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Between loneliness and belonging: narratives of social isolation among immigrant older adults in Canada

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Abstract
Research points to a higher risk for social isolation and loneliness among new immigrant and refugee older adults. Our article draws from a research project that explored the everyday stories of ageing among 19 diverse immigrant older adults in Canada. To capture their experiences of loneliness and social isolation, we use four illustrative cases derived from a structural approach to life-story narrative. To these we apply the intersectional lifecourse analytical lens to examine how life events, timing and structural forces shape our participants' experiences of social isolation and loneliness. We further explore the global and linked lives of our participants as well as the categories of difference that influence their experiences along the continua of loneliness to belonging, isolation to connection. Finally, we discuss how an understanding of sources of domination and expressions of agency and resistance to these forces might lead us to solutions.

Introduction

Globally, populations are ageing, and governments and policy makers are increasingly recognising the deleterious effects of loneliness and social isolation on the health of their oldest citizens, particularly the most elderly among them (Ministry of Social Development, 2001; Campaign to End Loneliness, 2011; National Senior's Council, 2017; De Jong Gierveld *et al.*, 2018; Smith and Victor, 2019). Loneliness and social isolation have a bidirectional relationship with both physical and mental health. Deficits of either are a risk factor for both social isolation and loneliness, but these constructs can also result in poor mental or physical health through direct and indirect means (De Jong Gierveld *et al.*, 2018; Smith and Victor, 2019).

Social isolation and loneliness are interrelated constructs that are often differentiated in psychological terms as objective and subjective experiences, respectively

(Gardiner *et al.*, 2018; De Jong Gierveld *et al.*, 2018; Weldrick and Grenier, 2018). Quantifiable social networks have been proposed as indicative of where people stand on a continuum ranging from social isolation (no or few meaningful ties) to social participation. Loneliness, on the other hand, refers to the individual's perception of a deficit in the desired number or intimacy of social relationships, that may be experienced as a lack of a sense of belonging or social embeddedness. The subjective and objective distinction between these constructs has nonetheless been challenged, with some authors suggesting that social isolation includes both subjective and objective components (Weldrick and Grenier, 2018). Smith and Victor (2019) have developed a typology of loneliness and social isolation in relation to their effects on health in which they identify 'living alone' – typically understood as a component of social isolation – as an independent variable with its own unique relationship to health status. These critical approaches reveal that we still have much to learn about the determinants and constituents of social isolation and loneliness, and their complex interactions with one another.

Older immigrants are located at the intersection of old age and migration – two significant risk factors for social isolation and loneliness (National Senior's Council, 2017; De Jong Gierveld *et al.*, 2018), yet those experiences are poorly understood. Loneliness and/or social isolation experiences among older immigrants are often obscured by the tendency to homogenise people with diverse backgrounds and to rely instead on stereotypes that attribute all differences to culture rather than structural barriers associated with migration (Torres, 2019). Here we contribute to a nascent body of literature that seeks to address that gap. We further argue that this exploration contributes to a more nuanced understanding of social isolation and loneliness, and their interrelationship.

To understand better the multiplicity of ways in which diverse older immigrants experience both loneliness and belonging, social isolation and participation, we theorise their experiences through the lens of an intersectional lifecourse approach (Ferrer *et al.*, 2017*b*). Our qualitative study in Canada – where it is estimated that almost half (47%) of people turning 60 will be foreign born by 2062–2066 (Carrière *et al.*, 2016) – sought to capture the diversity of older immigrants in relation to multiple sources of identity, such as age, gender, socio-economic status, country of origin, the mode and timing of their entry to Canada (immigration programme, age at migration), and health and mobility status, among others. We use a case study approach to illustrate how these different factors intersect and contribute to or ameliorate their risk of social isolation and/or loneliness.

Literature review: experiences of loneliness and social isolation among immigrant older adults

The relationship of age to social isolation and loneliness

Age is certainly a risk factor for social isolation and loneliness as illustrated by increases with age reported in longitudinal and multinational studies. Loneliness is understandably highest amongst the oldest-old (80 and older) who are more likely to have experienced death of a spouse and deteriorating health and functionality (Pinquart and Sorensen, 2001; Dykstra *et al.*, 2005; Yang and Victor, 2011; Schoenmakers *et al.*, 2012). The relationship of age and loneliness for the young-old

nonetheless shows considerable variation. For example, in Canada, where our study is situated, the estimated prevalence of social isolation among older adults ranges from 10 to 43 per cent (National Senior's Council, 2017; The Federal/Provincial/Territorial Working Group on Social Isolation and Social Innovation, 2017). In part, this variation may be attributed to under-reporting of loneliness due to its stigmatisation through association with poor mental health (De Jong Gierveld *et al.*, 2018; Morgan *et al.*, in press). It also speaks to the importance of considering intersections of identity over the lifecourse.

Transnationality and loneliness/social isolation among older adults

Transnationality invokes two interrelated but distinct constructs: culture and migration, both of which can influence loneliness and/or social isolation. While often difficult to tease apart, distinguishing the two is important since 'migration' issues are often within the power of policy makers to change.

Diversity of older immigrants

First, it is important to recognise that older immigrants are not a homogeneous group. Large statistical studies of loneliness among older immigrants in Canada reveal considerable diversity of prevalence amongst them, with country of origin, generational status and length of residence in Canada as key axes of differentiation (De Jong Gierveld *et al.*, 2015; Wu and Penning, 2015). Recent immigrants (who have migrated within the last five years) and refugees are among the groups deemed to be at higher risk (The Federal/Provincial/Territorial Working Group on Social Isolation and Social Innovation, 2018).

Cultural expectations and familial support

Culture mediates expressions of both social isolation and loneliness, particularly in relation to family (Morgan *et al.*, in press), although some authors argue that too much weight is afforded culture as an explanatory variable. De Jong Gierveld *et al.* (2015) suggest that cultural groups with a collectivist orientation that prioritises familial bonds (familism) – such as the non-European older immigrants in their Canadian study – place relatively low value on relationships with people outside their familial circle. The authors thus conclude that engagement in local organisations and clubs is less salient to their older non-European immigrants' perceptions of loneliness. But expectations that family meet all of their needs are not fulfilled, as evident in the finding of Diaz *et al.* (2019) of a positive relationship between familism and loneliness among older immigrants over time.

Younger family members may be more inclined to pursue individualistic pursuits and patterns of interaction more characteristic of Canadian society, and have competing demands on their time, hence creating an unmet expectation of intimate support or filial piety from family that is not received (Ng and Northcott, 2015; Diaz *et al.*, 2019; Morgan *et al.*, in press). As a result, older South Asian immigrants in Canada often experience social isolation and loneliness despite living with their adult children. Ng and Northcott (2015) thus suggest that time spent alone by older adults is a better indicator than 'living arrangements' of the presence or absence of social embeddedness. Older immigrants in one study in

New Zealand feel sidelined by their family members (Wright-St Clair and Nayar, 2020), while those in another seek to maintain their independence from their children, but this typically exacerbates both their social isolation and loneliness (Morgan *et al.*, in press).

Transnationality and family separation

Transnationality of different family members contributes significantly to the risk of social isolation and loneliness. Often, migration separates family members, with some remaining in the source country and others living in diasporic communities across the globe (Cela and Fokkema, 2017; Wright-St Clair and Nayar, 2020). These findings thus challenge taken-for-granted notions of the availability of immigrant family members as supports for older adults (*see also* Matsuoka *et al.*, 2013). For example, Yang and Victor (2011) suggest that the considerable variation in the prevalence of loneliness among older adults across 25 European and Slavic nations speaks to differences in patterns of outmigration of younger family members. In these cases, older adults are left behind. They argue that cultural orientations deemed to influence expectations of intimate relations fall short of explaining loneliness, since it is the perceived *gap* between expectations and the actual quality or quantity of social relations that matters.

Structural risk factors associated with migration

Older adults who migrate are also at higher risk for social isolation and loneliness because they are more likely to experience structural risk factors identified for all older adults (*e.g.* higher levels of poverty, lack of awareness or availability of services (Gierveld *et al.*, 2015; Wu and Penning, 2015; Cela and Fokkema, 2017; Diaz *et al.*, 2019; The Federal/Provincial/Territorial Working Group on Social Isolation and Social Innovation, 2018). However, they also experience unique challenges related to their migration.

Contrary to the assumptions of De Jong Gierveld *et al.* (2015) about the limited importance of extra-familial relationships, opportunities to socialise with culturally and linguistically aligned peers in local organisations appear to be important (Wright-St Clair and Nayar, 2020). Numerous studies indicate that non-kin social relationships with peers hosted by community organisations ease the stress of immigration for older adults, but they are inhibited by multiple barriers (*e.g.* Koehn *et al.*, 2014, 2016; Rote and Markides, 2014). For example, Albanian and Moroccan migrants aged 50 and above living in Italy feel that they lack meaningful relationships with non-related age peers, and hence experience loneliness despite being embedded in tightly knit family networks (Cela and Fokkema, 2017). This study and many others identify *discrimination*, *language barriers* and a *lack of free time* as barriers.

Morgan *et al.* (in press) identify 'racism as key to [older immigrants'] experiences of loneliness and social isolation, as it made them feel undesirable to society as a whole'. The Chinese, Indian and Korean late-life immigrants in a New Zealand study (Wright-St Clair and Nayar, 2020) also reported feelings of being distanced or 'opaque' in their new societies. 'Linguistic isolation', whereby ethnocultural minority older adults experience various combinations of limited English proficiency, solitary living and the limited English of co-resident others, is found to varying

degrees among older immigrants (*e.g.* 12% of Indian-Americans; 68% of Ukrainian-Americans) (Gubernskaya and Treas, 2020). In addition to a familiar language, immigrants leave behind familiar places – mosques, tea-houses – and ways of being in the world that facilitate their social integration (Cela and Fokkema, 2017; Wright-St Clair and Nayar, 2020). Free time is often consumed by domestic and child-care responsibilities that inhibit desired interaction with peers, highlighting the gendered nature of loneliness (King *et al.*, 2014; Koehn *et al.*, 2016; Wright-St Clair and Nayar, 2020).

Ameliorating social isolation/loneliness

According to Krause (2016), loneliness can be mitigated by participation in religious institutions that promote social relationships with other participants as well as a sense of humility that attracts emotional support. However, longitudinal data in the study by Klokgieters *et al.* (2019) reveal that the wellbeing of highly religious Turkish and Moroccan young-old immigrants in the Netherlands is only positively affected by private, not public, religious practices. Nor do religious practices serve as a buffer against loneliness for older immigrants experiencing deficits of 'income, physical health, social support, and social resources' (Klokgieters, 2019: 626). For a sub-group of Turkish and Moroccan young-old immigrants who are most resilient to disability within the same longitudinal database, however, religious coping is associated with greater mastery and lower loneliness scores (Szabó *et al.*, 2020). This variation underscores the importance of considering intersections of identity within groups of older immigrants.

Implications for understandings of social isolation and loneliness

The lived experiences of older immigrants shed light on the relationship between social isolation and loneliness, while at the same time problematising both. Increasingly, researchers are questioning the distinction between the two constructs and suggesting that experiences in later life must be understood in relation to transitions across the lifecourse. For example, Morgan *et al.* (in press) 'found that [diverse older] participants [in New Zealand] discussed both social isolation and loneliness as subjective concepts inseparable from their "lives and life histories" and wider societal context'. Weldrick and Grenier (2018) commend the shift in the literature towards inclusion of more subjective dimensions of social isolation. They further promote greater consideration of the 'social and cultural nature of social isolation' that is key to understanding 'both the processes that produce isolation, and the connections with poverty, inequality, and exclusion' (Weldrick and Grenier, 2018: 79). Such inquiries are needed to unearth the root causes of social isolation:

> To do this, research must reach into more detailed understandings of social isolation as socio-cultural, political, economic, and spatial. This includes taking account of trajectories into social isolation, and how experiences may differ across contexts, settings, and social locations in late life. (Weldrick and Grenier, 2018: 79)

Our research takes up this challenge, posing questions about the intersection of immigration policies with experiences of unemployment and under-employment

in the secondary labour market, for instance, and considering how events earlier in the lifecourse, such as racism, discrimination and social isolation, are sustained and amplified later in life.

Methodology

Our research captured the trajectories into social isolation and/or loneliness, and the ways in which they were contested or resisted, by focusing on the lived experiences of 19 diverse immigrant older adults in the metropolitan districts of Vancouver and Montreal, Canada, between 2014 and 2016 (Brotman *et al.*, 2020). Here we zero in on four illustrative cases among them.

Theoretical framework: the intersectional lifecourse perspective

Recognition of the constructs on which we base our assumptions about late-life experiences of older immigrants was central to this work. Gerontological theories that assume that experiences of old age build on continuity over the lifecourse are challenged by the discontinuity that characterises the lives of migrants (Torres, 2019). The constructs of ethnicity and culture are complicated by relocation and must be considered in more complex ways insofar as they intersect with other dimensions of identity (*e.g.* gender, socio-economic status, country of origin, *etc.*) as well as experience (age at migration, immigration programme, *etc.*). Weldrick and Grenier (2018: 79) propose that 'current individualized definitions and responses to social isolation among older people would benefit from the inclusion of three dimensions, including time/duration, place/space, and inequality exclusion'. Our research thus sought to develop and pilot a methodological framework that unites intersectionality and critical lifecourse theories (Brotman *et al.*, 2020) to account for these dimensions.

An intersectionality framework asserts that social locations such as 'race', class, sex, gender, ethnicity, sexuality, ability, *etc.*, and the experiences of social domination associated with each (*e.g.* racism, classism, sexism, *etc.*), are distinct but inseparable; each has a compounding effect on the other (McCall, 2005; Winker and Degele, 2011). The appeal of an intersectionality framework is that it challenges researchers to integrate marginalised perspectives while simultaneously foregrounding an analysis of power relations as co-constituted and co-constitutive. That is, a person's social position impacts the ways in which power relations are produced, reproduced and contested throughout the lifecourse.

Our approach to the lifecourse adopts an 'institutional' paradigm that emphasises its structural and institutional components (Grenier, 2012). This more critical position distinguishes it from the personal and individual model more commonly used in social gerontology to examine physical and health outcomes for the purposes of asserting a 'successful' or 'healthy' ageing paradigm (Daatland and Biggs, 2004; Torres, 2006).

By integrating intersectionality and critical lifecourse perspectives, we sought to understand how experiences (*e.g.* relocation, exposure to discrimination, *etc.*) that differ by identity markers (*e.g.* ethnicity, gender, socio-economic status) cumulate over a lifetime to produce late-life health and social outcomes that are distinct from the majority population (Whitfield and Baker, 2014). Our use of structural

approaches to life-story narrative focused on uncovering how personal narrative and history were influenced by cultural themes within the broader society, institutions and social history (Brotman *et al.*, 2020). Ferrer *et al.* (2017*b*) identified four dimensions of the intersectional lifecourse perspective: (a) identifying key events and their timing; (b) examining locally and globally linked lives; (c) exploring categories of difference and how they shape identities; and (d) and assessing how processes of differentiation, and systems of domination, shape the lives and forms of agency and resistance among older people.

Research design

The 19 immigrant older adults living in either Montreal, Quebec (N = 10) or Greater Vancouver, British Columbia (BC) (N = 9) were carefully selected to represent maximal diversity across axes of identity and social location, but all were marginalised in some form. Only one among our sample reported upward economic mobility, with the majority (53%) remaining stable (primarily within a low-income bracket) or experiencing downward mobility (42%). We purposively sampled from immigrant communities that are scant or missing in the literature on immigrant older adults in Canada, even though some of these, such as immigrants from the Philippines and Korea, represent sizeable populations (Koehn *et al.*, 2013; Carrière *et al.*, 2016). A detailed description of our sample and research design can be found in Brotman *et al.* (2020).

Data collection methods: life-story narrative and photovoice

Data were collected by means of structural life-story narratives and photovoice, both of which aimed to foreground the voices of participants (Cunsolo Willox *et al.*, 2013; Brotman *et al.*, 2020). Structural life stories of our four case studies are presented here in a holistic fashion, rather than a series of thematic quotes disembodied from the lifecourse experiences of individual participants, and thus retain the context and nuances of each immigrant's experience (Shaw, 2017). Photovoice employs visual images taken and recalled by participants. This method can be a powerful tool for enabling people to think critically about their lives and the communities in which they are embedded (Wang and Redwood-Jones, 2001).

Over the course of several months and three in-depth qualitative interviews, participants were encouraged to talk openly about their lives and experiences that had shaped them into old age. Interviewers and interpreters, as needed, established trust with participants in advance of the interview (Brotman *et al.*, 2020). Interviews of 90–120 minutes were always held in the interviewee's language and in their location of choice. Sixteen of the 19 interviews were in a language other than English or French. The interviewer recorded the timing of major life events on a hand-drawn trajectory, and participants spoke about the significance of those events. Each interview was digitally recorded and transcribed as soon as possible after the interview. Site-specific team members then identified and discussed thematic descriptions emerging from the transcripts. They compared these with the structured life story and identified important gaps and areas needing additional exploration. In the second interview, participants were encouraged to reflect further on the stories

they had shared, particularly with respect to structural dimensions, such as inter-actions with the labour market, health care, education, and immigration and trans-national relationships. Interviewers probed how these experiences had influenced their identities and ultimately their late-life experiences.

At the end of the second interview, participants were given a camera and train-ing on how to take photographs; they were then asked to photograph objects, places and/or people that were meaningful to them as older adults. A third interview was conducted after three or four weeks to review their photographs and up to ten were selected for use in the study. Participants discussed why the selected photographs held the most meaning for them. These stories and select photographs subsequently formed the basis of a photovoice exhibit (Brotman *et al.*, 2017), launched simultan-eously in Montreal and Vancouver in May 2017, to bring the challenges faced by participants to the attention of diverse stakeholders responsible for crafting policy and guiding practice. The participants emphasised the importance of showcasing their incredible resourcefulness and their contributions to Canadian society (Brotman *et al.*, 2020).

Analysis

Our data analysis cycled iteratively between *data collection*, *data reduction* (into stories and life lines), *data display* (presenting the stories, pictures and our tentative interpretations to participants and advisory groups formed at each site), and *draw-ing and verifying our conclusions* (with input from participants and advisory groups) (Huberman and Miles, 2002). Transcribed interviews were coded using qualitative data management software (QSR NVivo 10). Interviewers/coders from both sites collaboratively developed a codebook based on codes emerging from the initial interviews conducted at the two sites as well as the four components of the intersectional lifecourse approach. Through detailed memoing, team members incorporated reflexivity on their own social positioning in the data collec-tion and analysis process (Huberman and Miles, 2002; Bazeley and Jackson, 2013).

Results: four structural life stories

Our open-ended interviews did not probe social isolation or loneliness explicitly. Each participant nonetheless had something to say on one or both topics. Here we present four cases that illuminate how experiences of social isolation and/or loneliness are lived and contested in order to enrich our understanding of the inter-play between the two constructs and with social embeddedness and/or belonging among ageing immigrants in Canada. These structural life stories are illustrative cases that present data in ways that honour and comprehensively unpack lived experience (Eastmond, 2007), a technique consistent with the narrative approach taken in this study (Grenier, 2012; Shaw, 2017). Pseudonyms chosen by the parti-cipants are used to protect their confidentiality.

Kim Young Chul: self-employment and lost opportunities

University-educated Kim Young Chul was 77 years old when we interviewed him. For 20 years Young Chul worked in Korea as a well-paid civil servant while raising

his three children with his wife. In his mid-fifties, Young Chul started his own business, but met with limited success, so when his youngest daughter offered to sponsor her parents in 1998, they agreed to join her in Canada. Young Chul immediately started a restaurant business with his wife and worked long days. Due to their poor English and a busy work schedule, their daughter managed nearly all aspects of their affairs in Canada; and they relied on her extensively for interpretation and navigation of social/health services. Despite working long hours, Young Chul reported feeling content at that time. However, in 2004, a fatal gang shooting in the parking lot of his restaurant compelled Young Chul to close the restaurant immediately, at great financial loss. He experienced persistent anxiety related to the incident.

In 2014, Young Chul's daughter moved to the United States of America (USA). In the absence of their daughter, Young Chul and his wife noted that the location of the apartment contributed to their *social isolation*. It was distant from the services they used; they sometimes needed to travel two hours each way to attend medical appointments or community programmes. Young Chul's wife's osteoarthritis limited her mobility and his impaired vision prevented him from driving any more. Young Chul told us that as a small minority, compared to immigrants of South Asian and Chinese origins, the Korean community in Greater Vancouver was weak and few services were tailored to their needs.

One of Young Chul's more significant challenges was his lack of English. He found visits to the doctor difficult due to the language barrier; if he required a medical interpreter, he had to pay out of pocket. Young Chul's Canadian citizenship disqualified him from free English-language courses, and he regretted not having had the time as a new immigrant to enrol in available programmes. When interviewed, he was very motivated to study and learn English and was attending two separate courses offered by different immigrant-serving organisations. He also spent his free time studying English at the library, and told us that without English, 'It's inconvenience, difficult. But let's say I feel like disabled … No communication … I can't [be] involve[d].' Young Chul's efforts to find housing closer to services and to learn English nonetheless spoke of his determination to establish *social connections* in the absence of his daughter.

Shabnam: alone in a crowd

Born in Pakistan, 76-year-old Shabnam was living in Montreal at the time of interviewing. Her Muslim faith and spirituality were central to her identity. Shabnam married a well-educated man who started successful businesses in Pakistan, Dubai and the United Kingdom, but one such business dealing put her family's safety in jeopardy and forced her husband to apply for refugee status in Canada. Shabnam finally joined her husband in Canada in the 1990s.

Shabnam was widowed in 2008 and while she felt loved and well cared for by her son, daughter-in-law and grandchildren with whom she co-resided, as well as her daughter's family nearby, she nonetheless felt *lonely*:

> Heart is happy nowhere … [Y]ou know a husband is a companion, and the way you can share your happiness or sadness with your husband; can you share it the same way with children? They have their own life; I have my own life.

Although she preferred to be with her children in Montreal, she explained that she was more comfortable in familiar spaces in Pakistan:

> [W]hen the snow falls for six months you can't step out. I'm unable to roam about independently. In Pakistan I'm able to go on my own, wherever my heart desires. Get a rickshaw, or I can walk. Here you can only go if you have cars. You can't go on your own and language is a big problem.

She also cited her weakness from diabetes as an additional barrier. Thus, linguistic and cultural incongruence, weather, inaccessible transportation and illness have made her dependent on her family members – often busy with their work or studies – for transportation and interpretation. This has limited her ability to connect with friends and access services. Since her family was attentive, Shabnam was not as *socially isolated* as she might be, but she was certainly *lonely*. She opined that '[i]n this country there's a lot of loneliness for older people'. In Pakistan, she explained, 'you meet your sisters and brothers. They're all your relatives. Here there are strangers (or acquaintances). If you meet them too often, they say, "Look she's come again"'. Among these acquaintances she included other Pakistanis. While sometimes she visited with friends in connection with her faith, these meetings were brief; nobody had the time to listen to her story. Her annual three-month visits back to Pakistan, during which she stayed with extended family members in a familiar environment, were thus vital to her sense of *connection*, although she knew she could not overstay her welcome, nor could she live there on her own.

Divine: transnational caring and disability

When we interviewed her, Divine was a 62-year-old Filipina with a conversational level of English. Before migrating to Canada, she worked in innumerable jobs in administration and sales in the Philippines and Singapore. Periodically, she interrupted her paid work to provide care for relatives, including her dying father. She arrived in Vancouver under the former Live-In Caregiver programme in 1998 when she was 45 and was soon working seven days a week. She explained that she always worked multiple jobs to support first her siblings, and later, the education of her nieces. Paradoxically, she explained that she supported her nieces because she had no children of her own, yet the constant work needed to do so kept her single.

At age 49, she was hit by a car and badly injured, after which she also developed leukaemia and Bell's palsy, all of which left her unable to work and with minimal income. After her injury, her network of friends – to whom she remained closely *connected* – provided invaluable support to her, as she had no family nearby. After the accident, Divine suffered from significant depression and joined a support group to help work through her emotions. Having been so independent her whole life, she struggled with feeling like a burden to key friends dedicated to supporting her. She has independently managed the provincial medical insurance company, the Workman's Compensation Board, social workers and paid care-givers. She also spent several years undergoing rehabilitation as well as countless surgeries and medications. Exhausted by the effort, Divine decided, in 2006, to move back to the Philippines where she had family to support her, but she soon realised

that it was too expensive for her to manage her health conditions there on a fee-for-service basis, and returned to Canada after receiving dates for several important medical procedures and surgeries.

Over the years, Divine has exhausted her personal savings to cover the costs of rent, food and health management. Her only source of income when interviewed was a disability pension since she did not meet the age requirement for old-age security. Divine struggled to find affordable housing. She needed an adapted suite because of her disabilities, but the only suitable suites that BC Housing could offer were an hour or more from her support network that included her friends and a caring family doctor who she sometimes needed to see twice weekly.

One of Divine's greatest daily challenges was her limited mobility. She had difficulty using public transportation due to accessibility and poor service structure in her neighbourhood. She mostly relied on the HandyDART service for persons with disabilities. When interviewed she was still able to get to the library, the community centre (where she loved to sing) and to her church, where she continued to volunteer and kept feelings of *loneliness* at bay. Her circumstances were nonetheless extremely precarious and her risk of future *social isolation* was high.

Son Chan Mi: living alone with God

Like Divine, 75-year-old Son Chan Mi also worked around the globe and immigrated to Canada under a domestic care-giver programme. Having completed culinary training in Korea and Japan, Chan Mi enjoyed career fulfilment when she worked in a hotel kitchen in Abu Dhabi. She described her four years there as the 'peak of her life' when she enjoyed 'using her brain'. With very few Koreans there, however, she felt *lonely*. A friend encouraged her to join her in Canada with the promise that many Koreans were doing so at the time. After moving to Montreal, however, she related how

> …she felt like she didn't have anything to do. So, she felt a sense of emptiness and felt like she had no position … she think that [this sense of loss is] quite common in all Korean immigrants, especially those who had good jobs in Korea and came to Canada, and all they could do was open a [convenience store]. So, it's quite hard for them. (Related in third person by interpreter)

Throughout her life, both before and since she moved to Canada in 1988, Chan Mi provided care for her family members in Korea and Japan, especially her mother, sister and niece, but she never married and had no children of her own. She noted with melancholy that she had 'no moral support from her family'. Instead, she developed multicultural friendships within her church community to which she was deeply *connected*. She nonetheless admitted to her *loneliness* and jealousy when other people's children brought gifts and plane tickets to their parents. Her sense of *loneliness* also increased with age: 'she didn't used to be lonely that much. But now, she's lonelier … Like usually, she hears good things from families [in Korea] but when she hears that people fall ill or bad news, then she's [a] bit more upset' (related in third person by interpreter).

Chan Mi's *social isolation* was underscored when she tried with little success to advocate for her rights in the low-income housing unit where, until recently, she

resided happily. Distressed by the deafening noise from the community room next door, she tried communicating with the perpetrator and the administrators to request a solution, to no avail. Faced with blatant racism, she felt unheard and ignored. With little French or English proficiency, Chan Mi had to rely on a friend with scant spare time to translate her written comments from Korean to French, which has proved to be ineffective. Her efforts have left her frustrated and exhausted.

Discussion: unpacking stories – application of an intersectional lifecourse lens

To unpack and theorise the complex stories identified by our participants, and connect them to the wider literature on social isolation and loneliness among immigrant older adults, we apply the intersectional lifecourse lens (Ferrer *et al.*, 2017*b*) to examine how life events, timing and structural forces shape our participants' experiences of social isolation and loneliness. We then explore the global and linked lives of our participants as well as the categories of difference that influence their experiences along the continua of loneliness to belonging, and isolation to connection. Finally, we discuss how an understanding of sources of domination and expressions of agency and resistance to these forces might lead us to solutions.

Life events, timing and structural forces

Migration was certainly a key event in the lives of all our participants, and the timing of migration played a pivotal role in shaping experiences of loneliness or connection among them. Immigrants in Canada and the European Union (EU), particularly the most recently arrived, are disadvantaged by pension systems, in part because they have had less time to contribute to them (Curtis and Lightman, 2017; Dolberg *et al.*, 2018). Sponsored older immigrants are additionally hampered by the requirement that their sponsors pledge to support their parents or grandparents financially for 20 years, during which time they are ineligible for any government transfers and other benefits (Koehn *et al.*, 2010). Yet, even longer-term immigrants, such as Son Chan Mi and Kim Young Chul, struggle to make ends meet in late life. Language barriers combine with the failure of employers to recognise their educational credentials and experience, forcing many immigrants into the service industry, which is both precarious and typically poorly compensated (Choi *et al.*, 2017). This often has a life-long effect on their status as low-income earners and increases the likelihood of poverty in old age (Grant and Townsend, 2010).

Timing of migration also influences the likelihood that immigrants will speak English. In 2011, 15.1 per cent of immigrants in Canada aged 65+ do not speak either of the official languages (English and French); however, this was true of half (50.1%) of older adults who had immigrated within ten years (The Federal/Provincial/Territorial Working Group on Social Isolation and Social Innovation, 2018). This is crucial because the inability to speak English, as clearly illustrated by Young Chul, presents a major challenge to accessing services and social supports, activities and involvement in the community (Stewart *et al.*, 2011; Koehn *et al.*, 2016; Li *et al.*, 2018). Linguistic isolation is a key component of both social

isolation and loneliness (De Jong Gierveld *et al.*, 2015; Cela and Fokkema, 2017; Gubernskaya and Treas, 2020).

Chan Mi and Young Chul, who arrived in the 1980s and 1990s, respectively, nonetheless remind us of the importance of considering multiple intersections of identity in relation to host country language acquisition. Both have either been self-employed or have worked within a Korean-speaking milieu throughout their working lives in Canada. The conditions of self-employment relative to newcomer language acquisition are especially salient for Koreans who rank at or near the top among minority groups with the highest levels of self-employment in Canada (Hiebert, 2003) and Australia (Han *et al.*, 2019). As Young Chul clearly articulated, the long hours that he dedicated to his business from the outset thwarted his opportunity to take advantage of free English classes for newcomers. Han *et al.* (2019) interpret older immigrants' extended participation in labour markets through self-employment as evidence that they are not economically excluded, but they do not consider the cost of the long hours and precarity associated with this work to the social integration of these older adults.

Locally and globally linked lives

Although she arrived as a refugee in mid-life, Shabnam's circumstances reflect those of innumerable sponsored widowed women from the Global South who migrate to join their children in diasporic communities (usually in the Global North) because they represent the only social safety net available to them (McLaren, 2006; Stewart *et al.*, 2011). The ability of these older women to access social programmes is typically dependent on their children's and grandchildren's schedules and willingness to drive them to such venues (Stewart *et al.*, 2011; Koehn *et al.*, 2016). Lacking the confidence to venture out on their own, visit friends or attend social activities, many older immigrants, especially women, experience low self-esteem and feelings of social and emotional isolation and loneliness (Ip *et al.*, 2007). This isolation may be amplified by child-care responsibilities that are often perceived by older immigrants who are sponsored by adult children as a cultural duty owed to their families (Koehn *et al.*, 2010; Dong and Chen, 2017).

In Canada, older immigrants' sense of duty and dependence on younger sponsors is structurally imposed by the 20-year period of economic dependency demanded by the sponsorship programme (Carstairs and Keon, 2009; Ferrer, 2015). Disempowered by their reliance on their families, role reversals arising from a lack of financial or social capital in their new environments, and intergenerational conflicts that pit 'traditionalism' against 'westernisation', sponsored older adults can easily become depressed, which in turn results in feelings of loneliness and objective social isolation (Ip *et al.*, 2007; Koehn *et al.*, 2010, 2014). These linkages between modifiable structural determinants and the more commonly recognised familial and cultural determinants of social isolation and loneliness must be recognised if we are to address root causes. For example, social and exercise programmes that address the constraints associated with sponsorship through targeted outreach, low-/no-cost programming, provision of child care and capacity-building have improved the physical and mental health and diminished social isolation and loneliness among sponsored older adults (*e.g.* Koehn *et al.*, 2016; Hwang *et al.*, 2019).

Several participants in our sample, such as Divine and Chan Mi, had spent their lives supporting various extended family members transnationally, by sending money and at times putting their lives on hold to provide care. Divine explicitly articulated that her own single status was an outcome of always working so hard to support others. Now in their sixties and seventies, both women feel that, in their own time of need, the care they have provided has not been reciprocated. In part, this is because those that they have helped are busy with their own lives and responsibilities. Notably, however, these women both migrated to Canada as domestic workers wherein they were situated in a racialised and gendered chain of exploitation that stems from global inequities (Browne and Braun, 2008; Ferrer *et al.*, 2017*a*). Divine's extended family members can only afford to assist her if she is in the Philippines amongst them but – as in most impoverished countries – her home country lacks the economic base and political unity to provide universal health coverage. As a result, Divine had little choice but to return to Canada where she could take care of her complex health issues while simultaneously increasing her risk of social isolation. First, these examples challenge the assumption that family members are always readily available to provide social support to immigrant older adults (De Jong Gierveld *et al.*, 2018); secondly, they speak to the importance of understanding the contributions of place and global inequality to the generation of social isolation and loneliness (Weldrick and Grenier, 2018); thirdly, they exemplify the value of applying a critical lifecourse lens that recognises the importance of power distribution and the interconnectedness of micro and macro forces on family relations (Trask, 2018).

Identities and difference

Viewed through an intersectionality lens, multiple marginalised identities have a compounding (or multiplicative) effect on the risk and experience of marginalisation and its concomitant negative health effects (Kobayashi and Prus, 2011; Bauer, 2014; Islam *et al.*, 2015). An intersectional approach to disability over the lifecourse reveals that Divine's experience of disability as a racialised older woman is not unusual: 'Net of controls for lifecourse capital, Women of all racial/ethnic groups have higher levels of functional limitations relative to White Men and Men of the same race/ethnicity' (Warner and Brown, 2011: 1236). Discrimination in the workplace and the gendered nature of work in the home and the paid workforce explain these discrepancies (Brown and Warner, 2008). Other research has shown that discrimination contributes to the social exclusion and hence isolation and loneliness of immigrant older adults (Cela and Fokkema, 2017; Morgan *et al.*, in press; Wright-St Clair and Nayar, 2020). Here we propose that an intersectional lifecourse approach to this phenomenon can support targeted solutions to the problem.

Both Chan Mi and Divine have experienced discrimination in ways that threatened to increase their risk or experience of social isolation. For Chan Mi, a lack of proficiency in French cannot be separated from her identity as an older low-income visible minority woman. Her protests about the noise in the adjacent common room in her housing unit fell on deaf ears. This incident is necessarily situated within the interlocking oppressions of ageism, racism, classism and sexism.

While it is impossible to identify a predominant source, the issue of concern is the imbalance of power and exclusion, marginalisation and othering at play (Creese and Kambere, 2003; Canadian Centre for Elder Law, 2013). Chan Mi's repeated lack of success in remedying her situation contributed to her sense of being invisible and exacerbated the social isolation and sense of loneliness that she was already experiencing.

Divine experienced the threat of erasure in relation to her disability and her reliance on the state for benefits. As an older visible minority woman, she resisted the interlocking oppression of ableism, classism, sexism, racism and ageism with her persistent efforts to establish her deservingness for benefits to which she was entitled (Dixon-Woods *et al.*, 2006; Overall, 2006; Islam *et al.*, 2015). Divine felt depressed and exhausted by her efforts to assert her claims, but she was not about to give up. Her wide-ranging international experience and some English proficiency contributed to her self-efficacy, but her independence and ability to remain connected with key social supports were precarious. Structural discrimination is less readily apparent than that expressed by individuals, but it has more far-reaching detrimental effects on marginalised people (Weldrick and Grenier, 2018). Research into its inadvertent contribution to social isolation and loneliness is badly needed.

Domination, agency and resistance

Experiences of social isolation and loneliness within the four cases presented here must be understood in relation to their embeddedness in wider systems of domination, as far-ranging as colonialism that has generated global inequities in wealth and power between different nations, which in turn have become providers and recipients of domestic labour (Browne and Braun, 2008). The effects of workplace and institutional discrimination have already been discussed. Also salient are the rules governing access to English-language classes, which as Young Chul's case illustrates, are important to social connection and reducing loneliness. In Canada, free classes can be accessed through immigrant settlement agencies to adults with permanent resident status (Refugees and Citizenship Canada Immigration, 2019). Yet this provision excludes Canadian citizens, like Young Chul who, in his efforts to become a contributing taxpayer as quickly as possible after arrival, had to forego the opportunity to learn English while eligible according to these criteria. It also excludes refugee claimants and people with temporary visas, including those with Parent and Grandparent Supervisas (Ferrer, 2015).

Finally, most of the participants in our study have, like Divine, commented on the tremendous benefit to their sense of agency, wellbeing and connection to other resources that they derive from their participation in older adult programming at settlement agencies, community centres and Neighbourhood Houses. Participation in groups that connect them with their peers provide older immigrants with valuable opportunities for resistance. The limited literature on this topic attests to the importance of community-based immigrant-serving agencies to immigrant older adults both in terms of the connections they foster among peers and their role as a bridge to statutory services (Boughtwood *et al.*, 2013; Koehn *et al.*, 2014, 2016). Yet, funding for older immigrant programmes is notoriously short-term and unstable (Lim *et al.*,

2005; Couton, 2014). Recognition of the contribution of these agencies to social connection and, in some case, reductions in feelings of loneliness must be acknowledged in resource allocation.

Limitations

Qualitative research findings, particularly case studies, are limited in their generalisability, but that is not the goal of this exercise. Rather we sought to demonstrate the value of applying an intersectional lifecourse lens to a theorised understanding of social isolation and loneliness among immigrant older adults. Intersectionality brings to the lifecourse approach the recognition that compounding identities are important because, in specific contexts, they can facilitate or block access to power. Structural determinants that influence the lifecourse are thus rendered more apparent (Ferrer *et al.*, 2017b; Brotman *et al.*, 2020). Application of the intersectional lifecourse lens to our rich and diverse case studies has succeeded in extending the conversation about social isolation and loneliness beyond subjective–objective dualisms used to differentiate the two constructs (Weldrick and Grenier, 2018). Our research suggests that older immigrants often live in a liminal space between isolation/loneliness and belonging across the lifecourse and, as such, any consideration of social isolation and loneliness amongst immigrant older adults must include an appreciation for the diversity and fluid nature of such experiences across time, space and context.

Additionally, it has shown how we might incorporate social and structural dimensions of social isolation and loneliness into our research – for which we indicate promising directions – and into policy and practice. Recognising the linkages between what have been construed as individual problems and the specific structural barriers that generate them is the first step towards addressing social isolation in this relatively marginalised group. More research is needed to explore, test and evaluate these relationships, but our research provides a place to start.

Conclusion and implications

Our intersectional lifecourse analysis of the narrative account of four diverse immigrant older adults reveals the complexity of understanding social isolation and loneliness at multiple intersecting social locations across the lifecourse. The subjectivity and hence fluidity of loneliness has been acknowledged in the literature, but social isolation has been viewed as a more objective and hence a fixed construct.

Tapping into the life stories of our participants, we gain a clear understanding of the temporal aspect of both social isolation and loneliness. Life events earlier in the lifecourse, such as racism, discrimination and social isolation, can be sustained and even amplified in later life. Yet we see from our participants' stories that intersections of personal, relational, cultural and structural attributes influence the social isolation of individuals at different points in their life's trajectory – some transitory, some enduring – and even in different contexts at one point in time.

Our participants have also shed light on the importance of place and space to social isolation. Important connections and a sense of belonging may be lost when people migrate from one place to another, but with time, new connections

may be built, providing the spaces they occupy are welcoming ones. These spaces must be free of discrimination and provide opportunities for older adults to forge meaningful social connections with peers, most often from the same or similar ethnocultural, linguistic and possibly religious backgrounds. They need to provide opportunities for meaningful participation, possibly leadership, ways to reclaim self-esteem lost to role reversals and a diminished sense of power and purpose within families oriented to their new realities. Places where the weather, the language, social organisation, transportation and everything else seem unfamiliar typically promote social isolation and loneliness, particularly in the absence of a spouse or other close family members or friends.

Finally, our application of the intersectional lifecourse lens to our case studies has surfaced multiple routes to social isolation instigated by inequality and exclusion. Throughout their lives in Canada, most participants have been unable to acquire work commensurate with their qualifications and have turned instead to self-employment or the domestic service sector to make ends meet, which in turn robbed them of opportunities that could promote greater societal integration. Migration policies also play a role: immigration programmes that source domestic workers – predominantly women from the Global South – contribute to their economic marginalisation and isolation; sponsorship regulations deprive older immigrants of financial independence from their families and exacerbate role reversals between older parents and their sponsors (adult children or grandchildren), often contributing to isolation and loneliness.

Our research suggests that any consideration of social isolation and loneliness amongst immigrant older adults must include an appreciation for the diversity and fluid nature of such experiences across time, space and context, and should take into consideration the mechanisms of power that contribute to social isolation over the lifecourse. The intersectional lifecourse theoretical lens is well-suited to such inquiries.

References

Ministry of Social Development (2001) *New Zealand Positive Ageing Strategy.* Available at https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/planning-strategy/positive-ageing/.

Bauer GR (2014) Incorporating intersectionality theory into population health research methodology: challenges and the potential to advance health equity. *Social Science & Medicine* **110**, 10–17.

Bazeley P and Jackson K (2013) *Qualitative Data Analysis with NVivo*, 2nd Edn. Thousand Oaks, CA: Sage.

Boughtwood D, Shanley C, Adams J, Santalucia Y, Kyriazopoulos H, Rowland J and Pond D (2013) The role of the bilingual/bicultural worker in dementia education, support and care. *Dementia* **12**, 7–21.

Brotman S, Koehn S and Ferrer I (2017) *Lived Experiences of Aging Immigrants. Centre for Research and Expertise in Social Gerontology (CREGES)* Available online at https://www.mcgill.ca/soc-gerontology/research/lived-experiences-aging-immigrants [Accessed 11 December 2018].

Brotman S, Ferrer I and Koehn S (2020) Situating the life story narratives of aging immigrants within a structural context: the intersectional life course perspective as research praxis. *Qualitative Research* **20**, 465–484.

Brown TH and Warner DF (2008) Divergent pathways? Racial/ethnic differences in older women's labor force withdrawal. *Journals of Gerontology: Psychological Sciences and Social Sciences* **63B**, S122–S134.

Browne CV and Braun KL (2008) Globalization, women's migration, and the long-term-care workforce. *The Gerontologist* **48**, 16–24.

Campaign to End Loneliness (2011) *Safeguarding the Convoy: A Call to Action from the Campaign to End Loneliness.* Oxford: Age UK Oxfordshire.

Canadian Centre for Elder Law (2013) *Your Words Are Worth Something: Identifying Barriers to the Well Being of Older Women.* Vancouver, Canada: Canadian Centre for Elder Law.

Carrière Y, Martel L, Légaré J and Picard J-F (2016) *The Contribution of Immigration to the Size and Ethnocultural Diversity of Future Cohorts of Seniors* (Insights on Canadian Society). Ottawa: Statistics Canada. Available at https://www150.statcan.gc.ca/n1/pub/75-006-x/2016001/article/14345-eng.htm.

Carstairs S and Keon J (2009) *Special Senate Committee on Aging. Final Report: Canada's Aging Population: Seizing the Opportunity.* Ottawa: The Senate.

Cela E and Fokkema T (2017) Being lonely later in life: a qualitative study among Albanians and Moroccans in Italy. *Ageing & Society* **37**, 1197–1226.

Choi E, Tang F and Copeland VC (2017) Racial/ethnic inequality among older workers: focusing on Whites, Blacks, and Latinos within the cumulative advantage/disadvantage framework. *Journal of Social Service Research* **43**, 18–36.

Wright-St Clair VA and Nayar S (2020) Resettling amidst a mood of loneliness: later-life Chinese, Indian and Korean immigrants in New Zealand. *Ageing & Society* **40**, 2393–2409.

Couton P (2014) *Ethnocultural Community Organizations and Immigrant Integration in Canada.* Ottawa: Institute for Research on Public Policy.

Creese G and Kambere EN (2003) 'What colour is your English?' *Canadian Review of Sociology/Revue canadienne de sociologie* **40**, 565–573.

Cunsolo Willox A, Harper SL and Edge VL (2013) Storytelling in a digital age: digital storytelling as an emerging narrative method for preserving and promoting indigenous oral wisdom. *Qualitative Research* **13**, 127–147.

Curtis J and Lightman N (2017) Golden years or retirement fears? Private pension inequality among Canada's immigrants. *Canadian Journal on Aging/La Revue canadienne du vieillissement* **36**, 178–195.

Daatland SO and Biggs S (2004) *Ageing and Diversity: Multiple Pathways and Cultural Migrations.* Bristol, UK: Policy Press.

De Jong Gierveld J, Van der Pas S and Keating N (2015) Loneliness of older immigrant groups in Canada: effects of ethnic-cultural background. *Journal of Cross-cultural Gerontology* **30**, 251–268.

De Jong Gierveld J, van Tilburg TG and Dykstra PA (2018) New ways of theorizing and conducting research in the field of loneliness and social isolation. In Vangelisti AL and Perlman D (eds), *The Cambridge Handbook of Personal Relationships.* Cambridge: Cambridge University Press, pp. 391–404.

Diaz LG, Savundranayagam MY, Kloseck M and Fitzsimmons D (2019) The role of cultural and family values on social connectedness and loneliness among ethnic minority elders. *Clinical Gerontologist* **42**, 114–126.

Dixon-Woods M, Cavers D, Agarwal MS, Annandale E, Arthur T, Harvey J, Hsu R, Katbamna S, Olsen R, Smith L, Riley R and Sutton AJ (2006) Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable groups. *BMC Medical Research Methodology* **6**, 35.

Dolberg P, Sigurðardóttir SH and Trummer U (2018) Ageism and older immigrants. In L. Ayalon and C. Tesch-Römer (eds), *Contemporary Perspectives on Ageism* (International Perspectives on Aging). Cham, Switzerland: Springer, pp. 177–191.

Dong X and Chen R (2017) Gender differences in the experience of loneliness in U.S. Chinese older adults. *Journal of Women & Aging* **29**, 115–125.

Dykstra PA, van Tilburg TG and de Jong Gierveld J (2005) Changes in older adult loneliness: results from a seven-year longitudinal study. *Research on Aging* 27, 725–747.

Eastmond M (2007) Stories as lived experience: narratives in forced migration research. *Journal of Refugee Studies* 20, 248–264.

Ferrer I (2015) Examining the disjunctures between policy and care in Canada's Parent and Grandparent Supervisa. *International Journal of Migration, Health and Social Care* 11, 253–267.

Ferrer I, Brotman S and Grenier A (2017a) The experiences of reciprocity among Filipino older adults in Canada: intergenerational, transnational, and community considerations. *Journal of Gerontological Social Work* 60, 313–327.

Ferrer I, Grenier A, Brotman S and Koehn S (2017b) Understanding the experiences of racialized older people through an intersectional life course perspective. *Journal of Aging Studies* 41, 10–17.

Gardiner C, Geldenhuys G and Gott M (2018) Interventions to reduce social isolation and loneliness among older people: an integrative review. *Health & Social Care in the Community* 26, 147–157.

Grant H and Townsend J (2010) The incidence of poverty among Canada's elderly immigrants. In Durst D and MacLean M (eds), *Diversity and Aging Among Immigrant Seniors in Canada: Changing Faces and Greying Temples*. Calgary, Canada: Detselig Enterprises, pp. 125–147.

Grenier A (2012) *Transitions and the Lifecourse: Challenging the Constructions of 'Growing Old'*. Bristol, UK: Policy Press.

Gubernskaya Z and Treas J (2020) Pathways to linguistic isolation among older U.S. immigrants: assessing the role of living arrangements and English proficiency. *Journals of Gerontology: Psychological Sciences and Social Sciences* 75B, 351–356.

Han H, Jung YM and Xiong X (2019) Participation and engagement: dynamics of social life. In Han H, Jung YM and Xiong X (eds), *The Ageing of Australian Ethnic Minorities*. Singapore: Springer, pp. 23–34.

Hiebert D (2003) Canada: a false consensus? In Kloosterman R and Rath J (eds), *Immigrant Entrepreneurs: Venturing Abroad in the Age of Globalization*. Oxford: Berg, pp. 39–60.

Huberman M and Miles MB (2002) *The Qualitative Researcher's Companion*. Thousand Oaks, CA: Sage.

Hwang J, Wang L, Siever J, Medico TD and Jones CA (2019) Loneliness and social isolation among older adults in a community exercise program: a qualitative study. *Aging & Mental Health* 23, 736–742.

Ip D, Lui CW and Chui WH (2007) Veiled entrapment: a study of social isolation of older Chinese migrants in Brisbane, Queensland. *Ageing & Society* 27, 719–738.

Islam F, Khanlou N, Tamim H and Saad-tengmark K (2015) Exploring women's mental health at the intersections of aging, racialization, and low socioeconomic status. In Khanlou N and Pilkington FB (eds), *Women's Mental Health: Resistance and Resilience in Community and Society* (Advances in Mental Health and Addiction). Cham, Switzerland: Springer International Publishing, pp. 277–288.

King R, Cela E, Fokkema T and Vullnetari J (2014) The migration and well-being of the zero generation: transgenerational care, grandparenting, and loneliness amongst Albanian older people. *Population, Space and Place* 20, 728–738.

Klokgieters SS, van Tilburg TG, Deeg DJH and Huisman M (2019) Do religious activities among young–old immigrants act as a buffer against the effect of a lack of resources on well-being? *Aging & Mental Health* 23, 625–632.

Kobayashi KM and Prus SG (2011) Adopting an intersectionality perspective to the study of the 'healthy immigrant effect'. In Hankivsky O (ed.), *Health Inequities in Canada: Intersectional Frameworks and Practices*. Vancouver, Canada: UBC Press, pp. 180–197.

Koehn S, Spencer C and Hwang E (2010) Promises, promises: cultural and legal dimensions of sponsorship for immigrant seniors. In Durst D and MacLean M (eds), *Diversity and Aging Among Immigrant Seniors in Canada: Changing Faces and Greying Temples*. Calgary, Canada: Detselig Enterprises, pp. 79–102.

Koehn S, Neysmith S, Kobayashi K and Khamisa H (2013) Revealing the shape of knowledge using an intersectionality lens: report on a scoping review on the health and health care access and utilization of ethnocultural minority older adults. *Ageing & Society* 33, 437–464.

Koehn S, Jarvis P, Sandhra S, Bains S and Addison M (2014) Promoting mental health of immigrant seniors in community. *Ethnicity and Inequalities in Health and Social Care* 7, 146–156.

Koehn S, Habib S and Bukhari S (2016) S4AC case study: enhancing underserved seniors' access to health promotion programs. *Canadian Journal on Aging/La Revue canadienne du vieillissement* 35, 89–102.

Krause N (2016) Assessing the relationships among religiousness, loneliness, and health. *Archive for the Psychology of Religion* **38**, 278–300.

Li J, Xu L and Chi I (2018) Challenges and resilience related to aging in the United States among older Chinese immigrants. *Aging & Mental Health* **22**, 1548–1555.

Lim A, Lo L, Siemiatycki M and Doucet M (2005) Newcomer services in the Greater Toronto Area: an exploration of the range and funding sources of settlement services. Geography Publications and Research, Paper 41. Available at https://digital.library.ryerson.ca/islandora/object/RULA%3A227/datastream/OBJ/download/Newcomer_Services_in_the_Greater_Toronto_Area__an_Exploration_of_the_Range_and_Funding_Sources_of_Settlement_Services.pdf.

Matsuoka A, Guruge S, Koehn S, Beaulieu M, Ploeg J with Lithwick M, Mullings D, Roger K, Spencer C, Tyyska V, Walsh C, Gomes F and Brisebois S (2013) Prevention of abuse of older women in the post-migration context in Canada. *Canadian Review of Social Policy* **68/69**, 107–120.

McCall L (2005) The complexity of intersectionality. *Signs: Journal of Women in Culture and Society* **30**, 1771–1800.

McLaren AT (2006) Immigration and parental sponsorship in Canada: implications for elderly women. *Canadian Issues* (*Metropolis*) Spring, 34–37.

Morgan T, Wiles J, Moeke-Maxwell T, Black S, Park H-J, Dewes O, Williams LA and Gott M (in press) 'People haven't got that close connection': meanings of loneliness and social isolation to culturally diverse older people. *Aging & Mental Health*. Available online. doi.10.1080/13607863.2019.1633619.

National Senior's Council (2017) *Who's at Risk and What Can Be Done About It? A Review of the Literature on the Social Isolation of Different Groups of Seniors* (No. 978-1-100-25344–2). Ottawa: Government of Canada. Available at https://www.canada.ca/en/national-seniors-council/programs/publications-reports/2017/review-social-isolation-seniors.html.

Ng CF and Northcott HC (2015) Living arrangements and loneliness of South Asian immigrant seniors in Edmonton, Canada. *Ageing & Society* **35**, 552–575.

Overall C (2006) Old age and ageism, impairment and ableism: exploring the conceptual and material connections. *National Women's Studies Association Journal* **18**, 126–137.

Pinquart M and Sorensen S (2001) Influences on loneliness in older adults: a meta-analysis. *Basic and Applied Social Psychology* **23**, 245–266.

Refugees and Citizenship Canada Immigration (2019) *Understand PR Status*. Available at https://www.canada.ca/en/immigration-refugees-citizenship/services/new-immigrants/pr-card/understand-pr-status.html.

Rote S and Markides K (2014) Aging, social relationships, and health among older immigrants. *Generations* **38**, 51–57.

Schoenmakers EC, van Tilburg TG and Fokkema T (2012) Coping with loneliness: what do older adults suggest? *Aging & Mental Health* **16**, 353–360.

Shaw J (2017) Thinking with stories: a renewed call for narrative inquiry as a social work epistemology and methodology. *Canadian Social Work Review/Revue canadienne de service social* **34**, 207–227.

Smith KJ and Victor C (2019) Typologies of loneliness, living alone and social isolation, and their associations with physical and mental health. *Ageing & Society* **39**, 1709–1730.

Stewart M, Shizha E, Makwarimba E, Spitzer D, Khalema EN and Nsaliwa CD (2011) Challenges and barriers to services for immigrant seniors in Canada: 'You are among others but you feel alone.' *International Journal of Migration, Health and Social Care* **7**, 16–32.

Szabó Á, Klokgieters SS, Kok AAL, van Tilburg TG and Huisman M (2020) Psychological resilience in the context of disability: a study with Turkish and Moroccan young-old immigrants living in the Netherlands. *The Gerontologist* **60**, 259–269.

The Federal/Provincial/Territorial Working Group on Social Isolation and Social Innovation (2017) *Social Isolation of Seniors*, Vol. 1, *Understanding the Issue and Finding Solutions*. *Departmental Performance Report*. Ottawa. Available at https://www.canada.ca/en/employment-social-development/corporate/partners/seniors-forum/social-isolation-toolkit-vol1.html.

The Federal/Provincial/Territorial Working Group on Social Isolation and Social Innovation (2018) *Social Isolation of Seniors: A Focus on New Immigrant and Refugee Seniors in Canada. Program Descriptions*. Ottawa. Available at http://www12.esdc.gc.ca/sgpe-pmps/servlet/sgpp-pmps-pub?lang=eng&curjsp=p.5bd.2t.1.3ls@-eng.jsp&curactn=dwnld&pid=57459&did=5399.

Torres S (2006) Different ways of understanding the construct of successful aging: Iranian immigrants speak about what aging well means to them. *Journal of Cross-cultural Gerontology* **21**, 1–23.

Torres S (2019) *Ethnicity and Old Age: Expanding Our Imagination*. Bristol, UK: Policy Press.

Trask BS (2018) Integrating life course, globalization and the study of racial and ethnic families. *Journal of Family Theory & Review* **10**, 451–466.

Wang CC and Redwood-Jones YA (2001) Photovoice ethics: perspectives from Flint Photovoice. *Health Education & Behavior* **28**, 560–572.

Warner DF and Brown TH (2011) Understanding how race/ethnicity and gender define age-trajectories of disability: an intersectionality approach. *Social Science & Medicine* **72**, 1236–1248.

Weldrick R and Grenier A (2018) Social isolation in later life: extending the conversation. *Canadian Journal on Aging/La Revue canadienne du vieillissement* **37**, 76–83.

Whitfield KE and Baker TA (2014) *Handbook of Minority Aging*. New York, NY: Springer.

Winker G and Degele N (2011) Intersectionality as multi-level analysis: dealing with social inequality. *European Journal of Women's Studies* **18**, 51–66.

Wu Z and Penning M (2015) Immigration and loneliness in later life. *Ageing & Society* **35**, 64–95.

Yang K and Victor C (2011) Age and loneliness in 25 European nations. *Ageing & Society* **31**, 1368–1388.