

EXPERIENCE OF LONELINESS AMONG OLDER SINHALESE IMMIGRANT WOMEN IN CANADA

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INTRODUCTION

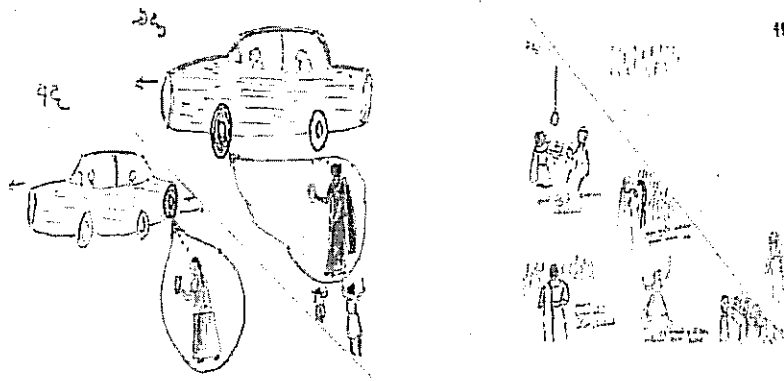
Loneliness is a universal and common phenomenon in the society (Gibson, 2000). Yet it is unique for every individual and therefore difficult to define (Killeen, 1998). Humans as social beings have a need to interact with others and loneliness may result if/when they lose these relations and interactions. Killeen further explains that loneliness is an embarrassing, painful and negative feeling. Although people can become lonely at any age, older people are more likely to experience loneliness due to life changes and losses that accompany aging (Hall & Havens, 1999). Eshbaugh (2009) supported that people in older age are at risk for loneliness. Lee (1994) added that among older adults, women are more likely to be lonely owing to their greater longevity as compared to their male counterparts (Hall & Havens). This situation can be worse for older immigrant women because of the unfamiliar environment in the new country (Guruge, Kanthasamy & Santos, 2008). The purpose of this study was to uncover the experience of loneliness in older Sinhalese immigrant women in Toronto. This group has received no health research attention in relation to this topic.

METHODOLOGY

The study was shaped through the use of narrative analysis research design one of the possible qualitative approaches to understand the phenomenon being studied. This research design is also known as narrative inquiry. As this undertaking is of an in-depth speculative and probing nature, narrative approach is well suited to this inquiry about the phenomenon of loneliness (Polit & Beck, 2007). A purposive sampling strategy was used in this study because it provided the study with participants who can tell their stories in elaborative way so that required data could collect. This sampling strategy was based on the belief that the researcher has the knowledge about the population to hand pick the participants (Loiselle & McGrath, 2007) who have experienced the phenomenon so that they would best contribute to the information needed (Loiselle & McGrath). In general, one or two individuals are preferred in narrative research (Creswell, 2007). Accordingly, two older immigrant Sinhalese women who currently live in Canada were selected using following criteria: the participant must be Sinhalese, a female older than 65 years, currently living in Canada and able to use verbal and written communication to understand the intent of the study. The two participants selected imaginary names by themselves to represent them and those two names were referred to identify them throughout the study. In-depth, open-ended interviews were used to encourage participants to tell their stories and wrote field notes for the purpose of recording observations during the interviews. Two interviews per each participant were conducted at two times and each interview was conducted for not more than one hour period. In addition participants were asked to draw pictures of their lonely feelings to have more meanings from their stories. Interviews were transcribed and translated in to English and followed the reflective approach with the three dimensional space framework presented by Clandinin and Connelly (2000) to analyse the data. At this point data analysis was done by reflecting upon the narrative threads and analyzing them using three dimensional approach frame work (Clandinin and Connelly, 2000) through internal, existential, and temporal way. Finally, stories were reconstructed considering the personal and social aspect of participants, time frame of past, present and future, and participants' physical space or the environment. Upon reflection, the stories were analyzed, re-organized and re-wrote to craft a new story by identifying their specific life events and critical points that impacted on them and placed these events within a chronological order. in the new story Then checked the new story with co-participants to see if the new story makes sense to them.

RESULTS AND DISCUSSION

Study findings show that the immigrant women's feelings of loneliness were triggered due to loss of status and privilege, declined social network, perceived negative role transition, family oppression, cultural shock and marginalization. Further, two stories of immigrant women suggests that loneliness is a multidimensional phenomenon and it is characterized by three main aspects of deprivation, defence/coping mechanism, and emotional aspect (Gierveld, 1998). Their stories further exemplified that loneliness is a psychological condition with multiple roots that has a great impact on physical health of people (Floyd, 2002). As (Parkes, 2006) describe loneliness is caused by challenging assumptive worlds of people. The two women's stories in this study represent their individual experiences and internal understanding of what it means to be an immigrant and lonely. Their struggles have been centered on deprivation or lack of meaningful human inter-relations. As Lee (1994) states, older immigrants who live with their adult children are subjected to individualistic orientation of their adult children, especially regarding the individual needs of the nuclear family. In this study Senarath, (imaginary name), one participant of the study state from her story that she has been subjected to the individualistic orientation of her daughter and son-in law remaining her unmet social and spiritual needs. As she further state when she lost the closed bond with her daughter she felt as if she lost her role as the mother and become like a spare wheel in a car bringing her a feeling of emotional loneliness. Mary (imaginary name), other participant of the study shows from her story that she has lost her social status, privilege, and close attachment with her husband with husband's death result in feeling of both emotional and social loneliness. Looking at the experiences of loneliness both participants have faced in Canada, it is obvious that loneliness is not a suddenly emerging phenomenon but is the ultimate result of sequences of life events evolved over a period of time. Following drawings depict how one participant feels her loneliness.



Some parts of their stories by their own words as follows:

"I am prohibited to open the mouth to tell anything. The mouth has tied up. That means I can't talk. I have no permission to talk with other people other than who are in the family" "I need their permission to go somewhere". "Here I am alone.....I am here with them but their....the pressure exert on me from them". "Actually I am being restricted to a room. I cannot live like that". "When there are Sri Lankan shows, we love it to see. But I have nobody to take me there (Senarath, interview # 1)"

Now we happened to be obedient to our children you no? When I live with them I have to listen them. Otherwise I may create family problems. Therefore when they tell me "let's go", I go with them. So I live as they tell. (Mary, interview # 1)"

CONCLUSIONS AND RECOMMENDATIONS

Through self-exploration and reflection, we can identify our multi-layered self and so re-organize it in open and flexible ways towards the new becoming.

The particular stories in this study suggest that being an immigrant is a predisposing factor for being lonely and thereby affect adversely their physical health. Therefore as health care professionals, nurses can initiate appropriate interventions through in-depth assessment of their immigrant patients. At this point careful listening to their patient's stories is of paramount importance to identify those who are at risk to feel loneliness. This might help nurses to take appropriate actions to address social and emotional loneliness of patients based on their unique experiences. Strategies to expand older immigrant women's social networks and facilitate religious practices and spiritual needs may be a potential action to mitigate their lonely feelings. Awareness programs about parents' social, spiritual and psychological needs for adult children who sponsor their parents might be a potential intervention to strengthen their support for parents without individualistic orientations towards their parents. Encouraging women to organize in coalitions and involve with social activities may help them to get rid of their social loneliness. More research studies need to be conducted in different cultural contexts to understand the complexity of the phenomenon of loneliness. More specifically replicating the study in Sri Lanka is timely need to explore how older women experience their loneliness within their own cultural context.

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REFERENCES

- Bowlby, J. (1969). Attachment and loss: Vol. 1. *Attachment*. New York. Basic books
- Choudhry, U. K. (1998). Health promotion among immigrant women from India living in Canada. *The Journal of Nursing Scholarship*, 30, 269-274. Retrieved May 15, 2008 from <http://www.ryerson.ca/lib/indexs.html>
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative Inquiry: Experience and story in qualitative research*. California: Jossey-Bass Publishers
- Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). California: Sage Publication.
- Weiss, R. S. (1973). *Loneliness: The experience of emotional and social isolation*. Cambridge, MA: MIT Press.