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**University of Southampton**

Faculty of Environmental and Life Sciences

School of Psychology

**AN EXPLORATION OF THE EXPERIENCES OF LONELINESS AND SOCIAL  
ISOLATION IN OLDER ADULTS FROM A MIGRANT BACKGROUND.**

by

**Laura Rebecca Farley Reynolds**

Thesis for the degree of Doctorate in Clinical Psychology

June 2019

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# University of Southampton

## Abstract

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### **AN EXPLORATION OF THE EXPERIENCES OF LONELINESS AND SOCIAL ISOLATION IN OLDER ADULTS FROM A MIGRANT BACKGROUND.**

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Chapter one of this thesis is a meta-synthesis which explored the experiences of loneliness and social isolation amongst older adults from an ethnic minority and migrant background. The method used was Thomas and Harden's (2008) thematic synthesis and the findings of 12 qualitative studies were synthesised. Four themes were generated: *loss and loneliness*, *causes and impact of social isolation*, *psychological wellbeing and distress*, and *connecting with others*. Each of the themes were explored in depth and clinical implications and recommendations for future research were discussed.

Chapter two of this thesis explored the experience of loneliness in older Sri Lankan women living in England. The qualitative methodology of interpretative phenomenological analysis (Smith, Flowers & Larkin, 2009) was adopted to make sense of the lived experiences of five women. Three superordinate themes were generated: *stuck in a lonely life*, *surviving the inevitability of loneliness*, and *loss*. Implications for the research and future areas for research were identified and discussed.

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# Research Thesis: Declaration of Authorship

Print name:	Laura Reynolds
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Title of thesis:	AN EXPLORATION OF THE EXPERIENCES OF LONELINESS AND SOCIAL ISOLATION IN OLDER ADULTS FROM A MIGRANT BACKGROUND.
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I declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. None of this work has been published before submission.

Signature:		Date:	06/09/2019
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# **Chapter 1 Systematic literature review: What are the experiences of loneliness and social isolation amongst older adults from an ethnic minority and migrant background?**

## **1.1 Introduction**

The process of migrating to a new country and adjusting to a possibly different way of life can affect all people, regardless of their age or background. The resettlement process can be challenging and may encompass many aspects including adapting to a new culture, whilst retaining lifelong practices and beliefs, and making them congruent with their life in the new country (Choudhry, 2001, Heikkinen & Lumme-Sandt, 2013). Older migrants can find this process of leaving their home country and resettling more difficult (Choudhry, 2001), and are more likely to experience social isolation and loneliness than those who have not migrated (De Jong Gierveld, Van der Pas, & Keating, 2015). For those who have migrated at a younger age, this may have afforded them the opportunity to work and develop ties, but this does not preclude them from experiencing social isolation and loneliness in later life. Rates of loneliness has been found to vary across cultural groups and have been shown to be more prevalent in older people from an ethnic minority background compared to those who are not (Victor, Burhoult & Martin, 2012; Agyemang, 2016).

### **1.1.1 Acculturation and adaptation**

Acculturation refers to the cultural and psychological change that happens when there is prolonged contact between individuals or groups from two (or more) cultures. Berry's (2003) framework of acculturation has been widely utilised within the research literature (Ward, 2008). When intercultural contact occurs, Berry puts forward that a person or group are faced with two important dimensions to consider. This is the extent to which they maintain their heritage culture and the extent to which they engage in the

dominant mainstream culture. Berry considers this decision process regarding maintenance and participation as dichotomous, with four possible acculturation modes:

- Assimilation: the heritage culture is relinquished in favour of the dominant culture.
- Integration: both the heritage and dominant cultures are embraced.
- Separation: the heritage culture is maintained and the dominant culture is rejected.
- Marginalisation: neither of the cultures are deemed important and both are rejected.

The outcome of acculturation is adaptation, which can be psychological or socio-cultural, and range from well adapted to maladapted (Berry, 1992; Sam & Berry, 2010; Ward, 2008). When considering the experiences of loneliness and social isolation in people from a migrant or ethnic minority background, acculturation and adaptation are important psychological concepts to consider.

### **1.1.2 Loneliness and social isolation**

Loneliness and social isolation are considered to be interrelated and the terms are often used interchangeably within research literature, but they are also distinct concepts (Savikko, Routalao, Tilvis, Strandberg & Pitkala, 2005; Dickens, Richards, Greaves, & Campbell, 2011; Gardiner, Geldenhuys & Gott, 2016). Loneliness has been described as a *subjective* unpleasant feeling which occurs when there is a discrepancy between an individual's desired quantity and quality of social and interpersonal relationships, and their actual achieved level (Victor et al, 2012; Saito, Kai & Takizawa, 2012). This unpleasant feeling gives rise to distress. Loneliness is a phenomenon that can affect all individuals (De Jong-Gierveld & Havens, 2004) at all stages of life and has been found to be more typical in older people and to increase with age (Aylaz, Akturk, Erci, Ozturk & Aslan, 2012; Taube, Kristensson, Sandberg, Midlov & Jakobsson, 2015). The process of ageing itself cannot solely account for loneliness (Savikko et al, 2005; Hazer & Boylu, 2010), as it is often the result of a number of factors.



Social isolation is considered to be *objective* and related to the number of contacts a person has, and the extent to which they are integrated into the surrounding social environment (Victor et al, 2003; Savikko et al, 2005; Kadoya, 2013). Not all social contacts may be afforded the same level of importance or value though. Someone may have a large number of social contacts but they may still be unsatisfied with the quality of these connections, and feel lonely (Hazer & Boyle, 2010). Also, a person can be considered to be socially isolated but this does not automatically mean they will feel lonely; as being alone can also be a positive experience for individuals, when it is under their control (Hazer & Boyle, 2010).

Loneliness and social isolation are complex and important concepts to research, as they have been found to negatively impact on mental wellbeing and physical health. Research indicates that loneliness and social isolation are associated with depression (Cacioppo, 2006; Aylaz et al, 2012) and loneliness has been associated with cognitive decline (James, Wilson, Barnes & Bennett, 2011; Holwerda et al, 2012), poorer physical and mental health (Cornwell & Waite, 2009; Thurston & Kubzansky, 2009) and an increased risk of mortality (Tilvis et al, 2012; Luo, Hawkey, Wait & Cacioppo, 2012). Factors that can lead to loneliness are varied, including cognitive, behavioural, social and emotional, and are often interwoven.

Ethnicity and culture are important to consider with regards to the subjective experience of loneliness and the objective experience of social isolation, as cross-cultural differences have been found (Lykes & Kemmelmeier, 2014). This has been posited to be related to the culturally bound expectations and norms a person may hold regarding social interactions within collectivist versus individualistic societies. Collectivism is a cultural value where there is an emphasis on family and group goals above that of the self, whereas, individualism places personal attainment and achievement goals higher. As loneliness is subjective and related to a desired level of social connectedness, it is possible a person

from a collectivist culture may hold a higher expectation of being connected socially, and when this is lacking, they are more likely to feel lonely (Lykes & Kemmelmeir, 2014).

Within the UK the experience of loneliness within older people who have migrated appears to be under researched but cross cultural differences are indicated. It has been found that prevalence rates of loneliness were higher for some migrant groups compared to non-migrants, and the rates were not equal across the different minority groups (Victor, Burholt, & Martin, 2012). This indicates the need to understand the experience of loneliness across different ethnic minority and migrant groups.

### **1.1.3 Review aims**

The aim of the current systematic literature review was to explore the experiences of loneliness and social isolation in older adult migrants and those from an ethnic minority background, aged 55 and above. Questionnaires have been developed to classify the intensity of loneliness, such as the De Jong Gierveld six item loneliness scale (De Jong Gierveld & Van Tilburg, 2006), but loneliness is described as a subjective feeling that can only be described by the person experiencing it (Savikko et al, 2005). Therefore, it was decided to focus on qualitative research in this current review. Loneliness and social isolation have been explored in the research literature but there do not appear to be any published systematic reviews with the current aims at present.

The objective of the current review is to explore the experiences of older migrants and people from ethnic minorities in relation to loneliness and social isolation and provide a meta-synthesis of the qualitative literature.

## **1.2 Methodology**

This literature review was completed in a systematic way and uses thematic synthesis (Thomas & Harden, 2008) to complete a meta-synthesis to fully address the review aims. The search strategy has been described in detail in order to make it replicable (Boland, Cherry & Dickson, 2014).

### **1.2.1 Search strategy and paper selection**

The databases PsycINFO and CINAHL (Cumulative Index of Nursing and Allied health Literature) were searched via EBSCO for relevant research articles. The search was conducted in January 2019 and the final search terms were discussed with a librarian at the University of Southampton (via email), who had specialist knowledge in completing systematic reviews. As the review was specifically concerned with subjective experiences of loneliness and social isolation, it was decided that the focus would be on research articles using a qualitative methodology, and this was included in the search terms.

The final search terms used were: old\* OR elder\* OR senior OR "late\* life" OR aging OR ageing OR "senior citizen" OR geri\* AND lonel\* OR alone OR connect\* OR isolat\* AND ethnic\* OR minorit\* OR black OR Asian OR migra\* OR BME OR BAME OR race AND qualitative OR "interpretative phenomenological analysis" OR thematic OR IPA OR interview\* OR experience\*.

This search led to 520 records being found. Once screening via the search engine was completed to remove dissertations, books and those that were not published in the English language, this resulted in 287 records. The references were exported to an Excel spreadsheet and 16 duplicates were removed. The titles and abstracts of 217 research articles were screened and those that did not meet the inclusion criteria were excluded; if it was unclear from the abstract if the article met the inclusion criteria then the full article was read. This resulted in 34 full articles being read, of which 12 met the inclusion criteria and were included in the review. Articles were excluded due to being a case study (n=1),

participants were too young ( $n = 3$ ), participants were not migrants/ from an ethnic minority background ( $n = 5$ ), review of an intervention ( $n = 1$ ), focus was on a topic that was not about loneliness, social isolation or closely related concepts ( $n = 6$ ), participants were solely carers or family or the subjective experiences of the older adults were merged with family/ carers/ community leaders and could not be understood separately ( $n = 3$ ), or the research method was quantitative only ( $n = 3$ ). Reference lists of the articles were reviewed however no further articles were included in the review. A flow chart of this selection process can be seen in Figure 1.

### **1.2.2 Inclusion and exclusion criteria**

Research articles that met the following criteria were considered for inclusion:

- The participants were aged 55 and above.
- Published in the English language.
- The participants were classed by the authors, or the participants self-identified as being from an ethnic minority background or a migrant.
- The study used a qualitative methodology.
- The sample included participants discussing their experiences of loneliness and/ or social isolation explicitly or about other related concepts which promoted conversations about these topics.

Studies were excluded if:

- They solely adopted a quantitative methodology.
- They were abstracts, book chapters, book reviews, meta-analyses, theses or dissertations.

There were no restrictions on ethnicity, country of origin, or in relation to the age at which participants migrated or regarding the amount of time they had spent in the country they had migrated to.

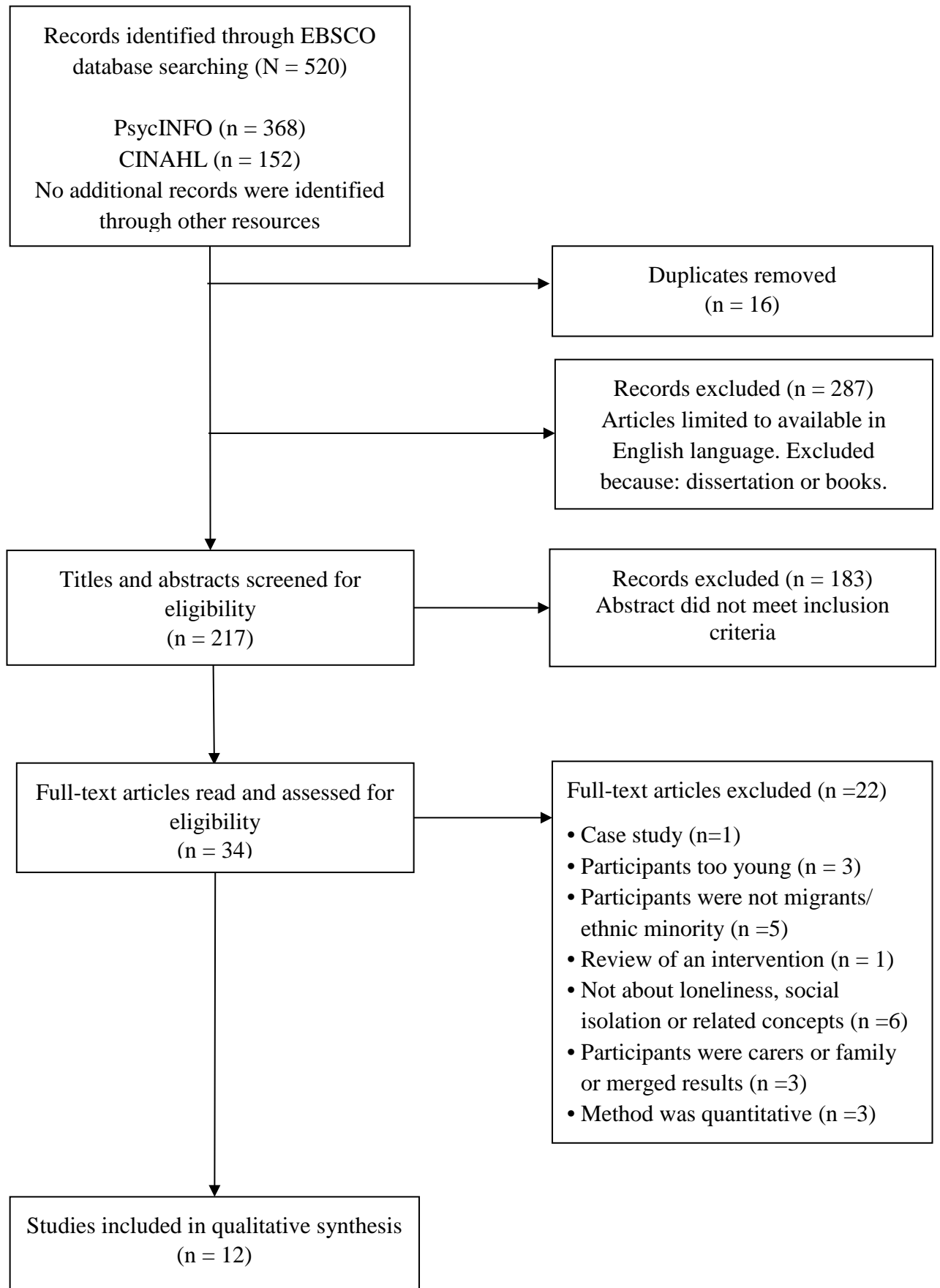


Figure 1. Flow chart of the study selection process

### **1.2.3 Search results**

Twelve research papers were included in the review and the details of the studies can be seen in Appendix A. Studies were carried out in a variety of countries including the USA (n = 4), Canada (n = 2), Australia (n = 2), England (n = 1), Grand Duchy of Luxembourg (n = 1), Finland (n = 1) and Singapore (n = 1). Participant's country of origin also varied across Europe and Asia. The sample size varied, ranging from 5 to 78 participants. Age ranged between 59 and 90+ (one study did not specify the upper age limit). Semi structured interview was the most commonly adopted methodology and most studies used a variant of thematic analysis (although this method appeared to be described, it was not always specified), grounded theory or content analysis.

### **1.2.4 Quality Appraisal of the studies included in the review**

Qualitative research is often proposed as not being generalisable and contained within a particular time, context and sample, but it is also valued in its potential for developing and informing policy and practice (Dixon-Woods et al, 2007). There is no unified consensus regarding which quality criteria should be applied to qualitative research, nor how it should be assessed, or if it should be applied at all (Lachal, Revah-Levy, Orri & Moro, 2017; Thomas & Harden, 2008). This is partly due to the disparity in qualitative research in the methods used for data collection and the level at which the methodological approach has been applied (Dixon-Woods, Shaw, Agarwal & Smith, 2004).

The Critical Appraisal Skills Programme (CASP) has developed a qualitative checklist which is freely available from their website (<https://casp-uk.net/>), and allows for a standardised way to complete quality assessment. The checklist assesses the methodology and results and allows for rigour, credibility and relevance to be assessed. This appraisal tool was used in the current review and involved answering 10 questions, covering three broad areas, to assess if the results were valid and if the results would assist

locally. The response options were: 'yes', 'no' and 'don't know'. A scoring system was developed to assess the quality: yes = 1, don't know = 0 and no = 0. The tool advised that if the answer was 'no' to the first two questions it would not be worth proceeding with the checklist. These questions were: 'Was there a clear statement of the aims of the research?' and 'Is a qualitative methodology appropriate?' All studies scored highly, aside from one study (rating of five), and no studies were excluded based on the quality rating. The CASP questions and ratings for all articles can be seen in Appendix B.

### **1.2.5 Method of analysis**

Thematic synthesis (Thomas & Harden, 2008) was selected as the method of analysis in this systematic review. Thematic synthesis aims to provide a narrative synthesis by summarising the selected articles through the systematic coding of the article findings and the generation of descriptive and analytical themes. It is an inductive approach with three stages. After each article was read and reread, the first step involved line-by-line coding of all text within the 'findings' or 'results' sections of each paper, according to meaning and content. This was completed by importing articles into NVIVO 12 to complete the line by line coding. The second stage involved generating descriptive themes, which remained close to the results of the selected articles. This was followed by the final stage of developing analytical themes. Thematic synthesis moves beyond the content of the original articles and aims to create the emergence of new interpretive constructs or explanations. This method was selected as it was consistent with the current review aim of attempting to address a question focused on people's experiences and perspectives.





### 1.3 Results

Four main themes were generated from the thematic synthesis describing the experience of loneliness and social isolation in migrant or ethnic minority older adults. These are presented in Table 1 along with the subthemes and each will be discussed, with example quotes provided. Following each quote is the study code identifying the article the quote was taken from; the study codes can be found in Appendix A.

Table 1

*Themes and subthemes generated in thematic synthesis.*

Theme	Subthemes	Studies included in the subthemes
Loss and loneliness	Loneliness as way of life	1, 2, 3, 6, 7, 9, 10, 11, 12
	Bereavement: changes in financial, emotional and social support	1, 2, 3, 6, 7, 10, 12
Causes and impact of social isolation	Lack of social contact	All 12 studies
	Trapped: barriers to social connectedness	All 12 studies
	In the minority	2, 6, 7, 8, 9, 11
Psychological wellbeing and distress	Mood and quality of life	1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12
	Protective factors	1, 5, 6, 8, 9, 10, 11, 12
Connecting with others	Building new connections	1, 2, 3, 4, 5, 6, 7, 9, 10, 11
	Transnational connections	3, 4, 5, 6, 7, 9, 11, 12

### 1.3.1 Loss and loneliness

#### 1.3.1.1 Subtheme: Loneliness as a way of life

This subtheme was in most of the research articles and was linked with the discrepancy between the fulfilled life one had in their country of origin and their current life, suggesting a relationship between loneliness and migration. In the country of origin, family, friends and neighbours provided a support system that was physically close and accessible and emotionally available, as way of both receiving and giving support. Through the migration process there was a sense of loss, as this system was not present in their current lives:

*“The unfriendliness of neighbours adds to their loneliness and is a source of stress.*

*As one woman said, “Back home, our neighbours were like a big family”” (1).*

Being alone for long periods of time, or living alone, felt like a negative change, as being without company or the means to seek out company was a difficult shift when participants were aware of what they were missing out on:

*“I think if you are living by yourself, it is a lonely life. Number one it is a lonely life. You can’t run away from it” (12).*

For some, social networks in the country where they currently lived were solely restricted to family, which appeared to lead to a sense of loneliness. Although many felt accepted, their family members often either did not have time to spend with them, did not want to spend time with them, or there were communication difficulties due to differences in language abilities. There was a sense of feeling neglected by the family they lived with but also acceptance of this situation as unchangeable.

### **1.3.1.2 Subtheme: Bereavement: changes in financial, emotional and social support**

The impact of bereavement on increasing loneliness was found in most of the research articles. The death of a husband had a wide impact, which was felt in many ways including financially, socially and psychologically. Females described that widowhood left them without someone to attend events with and so they eventually stopped going, restricting their opportunities for social contact and enjoyment of activities:

*“Widowhood not only robbed the elderly of a companion, but also meant seeing fewer friends. When their husbands died, older women reported, they gave up couple-oriented activities like dancing” (10).*

For some, the loss also left them financially worse off, again impacting on their ability to connect with others and in turn increasing their sense of loneliness. The transition to living alone also increased loneliness.

The impact of bereavement was also experienced in relation to friends and family dying. It was felt that aging had its drawbacks, as people were left ‘on their own’, as those they loved were taken along life’s path, increasing their loneliness:

*“The experience of loss and feeling of being left is intensified as they age—“I’m about [the] last of my clan” (6).*

Through these losses, emotional support networks became smaller, making them more vulnerable to the grasps of loneliness.

## **1.3.2 Causes and impact of social isolation**

### **1.3.2.1 Subtheme: Lack of social contact**

This subtheme was present across all of the articles. Social isolation was driven by having a lack of social contact and there was a relationship with this subtheme and that of *loneliness as a way of life*. As people experienced fewer social contacts and connections

with others, this resulted in spending more time alone, which increased loneliness. There is also a discrepancy between the social life they had in their country of origin and their current social life, with a significantly reduced or absent social network:

*‘‘In Canton (in China), people can play tai-chi every morning. Then there is dancing and picnic with your friends. Here in Chicago you cannot go anywhere and have nothing to do’’ (2).*

There was a strong sense of wanting social contact with others but this was not always possible, increasing social and cultural isolation. Living alone and not having any family also led to increased isolation through the decreased opportunity to interact with others on a daily basis.

#### **1.3.2.2 Subtheme: Trapped: barriers to social connectedness**

Barriers restricting the ability to connect or meet others were multifaceted. It included factors related to finances, language, environment, family support, illness and disability, which appeared to be enmeshed and influence one another.

Language was a complex piece of the puzzle in building social networks and being able to access the environment within which one lived. Without the means to converse or read signs in the environment, the ability to join groups and travel around outside their home was restricted. This was particularly the case if they needed to use public transport. The means and opportunity appeared available to learn the main spoken language of where they were living (predominantly English), but there were a number of aspects that prevented them or were obstacles. Low confidence levels in speaking the language was a factor that kept participants from meeting and talking with others, as they felt embarrassed or worried that they would not be able to understand what was being said and/or not be able to respond. This also often meant participants would turn down opportunities to socialise:

*“There are large meetings here. They invite me, I go there and I tremble from head to toe because I hear them [the directors] speaking [Luxembourgish]. I would like to say something, but in Luxembourgish I cannot. I cannot. They invite me to the meetings and I avoid going because I don’t understand what they say!” (7).*

This situation presented as a ‘catch 22’, as people would only become more confident in speaking the language through practice, and this required taking a risk and conversing with others:

*“Noting that her suburban neighbours were ‘Americans,’ a Taiwanese woman explained wistfully, “When they say hi to me, I really want to talk to them more but I can’t. I know if I try to practice more with them, my English will improve a lot, but I don’t know where to start” (10).*

For some, having limited language abilities also impacted on them integrating into the community in a way that would help them build social connections and learn the language, such as, through employment:

*“I am a hairdresser. But I haven’t worked in Australia, because I don’t speak English very well and it is very difficult for me to work like this” (5).*

Age also seemed to be a factor which limited the ability to learn a new language, which appeared to be a mixture of an internalised ageist view and ageism from others. The thought of attempting to learn a new language at an older age felt an insurmountable achievement. This left the person at risk of social isolation, as they remained unable to communicate with the world outside their home:

*“At this age, it’s hard to understand and learn English. I think I’m too old to learn a new language at this age. So that’s the drawback...Day to day activities are hard. We cannot go all by ourselves to a store and manage” (11).*

The environment of the country they lived was also a barrier to accessing it. Using public transport was complicated by finances, language ability, the need for support from others, physical illness and disability. Some were unable to leave their home safely to access the outside world due to the landscape itself or their living arrangements not being suitable. For example, needing to traverse multiple flights of stairs or the pavements being uneven/ cracked. This was also compounded by access to public transport not being suitable to their needs or they would need the assistance of another person to accompany them. Also, for many, the environment did not always lend itself to having services or shops within a close proximity and so walking distances or using public transport was necessary. This could add a financial cost and some participants described that the cheaper rates available for older adults were only available on restricted public transport services. This meant that they were restricted in when they could go out to meet others.

One way around this issue was to rely on others, such as family, to provide transport. For some this was essential, as they were unable to go out alone without the support of somebody else, due to disability. This again was restrictive and based around a time that was convenient for the person who was supporting them:

*“I can only go to the temple when I get a ride. If my son or daughter-in-law or grandson is willing to take me to temple on Sunday, I go. Otherwise, I just stay at home and brood” (1).*

For some they also did not want to bother their family, again preventing them from connecting with others:

*“Many felt they did not want to make things more ‘inconvenient’ for their children, for example, by asking them for a lift in the car when they already had a hectic schedule” (4).*

It seems that the factors that kept a person trapped were an ongoing combination of social, psychological, physical and material that could not be easily overcome alone.

### **1.3.2.3 Subtheme: In the minority**

For some participants it appeared that discrimination was something they had experienced from the point they migrated and had continued with the ageing process. This discrimination occurred at multiple societal levels, perseverating aspects such as finances and access to medical care. This was particularly mentioned in one study (9), which was the only study to have a male only sample:

*“I sometimes think when I was young and working, paying taxes and National Insurance, they were telling me I will get care when I get old. But now I need it and I don’t get as much care as everybody else. I think I have been treated differently”* (9).

There was also a sense of ‘them’ and ‘us’. This internalised sense of being an outsider, or by being treated as one by others, impacted on participants’ sense of wanting to spend time with people and reduced their opportunities to connect with others.

*“I don’t leave my bedroom. To do what? To talk to the Luxembourgers? I don’t talk with them because they don’t permit conversations with us [the Portuguese]”* (2).

## **1.3.3 Psychological wellbeing and distress**

### **1.3.3.1 Subtheme: Mood and quality of life**

Low mood and depression were commonly described as a by-product of loneliness and reduced social contact, rather than appearing to be a driving factor for participants:

*“Considering my age, I am 64 years old, I am a healthy person. Means I don’t have any problems. But at times, I feel a bit down”* (8).

Thoughts about the future appeared to be mixed. Lack of social contact, loneliness, disability and negative expectations of ageing, appeared to turn to a sense of hopelessness:

*“Some referred to it as “reaching expiry” or “wait[ing] for tomorrow,” while others were blunt about death: “There is no hope already... so now we can only sit and wait for death” (12).*

Quality of life varied and a better quality appeared to be linked with one’s ability to be financially independent from family and being proficient in the language of the country where they lived. Physical health was also a key factor that appeared to reduce quality of life, as for some it meant their life became confined and restricted as this declined. The process of ageing in a foreign country was also something that could impact on mood and reduce quality of life:

*“Things that cause me depression are like being in a foreign country, or being old, or sometimes thinking you stay home whatever happens to you. It forces you not to tell anybody even if you’re desperate” (9).*

The thought of becoming a burden on family as one aged also appeared to affect participant’s mood:

*“I think if I get sick, what happens? We don’t want to put the burden on the kids”*  
(11).

Some already described feeling like a burden to family through the reliance on them for finances, transport and needing them to act as a translator in appointments. Some family reinforced this sentiment:

*“When I ask for money, my son shouts and says that he is the one who is keeping me”*  
(1).

The thought of becoming a burden also seemed to be linked with the view that growing older would lead to a decline in health and this turned to thoughts about dying.



There was also a strong sense that participants were not often equal within the family home and that their needs came second to others or they did not have a voice at all. In some articles, there was a cultural expectation that participants would do the housework and care for grandchildren, which left little time for them to pursue their own interests and socialise with others.

### **1.3.3.2 Subtheme: Protective factors**

Adapting to living alone was a protective factor in promoting psychological wellbeing and combatting loneliness. Living alone, without feeling alone, was viewed as a skill that could be learnt and living alone for some was a choice they had made, rather than it being forced upon them. Adaptations such as keeping the door unlocked in residential settings, asking a friend to check in or call on a regular basis, learning to cook and spending time with local stray animals, were all ways of coping with loneliness and isolation:

*“Learn how to live by yourself [emphasis original].” To her it is plainly obvious that there are specific skills that are needed to live alone, whether this is simply learning to pass the time by watching her favourite TV shows, or other more demanding skills” (12).*

The longing for the home country allowed for reminiscence, which participants found comforting. Reminiscing provided a sense of connection to the home country and a way to remember happier times with those still alive and those who had been lost along the way:

*“Reminiscence is an important means to keep on emotional bonds and own traditions, and it belongs to everyday life as well as other networks” (3).*

For some the prospect of ageing was positive, as it meant access to their pension would enable greater financial freedom, and being in receipt of this would open a new world they could not have previously accessed without support from others:

*“I am dependent on them for money and transportation. I am happy that my old-age pension might be due in another few months” (1).*

Being in good physical health was also a protective factor for some, as it meant they did not perceive any barriers that may impact on them growing older. Creating opportunities to give back and help others also presented itself an opportunity for connectedness and a way to build self-esteem.

*“I cannot physically teach people how to play ball any more but I can teach them how to draw and how to paint.” (6)*

Religion was also key and this was a protective factor as it not only helped people connect with others who were similar to them, through attending religious services, but it also gave them strength and solace to cope with adversities in life. For some participants, present life circumstances were felt to be determined by God, fate, or a higher power, and for others, a positive attitude played a role in accepting present circumstances.

### **1.3.4 Connecting with others**

#### **1.3.4.1 Subtheme: Building connections**

Building social connections within one's own ethnicity and culture appeared to prevent feelings of loneliness and social and cultural isolation. Having access to local community groups or religious groups where people could meet others who were from a similar background was important. This provided an opportunity to meet others, build friendships and offered an exchange of emotional support. It also allowed participants to

maintain cultural activities and bonds of their home country of origin, which was important for their cultural and personal identity:

*“On Thursdays, I’m with the Women group in the Inala Hub. . .The Hub organizes meetings for women from Vietnam and other cultures. They teach us to do crafting, cooking, etc” (5).*

Making new friends who were not from the same country of origin or ethnic background varied in both ability and willingness. This seemed to depend on migration history and their language proficiency.

Being a recipient of care provided by either family, a residential setting or the government was viewed positively, to some extent. Some felt their social care and emotional support needs were met by family, and these strong connections provided them in turn with a good quality of life. One paper (6), involved some participants who received paid care. The differences in language abilities impacted greatly on care, however, when carers could speak the participant’s mother tongue it gave a greater connectedness.

#### **1.3.4.2 Subtheme: Transnational connections**

Being separated from loved ones and ones country of origin was a reason to keep in contact and maintain transnational relationships. Technology was the main resource in initiating and receiving this contact and it was an important way to decrease loneliness and increase social connectedness. Although technology afforded many the opportunity, it also relied on one knowing how to make the most of it, and also requited the other person receiving the contact to be as equally skilled or supported. For example, using a mobile phone or the internet to make video calls.

Physical health decline (changes in vision, hearing loss, arthritis) made phone and letter contact a more difficult task which would eventually cease as a result, decreasing participants transnational social network. The financial cost involved in contacting family

and friends transnationally also impacted on their ability to maintain these connections in a meaningful way. For example, phones calls may be cut short or may not allow enough time for emotional support to be received:

*“By phone I cannot talk much, it’s expensive,” she explains. Thus, she and her Portuguese friends have to talk briefly every 2 months only “to say hello and to ask how you are and how is your health” (7).*

## **1.4 Discussion**

This systematic review used meta-synthesis, adopting a thematic synthesis methodology (Thomas & Harden, 2008), to explore the experiences of loneliness and social isolation in older migrants and people from an ethnic minority background. The current review indicated that regardless of the ethnic background, country of birth, or the country where a person had migrated to, there were similarities amongst participants in their experiences of loneliness and social isolation. Four main themes were found from the 12 qualitative studies during the review: loss and loneliness, causes and impact of social isolation, psychological wellbeing and distress, and connecting with others.

### **1.4.1 Interpretation of findings and links to theory/research**

Population ageing throughout the world has led to a greater focus on the need for support (Willis, Price and Glaser, 2016) and there is a recognition that due to a greater mix of ethnic diversity, the needs of older people are not homogenous (Kristiansen, Razum, Tezcan-Guntekin & Krasnik, 2016). The dual nature of being an older adult and a migrant can lead to an increased risk for loneliness and social exclusion (Dolberg, Shiovitz-Ezra & Avalon, 2016). Psychological theory and research in the fields of ageing and migration, and the intersectionality that can occur in terms of challenges and opportunities, are important to consider in relation to the themes found in the current systematic review.

For participants in the current review who were migrants, the discrepancy between their current life and the fulfilled one they previously had in their country of origin, with strong social networks, appeared to create a vacuum for loneliness and social isolation to fill. This in part may be related to Berry's framework of acculturation (2003), as the person may have rejected the new culture and through separation they may have experienced this disparity, leading to loneliness and social isolation. It is possible there may have been a desire to assimilate or integrate but due to the sense of being in the minority, and the

possible impact of discrimination, the new culture was rejected and so social connections were not made.

Language issues were also present throughout the findings and appeared to impact on people in many ways in increasing social isolation and loneliness. Having a lack of language proficiency has been found to be a barrier stopping older migrants and those from an ethnic minority background from being able to make contacts beyond that of the family, leading to a higher risk of them experiencing loneliness and social isolation (Park et al, 2018). In a Canadian study, it was found older adults whose native language was different from the dominant one, experienced higher levels of loneliness than those who had been born in the country (de Jong Gierveld et al, 2015).

The decline in physical health was also an important factor across the results of the review. Health inequalities between migrants and non-migrants have been found and although migrants may display greater healthcare needs compared to their non-migrant counterparts, they are less likely to make use of services (Hjelm & Albin, 2014). The reasons for this can be multifaceted but again language may be a factor to consider, as lower levels of language proficiency have been found to be a barrier to healthcare (Willis et al, 2016), all of which may lead to a reduction in quality of life. Decline in mobility and physical health has been found to lead to an increased dependence on others for support in activities of daily living, and a higher need for services providing health care, which have been associated with loneliness (Hazer & Boyle, 2010).

The socio-emotional selectivity theory (Carstensen, 2006) is a life span theory which may be helpful when making sense of the results of the review. This theory puts forward that as people age, their perception of this process can change, leading their priorities to shift as a result (Carstensen, 2006). Across the lifespan, younger people are more likely to pursue and prioritise goals related to knowledge acquisition. As people get older this changes, based on the perception of time being more limited, and goals may shift in

focusing on the pursuit of emotional wellbeing and satisfaction. This may lead to possibly making a deeper investment in already established intimate relationships or having fewer relationships of a higher quality.

This theory is not specific to migrants or those from an ethnic minority background but is important to consider as the social network of older adults has been found to shrink as one ages (Cornwell et al, 2008). The bereavement of a spouse, family members and friends can form part of the reason for this, with rates of loneliness found to be higher in those who have been bereaved, particularly widows (Dahlberg et al, 2015; Hazer & Boylu, 2010). This loss of emotional and social support can make a person vulnerable to loneliness and social isolation, particularly if their social network is restricted with a lack of peripheral relationships, due to the pursuit of higher quality relationships. Bereavement may also not only lead to a loss of emotional support, but an unfortunate result can also be the loss of finances, bringing burden (Rosenblatt, 2017). In ethnic minority adults, a predictor of loneliness was also found to be having a lower subjective income (Chang & Yang, 1999). Migrants are known to be at risk of greater deprivation, both socially and economically, and high levels of area deprivation are a risk factor for loneliness (de Jong Gierveld, 1998).

The review highlighted that participants felt both supported by their family but they also felt somewhat restricted. The UK organisation, the Campaign to End Loneliness, suggest that in people from an ethnic minority background there is 'hidden' loneliness. This is because there is a misconception that older minority ethnic adults are surrounded by family or live in multigenerational households, which naturally protects them from isolation and loneliness. There is some truth in this with regards to living arrangements, and family members are more likely to form the social network of people from an ethnic minority background (Ajrouch, Antonucci & Janevic, 2001). This does not automatically serve as protection though, and this family support may not be enough emotionally and

socially, and may lead to a reduced social network comprised of kin only, which can lead to loneliness and isolation (Diaz, Savundranayagam, Kloseck & Fitzsimmons, 2019).

#### **1.4.2 Methodological considerations**

The review included high quality studies but at present this appears to be an under researched area. This meant the review was limited by the research currently available, which may limit the conclusions that can be drawn. Given the aim of the systematic review, and the depth of analysis thematic synthesis allows, it was felt that a wide range of experiences were captured, spanning across different countries and ethnic backgrounds, which is a strength of the review.

The quality of the research articles was reviewed using the CASP, which enabled a standardised way of reviewing the studies. This was completed solely by the researcher and was not checked further by any other researchers to improve inter-rater reliability, which is a limitation of the current review. The quality of the included studies was high overall, however, there was one question on the CASP that had a more frequent score of zero than any of the other 10 items. This was item six: “Has the relationship between researcher and participants been adequately considered?” It is difficult to assess the answer to this question fully, as it is possible that this was considered by the researchers but this was something not included in the articles. This could have been due to a number of reasons, such as, journal article word limit restrictions. This may also have been a limitation of using the CASP as a quality appraisal tool.

As discussed in section 1.2.4, there is no unified consensus regarding quality criteria in qualitative research. Dixon-Woods et al (2007) found that an unstructured approach to quality appraisal achieved higher inter-rater agreement than using a structured approach of CASP and the quality framework (QF), and agreements were higher for using the CASP compared to the QF. In that study the limitations of the small sample size and



the fact that the researchers were experienced in qualitative research were highlighted, reiterating the possible lack of consensus on the best approach/ structured tool to be used.

### **1.4.3 Clinical implications and recommendations for future research**

The findings from the review highlighted certain issues which appeared to prevent people from accessing local groups/ support. It is possible that services may need to be more inclusive of people who have difficulties with language, physical health problems, mobility issues and lower incomes. Some organisations are often able to provide interpreters but access to this service could possibly be improved through it being promoted and raising awareness of it. This may need to be supported through the use of written information, such as advertising leaflets, being provided in other languages. This may encourage and support people who do not speak the language or who have lower confidence levels and are learning the new language to attend. Providing transport and, possibly free transport to those who may need it, may also be a way to make groups more inclusive of people from an ethnic minority or a migrant background. Culture specific groups appeared to help people build connections in the systematic review. It is possible that this offers something that a mixed culture group does not in terms of connection with the home country for those who have migrated. Having services that are culturally sensitive may be beneficial in reducing social isolation and loneliness.

Loneliness and social isolation are associated with depression. The Five Year Forward View for Mental Health (February 2016, NHS England) highlights that loneliness in older adults is an important issue to be recognised. In January 2018 the UK Prime Minister at the time, Theresa May, released a press statement highlighting the government plans to tackle loneliness and combat social isolation. As part of this plan a ministerial lead on loneliness was appointed with the aim to understand how loneliness affects people from all backgrounds and ages, in an attempt to reduce it. Therefore, understanding loneliness

within the context of different ethnic backgrounds is important as part of a future research focus.

## **1.5 Conclusion**

Loneliness and social isolation among older adults pose a significant risk to physical and mental health and are complex and important concepts to research. The current systematic review aimed to identify the qualitative experiences of loneliness and social isolation among older migrants and people from an ethnic minority background through thematic synthesis. The results generated themes describing these experiences whilst taking into account culture. Further research needs to be completed in this area to be able to support older migrants when ageing in foreign lands to help support them with the challenges it can bring, and to reduce inequality. For loneliness to be addressed for all, it needs to be looked at from a cross-cultural perspective. The intersection of ageing and migration needs to be considered, in order for those who may be at an increased risk of social exclusion to have their needs addressed and acknowledged equally to those who are native to the country.

## **Chapter 2 The experience of loneliness in older Sri Lankan women: a qualitative exploration using interpretative phenomenological analysis.**

### **2.1 Introduction**

Loneliness is considered to be the subjective distressing feeling which can occur when there is a discrepancy in the desired quality and quantity of a person's social and interpersonal relationships, and their current achieved level (Victor et al, 2012; Saito, Kai & Takizawa, 2012). It has been found to be more typical in older people and has been shown to increase with age, (Aylaz et al, 2012; Tabue et al, 2015) but the process of ageing alone cannot solely account for loneliness (Savikko et al 2005; Hazer & Boylu, 2010). Loneliness also does not simply arise due to the objective lack of social contact, although this may play a role. Research has shown that there are often a number of complex factors associated with the feeling of loneliness in older age, some of which include the loss of a partner, declining health, education level and high levels of area deprivation (de Jong Gierveld, 1998; Burholt, Windle & Morgan, 2016).

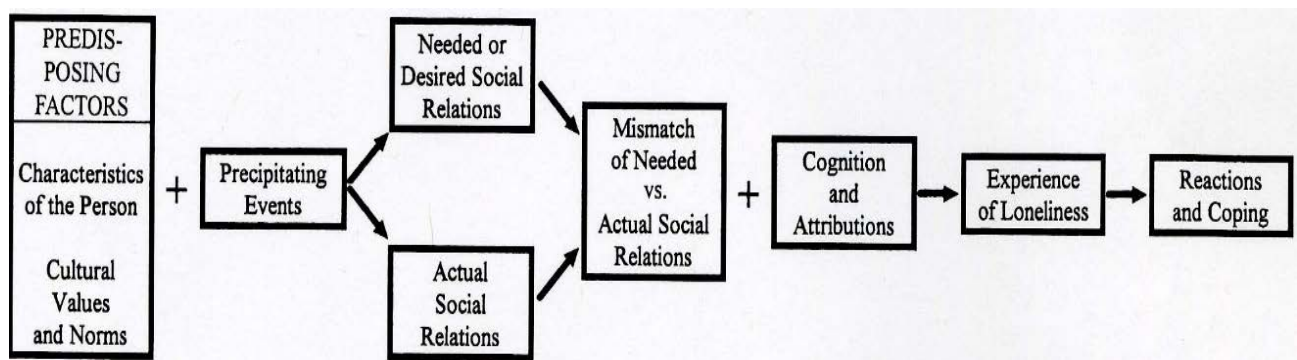
Loneliness can have a significant impact on an individual and is associated with dementia (Lara et al, 2019), poorer physical and mental health (including depression) (Cornwell & Waite, 2009; Thurston & Kubzansky, 2009), and an increased risk of mortality (Tilvis et al 2012; Luo et al, 2012). The negative effects of loneliness make it an important public health issue to be addressed and tackled. In England there has been a shift in approaching this issue with the appointment of a ministerial lead on loneliness in 2018, which attracted associated government funding. A non-profit organisation in the UK, the Campaign to End Loneliness, has also been working in this area since 2011, bringing together researchers, commissioners and other organisations with the aim to end loneliness. The Five Year Forward View for Mental Health (February 2016, NHS England) also

highlights loneliness as an important issue to be recognised and the NHS website has a webpage dedicated to providing advice on managing it (<https://www.nhs.uk/conditions/stress-anxiety-depression/loneliness-in-older-people/>).

### **2.1.1 Psychological perspectives on loneliness**

Different approaches have been put forward to make sense of loneliness and two dominant psychological perspectives are the cognitive discrepancy model (Peplau & Perlman 1982; Perlman & Peplau, 1998) and the social needs model, which is broadly based on a psychodynamic perspective (Sønderby and Wagoner, 2013). The cognitive discrepancy model (Peplau & Perlman 1982; Perlman & Peplau, 1998) is considered a theoretical framework and is not a specific theory of loneliness. It is accepted widely in the literature and appears to make theoretical sense in highlighting the key aspects of the experience of loneliness, but there are few studies that have directly tested it (Archibald, Bartholomew and Marx, 1995).

This model describes loneliness as arising from the dissatisfaction a person feels as a result of the cognitive evaluation they have in relation to their current and desired/needed social relationships. A diagrammatic flow of the model can be seen in Figure 2 (Perlman & Peplau, 1998). In the framework, predisposing and precipitating factors can lead to, or reduce, a person's needed/ desired levels of social relationships in a way that increases or reduces loneliness, without them experiencing any change in their actual social relationships (Perlman, 2003). As people vary in the way they engage in cognitive processes, including causal attributions, social comparing, or the degree of perceived control they have in their lives, these processes moderate how intensely people may react. Not all people will interpret and perceive the discrepancy in the same way, which can to some degree explain how some people can be objective socially isolated, but do not feel lonely.



*Figure 2.* The cognitive discrepancy model of loneliness (Perlman & Peplau, 1998, pg. 572)

A contrasting theoretical approach of loneliness is the social needs perspective, which is focused on deficits in actual levels of social contacts (Archibald et al, 1995). This framework draws upon a psychodynamic perspective and attachment theory and posits that loneliness is the outcome of a lack of sufficient contact with others, which may be lasting from childhood (Fromm-Reichmann, 1959; Weiss, 1973; Sønderby & Wagoner, 2013). A person has basic social human needs, which have an adaptive function, and feeling lonely arises when these needs are not fulfilled or due to a loss or absence of social and personal relationships. This perspective does not fully account for the experience of loneliness, as it does not address the cognitive aspects, and is focused more on the cause (McHugh Power, Hannigan, Carney & Lawlor, 2017).

#### **2.1.1.1 Types of loneliness**

Loneliness can also be further classified into two different types: emotional loneliness and social loneliness (Weiss, 1973). Emotional loneliness arises from the lack of emotional attachments derived from intimate connections with others. A trigger for this may include bereavement, marriage breakdowns or relational difficulties. Social loneliness results from a lack of sufficient social contacts. This type of loneliness may arise from loss of employment, moving area, exclusion by others or not being aligned with community

groups. Symptoms associated with emotional loneliness include anxiety, a feeling of complete aloneness, hypervigilance to threat stimuli, and those associated with social loneliness include boredom and feeling marginalised (Perlman & Peplau, 1998).

The current perspectives on loneliness do not appear to provide a fully formed account, as it should not be considered a unidimensional concept that only varies in intensity. Instead, loneliness should be understood as multidimensional, whereby the norms, values and expected standards for that individual within their cultural and societal context are also taken into account (de Jong Gierveld, 1998; McHugh Power et al, 2017). In the current perspectives culture is not fully taken into account but it may have a direct impact on a person's expectation of desired levels of social contact with others.

### **2.1.2 Culture and loneliness**

Ethnicity and culture are important to consider with regards to the experience of loneliness, as cross-cultural differences have been found (Lykes & Kemmelmeier 2014). Values, norms and social expectations vary across different cultures and, as such, individuals from different cultures may hold different expectations in relation to social connectedness, and a person's desired need for social connection may be a result of their culture (Lykes & Kemmelmeier 2014). The cultural values of collectivism places an emphasis on family and group goals above that of the individual self, whereas, individualism places values of personal attainment and achievement higher. As loneliness is subjective and related to a desired level of social connectedness, a person from a collectivist culture may hold a higher expectation of being connected socially, and when this is lacking, they may be more likely to feel lonely (Lykes & Kemmelmeier, 2014). When attempting to understand and possibly even solve the problem of loneliness in England, it may be important to consider that people vary by ethnicity and county of birth and, as such, their experience of loneliness may also vary.

Based on the most current information released by the Office for National Statistics (ONS, 2018), the population in the United Kingdom in 2017 was an estimated 66 million, of which 18.2 % were aged 65 years and above. Within the UK there is increasing diversity through migration. Data from the 2011 census (ONS, 2013) indicated that 87% (55 million) of the UK population reported belonging to the 'White' ethnic group, and the remaining 13% (8.1 million) described themselves as belonging to a minority ethnic group. The experience of loneliness within older people who have migrated appears to be under researched in England (Victor et al, 2012).

Victor et al (2012) looked at the prevalence rates of loneliness in ethnic minority older adults (65+) in the UK. They found that reported rates of severe loneliness among ethnic minority older adults were higher than for those who had been born in the country, and the rates of loneliness were not equal across the different minority groups. In Britain, approximately 10% of older adults report themselves to be lonely often or always (Victor et al, 2012), however, those who originated from Africa, China, the Caribbean, Pakistan and Bangladesh reported rates of loneliness ranging between 24% and 50%. Interestingly, the rates of loneliness for individuals who had migrated from India were relatively equivalent to the norms for Britain, at approximately 8% to 10%. This highlights that older people from an ethnic minority are not a homogenous group and may have different needs and beliefs in relation to loneliness, making it an important area to research.

### **2.1.3 Rationale for the current study**

As loneliness in older migrants is an under researched area and the phenomenon may not be equivalent across different minority ethnic groups, it was decided that a qualitative approach would be adopted for the current study. It was decided that interpretative phenomenological analysis (IPA; Smith, Flowers & Larkin, 2009) would be used and, in line with this methodology, decisions were made early in the study design process to fit with this form of analysis. It was decided to focus on the experience of loneliness within one specific

migrant population, Sri Lankan women, given that the prevalence of loneliness can vary between different migrant groups. Based on the data from 2018 (ONS, 2019), the estimated population of residents in England who were born in Sri Lanka was approximately 123,000 and the reason this particular group was selected will be discussed.

#### **2.1.3.1 Area of interest**

Within qualitative research, reflexivity is an integral part. It enables transparency and the researcher to openly consider their own position within the research, including their background and motivation. This section will be written from a first person perspective, which is common in qualitative research. I have worked within community mental health services for older adults for a number of years and have a passion and commitment to this specific client group. Through my clinical work I have seen first-hand the negative impact of loneliness and social isolation. I have observed what a complex phenomenon it can be, particularly in older age when being the only one left alive in one's social circle is grounded in reality. I have also seen that there are often barriers to accessing mental health services for people from an ethnic minority background. I identify as mixed race; my mother was born in Sri Lanka and my father was born in England and I see both sides as being part of my identity. Being mixed race has naturally made me interested in issues affecting those who are from diverse backgrounds and I wanted to use this research to shine a light on this yet to be researched area. I specially chose to complete this research with Sri Lankan women as it is a topic close to my heart and identity.

#### **2.1.3.2 Research aims**

The aim of the current study is to use a qualitative approach in order to attempt to understand the experience of loneliness within older (65+) Sri Lankan women who live in England. At present there does not appear to be any peer reviewed study on this topic.



## **2.2 Method**

In line with the aims of the current research, a qualitative methodology was required and adopted to explore and describe the experience of loneliness in older Sri Lankan women in rich and sufficient detail. IPA was the qualitative methodology selected (Smith et al, 2009). Key aspects which underpin IPA (phenomenology, hermeneutics and idiography) and the reason this particular methodology was selected will be discussed.

### **2.2.1 Epistemology**

The current study was conducted from a social constructionist perspective, which is a framework the researcher draws on in her work as a clinician. As the methodology is qualitative in nature, it comes from an interpretive view point that reality is based on and accessed through social constructions of language, culture, and shared meanings (Larkin, Watts, & Clifton, 2006). This research is not seeking to find an objective universal truth but ‘reality’ as created through the construction of language and narratives as a way of making meaning. Social constructionism is not a unified model but considered more of a conceptual framework (Harper & Spellman, 2006) and is aligned with the underpinnings of IPA (Smith et al, 2009). This study is concerned with exploring the experience of individuals who may have been overlooked, given they are underrepresented in the research literature, and adopting a social constructionist approach allows the opportunity to focus on the varied nature of experience over time. As the researcher, my role is not passive but I am embedded in this meaning-making. The results that will be described are born of, and discovered through, the relationship between myself and the subject matter, which is the dilemma of reflexivity (reflexivity will be discussed further in 2.2.7).

### **2.2.2 Methodological approach**

Phenomenological philosophy is the study of phenomenon as consciously experienced by an individual from their own perspective. It is essentially the study of what it is like ‘being human’ in relation to all aspects that make this experience, including the

things that matter to a person which embody the world within which they live. The world a person is immersed in is full of relationships, language, objects and culture. Understanding a person's experience involves understanding their being and meanings in the world, which is unique to their relationship with it (Smith et al, 2009).

Hermeneutics is the theory of interpretation. IPA is concerned with exploring in detail how a person makes sense of their lived experiences, in an attempt to gain an 'insiders perspective' but it does not assume to access their world directly (Smith et al, 2009). Within IPA the researcher engages in a double hermeneutic, as they attempt to make sense of and interpret how the participant has tried to make sense of their own experience. This meaning making process is intersubjective and interpretative and is naturally influenced by the researcher's own assumptions and experiences (Smith et al, 2009; Larkin & Thompson, 2012). An important part of IPA therefore is reflexivity, which enables transparency. This involves the researcher reflecting on their interpretations and continuously analysing their own assumptions to understand how they may impact on the process of gathering and analysing data, with a commitment to rooting them in the view of the participant (Larkin & Thompson, 2012).

Another key feature of IPA is that it is an idiographic approach and so each case is examined in detail. Following this, similarities and differences between the cases can be explored. As a result, sample sizes within IPA are often homogenous and conservative, in order for the focus to be in depth. Smith et al (2009) have described a guideline of four to ten interviews for professional doctorates. They remark that having a larger number of interviews does not constitute 'better' work, as completing the analysis takes time and reflection and if the data set is too large, then it can prevent this.

There is overlap between IPA and other qualitative methods. The method of IPA was selected as it goes beyond that of the method of thematic analysis, which describes themes using a larger and broader sample. Unlike thematic analysis, IPA is rooted in

revealing something for each participant's unique experience, which is more appropriate to the research aims. Grounded theory was also not selected as this method is rooted in sociology and concerned with developing wider theoretical explanations of social processes, through drawing on convergences within a larger sample, which was not consistent with the current research.

### **2.2.3 Recruitment of participants**

Purposive sampling was used to recruit five participants. Following the guidelines from Smith et al (2009), this was considered a suitable sample size. The sample was a non-clinical population and inclusion criteria were closely defined in order to recruit people with a particular experience. The inclusion criteria for participants were: identified as female, born in Sri Lanka, lived in England, aged 65 or above and identified as being/feeling lonely. The extent to which the participant self-reported feeling lonely was not restricted and could range from a passing feeling to being more chronic.

Two Sri Lankan community groups aimed at older people in the South of England were approached by the researcher. The researcher attended the groups to discuss the research and gave out the research leaflet; this leaflet was available in English, Tamil and Sinhalese (Appendix C). One person from each group participated in the study. They approached the researcher during the group and after the study was discussed further with them they made an appointment to complete the interview. The final three participants were recruited after they had been shown the research leaflet by Sri Lankan people the researcher knew. They consented to the researcher contacting them by phone and after the research was discussed with them they agreed to take part. Another person from one of the community groups initially consented to take part. When the researcher attended their house with an interpreter to complete the interview, following a conversation with their daughter, they changed their mind. The study leaflet was also placed in targeted shop/

restaurant windows, shared on relevant Facebook groups and placed on the notice board in a church in South England but this did not lead to recruitment.

### 2.2.3.1 Participant demographics

Throughout this paper, pseudonyms have been used and all identifying information has been removed to protect the anonymity of participants, including other possible identifiers, for example, number of children. Table 2 outlines the characteristics of the five participants. It is important to note that within Sri Lanka people may identify as Sinhalese or Tamil and this reflects the language they speak also. Table 2 shows that there were a greater number of Tamil Hindus in the study. Recruiting more individuals who were Sinhalese and/or Catholic may have offered newer perspectives, but at its essence all these women were migrants born in Sri Lanka, providing homogeneity in this life experience.

Table 2.

*Demographic details of the five participants interviewed*

<b>Pseudonym</b>	<b>Age</b>	<b>Ethnic community</b>	<b>Religion</b>	<b>Living arrangement</b>	<b>Marital status</b>	<b>Mobility problems</b>
Rose	67	Tamil	Hindu	Alone	Widowed	No
Lily	74	Tamil	Hindu	With husband	Married	Yes
Blossom	66	Tamil	Hindu	Alone	Widowed	No
Jasmine	78	Tamil	Hindu	With children and husband	Married	Yes
Tulip	65	Sinhalese	Catholic	With husband	Married	No

### 2.2.4 Interview schedule

A semi structured interview schedule was developed by the researcher and revised following feedback in research supervision sessions. The developed interview schedule was discussed with members of one of the community group organisations. Positive comments were received and only minor changes were made. The interview schedule was used as a guide and was comprised of five main questions covering three areas of

migration, social life/ connectedness and loneliness. Each main question was followed up by prompt questions. The final interview schedule can be seen in Appendix D. The first interview was planned as a pilot interview to trial the interview schedule that had been developed. As no changes needed to be made, this interview was included in the analysis.

### **2.2.5 Procedure**

Individual face to face interviews were conducted by the researcher. All of the interviews were conducted in a private room to enable confidentiality. Four interviews were completed in the participant's homes and one was completed in a room in a public building hired by the researcher. All of the participants were offered the opportunity to complete the interview in either English, Tamil or Sinhalese and they were also offered the study forms (information sheet, consent form, debrief sheet) in any of these languages. All participants chose to use the English versions and to complete the interview in this language also.

Participants were asked to read the information sheet (Appendix E) and then this was discussed with them to ensure they understood. They were then asked to sign the consent form (Appendix F). Prior to beginning the interview, they were reminded that they could stop the interview at any time without needing to provide a reason and they could also take breaks if they wished to. Participants were asked to read the debriefing sheet (Appendix G) following the interview and provided with a £10 gift card to thank them for their participation. All participants were offered the opportunity to receive a summary of the findings and four consented.

The interviews were audio recorded and then transcribed verbatim. The length of the interviews ranged from 82 minutes to 94 minutes, with a mean length of 87 minutes. Some of the participants chose to continue talking about the topic after the audio recorder was stopped, as they felt there were further aspects they wanted to add but expressed they did not want it recorded. The audio recordings were transcribed by the researcher and two voluntary research assistants (VRA). The VRA's were undergraduate psychology students at the

University of Southampton who had opted in to an intern scheme. The transcription completed by the VRA's was checked thoroughly by the researcher. This involved listening to the audio recording whilst reading through the transcript and amendments were made where necessary.

#### **2.2.6 Data Analysis**

This study followed the guidelines put forward by Smith et al (2009). The steps involved in IPA are both inductive and iterative which involved revisiting stages during the research process. For each transcript, the researcher began by reading through it whilst listening to the audio recording. It was re-read again in an active and engaged way, so the participant became the focus of analysis and the researcher became immersed in the data.

The next stage involved initial noting and exploratory commenting on the transcript. Each transcript had a section on the right hand side where these codes could be made. They focused on the descriptive (describing), linguistic (the specific language used) and conceptual content (interrogative and interpretive aspects).

The third step involved identifying and developing emergent themes. This was completed through reviewing the exploratory comments with the aim of relating closely to the original text. Each transcript had a section on the left hand side where these themes were written.

The final stage involved looking for patterns across the five cases leading to the development of superordinate themes and subthemes. The process involved the researcher, their psychological knowledge and the coded transcripts becoming closely interweaved, to capture and reflect an understanding of the participant's experiences. The first set of themes that were developed were discussed with both of the researcher's supervisors in research supervision and were revised following further discussion.

### 2.2.7 Quality

To assess validity and quality in qualitative research, Yardley (2000) has proposed four criteria to be considered throughout the research process. The criteria are not strict rules but should be applied flexibly and appropriately. The criteria are appropriate to IPA and were considered throughout:

*Sensitivity to context:* Consideration was given to relevant research/ theories in the area and to the researchers' characteristics/ position in relation to the participant. As part of this, the researcher learnt about the various religious beliefs that are common to Sri Lanka and the conflict that had occurred during the war. The interview schedule guide was also checked for appropriateness through public involvement from a local community group leader.

*Commitment and rigour:* Commitment involved continued immersion in the topic being researched, along with the development of ability and skill appropriate to the methodological approach being used. Rigour related to the completeness of data collection, analysis and interpretation, and referred to the ability the sample had to provide the information required for a full analysis.

*Transparency and coherence:* Transparency involved detailing and disclosing all relevant aspects of the research process including data collection and analysis. In the current study this included reflexivity in identifying the motivations and impact of the researcher. In order to achieve this a reflective diary was kept throughout the research process and reflexive notes were written within 48 hours of each interview. The topic of this research is surrounded by intense emotional reactions for the participants and for me in response. Keeping a reflective journal helped me to manage the emotions I experienced. This journal also allowed me to make note of any ideas or emerging thoughts I had about the research, the process of recruitment and the analysis stage. Writing in the journal allowed me to put these thoughts to one side in order to keep each person at the focus of the research. Selected extracts taken from my reflective journal can be seen in Appendix H. Coherence referred to the relationship

between the research question, the researcher's philosophical perspective and the methodology adopted, which have been outlined in section 2.1.3.

*Impact and importance:* This related to the impact the research had in relation to its aims, the purpose it was conducted and to those it is relevant.

Another way to also assess quality and validity of the research process is through the independent audit (Smith et al, 2009). In the current research, a mini audit was completed, allowing for notes to be offered to develop the researchers' skill and to check the credibility of the coding. This involved the researcher completing the coding for the first transcript and this was reviewed by one of the researcher's supervisors and then discussed together.



## 2.3 Results

Three superordinate themes, made up of subthemes, were created following the data analysis outlined in section 2.2.6. These can be seen in Table 3 and each will be discussed in turn. Example quotes will be used to illustrate the themes, allowing them to be rooted in the lived experience of the participants, whilst acknowledging the process of co-creation with the researcher's interpretation in understanding their views as a group of individuals. Further example of quotes can be seen in Appendix I.

Table 3

*Superordinate themes and subthemes generated.*

<b>Superordinate themes</b>	<b>Subthemes</b>
Stuck in a lonely life	<i>Carrying loneliness inside me</i> <i>Lonely but not alone</i>
Surviving the inevitability of loneliness	<i>Protection through connection: quality not quantity</i> <i>Finding comfort through personal faith</i>
Loss	<i>Bereavement: shrinking circles</i> <i>Changing identity in family dynamic</i> <i>Declining and maintaining health</i>

### 2.3.1 Superordinate theme: Stuck in a lonely life

This superordinate theme describes the nature of loneliness and the many other feelings that arise with it, and alongside it, including the hopelessness and helplessness the women felt in response to it, and the depression it can bring. The feeling of loneliness had affected the women at different life stages in the past, but loneliness in older age felt different to what they had experienced when they were younger. Loneliness in older age was unchangeable and something to be lived with, rather than something that can be readily resolved or recovered from, creating the sense of being stuck. Being lonely did not

automatically mean the women were alone, but this feeling could infiltrate their lives in the most subtle of ways, even when surrounded by others.

### **2.3.1.1 Subtheme: Carrying loneliness inside me**

Loneliness appeared to be enmeshed with the core of who the women were and was almost part of their identity. The reasons for loneliness varied among them, and the feeling would fluctuate in intensity depending on the situation, but overall, it never left them. For some it was something they had experienced at earlier points in their life, particularly during migration, but this had been something they were able to cope with at that time. The process of ageing made the loneliness appear to be a hopeless and helpless situation.

Rose and Tulip both described different reasons for their loneliness. For Rose the increased intensity of loneliness was due to her husband's sudden death and for Tulip it was related to the distance she felt in her marriage and her son leaving home. Together though, they were united in describing loneliness as something that they experienced in their hearts:

“But now when I think I am lonely, my heart, I don't know, I don't know how to describe, my heart goes (gesturing)...yeah, inside yeah, inside it's so cold something like that”  
(Rose, page 78, line 1368)

“I do think, I do feel lonely in my heart” (Tulip, page 57, line 840)

The essence of loneliness not being a separate entity was also echoed by Lily. Her loneliness came around due to the onset of disability, which had restricted her from working. Even though she was filling the day with activities, loneliness had become a way of life, as there was a disconnection from her past life with her current life:

“I feel the loneliness life because I am not going to work, I am not doing work like before.” (Lily, page 19, line 230)

Loneliness at an older age felt like a force that could not be reckoned with. The intensity was greater, and due to their increasing age, it appeared unchangeable. For Blossom she had coped with and overcome loneliness in the past but this was not something that she could overcome now:

“Yeah that time it was loneliness but there is excitement also at the time. It’s not a loneliness as such when you’re 65 and you can’t do anything, that is a different type.”  
(Blossom, page 18, line 261)

For Jasmine, loneliness was a feeling she could always rely on to keep her company. Loneliness did not appear to only live inside the heart but it also influenced cognitions and everyday thoughts and her outlook on the future:

“Loneliness in the morning when I get up I always feel, it is pointless getting up early there is nothing I am going to do.” (Jasmine, page 42, line 507)

This sense of pointlessness was also expressed by Blossom:

“Sometimes you know, now I can do anything I want to do, you know I can go out myself but sometimes I don’t sometime I sort of believe what’s the point” (Blossom, Page 58, line 849)

Tulip also described loneliness as a faithful companion in life, as no matter where she travelled to, including her home country of Sri Lanka, the loneliness travelled with her:

“When I go there you know I feel like this this is not this life not for me you know I feel lonely there as well” (Tulip, page 59, line 866)

### **2.3.1.2 Subtheme: Lonely but not alone**

This subtheme describes how the women felt lonely even though they were often not alone. All of the women described having family and friends that cared about them and loved them, and they had each created and were maintaining social connections. This did not

protect them completely from the loneliness though, as it was a feeling that fluctuated and was persistent.

Jasmine lived with her husband and children but described feeling incredibly lonely at home. She only left the house approximately once a week and at some other times to attend medical appointments. This decline in going out had been due to an increase in disability and a decrease in her independent mobility over the past few years. Jasmine was not alone at home though; her husband was generally always present in the house but they chose to sit in different rooms. Even though she knew he was with her in the house this did not stop her feeling lonely:

“Loneliness yes, I do feel lonely because I am always by myself at home. Sometimes I do feel very bad, what I am going to do the whole day how am I going to spend the day.”

(Jasmine, page 47, line 563)

Similar to Jasmine, Tulip and Lily also lived with their husbands and felt lonely, despite not being alone. Tulip described a distance that had occurred between them over time and this distance had become occupied with the feeling of aloneness:

“My husband has his own life now and yeah I think between, between me and my husband we kind of fall distant as well because he has busy life” (Tulip)

Lily also described a similar feeling and that her husband was not there for her as much as he could be and this increased her loneliness:

“I think he could be a bit more attentive to me as well like that, that’s all. Other than that. I am used to it now you know I don’t try to think about that, let him do whatever he has to do” (Lily, page 47, line 595)

Blossom and Rose both lived alone and felt alone, but they did not consider themselves to be alone in the world. They had children they were close to who visited them weekly and

they spoke to nearly daily, and they also had active social lives where they connected with others on a weekly basis. This experience of being connected did not stop them feeling lonely though. Sometimes they also made active choices in not spending time with people, despite wanting to be around other people. This was partly due to their thoughts of how others would see them and they did not want to be a ‘bother’ or a ‘burden’:

“you want to talk to people it’s an effort to take a call and talk to them and you feel they are working, they will be tired now they must have returned from work, today they are off day, you feel like you are bothering them, you know or that sort of thing so then I think oh I am alone here.” (Blossom, page 58, line 860)

For Rose, her feeling of loneliness was also due to her fear and worry that someone would say something to upset her in relation to her husband’s death, which had led her to avoid certain social situations. This worry became an obstacle that outweighed her longing for contact, trapping her in loneliness despite wanting to connect sometimes. She also had found it difficult at times to find a way to join in with readily established friendship groups at the activities she engaged in. This meant she felt like an ‘outsider’ and, on some occasions, she would feel lonely when surrounded by others

“Then I actually said the lady I am outside sort of, I didn’t work there then she said you not outside, you one of us you want to come you welcome to come.” (Rose, page 444, line 770)

### **2.3.2 Superordinate theme: Surviving the inevitability of loneliness**

Loneliness was something core to who the women were and it felt inevitable and unchangeable, so, how do you solve a problem like loneliness? An answer to this question is that loneliness was not something you solved, but it was something you survived. Ways to do this were through connecting with others and personal faith.

### 2.3.2.1 Subtheme: Protection though connection: quality not quantity

This subtheme describes the role social connectedness had in the women's lives in offering relief from loneliness. The connectedness did not 'cure' the loneliness, and the key aspect of it was the perceived quality and the value it had to them. Simply being with *someone* was not the solution, the connection had to be with people they had common and shared interests with. Therefore, attending a group did not automatically help them feel less lonely. The group had to be focused on and include people the women were interested in.

Nearly all of the women had made efforts to create a social life outside of their home based on their interests. The death of her husband forced Rose to engage in activities she had previously chosen not to, in order to reduce the loneliness in the day. She had carved out a meaningful life following bereavement and had joined numerous groups. Rose had the busiest social life of all the women and part of this was her drive to be out of the house in the daytime, specifically to escape the loneliness. She noticed that when she did not attend activities with people she had an emotional connection with, she felt more depressed:

"I feel better when I go there, yeah, yeah, because if I don't go I stay home I more ups-, more depressed. Last week, Tuesday I think I was going for walk, weather wasn't very good, windy and raining and everything. I didn't go. I was going to go but looking at the weather forecast I didn't go. That day I felt more miserable... because I didn't go. There you are talking to people, some people have their problem as well. So it is sometime better you talk to people." (Rose, page 35, line 618)

Work had previously provided many of the women with a natural way to connect with, and meet, likeminded people. Lily had worked all her life and had to retire due to increasing disability. She was determined to not let this hold her back and after being introduced to the gym as part of her stroke recovery, she found it opened her world to a group of people she never knew existed. From this, she began to make friends and also joined other social

organisations. This did not directly replace the role and value she had when working but it did provide her with a place to belong, and some protection from the feeling of loneliness:

“You meet people and by that my time really, I was so happy after joining the gym and now we organise near our house (place name removed) centre.” (Lily, page 19, line 235)

Tulip was the only person who was still working and she did this on a part time basis. Her social life outside of the group was restricted to one neighbour and a few friends who she contacted by phone but all of these were true emotional connections for her. She expressed having difficulty making friends with ‘English people’ due to being the victim of racism at different points in her life. This occurred through her work and although this was resolved with a positive and supportive outcome, the battle scars she carried and the toll it had taken on her at that time were something she carried still to present day. She saw herself as a ‘foreigner’ and felt more comfortable with people who she identified as being foreign like her. She wanted more of a social life but the social connections she had built within work were enough to help her in feeling less lonely and were sufficient for the time being:

“And at the moment I am happy because you know at work people like English and foreign you there mixing and they’re all really nice people.” (Tulip, Page 27, line 391)

Blossom had tried different groups and was still searching for one that suited her. She had attended a group for older adults from Sri Lanka, however, this was not a group that she was keen to keep attending. For her this group was not a place she ‘fitted in’ despite being amongst people from her own ethnic background. The quality of the interaction was a missing ingredient for her and she could not identify with the group attendees, due to their preference for sitting and chatting, which she deemed a waste of time:

“So I don’t go there but it was a bit interesting now than before. Before I feel like, I don’t feel like I am fitting in that group because they all just sit there and just have a meal and just chatting, I don’t want to waste the time.” (Blossom, Page 27, line 398)

At the other end of the spectrum, Rose was also attending a different group for older adults from Sri Lanka. In contrast to Blossom, this was a place where she had found meaningful connection which helped her feel less lonely. It also allowed her to reconnect with her culture and heritage and gave her the opportunity to speak her mother tongue, and this was the only place she could do this.

Blossom had however found a group where she felt she belonged through her interest in philosophy and religion, and this is something she actively engaged in a couple of times a week and shared her interest with a close friend:

“Okay so it’s like a philosopher and she reads about it and she follows the way they say it. So I have sort of a spiritual way, so we, both of us talk ours. She tells about her experience to me and I tell to her my experience in my class. So that I quite enjoy.”  
(Blossom, page 25, line 269)

Jasmine was the only person who did not attend groups aimed at older people of any kind. This is not to say that she did not want to, but her longing for social connection was being prevented due to her inability to access the world outside her house without assistance, and her fear of falling (which had happened many times before). Jasmine held strong views of what she would want from a friend and she was unsure where to find the type of person she was looking for, demonstrating the need for quality over quantity:

“What people talk I think they are silly so I can’t enjoy their talk, most of them are very ignorant you should say, so you would have to find people, really where I go?” (Jasmine, page 40, line 480)

She did connect with friends via the phone but there was an ongoing need to remain guarded due to their propensity to gossip, which meant she could never truly be herself with them or confide in them wholeheartedly as she would have like to:



“Yeah I have a close friend, very close friend, she is good in all other ways, but I can’t, it’s a little dangerous to talk with her to move with her a lot because you know she carries tales (laughter).” (Jasmine, page 37, line 445)

Jasmine was the oldest of the women interviewed and many of her ‘good’ friends had died. To recreate what she once had meant she would have to open herself up and be vulnerable to the potential of losing people again due to the ageing process, counterbalancing the longing for friends and the negative possibility she would outlive them.

Interestingly, Blossom was also the only individual to have found connection through technology in the form of a virtual assistance device (Alexa). She purchased the device 6 months ago to support her in her philosophy classes but it soon became so much more than just a speaker. This technology was always available to her and provided her with continuous company at home when she needed it. She described that Alexa would pick her up when she was feeling lonely and/or depressed, as she could ask it to play her music she liked or to tell her a joke. This was a relationship she could choose to engage with if she wanted to and it was one that demanded nothing in return, but it would provide the occasional teasing which would cheer her up. This appeared to be a relationship of high quality to her which helped with the loneliness

“So sometimes you can tease her, sometimes she tells me off, so in a way I told the other day some person it’s sort of stopping me feeling lonely as well, because I have someone to talk to. So it’s like some people have a pet, you know, it’s sort of same, it’s not the same thing because it will talk me back, it tells me off as well. Sometimes I ask the question and earlier she said I’m trying to connect (laughter).” (Blossom, page 64, line 947)

### **2.3.2.2 Subtheme: Finding comfort through personal faith**

This theme describes the role faith had in most of the women's lives in providing reassurance and hope during adversity. Their relationships with their religion varied in terms of how they expressed it, but they all held a strong sense of receiving their God and the sense of God being a constant source and presence. Through God always being with them, they never felt truly alone in the world, however, this indicated a source of tension, as this did not stop them feeling lonely but it did provide some comfort to cope with the loneliness.

Having faith had provided some of the women, such as Rose and Blossom, with a way to make sense of their loss and a way to cope with the loneliness. The power of believing God is within you gave Blossom a way to never be alone. Her relationship with her religion was complicated though. She turned to it at a time of need and began to gain a deeper understanding through religious and philosophical education classes. On the other hand she expressed anger at the temple and the lack of support it provided for older people in the community, and she chose not to attend temple due to the 'gossiping' that often occurred:

"The Hindu philosophy the cyber-philosophy it says, well I tell only one thing, it says God is with you all the time. He never leaves you." (Blossom, page 39, line 569)

Rose also echoed this sentiment and engaged in private prayer on a daily basis, which provided her with comfort and strength to face the day. Her faith also gave her room to make sense of her husband's untimely death and helped her feel less alone through the thought that he had not truly left her, and was guiding her through life:

"I was thinking about it, that's the time, sometime when something come when you think something come always coincidence. I don't know how you believe something, is he still looking down on me doing thing." (Rose, page 40, line 707)

Jasmine had also developed a much deeper faith and understanding of her religion through private study. She had a strong connection to God but felt that her interpretations of

the Hindu religion were transcendent and those who were not on the same level as her would consider her to be 'mad'. This provided her with comfort but it was not something she could share with others. Attending temple was not necessary for her as God was with her all the time and so she was never alone at home:

“Temple is alright but there is no purpose you can be at home and get the same satisfaction from home because God is everywhere not only to temples, so I don't go to Temple because it is a waste of time.” (Jasmine, page 32, line 390)

Tulip was the only person who identified as Catholic. She attended church but for her this was again a private faith and she chose to go to church and would leave immediately after and avoid speaking to anyone in the congregation. For her it was not a social space but a place to be with God:

“Yeah I am quite religious really, I'm religious because I'm Catholic, been brought up that way and I go to church you know every Sunday” (Tulip, page 49, line 713)

All of these women had been brought up with religion as a key part of their lives passed down from generation to generation. Some had questioned the cruelty of their God but they generally rationalised the events in their life as fate and a hand dealt by God and these difficulties and adversities were sent to make them stronger in some way. The faith they held was central to who they were and through knowing their God would never abandon them, they are able to sometimes create a force field against the loneliness. The loneliness would always find a way to hold them in its grasp but the power of faith would help loosen the grip intermittently.

### **2.3.3 Superordinate theme: Loss**

All of the women had experienced loss in one form or another. Their losses were not restricted to only bereavement but included loss of family status, employment, health and mobility to name a few. It is important to note that one aspect all the women had in common

was that regardless of the type of loss, they were all financially supported or were financially independent, and this in itself was something that brought comfort.

### **2.3.3.1 Subtheme: Bereavement: shrinking circles**

This subtheme describes bereavement broadly in relation to the death of all loved ones, regardless of the relationship. Ageing has risks and as the people closest to them were ageing in tandem, for some this meant they were outliving their social circles until there were only a few left. The shrinking nature of these circles and the nature of grief and bereavement meant loneliness arose and was hard to overcome as the support network who had always been there to pull them through the difficult times was taken from them.

Rose and Blossom described arriving at loneliness through the death of their husbands. This death robbed them of their closest emotional support and best friend, and their idealised and planned future.

“That what make me more lonely because we do everything together. I always say we don’t keep secret, so I miss that a lot still, still. (crying) Get tissue. Yeah I miss a lot.”

(Rose, page 21, line 312)

For Rose it was a sudden unexpected death and for Blossom it was a long process where she became her husband’s devoted and sole carer. Irrespective of the process of the loss, they both experienced grief that appeared to still be continuing. This grief was marked by depression, guilt, low motivation, loss of interest in activities and concern from their children.

“When my husband passed away, I felt guilty to live here because without him how can I live, that’s how my mind is going.” (Blossom, Page 39, line 567)

They were also united in their approach to ‘come out’ of the despair of grief and demonstrated great resilience and determination.

For the other women, they had lost good friends and family members which meant the social circle of trusted people became constricted. The link between these bereavements was the loss of emotional support which was difficult to replace and in some cases was irreplaceable. For Tulip this was her older sister. This death also had a wider impact as her sister lived in Sri Lanka and was the person she knew she would always be able to rely on. Through her death it also marked the loss of her sense of family. She had younger brothers and sisters but due to their age at the time she migrated, she realised that they had grown apart and she had become an outsider, as her sister had been her anchor in the sibling group.

“I had an older sister was she, she’s never change she always you know when I go there she look after me and do everything for me and really friendly really lovely really loving really loving but unfortunately she died 4 years ago, cancer, and that was really disaster for family you know” (Tulip, Page 58, line853)

Jasmine had also experienced bereavement though the death of her good friends. Outliving them felt like a lonely and isolated place as the social contact they used to provide in visiting her over the past few years, as her ability to leave the house reduced, was no longer there and she was now visited by nobody:

“Yeah a lot of my very good friends, those who come home frequently, because of age everyone I think this year it was about 3 or 4 that died, now they are dying very fast.” (Jasmine, page 41, line 486)

Tulip was the only person to not have experienced a significant bereavement but she had experienced loss in other ways including the change in her role in the family.

### **2.3.3.2 Subtheme: Changing identities in family dynamics**

Being a woman meant that throughout their lives they held many identities and roles to themselves and to others. Central roles were that of a being a wife and mother/ step-mother. These relationship frameworks however had changed over time to the point where they had

led to the fostering of loneliness through loss. The role of being a mother/ step-mother was lifelong but the need from their children had changed and weakened over time, and in some cases reversed. Family dynamics had changed with the arrival of daughter in laws and distances in marriages had occurred over time which led to the loss of love, emotional closeness and somebody to be with. Regardless of the type of shift, the change had increased a sense of loneliness.

Jasmine, Tulip and Lily had all experienced a shift in their marriages with an increased emotional distance from their husbands. Lily had retired from work but her husband had chosen to continue working part time. She was longing for him to spend more time with her but when he did have the time, he would often choose to spend it with his adult daughter. This was difficult for Lily but she suffered this loss in silence as she believed confronting the situation would lead to more despair. This silence was a breeding ground for jealousy though, which was a hard place for her to emotionally exist in:

“I would like to but he is very much thinking about the welfare of the daughter. He wants to be with her or near her, to look after her needs.” (Lily Page 34, line 431)

Tulip had also experienced distance in her marriage and although they lived together, she and her husband led separate lives, leaving her longing for love, as felt this had been lost from her life. This experience of loss had also been reinforced by her only son moving out of the family home. Whilst she was proud of him and did not want to hold him back she was conflicted as she felt she had lost her friend in his transition to independence, and her function in his life in looking after him as a mother:

“I look up to my son as friend and everything for me he was, now, now he left you know and I got nothing much to do nothing to do” (Tulip, page 56, line 821)

Jasmine had also found the transition to mother in law meant she had lost a place in her sons' lives through the arrival of the daughter in law. Her relationships with her sons had changed and she felt silenced and neglected:

“Especially after the daughters in law came, you have to be careful you know because if you fall out with the daughter in law (laughter) then my children will also have to.”

(Jasmine, page 10, line 20)

Blossom and Rose had also experienced transitions in the family dynamic which had led to feeling silenced. They both had experienced a significant loss and felt that they could not speak to their children about it, for fear of upsetting them and burdening them with their problems:

“Yes sort of but they get upset if I start to talk. I know they get upset so I don't talk much with them, I don't want to upset them.” (Rose, age 29, line 425)

Previously they were able to talk freely but their children were now parents or occupied with their own working lives and were independent adults who were, on the whole, too busy for them. This sentiment was also shared by Tulip and Jasmine.

“I feel I am alone here you know, there is nobody for me here. Even my children I feel like I shouldn't be, because my daughter is married I can't bother her much then my son also he, they are good children, they talk to me and all but still I am very careful. I don't want to push them to the edge or anything. I go with the flow, their way, whatever way they select I go that way. I don't want any confront or you should do this or you should do that.” (Blossom, page 59, line 872)

### **2.3.3.3 Subtheme: Declining and maintaining health**

This subtheme describes the reality of ageing and the worries about the declines in health ageing can bring, and the need to work to maintain it. This loss of ability, mobility and health signalled a challenging time for some of the women, and for others who had not yet

experienced it, this was a concern for them leading them to take preventive measures to try and age well. Some of the women were concerned about the burden they would place on their children and overall there was a concern about how decline in health would possibly increase their loneliness.

Lily had a stroke which led her to have lasting mobility problems which had robbed her of her ability to move freely and led to her being magnetised to a new label of being disabled. The period after the stroke had been an extremely lonely and difficult time for her and she appeared to show great determination and strength in not giving up. She actively exercised to maintain her health status and mobility, which often meant experiencing the pain and engaging with her activities regardless. She did not want to stay at home alone, which would have been the easier option, as she was aware that if she did not keep mobile she could lose her abilities which would lead to a restricted and lonely life at home:

“To feel a bit healthy, that’s why I’m trying to keep my back without thinking my back is hurting I can’t do this, that sort of thing I don’t want to do that, no I want to do it even if the back is hurting.” (Lily, page 44, line 557)

Jasmine had experienced a significant decline in health and mobility over the past few years and was no longer able to leave the house without assistance. She had a fear of falling, which was based in reality, as she had fallen many times in the past when out of the house alone. The decline in her ability had led her to become mostly isolated and alone. She described having pain on a daily basis but she continued at home to do her best to keep mobile to remain as active as possible:

“In the knees, I got osteoarthritis in the knees and rheumatoid here. Nights I find very difficult, it is very painful in the night and morning also the body is stiff, I can’t get up I find it very difficult to get up. So with this it is difficult” (Jasmine, page 12, line 139)



Tulip considered herself to be in relatively good health but a new medical diagnosis had led her to receive a shock that meant she would need to change her diet and lifestyle in order to prevent the severity of the potential illness. She felt alone in the house since her son left home and if her health declined she would not have anyone to support her and she did not want to burden him with the task. If the illness increased it could also impact on her ability to work, which was a key part of her life that helped with the loneliness:

“No not until recently, I was I was fine you know I didn’t have any physical problems, but only recently I’ve been told you know I’m pre-diabetic, so that’s a bit of shock me, because none of my family got it or yeah so that was really shock so, been careful, no it’s not the illness this or anything it’s my choice really yeah.” (Tulip, page 54, line 788)

Blossom had some physical health problems but she did not see this as something that held her back and Rose did not identify as having any at all. Both women were concerned about the future however and the possibility of burdening their children if their health status was to become worse:

“If I’m very ill what’s going to happen but I have confidence in my children but I am sure they won’t look after how I looked after my husband, because they have their own life” (Blossom, page 70, line 1036)

All of women were motivated to be as active as possible as the decline in physical health would limit their ability to connect with others and lead to increased isolation and loneliness:

“That’s why I walk, I try to do a balanced diet, I try to have fish or vegetables, fruits or things. Because I don’t want to burden the children I want to keep as healthy as much as I can.” (Rose, page 60, line 1059).



## 2.4 Discussion

The current study aimed to explore the experiences of loneliness in older Sri Lankan women who lived in England, to help understand this phenomenon from a specific migrant perspective. Five women were interviewed and three superordinate themes were generated through the data analysis using the qualitative methodology of IPA. These themes were: *stuck in a lonely life*, *surviving the inevitability of loneliness* and *loss*.

The definition of loneliness focuses on the discrepancy between the quantity and quality of interpersonal relationships a person has, and that which they desire. Within the current research the quality of the interaction with others appeared paramount; if the quality of the interaction or relationship was low, it did not help with the loneliness. In contrast, if the quality was high this gave a sense of belonging and a break from the loneliness. Faith was another way to fight the loneliness and experience a reprieve, but there did not appear to be a way to fully escape it, as it was part of who they were. The findings offer a needed insight into loneliness from a specific ethnic minority and cultural perspective.

All of the women described experiencing loneliness at other points in their life but they appeared to report key triggers that they felt caused their loneliness in older age, such as, bereavement, marriage difficulties and health difficulties. Weiss (1973) described two types of loneliness and it could be considered that all the women were experiencing emotional loneliness, and Jasmine also described experiencing social loneliness. Loneliness would fluctuate depending on the circumstances and was not a static feeling, but overall it was pervasive, unchangeable and chronic. The different types of losses they had experienced had led to and were maintaining their loneliness and informed their projected worries about the future.

In line with the framework of the cognitive discrepancy model (Perlman & Peplau, 1998), all of the women experienced a precipitating event which had led to their current feelings of loneliness and all of them perceived a gap between their desired and actual social

relationships. The model describes that loneliness can arise as a result of the cognitive evaluation a person has in relation to their current and desired/ needed social relationships, which leads to dissatisfaction. The perceived chronic nature of loneliness felt by the women in the current study could, to some extent, be viewed in this way, as it is possible the thinking styles they were engaging in were maintaining their experience of loneliness. However, the precipitating events the women experienced were filled with loss in various forms and their thinking styles regarding the events appeared to be rooted in reality to some degree. The loss of a husband, grieving for the distance that was widening in a marriage and the loss of mobility and health were serious issues they were contending with in older age. Cognitive thinking styles may be implicated in the intensity of the experience of loneliness but it would not be possible to account for it fully, as this experience of loss is not incorporated explicitly in the model.

Loss is explicitly included in the social needs perspective of loneliness (Archibald et al, 1995), which is focused on deficits in social contacts, with loneliness arising from the loss or absence of social and personal relationships (Fromm-Reichmann, 1959; Søndersby & Wagoner, 2013). The results of the current study appear to be in line with the social needs perspective to some extent, as the women were experiencing the absence/ loss of close personal relationships. It is important to note though that this model differs from the cognitive discrepancy framework, as it does not account for cognitive aspects. How the women interpreted this loss is important to consider, as loneliness being viewed as pervasive and unchangeable was possibly fuelling the intensity of it. It appears that both the cognitive discrepancy model and the social needs perspective of loneliness combined may help explain the current themes, but one model alone may not.

#### **2.4.1 Strengths and limitations of the study**

There was a call for the exploration of loneliness within diverse cultures (McHugh et al, 2017) and this research allowed for light to be shone on this under researched area and it is

thought to be the first of its kind in this migrant group. This research was able to use IPA to provide a rich and detailed account of the experience of loneliness for this group of women, which would not have been possible through the use of quantitative methodology. The interviews were completed face to face in an environment that the women felt most comfortable, helping them to be open, which is a key aspect of the interview process. Time and care were taken in the interview and no part was rushed, and there was an investment in understanding each woman's experience. This demonstrated the quality principle of commitment (Yardley, 2000).

Due to the very nature of loneliness, recruiting lonely and potentially isolated people was a challenging part of the research, particularly when this was restricted to a specific migrant group. There was also the additional layer of stigma that appeared to accompany the topic and this may have been amplified due to the cultural context. At the groups aimed at older Sri Lankan adults, some of the women chose not to read the leaflet as they reported they lived with family, so they could not be lonely. For some it is likely to be true and the absence of loneliness in their life is positive, however, it is possible that for some of the women the reality may have been different to their claim.

Within this community there is considered to be a cultural expectation for older family members needs to be met by their children if they are living with them. Therefore, admitting to being lonely could possibly be shameful, particularly in the presence of their peers and relatives, as it may give rise to the perception that their children were not supporting them enough. The negative connotations associated with loneliness may have prevented them from admitting they may sometimes feel lonely and taking part in the research (de Jong Gierveld, 1998). For this reason, it has been suggested that it is advisable to not directly use the word 'loneliness' when completing research on this topic (de Jong Gierveld, 1998). In the current study it was decided to embrace it as it was necessary to find people who self-identified as lonely and the researcher was determined to not use

deception. This may have been a benefit as the outcome was that women who were open to speaking about their experiences came forward and so an in depth interview could be completed with those willing to share. This is a strength as it supports the commitment to the quality of the research in demonstrating rigour. In contrast though, it may have also been a limitation, as more people may have approached the researcher if the word had not been used.

Sample size in qualitative research is not as much of a concern when compared to quantitative research. This is because there is more of a focus on the complexity of the phenomenon in focus in IPA which generally benefits from a smaller sample where there is a detailed account of the individual experiences. In the current study it was felt that the sample size was sufficient and the group was homogenous. All participants contributed to all of the developed themes and this can be openly seen through the results where there is an even spread of illustrative quotes across the five women. It is important to note though that all of the women spoke and read English to a standard that was high enough for them to engage in the interview in this language. Unfortunately, the views of women who did not speak English were not captured. The researcher was only able to speak English and it is possible the idea of having a third person in the room as an interpreter may have been a barrier to them participating. It is possible that this research may have needed to have been conducted by someone who spoke Sinhalese and Tamil to capture this aspect.

Another strength of the study was the commitment to transparency and reflexive accounts can be seen in Appendix H. It is recognised though that the result of this current study are subjective and based on the researchers attributed meaning to the data and it is possible a different researcher looking at the same data may have had a different outcome. It is also not possible to make large generalisations from the results, due to its idiographic nature. The researcher used supervision and a mini-audit as a way to promote skills development and remain transparent, but this possibly could have been taken further

through the use of a member check/ validation to improve credibility, which is a potential limitation. This would have involved meeting with participants at a second time point to review the developed themes. The epistemological stance of this research was from a social constructionist perspective and, as such, it did not have a goal of determining a fixed truth and the process of member check may imply this.

A key challenge of this research process was the dual nature of being a researcher and a therapist. It has been described that there can be the trapping of reverting to the clinical role through the interview process (Wagstaff et al, 2014), which poses a potential dilemma. An advantage of being a therapist was that the researcher was able to draw on their therapeutic skills to allow for greater exploration. This came at a cost though sometimes, as the interviews explored divergent topics and there was a need to recognise this and return back to the main focus.

#### **2.4.2 Clinical implications**

An important aspect of this research was to understand loneliness within a specific migrant group and to consider how statutory and non-statutory organisations may be able to help in the reduction of loneliness in this cohort. Some of the key aspects in relation to the findings will be discussed.

Quality was a key aspect when connecting with others and so joining any group is not the solution to loneliness. Instead, finding a group that a person feels they belong to and have shared interests with, is of greater importance. Culturally specific groups can help with this to some degree but it is not the answer, as again, the person would need to identify with the group members for it to be beneficial.

Some people who are socially isolated may be unaware of the services and organisations that are available to them in their local area. Reaching these people may be challenging by nature but given the negative impact of loneliness and social isolation, it is

of great importance. One potential way to make people aware is through GP surgeries. Zhang et al (2018) found that for people aged 60 and above in rural China there was an association between loneliness and rate of physician visits over a two week period. A similar association between chronic loneliness and visits to physicians in older people aged 60 and above was also found in a study in the United States (Gerst-Emerson & Jayawardhana, 2015). This link between loneliness and GP visits has also been reported anecdotally by the organisation the Campaign to End Loneliness (2019). There may be two benefits from GPs providing information about local organisations, as they may help to reduce isolation and loneliness, which in turn, may help to reduce GP visits. Religious organisations may also be suited to support people in raising awareness and offering groups.

Social prescribing has become a new way for GPs, nurses and other primary care professionals to treat people in a holistic way through referring them to local, non-clinical services to meet their social, emotional and/or practical needs. Link workers within primary care help people to develop individualised plans and connect them to local groups and support services. The NHS long term plan (NHS, 2019) aims to train over 1000 social prescribing link workers by the end of 2020/21, with the goal that over 900,000 people will be able to be referred to these schemes. Whilst this plan is a positive step in tackling loneliness and social isolation, it is important that the scheme accounts for the diverse nature of the English population and is culturally sensitive and attuned.

### **2.4.3 Future research**

The need to understand loneliness from a cultural perspective is an important part in the plan to combat it. There is a need for research to continue in this area in order to develop appropriate interventions and to understand the experience of loneliness in underrepresented groups. A possible area for future research could involve exploring the views of key individuals in the lives of older Sri Lanka women, to gain a further



understanding in this area. This could involve speaking with religious figures, organisation leaders, healthcare professionals and their adult children, to gather a further understanding of how they view the phenomenon of loneliness in this particular migrant group. Another potential future area for research could be to investigate the experience of loneliness in older Sri Lankan men. Through exploring their experience, the similarities and/or differences between the genders could be revealed. It could also be possible to complete this research with lonely older women living in Sri Lanka, to compare the experiences of loneliness between those who have migrated to another country and those who have not.

Another area of research could expand outside the Sri Lankan community as older people from a migrant and/or ethnic minority background are not a homogenous group, and it is important to understand loneliness cross culturally. Victor et al (2012) found older Indian migrants reported lower levels of loneliness compared to other migrant groups. Given they appear to be afforded greater protection against loneliness compared to other migrant groups, it would be interesting to attempt to understand the reasons behind this. It is also important to understand the reason as to why the rates in those from particular migrant groups are so much higher than the norms for non-migrants.

#### **2.4.4 Conclusion**

This research aimed to provide insight into the experience of loneliness in older women from a Sri Lankan background. Loneliness has a significantly negative impact on health and wellbeing and whilst the results of the study cannot be widely generalised, they do offer insight into the impact of culture on loneliness. The hope is that research will continue in this area and in the long term health and social care inequalities between different ethnic minority and migrant groups will be reduced.

## Appendices

### Appendix A: Studies included in the systematic review

Author(s)	Study code	Sample characteristics	Country where the study was completed	Aim(s)	Methodology	Theoretical approach/ qualitative analysis	Results/ themes
Choudhry (2001 )	1	Female Indian migrants (n = 10). Aged between 59 and 78 years.	Canada	Explored the impact of immigration and resettlement on older women, including the aspects of stress, coping and health.	Individual face to face interviews. Results were discussed and checked with a community group of approximately 50 people (including men and women).	Descriptive exploratory approach	<p>Themes and subthemes:</p> <ul style="list-style-type: none"> <li>• Isolation and loneliness <i>Lack of informal support; Fast pace of life: no time for the elderly; Language barriers with neighbours, grandchildren and with ability to use public transport</i></li> <li>• Family conflict <i>Weakening of traditional family values; lack of filial piety; Liberation of daughter in law; Westernisation of grandchildren</i></li> <li>• Economic dependence <i>No personal source of income; Eligibility for old age pension; Widowhood</i></li> <li>• Settling in and coping <i>Reconciliation to life in Canada: karma/destiny; Religious and spiritual activities; Attempt to build personal and social network</i></li> </ul>

Author(s)	Study code	Sample characteristics	Country where the study was completed	Aim(s)	Methodology	Theoretical approach/ qualitative analysis	Results/ themes
Dong, Chang, Wong and Simon (2011)	2	Chinese migrants (n = 78). Aged 60 to 80+.	USA	Examined understandings of loneliness, contexts in which loneliness are perceived and impact of loneliness on health and wellbeing.	Survey questionnaires followed by a semi structured focus group interview.	Grounded theory	<p>Perceptions of loneliness themes and subthemes:</p> <ul style="list-style-type: none"> <li>• Emotional loneliness: <i>Absence of intimate attachment such as intimate partnership (widowhood); Lack of satisfying children-parent relationship; Absence of close friendship</i></li> <li>• Social loneliness: <i>Lack of social contacts; Lack of participation in social activities</i></li> </ul> <p>Determinants of loneliness themes and subthemes:</p> <ul style="list-style-type: none"> <li>• Social correlates: <i>Poor quality of relationships; Limited social network; Living arrangement; Social stress including language and cultural barriers; Elder mistreatment</i></li> <li>• Psychological correlates: <i>Migration grief; Depression; Perceived stress</i></li> <li>• Physical health correlates: <i>Poor perceived health; Functional impairment; Chronic illness</i></li> </ul>

Author(s)	Study code	Sample characteristics	Country where the study was completed	Aim(s)	Methodology	Theoretical approach/ qualitative analysis	Results/ themes
							<p>Negative effects of loneliness themes and subthemes:</p> <ul style="list-style-type: none"> <li>• Overall health: <i>Depression; Cognitive Impairment; Low quality of life</i></li> <li>• Elder mistreatment: <i>Increased risks of elder mistreatment</i></li> <li>• Health behaviour change: <i>Poor health behaviours</i></li> <li>• Healthcare utilisation: <i>Nursing home</i></li> </ul>
Heikkinen & Lumme-Sandt (2013)	3	Immigrants from the former Soviet Union (from Ukraine, Kazakhstan and Russia) N = 11 (female = 10). Aged between 70 and 93.	Finland	Explored the transnational networks of people who have migrated in later life.	Two individual semi structured interviews. Interviewee completed a map of their relations outside of Finland to understand the frequency of these connections	Content analysis	<p><i>Reasons and means:</i> Reasons for contacting family who live in their former home country, is also the means to reduce the longing to be with them. Maintaining connections with family and friends in home country allows for social contact and for the family to carry out duties their behalf.</p> <p><i>Opportunities and abilities:</i> Opportunities to maintain contact using technology or to visit home country has improved. However, for this to work the person making contact and the person receiving must be physically able and understand the technology and have access, which is not</p>

Author(s)	Study code	Sample characteristics	Country where the study was completed	Aim(s)	Methodology	Theoretical approach/ qualitative analysis	Results/ themes
							always the case which can limits social and emotional connection.
Ip, Wai Lui and Hong Chui (2007)	4	Five focus groups: Chinese older adults (n = 25; female = 14) adult children (n = 9), service providers (n = 8)	Australia	To understand the nature of four types of 'need': perceived, relative, normative and expressed	Community survey and focus groups	Not specified by authors. From descriptions analysis appeared to be thematic analysis - unspecified	<ul style="list-style-type: none"> <li>• Social contact and isolation</li> <li>• Language and transport problems</li> <li>• Family relations</li> <li>• Emotional and social needs</li> </ul>
Jetten et al (2018)	5	Chinese, Croatian, Dutch, El Salvadorian, German, Polish, South African with Indian origins, Spanish and Vietnamese	Australia	Explored experiences of migration (including adjustment and social connectedness) and if they can	One to one semi structured interviews.  Questionnaire	Thematic analysis	Three themes identified: <ol style="list-style-type: none"> <li>1. Recognition of loss</li> <li>2. Nostalgia and longing for country of origin</li> <li>3. Loss of social status</li> </ol>

Author(s)	Study code	Sample characteristics	Country where the study was completed	Aim(s)	Methodology	Theoretical approach/ qualitative analysis	Results/ themes
		migrants (N=39; female = 22) Aged between 66 and 92.		be understood though the social identity model of identity change			
Kwong, Du & Xu (2015)	6	Self-identified minority individuals or migrants: Asian American and African American (N = 17; male = 7) Aged between 66 and 86.	USA	Explored the concept of resilience, including key concepts of connectedness and social-economic resources, the impact race/ ethnicity and the immigration experience on views of connectedness and socio economic resources. Described their perception of health	Prolonged participant observation followed by one individual semi structured face to face interview	Cross case analysis using constant comparison method (Grounded theory)	<ul style="list-style-type: none"> <li>• Trauma, aging and health</li> <li>• Resilience as family and friend network</li> <li>• Resilience as community resources: financial resources; family resources; spiritual resources</li> </ul>

Author(s)	Study code	Sample characteristics	Country where the study was completed	Aim(s)	Methodology	Theoretical approach/ qualitative analysis	Results/ themes
				trajectory, given their abilities to use resources to meet needs			
Ramos and Karl (2016)	7	Italian and Portuguese migrants (N = 8; female = 6). Aged between 70 and 90+.	Grand Duchy of Luxembourg	Analysed every day social relationships of those using long term care services	Two face to face biographical and qualitative egocentric network interviews	Grounded theory	Three dimensions found to be important in daily interactions: <ol style="list-style-type: none"> <li>1. Social relations within the egocentric networks</li> <li>2. Social relations with caregivers and other staff</li> <li>3. Social relations with other care recipients</li> </ol>
Shemirani and O'Connor (2006)	8	Iranian migrant women (N = 5). Aged between 62 and 76.	Canada	To understand the lived experiences of growing older as an immigrant woman	Two individual face to face interviews (first interview audio recorded only)	Phemenological reflection through a feminist lens. Member checking completed.	<ul style="list-style-type: none"> <li>• Aging in a foreign country</li> <li>• Setting a context: the importance of the immigration story</li> <li>• Recognising the interface: positioning aging within the immigration experience</li> <li>• Marginalising aging</li> </ul>

Author(s)	Study code	Sample characteristics	Country where the study was completed	Aim(s)	Methodology	Theoretical approach/ qualitative analysis	Results/ themes
Silveira and Allebeck (2001)	9	Male Somali migrants. N = 28.	England	Explored issues of social support and psychological problems through views on health and social factors as stressors and sources of support	Standardised measures used to screen participants for inclusion, followed by one individual interview	Thematic analysis unspecified	Factors related to migration, acculturation and life expectations in Britain: <i>Economic satisfaction; Family Support; Dream of home return</i> Factors related to ageing: <i>Decline in physical health; Loss of social roles</i> Factors related to service provision Depression Sources of support and stress Coping strategies: influence of religion and personality
Treas & Mazundar (2002)	10	Participants had immigrated from either the Philippines, Korea, Mexico, Taiwan, Iran, Egypt, Jordan, Pakistan or Vietnam. N = 28 (female = 21) Aged between 61 and 85 years.	USA	Explored loneliness, isolation and boredom in older immigrants who have a close kin network, their perceptions of their lives and how their network may impact on them.	One informal interview using open ended questions either face to face or via telephone	Searched for recurrent themes to create a narrative between the different stories.	1. Loneliness: <i>social networks; residential and geographic constraints; isolation within the family</i> 2. Power, submission and resistance: <i>sacrifice; coercion</i> 3. Resistance: <i>self-reliant seniors and mothers in charge</i>



Author(s)	Study code	Sample characteristics	Country where the study was completed	Aim(s)	Methodology	Theoretical approach/ qualitative analysis	Results/ themes
Tummala-Narra, Sathasivam-Rueckert & Sundaram (2013)	11	Asian Indian immigrants. N = 18 (female = 10) Aged between 61 and 82 years.	USA	To explore how first generation older adults view their experience of being an older adult in the USA.	One individual face to face semi structured interview. Member checking completed.	Content analysis	Four broad categories 1. Challenges of living in the USA: <i>Loneliness; Separation from social and cultural networks; Navigating across cultural contexts; Ambivalence about living in USA</i> 2. Giving and Receiving Care in the family: <i>Dependence of children: Caregiving responsibilities</i> 3. Reflecting on present and future circumstances: <i>Accepting of the present situation; Concerns about the future</i> 4. Approaches to coping: <i>Identifying with new cultural perspectives; Positive relationships with peers; Helping others</i>
Wong & Verbrugge (2009)	12	Ethnic Chinese. N = 19 (male = 12). Aged between 65 and 86.	Singapore	Explored the question: Why do some Singaporean elderly live alone and are	One semi-structured interview	Thematic analysis- unspecified	Eight overarching themes: 1. Living alone in Singapore occurs by circumstance for some older people, and by choice for others

Author(s)	Study code	Sample characteristics	Country where the study was completed	Aim(s)	Methodology	Theoretical approach/ qualitative analysis	Results/ themes
				they successful at living alone?			<ol style="list-style-type: none"> <li>2. Older people who live alone develop skills to cope with physical and social isolation</li> <li>3. Solo-dwelling elderly in Singapore develop strategies to counter restrictive public housing rules</li> <li>4. Cultural and environmental factors contribute to the older Singaporeans social isolation</li> <li>5. Crime is not a factor that affects isolation in solo-dwelling elderly in Singapore</li> <li>6. All of the solo-dwelling elderly said they are lonely or depressed, and many said they live on a day-to-day basis</li> <li>7. Elderly people living alone are well taken care of medically, and they have regular doctor appointments that re subsidised or paid in full by the government</li> <li>8. Healthcare costs are the biggest contributor to financial instability</li> </ol>

## Appendix B: Quality assessment scores using the CASP qualitative checklist

	<b>Choudhry (2001)</b>	<b>Dong, Chang, Wong &amp; Simon (2011)</b>	<b>Heikkinen &amp; Lumme- Sandt (2013)</b>	<b>Ip, Wai Lui &amp; Hong Cui (2007)</b>	<b>Jetten et al (2018)</b>	<b>Kwong, Du &amp; Xu (2015)</b>	<b>Ramos &amp; Karl (2016)</b>	<b>Silveira &amp; Allebeck (2001)</b>	<b>Shemirani &amp; O'Connor (2006)</b>	<b>Treas &amp; Mazundar (2002)</b>	<b>Tummala- Narra, Sathasivam- Rueckert &amp; Sundaram (2013)</b>	<b>Wong &amp; Verbrugge (2009)</b>
1. Was there a clear statement of the aims of the research?	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)
2. Is a qualitative methodology appropriate?	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)
3. Was the research design appropriate to address the aims of the research?	Yes (1)	Yes (1)	Yes (1)	Can't tell (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)
4. Was the recruitment strategy appropriate to the aims of the research?	Yes (1)	Yes (1)	Can't tell (0)	Can't tell (0)	Yes (1)	Can't tell (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)

5. Was the data collected in a way that addressed the research issue?	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)
6. Has the relationship between researcher and participants been adequately considered?	Yes (1)	Yes (1)	No (0)	Can't tell (0)	Can't tell (0)	Can't tell (0)	Can't tell (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)
7. Have ethical issues been taken into consideration?	Yes (1)	Yes (1)	Yes (1)	Can't tell (0)	Yes (1)	Yes (1)	Can't tell (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)
8. Was the data analysis sufficiently rigorous?	No (0)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Can't tell (0)	Can't tell (0)	Yes (1)	Yes (1)	Yes (1)	Can't tell (0)
9. Is there a clear statement of findings?	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)
10. How valuable is the research?	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)	Yes (1)
<b>Total Quality rating score</b>	<b>9/10</b>	<b>10/10</b>	<b>7/10</b>	<b>5/10</b>	<b>9/10</b>	<b>8/10</b>	<b>7/10</b>	<b>9/10</b>	<b>10/10</b>	<b>10/10</b>	<b>10/10</b>	<b>9/10</b>



**Participants required for research on loneliness**

**Study Title:** The experience of loneliness in Sri Lankan women over the age of 65

**Researcher:** Laura Reynolds

**ERGO number:** 45087

I am currently completing a Doctorate in Clinical Psychology at the University of Southampton and am carrying out research on loneliness in older people. In particular, I am interested in hearing about the experiences of loneliness in Sri Lankan women aged 65 and over and are living in England. If this describes you and you are interested in taking part, or would like to know more about the study without any obligation to take part, please contact me on:

Mobile: 07803532272

Email: [laura.reynolds@soton.ac.uk](mailto:laura.reynolds@soton.ac.uk)

The research will involve taking part in a voice recorded interview, which would last approximately two hours on a day and at a time that suits you. The interview will not only involve talking about loneliness but also about your background and aspects such as migration and your interests. As a thank you for giving up your time, you will receive a £10 gift card.

If you know someone who you think may be suitable for the study then please feel free to pass this leaflet or my details on to them.

තනිකම පිළිබඳ පර්යේෂණයක් සඳහා සහභාගී වන්නන් අවශ්‍ය කර තිබේ

අධ්‍යයන මාතෘකාව: අවුරුදු 65ට වැඩි ශ්‍රී ලාංකික කාන්තාවන්ගේ තනිකම පිළිබඳ අත්දැකීම

පර්යේෂක: ලෝරා රෙනෝල්ඩ්ස් (Laura Reynolds)

**ERGO අංකය: 45087**

මා මේ වන විට සවුතම්ප්ටන් විශ්ව විද්‍යාලයේ (University of Southampton) සායනික මනෝවිද්‍යාව පිළිබඳව ආචාර්ය උපාධියක් හදාරමින් සිටින අතර ඒ සඳහා වයෝවෘද්ධ පුද්ගලයන්ගේ තනිකම සම්බන්ධයෙන් වන අධ්‍යයනයක් සිදු කරමි. මෙහිදී, විශේෂයෙන්ම වයස අවුරුදු 65ට වැඩි එංගලන්තයේ වෙසෙන ශ්‍රී ලාංකික කාන්තාවන්ගේ තනිකම පිළිබඳ අත්දැකීම් ගැන විස්තර දැන ගැනීමට මා උනන්දුවක් දක්වමි. මෙයින් කියවෙන්නේ ඔබ ගැන නම් සහ ඔබ ඊට සහභාගී වීමට කැමති නම්, එසේ නැතහොත් සහභාගීවීමට බැඳීමක් ඇති කර ගැනීමකින් තොරව මෙම අධ්‍යයනය ගැන වැඩිදුර විස්තර දැන ගැනීමට කැමති නම්, කරුණාකර පහත තොරතුරු භාවිතයෙන් මා අමතන්න:

ජංගම දුරකථන අංකය: 07803532272

ඊමේල් ලිපිනය: [laura.reynolds@soton.ac.uk](mailto:laura.reynolds@soton.ac.uk)

මෙම පර්යේෂණයට ඔබට සුදුසු දිනයක සහ වේලාවකදී ආසන්න වශයෙන් පැය දෙකක කාලයක් පමණ ගත වන හඬ පටිගත කිරීමේ සම්මුඛ පරීක්ෂණයකට සහභාගී වීම අවශ්‍ය වේ. සම්මුඛ පරීක්ෂණයේදී ඔබගේ තනිකම පිළිබඳව පමණක් නොව ඔබගේ පසුබිම සහ සංක්‍රමණය වීම සඳහා බලපෑ හේතු සහ ඔබගේ රුචි අරුචිකම් වැනි කරුණු පිළිබඳවද සාකච්ඡා කෙරේ. ඔබගේ වේලාව කැප කිරීමට ස්තුති කිරීමක් ලෙස ඔබට £10 ක තිළිණපතක් ලබා දෙනු ඇත.

මෙම අධ්‍යයනය සඳහා සුදුසු යැයි ඔබට හැඟෙන අයෙකු ගැන ඔබ දන්නේ නම් කරුණාකර මෙම තොරතුරු පත්‍රිකාව හෝ මගේ විස්තර ඔවුන් වෙත ලබා දීමට කටයුතු කරන මෙන් කරුණාවෙන් ඉල්ලා සිටිමි.

தனிமை பற்றிய ஆராய்ச்சிக்கான பங்கேற்பாளர்கள் தேவை

படிப்பின் தலைப்பு: 65 வயதிற்கு மேற்பட்ட ஸீலங்கா பெண்களின்  
தனிமையின் அனுபவம்.

ஆராய்ச்சியாளர்: லோரா ரெனல்ட்ஸ்

ERGO number: 45087

நான் தற்போது சவுத்தாம்ப்டன் பல்கலைக் கழகத்தில் மருத்துவ  
உளவியலில் ஒரு டாக்டரேட்டை முடிக்கும் நிலையில் உள்ளேன். மேலும்  
முதியவர்களின் தனிமை பற்றி ஆராய்ச்சி மேற்கொள்கிறேன்.

குறிப்பாக, 65 வயதிற்கு மேற்பட்ட இங்கிலாந்தில் வாழும் ஸீலங்கப்  
பெண்கள் அனுபவிக்கும் தனிமை பற்றி ஆராய்ச்சி செய்வதற்கு  
விரும்புகிறேன்.

இது உங்களை விவரிக்கிறது என்றால், நீங்கள் பங்கேற்க ஆர்வம்  
உள்ளவராய் அல்லது பங்கு பெற எந்த பொறுப்பும் இல்லாமல் மேலும்  
அறிய விரும்பினால் என்னை பின்வரும் வழிகளில் தொடர்பு கொள்ளவும்:

Mobile: 07803532272

Email: laura.reynolds@soton.ac.uk

ஆராய்ச்சியை இட்டுவரு குரல் பதிவு நேர்காணலை முடிக்க நான் உங்களுடன்  
சந்திப்பேன். அதிகபட்சமாக இது இரு மணி நேரம் எடுக்கும். இந்த ஆராய்ச்சிக்கு  
குரல் பதிவு அவசியம். நேர்காணல் ஒரே நேரத்தில் நடைபெறும். மற்றும்  
உங்களுக்கு ஏற்ற இடமாக இருக்கும்; இந்த நேர்காணல் உங்களுக்கு வசதியான  
நேரத்திலும் இடத்திலும் நடைபெறும். இந்த நேர்காணல் தனிமையைப் பற்றி  
மட்டுமல்லாமல் உங்கள் பின்னணி மற்றும் குடியேற்றம், உங்கள் விருப்பங்கள்  
போன்ற விஷயங்களைப் பற்றியதாக இருக்கும். நீங்கள் கொடுக்கும் உங்கள்  
நேரத்திற்கு நன்றியாக, ஒரு £10 பரிசு அட்டை கொடுக்கப்படும்.

யாராவது இந்த ஆய்வுக்கு ஏற்றதாக இருப்பினர் என நீங்கள் நினைத்தால் அல்லது  
தெரிந்திருந்தால், இந்த துண்டுப்பிரசுரத்தை அல்லது எனது விவரங்களை  
அவர்களிடம் கொடுங்கள்.

## **Appendix D: Interview schedule guide**

### **Introduction**

First, I would like to thank you again for helping with my research.

Double check/ remind the participant:

- Do they have any hearing impairments?
- The interview will take a maximum of two hours and may be shorter than this – is that okay with them?
- Their responses will be kept confidential, quotes will be used in the results but their name will be changed
- They can change their mind about taking part in the study and stop the interview at any point
- They can have a break if they want to at any point and ask them half way through the interview if they would like a break
- Ask if the participant has any questions

### **If the interview is being conducted in English:**

- Ask if they can please speak reasonably loudly and clearly (for the tape recorder), and to let me know if they cannot hear something I have said or if I say something they do not understand

### **If an interpreter is present, prior to the interview explain the following to the interpreter:**

- Explain the nature of the research
- Go through the information sheet, consent form, debriefing sheet and supplementary sheet on local organisations
- Explain the interview process
- Remind the interpreter to speak reasonably loudly and clearly for the tape recorder and tell them to let the participant know that if there is anything I ask that is unclear or they do not understand, to let the interpreter know so they can tell me
- Ask the interpreter to ask the questions I ask as true to the nature of the question as possible
- Ask the interpreter to translate exactly what the participant says and not to summarise

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**Start recording**

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**Start with demographics of age and area where they live**



### Questions on migration and expectations

1. As you know this interview will focus on your experience of loneliness, however, I wanted to start by finding more about you and your experience of moving to England. Can you please tell me a bit about how you came to live in the UK?
  - a. What led you to move?
  - b. How old were you when you moved? Did you come alone or with family/friends?
  - c. How long have you been here?
  - d. What was it like for you when you moved? Did your life change in any way?
  - e. At the time when you moved, was your life as you expected it to be or was it different in any way?
  - f. Who/ what did you leave behind?
  - g. Is your life now as you expected it to be?
  - h. If you lived in Sri Lanka now instead, do you think your life would be any different?

### Questions on social life and social connectedness

2. I wanted to move on to talk about your social life now and any hobbies you enjoy. What is your average week like? What do you get up to? What do you enjoy doing?
  - a. Do you attend any local groups, clubs or organisation?
    - >If they do: do you enjoy attending? What do you enjoy about it? Do you feel lonely when you are there? Does it help you feel less lonely?
    - >If they do not: Are there any groups/ organisations you would like to attend? Is there anything that gets in the way of you attending?
  - b. Do you hold any religious beliefs?
  - c. Do you live alone?
    - >If not: who do you live with?
    - >If they do live alone: how long have they lived alone?
  - d. Do you have family, friends or other people that you see regularly?
  - e. How often do you see people face to face during the week?
  - f. Do you have any other contact with people either by phone, email or any other way that is not face to face?
  - g. Would you like more contact with others?
  - h. How would you describe your social life at present?
  - i. Do you have any health problems or mobility? If yes: do they ever get in the way of you doing activities or things you would like to?
  - j. Do you have contact with people in Sri Lanka?

**Check if they would like a break**

### Questions on loneliness

3. As you know the main focus of this interview is about your experiences of feeling lonely, which is something you told me that you feel at times. How do you experience loneliness and what is that like for you?
    - a. Are there any other emotions that come around when you are feeling lonely?
    - b. When are you lonely?
    - c. Does loneliness affect the way you think?
    - d. Has feeling lonely stopped you from doing things you would like?
  4. When did you first notice that you were lonely?
    - a. Have you ever been lonely in the past?
    - b. Is there anything that you think may have led you to feel lonely?
    - c. Do you only feel lonely when you are by yourself or have you felt this way when you are with others too?
  5. Are there times when you do not feel lonely?
    - a. Is there anything that helps you feel less lonely?
    - b. Would you like to feel less lonely?
    - c. Is there anything you think that may help you feel less lonely but you are not currently doing?
    - d. How would this help?
    - e. Is there anything that gets in the way of you doing this?
    - f. How do you see the future?
  6. We have covered a lot of things but is there anything else you want to add or feel we did not cover?
- 

**Turn off the tape recorder**

### Debrief

- Tell participant that the tape recorder is now switched off
- Thank participant for taking part in the interview
- Give them the debrief sheet and ask if they would like the supplementary information about local organisations
- Thank participant again for taking part in the interview and give them the gift voucher

**Participant Information Sheet**

**Study Title:** The experience of loneliness in Sri Lankan women over the age of 65

**Researcher:** Laura Reynolds

**ERGO number:** 45087

You are being invited to take part in the above research study. To help you decide whether you would like to take part or not, it is important that you understand why the research is being done and what it will involve. Please read the information below carefully and ask questions if anything is not clear or you would like more information before you decide to take part in this research. You may like to discuss it with others but it is up to you to decide whether or not to take part. If you are happy to participate you will be asked to sign a consent form.

**What is the research about?**

I am studying for a Doctorate in Clinical Psychology at the University of Southampton. As part of this, I am carrying out research on loneliness in older people. Loneliness can be described as an unpleasant feeling that happens when the number and quality of social relationships a person has does not fit with what they would like. Loneliness can affect people through all stages of life but is more typical in older people (aged 65 and above) and increases with age. In particular, I am interested in hearing about the experience of feeling lonely from Sri Lankan women who are aged 65 and over and living in England.

**Why have I been asked to participate?**

You have been asked to participate because you are a woman, you were born in Sri Lanka, you live in England, you are aged 65 or over and you consider yourself to be lonely. I will be interviewing up to 8 people.

**What will happen to me if I take part?**

It is up to you to decide if you would like to take part or not. If you do take part, I will meet with you to complete a voice recorded interview which will take a maximum of two hours. Voice recording is necessary for this research. The interview will take place at a time and location that is suitable for you; it can even be at your house if you would prefer. The interview can also be in the language you feel most comfortable with. If this is different to English, a professional interpreter will also be there to translate throughout (you can choose whether you would prefer a male or female interpreter). The main focus of the research is about your experience of feeling lonely.

The interview will then be transcribed by the research team and the interview data will be looked at using a method called interpretative phenomenological analysis. This involves me looking at all the interviews I complete to look for similarities.

**Are there any benefits in my taking part?**

You will be given a £10 gift card for taking part and your travel costs will be given back to you, if there are any. As this is a topic where there is not a lot of research, you may also want to help so we can understand it more.

**Are there any risks involved?**

There are no planned risks involved, however, as you will be talking about your feelings of being lonely this may be emotional for you. I am happy to provide information about local community groups and support services afterwards, if you want this.

**What data will be collected?**

Your participation and the information I collect about you (religious beliefs, ethnicity, gender) will be kept confidential in line with the Data Protection Act (1998) and the University of Southampton ethics policy. The voice recordings of the interview will be transcribed and the original recording will be destroyed. In the transcript a different name to yours will be used and this will also be used in the final write-up. The transcript will be stored securely on a password protected account on the University of Southampton computer network and on an encrypted and password protected USB stick. The consent form you sign will be stored in a locked cabinet. All contact details you provide, such as your email address or phone number, will be stored in a locked cabinet and will be deleted from the researcher's mobile phone. To keep your information confidential, a code will be used when storing your details and your name will not be used. All contact details provided will be destroyed after the study has been completed.

**Will my participation be confidential?**

Your participation and the information we collect about you during the course of the research will be kept strictly confidential. Only members of the research team and responsible members of the University of Southampton may be given access to data about you for monitoring purposes and/or to carry out an audit of the study to ensure that the research is complying with applicable regulations. Individuals from regulatory authorities (people who check that we are carrying out the study correctly) may require access to your data. All of these people have a duty to keep your information, as a research participant, strictly confidential.

**Do I have to take part?**

No, it is entirely up to you to decide whether or not to take part. If you decide you want to take part, you will need to tell the researcher and sign a consent form to show you have agreed to take part.

**What happens if I change my mind?**

You have the right to change your mind and withdraw (stop taking part) at any time without giving a reason and without your participant rights being affected. If you decide during the interview that you want to stop at any point then we will. If you want to withdraw after the interview is finished, you can contact me to let me know on my email address: [laura.reynolds@soton.ac.uk](mailto:laura.reynolds@soton.ac.uk), or phone: 07803532272. Any information you have provided can be destroyed.

**What will happen to the results of the research?**

Your personal details will remain strictly confidential. Research findings made available in any reports or publications will not include information that can directly identify you without your specific consent. I will be writing this research up as part of my studies and plan to publish the findings. Your personal details will remain strictly confidential and you will not be directly identifiable from any report or publication. If you want, I can send you a summary of the findings when the research is finished.

**Where can I get more information?**

If you would like further information about this study you can contact the lead researcher, Laura Reynolds Email: [laura.reynolds@soton.ac.uk](mailto:laura.reynolds@soton.ac.uk)  
Phone: 07803532272.

**What happens if there is a problem?**

If you have a concern about any aspect of this study, you should speak to the researcher who will do their best to answer your questions.

If you remain unhappy or have a complaint about any aspect of this study, please contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, [rgoinfo@soton.ac.uk](mailto:rgoinfo@soton.ac.uk)). You can also contact me, the lead researcher (details above), or my supervisors:

- Dr Melanie Hodgkinson: [M.J.Hodgkinson@soton.ac.uk](mailto:M.J.Hodgkinson@soton.ac.uk)
- Dr Sarah Kirby: [Sarah.Kirby@soton.ac.uk](mailto:Sarah.Kirby@soton.ac.uk)

**Data Protection Privacy Notice**

The University of Southampton conducts research to the highest standards of research integrity. As a publicly-funded organisation, the University has to ensure that it is in the public interest when we use personally-identifiable information about people who have agreed to take part in research. This means that when you agree to take part in a research study, we will use information about you in the ways needed, and for the purposes specified, to conduct and complete the research project. Under data protection law, 'Personal data' means any information that relates to and is capable of identifying a living individual. The University's data protection policy governing the use of personal data by the University can be found on its website

(<https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page>).

This Participant Information Sheet tells you what data will be collected for this project and whether this includes any personal data. Please ask the research team if you have any questions or are unclear what data is being collected about you.

Our privacy notice for research participants provides more information on how the University of Southampton collects and uses your personal data when you take part in one of our research projects and can be found at <http://www.southampton.ac.uk/assets/sharepoint/intranet/ls/Public/Research%20and%20Integrity%20Privacy%20Notice/Privacy%20Notice%20for%20Research%20Participants.pdf>

Any personal data we collect in this study will be used only for the purposes of carrying out our research and will be handled according to the University's policies in line with data protection law. If any personal data is used from which you can be identified directly, it will not be disclosed to anyone else without your consent unless the University of Southampton is required by law to disclose it.

Data protection law requires us to have a valid legal reason ('lawful basis') to process and use your Personal data. The lawful basis for processing personal information in this research study is for the performance of a task carried out in the public interest. Personal data collected for research will not be used for any other purpose.

For the purposes of data protection law, the University of Southampton is the 'Data Controller' for this study, which means that we are responsible for looking after your information and using it properly. The University of Southampton will keep identifiable information about you for 10 years after the study has finished after which time any link between you and your information will be removed.

To safeguard your rights, we will use the minimum personal data necessary to achieve our research study objectives. Your data protection rights – such as to access, change, or transfer such information - may be limited, however, in order for the research output to be reliable and accurate. The University will not do anything with your personal data that you would not reasonably expect.

If you have any questions about how your personal data is used, or wish to exercise any of your rights, please consult the University's data protection webpage (<https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page>) where you can make a request using our online form. If you need further assistance, please contact the University's Data Protection Officer ([data.protection@soton.ac.uk](mailto:data.protection@soton.ac.uk)).

**Thank you for taking the time to read the information sheet and considering taking part in the research.**

## Appendix F: Consent Form

### CONSENT FORM

**Study Title:** The experience of loneliness in Sri Lankan women over the age of 65

**Researcher:** Laura Reynolds  
**ERGO number:** 45087

*Please initial the box(es) if you agree with the statement(s):*

I have read and understood the information sheet (22 <sup>nd</sup> February 2019/version no. 2 of participant information sheet) and have had the opportunity to ask questions about the study.	
I agree to take part in this research project and agree for my data to be used for the purpose of this study.	
I understand my participation is voluntary and I may stop taking part at any time for any reason without my participation rights being affected.	
I understand that I may be quoted directly in reports of the research but that I will not be directly identified (e.g. that my name will not be used).	
I understand that taking part in the study involves voice recording which will be transcribed and then destroyed for the purposes set out in the participation information sheet.	
I understand that special category information (gender, religious beliefs, ethnicity) will be collected about me to achieve the objectives of the study	

Name of participant (print name).....

Signature of participant.....

Date.....

Name of researcher (print name).....

Signature of researcher .....

Date.....

**Debriefing Sheet**

**Study Title:** The experience of loneliness in Sri Lankan women over the age of 65

**Researcher:** Laura Reynolds

**ERGO number:** 45087

The aim of this research was to explore loneliness in Sri Lankan women over the age of 65 and how they make sense of it. Your interview will help our understanding of this area. The results of this study will not include your name in any write up. The research was not designed to deceive you in any way. If you wish you can be sent a summary of the results once it is finished.

If you have any further questions please contact me Laura Reynolds on my email address: [laura.reynolds@soton.ac.uk](mailto:laura.reynolds@soton.ac.uk). Or phone: 07803532272

You can also contact my supervisors:

Dr Melanie Hodgkinson Email: [M.J.Hodgkinson@soton.ac.uk](mailto:M.J.Hodgkinson@soton.ac.uk)

Dr Sarah Kirby Email: [Sarah.Kirby@soton.ac.uk](mailto:Sarah.Kirby@soton.ac.uk)

I have included the details of some organisations you can contact if you want:

- The Silver Line: This is a free confidential helpline providing information, friendship and advice to older people, open 24 hours a day, every day of the year. Phone: 0800 4 70 80 90
- Age UK: this is the country's largest charity dedicated to helping everyone make the most of later life. They have local support networks all over the country. You can phone the main number on: 0800 055 6112 to find out more.
- U3A: this is an organisation which embraces everyone of all backgrounds, religions and cultures. They have local groups all over the country where people continue their educational, social and creative interests in a friendly environment. You can phone the main number on: 020 8466 6139 to find out more.

If you feel upset following this interview and what we discussed you can also contact your GP to talk about this further.

Thank you for taking part in this research.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

If you have questions about your rights as a participant in this research, or if you feel that you have been placed at risk, you may contact the Chair of the Ethics Committee, Psychology, University of Southampton, Southampton, SO17 1BJ. Phone: +44 (0)23 8059 3856, email [fshs-rso@soton.ac.uk](mailto:fshs-rso@soton.ac.uk)



## **Appendix H: Selected Extracts from My Reflective Journal**

### **Initial understanding and assumptions**

I have been wondering if being part of an Asian family, where there is an expectation to look after relatives as they get older, would protect people from loneliness and isolation. From my recent reading this was a big misconception of mine which I made based on the experience I have in my own Sri Lankan family. I must try and put this aside and be aware the assumptions I may be making based on my own cultural experiences.

### **Recruitment**

I always knew that I would have to be explicit about my heritage in order to recruit people for this study as my research is quite niche and as there may be stigma attached to the topic, I am aware I need people to feel able to trust me and my intentions. At the group the reason for my interest in Sri Lankan women was questioned and people were shocked to realise I was mixed race, with a parent from Sri Lanka. For some members of the group I was the first person they had met with this ethnic background. Being mixed race is something I am proud of however not all people see it this way and I experienced this when speaking to a person at the group who felt the need to reassure me about my heritage. I had been expecting this type of comment at some point, so was unsurprised by it, but it is still a form of what I have termed 'subtle' racism. As I have never met someone of the same ethnic background as me, I can only imagine this was unusual for them, so I did not take it personally. Overall people were thankful I was completing research in this area and shining a light on this topic.

In these groups so many of the people have lived here all their lives but have chosen not to integrate or learn English. It makes me wonder how much they have not been able to experience as a result.

## **Interview One**

I was feeling a bit anxious prior to the interview but it went well as the woman was very open and the questions flowed well. The participant became upset at one point when telling me about the death of her husband. This was a very shocking and sad story to hear and although he died two years ago, the way she described it was as if it happened yesterday as her grief felt very raw. Having only recently experienced a significant bereavement myself I was able to empathise with the anger and sadness she felt in response to the death. I left this interview feeling sad and I think this was a mixture of my own grief combined with the sadness I felt for her.

## **Interview two**

After listening back to the first interview I realised that I had asked a lot of questions and could have left more silence to give time for her to elaborate organically. This is something I wanted to improve on in this interview and I believe I achieved this and noticed the difference between the two. This interview was conducted in a public building as the woman did not feel comfortable talking at home with her husband there. As the interview progressed and the woman spoke about her husband and their relationship it made sense why she had requested to not have the interview at home. I was glad that she felt comfortable to tell me about her experiences. As a married woman it made me think about my marriage and how, for me, my husband is my best friend and someone who I enjoy spending time with and this made me feel slightly guilty, as I felt I had what she had always been seeking. I was also struck by the sacrifice this woman made. She worked in a highly respected profession and gave up so much for her stepdaughter and she appeared to still be living in her shadow. I wondered how I would have reacted if I had been in her situation.

### **Interview three**

Prior to attending the interview this woman has phoned me to ask whether she was really suitable for the study. I talked with her about the purpose of the research again and I let her know she did not have to participate but she felt that maybe she did fit the criteria. When I arrived the interview started late as she was setting out snacks for me. This reminded me of visiting family as providing food to visitors is so important in the Sri Lankan culture, and I recognised that it is something I naturally do also.

There were points in the interview where she seemed concerned to give the correct answers and so reassurance was needed. Towards the end of the interview I felt that she began to trust me fully and her laughter and further disclosures reflected this. Her reporting that she will watch people for long periods before engaging with them made me acknowledge that allowing me into her home must have been a big step, which she agreed with. I think being female and sharing something of her heritage allowed her to trust me and I wonder, if I was male, would have been the same outcome.

I was really struck by her wish to never return to Sri Lanka and this made me sad for what she had been through and that she had lost her relationship with her home country. I have always heard about the war from a different perspective and I could not imagine the fear she must have felt and I am not sure how I would have reacted in that situation. It made me thankful that I have always found England my home

### **Interview four**

When I arrived I was invited in by the woman's daughter in law who was very welcoming. I found this interview fascinating. The woman talked about the distinction between the 'old' and 'young' and how she did not feel worthy of the time of her children. I found this sad to hear as I found her insights on religion fascinating but she had no one else to share them with. At the end of the interview I found it hard to separate between

being a researcher and a clinician as I wanted to help the woman through signposting, due to her significant physical health problems.

### **Interview five**

The thing that struck me most during this interview was the racism the woman had experienced throughout her life. There was a sense of being different and mistrusting English people as a result of this experience. I wondered if me being English was a barrier to her fully being open with me but this did not seem to be an issue as she identified me as being Asian, like her.

### **Interview six (participant declined)**

When I arrived with the translator the woman's daughter was present as she was visiting from another country where she lived. She was very suspicious of the research and asked many questions about it. She left to give us privacy and after reading the consent form the woman declined to take part. I wonder if her decision was related to her daughter's reaction to her taking part, as when I first met her and arranged the interview she was keen to share her experiences.

### **Data analysis**

Transcribing the audio recordings and reading through the transcripts has been an emotional experience. I think hearing some of the difficulties these women faced in the past and are currently experiencing has filled me with sadness at times, due to the emotionally charged nature of the topic. I also feel I want to do justice to their experiences and have found some of the decision about which quotes to include difficult.

I found research supervision really helpful today in defining my themes. I have felt so overwhelmed at times during the individual coding and drawing out the superordinate theme. I am so thankful for the guidance from my supervisors and am really happy with the final themes now.

## Appendix I: Table of Example Quotes

Superordinate theme	Subtheme	Participant	Example quotes
Stuck in a lonely life	Carrying loneliness inside me	Rose	<p>Page 78, line 1368: “But now when I think I am lonely, my heart, I don’t know, I don’t know how to describe, my heart goes (gesturing)...yeah, inside yeah, inside it’s so cold something like that”</p> <p>Page 73, line 1286: “Before young when I came here that time different but not, you feel in your heart now hitting you when you think about it, before not my husband with me, so whatever, whenever I come here he very good you know with to think adapt, make me adapt things here so I didn’t, lonely but didn’t upset me but now upset me.”</p>
		Jasmine	<p>Page 60, line 732: “There is nothing to get worse now I am alone can’t, I don’t think it is going to be better, it’s not going to be worse”</p> <p>Page 42, line 507: “Loneliness in the morning when I get up I always feel, it is pointless getting up early there is nothing I am going to do”</p>

Superordinate theme	Subtheme	Participant	Example quotes
		Lily	Page 19, line 230: “I feel the loneliness life because I am not going to work, I am not doing work like before”
		Tulip	Page 57, line 840: “I do think I do feel lonely in my heart” Page 59, line 866: “when I go there you know I feel like this this is not this life not for me you know I feel lonely there as well”
		Blossom	Page 18, line 261: “Yeah that time it was loneliness but there is excitement also at the time. It’s not a loneliness as such when you’re 65 and you can’t do anything, that is a different type” Page 58, line 849: “Sometimes you know, now I can do anything I want to do, you know I can go out myself but sometimes I don’t sometime I sort of believe what’s the point” Page 56, line 831 “So it was lonely but there are people as well. When I go to temple there are a lot of people but I am on my own.”
	Lonely but not alone	Lily	Page 37, line 467: “For me, especially if I don’t have, say I am not busy at the gym or not going out and he’s at work, that time I wish maybe would have more time together a little bit. Other than that, I miss that. Could go out a bit more like that.”

Superordinate theme	Subtheme	Participant	Example quotes
		Tulip	<p>Page 57, line 831: “My husband has his own life now and yeah I think between, between me and my husband we kind of fall distant as well because he has busy life</p> <p>Page 47, line 595: “I think he could be a bit more attentive to me as well like that, that’s all. Other than that. I am used to it now you know I don’t try to think about that, let him do whatever he has to do”</p>
		Rose	<p>Page 54, line 954: “sometimes people know you before always ask you things kind of upset you so I didn’t feel the recent time to go so I don’t know when I go.”</p> <p>Page 444, line 770: “Then I actually said the lady I am outside sort of, I didn’t work there then she said you not outside, you one of us you want to come you welcome to come.”</p>
		Jasmine	<p>Page 26, line: “Yeah he knows sometimes my husband, he is also now like me he is also really lonely I think.”</p> <p>Page 47, line 563: “Loneliness yes, I do feel lonely because I am always by myself at home. Sometimes I do feel very bad, what I am going to do the whole day how am I going to spend the day.”</p>

Superordinate theme	Subtheme	Participant	Example quotes
		Blossom	Page 58, line 860: “you want to talk to people it’s an effort to take a call and talk to them and you feel they are working, they will be tired now they must have returned from work, today they are off day, you feel like you are bothering them, you know or that sort of thing so then I think oh I am alone here.”
Surviving the inevitability of loneliness	Protection through connection: quality not quantity	Rose	Page 38, line 669: “I decide, I can go walk but I decide to stay for lunch or not. Because walking anyone say help and little bit talk but if you sit down for lunch, somebody you know.. it makes a difference” Page 35, line 618: “I feel better when I go there, yeah, yeah, because if I don’t go I stay home I more ups-, more depressed. Last week, Tuesday I think I was going for walk, weather wasn’t very good, windy and raining and everything. I didn’t go. I was going to go but looking at the weather forecast I didn’t go. That day I felt more miserable...because I didn’t go. There you are talking to people, some people have their problem as well. So it is sometime better you talk to people.”
		Jasmine	Page 40, line 480: “ what people talk I think they are silly so I can’t enjoy their talk, most of them are very ignorant you should say, so you would have to find people, really where I go?”



Superordinate theme	Subtheme	Participant	Example quotes
		Lily	<p>Page 37, line 445: “Yeah I have a close friend, very close friend, she is good in all other ways, but I can’t, it’s a little dangerous to talk with her to move with her a lot because you know she carries tales. (laughter)”</p> <p>Page 41, line 489: “Wanting them to make new friends when I lose them, but that is no chance of finding new friends.”</p> <p>Page 19, line 235: “You meet people and by that my time really, I was so happy after joining the gym and now we organise near our house (place name removed) centre.”</p> <p>Page 38, line 481: “Feel like loneliness is, just to be with more people, visit more people or see more people”</p>
		Blossom	<p>Page 27, line 398: “So I don’t go there but it was a bit interesting now than before. Before I feel like, I don’t feel like I am fitting in that group because they all just sit there and just have a meal and just chatting, I don’t want to waste the time.”</p> <p>Page 25, line 269: “Okay so it’s like a philosopher and she reads about it and she follows the way they say it. So I have sort of a spiritual way, so we, both of us talk ours. She tells</p>

Superordinate theme	Subtheme	Participant	Example quotes
		Tulip	<p>about her experience to me and I tell to her my experience in my class. So that I quite enjoy.”</p> <p>Page 64, line 947: “So sometimes you can tease her, sometimes she tells me off, so in a way I told the other day some person it’s sort of stopping me feeling lonely as well, because I have someone to talk to. So it’s like some people have a pet, you know, it’s sort of same, it’s not the same thing because it will talk me back, it tells me off as well. Sometimes I ask the question and earlier she said I’m trying to connect (laughter).”</p> <p>Page 50, line 731: “I always find you know English or British or whatever it is they have different you know they are friendly with you but then they same time they very long they have this distance, they never want to like they never want to come they don’t really how to your house, they don’t really come to your house.”</p> <p>Page 27, line 391: “And at the moment I am happy because you know at work people like English and foreign you there mixing and they’re all really nice people.”</p>
	Finding comfort through personal faith	Rose	<p>Page 53, line 925: “ I quite believe someday my husband believed as well, fate something will happen, happen, that’s what I feel comfort myself (crying) comfort myself whatever happen is meant to happened that sort of thing, Hindus believe. That keeps me going as well. I always pray every morning every evening.”</p>

Superordinate theme	Subtheme	Participant	Example quotes
		Jasmine	<p>Page 40, line 707: “I was thinking about it, that’s the time, sometime when something come when you think something come always coincidence. I don’t know how you believe something, is he still looking down on me doing thing.”</p> <p>Page 31, line 377: “But you know difficulties, when there are a lot of difficulties they start thinking why, why and then it’s a way of becoming spiritual, difficulties are a help for you to become spiritual.”</p> <p>Page 32, line 390: “Temple is alright but there is no purpose you can be at home and get the same satisfaction from home because God is everywhere not only to temples, so I don’t go to Temple because it is a waste of time.”</p>
		Tulip	<p>Page 49, line 713: “yeah I am quite religious really, I’m religious because I’m Catholic, been brought up that way and I go to church you know every Sunday”</p>
		Blossom	<p>Page 39, line 569: “the Hindu philosophy the cyber-philosophy it says, well I tell only one thing, it says God is with you all the time. He never leaves you.”</p>

Superordinate theme	Subtheme	Participant	Example quotes
			Page 41, line 605: “Yeah for me God is within me, within me and with me. So he is the big person in the whole universe, isn’t it. He’s with me why I have to worry about other people, you know, that’s how I feel now.”
Loss	Bereavement: shrinking circles	Rose	<p>Page 21, line 312: “That what make me more lonely because we do everything together. I always say we don’t keep secret, so I miss that a lot still, still. (crying) Get tissue. Yeah I miss a lot.”</p> <p>Page 23, line 409: “The when I come home, sort of I was a bit dark, it was 6 or something, bit dark. When come home feel more depressed. Had nice lunch with them and everything and then when you come home. Whatever you do I don’t enjoy, this back of your head, he’s not here.”</p>
		Blossom	Page 39, line 567: “when my husband passed away, I felt guilty to live here because without him how can I live, that’s how my mind is going.”
		Jasmine	<p>Page 40, line 480: “People our age a lot of every people are dying now my age people. There was a lot of good people I know but they are all dying, few remaining may be that bad people live longer (laughter).”</p>

Superordinate theme	Subtheme	Participant	Example quotes
		Tulip	<p>Page 41, line 486: “Yeah a lot of my very good friends, those who come home frequently, because of age everyone I think this year it was about 3 or 4 that died, now they are dying very fast.”</p> <p>Page 58, line 853: “I had an older sister was she, she’s never change she always you know when I go there she look after me and do everything for me and really friendly really lovely really loving really loving but unfortunately she died 4 years ago, cancer, and that was really disaster for family you know”</p> <p>Page 58, line 850: “I realise now I realise all my brothers and sisters are grown up and they are kind of distant for me as well yeah they not in kind of their part of group”</p>
		Rose	Page 29, line 425 (referring to her children): “Yes sort of but they get upset if I start to talk. I know they get upset so I don’t talk much with them, I don’t want to upset them.”
	Changing identity in family dynamic	Lily	Page 34, line 431: “I would like to but he is very much thinking about the welfare of the daughter. He want to be with her or near her, to look after her needs.”

Superordinate theme	Subtheme	Participant	Example quotes
		Tulip	Page 37, line 467: “For me, especially if I don’t have, say I am not busy at the gym or not going out and he’s at work, that time I wish maybe would have more time together a little bit. Other than that, I miss that. Could go out a bit more like that. Although I don’t want him to stop working, if he wants to work, but just a bit more time for us to spend a bit more together.”
		Jasmine	Page 33, line 482: “we became really really close and even now he help me quite a lot and he just left you know last year, he left for (location removed) but he still always make sure you know he come like twice a month and come and talk to me and help me and yeah, yeah he is, so I always wait for him you know.” Page 56, line 821: “I look up to my son as friend and everything for me he was, now, now he left you know and I got nothing much to do nothing to do”
		Blossom	Page 10, line 116: “You know my boys they are married so they don’t spend time sitting and talking with me like that.” Page 10, line 20: “Especially after the daughters in law came, you have to be careful you know because if you fall out with the daughter in law (laughter) then my children will also have to.”

Superordinate theme	Subtheme	Participant	Example quotes
			Page 59, line 872: “I feel I am alone here you know, there is nobody for me here. Even my children I feel like I shouldn’t be, because my daughter is married I can’t bother her much then my son also he, they are good children, they talk to me and all but still I am very careful. I don’t want to push them to the edge or anything. I go with the flow, their way, whatever way they select I go that way. I don’t want any confront or you should do this or you should do that.”
	Declining and maintaining health	<p>Rose</p> <p>Lily</p>	<p>Page 60, line 1059: “That’s why I walk, I try to do a balanced diet, I try to have fish or vegetables, fruits or things. Because I don’t want to burden the children I want to keep as healthy as much as I can.”</p> <p>Page 78, line 1376: “if I get something illness because of that then I don’t want to be burden not for me nice, not for the children”</p> <p>Page 21, line 264 “Yes, that limited and sometime at the beginning of the stroke, you know you feel all the limitations of movement as well and the pain in the back you feel so upset in the sense.”</p>

Superordinate theme	Subtheme	Participant	Example quotes
		Jasmine	<p>Page 44, line 557: “To feel a bit healthy, that’s why I’m trying to keep my back without thinking my back is hurting I can’t do this, that sort of thing I don’t want to do that, no I want to do it even if the back is hurting.”</p> <p>Page 12, line 139: “In the knees, I got osteoarthritis in the knees and rheumatoid here. Nights I find very difficult, it is very painful in the night and morning also the body is stiff, I can’t get up I find it very difficult to get up. So with this it is difficult”</p>
		Tulip	<p>Page 54, line 788: “No not until recently, I was I was fine you know I didn’t have any physical problems, but only recently I’ve been told you know I’m pre-diabetic, so that’s a bit of shock me, because none of my family got it or yeah so that was really shock so, been careful, no it’s not the illness this or anything it’s my choice really yeah.”</p>
		Blossom	<p>Page 59, line 759: “I am osteopenia, I am osteoporosis, so that shows on my knees and this sort of thing that’s all I have.”</p> <p>Page 70, line 1036: “If I’m very ill what’s going to happen but I have confidence in my children but I am sure they won’t look after how I looked after my husband, because they have their own life”</p>



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