspective was revisited by the thesis committee chair to ensure bracketing.

Finally, member checks were conducted. Member checks verify that constructions collected compare with those offered by participants (Guba & Lincoln, 1989). Participants were contacted and findings of the study were discussed with them. This process was conducted both during data collection and data analysis stages. Participants were encouraged to correct errors of fact and/or interpretation.

Transferability is compared with external validity and generalizability and is established through a thick description of an experience. Provision of an extensive and careful description of time, place, context and culture of salient hypotheses facilitates transferability judgments for those who wish to apply the study to other situations (Guba & Lincoln, 1989).

Dependability is parallel to reliability and is concerned with the stability of the data over time. It refers to the changes and shifts in constructions that occur due to boredom, exhaustion or intensity within the data (Guba & Lincoln, 1989). Analysis of
data was systematic, using Colaizzi’s method of phenomenological analysis (1978).

Dependability audits rely on judgment and will be enhanced with the use of an audit trail. Additionally, the committee chair, a phenomenological researcher, was consulted throughout the analysis procedure to validate appropriate transitions in analysis.

Confirmability assures that data, interpretations and outcomes of inquiry is rooted in contexts and persons separate from the researcher. A Confirmability audit verifies the process through an established, trackable, documentable process as well as a confirmable bookkeeping system (Guba & Lincoln, 1989). An audit trail and data were tracked and systematically ordered on hard copy using computer software Word 2000. Significant statements were identified and numbered for restatement and formulated meaning.

Tracing to original statements is possible through the trail.

Summary

Phenomenology has shown to be useful when studying the lived experience, and it allows for the richness of the experience to be illuminated. Colazzi’s method of analysis was used to construct the essential structure without losing the meaning of the experience. Trustworthiness was achieved through maintenance of credibility, transferability, confirmability, and dependability of the data.
CHAPTER FOUR

ANALYSIS OF DATA AND PRESENTATION OF FINDINGS

Chapter four presents results, including a description of the sample, an exhaustive description based upon analysis of the interviews and the essential structure. The exhaustive description is a discussion of themes, theme clusters and theme categories derived from over 900 significant statements. Thirteen theme categories, 48 theme clusters and 86 themes were identified from the data. The essential structure describes the experience of being single for the never-married woman over 30.

Description of the Sample

Four never-married women over the age of 30 participated in the study. All four interviews were listened to and three were analyzed for the experience of being single. In order to maintain a homogenous sample, the fourth interviewed was eliminated from further analysis after review with the thesis chair. It was determined that the essence of this interview captured something other than being single.

Interviews were conducted in a place chosen by the participant. All women were living alone in either an apartment or house that was rented or owned. Ages of the participants ranged from 30 – 40 years. Three of the participants were previously involved in self-defined committed relationships that lasted from fourteen months to four and a half years. One participant was never in a self-defined committed relationship. None were currently in a committed relationship at the time of the interview. All participants were Caucasian and each was employed full time in a recognized profession with health insurance. No one listed any chronic health problems that required
medication or treatment. All were at least high school graduates; three had completed their Bachelor’s degree.

Kathy

Kathy is a 40-year-old, articulate college graduate that told her story like a story. Her ability to recall details from years past was incredible. She presented her story in a systematic and well thought out way. She had written down thoughts prior to the interview, but soon disregarded them after starting the interview. The interview was conducted in her apartment, all the blinds were pulled and the only lighting was from the overhead kitchen light. Unpacked boxes were stacked in the corner of the dining room despite her living there for nine months. There was a sense of sadness in her voice, and she spoke of some disturbing experiences in her past that are still haunting her today.

Lori

Lori is a 32 year-old, articulate college graduate, who told her story rather matter-of-factly. She took approximately 15 minutes to begin to relax in the interview. Initially her arms were crossed during the interview, but with time she was able to relax her body posture. Her description of the experience was short and to the point, but yet with a unique way of being rather insightful to her own experience. In her own way, she presented her experiences of coming to where she is today in logical and intriguing style, almost as if the listener was growing with her. This interview was conducted in a private residence in an open well light room.
Kim

Kim was a 30-year-old, energetic and articulate college graduate that injected humor and wit in describing her experience. Although nervous at the beginning of the interview and wondering if she would have enough to say. Soon Kim relaxed and told her story. She engaged in a shorthand style of speaking that involved conversations that she had with others and asking and answering her own questions. Her interview became a process for her in which she walked and talked herself down a road of self-discovery and answered her own unresolved issues.

Exhaustive Description

An overview presentation of the thirteen theme categories and theme clusters extracted from the data are presented in Table 1. Each theme category is presented in table form including theme clusters for each narrative section. Direct quotes from the interviews are provided to enhance understanding of each theme category.

Theme Category: Establishing a Pathway for Becoming Single

Participants described several areas that pointed them to a place that perhaps promoted their single state. These are not necessarily precursors to becoming single, but rather commonalities that contribute to establishing a pathway to become single. Several theme clusters were identified that enabled the single state of each participant. Theme clusters in this category include: (1) Choosing/Living a non-traditional pattern of living, (2) Independent, (3) Becoming established with being alone, (4) Familial support and influencing thought, and (5) What makes me single.
<table>
<thead>
<tr>
<th>Theme Category</th>
<th>Theme Cluster</th>
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<tr>
<td>Establishing a Pathway for Becoming Single</td>
<td>• Choosing/living a non-traditional pattern of living</td>
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<td>• Independent</td>
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<td></td>
<td>• Becoming established in being alone</td>
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<td>• Familial support and influencing thought</td>
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<td></td>
<td>• What makes me single</td>
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<tr>
<td>Experiencing the Awakening of Being Single</td>
<td>• Seeing self as &quot;coupled&quot;--not part of those who are &quot;single&quot;</td>
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<tr>
<td></td>
<td>• Left behind--Awareness of a changing social network around them</td>
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<td></td>
<td>• Looking at the world through new eyes--The Awakening</td>
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<tr>
<td>Realizing that Happily Ever After Begins with Yourself</td>
<td>• Awareness of need for self-care</td>
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<td></td>
<td>• Finding comfort</td>
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<tr>
<td>Taking Care of Self</td>
<td>• Comforting self</td>
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<td></td>
<td>• Developing, fulfilling and improving self</td>
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<td></td>
<td>• Maintaining self—Self-sufficiency</td>
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<tr>
<td>Establishing and Redefining the Social Network</td>
<td>• Establishing and expanding social network</td>
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<td></td>
<td>• Feeling connected with others</td>
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<td></td>
<td>• Attributes of friendships</td>
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<td></td>
<td>• Experiencing change, loss of connectedness or no connectedness with relations</td>
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<table>
<thead>
<tr>
<th>Theme Categories</th>
<th>Theme Clusters</th>
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<tbody>
<tr>
<td>Coming to Wholeness – The Pathway to Feeling Settled</td>
<td>• Fragmented, Cluttered, Missing something, not living to full potential, not part of the whole</td>
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<tr>
<td></td>
<td>• Defragmenting self—Removing the clutter</td>
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<td></td>
<td>• Feeling settled</td>
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<td></td>
<td>• Evaluating—Reevaluating and self-talk, analyzing why</td>
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<td>“Know Thyself”</td>
<td>• Defining self as single—solo</td>
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<td>• Defining self in a negative light</td>
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<td>• Defining self as helpful</td>
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<td>• Defining self as “Social beings”</td>
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<tr>
<td>Answering the Question: “Why Aren’t I Married?”</td>
<td>• Comparative analysis of relationship scenarios</td>
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<td>• Answering the question, “Why aren’t you married?”</td>
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<td>• Hindrances to having a relationship</td>
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<td>• Feeling complete “as is”</td>
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<tr>
<td>Wanting Happily Ever After – Realizing That There No Fairy Tale Endings or Beginnings</td>
<td>• Visions of love, relationships and marriage</td>
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<td>• The “wantings”</td>
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<td>• Comparing with others</td>
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<td>• Dismissing fantasy thoughts—Knowing the reality</td>
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TABLE 1. Theme Categories and Theme Clusters.

<table>
<thead>
<tr>
<th>Theme Categories</th>
<th>Theme Clusters</th>
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| Comes With the Territory      | • Thinking the clock is ticking  
                                 | • Socializing and dating experiences  
                                 | • Having freedom or accessibility to do things  
                                 | • Living without boundaries: Going your own way  |
| Being Single on Noah’s Ark    | • Feeling different from norm  
                                 | • Judged or labeled because of societal expectations  
                                 | • Getting beyond borders of traditional thought  
                                 | • Not fitting in  
                                 | • Having to defend self to others  |
| Pains with Being Single       | • No one to share the load  
                                 | • Not having a check and balance system  
                                 | • Just being alone  
                                 | • Missing pieces  
                                 | • Lonely and miserable  |
| Things that aren’t part of Being Single | • Dealing with family  
                                 | • Celebrating milestones  |
Choosing or living a non-traditional pattern of living. All participants expressed conscious decisions before the age of thirty to not marry at a young age with conscious decisions to be on a different pathway. Kathy, at the age of twenty expressed this process well, “when I saw those people getting married, it was like, too young, I, that just wasn’t for me. I’m glad that I was able to go off, on my own, and start, further my education. But, going back and forth to college, I just heard terrible stories about married life, and how, the two that I did know get married, one got a divorce and one committed suicide. And I just thought, I like to be by myself...”. Kim speaks to this concept, “to me getting married at 25 seems so young, but that’s what people did.” Establishing career and self before marriage were priorities for the participants. Again Kathy relates this, “I didn’t want to get married at age 18...I wanted to get through my college and then think about my career and get the education out of the way.”

Independent. This theme cluster is a necessity for the single person. There is the ability to do things on their own and without the presence of another. Lori’s statement, “but I’ll go for a hike by myself, or a bike ride by myself, and, and I still enjoy that, that’s still enriching me in spite of the fact that it’s not a social situation” summarizes this concept well. There is a sense of defiance to having someone by their side, Lori again, “Cause I’m not gonna sit home myself and not do anything.” The ability to pick up and travel without anyone also resonates the sense of independence in these women. Kim states, “cause I’ve done things, like I’ve traveled alone and people can’t imagine, first of all traveling so often.” The ability pick up, do activities and leave their things behind is a natural tendency for these women.
Becoming established in being alone. This was a common theme for all participants. A sense of self-security is established with the participants as they learned to be alone which released them from the pressure to fulfill self in a relationship. Lori: “but I think it’s probably as I become more established and more comfortable and more OK with being by myself, then I don’t look as much.” A joy comes with being alone that is expressed by Kathy, “and so in college then, I had no roommates, and it was nice because I had the place to myself.” Being alone seems to instill confidence. Kim: “people think that same about being alone is that, ‘I could never make it by….’ maybe they’re scared to make it by themselves…and I was thinking that, confidence, is that sometimes I’ll like be places, and I’ll feel very confident about being just by myself.” Establishing this confidence and comfort are ways that enhance the ability to remain alone.

Familial support, influences and acceptance. Family support for these women in the decision to be single also emerged. Families were perceived as accepting of the lifestyle, even encouraged these women to remain single. Although the type of support provided was not related in great detail, participants indicated the family accepted, even tolerated them and provided a place of support. Lori: “I know that I have family that no matter how obnoxious I am, they are still gonna care for me and love me.” Kim discusses familial acceptance, “My parents are not like, ‘you need to be married, you need to find someone.’ My mom’s comment is, ‘I’d rather have you happy and single than miserable and with someone.’...And I have an older brother who’s not married. And so it’s accepted in our family.” This sense of acceptance is important when feelings of being different are present.
What made me single. “Destiny thinking” or following a life course was a prevailing theme for one of the participants. She is convinced that her life is the way it is due to a higher power. Kim states, “you belong to a path, like it guides your path, and I think I’m pretty much where I’m suppose to be right now. I’m very religious in a sense, that there’s a plan for me. And yeah, I have, can make decisions in it. But I think there is a plan for me." She later goes on to say, “Because I think, we’re put on this thing, to think it’s this, like, continuum.” The influence of religion was limited, and this was one of the few places in any of the interviews where it was discussed.

Experiences from childhood were isolated to one participant, Kathy. Her childhood experiences may have influenced her thinking later in life as an adult. Impact made by others at a young age may have predisposed this woman to low self-confidence and self esteem. She felt different from others as evidenced by her description of an early self portrait, “Everybody else painted with the, tried to do the perfect face, the perfect hair, and the perfect eyes, and I came in with, my eyes were over on the left side of the page, and my head was kind of like up like this, looking up, and you know, I did an abstract painting. I thought it was because I felt like I was different from everybody else.” Later, “I didn’t know how to come, how to get across to them that, I’m OK, not everybody looks the same, and it’s alright to look different.” These experiences led to a sense of freedom in being alone, “actually I enjoyed being by myself, because I was able to do a lot more different activities and drawings, it didn’t bother me because it kind of gave me freedom.” Being alone became a place of safety and security for her. “ It didn’t bother me even to be at home by myself, and do things by myself. It made me feel easier,
make me feel easy and safe, when I was by myself.” These childhood experiences and the resulting comfort behaviors will be further evidenced in other theme categories for Kathy.

Theme Category: Experiencing the “Awakening” of being Single

The theme category experiencing the awakening was captured at end of one of the interviews. It is the thought process that precedes the phenomenon of being single and entails a shift in thinking from giving up childhood dreams to being “left behind”. It is an awareness of the shift in social structure that in turns evokes the awakening. Theme clusters in this category are (1) Seeing self as “coupled” rather than “single”, (2) Left behind—Awareness of a changing social network, and (3) Looking at the world through new eyes—The awakening.

Seeing self as a “coupled” rather than “single”. A pervasive thought, almost sympathy, is hinted at within this theme category. Seeing self as “coupled”, rather than “single”, establishes the opportunity for subsequent stages to occur in the awakening process. The participant expresses respect for those who are alone or are seen alone, giving the impression that the participant does not categorize herself as single. Again, this cluster was mentioned in only one interview, the youngest participant. Kim: “And I give a lot of credit to people who are by themselves, but then you wonder why, like even when I see other people by themselves. I met a friend the other day at dinner, and he was eating by himself. And we were going to get together and do schoolwork. And I walked in, I was like, ‘how come you’re eating by yourself? ’” Although subtle, it is an important indicator of the mindset of this participant.
Left behind--Awareness of a changing social network. This theme category was found in all three interviews. Each participant experiences a shift in their social structure due to a loss in connectedness with others who have moved to committed relationships or marriage. Kathy: "thirty-nine and forty have probably been the loneliest two years. It’s because the friends I’ve made out here have gone on and got married, had children.” Lori, “within the last, probably five or six years, a lot of my friends that I used to hang out with have ended up getting into relationships and/or getting married, and having children...although I still hang out with them, it’s just a different kind of relationship.”

Additionally, participants spoke about others trying to make them comfortable in a “coupled” setting and not accentuate their “singleness”, but in the process, the participants feel singled out. The shift that others take to make you feel comfortable is captured by Kim: “But then you get to that point and there’s no one else single to meet and you’re the only one out there...because when people try and invite you over, you feel like they’re trying too hard. Like you don’t fit in.” These experiences become the necessary paths for the awakening.

Looking at the world through new eyes—The Awakening. The awakening becomes an important phenomenon for all the participants. Two of the participants speak to this retrospectively, as if they had already experienced this, one walked through the process during the interview. Retrospective recollection was described by Lori, “I’ve kind of come to the realization that I need to be that person that I am...and if, someone comes along that is a need that I have, then I might end up in a relationship, that leads to
marriage or whatever, and if it doesn’t happen, I’m going to be OK...I’ll be OK if I never find one.”

The process of walking through *awakening* was difficult for Kim. Although she did not cry, her voice was shaky and quivering when she spoke these words,

“ That can be a problem I think I’ve had, is that sometimes I’m just not happy and it has nothing to do with anyone else, I blame it sometimes, about being single. I’m not happy because I don’t have a companion.... the problem is with me, obviously if I’m not happy and get down to that point, why not? And maybe you get there faster because you don’t have all the other things, like, or other people in the way, in having to get there. And what you’ve got to change about yourself, to get happy. Cause it is you. It’s hard.”

She then goes on with her realization in saying, “ you don’t have the house with someone, you don’t have the bills with someone. Everything’s yours...you can kind of hide behind other things when you’re with someone, but when you’re not, you really can’t hide behind anyone.” This statement leads into the next theme category.

**Theme Category: Realizing that Happily Ever After Begins with Self**

This theme category captures the aftermath of *the awakening*, the realization that being on your own requires learning self-care skills and finding the means to comfort self. This category was prevalent in two of the interviews. As mentioned above, the third participant did not experience *the awakening* until the end of her interview, which may explain why significant statements found in the theme clusters, learning self care and
comforting self were rare. Clusters include: (1) Awareness of need for self-care and (2) Finding comfort.

**Awareness of need for self-care.** This theme captures the process that no one is going to take care of you, except you. This area was predominating in Kathy’s interview, the 40 year old that overcame many negative childhood experiences. She relates her experiences of neglecting herself and the subsequent health related results of such neglect. She states, “It’s odd, because at work I take care of everybody, but I’m not taking care of myself. I had my annual physical and they weighed me and did the body fat test, and believe me, I haven’t been taking care of myself. I let work interfere with my health and well-being.” Or, “I’m at the point now where it’s unhealthy. I’m a health risk, I’m at the point where I can even have a heart attack.” She discusses her thoughts to doing this self care, “I envision me taking care of myself by saying, you know, the job’s going to be there tomorrow, and I need to start taking care of myself, or I’m not going to be there tomorrow.”

A part of learning self care is the ability to set goals, take the time for self, and realize past behaviors. Kathy: “And I need to give my time to myself…. this next six, seven months needs to be for me. I think if someone else were in my life right now, I’d be just like at work. I’d be giving everything at work to these other people, and in my home life and personal life, I’d be giving everything I can to this person to make him happy.”

**Finding comfort:** This theme cluster refers to the happiness that is found within oneself. Finding comfort is used as a means to protect oneself. During times that are
uncomfortable, it became important for all participants to learn places or activities where comfort was found. All participants described experiences that involved being in a place where there were others similar to them or in a group setting where they were not singled out. Lori emphasizes the positive impact of her social group, "being around people...that grew up with very similar values, has reinforced how positive that could be." Kathy describes a group setting, "she [friend] tried to get me to fit in a little bit and feel a little bit comfortable, once I felt more comfortable, well then, I was smiling and having a good time." Kim found that living in big cities was a place where she found comforts, "in the big cities, it's more acceptable to be single, and to be out and be meeting people."

Finding comfort was also described as a protective mechanism when faced with new experiences of the unknown. Kathy: "And I had just kept myself in this little safe cocoon...I had still made my security blanket, which was my home." Or using the cocoon to protect self from criticism, "I'm back in that little cocoon because I don't think anybody would like me the way I look."

**Theme Category: Taking Care of Self**

This theme category describes means by which participants took care of themselves. Within this category the theme clusters of (1) Comforting self, (2) Developing, fulfilling and improving self, and (3) Maintaining self—self-sufficiency were present.

**Comforting self.** Comforting self differs from finding comfort. *Comforting self* identifies multiple activities through which nurturing is attained due to the fact that there is no significant other present. *Comforting self* was prominent in Lori's interview, but all
participants mentioned means by which they were nurtured despite not having a
significant other. Lori, the only one with a pet describes her relationship with her dog
with human qualities, “I have one of those things that really has brought a lot into my
life, is believe it or not, my dog. There’s really something to when you live by yourself to
having someone that’s always excited to see you. And that likes to cuddle up on the
couch with you, sleep in your bed when there’s no one else there, makes you go out for
walks, when sometimes you just don’t even feel like it.”

Kim briefly describes the need for somebody, “and I think we all do need
somebody, but they can, those spots can be fulfilled in different ways, like by a friend, or
by someone else.” Comforting self was also found in activities such as through one’s
profession and centering on self.

**Developing, fulfilling and improving self.** All participants identified *taking care
of self* through activities that “expanded the mind” or “challenged me”. Travel was
identified as fulfilling, going to places such as Mexico and Europe and seeing how other
cultures lived. Improving self-image also became a self-care activity that seemed to
improve Kathy’s life. She summarizes, “and at the age of 30, I got braces...Because once
those braces came off, I went to Glamour shots and I got all these pictures of
myself...and I was smiling all the time.”

**Maintaining self—Self-sufficiency.** Participants described ways to maintain
themselves physically and mentally. Lori mentions this briefly, “for the most part I can
take care of myself as far as medically and physically, and exercise and that kind of thing,
one way I really care for myself is that I make that a priority." Self-sufficiency was not an area that was extensively discussed by any of the participants.

**Theme Category: Re-establishing and Redefining the Social Network**

This theme category describes re-establishing a social network after experiencing the awakening. Establishing a network is an ever-evolving process for anyone whether single or not. For the single person there was clear evidence of consciously deciding to expand the social network. The social network of the single woman was expressed by participants as (1) Establishing and Expanding the Social Network, (2) Feeling Connected with Others, (3) Defining Attributes of Friendships, and (4) Experiencing Loss of connectedness or No Connectedness with Relationships.

**Establishing and expanding the social network.** Conscious efforts by the participants to expand their social network occurred after describing a change in their established social network. The ability to establish friends not only in a group setting but also with individuals is also important. Lori: "probably about two years ago, I made a conscious decision to try and do things that allowed me to meet additional people....I don’t just do things with the group, but I do things individually with some of the people I’ve met through the group."

Establishing self away from family was also an important theme that emerged. This was especially true for Kathy: "it’s time for me to kind of give up the crutch, the security blanket. I needed to get rid of the security blanket, and actually be a sociable person....and I think as long as I had my family too close to me, I would just go home
with my aunt and uncle and cousins, and just socialized with them.” The need to be
established not only with family but also with those of the opposite sex was discussed.
Kathy again explains, “now I had two guys I did things with socially...so there was not
pressure, the dating pressure, and it made me feel very comfortable.”

**Feeling connected with others.** Feeling connected with others provides a sense of
belonging and fulfillment through a relationship that eventually leads to sustaining the
participant in the future. Feeling connected with others was achieved through sharing of
common experiences, but also through having things in common. Kathy describes a
friendship with a woman from work, who was completely opposite from her in looks and
social network: “we were like Siamese twins, and we were just like connected
everywhere we went.”

**Attributes of friendships.** Enjoying friendships emerged from the participants both
as a means to do new things but also to be out socializing instead of being home on a
Friday or Saturday night alone. Kathy, “I enjoyed it...I’m not spending a lot of time by
myself.” Enjoying friends opened the door to being open to possibilities of what they
could bring into their life. A description of learning from friends in their differentness
and their ability to share common experiences was also expressed.

**Experiencing loss of connectedness or no connectedness.** Part of any social
network involves change and loss. This includes loss of relationships with boyfriends and
the loss of vanished hopes of realizing that “the one” is not actually the one. Kim
expresses differences with an old boyfriend, “this one guy I dated a long time ago, he
thought it [love] was a feeling. I said, ‘it’s not a feeling, cause feelings change and go
away', and we had a very big difference on that.” Kathy summarizes the realization of someone not being the “one”: “But now time has passed and I know them both better...God, now I know why they were not the one...ten years down the road, realize no, he wouldn’t have been the one.”

**Theme Category: Coming to Wholeness—The Pathway to Feeling Settled**

Coming to wholeness conveys the process or journey that one takes to become whole and the components that are part of this process. Lori: “in just processing and evaluating my life, and in deciding where my priorities were, and from all of those things kind of came together to be kind of a personal journey. I think its been kind of an evolution.” Themes clusters in this category include: (1) Fragmented, Cluttered, Missing something, not living to full potential, not being part of the whole, (2) Defragmenting self—Removing the clutter, (3) Feeling settled, and (4) Evaluating – Reevaluating, self-talk, analyzing why.

**Feeling fragmented, cluttered, missing something.** All participants described incidences or feelings that pointed to this phenomenon, whether it was feeling as though something was missing professionally, personally, or emotionally or feeling unsettled. A feeling of being incomplete in some aspect of life was pervasive throughout all interviews, in addition to having something that they were seeking. There was an unease associated with these feelings. Lori discusses how searching for something contributed to feeling unsettled: “I was maybe searching a little bit, professionally, and so that made me a little bit less settled personally.” Kathy talks about not living life fully: “I was going to be 30, in the back of my mind is, ‘Kathy, you need to start...living, outside of your little
tiny cocoon. There's so much out there that I had not experienced at the age of 29, that a lot of people probably had experienced at the age of 22 or 23." Feeling unsettled became a means to evaluate the situation and many times was a precursor to coming to wholeness. Lori again talks about this process: "I didn't have some pieces of a core social network that I felt like I was seeking. So as those things have come more in place, those hindrances, almost to feeling settled, go away, then, there's more of a peace."

Clutter was defined by the participants as things that lead to feeling unsettled and fragmented. Lori states, "almost like the clutter, the fact that before I wasn't settled in my job, I was moving more frequently, ...those hindrances, to feeling settled go away" The pervasive feeling was that being mobile and transient are things that inhibit feeling settled. Participants recognized this feeling of fragmentation, not whole, and they initiated steps to become more settled. Lori: "I've done some things in the last couple of years that really have helped me feel more settled and comfortable. I kind of had to make those conscious efforts to do that...I do things that help develop my mind, which helps to develop my person." Defragmenting self and removing the clutter was achieved through organizing and prioritizing. It became a process where things are removed and sifted, to figure out who they are as a person. Lori: "that was getting rid of all the other things around to figure out who I was as a person."

Feeling settled. Participants described the peace that was achieved after coming to wholeness. Many areas emerged that provided a sense of feeling settled, or "feeling relaxed in my own skin." It was described by Lori, "I feel like I don't have to look for a next step, changes will happen, I'll go do things, I'll meet new people, but the core of
who I am is established, how I feel about the person that I am, 'Yeah, I think that I am OK.'" Feeling comfortable being alone was also described as a way to feel settled. Kim states: “Sometimes I’m by myself and I think it’s great, and I love the fact that I can do this and it makes me happy, like I can go to a movie by myself. It was something I think I had to do for myself to show me I’m still me and I’m OK. By myself.” Professionally feeling settled was also evident as participants described their confidence in careers and jobs. Kathy states: “That’s the one thing that I never had any doubt about, I knew what I was doing, I knew my job, and I could do it efficiently and correctly.”

**Evaluating—Reevaluating, self-talk, analyzing why.** All participants engaged in self-talking in their interviews. They had “solo” conversations as a means to figure out personal puzzles, speaking as if the interviewer wasn’t there. Participants questioned the motives of others regarding assisting co-workers with personal relationships. Participants also engaged in self-talk to forget painful experiences with others, to enjoy life, and praise self for accomplishing difficult tasks. The participants analyzed loss of relationships, and assessed their appeal to others. These instances of self-talk were vivid descriptions of the experiences to which they were relating. Kim relates this concept when discussing the situation when people ask her why she isn’t married: “I don’t know what I say to people, I say, ‘cause no one wants me’ or ‘I haven’t found anybody’ or, But am I really looking for somebody? Like, do you have to be looking? Cause you kind of answer it like that, ‘I haven’t found anyone’, does that mean I’m looking?” This analyzing within the interview seemed to open new doors for self-discovery and was part of the process to becoming whole.
Theme Category: Know Thyself

Know thyself refers to how participants define themselves in various roles, personally and professionally. It also includes an understanding of self and how the self works, thinks and functions. It includes the ability to understand oneself well enough to know limitations, boundaries and capabilities. Kathy’s statement: “And it seems like, when I set a goal, I reach it. It might take six, seven, eight months, or a year...and I think it’s an attainable goal.” Know thyself is the ability to be in tune to one’s likes and dislikes, Kim states, “and as I get older, you realize different things you want and don’t want. Like as opposed to when you’re 25.” Know Thyself includes the following theme clusters: (1) Defining self as “single—solo”, (2) Defining self in a negative light, (3) Defining self as helpful, and (4) Defining self as “social beings”.

Defining self as “single—solo”. There was almost a reluctance to actually say the words single and self in the same sentence. Lori starts her interview, “I’m 32, I’m not in any committed relationship, so I guess, I’m single category.” And Kim, “I’m, I’m, I’m alone, I’m not with anybody.” She then says, “By being alone, single, watching Ophra, you learn all these things about yourself.” Stating the obvious regarding their single state, Kim states: “I didn’t focus on the marriage thing, ‘cause that’s what I’m not’. The one thing I think about being single is that I don’t have a marriage person.” It was as if saying the words becomes part of the process of knowing self and accepting self.

Defining self in a negative light. Participants conveyed not being happy with themselves, or things about themselves. Although, having a negative self-image was difficult to determine whether seeing self in a negative light contributed to singleness or
was a result of singleness. Kim: “I’m not happy with myself, and things I’ve done, and decisions I’ve made.” Low self esteem and poor self-image was also a theme that emerged. “I don’t like mirrors. Before this apartment, I didn’t have one, I didn’t have one mirror in my other apartment. Not one.” Doubting self and exercising poor judgment was also evident. Kathy discusses her relationship with an abusive man: “How could I not guess that he was married with five kids, and how could I not have seen that he was going to be that type of person.”

**Defining self as helpful.** Although not a strong theme, a helpful caring self-definition was evident in two of the interviews. Kathy speaks to how she cares for others: “I’m always there to take care of my friends. I help them out whenever they need help. Whether it be baby-sitting, dog-sitting, house-sitting, moving, packing, cleaning, you know, whatever.” Lori speaks about being helpful in her professional life and the rewards she feels from doing so: “Work is important because it gives me the opportunity to reach out and help people…. I have a fair number of repeat customers, they come back and see me because they think that I did a good job.”

**Defining self as “social beings”** This theme was expressed by all of the participants. Kim: “I guess it’s a social thing. ‘Cause I guess we’re just social beings. When it comes down to it. And we do social activities, when you’re alone you’re doing like, you’re in the bathroom, or you’re like, sleeping. I mean, otherwise we’re very active people. Interactive with others.” Kim also expresses her philosophy of people pairing, “I guess is goes back to Biblical times, Noah’s ark. People think you’re suppose to be with someone else. And that’s just how it is.”
Theme Category: Answering the Question, “Why aren’t I Married?”

Part of being single is answering this question not only to themselves but also to others. Participants engaged in comparative analysis of relationship scenarios, and in the process of answering this question describe themselves in a way that may contribute to being single. There is also a sense of feeling complete that includes the concept of accepting aloneness. Theme clusters include: (1) Comparative analysis of relationship scenarios, (2) Answering the question, “why aren’t you married?”, (3) Identifying hindrances to being in a relationship, and (4) Feeling complete “as is”.

Comparative analysis of relationship scenarios. Participants seemed to have the energy to frequently analyze their ideal scenarios of marriage and relationships. Analysis before action pervades from their words. There is a sense of needing to be whole before they can expect themselves to give to another. This thought becomes a reason for them not to be married or in a relationship as well as a means to explain divorce or break ups.

Lori:

“My mentality about marriage has always been and I think that maybe the people I know that are in more successful marriages…there’s some symbolic things in wedding ceremonies that are basically that two wholes would come together and make a better whole, as opposed to two halves coming together and making one. The people that I know that’s been in the best, most successful marriages, are pretty comfortable with the person that they are before they come to marriage. That’s why people that get married so young have a harder time. Because they
haven’t developed who that self is, their vision of themselves is only as part of this couple.”

Participants frequently ask whether marriage is truly the answer to the question, ‘why aren’t I married?’ Kim relates, “Would it change my life in some way? It shouldn’t.” She reminisces of past relationships and wonders about life with this person: “God, if I would have married him or been with him, oh, it would have been awful.” Living this analysis process becomes the means by which the question of ‘why aren’t I married?’ is answered.

Answering the question, “Why aren’t you married?” Part of the process in answering the question of “why aren’t I married? is facing the question, ‘why aren’t you married?’ from others. There seems to be incongruence between how the question was answered to others and for self. Kim’s answer to the “little old people” who ask: “No one wants to be with me, no one’s asked.” Yet when people ask the question, “why aren’t you married”, analytical thinking begins and the question is interpreted. Kim: “People wonder why. ‘Cause you’re so successful, why don’t you have someone?”’ In answering herself, Kim’s interpretation is evident: “Like, what’s wrong, you’ve got all these other things going for you, then why aren’t you with somebody? And that’s how I feel it is. No one wants to be with me.” Facing the question from others becomes just as difficult as answering the question for self. Kim: “That’s the hardest thing. People just don’t get it. They just don’t get it.”

Hindrances to having or being in a relationship. Several themes emerged within this theme cluster. Participants gave the sense of inexperience or feeling unprepared for
committed relationships. Kathy: “I didn’t start dating until I was 29, it was my first date...you should at least date a couple of guys before you get married.”

Learning how to compromise or change routines were conveyed as difficulties that were experienced from previous relationships. Lori: “You both have to pick out the couch.” Seeing change or sharing with others are difficulties that stem from being established as single. Lori: “The longer you are single, the longer you’re by yourself, the more established you become being by yourself, the more difficult it is to invite someone else into that world, and be as comfortable with them being there as with you being by yourself.”

Participants identified certain “fears” as hindrances to entering or having relationships. Participants shared these common fears: fear of losing self in the relationship, fear of rejection, fear of intimacy, fear of incapability to endure hardships with mates and fear of the finality in their decision to someone being the wrong one. Kim speaks about her fear of choosing the wrong person, “the other person could drop dead two days after you’re married or could leave you, or all that kind of stuff...they could have all these terrible things happen.” These fears cause participants to head toward “safe turf” for protection. Kathy commenting on a dating service, “I picked the average guy that had a college degree, was interested in football or something I was interested in, like dancing. It was because I thought I’d be more acceptable to them.” There also is a fear and apprehension when they envision themselves in a relationship. The sense is that marriage is a once-in-a-life occurrence that requires careful deliberation, Kim questions
herself, "Would it change my life in some great way?" or, "Do I really want to be a part of that?"

Feeling complete “as is”. The sense of feeling complete without anyone was an attitude adopted by the participants and included the ability to stand still, be alone and accept being alone. This attitude of looking for a relationship is not so much of a priority. Lori: “If they don’t enrich what I already have, then I don’t see the point...I’m not going to be in a relationship that makes me less happy than I was before.” Kim states during the interview, “There gets to a certain point where you have to think about all these things [marriage/children], and I think it was 30 for me...you have to come to that realization, my life could be like this, and is it OK? Today it is.”

Theme Category: Wanting Happily Ever After—There are No Fairy Tale Endings or Beginnings

The essence of this category is wanting to live and find love in a fairy tale way and wanting greener pastures than the ones the participants currently were in. It is about dreaming and coming to a realization that life and love don’t always happen as it does in the movies. Participants express their desires and hopes in the future. Theme clusters identified were: (1) Visions of love, relationships and marriage, (2) The “wantings”, (3) Comparing with others; and (4) Dismissing fantasy thoughts—Knowing the reality.

Visions of love, relationships and marriage. Kim exclusively portrayed love and marriage as a soap opera - movie - fantasy. Considering the age of the participants, this fantasy thinking may be an early phase in single hood that is replaced with the reality of remaining single. Kim: “There was one guy on a plane once [I thought] “I need to give
him my number...Oh, he could have been the man I married.” All participants created the picture of what their idea of love, relationships and marriage were but none really discussed any significant relationships or expressed what love was, other than perceptions, ideals and concepts derived from family members and friends. Kim’s thoughts, “Love. It’s a decision.” She expands this thought based upon her mother’s philosophy, “that some days you wake up and you can’t stand the person, but you’re with them, and you don’t like them, but you love them...today don’t look at me, because you annoy me, so go away.” As stated earlier, Lori emphasizes the need for mutual fulfillment and to be whole before entering into a relationship.

A vision of having a ceremony was discussed briefly and was dismissed just as quickly. Kim: “For a while, like four years ago, I was very into having the wedding and having the party and the dress and all that, and I got over that. I realized it’s not about that, cause life happens and then all that’s over.”

There is a sense that having or being in a relationship is better than being single, this was an isolated theme with one participant, Kim. The pre-awakening statement by Kim is insightful, “The grass is always greener. You always think it’s better to be something that you’re not. Like it’s better to be with someone when you’re single.” This statement indicates that having or being in a relationship is the key to happiness and fulfillment. There is also wonderment about what others have. Kim: “you think other people are having fun on the weekends, because they have someone to have fun with” Or, “I do notice myself thinking about this...I was walking in to see if they have a wedding ring on...I always wonder what their companion looks like or what they’re like.” There is
a desire for something “built in” that does not require the effort and energy to plan or the necessity to plan... “You just want it to be there.”

The “wantings”. All participants stated their desire to eventually marry or be in a relationship. This theme cluster was especially evident throughout Kim’s and Kathy’s interviews. The wantings range from socializing to wanting a date, to wanting commitment, an established relationship, marriage, and a family. Kathy’s statement encompasses all these wants: “ I was looking for everything.”

Comparing with others. The realities of relationships as perceived by participants created a point of comparison for them to remain single. The ongoing confirmation that the choice to be single is better than being in a relationship. Kim: “But my married friends...you can see them, they’re not happy all the time. And they don’t necessarily like the other person all the time. But that’s how it is. And then they see me…” This carries into a thought process that everyone shares the same problems -- married or not. Kim again, “you see all these other people that are married and all have the these problems, ...you have the same problems they do.”

Dismissing fantasy thoughts—Knowing the reality. Unfulfilled dreams and expectations is the obvious downside of having fantasies and wanting fairy tale endings. Kim’s description of meeting the man she should marry is quickly dismissed. “If he was meant to be, I’ll see him somewhere again. I don’t need to beat myself up everyday and go stalk and find him. I thought about it for two hours after. But other than that, I got over it....I think that’s the romantic idea or something crazy, soap opera thing.”
Another part of knowing the reality is the fact that even if one is not in a relationship, others may be. Dealing with the frustrations of having friends that are “coupled” can be difficult. This again seems to be part of the process that one must take for the awakening. Kim implies that her social network contains couples: “If you say, ‘can you meet me for dinner?’ And they say, ‘oh my husband’s going to be home, and I have to hang out.’ Like, they have to be with him. I’m like, ‘oohhhh, whatever.’ And it gets me kind of mad sometimes…it really frustrates me. Like, ‘just do it. Who cares?’ You know, they just can’t.” Lori and Kathy discuss the loss of such friendships, but also discuss possibilities of meeting new people.

**Theme Category: Comes with the Territory**

This category speaks to the experiences that the participants had as single never-married women. The territory reveals common themes that participants described as their experience of being single. Although, not necessary to be defined as single, these experiences were identified as part of being single. Theme clusters for this category: (1) Thinking the clock is ticking, (2) Socializing and dating experiences, (3) Living without boundaries—Going your own way.

**Thinking the clock is ticking.** This is a theme cluster that addresses the inevitable aging that occurs, thoughts of having relationships and children are in competition with the biological clock. Despite stereotypical connotations, participants relate their awareness of age and the biological timeline of the body and the implications it has for one's life plan. Kathy realized in her mid-thirties that time was becoming an issue if she wanted a husband and family. This was readdressed when she turned 39. Kim sees the
clock as a means to measure stages and progression: "So I’ve been single for so long, and then I’m not to that next progressive stage." Uncertainty follows. Kim: "When you get to be 30 and you don’t have anyone, and you’re single, you think, ‘am I going to get to these next places, these next experiences?’" After uncertainty comes fear, “If I don’t meet someone by the time I’m such and such, and start having kids by such and such, it might never happen.” Being aware of unfulfilled expectations becomes a point of uneasiness, “as I get older and remain single, I find that it bothers me more and more sometimes to not have a companion.”

**Socializing and dating experiences.** This theme cluster is not exclusive to those who identify themselves as singles. Themes found under this theme cluster were dating experiences and associated components of socializing including overcoming one’s nerves and fears to ask someone out. The fact that people want to “set” you up with someone implies that if you are alone and single, you must be looking for someone, or that you are unhappy. Kim relates a conversation with her sister: “And she’s [sister] like, ‘do you do that [watch TV] when you’re lonely and bored?’”

Dating experiences shared by the participants were essentially negative relationships. Kathy discusses an abusive relationship and an alcoholic relationship she was involved in short-term as well as her being able to “get out” of them. Enduring dates without a feeling of connection also was related. Kathy relates her experience with a dating service that she tried; “I ended up with guys following me to the bathroom and standing outside, cause they thought I was going to leave.” Lori and Kim did not share any dating experiences.
Living without boundaries—Going your own way. For all participants, taking the opportunity and having the freedom to do things was important. The ability to enjoy other cultures, travel to new places, pursue education and career without the restrictions of a relationship or marriage, and go about daily business was both appreciated and a preferred pathway for participants. Kathy: “I’m glad. I’m glad that I was able to go off on my own and start, further my education.” Lori: “[I] do a little bit of everything and kind of have kind of unlimited opportunity to do that...and I try to take full advantage of those possibilities...just experiencing other cultures makes me appreciate what I have, it makes me realize how other people live lives that are different and are just fine.”

Participants realized that they have no one to answer to, no one to answer for, no one to blame for the way they were. They are free to make decisions without consulting anyone. They are able to come home and not talk to anyone or choose not be friendly or decide not to clean the house if they don’t feel like it. This recognition forces one to concentrate more on who one is. Kim: “Because you can’t throw things off on other people...everything falls back on you.”

Theme Category: Being Single on Noah’s Ark

An overwhelming sense of fighting against societal expectations emerged from participant interviews. A hint of resentment ensues as participants struggle with traditional views that “people pair” with the resultant question-concept, ‘what’s wrong with you?’ that has to be addressed. Theme clusters included in this category: (1) Getting beyond borders – Expanding boundaries, (2) Feeling different from the norm, (3) Feeling judged and labeled, and (4) Show me respect.
Getting beyond borders—Expanding boundaries. Participants make decisions to live outside the borders of the majority, living on the edges. Yet, there is a pervasive feeling that the parameter of what is normal should be expanded. Although, alienation was not overtly expressed, what is prominently perceived in the participant’s mind becomes the angle of focus and their interpretation of its significance, the focal point. Kathy discusses what societal expectations were when she made her decision, “you graduate high school, you should get married, and start your family. And then the guy goes off to college and the lady stays home.” Although, this thinking may not be currently as prevalent, as Lori states, “there’s a certain amount of ‘well you should be married by this time’ social pressures” that exists. Kim discusses the expectation that “people pair” which creates a feeling of not belonging.

“We get beyond all these other things in the world, like we accept people living together...same sex relationships...people still don’t want to accept, if you’re single and heterosexual, it’s not as acceptable...People want to pair people up, no matter how; even if it’s in the traditional way, or if it’s in the same-sex marriage way. As long as they’re paired up it seems more acceptable, because people pair. So what, they’re two guys living together, but they’re together and OK...people thing it’s wrong still, but they can kind of fathom it or can see it more. Rather, I’m just this normal woman who likes men, but I don’t live with any... ‘So, what’s wrong with you?’ ”

Feeling different than the norm. Understanding the reality of belonging to a group that has not joined the mainstream of societal expectations was evident in the interviews.
Frequent examples of not fitting in or a sense of being left behind their peers emerges. Lori: “If you look at the percentages… most people are married or have been married at least by this age.” Lori attributes this in part to the inability of someone to be comfortable with intimacy and sharing of oneself with another. Kim feels a strong sense of feeling different from any other ‘non-traditional’ lifestyle, “and if you’re divorced, that’s acceptable…at least you’ve been there, so they can say ‘oh, you’ve been married, so you’re OK. You’re still in the group where you’re OK.’ ”

Marriage is not the only area of feeling different. Kim felt different being single when living in a small town, “I lived in a small town once, and I was just kind of an out, I felt like an outcast.” Feeling awkward as the “fifth person”, Kim experienced this conversation, “Oh, you’re single, are you happy? Is it OK?” Kathy relates her experience of being 40 and only having two guys in her life that she wanted to marry, giving the sense of being unparalleled with others.

Feeling judged and labeled. Participants feeling different from the norm also felt judged and labeled by others. Primarily participants felt labeled based on the fact that they were not married by this age and were considered in a “limbo stage” Kim relates: “Older people will say, ‘honey, why aren’t you with someone? You seem nice.’ That doesn’t mean that everyone that’s not nice is single.” Also, being alone in public invokes a sense of being stared at and labeled. People going to dinner by themselves or going to movies alone are perceived by participants as unusual situations. Although they may not be necessarily uncomfortable with such situations, they feel that others are making
assumptions or passing judgment. Lori relates her response, “I’ve gotten to the point that I don’t really care as much about what other people think.”

Kathy’s experience was primarily related to being judged and labeled based upon her looks. She battled with weight her entire life and was self-conscious about this throughout her story. Her experiences of being judged and labeled focused on her weight more than being single or not married.

Show me respect. Participants wanted to be respected for who they were, rather than for their marital status or looks. Both Kathy and Kim relate similar stories about famous people accomplishing things and their praise to society for recognizing the deed rather than the marital status or image. Kim talks about Bill Gates, “and it was so cool, they focused on what he did.” Kathy talks about the sadness of being judged, “society still sees it that way, they look across a crowded room, they don’t like what they see, they’re not going to get to know the person on the inside if they don’t like what’s on the outside.”

Theme Category: Pains with Being Single

After all of the searching, sifting, sorting and removing the clutter, some painful realities reside with the participants. This final category about being single reaches sensitive areas within the participants. Clusters identified in The Pains of Being Single are (1) Not having a check and balance system, (2) Just being alone, (3) Missing pieces, and (4) Lonely and miserable.

Not having a check and balance system. Participants’ revealed a sense of an inadequate or deficient self-care system which requires a check and balance system. The
premise that another person is needed to look out for one's well being as well as assist with alerting the participant of negative body changes was expressed. Kathy discusses her current health status; "Sometimes you don't realize it until it's pointed out to you in a doctor's office. I'm not going to have a friend come up to me and say, 'you've gained a lot of weight, what's wrong?' I don't have anybody that cruel." This statement speaks to the philosophy that perhaps one does need a person to be a check, but that person does not necessarily need to be a spouse or significant other.

A lack of the check and balance also means there is no one to blame moods on or to take the blame for any sort of irresponsibility or insensitivity. Responsibility for who one is rests solely on the participant. Kim: "You can't throw things off on other people. Or, I'm this way because of so and so." Kim goes on to say that her unhappiness is sometimes blamed on being single, and not having the "other" person. She doesn't want to admit that it really comes back to her. There is no one to help share the load. Since "everything is yours", caring for "everything" becomes overwhelming. Kim, "I wish there was someone there, that I would have to ask and help me make decisions."

Just being alone. This cluster reflects coming to an end point where one realizes that one is "still by yourself." The excitement of entertaining yourself is no longer fun and the pains of isolation and feeling forgotten sets in. Kathy:

"Being single is just not fun anymore...it used to not bother me, I used to be able to entertain myself...there are times where I go, other than going to work, I would come home at night, ...two weeks will go by without getting a phone call from
anybody...it’s to a point in my life where...four walls is kind of hard to look at.

Every night. I look at four walls at work, so I’m always looking at four walls.”

Missing pieces. Besides the obvious lack of a spouse or companion, participants offered other things that are missing due to being single. There is no one to share the bills with, and there is the feeling that others are out having a good time while you remain home and watch TV. Participants feel incomplete because they don’t have that “built in” relationship. Lori talks about the loss of not having a family, “I really love children, and that probably would be the biggest thing that would miss out on if, I didn’t end up getting married and having children.” She also talks about not having the definite benefits of having someone care for you, although the benefits were not expounded upon.

Lonely and miserable. The final theme cluster identified with being single is loneliness and being miserable. All participants revealed some source of loneliness and misery. Coming to the conclusion tomorrow may be the same as today is a painful revelation. Contributing factors to feeling lonely and miserable were identified as moving to a new area and having no established support system, loss of friends through changes in relationships and just spending too much time alone. The resilience of being self-sufficient wears off. Lori: “I can’t always say that I’m happy being by myself.” Kathy: “just the last couple of years, being single have been lonely and depressing.” Kim: “she [sister] assumes that because I’m by myself, that I’m not happy. Which maybe I give her that impression a lot of times, because I am miserable.”
**Theme Category: Things not Exclusive to Being Single**

The final theme category was about experiences that are not exclusive to being single, and is not included in the exhaustive description. Chapter Five will include further comments on this category.

**Essential Structure**

The final outcome of a phenomenological study is a description of the essential structure of the experience, which is formed through an integration and synthesis of the common elements (Haase & Rostand, 1994). The never-married woman embarks upon a journey to being single. The following description was developed based on the themes from the data.

For the participants in this study, the lived experience of being single is multifaceted journey of many pathways. While it is difficult to establish the existence of a true beginning, there seems to be a definite establishment of a pathway to becoming single which includes conscious decisions to forego traditional expectations to marry and remain single despite what others are doing around them. The participants did not extensively discuss the reason for this decision but hints of independence and self-sufficiency are whispered throughout the interviews. Additionally, there seems to be a sense of foresight based upon the fact that all have completed college degrees and are working professionals.

The *Becoming Single* process continues with the establishment of being alone and the ability to not only survive but also become comfortable with, and even enjoy singleness. Participants relished in their personal and financial freedom to go, do and be
whatever and whoever they wanted to be, whenever they wanted to do it.

Accomplishments, both professionally and personally, living differently from others, surviving childhood and adult experiences and achieving self-sufficiency are celebrated. Many factors may contribute to *Becoming Single* including familial philosophical influences and childhood coping mechanisms that enabled the participant to take opportunities as they present themselves. Familial influence, support and acceptance allow the participants to remain on their current pathway and to establish themselves within their family of origin as single. In addition, within the ability to disregard what others are doing or thinking and swim against the current lies the capability to rise above societal expectations and overcome personal roadblocks. The aptitude formed by standing alone, incorporates and propels a sense of self-responsibility and accountability.

Beyond coming to the conscious decision to not marry at a young age, participants desire personal wholeness before marriage. As the journey of *coming to wholeness* continues, participants engage in an exploratory process that is analytical. This internal and external analysis becomes second nature and drives them to almost be indecisive rather than decisive. Constant evaluation of other relationships and how things should be push the single woman into comfort zones that do not include another person. Comfort is derived from processes to divert attention away from facing one's own reality, whether that is professionally or personally and leads to feeling unsettled.

Parallel to the analysis of what is happening around them, there is a shift in the established comfort zone of the participant. The social network seems to be initially stable constituted by people who are perceived as similar. As the experience unfolds,
there is a change and loss of those who are similar. The means to connect and be with others who are similar begins to change as friends pair up and enter relationships and marry. The participant is faced with feelings of frustration and resentment towards those who are moving in a different direction. This feeling of being left behind or surpassed by peers sends the single woman down a new pathway where participants come to a point in the road, the Awakening. This is an intriguing concept and involves a painful journey inward to the realization that one is standing alone. It is from this point forward that the rest of the journey seems to begin.

Accompanying the change in social networks is the overwhelming sense of feeling fragmented, unsettled, cluttered and surpassed. Although different concepts, the commonality of feeling incomplete pervades. The search becomes individualized, based upon the ways that the participants feel about themselves. Feeling unsettled and cluttered pushes the participant into finding ways to remove the clutter and become settled. This is done through a sifting, sorting process that, with time, walks the participant through the many places in life that are unsettled. There is a putting in order of things and prioritizing what is important. Feeling surpassed in social aspects becomes a journey to overcome internal obstacles about self-image and gain self-confidence and build self-esteem. Facing fears and personal barriers alone strengthens the resilience of the single woman and reinforces the capability to stand on one’s own. Feeling unsettled, cluttered and surpassed are necessary pathways to becoming settled. Eliminating the clutter leads the participant down a road of self-discovery to one of two places, a place where one is comfortable and accepting of life, or one that leads toward loneliness and misery. The
energy required to become more peaceful and relaxed in one's own skin delays and halts the search for companionship.

As the experience continues, the road to wholeness and inner resolve requires each participant to be alone and question whether the aloneness was comforting or distressing. There is the desire to want to be self-sufficient but this is often overwhelmed by the sense of wanting someone to share and do things with. The ability to establish effective comfort and nurturing measures is vital to one's stability and capability to remain single.

The ongoing search for wholeness, internal resolve and knowing self exposes the participant to the scrutiny of society, friends, family and even self. The loss of connectedness with friends who were walking the same path, along with the scrutiny of others, contributes to feeling different from the norm, and leads to a sense of both internal and external marginalization. Feeling labeled and judged precedes the demand for respect for who one is, not as one appears or is expected to appear. Getting beyond the traditional way of thinking becomes a battle cry and leads one to a point where one defends being single. There is a sense that one may even be more responsible and more self-aware than people in relationships. The marginalization again begins the analysis that is internalized and leads the participant to closely examine the validity of relationships and the associated bliss that is to accompany it.

A fear of relationships is supported whereby the participant expresses her own inadequacies as personal roadblocks that provide a reason to not enter into a relationship.
Additionally, the participant has a sense of feeling complete and fulfilled as they are in their single state, not necessarily waiting for the knight in shining armor to save them.

Enduring the pains of singlehood required that the participant develop and refine self-care skills. Part of self-care is the reestablishment and expansion of new social groups and dealing with the loss of others. The lack of a check and balance system predisposes the never married woman to lose her sense of boundaries which can affect health. Additionally, it can also open the door for isolation, if support systems fail or there is a change in the environment. Having the sense of ownership becomes a means by which one feels settled and can be a piece of creating stability around oneself when it is not within oneself. Finding a means to comfort and nurture self in the absence of a significant relationship is essential, since the responsibility to run the daily business of living falls only on self.

The process of being single seems to be ongoing, each year bringing new challenges and changes that must be adapted to. The phase of feeling complete as is may be just a transitional phase in the process. Participants may eventually and inevitably run into the path of loneliness. If not complete, there is a definite sense that things would be better, if only there was someone else in life to share things with. The passing in and out of phases was explicit. Single never-married women in their decision to remain single also decide to take a pathway that is guaranteed to be full of change and challenge.

Summary

The experience of the never-married woman over age 30 was illustrated in the exhaustive description and the essential structure. This phenomenon as described by the
participants is complex and ongoing. Coming to a point of peace and settlement with self
is vital to survival. The experience is rich with both hardships and celebrations, periods of
self-awareness and the emotions that accompanying this process. These women are
embarked on a journey that requires a unique sense of capability, determination and
resilience to whatever comes their way.
CHAPTER FIVE
DISCUSSION, IMPLICATIONS, AND CONCLUSIONS

The purpose of this study was to describe the lived experience of the never-married single woman over 30. The results of this study provide insight into the experience of being single for the never-married heterosexual woman over age 30. Although the findings of phenomenological research are not meant for generalization, they can assist and guide nurses and clinicians in serving this group and promote understanding of the experience (Haase & Rostad, 1994). This chapter presents methodology issues, links findings to the literature, and presents implications for clinical practice and directions for further research.

Discussion of Methodology

A phenomenological approach was used for this study and was beneficial in describing the lived experience of the never-married single woman over age 30. Phenomenological inquiry provides a means by which particular phenomenon and general essences are investigated, modes of appearing are observed and concealed meanings are interpreted (Crotty, 1996). Phenomenology’s purpose is to describe phenomena, in the broadest sense, as whatever appears, in the manner is appears, as it manifests itself through the lived experience as a means to get to the truth and gain understanding (Moran, 2000). Phenomenology protects the subjective view of the lived experience as a means to gain full understanding of the phenomenon with the end goal to describe the lived experience as understood by those living the experience (Moran, 2000; Oiler, 1996).
The phenomenological method used in this study provided a rich description of personal lived experiences of being single for never married woman over age 30. Common themes were extracted from the participant’s interviews and clinical implications and conclusions were drawn in order to increase awareness of this experience and reintroduce the single person’s significance into nursing and other health related fields.

The length of the interviews as well as the full and personal descriptions indicates that being single needs to be examined closely by others and that single women need to tell their stories. Although many commonalities were found among the themes, there were also many differences indicating that each participant’s experience is unique and individualized. This diversity in the data indicates that saturation was not achieved and more participants would validate the findings. Identification with any or all of the fourteen theme categories by no means captures the entire experience of being single for the women.

The data-generating question used in this study allowed women to tell their stories and may have uncovered material not obtainable from predetermined or semi-structured questions. The researcher made efforts to avoid guiding participants during the interviews, but attempted to allow them to talk freely without direction. An effort to allow open story telling is consistent with interviewing techniques proposed by Snow, Zurcher and Sjoberg (1982).
Discussion of Findings in Relation to Literature and Implications for Practice

Findings from a phenomenological study are specific to a time, place, and person. They cannot be applied to another setting. However, results of this study can be used to support other research findings, and can assist in fully understanding the phenomenon of being single for the never-married woman over age 30 in order to establish and guide knowledge for application in clinical practice. Implications are included to generate further discussion. Dialogue related to being single can be pursued. Many of the theme categories found in this study were difficult to relate to specific studies due to the limited research found on the never-married women’s experience of being single. Relativity to comparative studies was established through theoretical pathways and journeys that were not directed related to being single.

Establishing a Pathway for Becoming Single

All of the women found themselves on this pathway that created a comfort zone to be single and coincides with Dalton’s study that single women are part of a continuum; in the middle of the continuum are women who want to marry but made choices throughout their life that took them in a different direction (Dalton, 1992). Shostak also categorized the single adult into four separate categories, Ambivalents, Wishfuls, Resolved’s and Regretful’s (1987). According to his categories participants from this study fall into two categories. Ambivalents, those not seeking mates, but open to the idea of marriage and Wishfuls, those who actively sought mates, unsuccessfully to date. Categorizing the participants is not as important as realizing that single women shift on the continuum or between categories on a month-to-month, sometimes day-to-day basis.
Although, all participants indicated either the desire or openness for potential marriage, their choice to do so was extended at least beyond the age of 30. None of the women expressed the option of not marrying in the future, which seemed to create incongruence between their own life plan and reality. The discrepancy creates the potential for failure and unfulfilled expectations.

Common enabling characteristics that supported participant’s single state beyond their own conscious choice were the sense of independence and an accepting family. Understanding the single woman’s family is important since it seems to provide a sense of stability and acceptance for the women. However, it is by no means the single woman’s main source of social support. Health care professionals should note realizing that other support systems may be more influential in their attempts to assess and intervene. Since none of the women envisioned themselves as someone who would have to take care of themselves, assumptions regarding their main support are difficult to determine and to do so based on this study would be premature.

Allowing for their independent nature and the associated establishment of comfort to be alone are sensitive areas for these women. The perceived energy required to do what they are doing creates the need for support and confidence in themselves as capable individuals.

Other influences guiding these women as single adults were also evident. The health care provider should be open to the idea that the single woman’s life may be either a pathway or a result of childhood experiences. Childhood exposure to feeling and being separate from others certainly raises the possibility that this may be contributing to the
woman's single status. Larson's study of solitude and aloneness, found that too much
time apart from others is associated with lower well-being and is correlated with
loneliness and depression for all ages (1990). However, Larson also found that as one
ages, solitude is experienced as less lonely, that adults feel less alone (Larson, 1990).
These perspectives may contribute to the choices participants made in their adult life
about marriage and remaining single.

The Awakening of Being Single

The *Awakening* was an intriguing concept found in the data, that mirrors the
theme as described by Thomas and Retsas (1999) in their study of people with terminal
cancer. The study, related to spirituality, described a process called, “creating meaning”
which referred to a time when participants reach a turning point and take full stock of
their life for the first time (Thomas & Retsas, 1999). *Created meaning* involves the
supposition that life has focal points and when under the opportune circumstances, the
focal point becomes prominent and as a result, participants come to the realization of
what life really means. Identifying the initiator of the *Awakening* process is not the
primary focus but that life is now viewed through new eyes. Kim states, “cause then life
happens, and then it's all over.” This comment mirrors the one from Thomas and Retsas’
study with terminal cancer patients, “life’s too short”. Coming to this focal point is the
unique experience of being acutely aware, and for the single woman it is realizing her
single state and that she is alone. Schwartzberg, Berliner and Jacob (1995) identify the
emotional process of *facing single status for the first time* as a life cycle stage for the
single adult in their thirties (1995). This also parallels the process labeled the *Awakening*. 
Additionally for the single woman, the realization is not a permanent destination, but rather an awakening of the self that life could remain this way for a while and that there really is no one else to care for oneself. It carries with it the implication that self-reliance becomes a means of living rather than a goal to strive for and perhaps can be linked with the process described by Thomas and Retsas, as *Transacting Self-Preservation* (1999). Comparing with Morse’s five-stage model of preserving integrity in response to acute chronic illness as presented in Chapter Two, the process of the Awakening seems to connect in theory with the process (1997).

Prior to this awakening there seems to be a sense of connection between the single self and those who are in relationships. The “single” woman perceives herself as an equal in the “coupled” world without challenge or judgment. She associates herself as part of this world and disassociates with those who are alone.

As the shifts begin to occur within the once stable social network, apparently a process begins that creates a sense of feeling different or left behind. As the single woman tells her story, she indicates where she is in relation to this process. The single woman may not be receptive to discussion about being single during the time she identifies with the “coupled” crowd. The post-awakened single woman may be more receptive to examining ways to establish herself.

**Vulnerability.** The period deemed as the Awakening becomes potentially a point where the woman is vulnerable. This concurs with the emic view of vulnerability as explained by Spiers (2000). Spiers’ discussion on vulnerability assumes that people live the experience of vulnerability (2000). The physical presence of defined risk factors is
not required unless the perception exists that the self is threatened and the person lacks the capacity to respond (Spiers, 2000). Additionally, her view ascribes that vulnerability is universal and can only be determined by the individual experiencing it (Spiers, 2000).

Based on traditional definitions of vulnerable populations by Flaskerud and Winslow (1998), the vulnerable are defined as social groups who have an increased risk or susceptibility to adverse health outcomes. The participants in this study seem not to fit this definition of vulnerability. The exception is one participant who experienced weight gain and received a poor health report from her provider. Based on her previous life experiences, it is difficult to discern whether this is because of childhood experiences or being single. Although, based on a study by Sobal, Rauschenbach and Frongillo (1992), obesity is associated with single men but not with single women. One’s worldview and line of sight can become inhibitions to see things differently and may hinder the potential of defining a person “vulnerable” based on ‘what is being experienced’. Reevaluating the concept of vulnerability is warranted.

Although, the participants did not openly express feeling vulnerable, the potential for vulnerability to be present as an opportunity is apparent. The best means to assist the woman experiencing the Awakening may be in the act of just listening to her story. Part of the Awakening is found in the ability to blink back the tears, swallow and look at the world in a new light. Allowing the process to occur without external influence may be more beneficial than rendering aid. These concepts associated the awakening lend insight into the way that the single woman experiences this focal point in her life.
Happily Ever After Begins with Yourself

The theme category of Happily Ever After is the process of learning that happiness is an “inside job”. The theme clusters awareness of need for self-care and finding comfort were identified and are a continuation of the awakening. After the awakening, figuring how to care for the self becomes a focus that is necessary for stability. It is a period of determining what would be best for you. Action in any direction by the participant indicates growth. This concept relates to the transcendence that people feel after injury. Transcendence locates the person in a larger landscape in which the person is not isolated by the pain but brought closer to transpersonal source of meaning and to the human community that shares meaning (Younger, 1995). This category becomes the bridge that takes the participant from realizing that she is single to preparing herself to take action.

Taking Care of Self

This theme category seems to encompass other theme categories from this study. It is progression that can be associated with anybody. A person starts with basic survival needs and then establishes means to comfort, develop, fulfill, improve and maintain self to be self-sufficient. Taking care of self supports findings from Dalton’s study, in which the never-married woman is placed in a category of Singleness as Self-Reliance (1992). Taking Care of Self is consistent with Dalton’s findings of learning to find care, happiness and satisfaction (Dalton, 1992). Orem defined self-care as activities that individuals initiate and perform on their own behalf in maintaining life, health and well-being (Orem, 1991). Participants placed self-care as a priority in their life.
Findings from this study suggest that taking care of self through whatever means is essential to health and well-being. The participants describe taking care of self throughout their interviews suggesting that this is a continual process that does not end, nor can it, since taking care of self could be detrimental to their autonomy and independence. Recognizing this as a priority for single women provides insight for the health care provider that when assisting the single woman to take care of self, respecting her ability of self-reliance is as important as recognizing the necessity.

Establishing and Redefining the Social Network

Substitution theory as discussed by Barrett (1999) proposes that in the absence of a spouse or children, other close relationships are substituted in one's network. Barrett's (1999) review and study of the never-married social support networks, describes a difference in the composition from networks of those who are married (1999). Certainly, participants in this study validate the establishment of an alternative social system. There seemed to be a conscious decision to expand their changing social network. By stating the desire and need to establish a support system, the participants take initiative to care for the self. Participants' in this study expressed shared commonalities and connectedness felt with others, but do not offer much detail as to the significance that these people have for them.

Connectedness with others is a sense of membership and belonging in the human community. Connecting then becomes the desire to belong to someone or something, somewhere. Manifestations of this need for belonging in the world are present in
friendship, marriage, parenting, church, organizations, associations, and teams where persons of similar values and competence meet (Younger, 1995).

This phenomenon of connecting with others was validated for all participants. However, it is interesting that actual establishment of a social system was prominent for two of the participants, while the third was struggling with loss of a connectedness with her 'coupled' friends. Possibly, she was in a pre-awakened state, thus, the expansion of her social system was not part of her experience. The participant’s process of experiencing change and loss with her current social network lead to frustration and anger towards those who were “coupled”.

The specific characteristics of social networks was not discussed enough to draw conclusions about the significance that family or friends had. The importance of having someone that participants felt connected with was maintained. Acceptance in both loss or change of relationships were experienced for all participants and was consistent with findings in Dalton’s study that loss is part of being single (1992).

**Coming to Wholeness—The Pathway to Feeling Settled**

Dalton’s (1992) study discussed the category, “Singleness as a Transition”, where women described their experience of moving from a place where they felt desperate about their singleness to a place where they were more at peace. Gordon, in her study of single women defines ‘existential angst’ as a sense that single women need to construct their lives in order to make sense of it (1994). The sense of feeling fragmented, cluttered, missing something, and thus, incomplete, was strongly expressed throughout the interviews. It mirrors the discussion that Younger has about suffering in which the nurse
who is to become an effective healer must first deal with the shadow self (1999). "As soon as the dark corners of the self are discovered along with the light spots, the closed doors along with the drafty rooms, confusion dissipates, anxiety is removed and we are capable of creative work" (Younger, 1999).

Participants consistently expressed their efforts to remove the clutter and come to a place where they felt settled. Corbin and Strauss (1987) discuss this concept in relation to those with chronic illness. The degree to which one's identity is affected is dependent upon the number and salience of aspects of self are lost, the ability to discover new modes of action, transcend and come to terms with losses to build a new conception of the self around the limitations. Findings from this study validate this process through the process of coming to wholeness.

The process of feeling fragmented seems to be a predecessor to wholeness. There is a detachment from others that is countered by actively seeking social contact. Feeling settled is consistent with findings from Lewis' (1994) study of single heterosexual women. Lewis (1994) identifies a tasking for the single woman called being Grounded. It involves the concept of feeling grounded whether the woman is living alone or with other, owns or rents. It also includes feeling gratified with one's professional life and one's social life. This was similar to Dalton's (1992) category of Singleness as Self-Acceptance. Participants from this study were consistent with these themes in addition to feeling settled while being alone.

The process of Coming to wholeness encompasses the concept of self-awareness as an end result. There are several modes by which self-awareness is achieved. Drew
(1997) identified the processes of reflection, articulation and self-discovery as a means by which nurses expanded their own self-awareness through exploration of meaning. This is certainly echoed in the findings of this study of single women. Findings also support Cook’s (1999) discussion of self-awareness through experiential strategies in which self-awareness is pursued in the creation of the self as well as in the discovery of pre-existing entities, such as attitudes or belief systems (1999).

Gordon (1994) found it difficult for single women to avoid asking questions about the purpose and meaning of life. They spent a great deal of time talking about the grayness of life (Gordon, 1994). This study supports the continual evaluation-reevaluation, self talk, analysis theme cluster that emerged in this study. Coming to Wholeness for the single woman is important to understand for the health care provider as it emphasizes the complicated process by which self-awareness is achieved. Not all single women are self-aware, not all people are self-aware. It is a unique and individualized process for everyone. Insight into the single woman’s life process is a precursor for further understanding and awareness by the health care provider.

"Know Thyself"

Being able to define self was a process by which participants expressed who they felt they were internally. Knowing self is an insightful look at perceived and actual shortcomings, as well as views of self as single individuals desiring respect. Single women in the study also defined themselves as “social beings”. This negates some thoughts found by early studies on the single person, that they are not social beings, but rather prefer to be alone in their life (Cargan & Melko, 1982). This was not the case for
any of the participants especially in their adult life. Being "social beings" supports findings that the never-married in comparison with the currently and formerly married aged, 30-45 have more interaction with friends, relatives and neighbors (Barrett, 1999).

Gordon (1994) and Simon (1987) both did extensive studies on never-married single women and found there is the hesitancy of some single women to identify themselves as single. This was true also for two of the participants indicating possibly not feeling connected with the single crowds or perhaps in the saying 'I'm single', makes it a permanent decision.

**Answering the Question: 'Why Aren't I Married?'**

This category did not emerge as a major theme category in other studies done on never married women. Participants in this study seem to engage in a comparative analysis of relationships and marriage in which feelings vacillate between wanting and not wanting a relationship. The difference between knowing what they want and getting what they want becomes a point of stagnation for these women. It may signal their inability to release their desire for independence and freedom they have achieved and imagine the loss of self within the confines of a relationship. This mirrors discussion by Schwartzberg, Berliner and Jacob who describe the thirties as a time of considerable turmoil and confusion (1995).

Several factors were identified by the participants that may be hindrances to having or being in a relationship. The finality of marriage and not seeing marriage as fulfilling based on impressions of other marriages were prominent. There was an overwhelming sense of being unprepared for or inexperienced with relationships.
Participants described the more they remained alone for longer periods, the more they became established being on their own, which lead to difficulties with compromising and sharing. Being alone became the safe haven for them during difficult times in their life.

There are underpinnings of theory posited in McGoldrick's (1988) Family Development book that implicate many times individuals have a difficult time differentiating between fusion and intimacy. As the individual passes from an individual orientation to interdependent orientation of self, there is stress and upset that is determined by the degree of self that is brought into the relationship (Aylmer, 1988). The hesitancy to enter into a relationship based on not wanting to use it as a means to complete the self was evident with the participants as well as discussion about intimacy issues.

Single women interviewed in both Gordon (1994) and Clements (1998) studies were also asked, “Why aren’t you married?” Facing this question was an obvious source of angst for participants in this study, creating a sense of ‘what’s wrong with me?’ In presenting the question, a sense of uncertainty and the implication that the single woman is a problem. Some participants discussed their ability to shrug off the comments and questions made by others with indifference. The questioning by others is the feeling of differentness that participants of this study felt and will be discussed in a future section.

The negative aspects of answering the question, Why aren’t I married, were countered by a sense of Feeling complete "as is". Explicit statements by the participants indicated their acceptance of where they are at and realizing that the potential for a mate may not be there. This was identified in Dalton’s (1992) study in Singleness as Self-
Acceptance. Coming to a resolution to stand still is important for the single woman as it allows her to accept her situation and begin to move forward. The decision to accept their life "as is" is not necessarily a final step for the single woman, but rather enables her to make the present life as meaningful as possible. It does not mean that they are giving up marriage for the future (Schwartzberg, Berliner & Jacob, 1995).

Wanting Happily Ever After

The tendency by the participants to delay marriage until after 30 is not an indicator that they are not interested in marriage. All participants discussed their plans and visions to eventually marry. One participant in particular compared finding love with the movies or soap operas, but quickly dismissed these thoughts as fantasy. The talk of marriage is supported in interviews conducted by Gordon (1994).

Participants openly express the Wantings that they had for themselves. In these Wantings, there are the subtle themes of hope. Lewis (1994) explains the implications of hanging on the idea of marriage. Lewis' concept of Ambiguous Loss defines the result for those who are not averse to being married. It is the hope that they may eventually marry but the ambiguity of it not being definite leads to perpetual grieving (Lewis, 1994). The implications for the single woman is that they never have closure, grieve the loss of their dreams and move one. The ability to move forward without closure becomes a task that can consume and overwhelm the single woman.

Lewis (1994) suggests that understanding why a woman is grieving is just as important as what the woman is grieving (1994). Mourning of not having a mate may be possible, but facing the lack of clarity about the future is more difficult. Dalton (1992)
describes this phenomenon as Singleness as Loss, in which women ponder the loss of a soul mate, a companion and having children. These ideas are supported throughout the interviews of this study.

Comes with the Territory

*The Clock is ticking.* Erikson describes Stage 6, *Intimacy versus Isolation*, as the young adult emerging from the search for and the insistence on identity, is eager and willing to fuse his identity with that of others (Erikson. 1963). Erikson (1963) follows this with generativity, in which productivity and creativity are used as guides for the next generation. Lewis (1994) identifies that the obvious source of distress starts when the single adult accepts established time frames for generativity but childbearing hopes extend beyond the time frame expected. Following a pathway that is defined by life stages, family of origin or a current social network affected one participant in this study. Concerns about advancing biological age and the mismatch of the anticipated life plan and the actual life plan created tension and confusion for this participant. The idea that people pair and couple was seen as the norm. Health care providers must be sensitive to the loss and sadness that accompanies this loss and ambiguity.

The participants described *Socializing and dating experiences* on a limited basis. This limited discussion may be due to the fact that it was not currently a part of their life’s experiences. One participant who was involved in two abusive relationships shared negative experiences. Her description gave the sense of overcoming her own self-esteem issues and a self-confidence issue that was that was isolated in the findings. Perhaps, people do not talk about things that they have not experienced—the unarticulated
experience as described by Drew (1997). One cannot assume that just because dating experiences were not discussed by all participants, does not mean it does not exist for them.

*Singleness as Tradeoff* described by Dalton (1992) included the joys of having freedom and independence. Gordon (1994) also recognized this in her work as *Pleasures and Gains*. Freedom for the single woman is important. The participants attached significance in their ability to do things without anyone’s permission or time constraint. Also the importance of being able to enjoy opportunities to travel, engage in multiple activities and changing your mind was expressed. The contrast in their mind appears to be a woman who is married with children and tied down with more responsibilities. The ability to say they are responsible for who they are and do not have to rely on someone else to define them seemed to be a positive aspect of learning to enjoy single hood.

**Being Single on Noah’s Ark**

Dalton’s (1992) study describes the assumptions made by others of the single woman as, *Singleness as a Social Role*. Gordon’s study reveals that women were continuing to have traces of traditional and modern stereotypical comments made to them, and that being single still requires an explanation (1994). These findings were supported in this study. The participants gave numerous accounts of feeling different, judged and labeled because of societal expectations and norms. The labeling was something that was not only experienced but also perceived internally within the participants. Specifically, participants experienced social discomfort or the sense of being
“looked at” while out in public places alone in situations where they were ‘expected’ to be with someone.

Anderson (1981) presented findings on the depersonalization of health care in which participants felt excluded. The feelings of exclusion most often cited were helplessness, self-consciousness, anger, feeling out of place and insignificance (Anderson, 1981). Some of these feelings are supported in the findings for the single women of this study. Hall (1999) states, “any person’s slight deviation from ‘norms’ is met with negative pressure”. The women in this study all indicated feeling of being separate or different in their adult life, emphasizing in their minds that not being married is atypical. There is a sense of being left behind that instills sadness and frustration in them. The consequence of such labeling and separation hints at the concept of marginalization.

Gordon (1994) presents an argument for not labeling single women as marginalized in her challenge of the idea that marginality delineates a center, and the further one is located from the center, the more marginal one is (1994). Gordon suggests viewing marginality as a tendency rather than a place, where single women could move in and out of marginality or even define it in different ways based upon how the woman feels about herself (Gordon, 1994). While the participants did not explicitly share any feelings of being marginalized, the descriptions of being excluded, forgotten and made to feel uncomfortable in social situations are. One can argue that the feeling of marginality becomes the responsibility of the person experiencing it, in their own inability to deal with the present scenario they are involved in. Contrasting this is that others can
marginalize people through actions and comments. Participants from this study expressed a wish for society to redefine the societal norms, which currently seems to put them at the edges.

The idea of marginality is linked to vulnerability discussed by Hall, Stevens and Meleis (1994). They defined vulnerability as the condition of being exposed to or unprotected from health-damaging environments as a result of being marginalized from the contingencies of the environment (1994). Although environmental contingencies were not found, based upon the emic view of vulnerability presented earlier, there may be a link. The negative aspects associated with vulnerability are risk, while the positive aspect is resilience (Hall, Stevens & Meleis, 1994). Resilience includes the learned abilities of people to develop survival strategies in relation to their environment that differ from those at the center (Hall, et al., 1994). Labeling the single woman as resourceful and resilient masks many aspects that need to be considered when studying the single woman. The implication for presenting this is not to define a right or wrong answer, rather to invoke further thought and investigation on this topic and increase awareness.

Pains with Being Single

_Singleness as a Burden,_ described by Dalton (1992) compares with _No one to share the load_, in which participants discuss the burden of no one to fall back on. Participants from this study also expressed the lack of having a check and balance system. This supports findings from Umberson’s (1992) study of participants who lived alone. Findings indicate the presence of another person in one’s life is associated with better physical health and mortality. In that study, all participants lived alone. Findings
concluded that sharing a household with another adult constrains illness behavior (Anson, 1989). The quality of the social system for the single adult has been studied. Ren (1997) determined that marriage does indeed provide protective health effects for an individual provided the relationship is not under duress. However it was found that perceived emotional support is important for the unmarried, with varying influences on the health of the individual (Ren, 1997). The unmarried receive few of the reminders that married people receive through their spouse. One participant’s health was affected in this study but it is difficult to determine whether this was due to her single status or a lifelong battle with esteem and confidence issues. The other two participants did not discuss health as a concern in their interviews.

Another pain described by the participants was *Just being alone*. Gove and Hughes (1991) found that unmarried persons living alone are no worse than unmarried persons who live with others, and on some indicators they had better mental health. Only one participant from this study expressed the pains associated with being alone, she described feeling secluded and isolated at work and in her own home. She was 40 and one has to consider whether there are long-term effects of being alone. The other two participants did not express this angst of being alone. Gordon (1994) found that independence was connected with being alone. The author felt that this would be a major theme for these women. The participants in Gordon’s study did not seem to be affected by living alone. The presence of an active social support system seems to prevent the detrimental effects of being alone.
Understanding the choice to remain single comes with a price, *Missing pieces* describes a feeling of feeling incomplete or missing out due to they’re single status. There is a sense of loss and sadness for the participants with this. This was not explicated in other studies on single women, but may be within another category.

The participants in this study identified loneliness and misery although not to the extent that the author expected. Loneliness was also identified in the other studies that specifically were focused on never-married single women. Sussman, Steinmetz and Peterson (1999) state that 90 percent of singles are not lonely, they are alone. The lack of loneliness with the single woman living alone surprised the author, since loneliness is described as one of the stereotypical labels that have been assigned by society. Loneliness as expressed by the participants in this study seemed to follow long periods of social isolation, during holidays, after a change in the social structure or hitting the age of 39 and 40.

**Things not Exclusive to Being Single**

A small amount of the statements made by the participants seems unrelated to being single. Extension of familial roles as an aunt and having a family member influence thought. One participant also discussed celebrating milestones, such as graduating from college. These are common experiences for anyone and did not contribute to the experience of being single.

**Limitations of the Study**

The limitation in this study is related to its sample. Data from interviews with the three participants did not achieve redundancy of all theme categories. The interviews
provide enough data to construct a beginning framework and an essential structure of the lived experience of being single. A larger sample was needed to assure redundancy. Additionally, the sample for this study included women between the ages of 30-40. The differences in perspective based upon different life stages of singleness were not fully captured. The sample was also limited to Caucasian women, who were in full-time professional roles. All the women interviewed were working full time with medical insurance, and did not have chronic medical problems. Implications for this narrow sample restrict its ability to be extended to other never-married subgroups but qualitative work is not intended to be generalized.

Implications for Nursing Practice

Participants did not convey the health concerns that were expected by the researcher. The purpose of this study was to expand the awareness of health care providers to some of the experiences of the never-married single woman over 30. Seeing singlehood as a result of complex interactions between structural, cultural and biographical aspects provides a fertile ground for nurses to assist the single woman to construct an independent life or to find a place of peace and *feeling settled* until the next transition occurs. People need to tell their stories. The pressure to change from others threatens the composure, the integrity and the fulfillment of those we are attempting to change. It is the understanding of what others are experiencing that nursing becomes a source for refuge and strength and not as a place of judgment and labeling. Nursing has the capability to understand, that overcoming barriers to seeing possibilities for the future are essential in caring for the single woman.
Lewis and Moon (1997) describe eight developmental tasking for the adult single person. Although not all the theme categories presented by them were supported in this study, the health care worker should become familiar with existing literature in order to fully understand the single person.

Directions for Future Research

This study provides preliminary findings. They contribute to findings from previous studies on the Never-Married Single Woman over age 30. The purpose of this study was to describe the essential structure of the lived experience of being single for the never-married woman over 30 and is intended to add to the limited nursing literature on the topic. The age group of this study was limited to 30 – 40 years old never-married childless women who were not in a self-defined committed relationship at the time in the interview in order isolate women who were experiencing the phenomenon of being single. Women were not isolated to a specific cultural background, educational or socioeconomic status, however, all participants were Caucasian, working professionals, without medical disabilities or chronic medical conditions with full medical coverage.

Narrowing the focus to women age 30 – 35 may elicit the *awakening* process that was described. Expanding the focus to women in other cultural and socioeconomic groups would add to the richness found in this study. Additionally, extending the lived experience to men has not been reported to the author's knowledge in nursing literature.

Can you get to the *Awakening* without experiencing the loss first? Suffering as it relates to *coming to wholeness* is a theme that was briefly discussed as it relates to terminal cancer patients in the study by Thomas and Retsas (1999). They discuss the
concept of *transacting self-preservation* that seem to mimic the process described in this study. The presence of suffering or perceived suffering is not obvious when reviewing the lived experience of being single, but the connection in the process of coming to a deeper understanding of the self is a compelling concept for further study.

Nursing theorists that come to mind that may have complimented this study were Orem’s Self-Care Model, Watson’s Theory of Caring and Quinn’s Transpersonal Human Caring and Healing model (1999). Quinn discusses the Transpersonal as something that transcends the limits and boundaries of individual ego identities and possibilities to include acknowledgment and appreciation of something greater. Transpersonal can include: consciousness, intrapersonal dynamics, interpersonal relationships, and lived experiences of connection, unity and oneness (Quinn, 1999). The experiences of connection and unity open the doors of self-awareness as discussed by Cook in which the goal of self-awareness is to find communality and sense of connectedness with others rather than distinguishing ourselves as unique and separate individuals (1999). Imagining the connection between married and single people may be a reach, but as one participant from this study expressed, “you learn about yourself, and then you see all these other people that are married and all have the same problems...you have the same problems that they do.”

The concept of vulnerability and marginalization are intriguing when discussing singleness of women. Meleis (1996) states that transitions create dislocations, loss of networks, loss of support and new opportunities and challenges, and that transitions promote marginalization and vulnerability. The transitions that single women face
warrants investigating whether the transitions of becoming single predispose the single woman to marginalization and vulnerability, as well as alienation.

Considerations for future research for the single woman have not been exhausted. It has become a part of this author's personal journey to seeing new things about the life of the single woman. The thought of expanding the limited source of knowledge within nursing literature is a goal that will be continued forward.

Conclusion

In this study, being single emerges as a multi-faceted experience that identifies numerous commonalities for never-married women as a group but also isolates unique experiences for the individual never-married woman. Being single seems to be part of a process that does not necessarily occur in any particular order but rather includes key elements that occur based upon where the participant stands in relation to accepting single hood. Allowing for the voices to be heard from the sources breaks down the biases and barriers that lend to the marginalization and disenfranchisement of the single woman over 30 through not imposing normative questions that elicit normative answers.

For the never-married single woman independence and freedom are celebrated, as well as the ability to care for oneself and their subsequent self-reliance. Yet, there is an inevitable sadness for the missing pieces that these women must learn to deal with and fulfill through alternate means. The inner demons of doubt, confusion and fear exist in these women, but seem to be overpowered with the struggle for respect as the valid person they believe they are without the labels, the judgment and the expectations of society.
Nursing is in the unique position to experience listen to the stories of those we care for and assist to heal. It is important to continue to develop knowledge that reflects the nature and consequences of marginalization to health and illness. One of the future goals of nursing should be to reach out to diverse communities in order to more completely understand and assist in fulfilling their health care needs. Continuing to expand the on the experiences as told by these women as well as others that enter our nursing pathway are positive steps to understanding.
APPENDIX A

HUMAN SUBJECT APPROVAL

FOR ORIGINAL RESEARCH
12 February 2001

Anna Gruetzmacher, Master's Candidate
Advisor: Joan Haase, Ph.D.
College of Nursing
PO BOX 210203

RE: THE LIVED EXPERIENCE OF BEING SINGLE FOR THE NEVER-MARRIED WOMAN, AGE 30-35

Dear Ms. Gruetzmacher:

We received documents concerning your above cited project. Regulations published by the U.S. Department of Health and Human Services [45 CFR Part 46.101(b) (2)] exempt this type of research from review by our Committee.

Thank you for informing us of your work. If you have any questions concerning the above, please contact this office.

Sincerely,

[Signature]
David G. Johnson, M.D.
Chairman
Human Subjects Committee

cc: Departmental/College Review Committee
APPENDIX B

PARTICIPANT CONSENT FORM
UNIVERSITY OF ARIZONA HEALTH SCIENCE CENTER
SUBJECTS DISCLAIMER FORM

The lived experience of being single for the never married woman over age 30.

You are being asked to voluntarily participate in a study exploring the lived experience of being single. By responding to questions in an interview, you will be giving your consent to participate in the study.

The interview will take place in a location convenient for you and will last approximately one hour. With your permission, a tape recorder will be used. Your identity will not be revealed and your confidentiality will be maintained in all reports of this project. The audiotapes and transcripts will be locked in a cabinet in a secure place.

You may choose not to answer some or all of the questions. Any questions you have will be answered and you may withdraw from the study at any time with no consequences whatsoever. There are no known risks involved in your participation, however, experiences and feelings you choose to talk about in your interview may be uncomfortable. At no time are you required to disclose any information you do not want to and are free to withdraw from the study without penalty or consequence.

The overall aim of this study is to help nurses to understand the never married single woman population, so that nursing care can be holistic and comprehensive.

I can obtain further information from Dr. Joan Haase at 520-626-6175 or Anna Gruetzmacher at 520-579-6830. If I have questions concerning my rights as a research subject, I may call the Human Subjects Committee office at 626-6721.

Thank you.

Anna M Gruetzmacher
Investigator

520-579-6830
Telephone Number

January 16, 2001
Date
APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE

DATA GENERATING QUESTION
Demographic questionnaire

1. Current age: _______

2. What is your marital status? __________________

3. Primary residence: _______ Rent or own: _______

   Any one else living in this residence with you? ___ Yes ___ No

   If yes, relationship to you? __________________

4. Are you currently in a committed relationship?_______

   Have you ever been in a committed relationship: ______

   If yes, how long did it last?________

   How long since your last committed relationship?_______

5. Ethnic background:_________

6. Education: Highest grade completed: _____________

7. Employment status:__________ Primary occupation:________

8. Are you currently covered under any health insurance plan?_________

9. Do you have any chronic health or medical problems? ___ Yes ___ No

   If yes, list:

10. Are you currently taken medication? ___ Yes ___ No

   If yes, list:

Data Generating Question For the Study Asked in Interview:

Please describe your experience of being a single person. Please include all your thoughts and feelings related to this experience in as much detail as you like. Describe the experience as fully as possible, until you have said all you need to about this experience.
APPENDIX D

THEME CATEGORIES, THEME CLUSTERS, AND THEMES
## THEME CATEGORIES, THEME CLUSTERS, AND THEMES

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**Wanting Happily Ever After----**
Realizing that there aren’t always Fairy Tale Endings or Beginnings

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### THEME CATEGORIES, THEME CLUSTERS, AND THEMES, Continued....

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Colaizzi, P.F. (1978). Psychological research as the phenomenologist views it.. In R. Valle & M. King (Eds.), *Existential phenomenological alternative for psychology* (pp. 48-71). New York: Oxford University Press.


