Loneliness Experiences of Hmong Older Adults: A Constructivist Grounded Theory Study

by

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ABSTRACT

Approximately 89 million Americans will be age 65 and older by 2050 in the United States. This older adult population is especially vulnerable to loneliness as a result of numerous age-related risk factors including loss of social support and declining health. In addition to these common risk factors, refugee older adults may face increased loneliness as a consequence of war-related trauma, loss, and marginalized cultural values in their host country. Despite their heightened vulnerabilities to loneliness, the experiences of refugee older adults remain understudied.

This is the first study aimed at understanding the loneliness experiences of community-dwelling Hmong older adults, an ethnic group resettled in the United States as refugees over 40 years ago. A constructivist grounded theory method guided by an intersectionality framework was used to address three aims: 1) to understand the concept of loneliness among community-dwelling Hmong older adults, 2) to explore the premigration, displacement, and postmigration experiences of loneliness among community-dwelling Hmong older adults, and 3) to examine how community-dwelling Hmong older adults cope with loneliness. Semi-structured individual interviews were conducted with 17 Hmong older adults age 65 and older residing in Sacramento and Fresno, California. Analysis of the data was an iterative process between coding the data, generating focused codes, and connecting the categories to establish a conceptual pattern.

Participants conceptualized loneliness as a negative experience represented through physical and emotional expressions and intensity, which were influenced by an intersectional identity. Factors that influenced their experiences of loneliness in the

premigration, displacement, and postmigration phase were discussed as trust, loss, aging-related issues, isolation, sense of community, access to cultural community, instability, violence, and cultural adjustments. Their narratives offered several coping mechanisms including religious and spiritual beliefs, social support, wandering, activity engagement, and control and avoidance. These findings informed a conceptual model of loneliness that incorporated an intersectional identity, influencing factors, and coping mechanisms. Overall, the results provide nuanced cultural meanings and insight into the loneliness experiences of Hmong older adults. Implications for social work research, practice, and policy suggests the need for greater culturally- and linguistically-competent services informed by Hmong older adults.

Dedicated to my mother Ntxawm Lis and father Nom Yaj Vaj.

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TABLE OF CONTENTS

CHAPTER Page

CHAPTER Page

LIST OF TABLES

Table Page

LIST OF FIGURES

Figure Page

CHAPTER 1

INTRODUCTION

Statement of the Problem

In 2017, former United States Surgeon General Vivek Murthy proclaimed loneliness a public health crisis. He stated "…when I was traveling to communities across the country I found that loneliness was a profound issue that was affecting people of all ages and socioeconomic backgrounds" (McGregor, 2017). As a result, media interest in the causes, outcomes, and interventions of loneliness increased. The American Academy of Social Work and Social Welfare (AASWSW) also identified social isolation as one of their 12 Grand Challenges for the profession with the intentions to eradicate social isolation (2016). The organization's focus in the next decade includes research that highlights social isolation among marginalized populations through a multi-system approach. One population vulnerable to experiencing loneliness is older adults. One in three older adults report loneliness (Perissinotto, Cenzer, & Covinsky, 2012), and older adults age 80 years and older report the highest levels of loneliness – with estimates of 40% to 50% (Dykstra, 2009). As leaders and organizations across the country acknowledge loneliness as an epidemic, the need to understand the experiences of loneliness among older adults is an imperative as the United States becomes increasingly more diverse, especially among underserved refugee and immigrant groups.

The demographic composition is dramatically shifting in the United States as a result of a rapidly aging population and forced migration. The number of older adults ages 65 and older is expected to increase to 89 million by 2050 in the United States

(Jacobsen, Kent, Lee, & Mather, 2011). Moreover, 43.7 million immigrants resided in the United States as of 2016 (Pew Research Center, 2018) and 22,491 refugees were resettled in the United States in 2018 alone (Migration Policy Institute, 2018). With approximately 70.4 million individuals around the world displaced from their homes due to violence, conflict, and persecution (UNHCR, 2018), the need to understand their experiences and challenges remain as urgent as ever. Among immigrant and refugees, older adults who have immigrated from their home countries carry cultural values to their host country (Rokach & Sharma, 1996). Resettlement in the host country can result in isolation from their traditional way of life (Sadler & Johnson, 1980) and immigrants who are culturally isolated may need more attention to address distinct risks to their health (Kim, 1999). These unique risks stem in part due to the multiple life changes associated with relocation and social adjustments (Rokach & Sharma, 1996). Moreover, older refugees experience greater losses and have less opportunities to replace them than younger refugees (Bennett & Detzner, 1997). Their familial roles are also relevant to the acculturation and adjustment of subsequent generations (Bennett & Detzner, 1997). However, understanding of how forced migration, adjustment, and culture influences experiences of loneliness is generally informed by quantitative studies, which limits the understanding of nuanced differences and similarities that exist between groups.

As a phenomenon that has been explored in numerous groups, cultures, and countries, the existing literature on loneliness and in the Hmong population, particularly the older Hmong population remains very limited. A key word search of loneliness and the Hmong community in journals of social work, gerontology, and related fields demonstrated a dearth in studies. Resettled in the United States as refugees, the Hmong

experienced numerous violence and trauma during the Secret War in Southeast Asia (Barney & Koumarn, 1978), a war that was part of what is commonly referred as the Vietnam War. Today, Hmong older adults continue to have numerous risks factors associated with loneliness including low socioeconomic status (Southeast Asia Resource Action Center, 2011) and high levels of disability (Pfeifer, Sullivan, Yang, & Yang, 2012). Among these risk factors, economic adversity has consistently been found to be associated with greater psychological distress and interpersonal difficulties (de Jong Gierveld & Tesch-Römer, 2012), which may increase the experiences of loneliness.

Loneliness is a pervasive issue across the world (Rokach & Bacanli, 2001). Among older adults, risk factors for loneliness include more collective values (Rokach, 2008), lower income, lower educational attainment (Cohen-Mansfield, Hazan, Lerman, & Shalom, 2016), and disability (Perissinotto, Cenzer, Covinsky, 2012). Research studies to date provide evidence of the detrimental impact of loneliness on physical health and mental health (Heinrich & Gullone, 2006). However, studies focused on loneliness and its conceptualization has primarily focused on individual features (e.g. personal characteristics), even as a growing body of literature has called attention to the need to understand how loneliness can be representative of an individual's relationship with their community (Rokach & Sharma, 1996). This understanding is useful as an increasing number of immigrants and refugees bring their cultural values to the communities of their host countries.

While loneliness can be found in all communities, experiences and perceptions of loneliness and coping strategies can be influenced by ethnicity and culture (Wu & Penning, 2015; Rokach & Sharma, 1996; Rokach, Bacanli, & Ramberan, 2000; Rokach

& Neto, 2005; Rokach, 2008; Rokach, Orzeck, Cripps, Lackovic-Grgin, & Penezic, 2001; Rokach, Orzeck, & Neto, 2004). Defined in various ways, ethnicity for this study is defined as "a context-specific, multilevel (i.e. group-level, individual-level), multifactorial social construct that is tied to race and used both to distinguish diverse populations and to establish personal or group identity" (Ford & Harawa, 2010, p. 252). An exploratory study of 300 minority elders aged 65 and older (Indian, Pakistani, Bangladeshi, African Caribbean, and Chinese) in Britain aimed at finding the prevalence of loneliness found that ethnic minorities aside from Indian older adults reported rates of loneliness higher than the normal rate in the country. The prevalence ranged from 24% to 50% (Victor, Burholt, & Martin, 2012).

Conversely, culture is a complex concept defined in this study as "set values, beliefs, behaviors, and attitudes; which is shared, interpreted, and transmitted over time within a collective; and that makes the collective unique and distinguishes that collective from other collectives" (Bik, 2010, p.72). These values, beliefs, behaviors, and attitudes shape the meanings an individual give to their experiences and expectations of the quality and the extent of their relationships and social connectedness (van Staden & Coetzee, 2010). A framework commonly employed to understand the experiences of loneliness across cultures is an individualism-collectivism framework (Lykes & Kemmelmeier, 2014). Through this lens of culture, individualism values independence and personal achievement over others, while collectivism is distinguished by placing the interests of an individual's family or community above the individual (Hofstede, 2001). A cross-cultural study examining the impact of age and culture on the perceived causes of loneliness among Canadian and Portuguese participants found Canadians scored higher on the five

subscales of personal inadequacies, developmental deficits, unfulfilling intimate relationships, relocation/significant separations, and social marginality (Rokach & Neto, 2005). This finding highlighted the cultural differences among the two groups with Canadians regarded as more individualistic and Portuguese as more collectivistic. Still, loneliness continues to not be systemically studied with immigrant older adults (Dong, Chang, Wong, & Simon, 2012).

The body of literature that exists has provided the ground work for understanding general conceptualizations of loneliness and its significance among Western and Caucasian populations; however, few qualitative studies exist that looks at the "experiences, conceptualizations, and social world of older people who classify themselves, or are classified as, lonely and/or isolated" (Victor, Scambler, Bond, & Bowling, 2000, p. 414). The risks and dangers of loneliness is evident in the literature and with the increasing population of older adults, it is essential that we better understand how the most vulnerable of older adults are experiencing loneliness. As a largely understudied population, Hmong older adults carry some of the highest risks for loneliness. Consequently, this constructivist grounded theory study will seek out the nuanced experiences of loneliness to highlight the socio-political-psychological-cultural impact of their histories and challenges.

Theoretical Framework

This study used intersectionality as the guiding theoretical framework. Intersectionality was officially coined in 1989 by critical race theorist Kimberle Williams Crenshaw. Crenshaw used intersectionality to understand and highlight the multiple forms of oppression Black women encountered (1989). As a form of critical inquiry,

intersectionality examines the human experience from multiple intersections of social categories including race and ethnicity, gender, class, and sexuality to understand social inequities and the processes that create and sustain them (Hill Collins & Bilge, 2016). Intersectionality is useful for this study as it frames the experiences of loneliness from the intersection of social categories that are maintained or imposed upon Hmong older adults as they navigate oppressive cultures and systems from Laos to the United States.

Statement of Positionality

My interest in exploring loneliness emerged during my personal and professional experience with Hmong older adults. As a Hmong American woman, the older adults in my family have been influential in my upbringing and worldview. They always appeared capable when I was younger, yet as I grew older some of their challenges in navigating the outside world became more apparent. When I became a community health navigator serving Hmong older adults with multiple chronic health conditions, I had the opportunity to visit Hmong older adults in their homes. In conversations with them, their main concern was not their health issues. Instead, they worried about feeling lonely and isolated from the larger Hmong community. These experiences left me wondering where I could make an impact, which led me to pursue loneliness-related research and how Hmong older adults experience this phenomenon. My goal with this study was to understand the universal and complex phenomenon of loneliness from the lens of a group that is rarely represented in research. I hope to shed light on Hmong older adults, a refugee group that has aged quietly in the United States. I believe the challenges they faced early on and continue to encounter can be addressed if we take the time to understand the issues through their lens. As social workers, it is critical that we work to

understand these cultural and intersectional nuances of loneliness in order to better advocate for and assist diverse populations.

The Hmong also share similar historical, social, and cultural characteristics with new immigrants and refugees; therefore, I hope that what I learn about Hmong older adults and their experiences can be applicable to help newly resettled groups find necessary support to alleviate loneliness. Through these cultural insights, social workers can work collaboratively with these communities to identify culturally-relevant support rather than perpetuate oppressive practices. Social justice is only possible when social workers work to be inclusive regardless of gender, age, race, ethnicity, religious or spiritual beliefs, and socioeconomic status. This study was conducted with the intentions of critically challenging and adding to the current understandings of loneliness experiences by elevating the voices of an oppressed group.

Purpose of the Study

This constructivist grounded theory study seeks to understand how community-dwelling Hmong older adults experience loneliness using an intersectionality lens. The major research question guiding this exploratory study is: How do community-dwelling Hmong older adults experience loneliness? The specific aims of the study are:

1. To understand the concept of loneliness among community-dwelling Hmong older adults
2. To explore the premigration, displacement, and postmigration experiences of loneliness among community-dwelling Hmong older adults
3. To examine how Hmong older adults cope with loneliness

Significance of the Study

This study is relevant to social work in several ways. As a helping profession focused on social justice, our Code of Ethics state that social workers are to "help people in need and to address social problems" and "pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people" (National Association of Social Workers, 2017). More specifically, our professions' commitment to cultural competence specifies "social workers shall possess and continue to develop specialized knowledge and understanding that is inclusive of, but not limited to, the history, traditions, values, family systems, and artistic expressions such as race and ethnicity; immigration and refugee status; tribal groups; religion and spirituality; sexual orientation; gender identity or expression; social class; and mental or physical abilities of various cultural groups" (National Association of Social Workers, 2015). While cultural competency is one form of achieving social justice promoted by the profession of social work, the profession is not absolved of contributing to the silencing of marginalized voices (Gray, Coates, Bird, 2008). For instance, the Western intervention of social work has been slow to accept non-Western and indigenous perspectives resulting in ineffective services for diverse groups (Gray, Coates, Bird, 2008). Based on the continuing needs of the older Hmong adult population after 40 years of resettlement, this study will not only be relevant to the Hmong community, but other groups and refugees of similar background and cultural characteristics.

This study will also make several contributions to further the understanding of loneliness among older adults. First, the study provides the experience of loneliness among a population with several risk factors. These risk factors are known to place older

adults at a higher chance of experiencing loneliness (Cohen-Mansfield, Hazan, Lerman, & Shalom, 2016). Furthermore, this study may highlight the need for protective and resilience factors to be explored among Hmong older adults, particularly cultural factors.

Second, the research is focused on a refugee population. Prior studies examining the loneliness experience of specific cultural groups have primarily conducted studies with older adults still residing in their country of origin (Heravi-Karimooi, Anoosheh, Foroughan, Sheykhi, & Hajizadeh, 2010; Heravi-Karimooi, Rejeh, Foroughan, & Vaismoradi, 2012). The findings have been helpful and useful in understanding how loneliness is occurring in each country with rapid societal transformations that influence the social integration of families and the broader social environment (de Jong Gierveld & Tesch-Romer, 2012). Research has identified that a common thread among these various cultures is the perspective that loneliness is a distressing and negative experience (McInnis & White, 2001; Heravi-Karimooi, Anoosheh, Foroughan, Sheykhi, & Hajizadeh, 2010; Dong, Chang, Wong, & Simon, 2012). With the influx of immigrants and refugees, it is imperative that researchers identify how loneliness is experienced to help prevent and alleviate the effects of loneliness. Research on loneliness among immigrant older adults has provided some insight into the severity of the problem for those who resettle in the United States (Rokach and Sharma, 1996; Kim, 1999). The dearth of research on refugee older adults is alarming as many of these older adults have experienced some form of trauma as refugees, which may increase their vulnerability to experiencing psychological distress and mental health problems (Fazel, Reed, Panter-Brick, & Stein, 2012; Kirmayer, et al., 2011). The negative effect of past trauma on

mental health was found to likely continue among Vietnamese refugees in Australia after a prolonged period of resettlement (Steel, Silove, Phan, & Bauman, 2002). Consequently, this is the first study to empirically investigate loneliness among Hmong older adults and contribute to the scarce research on refugee older adults and loneliness.

Third, the findings from this study may help to inform appropriate intervention strategies for Hmong older adults and older adults who have similar risk factors. The majority of the intervention studies in this area have primarily recruited Caucasian participants who represent Western cultural values (e.g., individualism), which contributes to minimal data and information on intervention for non-Caucasian and non-Western populations. Prior approaches to alleviate loneliness included helping people develop new relationships, providing individual activities, or therapeutic interventions (e.g. mindfulness and stress reduction) (Gardiner, Geldenhuy, & Gott, 2018). Specific interventions for older adults included social skills training to develop skills in initiating a conversation or joining group activities (Masi, Chen, Hawkley, & Cacioppo, 2011). While these recognized interventions are useful for alleviating loneliness in some older adult populations, it remains necessary to find out the loneliness experiences of Hmong older adults to seek out interventions that are more culturally-relevant. Therefore, instead of attempting to fit existing interventions to Hmong older adults, this study is grounded in the insight of the participants themselves and will provide awareness and implications for interventions appropriate in meeting their needs to prevent and alleviate loneliness.

Fourth, the conceptualization of loneliness is an area that is continually growing and being shaped by various researchers. Prior theories have focused on loneliness as an individual experience; however, the diverse experiences of loneliness require an

intersectionality lens to highlight the importance of understanding loneliness through the intersection of multiple social categories. The findings from this study will add new knowledge to the existing ways in which loneliness has been conceptualized, including generating a new theory on loneliness, trauma, displacement, resettlement, and adjustment, which will contribute a model of the loneliness experience that has not been previously explored.

CHAPTER 2

LITERATURE REVIEW

For this study, loneliness is defined as the distressing experience from the lack of meaningful social relationships (Peplau & Perlman, 1982). This state "occurs when the individual perceives a discrepancy between…the desired and the achieved pattern of social relations" (Peplau & Perlman, 1982, p. 5). According to this interpretation of loneliness, an isolated individual may not experience loneliness and an individual in a large crowd may still feel lonely. Furthermore, loneliness is a subjective experience and is different from social isolation, which is defined as minimal interaction with kin and the community (Victor, Scambler, Bond, & Bowling, 2000). As a phenomenon that occurs across the lifespan, most people have encountered the experience of loneliness at some time in their lives (Qualter et al., 2015).

Today, researchers typically subscribe to three explanations of loneliness: (1) the individual's social networks, (2) an individual's standard of relationships, and (3) other predisposing factors (Dykstra, 2009). First, the social network approach examines the quality and number of relationships an individual has. For example, Pinquart and Sorensen (2001) focused on the prevalence and correlates of loneliness among older adults using a meta-analysis of existing studies. Compared to fewer numbers of contacts, they found lower quality of contacts was associated with more loneliness; however, more studies using quantity of contacts were conducted (Pinquart & Sorensen, 2001). Second, the standard of relationship approach concentrates on an individual's preferences, expectations, and desires for personal relationships. A study of 2,223 divorced and

married men and women using the Divorce in the Netherlands survey investigated whether the deficit and cognitive perspectives explained differences among people with different marital status (Dykstra & Fokkema, 2007). The cognitive approach found that divorcees who strongly desired a partner and married people with more conflict had higher levels of emotional loneliness. Finally, predisposing factors, such as personality characteristics, have been identified to explain the occurrence of loneliness (Heinrich & Gullone, 2006; Mikulincer & Shaver, 2014). For instance, a cross-sectional study using the Netherlands Study of Depression in Older Persons among 341 participants examined the relationship between depression and emotional loneliness and social loneliness (Peerenboom, Collard, Naarding, & Comijs, 2015). Emotional loneliness referred to the lack of an emotional attachment, whereas social loneliness represented the lack of a wider social network. The authors found that high neuroticism, low extraversion, and low feelings of mastery were personality traits that influenced the association between depression and emotional loneliness.

Prevalence of Loneliness

The number of baby boomers turning 65 years and older are expected to increase rapidly (Jacobsen, Kent, Lee, & Mather, 2011). Among older adults, the prevalence of loneliness is most common for older adults ages 80 and older (Dykstra, 2009). Reports of moderate to serious loneliness among older adults ages 65-79 were found to be between 20-35%, while older adults ages 80 and older reported rates of loneliness between 40-50%. In their meta-analysis to investigate the correlates of loneliness among 145 studies, Pinquart and Sorensen (2001) reported a U-shaped relationship between age and

loneliness whereby loneliness decreases in young adulthood (60 or younger) and rises again in very old age (80 or older).

Studies examining refugee and immigrant older adults have found high prevalence of loneliness. In a survey exploring the health status and heath needs of 210 Syrian and Palestinian refugees ages 60 and over displaced in Lebanon, 61% of the sample reported feelings of loneliness (Strong, Varady, Chahda, Doocy, & Burnham, 2015). Among 10,553 adults ages 60 and over using the 2007 General Social Survey in Canada, prevalence of loneliness was higher among immigrants compared to native-born Canadians; though race/ethnicity, generational status, and length of stay influenced levels of loneliness (Wu & Penning, 2015). Still, stigma attached to sharing feelings of loneliness may deter older adults from reporting loneliness, suggesting that the number of older adults experiencing loneliness may be significantly higher than research indicates (Victor, Scambler, Bond, & Bowling, 2000).

Risk Factors of Loneliness

For older adults, the negative and unpleasant experience of loneliness hinders achieving successful aging (de Jong Gierveld, 1998). Besides social relationships, other determinants of loneliness in older adults may be identified through: gender, income, education level, marital status, personal characteristics, health status, community of residence, and living arrangements (de Jong Gierveld, 1998; Cohen-Mansfield, Hazan, Lerman, & Shalom, 2016). Older adults may find themselves more at risk for experiencing loneliness due to life changes including deteriorating health, declining social networks, and institutionalization (Heravi-Karimooi, Anoosheh, Foroughan, Sheykhi, & Hajizadeh, 2010).

Gender and socioeconomic status. Gender and socioeconomic status (SES) are important factors to consider with loneliness. Older women appear to experience loneliness at higher levels than older men (Beal, 2006; Pinquart & Sorenson, 2001). In a meta-analysis of 149 studies from numerous countries, Pinquart and Sorenson (2001) found older women aged 60 to 80 reported higher levels of loneliness than older men. Specific life events can increase a woman's vulnerability to loneliness, including widowhood, chronic health issues, and relocation (Beal, 2006). Furthermore, a study of 12,248 adults ages 50 years and older across Europe evaluated the variations of loneliness in late-life and its determinants (Fokkema, De Jong Gierveld, & Dkstra, 2012). The authors found that lower levels of education and 'difficult' income were positively correlated with loneliness. Pinquart and Sorensen's (2001) meta-analysis also found higher income provided greater access to formal and informal social supports and services, creating a more diverse social network for older adults, and decreasing loneliness.

Marital status. The marital status of an older adult is commonly found to be associated with loneliness, specifically being widowed (Dahlberg Andersson, McKee, & Lennartsson, 2015). A study analyzing the impact of social networks on loneliness and depression in a representative sample of the Spanish older adult population (n=3535) found increased feelings of loneliness among participants who identified as female, single, separated, divorced, or widowed (Domenech-Abella et al., 2017). Another study using a Swedish longitudinal national survey (n=587) examining predictors of loneliness among men and women discovered that widowhood was significantly associated with loneliness for the whole sample (Dahlberg Andersson, McKee, & Lennartsson, 2015).

Psychosocial functioning. Psychosocial functioning suggests that an individual can engage in activities of daily living, connect with others in meaningful relationships, and meet the needs of the community they reside in (Mehta, Mittal, & Swami, 2014). For instance, a study of 100 parent-child dyads investigating the effects of personality, attachment, and family solidarity on loneliness discovered a reduction in loneliness when parents had increased affection for and from their children (Long & Martin, 2000). The same study found that parents and children with an anxious personality had increased loneliness, while an extraverted personality decreased loneliness. In a review of depression, loneliness, and shyness, Dill & Anderson (1999) explained depression and loneliness may be the result of shyness and poor social skills. They posited shyness interferes with the establishment and maintenance of strong interpersonal relationships leading to increased loneliness and depression. Furthermore, a study of 135 undergraduate students exploring the relationship between loneliness and cardiovascular activity revealed loneliness to be associated with more feelings of caution, conflict, distrust, and other negative feelings during social interactions (Hawkley, Burleson, Berntson, & Cacioppo, 2003). Although the sample was of young adults in college, the findings may be useful in understanding how older adults engage in social interactions with similar emotional challenges.

Declining health. Aging is typically accompanied by declining health. Deteriorating health can be characterized by decreased mobility, greater difficulty in completing activities of daily living (ADL), and increased frailty. A study of older women and men examining predictors and changes in loneliness over time using a longitudinal national survey in Sweden (n=587) identified mobility problems and

mobility reduction to be a significant predictor of loneliness among the women participants (Dahlberg, Andersson, McKee, & Lennartsson, 2015). Another study explored the effects of social relationships and physical disability on loneliness using longitudinal data of 914 married older adults (Warner & Adams, 2015). Physical disability was measured using seven ADL: "walking one block, walking across a room, dressing, eating, bathing or showering, getting in and out of bed, and using the toilet" (p. 6). Results showed increased loneliness among married adults with functional limitations, and increased support from outside family and friends intensified functional limitations leading to increased loneliness. Among 12 participants aged 65 and older identified as frail in a qualitative study, the authors found themes of barriers (e.g. loss of important relationships), hopelessness (e.g. invisible to others), and freedom (e.g. protection from disappointment) in experiences of loneliness (Taube, Jakobsson, Midlov, & Kristensson, 2015).

Decreased social network and interactions. Important to the well-being of many older adults are their social network and interactions. However, the progression of aging is often associated with a decreased social network (Chen & Feeley, 2014). A study using the Health and Retirement Study (n=7,367) to examine the effects of social support and social strain on loneliness and well-being of adults aged 50 and older found social support from a partner or friend decreased loneliness (Chen & Feeley, 2014). Yet, social strain, described as negative social interactions with social contacts, increased loneliness. Moreover, findings from a study of a nationally representative sample of adults age 57 to 85 (n=3,005) exploring associations between objective and subjective social network and loneliness discovered that the subjective assessment of social network is a stronger

predictor of loneliness than the objective assessment of social network (Warner & Adams, 2016). These findings suggest the quantity of social relationships may not be the most effective factor in predicting loneliness. Rather, a subjective appraisal of the quality of social relationships may be a stronger factor.

Outcomes Associated with Loneliness

As older adults age, chronic loneliness can influence mental health, physical health (Heinrich & Gullone, 2006), and mortality (Newall, Chipperfield, Bailis, & Stewart, 2013). Decades of literature on the outcomes of loneliness have highlighted its ongoing impact.

Mental health. Studies have supported the association of loneliness with mental health conditions (Beutal et al., 2017; Richard, Rohrmann, Vandeleur, Schmid, Barth, & Eichholzer, 2017; Coyle & Dugan, 2012). Depression and loneliness are highly correlated, which has been established by a number of studies (Heikkinen & Kauppinen, 2004; Coyle & Dugan, 2012; Theeke, Goins, Moore, & Campbell, 2012; van Beljouw et al., 2014). Loneliness is often incorporated as a component of depression and anxiety instead of being identified as a distinct problem (Donaldson & Watson, 1996); however, these conditions are separate phenomenon (Young, 1982). A study using an ethnographic approach to explore mental health and well-being among 28 older Somali male immigrants residing in the UK found that loneliness was among several main contributors to increased levels of depression and decreased life satisfaction (Silveira & Allebeck, 2001). Loneliness has also been found to be associated with anxiety disorders. In the Longitudinal Aging Study Amsterdam (LASA) among a random sample of older adults (n=3107), loneliness was identified as correlated with all anxiety disorders included in

the study (generalized anxiety disorder, panic disorder, phobic disorders, and obsessive-compulsive disorder) (Beekman et al., 1998). Additionally, a study of 15,010 community-based German residents ages 35-74 found loneliness was correlated with depression, generalized anxiety, and suicidal ideation (Beutel et al., 2017).

Physical health and mortality. Loneliness is correlated with decreased physiological health and chronic health conditions (e.g. coronary heart disease, hypertension) (Thurston & Kubzansky, 2009; Hawkley, Thisted, Masi, & Cacioppo, 2010). Thurston and Kubzansky (2009) investigated the association between loneliness and coronary heart disease (CHD) by gender (n=3003) using the multistage, national probability survey First National Health and Nutrition Survey, which found only women had an association between loneliness and CHD. Moreover, using the longitudinal Health, Aging, and Social relations Study (CHASRS) between 2002 and 2006 of a population-based sample of 229 non-Hispanic white, Black, non-Black Hispanic adults (50-68-year old), increased systolic blood pressure was associated with increased reports of loneliness (Hawkley et al., 2010). These effect of loneliness on physical health can be persistent and lead to early mortality.

The impact of loneliness on increased mortality among older adults has been studied in various parts of the world. The Health and Retirement Study, a longitudinal study of a nationally representative sample of older adults in the United States (n=1604) found loneliness to be a predictor of functional decline and death (Perissinotto, Cenzer, & Covinsky, 2012). In a study of older Finnish adults, researchers found women who valued emotional closeness and belonging had strong correlations with mortality (Lyyra & Heikkinen, 2006). Among a nationally representative sample of Chinese older adults

(n=14,072) in a longitudinal study examining loneliness, health, and mortality, the authors discovered participants with higher levels of loneliness died sooner than those with lower levels of loneliness (Luo & Waite, 2014).

Loneliness, Ethnicity, and Culture

Among immigrants and refugees, loneliness can be experienced from an ethnic and cultural perspective. Ethnicity and culture are interlinked concepts. As a multilevel and multifactor construct that is dependent on context, the ethnicity of an individual is tied to two dimensions. These dimensions of ethnicity include sociocultural attributes of a group and attributes of the relationship between an ethnic group and the society it resides in (Ford & Harawa, 2010). Meanwhile, culture is characterized by the shared values, beliefs, behaviors, and attitudes of a distinct group (Bik, 2010). This section will discuss the literature on how ethnicity and culture has been explored in prior loneliness studies and how ethnic and cultural values alleviate or exacerbate loneliness among immigrants and refugees.

Evidence suggests variation in the prevalence of loneliness across different ethnic groups (Victor, Burholt, & Martin, 2012), particularly when compared to native-born (Wu & Penning, 2015). For instance, a study using the Canadian General Social Survey compared loneliness among 3,692 older Canadians and older immigrants to determine the effects of ethnic-cultural background (De Jong Gierveld, Van der Pas, & Keating, 2015). Older immigrants were differentiated into three subgroups based on language and culture: British or French immigrants, non-British or French immigrants from Europe, and immigrants of non-European origins. The authors found loneliness was significant among immigrant groups who differed in language and culture from older Canadians, while no

differences were found among immigrants who shared similar language and culture with older Canadian (De Jong Gierveld, Van der Pas, & Keating, 2015). Furthermore, a correlational study of 110 Korean immigrant women (ages between 60 and 86) examining the predictors of loneliness found higher scores on the Ethnic Attachment Questionnaire positively correlated with higher levels of loneliness on the Revised UCLA Loneliness Scale (RULS) (Kim, 1999).

Culture in loneliness studies has typically been distinguished as differences in values between individualistic cultures and collectivistic cultures (Lykes & Kemmelmeier, 2014; Rokach & Bacanli, 2001; Rokach & Neto, 2005; Rokach, Orzeck, & Neto, 2004). Empirical findings support and challenge the notion that collectivist cultures have greater loneliness than individualist cultures. A study investigating the coping mechanisms of loneliness among Canadians, Turks, and Argentinians found cultural background could indicate the types of coping strategies an individual draws on (Rokach, Bacanli, & Ramberan, 2000). The more individualistic culture of Canadians indicated a greater likelihood than their Turk and Argentinian counterparts to accept their loneliness, receive professional help, and deny and distance themselves from loneliness. However, a study investigating loneliness and the explicit facets of individualism-collectivism using two cross-sectional surveys from Europe (n=239; n=860) found higher collectivism was associated with lower loneliness (Heu, van Zomeran, & Hansen, 2018). Among participants, decreased actual social embeddedness and increased ideal-actual discrepancies were correlated with increased loneliness.

To better understand the cultural nuances of ethnic groups, multiple studies have examined the distinct differences that may explain loneliness. For example, in their

qualitative study using life-history methods, Bennett and Detzner (1997) explored loneliness among older Southeast Asian refugee women consisting of three Cambodians, two Hmong, one Laotian, and five Vietnamese. They found common themes including the changing roles of the women as they aged, isolated with nothing to do, were separated from family, and daily life in the United States. Moreover, a qualitative study examining U.S. Chinese older adults' understanding and perceptions of loneliness found that perceptions of loneliness were tied to the absence of satisfying intergenerational relationships (Dong, Chang, Wong, & Simon, 2012).

Culture can be perceived as stable, yet culture is unavoidably affected by the environments in which they reside in (Tian, Deng, Zhang, & Salmador, 2018). As a result of limited and conflicting literature on changes in loneliness over time among older immigrants (Dolberg, Shiovitz-Ezra, & Ayalon, 2016), this study seeks to explore the premigration, displacement, and postmigration factors that influence loneliness over time in Hmong older adults. To this researcher's knowledge, the impact of instability, displacement, and adjustment on loneliness remains unclear among immigrant and refugee groups.

Interventions to Address Loneliness

Interventions designed to address loneliness among older adults are diverse and vary in their duration and features; however, the main goal of each has been to prevent or alleviate loneliness. Systematic reviews and meta-analysis with the intent to determine the effectiveness of loneliness interventions over the past few decades have also explored how these interventions attempt to address either loneliness, social isolation, or both (Gardiner, Geldenhuys, & Gott, 2018). The need to study loneliness and social isolation

together results from the nature of both concepts being used interchangeably in practice and research (Cattan, White, Bond, & Learmouth, 2005). Overall, the systematic reviews of loneliness and social isolation interventions have identified what strategies may be most helpful to prevent and decrease the impact of loneliness for older adults.

Findlay's (2003) review of the literature in the last 20 years resulted in 17 studies with six group interventions (e.g. tele-conferencing, support groups), five one-to-one interventions, two service provision, and four using internet (e.g. email, specialized websites such as *SeniorNet*) as an intervention strategy. Findlay found that six of the studies were randomized control trials (RCTs) and only a few examined the impact of these interventions on older adults. The participants in these studies ranged from caregivers of individuals with Alzheimer's disease, nursing facility residents, widows, seniors with disabilities, and older women with low-income. Findlay recommended more research on these interventions with an evaluation process to identify whether the interventions were truly effective or not.

Cattan, White, Bond, and Learmouth (2005) conducted a systematic review of health promotion interventions aimed at alleviating social isolation and loneliness among older adults. They identified 30 studies consisting mainly of group interventions (n = 17), one-to-one interventions (n = 10), service provision (n = 3), and community development (n = 1). The population of the studies consisted of solely women to caregivers, widows, individuals with limited physical capacity, or persons with mental health issues. The age of the participants ranged from 20 to 90. The researchers found that group interventions focused on educational output or support activities were most effective in alleviating loneliness (e.g. health education with exercise, social activation program, and peer-run

counseling group). Among the interventions found to be ineffective, a common feature was that they were one-to-one interventions conducted in participants' homes (e.g. home visits, telephone support services).

The next study used a meta-analysis to determine the effectiveness of interventions involving computer and internet training in decreasing loneliness and depression among older adults (Choi, Kong, & Jung, 2012). Their review of the literature identified six studies with 373 participants. Four of the studies were RCTs and the remaining two were quasi-experimental studies. The mean ages of the participants in the studies ranged from 64 years to 82 years. Choi, Kong, and Jung (2012) found that computer and internet interventions were effective in decreasing loneliness; however, they were ineffective in reducing depression. They cautioned against the generalizability of their findings due to the small number of studies in their meta-analysis.

To investigate interventions with the intentions of reducing loneliness, Hagan, Manktelow, Taylor, and Mallett (2014) conducted a systematic review of social therapeutic interventions (Hagan, Manktelow, Taylor, & Mallett, 2014). The researchers identified 17 articles with eight focused on group interventions (e.g. Mindfulness Based Stress Reduction (MBSR) program, friendship enrichment program), three on one-on-one interventions (e.g. volunteer visitors and mentoring services), and six on using new technologies (e.g. contact with loved ones through videoconferencing and use of the Nintendo Wii). The characteristics of the study populations were mainly females with average ages between 50's to 100's. From the 17 studies, they identified four studies with reported significant decrease in loneliness. The four studies used group intervention MBSR, one-on-one Nintendo Wii, animal assisted therapy (including the use of a robotic

dog), and videoconferencing.

Finally, the most recent examination of interventions targeting social isolation and loneliness was performed using an integrative review process (Gardiner, Geldenhuy, & Gott, 2018). Among 38 identified studies, interventions were categorized as social facilitation, psychological therapies, health and social care provision, animal interventions, befriending interventions, and leisure/skill development. Within each intervention the authors found factors of adaptability, community development approach, and productive engagement linked with increased effectiveness. These characteristics provided more depth into understanding the need to involve older adults in the development and implementation of interventions as well as ensure interventions are flexible enough to meet the needs of older adults. Still, the authors could not specify the exact aspect of interventions that added to their effectiveness due to the use of multiple factors.

These reviews of loneliness and social isolation interventions provide both helpful and cautionary results that underscore the need to consider how histories, ethnicity, and culture can influence participant interests and outcomes. The reviews are beneficial in offering a consolidated look at the different interventions to address loneliness primarily from individual and group approaches. Majority of the interventions were mostly conducted in North America and Europe with samples of predominantly Caucasian participants. Future research should consider diverse older adult participants in various settings (e.g. nursing homes, community-based) to identify how interventions can best be tailored to meet the needs of different cultures.

Furthermore, the current literature on loneliness, ethnicity, and culture emphasize the impact of context, stressing the importance of examining contextually significant risk factors for loneliness (Heu, van Zomeren, & Hansen, 2018). With changing family and community dynamics for Hmong older adults, interventions to address factors that contribute to their loneliness in the United States is pertinent. Differences also exist among individualistic and collectivist cultures, which suggest the need for future intervention studies to compare how these different values influence the outcomes of interventions. Future interventions should also consider a multi-layer approach of individual support, group-based activities, and community-wide engagement to increase feelings of social embeddedness in addition to reconnecting older adults with family and loved ones.

Hmong Older Adults

History of Hmong Americans. In Laos and Southeast Asia, the Hmong mainly resided in isolated, mountainous regions (Chung & Lin, 1994). They primarily lived separately from mainstream society practicing animist spirituality and shamanism (Hillmer, 2011). The Hmong were mainly farmers in their native homelands with many women reporting being homemakers with limited to no education (Chung & Lin, 1994). After the Secret War (1961-1975) in Laos escalated over a struggle for power between the Pathet Lao and the Royal Lao Government, a guerilla army fighting for the Royal Lao Government was formed and consisted mainly of Hmong men. This guerrilla army was ultimately aided and advised by the United States Central Intelligence Agency (CIA) (Barney & Koumarn, 1978). Their main task was to assist the Americans against the Communists in North Vietnam and Laos (Tatman, 2004). After the war, the pro-

American Hmong were forced to flee Laos to Thailand after the Communist Lao government conducted massacres of Hmong villages beginning in 1975 (Culas & Micraud, 1997). The Hmong refugees were resettled in various countries and many permanently resettled in the United States. The United States implemented a scattering policy, which dispersed family members throughout the country and interrupted the highly-valued Hmong family and clan structure (Tatman, 2004). This scattering policy by 813 zip codes was intended to separate Indochinese refugees and speed their assimilation into mainstream American society (Cha, 2003; Yang, 2013), but was largely ineffective as many Hmong eventually migrated to California and other states with large concentrations of Hmong people (Yang, 2013). Interestingly, in an early study of Hmong ages 16 and older (n=97) residing in Minnesota in 1977, the authors found Hmong participants living within one to 10 miles from other Hmong reported higher levels of depression, anxiety, somatization, and paranoid ideation than Hmong participants living more than 10 miles away from other Hmong (Westermeyer, Vang, & Neider, 1983).

During these early years of resettlement, Hmong refugees reported high rates of depression (Mouanoutoua, Brown, Cappelletty, & Levine, 1991; Westermeyer, Lyfoung, Wahmenholm, & Westermeyer, 1989; Westermeyer, 1988). Among postmigration factors, limited English proficiency, older age, limited education, and more stress were found to be some factors associated with increased depression, PTSD, and other psychiatric disorders (Foss, Chantal & Hendrickson, 2004; Mouanotoua & Brown, 1995; Nicholson, 1997). Moreover, studies found negative psychological consequences among Hmong refugees and their offspring linked to numerous family-related problems (Su, Lee, & Vang, 2005) and acculturative challenges (Westermeyer, Bouafuely, Neider, &

Callies, 1989). Social support and years of education were among some of the buffers against depression found in those early studies (Mouanoutoua et al., 1991).

State of Hmong Americans. According to the 2010 U.S. Census Bureau, 41.8% of Hmong reported being foreign born (Pfeifer, Sullivan, Yang & Yang, 2012). The Hmong population is highest in California (91,224), Minnesota (66,181), and Wisconsin (49,240). In California, the Fresno metro area has a concentration of approximately 31,771 Hmong and the Sacramento region is home to an estimated 26,996 Hmong. Among all Asian ethnic groups, the Hmong American population has the lowest per capita income at $10,949, falling below that of all racial groups in the nation including Latinos and African Americans (Asian Pacific American Legal Center, 2011). Furthermore, the Hmong has one of the lowest high school graduation rates estimated at 61%, with only 14% continuing to graduate with a bachelor's degree or higher (Asian Pacific American Legal Center, 2011). The Hmong older adult population (>65) reported higher rates of disability status (50.7%) than the general older adult population in the U.S. (37.2%) (Pfeifer et al., 2012). Additionally, many Hmong adults and older adults were refugees of the Secret War who faced numerous traumas during their flight from Laos to Thailand (Nicholson, 1997).

Disaggregation of Asian Americans. With more than 20 heterogeneous ethnic designations, Asian Americans are one of the fastest growing and most diverse ethnic minority groups in the United States (Kim, Chiriboga, Jang, Lee, Huang, & Parmelee, 2010). At present, most studies do not disaggregate between the numerous Asian ethnicities when gathering data; therefore, the data on specific Asian American older adults is still lacking (Leung, Cheung, Kao, & Gulati, 2015). Furthermore, studies have

demonstrated a need to examine specific Asian subgroups to accurately reflect health disparities (Kim et al., 2010). For example, Filipinos and Vietnamese older adults reported more physical and mental health problems than Chinese, Japanese, and Korean older adults. Due to the limited studies and reports on Hmong Americans, specifically with Hmong older adults, more research on the population is needed to identify and address the challenges they encounter today.

Currently, majority of Hmong-Americans tend to live in areas with heavy concentration of Hmong. In a qualitative study of 23 Chinese and 21 Hmong older adults exploring successful aging using grounded theory analysis, Hmong older adults defined successful aging as physical health and mobility, mental health, harmonious relationships, positive family relationships, tangible family support, financial stability, social engagement, and religious faith (Nguyen & Seal, 2014). The findings of this study suggested Hmong older adults identified successful aging with several dimensions that could influence loneliness, including social engagement and tangible family support. Additionally, the desire to live in multi-generational households with their children and grandchildren may serve as a buffer against loneliness. Still, the Hmong population face challenges, including acculturation conflict (e.g. proper gender expectations, respect of parents, shaming of family) between parent and child and the negative effect of parental trauma on attachment (Bahrassa, Juan, & Lee, 2012; Han, 2005), which may exacerbate loneliness among this population; therefore, the researcher will also seek to identify potential mechanisms that help with coping.

Theoretical Framework

As the researcher studied different loneliness theoretical perspectives, specific

meanings and processes appeared relevant in exploring how Hmong older adults experience loneliness. However, these abstract and general approaches did not capture the attributes of ethnicity, cultural nuances, and the history of displacement that emerged during interviews with participants of this study. Therefore, this study is applying an intersectionality lens to draw out the nuanced differences in how Hmong older adults experience loneliness. The remainder of this section includes an overview of intersectionality followed by a review and critique of two prevailing loneliness theoretical perspectives using an intersectionality lens to address gaps in the understanding of loneliness.

Intersectionality. Empirical evidence is highlighting the need to approach research from an intersectionality lens to understand the numerous conditions in which oppression exists. According to Hill Collins and Bilge (2016):

> Intersectionality is a way of understanding and analyzing the complexity in the world, in people, and in human experiences. The events and conditions of social and political life and the self can seldom be understood as shaped by one factor. They are generally shaped by many factors in diverse and mutually influencing ways. When it comes to social inequality, people's lives and the organization of power in a given society are better understood as being shaped not be a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other. Intersectionality as an analytic tool gives people better access to the complexity of the world and of themselves.

Social categories, such as race/ethnicity, gender, social class, and sexuality, have historically been studied as distinct social constructs. However, scholars are recognizing

how these socials categories depend on one another and mutually effects outcomes (Cole, 2009; Warner & Brown, 2011). This intersectionality lens challenges misconceptions and facilitates the inclusion of individuals and groups who have historically been ignored (Cole, 2009). This framework also "assumes that systemic oppression is experienced differently by people at different identity intersections" (Holley, Oh, Thomas, 2019, p. 17) and operates at the individual, institutional, cultural, and societal level (Holley, Stromwall, & Bashor, 2012).

Cognitive discrepancy theory. The cognitive discrepancy approach proposed by Peplau and Perlman (1982) drew on social psychological concepts coming out of the 1970's such as attributions, social comparison processes, and perceived control. With regards to loneliness, attributions were the perceived causes to loneliness. Social comparison processes focused on an individual's comparison of their social relations with their past relations and the relationships of others around them. Lastly, perceived control referred to an individual's perception and assessment of their social relationships and relational discrepancies.

The main idea of the cognitive discrepancy theory suggested that loneliness was a result of relational discrepancy (Peplau & Perlman, 1982). Relational discrepancy occurred when actual social relationships were less than desired social relationships. This cognitive process of perceiving and evaluating one's social relationships viewed loneliness as the outcome of one's dissatisfaction with one's relational discrepancy. According to the theory, when a discrepancy occurs, the individual is subjected to the agony of loneliness. An individual evaluates their current relationships by comparing it to the experiences of their past and other people. Moreover, an individual's feeling about

their loneliness is key and loneliness is a condition that can be manipulated (Donaldson & Watson, 1996). As a manipulable condition, an individual evaluates their social relationships based on a "standard"; therefore, an individual's evaluation of their social relations and the resulting discrepancy from this comparison may lead to the belief of no control. However, as a condition that can be manipulated, an individual should be able to increase their social traits (e.g. self-esteem) to overcome loneliness.

Interactionist theory. One of the leading interactionist theorists in loneliness was Robert Weiss. Weiss' (1973) typology of loneliness continues to be influential in loneliness research today. The typology of loneliness focused on personal characteristics and situational elements as well as the importance of relationships. He described loneliness in two forms: emotional loneliness and social loneliness. Emotional loneliness occurs when an individual lacks an intimate and personal relationship. Social loneliness is the absence of social connectedness or sense of community. Within these two distinct types of loneliness, Weiss expanded on the relationships with different social provisions: attachment, social integration, opportunity for nurturance, reassurance of worth, reliable alliance, and guidance. Attachment focused on relationships with safety and security. Social integration reflected relationships with individuals who share common interests and concerns. Opportunity of nurturance provided a relationship to care for another individual. Reassurance of worth allowed for relationships in which individuals felt their skills and capabilities were acknowledged. Reliable alliance consisted of relationships in which individuals could call another person for help. Finally, guidance relationships provided advice and assistance from a trustworthy and authoritative individual. Each social provision was thought to meet specific needs of an individual. Although, a partner

could fulfill several social provisions, individuals still had to maintain specialized relationships to meet the needs of all the social provisions. Weiss believed loneliness resulted in the deficit of one or more of the social provisions. He speculated emotional loneliness was more distressing than social loneliness. This assumption was based on the idea that managing emotional isolation was more problematic than social isolation. He provided that finding a group an individual could form connections with was enough to combat social isolation. On the other hand, identifying support to combat emotional isolation could be difficult as finding an attachment figure could be difficult. Lastly, he explained that an individual could not compensate for the deficit in one provision by contributing more to another provision.

Intersectionality critique of loneliness theories. As general theories developed before the introduction of intersectionality, the use of these two theories to understand the loneliness experiences of Hmong older adults is restrictive. First, the approach of the cognitive discrepancy model and the interactionist model are distinctly individual. This approach is highly individualistic and does not factor in the collectivist culture and histories of Hmong older adults. For instance, Hmong older adults are familial and clan-based. Yet, neither of the models create space for how collective values can influence Hmong older adults and their experiences. An intersectionality lens of these theories would consider these factors. For instance, by introducing cultural values, gender, and ethnicity, the cognitive discrepancy theory can demonstrate how these factors inform expectations and how Hmong older adults respond in their environments. Or instead of generic relationships, the interactionist theory can incorporate how collectivist values prioritize specific types of relationships a Hmong older adult would need. Nguyen and

Seal (2014) acknowledged the importance of specific relationships in a study of 21 Hmong older adults residing in Wisconsin in a qualitative study using grounded theory analysis. The relationships mentioned were described with standards and expectations based on cultural values. These expectations and standards may vary based on the gender of the Hmong older adult as well. Hmong men are typically more involved in forming and maintaining clan and external relationships in the community, while Hmong women are culturally expected to maintain relationships within the immediate family including her husband's clan.

Second, both theories were constructed without consideration of different social categories including race/ethnicity, gender, and social class. The theories do not factor in the oppressive practices of the environments and the social categories Hmong older adults bear. For example, a Hmong older adult who identifies as female and widowed may have a different experience of loneliness from a Hmong older adult who identifies as female and married. These intersectional meanings can influence the outcomes for Hmong women as the status of a widow can be viewed in a cultural context as less respectable. Meanwhile, a Hmong man with the status of a widow would not lose their position of respect within the community.

Third, neither theory operates within the individual, institutional, cultural, and societal levels. Individuals, programs, and policies at the institutional, cultural, and societal levels work to maintain the status quo. Again, by functioning on an individual level, both theories place the burden on the individual to identify the causes of their loneliness. For instance, the experiences of Hmong older adults can be compounded by a number of factors. As a refugee group arriving to the United States in the 1970's, many

Hmong older adults were encouraged to take English classes. The language courses were not sufficient, and many Hmong older adults continue to have limited English proficiency or no English proficiency. The lack of resources to maintain and learn the English language has created difficulties for Hmong older adults in regard to employment opportunities. These layers of challenges continue to oppress Hmong older adults. Therefore, the need to understand loneliness from an intersectionality lens is vital and necessary as we move further in our understanding of how non-representative these theories can be for ethnic minority populations encountering various forms of oppression.

Summary

The state of existing scholarship on loneliness is robust. The prevalence, risk factors, and outcomes of loneliness among immigrants, refugees, and ethnic minorities provide a critical foundation in understanding how Hmong older adults may be experiencing loneliness in the United States. However, the current evidence and its applicability to Hmong older adults remain largely uncertain due to the dearth of recent research with Hmong older adults. Furthermore, empirical evidence and the conceptualizations of loneliness has mainly explored the phenomenon from an individual perspective, which normally does not account for the histories and contextual challenges encountered by immigrants and refugees. As an ethnic minority, Hmong older adults may maintain unique perspectives informed by values and customs shaped from their culture, history of war, displacement and migration, and resettlement to a host country that require an insider understanding. This study seeks to address this gap by examining how Hmong older adults experience loneliness before, during, and after migration.

CHAPTER 3

METHODS

Qualitative Research

To address the proposed research question, I used qualitative research. Initially, I had the intentions to propose and conduct a study on the prevalence of loneliness among Hmong older adults and buffers to experiencing loneliness; however, I was concerned about my assumptions of how Hmong older adults experienced loneliness. Outside of my personal and professional experience with Hmong older adults, the limited literature focused specifically on Hmong older adults provided minimal direction with expanding on these assumptions. Loneliness is a phenomenon that has not been explored in the Hmong older adult population and the research question is poised to provide an understanding of the loneliness experiences among Hmong older adults. Hence, instead of comparing qualitative research and quantitative research, I will provide my rationale for choosing qualitative research.

Rationale. Qualitative research is well-suited to attend to cultural nuance and give voice to culturally diverse populations whose experiences have for the most part been left out of research (Lyons, Bike, Ojeda, Johnson, Rosales, & Flores, 2013), particularly loneliness research. First, qualitative research is a promising method for areas of research that is understudied, or minimal knowledge is available (Padgett, 2008). While loneliness is well-studied among non-immigrant Caucasian older adults in North America and Europe, studies on loneliness continues to be deficient with regards to immigrant older populations (Dong, Chang, Wong, & Simon, 2012). The focus on the

Hmong older adult population will provide a unique addition that will strengthen the knowledge of loneliness among diverse groups. Second, qualitative research uses the words of participants to represent their experiences as best as possible (Aluwihare-Samaranayake, 2012). This process allows for new and relevant variables to emerge (Nelson & Quintana, 2005) that are more applicable to Hmong older adults and their experiences.

Third, qualitative research provides an understanding of participant's social world through their voices (Buchanan, 2000). Despite their presence in the United States for over 40 years, the social worlds of Hmong older adults remain a mystery. Their narratives will provide more insight into how their social worlds shifted as a result of displacement, migration, and resettlement. Fourth, qualitative research can provide in-depth examinations of questions that come out of quantitative studies (Padgett, 2008). Current quantitative studies focused on cultural nuances that influence loneliness have called upon researchers to explore how individuals from different cultures perceive, experience, and cope with loneliness (Rokach & Sharma, 1996). This qualitative study will provide explanations of the perceptions, experiences, and coping strategies of Hmong older adults. Finally, the social work professions' obligation to social justice aligns with qualitative research. Qualitative research must be oriented to the progression of social justice (Denzin & Lincoln, 2005; Padgett, 2008); therefore, this study aims to use inquiry to help Hmong older adults and expose sites for change (Denzin, 2017). This critical method will further make visible racism, classism, sexism, and other oppressive practices (Denzin, 2017) Hmong older adults encounter that may not otherwise arise in other types of inquiry.

Grounded Theory Study Design

This study is a grounded theory study. Grounded theory aims to generate theory of a social process (Glaser & Strauss, 1967). In their seminal work, Glaser and Strauss discussed grounded theory as a process of theory discovery through systematic data acquisition from social research (1967). Instead of starting with a preconceived theory to examine, researchers are encouraged to begin with the topic and let the theory emerge from the data (Strauss & Corbin, 1998). This inductive process provides greater insight and understanding of reality. Moreover, shared features of grounded theory include:

- concentrating on a specific process or action that happens on more than one occasion or during a life transition,
- developing a theory based on theoretical categories that explain the process,
- using the technique of memoing to capture ideas throughout data collection and analysis,
- continually comparing data obtained from participants,
- and following an inductive systematic plan to code the data, create categories, and connect the categories to form a theory
- achieve saturation when new participants are no longer contributing new information to the development of the model (Strauss & Corbin, 1998; Creswell, 2007, Padgett, 2008).

Specifically, I drew upon constructivist grounded theory (Charmaz, 2006). Constructivist grounded theory emphasizes the role of the researcher, their experiences,

bias, and positionality in the process of the study and in data analysis (Charmaz, 2006). This method also assumes an interpretive reality of the world, rather than a precise explanation (Charmaz, 2006).

My rationale for using a constructivist grounded theory is based on several motivations. First, constructivist grounded theory aligns with my interest in generating a theory that is grounded in the knowledge I bring from my past and current interactions with older adults who experience loneliness. Second, the phenomenon of loneliness is a universal experience. However, the perceptions of loneliness are diverse based on a variety of backgrounds and experiences, including cultural diversity, collectivist cultures, immigrant experiences, and speaking a different language; therefore, an interpretive approach of the participant's meanings allows for these diverse experiences to be constructed (Green, Creswell, Shope, & Clark, 2007).

Third, grounded theory offers the opportunity for researchers to be creative, while working in a systematic process (Strauss & Corbin, 1998). As an understudied population, I had minimal information on which to develop a study that would be culturally-responsive to the unique needs of Hmong older adults. Since the beginning of the study, I have learned to adapt my recruitment strategies to reach a larger group of participants, how to talk about loneliness to participants, and what kinds of questions can elicit insightful responses. The process has challenged me to be creative and learn more about this specific population with whom I share an ethnic and cultural heritage. Fourth, while there are existing theories of loneliness, their applicability to Hmong older adults is uncertain. Focusing on expanding these existing theories to fit the experiences of Hmong older adults can be unhelpful as it could potentially limit my ability to detect new

concepts and meanings to understanding loneliness. The grounded theory approach provides the opportunity to build a theory that will be culturally-appropriate given the historical context, challenges, and resilience I believe Hmong older adults experience with loneliness.

Participants

Recruitment. Participants were recruited from May 2018 to December 2018 in Sacramento and Fresno, California. The participants were recruited through a social media platform, word of mouth, local Hmong and Southeast Asian non-profit organizations and clinic, Hmong supermarkets, and a Hmong senior group. Fliers in the Hmong and English language promoting the study were also distributed at local Hmong non-profit organizations, clinic, and supermarkets. Inclusion criteria for the study required participants to: 1) identify as Hmong; 2) be 65-years or older; 3) reside in Sacramento or Fresno, California; and 4) have no cognitive impairment.

I collected the names, phone numbers, and email addresses of interested Hmong older adults or their family members. Then I followed up with a phone call to screen the participant to ensure criteria for the study was met and confirm the participants' interest in continuing with the study. I understood and anticipated that spouses and family members may question the study's validity and purpose; therefore, I was prepared to meet with participants and their families in their homes or another setting of their choosing to discuss their concerns. However, this issue did not arise.

Initial sampling. The selection of subjects for this study was obtained through purposive sampling and snowball sampling. These two sampling strategies were best given the potential difficulty to recruit and identify Hmong older adults who met the

criteria. Purposive sampling was appropriate for this study as "selection is intentional and is consistent with the goal of the research" (Bonifas, 2013, p. 161) to identify key participants. I selected participants based on my knowledge of individuals who best represented the community needed in the study (Singleton & Straits, 2010). Snowball sampling followed purposive sampling for additional study participants. This type of sampling was helpful and suitable to identify more participants. Snowball sampling provided the opportunity to yield more participants by asking the admitted participants, stakeholders, and community members to recommend others (Crabtree & Miller, 1999).

Sample characteristics. Overall, I interviewed 19 participants and 17 were included in the final study. Of the two participants not included in the study, one was adamant she was not lonely when I began the interview, which may have been a result of her daughter being present during the interview, and another participant indicated she was 64-years old and did not meet the age criteria during the interview. Of the remaining participants, some participants had different historical experiences as some participants survived the genocide in Laos directly and other participants escaped Laos early on before the genocide occurred. The 17 study participants were Hmong older adults age 65 and older from Sacramento and Fresno, California with no cognitive impairment. Table 1 provides more descriptive characteristics of the participants.

Table 1. *Characteristics of sample (n=17)*

Characteristics	n (%)	Mean (SD)
Age		70.71 (5.69)
Gender		
Female	11 (64.7)	
Male	6 (35.3)	
Year in the United States		33.59 (7.58)
Speak English		
No	12 (70.6)	
Yes – Poor	4 (23.5)	
Yes – Good	1 (5.9)	
Marital Status		
Married	5 (29.4)	
Divorced	2 (11.8)	
Widowed	10 (58.8)	
Number of Children		7.06 (2.84)
Housing		
House	13 (76.5)	
Apartment	2 (11.8)	
Duplex	2 (11.8)	
Household Size		5.77 (2.71)
Religion		
Shamanism	13 (76.5)	
Christianity	3 (17.7)	
None	1 (5.9)	
Education		
None	13 (76.5)	
Some adult school	3 (17.7)	
Some college	1 (5.9)	
Income		
Less than $10,000	6 (35.3)	
$10,000-$19,000	11 (64.7)	

Procedures

Ethical issues pertaining to human subjects. The Institutional Review Board (IRB) of Arizona State University approved this research. Before the interviews, the participants were informed of the study purpose and their role in informing researchers, direct practitioners, and policy makers through the perspective of their experiences. Consent was obtained by participants in person through a signed consent form provided at a location of the participants choosing (e.g. home or community center). The consent forms were available in both the English and Hmong language depending on the preference of the participant (See Appendix A, Consent Form). If the participant did not read or write in English or Hmong, I provided oral consent information in the language of choice prior to the participant signing the consent form.

The participants were assured of the confidential nature of the study prior to the individual interviews as well as the risks and the right to leave the study at any time. The individual interviews did not ask for identifying information; such as names or home address; however, when names of family members were mentioned in the interviews, I used an abbreviation in the writing of this dissertation to minimize identification of the participant. Participants were given an identification containing two letters and four numbers at the start of the individual interviews to ensure confidentiality of their participation. Again, I allowed time for the participants and their family members to ask questions about the study and discuss any potential risk that may arise during the study. If I was unable to address a concern or potential risk to the participants, I did not press the participants to continue with the interviews until I had identified a substantial answer.

Research setting. California is home to the largest Hmong population in the United States. Over the last few decades, the Hmong population in California has increased from just more than 49,343 to over 91,224 (Pfeifer, Sullivan, Yang, & Yang, 2012). As the two cities in California with the highest concentrations of the Hmong population, Sacramento (26,996) and Fresno (31,771) (Pfeifer, Sullivam, Yang, & Yang, 2012) were identified as the appropriate sites for the study. In Sacramento and Fresno, there are several non-profits, clinics, adult day health centers, and senior groups staffed by Hmong-speaking professionals serving Hmong and other Southeast Asian communities. Moreover, in specific regions of these two cities are a handful of Hmong supermarkets frequented by Hmong older adults and their families.

Data Collection. As a native speaker of the Hmong language, I implemented the semi-structured in-depth individual interviews from June 2018 to December 2018. The interviews were conducted in Hmong and audio recorded with permission from the participants. The participants were compensated for their time with an Amazon gift card of $20 at the completion of the interview.

Once the participants were screened and found eligible for the study, I scheduled a date and time to meet for the individual interviews. I made every effort possible to find a location and time that was most convenient and private for the participants. Majority of the participants were interviewed in their homes, while five participants were interviewed at a community center during a senior group established for Hmong older adults and one participant was interviewed at a community garden. During the individual interviews, I informed the participants I could potentially follow up with them in person or over the phone as "the researcher may reformulate research questions based on new findings, seek

new samples of respondents, or pose new questions to existing study participants" (Padgett, 2008, p. location 1476).

As a group that tends to live in multigenerational households, it was common for family members to walk around during interviews conducted in the homes of the participants. Unfortunately, this is a potential limitation as participants may not have shared specific information due to shame or for fear of being overheard by a family member. I ensured each participant that the information they shared was confidential and the audio recordings and notes would be stored in a locked and secure location only accessible by me.

The interviews ranged from 33 minutes to 87 minutes. This included going over the consent form, the demographic questionnaire (See Appendix B, Demographic Questionnaire), and the interview questions. Typically, Hmong older adults will spend some time asking questions of an individual's family history and lineage to find connections during a first-time meeting; therefore, I allotted time to ensure this interaction was honored prior to presenting the consent form and beginning the interview. Self-disclosure from the researcher should occur before or after the interview with the researcher prepared to share some personal information in order to build rapport and trust (Gibson & Abrams, 2003; Jackson & Ivanoff, 1998; Padgett, 2008). Participants asked me personal questions before, during, and after the interviews to which I responded. This helped in establishing rapport with the participants and throughout some of the interviews, participants made statements of sharing their lives to me as a daughter or granddaughter.

As an iterative and flexible process, the analysis of the data transforms the theoretical content and the aim of the study (Charmaz, 2006). The process is cyclical, moving from data collection to coding to analysis back to data collection, coding, and analysis. Constant comparative methods of the data, codes, and categories help to build theoretical understanding (Glaser, 1965). This iterative process resulted in the modification of the interview questions and the purposeful recruitment of older Hmong men to better tease out the meanings participants gave to specific categories.

Cultural and linguistic considerations. Prior to recruitment, the documents to be used in the study including the consent form, recruitment flier, screening measures, and the interview questions were translated and back-translated by a Hmong PhD student based in a midwestern university and me. This process ensured accuracy and consistency (Padgett, 2008). I piloted these forms to two focus groups with the goal to tease out further cultural and linguistic considerations. One focus group consisted of three stakeholders who had worked with Hmong older adults through their advocacy work or in a non-profit setting. The second focus group consisted of five Hmong adults with no formal positions and had similar characteristics as the participants. I planned for two separate focus groups as I wanted to explore the different perspective each group could bring to improve the study. These focus groups assisted in refining my interview questions and identified issues in the execution of the individual interviews (Padgett, 2008).

Data collection instruments and technologies. I used an interview guide with open-ended questions and an audio tape recorder to record the interviews. As previously mentioned, the interview guide was modified after the first few interviews were

conducted. The participants were not as responsive with the direct questions on loneliness in this first version of the interview guide. Furthermore, the participants expanded on their narratives to include premigration experiences, which provided richer details to their experiences with loneliness. After discussing these issues with my dissertation committee, I modified and added questions to cover a greater span of experiences, while staying narrow enough to draw out and expand the specific experiences of the participants (Charmaz, 2006) in the second version of the interview guide (See Appendix B, Interview Guide). To provide triangulation, the participants were invited to draw a picture of their loneliness or the feeling word related to loneliness. However, only one participant agreed to draw. With this result, I decided to only use the responses on the interview questions for this study.

Transcription. The audio recorded interviews were transferred to my computer and deleted from the audio recorder. As all the interviews were conducted in the Hmong language, I transcribed the interviews from the Hmong language to English with assistance from two Hmong community members. The two Hmong community members are proficient in the Hmong language and also reviewed the transcribed English interviews for accuracy of translation and clarification of any proverbs, location, or meaning. For example, Hmong older adults incorporated proverbs into their interviews often to emphasize a point. These proverbs typically employed nature and the lifestyle in Laos not common or found in the United States. We had careful discussions when disagreements arose on my translation of specific sections of the interviews. Even with the two Hmong community members checking the accuracy of the translation, there were no direct translation for specific phrases and words. Furthermore, I minimized risk of

identification by abbreviating names of individuals shared during the interviews (e.g. M.X. [daughter]); however, specific names of locations were retained as this information provided rich context to the migration of the Hmong during and after the Secret War.

Data management and security. Audio tape recordings, consent forms, notes, and transcriptions of the individual interviews were stored in a secure location. A document containing participant name, contact information, and identifier was stored in the password protected computer. Transcriptions from the individual interviews were also saved in the password protected computer. All data and transcriptions were inputted and completed by me. The transcriptions were uploaded into the Atlas.ti 8 software for data analysis on another password protected computer accessible only by my partner assisting with coding and me.

Data Analysis

The data was analyzed using constructivist grounded theory analysis (Charmaz, 2006). The analysis was an iterative process between coding the data, generating focused codes, and connecting the categories to establish a conceptual pattern. Before coding, my partner and I read through all the transcripts once. This step grounded us to the narratives and the content found in them. My partner and I began with coding two of the same transcripts separately. After the completion of coding the two transcripts, we met and discussed our initial codes, comparing similarities and differences in what was happening in the data. Then we developed initial focused codes to code the remainder of the transcripts. We met after coding every five transcripts to compare our codes and identify other emerging focused codes. Throughout this process, we each kept individual memos

to document our thoughts and ideas of codes and potential theoretical connections. The Atlas.ti 8 software was used throughout each step of the coding process.

Coding team. The coding was conducted collaboratively by my partner and me. My partner is a male person of color who obtained his PhD in Sustainability. He is familiar with qualitative research and agreed to assist with initial coding and focused coding. This collaboration proved to be valuable and challenging as my partner pushed my critical thought process and provided an understanding of the data that I had not considered. As Pieters and Dornig (2011) noted, the collaboration was "a time-intensive, interactive process of debate, questioning codes and ideas, reflection, returning to the data, and ultimately respecting the analytic interpretation of the principal investigator (PI)" (p. 2). I consulted with my PhD advisor (Dr. Kelly F. Jackson) for guidance and best practices on the coding process and development of my analysis plan. The theoretical coding and diagramming were completed by me as described below.

Constant comparison. Throughout the coding process, the method of constant comparison was employed. Constant comparison involves the practice of comparing incidents coded under the same category to discover similarities and differences (Glaser, 1965; Strauss & Corbin, 1998). This process allows for the detection of variation in patterns found in the data, determined through comparison of properties and dimensions under various conditions (Strauss & Corbin, 1998).

Theoretical sampling. In grounded theory, theoretical sampling is used "to maximize opportunities to compare events, incidents, or happenings to determine how a category varies in terms of its properties and dimensions" (Strauss & Corbin, 1998, p. 202). Consequently, the concepts become refined and saturated in this process (Charmaz,

2006). For example, the concept of instability emerged as a key category early on. The participants at the time were all widowed or divorced older Hmong women. During the interviews, participants shared stories of living in a state of instability when their spouses were away at war or had died. With this understanding of how unstable their lives were, I became interested in learning how older Hmong men had perceived instability during the war, migration out of Laos, and resettlement in the United States. I then set out to recruit older Hmong men to join my study by intentionally seeking them out from a social Hmong senior group. Their experiences were vastly different and similar in several ways from older Hmong women. With theoretical sampling, I was able to build a richer concept of instability.

Initial coding. We conducted line-by-line coding of the data. Coding is the process of providing a label to a section of data while concurrently categorizing, summarizing, and accounting for each part of the data (Charmaz, 2006). We utilized gerunds to remain close to the data and discovery processes. Through this practice, we began to define what was taking place in the data and to pursue emerging meanings from the data. This method of line-by-line coding gave us a chance to see the data in a new light, especially as it helped to produce new ideas and information (Charmaz, 2006).

Focused coding. Moving beyond line-by-line coding, we used focused coding to establish more conceptual and concentrated coding from these initial codes (Charmaz, 2006). We determined which initial codes were the most logical to categorize the data directly. These categories were considered the most significant or appeared the most often. We used these categories to explain greater sections of the data. Using the method of constant comparison (Glaser, 1965), we compared these categories within the same

interview, across different interviews, and during specific events experienced by all or some of the participants. This method allowed us to refine the properties and dimensions of the categories, while paying attention to other emerging concepts. A codebook was developed to organize the codes using the format: code, brief definition, full definition, when to use, when not to use, and example (MacQueen, McLellan, Milstein, & Milstein, 1998).

Theoretical coding and diagramming. While focused coding assembled fractures codes into categories, theoretical coding links the categories together (Charmaz, 2006). According to Glaser (1978), theoretical coding "conceptualize how the substantive codes may relate to each other as hypotheses to be integrated into a theory" (p. 72). To conceptually relate the categories, I read and re-read the interviews to identify relationships between the categories. Moreover, I used the method of diagramming to help in the process of organizing the relationships among the categories (Strauss & Corbin, 1998). As a visual person, I drew various diagrams throughout the analysis to connect emerging concepts to try to make some sense of what I was seeing, which was beneficial to strengthening my theory for this study.

Memoing. Simultaneously with coding, memoing was used as a tool to assist during analysis. Memoing is a reflexive and creative process that allows the researcher to actively engage with the data, elaborate on ideas, and refine subsequent data gathering (Charmaz, 2006). Memoing assisted with teasing out emerging categories, their properties and dimensions, and relationships between categories. These memos were constantly being updated and modified as new thoughts and ideas were triggered during meetings with my partner, while reading through a transcript, and in conversations with

my parents sharing what I was uncovering in my analysis. I maintained memos throughout the research process from the first interviews to analysis of the data. Overall, the memos were useful as another form of data to expand my theoretical framework.

Enhancing Rigor

Rigor is conceptualized in qualitative research as trustworthiness, meaning findings reflect the actual experiences of participants as closely as possible (Lietz, Langer, & Furman, 2006). To demonstrate trustworthiness of this study, I practiced triangulation, peer debriefing, member checking, rich and thick descriptions, and keeping an audit trail (Creswell, 2007; Lietz, Langer, & Furman, 2006). I go into further detail below on my use of reflexivity after describing my use of these strategies. First, the use of triangulation occurred during analysis of the data. My partner and I examined the data separately and collaboratively, which provided different perspectives and improved the understanding of the data. Second, a peer debriefing was used to keep me honest about the methods and various aspects of the study. I used the two focus groups with community members and stakeholders as one space to discuss my methods and answer questions about my study and decision-making process. Furthermore, I debriefed with my committee chair and committee members throughout recruitment, data collection, and analysis to remain transparent with my progress and inform them of changes in decisions I made along the way.

Third, member checking requires the researcher to share the findings with participants in order to corroborate or question the accuracy of the findings. This process involves the participants' feedback on the interpretation of the interviews. I returned to the participants to review and modify the themes as necessary. This step of including the

participants in the identification of themes also minimized my voice and prioritized how the participants made meanings of their experience with loneliness (Birt, Scott, Cavers, Campbell, & Walter, 2016). Fourth, by providing rich and thick descriptions of the settings and characteristics of the participants, I provide the potential for transferability. This study is solely focused on Hmong older adults who have encountered varying levels of loneliness because of war, forced displacement, and other factors. However, their background as refugees and being from a collectivist culture may be applicable to other refugee and immigrant groups who have similar cultural characteristics and migration pattern. Finally, I provided an audit trail of this study by documenting my decision-making at each step of this research. Through the various stages of this study, I maintained and consistently made notes and memos of modifications and changes, including modifications to my study documents, flexibility in recruitment method, and shifting from a phenomenological study to a grounded theory study.

Researcher reflexivity. Reflexivity is used to self-assess, necessitating researchers turn back and recognize and acknowledge their positionality in the research (Kanuha, 2000; Berger, 2015). Through reflexivity, researchers are encouraged to have "a continual internal dialogue and critical self-evaluation of researcher's positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome" (Berger, 2015, p. 220). The process of reflexivity is ongoing during the study including formation of the research question, data collection, and analysis (Berger, 2015).

In this study, I continually considered and worked through my insider and outsider positions by maintaining a journal on my feelings, thoughts, and observations

throughout the study. As a Hmong-American woman, I was raised in a predominantly Hmong and Southeast Asian community in California. In my direct practice experience as a social worker, I mainly provided services to older adults. My experience spanned several different settings, including serving as a community health navigator for Hmong older adults, in which I interacted with lonely older adults often.

Majority of Hmong older adults speak the Hmong language only. Having a shared language with the participants assisted with building rapport during recruitment by directly conversing with them and explaining the study. There is also no direct translation of the word loneliness in the Hmong language; therefore, the ability to describe the phenomenon was helpful. Furthermore, as an insider I was able to tap into the network of family and community members to increase my reach when I was having difficulty recruiting participants for the study.

In the beginning of recruitment and interviews, I was mainly drawing interest from female participants. The rapport and camaraderie with Hmong female participants happened naturally as they appeared eager to share their experience and wisdom with another Hmong female. In contrast, the Hmong culture is patriarchal and attempting to have a conversation with Hmong males can be complicated. As an unmarried Hmong female, I expected to face resistance from Hmong males, especially older Hmong males. At the start, I did face resistance from Hmong males who viewed my study as interesting and necessary, but several stated I would not understand their experiences or that they do not experience loneliness. After several months of recruitment, I recognized that I was only recruiting Hmong females as a means to avoid feeling discomfort and discouraged

when recruiting Hmong males. Once I acknowledged my biases and assumptions, I was able to find more courage to approach Hmong males in different settings.

My physical appearance and age placed me in challenging and interesting positions. While listening to their stories, the participants made statements about how young Hmong individuals like myself would not understand the experiences and concerns of Hmong older adults. Instead of responding that I understood their experiences and concerns and undermining their narratives, I acknowledged I did not know, and I wanted to know to understand. This was imperative as it allowed the participants to feel in control of their narratives and teach me about what was important to them. Simultaneously, the participants appeared excited that a young Hmong individual was interested in their stories. Too often the narratives of Hmong-Americans are lost among the larger narrative of Asian Americans; hence, it was necessary that I check my body language and response to their stories, to ensure I was not encouraging a narrative I thought would be more valuable to contemporary issues.

I carried my general understanding of the historical context and culture of the Hmong in the United States combined with my knowledge of the refugee experience of my parents to this study. This was risky as the participant may have held back information they thought was obvious to me, while I may have disregarded specific instances of their experiences (Daly, 1992). To minimize these perceptions, I piloted the interview process and interview questions with a family member to check my biases and improve on picking up nuanced meanings.

Finally, I recognize that my role as a researcher positioned me in a suspicious light. This position was most evident in participants who had encountered legal issues or

were victims of fraud. Prior to the start of the interviews, I carefully explained the consent forms in the Hmong language and what the study entailed as well as confidentiality. Interestingly, some participants began sharing their stories before I could go over the consent forms, while other participants presented me with a variety of questions after the consent form, specifically how I planned to use their narratives and who I would be sharing my findings with. My position as a researcher may have resulted in the loss of potential participants and prevented some participants from sharing certain experiences.

Summary

This chapter discussed the qualitative research methodology used for this study. Constructivist grounded theory guided by an intersectionality perspective was employed to explore the loneliness experiences of Hmong older adults. Procedures were specified through discussion of the data collection process, data management, transcription and other processes inherent to this study. Data analysis was described as an iterative process that included constant comparison, coding, theoretical sampling, theoretical coding, and diagramming. Steps to enhance rigor and researcher reflexivity was discussed to increases the trustworthiness of the study.

CHAPTER 4

RESULTS

The purpose of this study was to explore and understand the experiences of loneliness among community-dwelling Hmong older adults. To achieve this purpose, this study had three research aims:

1. To understand the concept of loneliness among community-dwelling Hmong older adults,
2. To explore the premigration, displacement, and postmigration experiences of loneliness among community-dwelling Hmong older adults, and
3. To examine how community-dwelling Hmong older adults cope with loneliness.

In this chapter, I will discuss the categories and their properties and dimensions and how they interact with one another for each of the three study aims. For research aim 1, the conceptualization of loneliness was described as a negative experience in terms of physical and emotional expressions and intensity influenced by an intersecting identity. Research aim 2 was addressed through factors that contributed to the experiences of loneliness during premigration, displacement, and postmigration including trust, loss, aging-related issues, isolation, sense of community, access to cultural community, instability, violence, and cultural adjustments. Research aim 3 was discussed as coping mechanisms found through religious and spiritual beliefs, social support, wandering, activity engagement, and control and avoidance. The chapter will conclude with the overarching conceptual model on loneliness that emerged from the data.

Sample Characteristics

Table 2 provides characteristics of each individual participant. All participants were given a pseudonym. Among the 17 participants, their ages ranged from 65 to 84 years with an average age of 71 years. Majority of participants (n=11) identified as female. The length of time in the United States ranged from 16 to 45 years averaging 34 years. Majority of participant s (n=13) did not have a formal education, three attended an adult school to learn English once they resettled in the United States, and one attended some college. Most participants (n=12) reported not having any English language proficiency, while four participants reported having poor English language proficiency. The one participant who attended some college reported having good English language proficiency and stated having been an interpreter for Hmong community members in the past. Many participants (n=10) were widowed, two were divorced, and five were married. Several participants had been married more than once. One female participant discussed the death of her first husband during the war and remarrying her second and current husband while in hiding in the jungles of Laos. All except one participant lived with other family members, ranging from a household size of two to 11 with an average of six family members in a household. For religious and spiritual beliefs, majority of participants (n=13) practiced shamanism, three followed Christianity, and one participant did not practice any religion or spirituality.

Table 2

Characteristics of Participants

Participant	Age	Gender	Years in U.S.	Formal Education	English Language Proficiency (ELP)	Marital Status	Household Size	Religious/ Spiritual Beliefs
Pa	69	Female	42	No formal education	No ELP	Widowed	11	Shamanism
Mai	66	Female	30	No formal education	No ELP	Divorced	3	Shamanism
Chia	66	Female	42	No formal education	Poor	Widowed	8	Christianity
Meng	67	Male	38	No formal education	Poor	Widowed	1	Christianity
Tou	78	Male	29	Some adult school	No ELP	Widowed	7	Shamanism
Pao	65	Male	38	Some adult school	Poor	Divorced	6	Shamanism
Nou	67	Female	29	Some adult school	No ELP	Widowed	5	Shamanism
Lee	74	Female	16	No formal education	No ELP	Widowed	2	Christianity
Chou	80	Male	39	No formal education	Poor	Widowed	9	Shamanism
Yer	76	Female	32	No formal education	No ELP	Widowed	7	Shamanism
Ka	65	Female	45	No formal education	No ELP	Widowed	6	Shamanism
See	70	Female	29	No formal education	No ELP	Widowed	2	None
Mee	67	Female	39	No formal education	No ELP	Married	5	Shamanism
Xiong	68	Male	39	Some college	Good	Married	5	Shamanism
Chong	70	Female	23	No formal education	No ELP	Married	9	Shamanism
Teng	84	Male	31	No formal education	No ELP	Married	6	Shamanism
Sia	70	Female	30	No formal education	No ELP	Married	6	Shamanism

Research Aim 1: The Concept of Loneliness among Community-dwelling Hmong Older Adults

This section discussed findings related to research aim 1. The conceptualization of loneliness that emerged among participants was physical and emotional expressions and intensity shaped by an intersecting identity. Loneliness was described as an assortment of physical and emotional manifestations dependent on their identity – specific identities were more vulnerable to being challenged, devalued, changed, went against the norm, or did not adjust to new environments. The duration of their loneliness or emotional anguish varied contingent on multiple factors present in their lives at the time including marital status, gender, and age. Each participant had a unique narrative, but a common thread was the loneliness that occurred from the disruption to their lives and identity as a result of the war in Southeast Asia, their displacement, resettlement in the United States, and difficulties adjusting to their host country.

First, it is imperative that the researcher discuss the translation of the word loneliness in the Hmong language as this had implications for how participants conceptualized loneliness. There is no direct translation, thus the researcher went through several rounds of translation before establishing a word the researcher was comfortable moving forward with. When the researcher first began the translation process, loneliness was translated in the Hmong language as *kev kho siab*. The researcher understood *kev kho siab* could represent multiple meanings including depression and sadness. After consulting with one of the dissertation committee members fluent in the Hmong language, Hmong community members, and participants in the focus groups, the researcher settled on the translation of *kev kho siab rau qhov yus ib leeg xwb*. This

translation required occasional explanation to interested participants during recruitment; however, the translation proved to be effective in eliciting a closer meaning to loneliness.

Physical and Emotional Expressions

Loneliness was represented by physical and emotional expressions. Participants described these expressions as: somatic symptoms, depression, sadness, broken-hearted, suffering, suicidal ideation, and inability to describe. Some participants felt these expressions better described their situations than loneliness. Other participants used these expressions simultaneously with feeling lonely.

Somatic symptoms. For some participants, their loneliness and emotional state was conveyed as somatic symptoms. These somatic symptoms were characterized as headaches, dizziness, pain, and feeling like their "brains" were going "to explode." Some of the symptoms accompanied negative emotional experiences, while other symptoms remained chronic. Regarding seeking treatment, some participants sought spiritual guidance from shamans, medical checkups from doctors, or both. Chia described that after becoming "ill two to three times", she decided to get examined by a doctor. The doctor informed her she was depressed and needed to control her emotional state. Whenever she felt depressed, she continued to have illnesses, headaches, and pain. Chia believed her depression could lead to disability or her death and worked on getting better by managing her emotions. Chong discussed seeking answers from shamans to address her chronic pain. She recalled her chronic pain and its debilitating affect:

> Now that I am older, I have money. But I have health issues now. I have health issues, so my pains each year hurts more, each year hurts more. I am not able, so I am depressed about that now. Depression, I have that much… For me, for eight

> years including this year I have had health issues and depression. I have health issues and became really ill. I became ill and could not move around. Could not move around. I became depressed from then on. For eight years since the end of 2010 to 2011, I have become ill. I became really ill and I could not move around. (Chong, Female, 70)

Depression. Participants most frequently described loneliness as feeling depressed or *nyuaj siab*. Most participants used this term to depict their emotional state when asked to describe loneliness in their own words. Some participants believed their depression was more significant than their loneliness. Depression was more evident in female participants when speaking of their relationship with their spouses. They described their husbands as unfaithful, abusive, and absent. From their recollection, two female participants described their depression started after being mistreated by their husbands:

> We escaped to live in Song Thua refugee camp in Thailand. We lived until 1980. My husband was crazy, and he beat me. He would go out and be unfaithful and yell at me. He beat me. I ate [overdosed] opium and died. A lady and the Americans who came to live at the Song Thua refugee camp, they became doctors. They took me to revive me and I got better. My husband beat me really bad for me to die but I did not die. At that time, I was dumb to take opium. Our daughter married a Vue and they grew them [opium] far away, so we went to cut several *lag* [measurement]. He beat me really bad, so I ate opium. They took me to revive me, so I survived. My husband was terrible and did not know how to love me all the way until I came to this country. He beat me every day. He put

knives and scythe by the bed and he beat me. I was so scared. I cried so much. When I came to this country was when I was finally happy. (Lee, Female, 74)

He left me in Laos. I became a *Caub Fab*. I was a *Caub Fab* long enough then I surrendered to the Communists. I became a Communist, but I did not have a husband. When I was a *Caub Fab*, I did not have a husband. I was very depressed. Living in the jungles, I lived among the mountains and valley and bamboos and trees. I ate bamboo shoots and tree shoots. I was very depressed. In my life, I have been depressed from then to now. There is nothing that makes me happy. (Ka, Female, 65)

Male participants were mainly "happy" in Laos before the war ended. Upon "losing the country", they described feeling depressed. Furthermore, they became responsible for safely moving their families and extended relatives out of Laos to Thailand, which caused more depression. As one participant recalled:

We were going to come over to the Thailand side. Going to Thailand, it was just me with a child. With my older brother's child. We arrived…we walked too. My mom smoked opium too. I was so depressed. I was depressed about my mom only. First, no money to buy opium to smoke. Second, while walking she needed to smoke too. People already crossed over, but we did not get to go. We had to wait for the older people. The older people said…if I was patient…impatient… maybe I would have come first already. But, I thought my mother and father raised me. If I do not care and do not love my mother and father, who are going to love them? My mother and father raised me to adulthood like this. I was sick for three years and my mother and father helped me so much and I escaped it. I am

older now and need to love my mother and father back. (Meng, Male, 67)

In the United States, depression typically accompanied encountering language barrier, poor health, uncertainty, and conflict with their children. Participants yearned to learn the English language believing it would lessen their depression if they could communicate with Americans. Several participants worried about their deteriorating health and their increased helplessness if they became immobile. Moreover, many participants discussed the increasing problems with their children as they aged. They were unsure whether their children would care for them directly or place them in nursing homes. Chia described her depression after hearing about Hmong older adults being placed in nursing homes and was uncertain whether her future would involve being placed in a nursing home herself.

Sadness. Sadness or *tu siab* was another common emotional expression of loneliness. Participants frequently discussed feeling sad with feeling depressed. For participants, sadness was mainly associated with the death of loved ones and separation from family. Pao described feeling sad when he thought about the death of his parents and siblings. Among relatives who were still alive, he explained that they had a strained relationship after some disagreements. Chia discussed feeling sad after the death of her first and second husband. Her first husband was a soldier and his body had never been recovered for a funeral. For her second husband, she recalled the good things he did for her in their life together and said she would talk aloud to his spirit when she was feeling sad.

Broken-hearted. Another emotional expression related to loneliness was feeling broken-hearted. This expression emphasized a sense of despair and hopelessness.

Participants reported feeling broken-hearted as they became more helpless over time. A participant explained:

> I use sign language [to communicate]. I am very sad about this. I am sad about this the most in my life in this world. My parents who birthed me, I have never begged for food. Why is it that living in this country, I am so broken-hearted? This way of living, why won't I die and why do I live so long? I am lonely about this the most. I am even more lonely than when I was living in the jungles. Living in this country. I lived in the jungles, it was just me, I was living by myself in the jungles. Whatever it was, it was my country. I could not go down there. If I appeared down there, they arrested me. If I appeared there, they arrested me. I could not go down to the village. No matter what, forget it, I lived in the jungles. I speak my own language. I have never spoken their language. I do not speak in their language. I speak my own language…Living in this country, I have good food and good clothes, but when I think about it, everything, depression of the liver and lungs is because I do not know the language. Because I do not know the language. This is the truth. I do not know any of the language. (Teng, Male, 84)

Suffering. For many participants, their lives were described as one filled with suffering when asked about their loneliness. Suffering was the condition of adversity or pain perceived to be a result of harm or threat of harm to participants. They often characterized themselves as the person with the most suffering among those they knew. Their experiences of suffering ranged from the loss of loved ones to encountering violence. Participants discussed the various conditions in which they experienced suffering while hiding in the jungles of Laos:

> I lived in the jungles. It was only me [and my family] living in the jungles with TK. In the beginning, TK said I will send you here to guard and connect and communicate with those in the [Hmong] village. I slept by myself. I slept and slept, and my bottom side was all rotten. It was all rotten. I only slept on the dirt ground. It is not like…I only slept on the dirt ground and I only had three banana leaves to lay out and I only slept on the dirt ground. These things, I remember these things. Why is it that coming to this country, it is harder than living over there? The big thing is I do not know the language. I want to go somewhere, but only if my children are willing to translate for me. (Teng, Male, 84)
>
> In the jungle. One place to the next place. We made huts out of banana leaves to sleep in. They died, and we buried them in the ground and did not know what to do. I suffered my whole life. When speaking about depression, I am so depressed I do not how to speak anymore. (See, Female, 70)
>
> If I am going to talk about it, I will never finish. Living over there [in Laos], I suffered a lot. Those who were born over there [in Laos], four [children] were born over there and suffered a lot. I was a *Caub Fab* and they were born on the roads. Nothing to eat, nothing to drink. I birthed my baby and while they were still newborns I was already carrying them here [in front]. On my back I carried a bag. For several days we would run through the jungles and sleep. For several days, then sleep in the jungles only. (Mee, Female, 67)

Suicidal ideation. Thoughts of suicide was common when discussing loneliness and emotional well-being. Participants discussed having suicidal ideation when issues escalated in their lives. A few participants described exactly how they planned to commit

suicide from overdosing on pills to hanging themselves. Lee discussed her suicide attempt after being physically abused by her husband. She survived and divorced her husband when she left Thailand for the United States. Several female participants spoke about their daughters being a reason for them to continue living. They said their daughters spoke nicely to them and they could share their concerns with them. As a female participant described:

> I think about dying and I don't value myself. The kids must speak nicely only. If it's my daughters, they speak nicer to me. They speak nicely to me and when they arrive they speak nicely to me. Whatever I want to eat, they can help me. For my sons, when they married their wives I could no longer say anything to them. If they married a good wife, it's good too. But if they married a bad wife, whatever I said they held on to it, whatever I said they held on to it. In the future, they bring those words back to say I did this and that to them. (Mee, Female, 67)

Inability to describe. While many participants were able to describe or label their emotional state of loneliness, some participants could not immediately do it. They were uncertain of where to start to capture the full breadth of their experiences. Other participants used specific events in their lives to highlight how they were feeling. These events were mainly focused on the passing of a spouse or a family member. As their narratives continued, participants began to attach emotion words to these events:

> I do not know. I think it is hard. I think that living in this country is good. But, I do not have my parents. Right? It's good that I was able to bring over my children and provide for them. No matter how hard it is I can't tell anyone. I think that I live in a developed country, but I am stupid and do not know how to read and

> write. Whatever I do, I do it in a dumb way. I am very depressed. When I had my husband, my husband always did the heavy things. But, I do not have my husband anymore, so whatever it is I have to do it. (Pa, Female, 69)

The experiences of loneliness were complex and involved varying factors that contributed to and exacerbated their emotional and physical state. Most common among participants was feelings of depression. Thoughts of suicide were also rampant as a means to escape the reality of what their lives had become. As such, loneliness was a negative and detrimental state commonly portrayed as physical and emotional distress among Hmong older adults.

Intensity

The intensity of loneliness ranged from a minor bout of feeling down after a life event to a lifelong cycle. For a few participants, experiencing loneliness early on in Laos amplified their subsequent experiences of loneliness. For other participants, the intensity of loneliness heightened during the flight out of Laos and after. Among widowed participants, their experiences of loneliness intensified after the death of their spouse.

Temporary. Multiple participants described the loneliness they experienced throughout their lives as temporary. They depicted these temporary experiences as short-term "suffering", "no major depression", and "very little" loneliness. During life events, such as losing the war and fleeing, some participants discussed feeling lonely and depressed. However, once they were reunited with family, the loneliness and depression dissipated as their concerns shifted. While their loneliness occurred in different context, two participants conveyed these experiences as temporary and manageable. One participant discussed her loneliness as a young woman in Laos while farming:

> I went to the farm and I would get lonely and Hmong people would sing *kwv txhiaj* [Hmong folk song]. When I was younger, that was it. I sang *kwv txhiaj* and go for a while. I came back home, and I lived like I did not remember being depressed. Loneliness, I only had very little of it. (Chong, Female, 70)

Another participant explained his depression about making decisions for his family in the Thai refugee camps as a young man:

> I will tell you that during that time my wife, children, everyone came together. My family came together so I was not depressed. I was depressed about where to go and which road to take at the end. I was only depressed about that. There was no major depression, because I was still young when we came to Nam Ngao [refugee camp]. I was approximately 30 years old. (Chou, Male, 80)

Chronic. Chronic loneliness was described in several narratives. Of the narratives with enduring loneliness, participants attributed their loneliness to an absent spouse, being uneducated, and losing a parent early on. See described how her loneliness spanned decades after marrying her husband. She detailed his infidelities and absence when she mourned the death of their children. Moreover, Teng discussed the feelings of despair and hopelessness as he navigated his way from Laos to the United States. Without a formal education, he struggled to provide for himself and his family. He often asked why his parents had not let him attend school in Laos when his younger siblings had all been provided the opportunity.

Although their lives were in turmoil from the war, the end of the war in Laos triggered a massive loss that many Hmong older adults still have not resolved to this day. For male participants, they described their emotional well-being declining after finding

out they had “lost the war.” Their loneliness stemmed from “losing their country” and becoming leaderless. Overall, the immense and sudden losses following the end of the war paired with the uncertainty of their futures resulted in chronic loneliness from then to present time.

As participants have aged, many have become widows. Some more than once. The aching emptiness after the death of a spouse was a recurring source of chronic loneliness. Participants discussed missing their spouses’ presence, emotional support, and companionship. A female participant recalled the loneliness that had not subsided since the death of her husband:

> Now, I have even more. Now. Now that my husband has died and left me, I am so lonely. Whenever I tell it. I do not want to tell it. Whenever I tell it, I cry. Now, I am so lonely. I think when will I die? When will I die, so I do not have to think about this loneliness? I live like this every day and how long must I be lonely before I die? There is nothing that can fix your liver. The day you enter the ground is the day you do not remember to be lonely. If you live like this, each day is the same. If I tell more, I get very sad. I cry and live on. I cry and live on. (Nou, Female, 67)

Intersectional Identity

The identities of participants were intersectional and informed by their perceived social categories of their identity. The social categories were explicitly stated and implicitly implied in their narratives. In some instances, certain social categories were more evident based on context and experience. Social categories consisted of: age, gender, ethnicity, marital status, cultural values, immigration status, and socioeconomic

status. While the idea of each social category could be perceived as separate, they intersected and mutually affected the susceptibility, context, and intensity of who and how participants experienced loneliness.

Age. All participants knew their "American age." Prior to contact with organizations in the Thai refugee camps, majority of participants did not know their date of birth and age. The date of birth of Hmong children in Laos was not documented during the time participants were born. They were only assigned a date of birth during their interview in the refugee camps awaiting resettlement. Some participants believed they were older or younger than their reported age. The concept of age among participants was more likely associated with life events and the roles and functions they took on in their families and clan. These life events included becoming an adult after marriage and having children as young teenagers. For instance, some participants attributed their "younger" years to a time when they could escape loneliness by staying busy caring for their children or leading their clansmen. Yet, several female participants explained the marital problems they encountered as young women, which exposed them to feeling depressed and lonely early on. With older age, participants discussed the increasing age-related challenges in the United States that made them more susceptible to experiencing loneliness, such as decreasing social support.

Gender. Gender was an evident social category in the narratives. Gender was perceived as female and male. The divide between females and males were also apparent in the gender roles they each had to fulfill and how loneliness manifested differently across gender. Participants described female roles as birthing and caring for children and husband, cooking, farming, and following the decisions of their husband. In contrast,

male functions included finding food and shelter, locating and clearing farmland, maintaining social ties within the clan and community, and making decisions for their family. However, the war and subsequent events disrupted these traditional gender roles. Many female participants found themselves without a husband to support them. Consequently, female participants attributed their loneliness while fleeing from Laos and difficulties with adjustment in the United States mainly to the lack of a male figure in their lives. Male participants, on the other hand, found the confinement and dependency on others for food and shelter in the Thai refugee camps to be disruptive to their role as providers and leaders of their families and clans, which led to emotional turmoil and loneliness. In the United States, male participants attempted to reclaim the status of provider. Some male participants were able to find work and provide for their families. Other male participants remained disempowered due to language barriers and could not adequately provide for their families.

Ethnicity. Throughout their narratives, participants made references to being ethnically Hmong. They made statements such as, "us Hmong" and "our people" when recalling their collective experiences. Participants faced the hard reality of being an ethnic minority in all contexts. In each circumstance, they experienced loneliness as they were abandoned, massacred, mistreated, or forgotten for being Hmong. The war in Laos emphasized the ethnic differences between the Hmong and the Lao. The resulting persecution of the Hmong by the Communist Lao government after the war furthered this divide. In the Thai refugee camps, male participants discussed the mistreatment at the hands of Thai police and soldiers and feeling criminalized for trying to leave the refugee camps to find food. In the United States, participants struggled to be perceived as

valuable in American society. For example, Chia was ecstatic recalling how American teachers praised her for paying for her children's college tuition. She wanted Americans to know she could support her children financially as a Hmong woman who made a living farming and sewing. Conversely, Teng discussed his attempts to have Americans understand he had been an ally fighting with the Americans during the Vietnam War. He took pride as a Hmong soldier and believed if they knew his history, they would help him.

Marital status. To fulfill an important societal role, marriage was underscored throughout the narratives. Female and male participants discussed the pressure to marry and remarry after the death of a spouse. Their marital status shaped how others in the Hmong community perceived their value and respectability. This perception was mainly experienced among female participants. Their identities were tied with their husbands and the loss of their husbands meant the loss of value and respectability. As one participant described her situation following the death of her husband:

> Inside the house, it is so quiet I cry. My friends are slowly not coming over as much. His phone is silent now. No one calls it anymore. There is only mine. I am not an important person, so they call and ask how I am doing only. When it comes to friends, joking, and laughing, it is just women now. I am so lonely. (Chia, Female, 66)

Some female participants remained in unhappy and loveless marriages to maintain their position of value and respectability. However, a few male and female participants have pushed back against the pressure to remarry and remained single after the death of a spouse or divorce.

Cultural values. Participants discussed the importance of family and community for their well-being. Their collective values were evident in the recollection of keeping their families together, relocating to be closer to family and the Hmong community, and missing the Hmong community during the early periods of resettlement. Tou recalled joining his mother and brothers in the United States. After a long separation that started when they left the Thai refugee camps years before him, his family was together, and he was "happy." Chia described feeling lonely and wanting to see and talk with a Hmong person after her family resettled on a Hawaiian island far from the closest Hmong community. After years of being the only Hmong family on the Hawaiian island, her family relocated to California and joined one of the largest Hmong communities in Fresno. Her loneliness from missing her extended family and the Hmong community subsided.

Immigration status. Participants described their situation after the end of the war in Laos as *poob teb chaws*, meaning loss of country. Participants and their families soon found themselves as targeted people within their home country of Laos and fled to Thailand. This flight resulted in being categorized as refugees in Thailand and the United States. Their migration further from their homeland resulted in loneliness and an intense longing for their homeland. Many participants described resettling in the United States as "becoming their people" in "their country." After years since their initial resettlement, several participants still found themselves as outsiders struggling to navigate the legal and mental health system. Teng described his inability to speak to police officers in English during a traffic stop. He said the encounter resulted in immense anxiety and fear of being pulled over again and being unable to understand why they were stopping him.

Chong discussed not returning to a mental health organization after the only Hmong staff person left. She did not feel comfortable around the "Americans" and decided not to return for services.

Socioeconomic status. As a predominantly agrarian group, the skills of participants did not transfer well in the United States. The pressure to provide for their families resulted in feelings of depression and loneliness, particularly among male participants. As farmers and low wage earners, the income of participants was insufficient to meet the needs of their large families. Many participants relied on government assistance and recalled the amount as "not enough to eat." Their limited and fixed income also forced many participants to delay seeking care for health issues. Moreover, majority of participants did not have a formal education. They discussed feeling inferior and "dumb." Ka discussed how seeking an education would have provided her with a path to helping herself when her husband no longer cared for her. She had agreed to let her husband attend school while she worked and raised their children. However, he eventually divorced her, and she became depressed, believing she would not be able to learn at her older age. She explained, "My mind is old and is no longer good" and "I do not have money anymore, so no one loves me."

Summary

All participants in this study experienced the concept of loneliness as a negative experience with varying physical and emotional manifestations and intensity based on an intersectional identity. Throughout the migration from their home country to their host country, the myriad of emotions primarily presented itself in feelings of depression and sadness as well as headaches, weakness, and pain. Thoughts of suicide were pervasive

and related more to current loneliness. Furthermore, loneliness ranged from temporary and manageable to chronic and disabling. For a few participants, their loneliness was described as life-long. The manifestations and intensity of loneliness were revealed to be more common among specific intersecting identities, especially within certain contexts. For example, being an older widowed Hmong woman with no formal education and limited income in the United States posed significant risks for chronic loneliness. Understanding this conceptualization of loneliness is relevant as the next section discussed factors that occurred in the premigration, displacement, and postmigration periods that have influenced experiences of loneliness.

Research Aim 2: Premigration, Displacement, and Postmigration Experiences of Loneliness among Community-dwelling Hmong Older Adults

The following section explored the premigration, displacement, and postmigration experiences of loneliness among community-dwelling Hmong older adults. The influencing factors that contributed to loneliness discussed throughout each of these phases were: trust, loss, aging-related issues, isolation, sense of community, access to cultural community, instability, violence, and cultural adjustments. In specific phases, particular influencing factors were more evident and persistent in producing loneliness. Some influencing factors, such as instability, remained a problem for participants across all phases. These negative, disruptive, and discriminatory experiences are underscored by an intersectional identity grounded on the social, political, psychological, and cultural context of each phase.

Premigration Influencing Factors

The premigration phase occurred in Laos prior to the Secret War and during the

secret war. Influencing factors that affected loneliness during this phase were trust, loss, instability, and violence. Throughout this period, participants were transitioning from a time of youth to an adult. While some participants recalled their lives embroiled in the war for as long as they could remember, other participants recalled a simpler upbringing in their villages as "not worried, not bothered" before marriage. Several participants discussed being unconcerned and mainly focused on farming with their families. They celebrated annual festivities and had their basic needs met. In the recollection of their youth, two participants shared:

> In the past, I lived, and I was not depressed. Everybody was alive. I had my mother and father. If I wanted to eat, I had it. If I wanted to wear it, I had it, just grabbed it. Now, if I do not work I will not have it. I am depressed about this. Long ago, I lived and had my mother and my father. I go for a while, a few days, they said 'Your clothes are here. What is here?' I picked it up, not worried, not bothered. (Pa, Female, 69)

> Living in Laos, my life a long time ago when I was still young and not married yet, I did not have depression or anything. During that time, I only knew to go farm. If I was depressed…at the farm and depressed. During that time long ago when we went farming when the flowers bloomed, and it was almost the new year celebration, if I was depressed that it's almost time for the new year celebration and we will celebrate, and Hmong people will come from all over. Girlfriends and boyfriends got to be together. (Chong, Female, 70)

In the Hmong culture, early marriages specifically among teenagers were common practice. Marriage elevated an individual's status and signified greater

responsibilities, maturity, and adulthood in the community. The expectations in a marriage were gender-specific. Hmong women were expected to care for their husbands and raise their children. Hmong men had the responsibilities of making decisions for their family and maintaining social ties within the clan and community. One female participant found herself living far away from her parent's village and feeling depressed and lonely after her marriage, especially after she discovered her husbands' infidelities. A male participant described his anxiety from the pressure to marry a wife. He recalled feeling unsure and lonely as he contemplated his options. Nonetheless, as the war spread throughout the country, participant lives became inextricably entangled in the chaos and devastation.

Trust. When participants reflected on their experiences, they spoke of the trust they placed in their spouse, parents, family, and clan. Trust was the belief that a close person would remain loyal, honest, and reliable. When trust was believed to be broken, participants recalled feeling lonely and depressed. The dimension of trust in the premigration phase was infidelity. In the Hmong patriarchal culture, women were described as disposable and married Hmong men could court other women without fear or shame. Honesty and loyalty appeared to be traits expected of Hmong women in a relationship yet was not required in Hmong men. The breaking of trust was particularly salient in the narratives of female participants when they spoke of their marriages. Trust was broken by their spouse on multiple occasions under situations where these female participants reported having no emotional support. One participant recalled numerous moments in which her trust was broken by her husband early on:

> My husband cheated the whole time and I was so depressed my entire life. I don't

> have anything good, anything happy…Wherever we lived, he cheated. Wherever we lived, he cheated. He kept going out and did not get along well with me and did not stay home with me to help me raise the children. (See, Female, 70)

Many female participants discussed feeling alone in their depression. Several female participants described loveless marriages, in which their husbands were constantly courting other women. Although they were unhappy in their marriages, these Hmong women did not divorce their husbands. The stigma of being a divorced woman in the community prevented many Hmong women from leaving their husbands.

Loss. Loss was described as losing someone or something that was of value to participants. During this phase, losses ranged from the death of a spouse to parents and family members. Some participants reported losing multiple family members and several children over the course of the war. The loss was accompanied by bouts of loneliness or long-term loneliness. As a culture with collective values, the death of loved ones was particularly difficult for participants as their well-being was attached to the well-being of their spouse, families, and clan. Specific losses, such as the death of a spouse for female participants not only resulted in physical loss but a loss of value and worth.

Spouse. The loss of a spouse was immense for participants, particularly female participants. For Hmong men who became casualties of the war, their widows and orphans were left in precarious situations. Two female participants reported the death of a husband who had served as a soldier in the Secret War. The loss of a husband signified the loss of the provider and the beginning of loneliness, which created immense suffering for widowed Hmong women who now needed to provide for themselves and their children. For female participants, their suffering included fleeing from the violence of the

war, keeping their children alive, and farming to maintain their livelihood. Despite limited support and guidance, female participants took on some of their husbands' traditional roles to maintain their family units. They also depended on their older children to fulfill different helping roles. One participant recalled the difficulties she encountered after the death of her husband who served as a soldier in the war:

> Loneliness is my husband dying and having no one to look for food. No one to look for food. No one to make a house to live in. During that time, I had three little daughters and two little sons. Four daughters. The oldest daughter was about this height [gestures with hand] and knew to go search for food for me to eat. The son was 11-years old and the daughter was probably 15. Those two eldest knew to go search for food for us to eat [since] the death of our father [her husband]. They went to search for food at the edge of the village. This village had rice, so we searched for it to eat. [I] was lonely and suffered and cried. They called us to go. There was no one to build a house to live in. There was no one to search for things to eat. We suffered so much and cried so much to the point where we could not cry anymore. (Sia, Female, 70)

One male participant who was widowed twice lamented about his first wife. He had married her as a young man in Laos and she had died not too long after they married. He discussed how his growth as a person was shaped by what he learned from her early death:

> But, like I said when I married young, I was not well-informed, was not well-informed and did not know about women and did not know how to help a wife. I was still young and did not know how to help my wife plan in the past and for our

future. I did not know how to help my wife. My marriage did not last. My wife caught an illness. My wife became really ill. We treated her, but she did not get better and died. (Meng, Male, 67)

Family. When discussing the loss of family, the loss of parents had a profound impact on participants. Many participants became tearful in the recollection of their parents. Participants recalled experiencing health issues and emotional distress after the death of a parent, particularly their mothers. Some participants discussed life as an orphan after the death of a parent or both parents when they were very young. As orphans, participants lived in a state of limbo often mistreated by family members and other children. Pao described losing his father at an early age before he could remember in Laos. His mother remarried, and he went to live with her and her new family. He recalled living as "a dog without a home" and having suicidal ideation as a result of his experience. Throughout his migration from Laos to Thailand and then to the United States, Pao thought often about his mother when he had "good food to eat" and "good clothes to wear". After he fled Laos to a Thai refugee camp, he never saw his mother again. She died in a Thai refugee camp after refusing to resettle in the United States. He continued to long for his mother even as he established a life for himself in the United States. Yer also lost her father at a young age and grew up with her mother, older brother, and sister-in-law. Without a father figure to protect her, she relied on her older brother and sister-in-law for protection. She looked to them as her "mother and father" and used her brother's name as a shield when others bullied her. Another participant discussed her depression and suicidal ideation after the death of her mother:

Living over there [Laos], we only walked, and it took a day, not too far and took a

> full day. I left my mom and dad in another location [village] and I went to another location [village]. I missed my mom and dad so much. My mom died, and I was so depressed. I thought about how to die so I could follow my mom. (See, Female, 70)

Moreover, children did not have access to proper health checkups and were dying of unknown causes during the war. While living in Long Cheng, a military headquarter for Hmong military leaders, Chia described the high number of children dying. She attributed the cause to the unsanitary living conditions of the Hmong military headquarter she was residing in with her husband and children. Many of the participants reported losing several children as the war progressed and the devastating feelings of depression and loneliness that followed.

Instability. Instability was described as unpredictable and volatile conditions and thoughts of uncertainty. The constant state of instability as the war continued caused participants to feel lonely as their way of life shifted. Instability created unstable and chaotic circumstances for participants, especially those closest to or involved in the fighting. For instance, Teng discussed how the war produced unconventional arrangements. He was a husband, father, and soldier with responsibilities to multiple people. To ensure he was meeting his responsibilities, Teng farmed with his wife and children in the morning and returned to his base at night to guard their military post. He recalled "always" feeling depressed.

Several participants depicted their early lives enmeshed in the war. By the time many of the participants were teenagers, the Secret War in Laos between the Communist Lao and the Royal Lao Government had spilled over into their lives. Thousands of

Hmong men and boys were forcibly recruited to join the guerilla army aiding the Royal Lao Government and the United States Central Intelligence Agency (CIA). Teng recalled becoming a soldier in the guerilla army:

> We escaped our side of the country, we escaped to Samthong [city in Laos]. I still had my father. In 1962…1961, my father was shot in the Pasai mountains [mountains in Laos]. A Hmong leader was jealous that my father was shot and had to leave [the war], so he forced me to become a soldier. We trained to become soldiers in 1962 in Samthong. In March 1962. We were the first trained to become soldiers in March 1962. We trained to become soldiers in Samthong. (Teng, Male, 84)

This period also caused internal displacement as participants fled their homes in fear of the Lao Communists and to escape bombings and shootings. The displacement "was filled with suffering" and loneliness. As one participant discussed, her family was displaced multiple times to escape the war and eventually she became displaced and escaped with her own children:

> When we started our lives, we began to flee from war. We did not even start our lives yet when my parents fled to Long Cheng. We lived in Long Cheng and married in Long Cheng and had children. Then we began fleeing the war. We began to flee. I carried my children through mountains and valleys. The Communists dropped bombs just about as far as my creek. Dirt got all over me like this. I was so depressed. (Chia, Female, 66)

Violence. Violence was direct exposure or witness to brutal force or behavior during the war that resulted in physical, emotional, psychological, or spiritual damage to

participants. War violence was most salient in their narratives. Among participants exposed to the violence, they reported feeling lonely, depressed, and fearful. While all participants were residing in Laos during the war, only some participants discussed the violence they encountered during the war. Chia described the multiple shootings and bombings she survived living in Long Cheng, the Hmong military headquarter in Laos. She recalled the whizzing noise of the rockets and running with her small children to a mountain cliff for safety. She lived in fear of her children dying from the violence and being unable to protect them. She attributed their survival to her careful thinking.

Majority of male participants served as soldiers during the war and were directly exposed to violence. Teng discussed the multiple injuries he sustained after being shot at and stepping on a mine. His injuries contributed to his enduring loneliness and depression as a soldier. Some of the bullets were never removed from his body and his injuries were still painful and swollen to this day. Meng talked about going off to war and fighting Lao Communists. At the time of the war, he was lonely and did not care if he died. However, he survived the war and escaped Laos. He described his thoughts at the time as, "If I stay, they will kill me. If I do not escape, they will leave me to die."

Displacement Influencing Factors

In the phase of displacement, the Secret War in Laos ended and a mass migration of the Hmong out of Laos to Thailand occurred over the span of decades. Yet, the mass displacement did not occur immediately and gradually escalated over time. The lack of transparency from Lao and Hmong leaders created confusion as Hmong soldiers and Hmong villagers struggled to make sense of their place under a Communist Lao regime. The dangers for the Hmong became more apparent when the Communist Lao government

that came into power deposed the Lao royal family and began targeting allies of the Americans including Hmong soldiers and their families. During this phase, some participants did not trust the Communist Lao regime and fled shortly after the end of the war. Other participants remained while the country went through a shift in power. Once news spread of a Hmong village being massacred by the Lao Communists, thousands of terrified Hmong attempted the journey from Laos to Thailand, while other Hmong fled to hide in the jungles of Laos. For those who arrived safely in the Thai refugee camps, they lived in limbo for months or years. This period of displacement produced immense loneliness as participants endured traumatic conditions alone or with their families as they fled their homelands.

The influencing factors relevant during the premigration phase that persisted to the displacement phase were trust, loss, instability, and violence. These factors were experienced similarly and differently due to the dangerous conditions and prolonged separation during displacement. Trust now comprised of two dimensions: betrayal and infidelity. Loss included the dimensions of family and status. Instability included dimensions of on the run and waiting. Violence discussed two dimensions of post-conflict armed violence and domestic violence. Finally, two additional influencing factors that emerged during the displacement phase were isolation and sense of community.

Trust. In post-Secret War Laos, participants experienced betrayals directly and indirectly. Participants generally expressed deep loyalty to Laos, Hmong military leaders, family members, and clansmen. Throughout their narratives, participants recalled moments in which their trust was broken by specific individuals and groups. For some participants, their trust was broken on multiple occasions leading to loneliness,

uncertainty, and suspicion of others.

While Hmong military leaders fled to Thailand after the war ended, some Hmong soldiers continued to fight against the Lao Communists to remain in Laos. Unbeknownst to these Hmong soldiers, their group had been infiltrated by Hmong loyal to the Lao Communist government. Teng who continued to fight in the post-Secret War period recalled receiving "lies" from Hmong men that territorial boundaries would be created between the Hmong and the Lao Communists. The Hmong soldiers were hopeful they would have some land and waited. With their guard down, Lao Communists came and "shot" at them. Teng survived and escaped, hiding in the jungles of Laos for years.

Accusations and distrust were high while in hiding as *Caub Fab*. The years after the Secret War were unsafe for Hmong men who had served as soldiers. Relatives and other Hmong were accusing and reporting Hmong men to the Lao Communists. The allegations accused specific Hmong men of serving as soldiers for the royal Lao government and the United States. These allegations placed the lives of participants and their families in danger as the Lao Communists actively pursued them. One participant recalled:

> They captured me. They captured me and some Yang's and two Xiong's. Uncle XV said 'If you do not escape, you go from here to there they will capture you. Your pictures are over there, someone has accused you [of fighting against the Communists]. You three were all Majors. This son-in-law was a Colonel.' He said this. But, my relatives [were the ones who] accused me. It was not outsiders. It was my relatives who accused me. So, I had to escape through the jungles and lived in the jungles. I did not have anything to eat. I am broken-hearted because of

this. (Teng, Male, 84)

While residing in the Thai refugee camps, the Hmong were not safe from what they had escaped. It was later known that some Hmong refugees who lived in the Thai refugee camps were sent by the Lao Communists with the intentions of persuading the Hmong to return to Laos. A few participants described how hundreds of Hmong left the Thai refugee camps and returned to Laos and were executed by the Lao Communists.

Furthermore, several female participants felt betrayed when they were unexpectedly abandoned by their husbands in Laos. After hiding and on the run for several years as *Caub Fab*, they were starving and barely surviving. Without a husband, the participants recalled the difficulties they encountered in finding food and shelter. Eventually, they all surrendered to Lao Communists. One participant described her distressing experience:

> We were *Caub Fab* for a long time. We did it for probably two, three years too. We hid in the jungles only. They came to shoot at us. We did not have anything to eat anymore, so I was depressed. If we came out to farm, they would come shoot at us when the rice was ready because they knew that we would have food to eat to sustain us. So, we came out and surrendered to became Communists. We came out and surrendered to become Communists. We had food to eat. We surrendered to live as Communists. My husband left for Thailand already. My husband left for Thailand. So, I did not have a husband. I stayed, but there was no one to take me to make food, clear the land to farm, chop big trees, and plan things. There was no one to make a home for me to live in. I became depressed from then on. I became so depressed for 10 years in Laos. Then I finally caught up to and found my

husband in Thailand. I came. My husband had already married that second wife and already had some children. They already had four children. I found him. I came but he had already married two to three wives and he did not love me. I just lived with him even though he did not love me. (Chong, Female, 70)

Loss. Participants discussed the loss of status and the immense loss of family members in the displacement phase. Their status was tied to their monetary wealth and military positions. As they fled from Laos, participants spoke of the unrelenting loneliness as they left their possessions and the only life they had known behind. Among these participants, Chia had accumulated some wealth during the war. She explained that as the wife of a military leader, she had servants to assist her. While fleeing from attacks, she was able to hire people to help carry condensed milk to feed her children. During the final flight out of Laos, her family had to toss and leave behind some of their valuable items. In the Thai refugee camps, she recalled her family "suffered a lot" and their "clothes were in tatters". Some of their Lao currency was taken by other military leaders and never returned prolonging their vulnerable and impoverished state. In the United States, she worked cleaning houses and farmed. However, in small ways she retained a piece of her previous lifestyle as she continued to only wear tailored clothing.

The loss of loved ones was irrevocable and added to the loneliness of participants. Participants reported a number of deaths and unknown deaths of family members during the period in hiding and escape to Thailand. A participant described the death of her children while they were in hiding as *Caub Fab* in Laos:

During that time, I had many children in the jungle in Laos. Four died in Laos. In the jungle. I cried a lot. We brought four [children]. We brought four children to

> Thailand… My children died, and I cried a lot. I was so depressed. If I can die from depression, I should have died. In one month, three of my children died. Two daughters and one son. I was so depressed and was on the verge of dying. (See, Female, 70)

Moreover, Yer discussed the unknown fate of her sister. She believed her sister died crossing the Mekong River from Laos to Thailand. Yer had successfully crossed over to Thailand and was waiting for her sister and her sister's family. She explained they may have drowned crossing the river or were shot down by Lao Communists. To this day, their whereabouts remained unknown, a mystery that continued to cause Yer distress when she thought about her sister.

Isolation. Isolation emerged as a new influencing factor in the displacement phase. Isolation was feeling isolated from individuals, groups, or community due to physical distance or emotional disconnection. During the phase of displacement, prolonged isolation was recalled as a lonely and depressing time. Some participants were the first among their families and relatives to flee to Thailand, compounding their isolation and loneliness. For those who fled to the jungles of Laos, they had infrequent contact with relatives if at all. Among female participants who were separated or left behind by their husbands, they talked about family members not wanting them when their "children cried" and not helping them "carry our bags" and watching after their children. This increased their feelings of isolation and loneliness despite the fact they were among family, relatives, and other Hmong.

Participants who fled to the Thai refugee camps early on waited for months or years before reuniting with family. One participant talked about the isolation of arriving

in Thailand before his family:

> When I arrived in the refugee camp [in Thailand], I did not want to come. I did not have relatives. I did not have my mother and father. I came alone. I came to live and even with a plate of food to eat, it was not good. When I got something good, it was not good for me. It was good for me only, not for my mother and father. It feels like it can't help me. When I resettled [in the United States], the one thing I remember the most was when I had good food to eat and good clothes to wear, but I left my parents in a different sky [world]. (Pao, Male, 65)

Sense of Community. Sense of community was another influencing factor that emerged in the displacement phase. Sense of community was described as the feeling of belonging to a group based on shared background and interests and feeling that one mattered to the group. For participants who were unable to establish a sense of community, their experiences in hiding and in the refugee camps were occupied by loneliness. The war and displacement disrupted and dispersed the Hmong community participants were familiar with. As a group with collective cultural values, participants continually sought to establish a sense of community wherever they resided, specifically with individuals who identified as ethnically Hmong. Chou was able to maintain a sense of community as the leader of his clan. He recalled, "I was a *Nai Baan* leading a group of relatives. I led my relatives to Thailand and this country." In the Thai refugee camps, many participants again lived among other Hmong; therefore, they did not indicate lacking a sense of community once they were reunited with a Hmong community.

Instability. Participants continued to live in a state of instability during the period of displacement, which fueled their experiences of loneliness. They were either on the

run in Laos or restlessly awaiting their fate in a Thai refugee camp. In either scenario, participants were uncertain of their futures.

While on the run to find safety, participants described volatile and dangerous living conditions. If captured, participants were fearful of the suffering they would be subjected to under the Communist Lao government. Some female participants felt "unstable" and afraid their husbands would be killed. They did not want to live as widows and to give their children the status of "orphans." To keep their families together, female participants remained by their husband's sides as they made the dangerous journey out of Laos by car, by boat, or by foot. One participant explained the conditions and distress they were under that led to their flight to Thailand:

> The Communists came and fought. We suffered, so we escaped. If we stayed, the Communists would force us to dig the roads and be slaves. To farm, they divided a farm to each of us. We escaped. The Communists were very bad, and we could not stay anymore. So much suffering. We escaped to live in Song Thua refugee camp in Thailand. (Lee, Female, 74)

More than half of participants went into hiding after the war. Some participants attempted to escape to Thailand shortly after Hmong military leaders fled but were unsuccessful. A prominent uncertainty was finding food while in hiding as they moved deeper into the jungles. Several participants talked about learning to forage, prepare, cook, and eat roots and different parts of trees. All participants who lived in hiding were depressed and lonely as they were constantly concerned about staying alive, starving, finding shelter, and being discovered by Lao Communists. For female participants, the instability of living on the run was further complicated after their husbands died or

abandoned them in the jungles. Yet, they survived, and many were able to keep their children alive.

Waiting for news of their fate in Thai refugee camps also created instability for participants. The waiting lasted from months to years and prolonged their experiences of loneliness, especially among participant whose family members had already resettled in another country. Participants talked about waiting for food, waiting for their interview with the UN, and waiting for word on resettlement in the United States. In between the waiting, participants discussed the shortage of food. The delay for the next distribution of food caused participants to question whether they had made the best decision to leave Laos. Some thought "let's go back to Laos", although their fears of what awaited them in Laos prevented them from leaving the Thai refugee camps. Participants were also concerned about their interview with the United Nations (UN). They believed if they did not interview well, they would not be resettled in the United States.

Moreover, hearsay of forced religious conversions and limited public assistance in the United States created uncertainty for participants. For Tou, his brothers and mother had resettled in the United States a few years before him and his family. Through communication with them, he came to believe if he did not convert to Christianity Americans would not help him. He became distressed with leaving the practice of Shamanism for Christianity. He talked about how the concern of being converted consumed him to the point where he said in his interview with the UN that he wanted to maintain his spiritual practice and did not want to come to the United States. Eventually, he was resettled in the United States and reunited with his brothers and mother who had in fact converted to Mormonism. Another participant explained that he was informed

upon arrival in the Thai refugee camp he would receive no financial support in the United States if he did not have a wife and children. He hastily married a widow with children for fear he would not receive public assistance:

> When we arrived in Thailand, they said if I came to the United States and did not marry a wife, no wife and children, Americans would not give me public assistance. Even if I went to school, I did not know the language, who knows what I would eat. For that reason, I took in a family, a mother and her four children. We came to the United States. (Meng, Male, 67)

Violence. Two dimensions of violence were relevant in the displacement phase, post-conflict armed violence and domestic violence. Post-conflict armed violence was intentional physical attacks experienced directly by participants. Perpetrators of the attacks were Lao Communists and other Hmong. These experiences of violence felt relentless and contributed to loneliness among participants. Chong talked about her time as a *Caub Fab* in Laos and being shot at by Lao Communists. She explained the Lao Communists would shoot at them when the Hmong *Caub Fab* came out to farm and harvest rice. After several years as a *Caub Fab*, she surrendered to the Lao Communists. Sia described her husband's physical state after he was struck by what she believed to be a mine. His arm and feet were amputated, and he died shortly after the war when treatment and medicine became unavailable.

Moreover, Tou discussed the violence he encountered after leaving the Thai refugee camp he had been residing in. He explained the Hmong refugees were constantly gathering and discussing their three options: transfer to another Thai refugee camp, return to Laos to fight the Lao Communists with other Hmong, or live by the border between

Laos and Thailand. Tou did not want to come to the United States under the impression he would be forced to convert to Christianity. Therefore, he decided to live by the border with his family. Their living arrangement at the border did not last long as "the Communists kept shooting" at them. Eventually, he sent his wife and children back to the Thai refugee camp first and later joined them.

Domestic violence was reported exclusively by female participants. Lee discussed the physical and verbal abuse she endured with her first husband. The abuse was isolating, and she felt alone in her emotional turmoil. She recalled "he beat me every day" and "yelled at me." He accused her of infidelity and would abuse her. After a beating she described as "really bad for me to die but I did not die", she attempted suicide by overdosing on opium. However, she survived and returned to her husband. Eventually she left her husband when they decided to divorce. He returned to Laos and she went on to the United States. Other female participants talked about enduring and remaining in difficult marriages but did not elaborate on whether the difficulties were related to physical abuse.

Postmigration Influencing Factors

The postmigration phase occurred for participants at different times. One participant resettled in the United States as early as 1976, while other participants resettled several years after. One participant resettled as recently as 2002. For participants who arrived in the early years of the refugee resettlement, they were resettled according to a scattering policy that dispersed Hmong and Southeast Asian refugees to separate parts of the United States. Experiences of loneliness were prominent during this time as participants resided far away from family and a Hmong community and waited years to

be reunited with their family members. Over time, participants relocated to be closer to their families and a Hmong community. While they settled into their lives in the United States, participants still faced multiple aspects that increased and exacerbated their experiences of loneliness.

Majority of influencing factors that affected participant loneliness in the premigration and displacement phase continued to affect participants in the postmigration phase. In the postmigration phase, these influencing factors were exacerbated by language, cultural, racial, and ethnic differences. A prevalent difference found among the postmigration experience was based on gender – specific influencing factors impacted female participants more than male participants and vice versa. Overall, participant experiences were shaped by trust, loss, isolation, aging-related issues, access to cultural community, instability, and cultural adjustments. These distinct factors also intersected and compounded the loneliness experiences of participants.

Trust. In the postmigration phase, trust consisted of similar and different dimensions present in the premigration and displacement phase. Infidelity remained a persistent problem for female participants, especially as their spouses courted and married multiple wives, a culturally acceptable practice for Hmong men. Nonetheless, the social and cultural context in the United States drastically changed the relationships between participants and their children. Filial piety became a precursor to trusting children. The lack of trust in a spouse and children further isolated participants and affected their experiences of loneliness, particularly female participants.

Several female participants discussed the continued infidelity of their husbands. For instance, Ka described believing her husband would be good to her once they

resettled in the United States. He had abandoned her in Laos, but they had reunited in a Thai refugee camp. A few years after resettlement, her husband "began cheating with his second wife." Ka accepted the role as first wife and described her husband as a "part-time" husband who split his days between her and his second wife. After years living with this arrangement, her husband divorced her.

Filial piety was strongly desired by participants as a means to build trusting and positive relationships with their children. To be positive and trusting, the relationships needed to be respectful of parents. However, several participants did not feel loved or respected in their position as a parent. They described their children as bad-mannered, distant, ungrateful, and unhelpful. Some participants discussed verbal altercations with their children and feeling uncertain about their future under the care of their children. Ka discussed ongoing issues with her sons and daughters-in-law. She believed her sons would not side with her if her daughters-in-law did not love her. She also did not trust they would love and take her in if she did not have income to assist with their expenses. Mee also described a strained relationship with her sons and daughters-in-law. She recalled her sons yelling at her and her grandchildren being intentionally kept away from her. Her confidence rested in her relationship with her daughters. However, she said all her daughters were married and lived far away. Despite this, other participants recalled feeling loved by their children and grandchildren. They discussed their children were available when they needed to talk, needed interpretation, or needed transportation.

Loss. Participants talked about a variety of losses upon resettlement and decades later in the United States. Their identities were tied in with how they perceived themselves and the people and places they were emotionally connected to; therefore, the

losses they encountered drastically undermined their identities, shifting from an identity they recognized to an identity they struggled to accept. The dimensions of loss discussed in the postmigration phase were status, sense of purpose, spouse, family, homeland, and leaders. Sense of purpose, homeland, and leaders were dimensions that only emerged in this phase, which highlighted the growing losses among participants due to differences including language and culture. Furthermore, prolonged limited resources and inadequate cultural understanding prevented participants from establishing themselves in their new country, compounding their experiences of loneliness.

Majority of male participants described the loss of status after fleeing Laos, especially those that served as soldiers in the war. They knew their duties as soldiers and performed them as needed. Teng referred to his rank as a Major often. He discussed that in Laos he had his "title and prestige." There, he navigated the land and jungles with ease, and spoke the language. In comparison, his life in the United States had been difficult. He described depending on others to help with his basic needs, including reading his mail and transportation. As the providers for their families, many of the male participants spoke of relying on government assistance and being unable to help themselves and their families. The lack of English language proficiency was commonly mentioned as a contributing factor.

Lack of a sense of purpose was a loss felt by many participants. The Hmong phrase "living day by day, night by night" was used by multiple participants to describe their current circumstances. This phrase indicated the participants were living with no purpose or direction. They were living and waiting to die only. The loss was underscored by feelings of depression and loneliness. Some participants felt confined by laws

regulating how they could raise animals, poor health, and being unable to get around. In Laos, participants were able to find purpose by farming, providing for their families, and serving in the war. Though participants were grateful to have financial assistance from the United States government, they did not have the opportunity or support to continue the lifestyles that they enjoyed and gave them purpose in Laos.

As participants aged, they experienced the loss of a spouse or multiple spouses. Among male participants, three participants were widowed once or twice before. They recalled the death of their wives as a negative turning point in their lives, especially as the loss also accompanied aging-related losses. Tou discussed his wife's long-term health issues and caring for her. Two years after her death, he suffered a stroke and his weakened physical state prevented him from remarrying. He continued to long for his wife's companionship as he described:

> My daughter applied to help me, but I am not a child that they will carry to wash. I am an older person and she can't carry me. Sleeping on the bed, sometimes I cannot get up. Going to sleep, I cannot sleep straight on the bed. I turn my body along the bed, but I cannot turn. I am very sad. I am depressed and want to die. The days are long, and the nights are long, I do not want to live. When my wife was alive, we both lived and talked together. When my wife had health issues, I took care of my wife. My wife had health issues like me. She was very depressed too. Us married couple, one talked to the other, and one cooked for the other to eat. Now, some days the children are all gone and there is only me. I sleep and cannot get up. I am so upset and do not want to live. (Tou, Male, 78)

Similar to female participants, male participants also felt the urgency to remarry.

However, the reasons for remarrying were culturally different. Male participants were actively seeking a potential spouse who could provide companionship, cook, and attend to their needs. Among eight female participants who were widowed, the death of their husbands signified a cultural change in their status. Their husbands had provided them with a sense of respectability, value, and protection in the Hmong community. Without a husband, they were alone again without importance to others. In remarrying, female participants could regain their place of respect and value. For male participants, their status in the Hmong community after the death of their wives was not discussed, indicating this was not a concern for them.

The loss of family members continued in the postmigration phase as they aged. With their large families, each participant was affected by numerous deaths in their immediate family. The significance of some deaths was more intense than others and the deaths of loved ones influenced how participants perceived their own mortality and remaining years. Participants talked about how lonely their lives had become without specific family members. Tou recalled that the death of his wife and son in the last few years had impacted him the most. He described his son as an outgoing person with a bright future when he died in a car accident in Australia. He also believed his son would have been a leader in their clan and the community if he was still alive. Chia discussed her daughter's chronic illness that eventually took her life. She remembered feeling depressed, lonely, and exhausted balancing the care of her daughter with her responsibility to provide for her other children.

The loss of a homeland was also apparent in many of the narratives. Several participants still referred to Laos as "our country." As native-born to Laos, participants

discussed not wanting to leave their home country but having to flee for their safety and the safety of their families. Many participants recalled feeling depressed and missing Laos when they resettled in the United States. Feeling like an outsider in the United States also exacerbated their loneliness and yearning for Laos. For many participants, their flight out of Laos was the last time they saw their homeland. Teng discussed his multiple attempts over the years to return to visit his daughter in Laos. However, he believed he had been permanently banned from entering the country due to his war activities.

Finally, the lack of Hmong military leaders was discussed as a loss among many participants. They described having Hmong military leaders as good for their emotional well-being. With the loss of their homeland and leaders, participants reported persistent loneliness. The Hmong military leaders were revered and had a loyal following among many participants. With their military background, majority of male participants discussed feeling an immense sense of loss when they found out the Hmong military leaders had fled Laos to Thailand. Some participants fled Laos for their safety, but also to follow the Hmong military leaders. In the United States, feeling the loss of Hmong leaders persisted:

> When I was there [in Laos], I did not have depression or much of anything. Because we were soldiers there. We had leaders and a country. I was a soldier, so I only knew to do my job. I do not remember feeling depressed or anything. When we came here, we had lost our country. There were no leaders. We came to be their people. This and that. I thought if it is like this, maybe my children will become their people in the long run and this and that too. (Xiong, Male, 68)

However, some participants were happy to be reunited with one of the prominent military leaders during the war:

> I followed Naiphoon [General Vang Pao] now, I'm happy. I followed the old leaders. I'm happy. When there is a party to attend, we go to see Naiphoon. We get to talk to Naiphoon and we are happy. We are happy about that. Forget it. My leader came over. They say your country [Laos] is good. Why are you leaving? Americans say this. Our leader left. We must leave too. Our leader stays. We stay. Our leader left, so we must leave. They say okay. Got it. Therefore, we got to come. The people who came to the United States, there is no one that says we saw your prosperous country and we came. That is wrong. It's that our leader left and even if our country is good, the leader left so we leave too. (Sia, Female, 70)

Isolation. Isolation in the postmigration phase was reported by most participants. The social, political, psychological, and cultural context of the United States contributed to their isolation and experiences of loneliness as they navigated the complicated systems alone for food, work, and financial assistance. Two dimensions, resettlement and decreasing independence, were discussed by participants related to their isolation.

Upon resettlement in the United States, isolation was extensive, particularly in the first few months and years. Many participants discussed being resettled in a state and city with "no Hmong people", far from family and relatives. Unable to speak the English language and afraid to leave their homes for fear of "big dogs" and becoming lost, some participants stayed home "looking out the window" and "cried." Mee assumed their arrangement in an isolated farm in Indiana would be permanent and despaired of ever seeing Hmong people again. She recalled feeling "lonely and depressed." However,

participants reconnected with family and relatives and relocated to be closer to one another over time. Among participants who arrived after the mid 1980's, the likelihood of being resettled with family members immediately was higher, as families already settled in the United States began sponsoring those still waiting in the Thai refugee camps. Only two participants obtained sponsorship from family members and resettled with them directly.

While some of the same issues that created isolation during the early years of resettlement persisted to the present time, their decreasing independence also served as another factor that increased their isolation over time. The inability to speak English continued to isolate participants from the larger community. Although all participants now resided in Sacramento and Fresno, two cities with large Hmong populations, they were mainly restricted to their homes. Majority of participants also lived in multigenerational households and provided childcare for their grandchildren. However, they were still lonely and yearned to be around other Hmong older adults. As Chong explained, "If I go out with young people and I can't do what they're doing then I get lonely and depressed." Without their children or relatives to drive them to Hmong stores or family gatherings, their interactions with other Hmong older adults remained limited as they aged.

Aging-related issues. Participants talked about their aging-related issues in the last few decades since their resettlement. These aging-related issues were instrumental in their experiences of loneliness. Participants continually compared their lack of capabilities in their later life to their capabilities when they were younger. Aging-related issues included cognitive functioning, physical abilities, and practical skills. As

participants began to have more aging-related issues over time, they had to rely on their children, family, and formal providers to assist them or completely stop what they were doing. For some participants, their cognitive and physical functioning were self-assessed to still be intact; however, they feared for the future when they would need to depend on others for support.

Cognitive functioning. Participants discussed their cognitive functioning in terms of being able to make decisions, remembering information, and learning. Without these cognitive skills, participants were more prone to feeling incapable and experiencing loneliness. In their early life, participants described themselves as decisive and sharp, traits they believed saved their lives and the lives of their families. In comparison, their recent cognitive state had prevented them from completing simple tasks and pursuing self-interests as described by three participants:

> Whatever it is, I can't do it. I think about my loneliness and depression. This is how it is. The older I get, I can't change back to being young. To go to school and to be able to go do things with others. I can't do it anymore. The more I think about that, I just forget about it in a little bit. I do not finish something, and I think about depression like that. (Chong, Female, 70)
>
> During that time, I was depressed and suffered. I could not go to school. My mind is old and is no longer good. I could not go to school anymore. Living like me, I do not have a husband, but I watch these children [grandchildren] and I am depressed. I may have time to go learn, but I can't learn anymore. I can't learn anymore. I may go learn, but I can't learn anymore. I am old, and I receive social security. I have resolved not to go to school anymore. I stay home only. Even if I

went to school, I would not be able to learn anymore, so there is no way to help myself. I am depressed every day. I cry every day only. (Ka, Female, 65)

I do not know what to say. I am old now. I do not know what to say to anyone. When I was younger, and I was sad, I went to the store and I knew what to buy. Now that I am older, I do not want to buy it anymore. There are too many things. Where am I going to put it? I don't know where to put it. I am old and can't take care of myself anymore. I don't even want to buy it anymore. I have so many things. (Chia, Female, 66)

Physical abilities. Physical abilities were explained as another aging-related issue that impacted experiences of loneliness. Physical abilities were affected by war injuries, health issues, and functional decline. Many participants recalled their physical capabilities in Laos, describing how they were "young", "strong", "capable", and "diligent." With these physical attributes, they were able to farm and climb mountains. Through the violence of the war, Teng sustained life-long injuries:

These days, I am still depressed about my injuries that still hurt. This one here still hurts. Look here, this swelling hurt. I was shot here, but it is so itchy. I can't scratch it too much or it will swell. My hands and feet are all injured. This here is it [showing where injuries are]. This here is it. All of it. This here is all of it. This here is all of it. In my body, there are still bullets. This here is still it too. This one is it too. If I have obedient children, I can ask them to do things. If they are not obedient, I ask them…depressed…sometimes when I yell at them my tears fall and I cry. Why is it that all my life, to go far I cannot? My tears fall. (Teng, Male, 84)

Tou talked about his health issues and functional decline over time that impacted his ability to complete activities of daily living and practical tasks:

> Because I cannot help myself anymore. My children are paid to take care of me and help me. They help to come like this [to the community center], help to go to the doctors, help to cook for me to eat, but when it comes to my body, when putting on pants and clothes, when showering, they cannot do it. I am not a child that they can carry to wash or change clothes. I am an older person. When I am incapable, I will suffer even more. I do not want to be capable anymore. I think about those who are incapable for years and are on the brink of dying but can't die. I am afraid I will be like that. I do not want that. (Tou, Male, 78)

Practical skills. Among practical skills, participants talked about aging-related issues with driving, navigating their own neighborhood, and cooking. Several female participants had never learned how to drive and depended on their husbands for transportation. They discussed how different their lives could be if they knew how to drive and get around without waiting for anyone. A few female participants still drove, which provided them with more opportunities to pursue their interests when they were lonely or depressed. Yet, many participants expressed sentiments similar to this participant:

> It is not like I am still young and can drive a car. If I am depressed, I can drive a car to look for women. I have not driven a car for two years. I had a stroke once. I had a stroke once. This past year, my license expired. Ever since I resettled, I have always driven a car. This past year, my license expired so I asked my son-in-law to take me to do the written driving exam. My son-in-law said 'Dad, you are

> very old. We will not let you drive. There are a lot of cars. You are old, and you had a stroke once. Your legs are very slow. We will not let you drive.' So, I do not drive a car anymore. (Chou, Male, 80)

Moreover, the fear of becoming lost within their own neighborhoods also prevented some participants from wandering far from their homes. They described "staying home and looking out the window" all day and were confined to walking from their front yards to their backyards only. Cooking was also a practical skill many participants were afraid to lose as their cognitive and physical abilities declined. While cooking was mainly a concern for female participants, male participants discussed the benefits of cooking. Meng who said he cooked for himself talked about his fear of the day when he would be unable to cook and needed to rely on others for his meals.

Access to cultural community. Access to cultural community was described as an external factor that impacted loneliness due to the absence of other Hmong people. Participant access to a cultural community drastically changed in the United States. Many participants talked about the need for a Hmong community in the early years of resettlement. They missed Hmong people and longed to see and talk with Hmong people. Participants were lonely without a Hmong community who could speak the same language and practiced similar customs. As one participant discussed:

> When we were living in Hawaii, us four siblings lived on the same island. For the Hmong who came in mass they resettled in the large island, in the big city. The island was small, land was small, but the town was good and big like here and Sacramento. They resettled in a large city and we resettled in an area with larger land, but it was the one where Hmong did not resettle in. I was very lonely. I was

very depressed. I kept thinking when I would see the Hmong again like before. There was no Hmong. I felt like dying but I could not because I still had my children. To live but be this lonely, a single word of English I could not speak, every day I was like a mute using sign language to go to work. (Chia, Female, 66)

Furthermore, some participants found a cultural community by joining a church, farming with other Hmong in a community garden, or helping other Hmong older adults during their time in need. Mee described a specific incident of how she and her husband helped a Hmong couple in their community:

> For those who are not old, middle age only, but they have health issues. In Yuba, we gave money to a Hmong couple. The wife was hospitalized for a while and she was going to have a surgery at UC Davis. They called for us to look for people to do a ritual and to look for a shaman to do a ritual for his wife who was going to have surgery. We only knew each other here casually. They did not know who else to ask for help. They probably thought we were nice and have helped people before and would help them. They called us, so we went to look for a shaman to do a quick ritual. We brought them [the shaman] to do a ritual at their house. I made food for the shaman to eat at their house and helped them. Then they said they also farmed. Since they had been in the hospital, weeds had grown in their garden and for us to help. So, we went to help them remove the weeds at their garden. (Mee, Female, 67)

Instability. Instability further intensified experiences of loneliness as participants considered their long-term care. The experiences of longstanding instability and the different perceived cultural values of their children resulted in participants feeling unsure

about their long-term care. Participants were unsure of who they could depend on and how long they could depend on them. Without a concrete plan, they talked about living in a state of limbo and worried more and more about their future care. Many participants believed their children only wanted them around while they were still useful, particularly with providing childcare.

Long-term care. Many participants were uncertain about their futures. They discussed concerns with the type of care their children would provide and where they would age. Several participants referred to communication challenges with their children as evidence that their children would not be willing to care for them when they were physically or cognitively unable to care for themselves. Yet, they preferred to age under the care of their children and family. Participants also talked about a preference to age in their homes rather than "retirement homes"; however, Chia elaborated on why her children may place her in a retirement home:

> Us older people, they say you plant crops for when you need food and you raise kids for when you become old. But, now the children are not willing to take care of me when I am older. Right? Now, they [children] say 'No. There are retirement homes for you. If we take care of you, there will not be enough to eat for us. There will not be enough for us to pay for housing.' It's true what they [children] say too. If they watch me, they get less money. Right? They will not accept the responsibility of taking care of me, so I am already sad. There are some who do not want to live in retirement homes, but younger people force them to live in retirement homes. Right? There are some [older people] who say 'I will live with you. Go hire someone to take care of me as long as I get to live with you.' But,

> they [children] will not allow that. They send them to retirement homes. (Chia, Female, 66)

Without a definitive long-term care plan, participants with limited interactions with family members feared being discovered dead by children or relatives. They were aware of their health issues and expressed concern in the situation that their health worsened. They discussed the security of having a spouse who could care for them and provide emotional support. Nonetheless, these two participants continued to live with minimal contact from family as they discussed:

> If I live alone like this and I am fine, and they come see me and I am already stiff [and dead]. I am very sad. When I had a husband by my side and had health issues, he would tell me, and I would tell him. When I am sick, he helped me, helped me, helped me, and I am happy. (Lee, Female, 74)

> In the United States, right now is the place I am depressed about. Right now, I am searching for someone [a wife] to come live with me, like I said to you earlier. When I have health issues…when I am fine like this, then there is nothing. When I have health issues, they help to cook for me, look for water for me to drink, take me to the hospital. When I cannot breathe and have died, they help to call my relatives to come care and help me. That's all. As long as there is someone to let others know. I am afraid that I pass on and they arrive and open the door and flies are swarming around like a bee to a honey comb. When that time comes, it is not something depressing for me. I am no longer depressed. They are worried. (Meng, Male, 67)

Cultural Adjustments. Cultural adjustment was the process of altering behavior

and attitudes to accommodate the culture in the host country. As some participants adjusted to the culture in the United States, their identities within their families shifted. For a few female participants, this meant greater independence and changing roles in their family unit. However, some participants resisted the changes by distancing themselves from American culture. Among participants, cultural adjustment was discussed in terms of transportation, raising animals, going to the grocery stores, food preferences, parental authority, and language barrier. One participant captured the essence of the differences that existed between life in Laos and the United States:

> When we lived over there [Laos], it had its own sky. Here, it has its own sky. Over there [Laos], when we were younger, we already knew our lives very well in our mind. When we came here, we added another to it [our lives]. It was different. The way of eating is different. The way of living is different. The children are different from over there [Laos]. I have all sorts of depression. Like I keep thinking to the one here and the one over there. I do not know if it is because I am old. My mind runs all over the place. (Xiong, Male, 68)

Wherever they had to go, participants quickly recognized they needed to learn to drive, which also required a car. In comparison, participants primarily talked about traveling by foot in Laos. When driving became a necessary adjustment, a few female participants learned the skill of driving to efficiently travel around their towns and cities. As Chia described:

> There was no one that knew how to drive. It was hard. My husband learned how to drive within two months, but he had his own job. He had a very old car only. I was very depressed. I carried my children every day. I used a [Hmong] baby

carrier. I did not know to buy a stroller. I used a baby carrier and held my children's hand to go to school. We had a relative who first came for school but there were no Hmong when he came so he lived with Americans. He heard that we were Hmong, so he came to live by us. He told me 'Sister-in-law, you carry the children to school and that makes me embarrassed. I will teach you how to drive a car.' That brother-in-law taught me how to drive a car. I was there for six to seven months and learned how to drive a car. (Chia, female, 66)

Teng explained that "Americans" had promised the Hmong land and animals in the United States if they lost the war. However, he never received the land or animals. Instead, he encountered setbacks when he realized raising animals was regulated and enforced by laws. Raising animals was a livelihood he had learned and depended on in Laos, but it was a practice he felt was criminalized in the United States. Therefore, he believed he had to covertly raise his chickens as he explained:

Even if I pull a weed, I wrong them [Americans]. I raise a chicken and I wrong them [Americans]. It is not according to their [Americans] contract in 1960 where they said to Naiphoon [Hmong military leader] and my father, 'Go. We have a house, a piece of land for you to live on. If we help you and do not win, lose the country, then we will take you to live in our country and we will give you homes to live in. We will give you a female pig and a hen. At least, but not a lot.' Even doing these things, I am wrong. I am depressed about this. I should not raise [the chickens], whenever I raise them and if they [police] do not come, it's good. If they [police] come, I will have problems. Loneliness, I am lonely about these things. I cannot raise any animals. Depression of my liver and lungs is this. This is

it. (Teng, Male, 84)

Participants also discussed struggling to adjust to grocery stores and eating the food in the United States. As farmers, they grew much of the food they ate in Laos. Participants talked about learning how to use "food stamps" to purchase groceries and mistakenly buying food items they did not intend to buy. Participants also found "the way of eating" to be different. Chia believed chronic illnesses Hmong older adults now had were a result of depression rather than a result of diet. She said Hmong older adults preferred greens and rice, not foods she considered to be unhealthy and staples of the American diet, such as "pizza, spaghetti, and burgers." Thus, she did not believe the traditional food Hmong older adults preferred could cause chronic illnesses.

Parental authority. Decreasing parental authority as children aged was another adjustment participant encountered. They were worried their position as an authority figure was undermined by American values of independence and individuality. Their children did not listen to their advice and married whoever they wanted, creating strained and distant relationships. Some participants believed it was best to avoid communication or interactions with their children as their relationships deteriorated. Moreover, participants discussed their children moved away from their homes, cities, and states. Pa talked about living by herself in another city for 10 years before her children asked her to move in to provide childcare. She felt their decision to leave her in a city two hours away was her lack of authority to make them "listen" to her after her husband died.

Participants discussed two challenging manners in which their children communicated with them: distant or aggressive. According to some participants, children who were distant "did not answer" when they talked to them and "did not know how to

cry and did not know what to say." For children who were aggressive, they did not speak "nicely" to participants, "yelled" at them, and their "way of speaking" did not fit with participants. The following quotes highlight examples of challenges participants encountered communicating with their children, especially their adult children:

> When I think from then to now, the ones I birthed in Laos and brought over, when they say bad things to me. But the ones who were born in this country. They are born in this country, but I raised them, they have health issues too, so I raised them to adults. Why are they doing this to me as they get older? It was not worth it to watch them. I think about this to this end. I think about from there [Laos] to this end, so I keep thinking about dying. Us older people are short-tempered. We do it like that. If only I could have one whose way of speaking fit with me. So that I would want to live. (Mee, Female, 67)
>
> I did not know what stores to go to. I was depressed. Whenever they [stepchildren] went, they did not ask 'Mom, do you want to buy this? If you want to go…'. One time I went to the Mexican restaurant. It was far. I got there, and I brought about 10 dollars and I bought something small. My money was not enough. I looked around to see if there were people. Jesus sent a young girl like you to ask me if I need…do I have any sons and daughters-in-law to drive me…I have them, but they did not drive me. I came by foot. She helped me ring up my stuff and added three dollars. She asked where my house was, and she would drive me there. I said it was over there and I would tell her when we went. When we got to the car, I cried that Jesus sent for her to help me. She drove me home and I cried hugging her. (Lee, Female, 74)

> The children here are different from those over there [Laos] too. They are not as obedient. When they talk…when we came here [to the United States], the culture is different so they [children] carry American culture/customs only. When we talk to our children, they are different from children over there [Laos]. Us older people, we want children to speak nice, speak nice. Like if we are going to do something, let's talk. Talking nice. Nice talking. Whatever we are going to do, let's talk though it nicely. When older people talk to their children, children need to not get upset. Respond nicely. If they are going to say anything, 'Dad, let's do this. We like to do it this way, this way.' When the older people say 'Oh, we do not like it. We like it this way.' I want children to respond nicely to their parents. (Xiong, Male, 68)

When their children communicated in a distant or aggressive manner, participants explained feeling belittled and challenged in their roles as a parent. Participants felt they had to take drastic measures to avoid problems with their children by moving out and limiting communication.

Language barrier. Language barrier was the most common issue that contributed to feeling inferior and incompetent among participants, which affected their experiences of loneliness. Language barrier was the inability to communicate with another individual or group as a result of speaking different languages. Majority of participants only spoke Hmong, while some participants spoke Lao as well. However, only one participant knew how to read and write in English. Prior to resettling in the United States, participants were sent from refugee camps to Phanat Nikhom to learn English in Thailand. Their experiences of learning English varied. Some participants recalled only learning how to

write their own names, while one participant said his child was sick and he spent most of his time at the hospital in Phanat Nikhom. Once the participants arrived in the United States, they described themselves as "mutes" using "sign language" to communicate with Americans. The isolation from language barrier was exacerbated by separation from their families and a Hmong community. Several Hmong men attended additional English language courses and described their English language proficiency as poor. Many female participants remained secluded to their homes raising their children and never had the opportunity to attend English language classes. The language barrier created challenges when participants needed to read their mail, traveled, were stopped by police officers and questioned, or sought mental health services.

> If I do not do too much wrong, they will certainly arrest me. I am this old and no one has ever arrested me. Not ever in my life. When the police arrested me, I said 'I am not guilty!' The police looked and looked at my car and said, 'Sorry I am wrong.' These types of things, if I knew how to speak the language I would sue them. It is because I do not how to speak the language and I think that since I live in their country I would obey their laws. I will not be a bad person. That's it. I am so sad about these things. I am telling you. (Teng, Male, 84)
>
> When I was ill, CM, CM worked at the mental health organization. I met with CM. CM helped me with my depression a bit. She gave me medication to take. She helped me with medication to take. But, CM was not there long, and she left. CM left. They brought in new people. When you go, there are only Americans and I did not know the language. I did not know how to speak to them. I have not gone back. (Chong, Female, 70)

Participants also discussed reasons for not returning to "school" to learn English as being too old to learn, not having the time, and vision impairment. Teng talked about his educational aspiration for his next life. He wanted to reincarnate and become a new person who would go to school.

Summary

Influencing factors that contributed to loneliness highlighted the diverse experiences of participants as they navigated a war, displacement, and life in the United States. The use of an intersectionality lens underscored how the influencing factors were experienced differently by participants across the three phases, specifically among female participants. Female participants were especially vulnerable to experiencing loneliness as the influencing factors were magnified by cultural values that further marginalized them. Some participants experienced all influencing factors discussed, while other participants were only exposed to several influencing factors. Exposure to different influencing factors were characterized by various aspects including early migration out of Laos, years in hiding, separation from family, and social support. Trust, loss, and instability were influencing factors that emerged in all three phases, which emphasized the ongoing challenges Hmong older adults continued to face. The social, political, psychological, and cultural context in each phase also interacted with the influencing factors and exposed participants to numerous oppressive, violent, and discriminatory interactions and environments imposed by surrounding individuals, groups, communities, and institutions. These adverse encounters resulted in loneliness and an internalization of their identity in society as inferior, foreign, and unwelcomed. However, participant narratives highlighted their desire to be valued, belong, and loved.

Research Aim 3: Coping with Loneliness Among Community-Dwelling Hmong Older Adults

In this final section, coping mechanisms were examined among participants to understand how they cope with loneliness. Coping mechanisms that emerged were religious and spiritual beliefs, social support, wandering, activity engagement, and avoidance and control. Each participant utilized several coping mechanisms to combat loneliness based on their competency, access to social relationships, marital status, and financial resources.

Religious and Spiritual Beliefs

Participants discussed religious and spiritual beliefs as mechanisms that helped them cope with their loneliness. Religious and spiritual beliefs were experiences of connections to a power greater than the self or experiences of connections to the spiritual world of Shamanism. Participants turned to their religious and spiritual beliefs when they were seeking help from a higher power, needed healing, or closure. Majority of participants reported practicing Shamanism, while three participants were Christians and one participant practiced no religion.

Seeking help from a higher power. For Christian participants, they believed God played a role in helping them through difficult situations. Participants explained God answered their prayers by guiding them to find safer routes and sending people to help them. Two participants shared their experience, one during her flight out of Laos and the other when she did not have enough money to pay for her groceries:

> Over there, it was where they were killing people. We stopped there. I was very depressed and lonely. I did not have hope in anything. I kneeled and prayed to

God. I said if God is fine with me dying then I will die here but if God is fine with me going then please find a way. Then they said for us to drive our four families together. We drove four cars. They told us to drive four Communists. We took off all our stuff on the top to hold [in our laps]. The things that were good to throw away we threw it all away, so that it would fit the four Communists who were going with us. Then they let us go all the way to Vientiane. They drove us all the way to the banks of the Mekong [River]. The Communists guarding the banks of the Mekong would not let people cross over to Thailand. They brought us there. We paid money to the taxi then they left. We stayed all night until almost morning at 3am. The Communists each began to go to sleep too. We told the Thais to pick us up. The Thais picked us up and we crossed over to Thailand. (Chia, Female, 66)

I looked around to see if there were people. Jesus sent a young girl like you to ask me if I need…do I have any sons and daughters-in-law to drive me…I have them, but they did not drive me. I came by foot. She helped me ring up my stuff and added three dollars. She asked where my house was, and she would drive me there. I said it was over there and I would tell her when we went. When we got to the car, I cried that Jesus sent for her to help me. She drove me home and I cried hugging her. I am very poor. Jesus helped me. I am 74, but I am still fine. (Lee, Female, 74)

Healing. Participants found their religious and spiritual beliefs helped them heal. Healing was discussed as recovering from health issues and forgiving past abuse. Chong talked about seeking shamans to help address her health issues. She described her

complexion as pale, a sign that she was not well. Her health issues had worsened in the United States and she was skeptical about the diagnosis of depression she had received from doctors. She held on to the belief that her physical health could be improved if her spiritual well-being was addressed. Lee said prayers to Jesus helped her recover from illnesses, including a cold. Moreover, she talked about how her faith in Jesus had helped her overcome mistreatment from those around her. She indicated through knowing God, she was able to forgive people:

> Be patient and it will be good. Jesus said to love your enemies. My enemies may yell at me but I still love them and do not act upset. If I keep being good, they will be good in the end. No revenge. They yell at me and do not know anything. I know Jesus. I am mad at them and I am depressed, and I go ask for forgiveness. They may be on the verge of yelling at me. They do not know Jesus and when they yell at me, it is not difficult. We know Jesus. When we are depressed, very depressed, we can still forgive others. So, I can be good too and not upset at them too. (Lee, Female, 74)

Closure. Participants sought answers for their physical and emotional state through religious and spiritual beliefs. Among participants who practiced Shamanism, the answers they found through spiritual beliefs helped them make sense and accept their lonely state as a condition outside of their physical control. Yer explained her loneliness when her husband's health declined by relating her spiritual well-being with her emotional and physical well-being. She believed her spirit had begun to mourn her husband's passing long before he died, which manifested as her loneliness. She described her experience:

> I have been lonely since 2013, right? I was so lonely. I wanted to climb these mountains to reach the top and see what is it? What is it? An airplane would fly overhead, and I thought I was up there, right? I wanted to climb the mountains, the dark mountains over there. I was very lonely. Maybe it was because my husband was about to die. I was very lonely. I asked one of my uncles, Uncle NV to look at me [referring to a spiritual ritual to see what is going on with the spirit]. 'Oh. She is very lonely. Her spirit has probably reincarnated. Have grandpa [her husband] do a shaman ceremony to heal grandma [MV].' Sister-in-law NV, the sister-in-law I told you about, gave me $100. She is a Thao. 'Grandpa, I give you $100 to help and you do a shaman ceremony to heal Aunt.' My husband said 'Forget it. I'm not doing it.' I also said 'Don't do it. I do not hurt anywhere.' So, we stopped. I was very lonely. Now, my husband died, and I think the reason I was so lonely was because my husband was going to leave me. (Yer, Female, 76)

Social Support

A common coping mechanism for each participant was social support. Social support was described as meaningful relationships that provided participants with emotional, physical, mental, spiritual, and financial support to minimize their experiences of loneliness. With their collective and familial values, relationships with family members, the Hmong community, and a romantic companion were essential social support to their well-being. Family members included spouses, children, and relatives, while the Hmong community consisted of Hmong acquaintances they met in public spaces. Romantic companions were people participants were actively pursuing to restore the loss of emotional connection typically provided by a spouse or partner. Access to

social support varied to an extent based on living arrangements. Some participants lived in multigenerational households with their children, whereas other participants lived with some children and one participant lived alone.

Spouse. Spouses were identified as a key support among participants. Chou explained he was not depressed when he arrived in the United States as a young man "because my wife and children were still alive." Some participants referred to their spouses as a "partner" that "talked" with them, problem solved, eased their concerns, and provided solace. Female participants also discussed that their husbands completed the "heavy" tasks in their households. Among widowed participants, their experiences of loneliness were associated with the death of their spouses and the loss of a partner to fulfill these critical roles. Lee recalled, "When I had a husband by my side and had health issues, he would tell me, and I would tell him. When I was sick, he helped me, helped me, helped me, and I was happy." Nou described a task her husband did often when he was still alive that she did not have the physical capacity to do:

> I cry and cry and stop myself. I go out to the backyard. When Uncle B was still alive, he mowed the lawn. Now, no one mows the lawn. The children mow the lawn every two to three weeks when they have time, but if they do not have time they do not do it. I can't even start the lawnmower and push it. If I tell more, I get more sad. I will only tell you that. (Nou, Female, 67)

Children. Although many participants discussed having communication issues with their children, they also described their children as a source of physical and emotional support. Participants talked about how their children became caregivers and interpreters. In these roles, their children assisted with their physical challenges and

worked as a liaison when language barriers occurred. Furthermore, by transporting participants to stores and appointments, their children relieved the issue of transportation that isolated participants from their communities. Participants also spoke of their children as vital sources of support when they were depressed, lonely, and had suicidal thoughts. Two participants discussed how their daughters provided them with a means to be happy and continue living:

> Yes. Whenever I begin to have depression, I call my daughters to talk with me. I have three daughters. If I am depressed and lonely, I call my daughters that I did this and that and I do not have this and that. They say this and that back and I am happy again. For me, that's it. (Mai, Female, 66)
>
> The more it happens, without my daughters I could just die. I cry, and cry and I say to the daughters that I am going to die, and the daughters cry and say they won't let me. There are still the daughters left. I think and think then I continue living. That's it. If I did not have daughters, I could die. (Mee, Female, 67)

Relatives. Relatives including brothers, sisters, mothers, fathers, uncles, aunts, and in-laws were prominent social support in alleviating loneliness. Relatives followed each other during the war and displacement into the refugee camps. Two participants were able to reside with their relatives upon resettlement in the United States, which eased the difficulty of resettlement. Participants discussed feeling happiness when they were able to "follow" their relatives in the United States again, especially those who were resettled in different parts of the United States. Chou talked about how the separation from his relatives caused loneliness. He explained "some resettled in the south and some resettled in the north. I was lonely and missed my relatives and I missed my country

[Laos]. That was what my depression was about." However, relatives in the same city could not always see one another as described by Yer:

> There are still some brothers, sisters-in-law, sons, and daughters-in-law who live here and love me too, but like I said I do not know how to drive. If I want to see them they have to come pick me up. If they do not come pick me up, it could be years before I get to them. I do not know how to tell it, so I will only tell it like this. (Yer, Female, 76)

Hmong community. Participants who engaged in socialization with Hmong community members reported that these social engagements alleviated their experiences of loneliness. Two participants explained their preference to socialize with Hmong older adults as their physical abilities and talking styles were more compatible. Participants were able to socialize in various settings including Hmong stores, churches, and Hmong senior groups. Mai discussed going to Hmong stores and meeting Hmong people. She said they talked, and she would forget the time and her depression. Two Christian participants socialized with others by discussing Christianity and the help they had received through the teachings of their religious beliefs. Meng said he also talked to Hmong people who lived in Minnesota about the benefits of Christianity.

Five participants were recruited from a Hmong senior group that occurred twice a week. Chou talked about enjoying the socialization he received from attending the group. However, Meng discussed that there were Hmong women who talked with him, but Hmong men were not as open to talking with him. Yer did not attend the Hmong senior group but explained the need for such groups. She believed the Hmong senior groups would alleviate the boredom and isolation Hmong older adults experienced confined to

their homes. She provided childcare for her grandchildren most days but thought it would be beneficial for her well-being if she was around other Hmong older adults as well.

Lee discussed the benefits of the social support she found with other Hmong women. After her husband died, she resided with her stepchildren. Over time, she did not feel comfortable living with them and felt they could not love her long-term. Lee contacted an apartment complex known to house Hmong people and moved out of her stepchildren's home. Although she still experienced loneliness living on her own, Lee recalled how helpful the companionship of older Hmong women had been for her. Her friends drove and could take her places to see things. When older Hmong women in the apartment complex were ill, she brought food to them and gave them massages. The companionships had also provided her with a sense of purpose to help others in need. She had developed meaningful relationships with Hmong women that helped to alleviate some of her loneliness.

Romantic companion. A romantic companion was desired and sought mainly among widowed and divorced male participants. Without a wife, male participants talked about lacking a female "friend" who they could "joke" with and could "speak nicely" to them. Pao was seeking relationships with Hmong girls in Laos after his divorce. He explained as a young man he had been a soldier in Laos and had not found the time to court Hmong girls. Now that he was older and single, he wanted to experience courtship and meet Hmong girls. He discussed his happiness was tied to talking and seeing Hmong girls from Laos to "forget" his depression. However, his ex-wife, children, and relatives were "blocking" him from sending money overseas to them, which he felt interrupted with his ability to develop relationships with them. He believed the issue was his family's

unwillingness to understand him and his situation. On the other hand, Chou was in search of an older Hmong woman to marry. He said, "I think if there is someone who will marry me, I want to marry a wife to live with me. To walk and talk and see if I will feel a bit happier." He shared of a recent visit to Minnesota to spend time with an older Hmong woman. He was interested in marriage, but she was not. At this point in his life, Chou explained he was content with the love from his children and grandchildren. His loneliness and depression stemmed from his lack of a "partner" to live with him.

Wandering

Wandering or the opportunity to walk around and see new things helped participants deal with the experiences of loneliness. More than half of participants could no longer drive, increasing their experiences of isolation and restlessness inside their homes. Participants explained wandering helped to calm the restlessness they would feel build up when they stayed home all day. Wandering occurred inside and outside their homes. However, participants preferred to wander outside their homes to see different things around their neighborhoods, supermarkets, or gardens. For some participants, they discussed their longing to travel to new places and wander around in new environments. Chia recalled the extensive traveling she did with her husband before he died. She said they were not rich but saved up each year and traveled to a new country together. She described their travels:

> It was good that my husband had a big liver [generous]. Each year, we had one vacation only, but he made time for vacation in Thailand, China, Laos, and Vietnam. I told him to wait until we were 65-years old, but he said 'My wife, if we are fortunate we will still be stable at 65 and traveling in the United States.

But, we will not be able to travel to Laos and Thailand. Do not wait until we are 65. Let's go. He took me all over Australia, France, and those places. Each year, we had one month of vacation. We traveled all over the places before we were 65. We were 45 to 50 to 55, we traveled all over the place. (Chia, Female, 66)

Other participants described how they used wandering to escape their loneliness and the temporary relief it provided:

I do not know how to feel at all. When I am depressed like this, miserable, I stay home and wander back and forth to see if my depression will disappear. Sometimes the children are home and I ask them to drive me to the store in a bit, to wander around the store for a bit then return. If they are available, they drive me to wander around the store. I go wander around the store. I exercise at the store for a bit then return and it feels like it [depression] disappeared a bit. That's all. (Chong, Female, 70)

NC [son] lives close to the school. Do you know that around 3pm to 4pm when the children are leaving school, I come from their house and look at the school. The street that goes straight there. I walk every day. I look at the children coming out of school. I went and I met an Indian woman. I was crying. I said 'My husband died. No husband.' I was crying, and the Indian woman stroked me [physically comforting her] and cried with me. I do not know how to be shy. I meet black people or Mexican people, I talk with them. (Yer, Female, 76)

I just live and think 'Living like this, why am I so lonely?' I go outside, and it is too hot too. I go back inside the house again. That's it. Some days I think "I am lonely. I'm going to wander the store.' I still know how to drive. I still drive. I

have always worked so I have always known how to drive. Sometimes, I think 'I'm lonely. I'm going to wander the store a bit.' I go to the store and it makes my depression disappear. Then I come back and stay home. That's what I do. (Mai, Female, 66)

Activity Engagement

Participants discussed engaging in established activities as a method to cope with their loneliness. Activities included exercising, gardening, and raising animals. Participants engaged in the activity daily or often. Although participants talked about walking and wandering their neighborhoods and supermarkets, they did not describe it as exercise or a planned activity. Only Lee discussed exercising for the purpose of health and wellness. Lee talked about running in the morning to exercise and maintain her health. She took medications but believed her health was in good shape from the running. Running along with prayers helped her manage her loneliness.

Among participants, gardening was explained to be the preferred activity they engaged in when they felt lonely. Two participants reported gardening at community gardens, while the rest gardened in their backyards or did not share where they gardened. Both female and male participants participated in gardening. Gardening was described as an "escape" from their long days at home as described by Mai:

I plant things at the garden. During this time, it is very hot. During the time that it is not really hot, and I get to the garden there is a cool breeze that blows. When I get to the garden, the cool breeze blows. I wander here and there. Look here and there. Dig, dig, dig. Suddenly, when I look, when I look at my watch, it's already noon. Go home. When I do that, the day and time seems short for me. It shortens

> the time for me. It shortens the time for me. I don't really stay long. If I stay here all day and all night, it feels long all the time. (Mai, Female, 66)

Along with gardening, raising animals was a practice carried over from Laos. Participants discussed raising animals, mainly chicken at their homes. Similar to gardening, spending time with animals helped participants cope with their loneliness during days that felt long. Mee recalled raising chicken and giving them away to older people who "wanted to eat some chicken." She did "not want money" and felt that was one way she could help others. However, Teng felt "confined" by laws that regulated how many animals one could raise and how to raise animals. While he raised chickens in his backyard, he worried that he could be breaking a law and was afraid of running into trouble with the law.

Control and Avoidance

Participants discussed the practice of learning to control and avoid feeling lonely to manage their loneliness. Although they acknowledged their feelings of loneliness, participants felt it was best to push their feelings aside. Participants used control and avoidance when they thought too much about their problems, encountered mistreatment from "enemies", and had "headaches." They explained the need to control and avoid was an approach to prevent themselves from becoming "disabled and crazy", suffering even more, and developing chronic illnesses. Chia recalled feeling depressed and seeking a doctor for advice. The doctor advised her to "get a hold of" herself. Since the doctor appointment and with the fear of becoming physically ill, Chia practiced controlling and avoiding her feelings of loneliness and depression. She said she "got better a few times." Mai described controlling herself when she felt lonely and depressed about her financial

situation:

> Sometimes like I said, if I am lonely and depressed, not thinking about it is best. If I keep thinking about it I will think about this and that, about expenses, and this and that, then I will feel depressed and lonely. If I just keep to myself and do not think about those things and forget it, then I will be fine too. The more I think, I say it to them every day, the more I think I will be lonely and depressed then I will have diabetes and hypertension. People who have depression have hypertension too. For me, I think like that, so no matter how poor I am or depressed, I must control myself. So that I do not have bad blood. Not have bad blood, so that I won't have health issues. So that whatever I think about I can do it like that. I think like that only. (Mai, Female, 66)

Participants shared they also informed other Hmong older adults to control themselves when they were feeling lonely. It was a piece of advice participants used to remind themselves and Hmong older adults often.

Summary

Participants coped with loneliness through diverse approaches. As they aged, participants learned to manage their loneliness from experiences, relatives, friends, doctors, spiritual beliefs, and religious institutions. However, some participants indicated their current physical, emotional, spiritual, and financial state prevented them from pursuing specific coping mechanisms, such as seeking companionship in a foreign country. Through social support from family, the Hmong community, and romantic companions, participants aimed to rebuild social connections. Some participants utilized religious and spiritual beliefs to find help, healing, and closure with their experiences of

loneliness, while other participants used control and avoidance to manage their loneliness. For several participants, wandering in a different place outside of their homes and engaging in outside activities helped to minimize their experiences of loneliness.

Overarching Conceptual Model

Figure 1 illustrates the overarching conceptual model of loneliness through an intersectionality lens. In the model, each of the major category is represented individually, and the arrows indicate how all categories influence each other. The findings in Research Aim 1 conceptualized loneliness as a negative experience represented in different physical and emotional expressions with varying degrees of intensity. The intersectional identity of participants also emerged as a prominent category, shaping how participants experienced loneliness based on a multitude of intersecting social categories they identified with. Research Aim 2 found nine influencing factors occurring within the context of each phase that affected and compounded the loneliness experiences of participants. Five coping mechanisms were identified in Research Aim 3 that helped participants cope with their loneliness. For example, a participant identifying as a Hmong man experiences loneliness because of multiple influencing factors including violence, instability, and the loss of status and homeland during displacement in a refugee camp. He copes by engaging in activities and seeking guidance through his spiritual beliefs to manage his loneliness. His intersectional identity influences how he experiences loneliness within the contextual challenges of this phase.

The model informs the overall research question: how do community-dwelling Hmong older adults experience loneliness? The experience of loneliness is an iterative and continuous process affected by an intersectional identity and influencing factors that

occur in the social, political, psychological, and cultural context of the premigration, displacement, and postmigration phases. However, occurring within these spaces are coping mechanisms identified as helpful to managing loneliness.

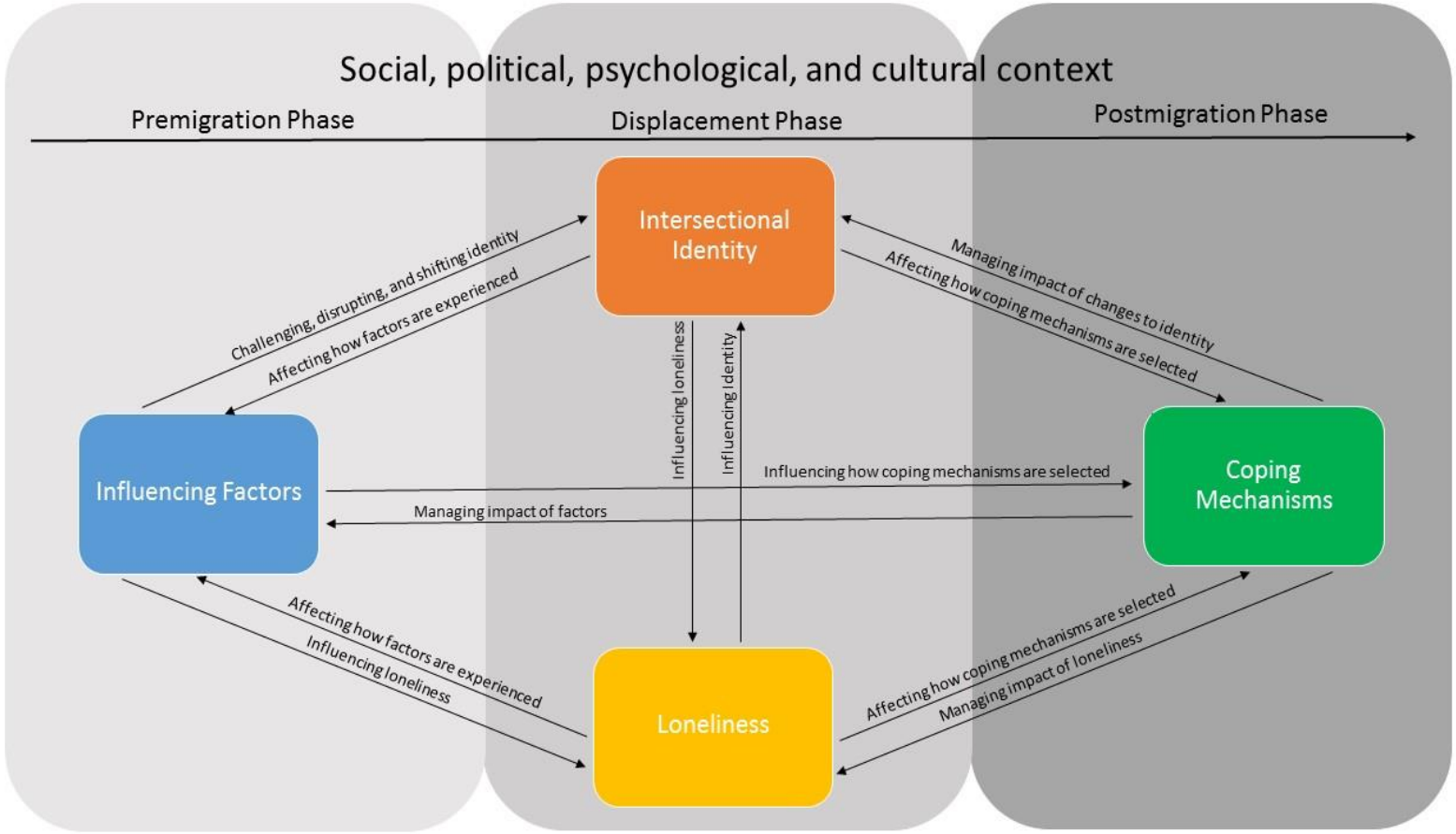

Figure 1. Overarching conceptual model of loneliness, intersectional identity, influencing factors, and coping mechanisms in the social, political, psychological, and cultural context of premigration, displacement, and postmigration phases

CHAPTER 5

DISCUSSION

This study aimed to understand the experiences of loneliness among community-dwelling Hmong older adults with three goals: 1) to understand the concept of loneliness among community-dwelling Hmong older adults; 2) to explore the premigration, displacement, postmigration, and recent experiences of loneliness among community-dwelling Hmong older adults; and 3) to examine how Hmong older adults cope with loneliness. Using constructivist grounded theory with an intersectionality lens, the principal findings in this study were: 1) loneliness conceptualized in terms of physical and emotional expressions with varying intensity and affected by an intersectional identity; 2) influencing factors impacted loneliness of participants during distinct phases of premigration life in Laos, displacement in Laos and Thai refugee camps, and postmigration resettlement in the United States; 3) coping mechanisms involved religious and spiritual beliefs, regulating emotions, social relationships, and diversions; 4) the importance of an intersectionality lens to understanding the experiences of loneliness among Hmong older adults; and 5) the emergence of a conceptual model of loneliness grounded in the experiences of aging Hmong refugees highlighting intersectional identities, influencing factors, and coping mechanisms framed within the social, political, psychological, and cultural context of premigration, displacement, and postmigration.

The narratives provided nuanced cultural meanings and insight into their loneliness experiences. All participants sought to make sense of their identities amongst their broken families and communities as they migrated out of Laos for safety,

encountered various factors that primarily undermined their identities and caused loneliness, and discovered coping mechanisms to manage their loneliness. Through their stories, participants gave voice to an often-underrepresented experience in the immigrant, refugee, and Asian American narrative of migration, hardships, and resilience. It also highlighted the significance of an intersectionality lens to capture the diversity of perceptions and experiences of loneliness that existed as participants encountered various oppressive interactions and conditions. The following section provides a summary of key findings, implications for social work research, practice, and policy, and limitations.

Conceptualization of Loneliness

Participants conceptualized loneliness as physical and emotional expressions and based on intensity influenced by an intersectional identity. With their families and communities divided as a result of the war in Laos, displacement, and resettlement, participants experienced loneliness based on the intersections of their identities. Gender differences were prominent across all findings. Several female participants became widows or were abandoned by their husbands, highlighting cultural norms that isolated Hmong women who did not have a male head of household. Male participants were also unable to properly fulfill their roles as providers for their families during the flight out of Laos. These intersecting and contextual issues early on and in subsequent situations had a profound impact on participant and the intensity with which they experienced loneliness.

Participants described their loneliness commonly with emotional and somatic symptoms. This finding supports empirical research suggesting loneliness was experienced with mental and physical symptoms (Jaremka et al., 2014; Luo, Hawkley, Waite, & Cacioppo, 2012). The results also align with studies indicating a relationship

between loneliness and depression among older adults (Djukanovic, Sorjonen, & Peterson, 2014; Prieto-Flores, Forjaz, & Fernandez-Mayoralas, 2010). Majority of participants discussed depression and loneliness simultaneously, while some participants stated their depression was greater than their loneliness. Although mental health symptoms were frequently reported in their narratives, only one participant talked about seeking mental health care. Although she stopped seeking mental health care after the only Hmong staff in the clinic left. Moreover, suicidal ideation was prevalent as an expression of loneliness. Prior studies supported this finding that feelings of loneliness were associated with suicide and suicidal behavior (Rubenowitz, Waern, Wilhelmson, & Allebeck, 2001; Stickley & Koyanagi, 2016; Wiktorsson, Runeson, Skoog, Östling, & Waern, 2010).

Loneliness was perceived to occur in intensity as temporary and chronic among participants. Scholars have suggested two common types of duration of loneliness: situational loneliness and chronic loneliness (Shiovitz-Ezra & Ayalon, 2010). Participants reported temporary loneliness that occurred in specific situations including fleeing Laos and separation from family. With temporary loneliness, participants were able to manage their loneliness and recover (Shiovitz-Ezra & Ayalon, 2010). Chronic loneliness was described as prolonged and life-long in a few narratives. Participants with chronic loneliness appeared to have fewer resources and opportunities (e.g. lack of family, lack of education) to cope with loneliness. The findings suggest participants who suffered from chronic loneliness may have also internalized the stigma of being an outsider and not belonging to the larger American community, which were also reported in a study of Sudanese refugees in Australia (Hatoss, 2012).

Cultural norms and values in their home country were significant for identity development among participants. This finding supports prior empirical research suggesting identity was affected by expectations of a cultural community (Phinney & Baldelomar, 2011; Groen, Richters, Laban, & Deville, 2018). The roles of participants in their families and communities were distinct in Laos based on different social categories including gender and marital status. Female participants fulfilled specific roles as caregivers for their husbands and children, while male participants were providers and decision-makers for their families. The identity of female participants was negatively impacted with the death or divorce of a spouse. In their examination of single women in Chinese society using an intersectionality framework, Jiang and Gong (2019) suggested that marital status complicated gender inequity. Widowed Hmong women were considered less valuable than Hmong women with husbands. Whereas male participants discussed emotional distress from not having someone care for them in comparison to the social stigma Hmong women experience becoming a widow or divorcee.

Participant identities were continually informed and influenced by historical, social, and cultural context as they navigated a war, displacement, and resettlement. This finding aligned with two prior studies indicating the influence of context on the identity of refugees, particularly in host countries (Hatoss, 2012; Wehrle, Klehe, Kira, & Zikic, 2018). Similarly, participants found their identities challenged as they resettled in the United States. Contextual issues such as language barriers, intergenerational challenges, and limited occupational opportunities undermined their existing identity. Some participants were resettled far away from their families and the Hmong community, further exacerbating their isolation and lack of belonging. As farmers in their native Laos,

participants were initially unable to use their farming skills to provide for their families. These skills that were once valuable and refined in their home country did not transfer well in their host country.

The identity of participants in the United States was further perceived as foreign and inferior. Their status as refugees labeled them as "other" (Ludwig, 2016). Participants discussed talking with "Americans" and attempting to validate their presence in the United States. They were insistent they had a right to be in the country because of their allegiance with the United States during the Secret War. One participant recalled "Americans" asking why she left her country when it was good. She responded that she only came to the United States to follow her leaders. She wanted them to know she did not seek refuge in the United States to take advantage of their prosperity. While the United States had been home to participants for approximately 16 to 45 years, many participants still referred to the United States as "their" country and resettling in the United States as "becoming their people." The need to justify their existence perpetuated the systemic issues of feeling foreign and inferior contributing to their experiences of isolation and loneliness.

Premigration, Displacement, and Postmigration Factors

Factors contributing to loneliness were explored in the premigration, displacement, and postmigration phases among Hmong older adults. These three phases were related to distinct risks and exposure (Kirmayer et al., 2011). The phases were furthered complicated as some participants spent more years in hiding, waiting in refugee camps, or separated from their families and the Hmong community than other participants. Within these phases, various factors influenced participants' identity and

loneliness experiences, including trust, loss, instability, violence, isolation, sense of community, aging-related issues, access to cultural community, and cultural adjustments.

Similar to prior research, premigration trauma involving separation from family, imprisonment, violence, and lacking food, water, and shelter impacted the mental health and identities of refugees (Schweitzer, Melville, Steel & Lacherez, 2006; Wilson, Murtaza, & Shakya, 2010; Lee & Brotman, 2011). Participants discussed the violence and internal displacement from the war that created unstable living conditions. Although some participants continued to engage in everyday activities, such as farming and raising animals, they were still at risk of being displaced to avoid the violence. Other participants' narratives suggested a considerable change in their daily lives as the fighting with Lao Communists intensified. Several male participants were sent off to fight in far-off locations from their villages, while a few female participants became the primary and sole providers and protectors for their children as they escaped bombings and shootings.

Although a limited number of studies focused explicitly on the displacement period of the refugee experience, two studies of refugees reported similar migration experiences (Idemudia, Williams, & Wyatt, 2013; Wilson, Murtaza, & Shakya, 2010). Direct exposure to violence and embarking on dangerous journeys to escape their home country permeated the narratives of participants (Idemudia, Williams, & Wyatt, 2013). Participants discussed the violence they experienced after the war by Lao Communists while hiding in the jungles of Laos and by Thai officials while living in refugee camps. With limited supplies and sustenance, participants continually found themselves in dangerous situations to find food for their families. Furthermore, greater exposure to discrimination and abuse and decreased rights in the refugee camps undermined the

mental health of participants (Wilson, Murtaza, & Shakya, 2010). Participants recalled feeling imprisoned in the refugee camps as their movement was restricted by Thai police and military officials. The limited resources and the inability to find opportunities to make a living caused tension and conflict, further isolating some participants from family and community members. The abuse of male participants in the refugee camps also underscored the ongoing violation they encountered as stateless people. These experiences of racial violence and oppression combined with prolonged separation from family and community led to experiences of loneliness and a destabilization of identity among participants.

Refugees have encountered numerous postmigration issues upon resettlement in host countries. These stressors ranging from loss of cultural norms, social support systems, difficulty adjusting to a new culture, and changes in identity have impacted their emotional well-being (Bhugra & Becker, 2005; Carswell, Blackburn, & Barker, 2011; Schweitzer, Melville, Steel & Lacherez, 2006). Upon resettlement in the United States, majority of participants were dispersed into American cities far away from their families and communities. While they were dealing with multiple losses and cultural adjustments, participants recalled longing for a community and to speak Hmong. An early study of Hmong refugees in the United States found depression was correlated with lack of English proficiency and welfare use (Westermeyer, Neider, & Vang, 1984). The authors suggested the lack of English proficiency and welfare use isolated Hmong refugees from American society and increased their dependency on others (Westermeyer, Neider, & Vang, 1984). Still, participants talked about limited interactions with Americans, difficulties with finding time to learn English in a patriarchal culture where Hmong

women were discouraged to go to school, the lack of childcare that prevented some Hmong women from going to English classes, and the limited financial support to lift them out of poverty. Moreover, participants discussed the persistence of early problems to present day, which were exacerbated by intergenerational challenges communicating with their children and concern over their future care as they acknowledged their decreasing competency. Their narratives provided a more complex picture of resettlement and enduring issues following resettlement, highlighting a society and system that was unwilling and unprepared to meet their needs.

Coping Mechanisms

Coping mechanisms were examined among Hmong older adults when they experienced loneliness. Coping mechanisms revealed itself through religious and spiritual responses, emotion-focused and relationally-focused factors, and nonsocial diversions shaped by experiences, social network, availability of resources, and physical ability. The five coping mechanisms that emerged were religious and spiritual beliefs, avoidance and control, social support, wandering, and activity engagement. These findings support existing research and contribute to the literature that suggest the need for culturally specific approaches to understanding how older adults cope with loneliness (Luo & Ng, 2012).

Findings of religious and spiritual beliefs as coping mechanisms align with previous research (Kirkpatrick, Shillito, & Kellas, 1999; Ciobanu & Fokkema, 2017; Reis & Menezes, 2017). Participants discussed feeling lonely during moments of hopelessness and loss and turning to their religious and spiritual beliefs to manage their emotions. They used prayers and rituals to communicate their needs and seek guidance, which

participants felt were resolved through divine intervention in difficult situations and answers that linked physical and spiritual well-being.

Participants also coped by controlling and avoiding emotions of loneliness on their own or through wandering and engagement in an outdoor activity. These findings support an earlier study of lonely older adults who coped with loneliness through avoidance and participating in solitary activities (McInnis & White, 2001). With their diminished resources and competency, many participants felt compelled to control their emotional distress to avoid becoming lonelier. A few participants reported that this practice of emotion-focused control was effective. Furthermore, through gardening, raising animals, and exercising, participants were able to relieve their loneliness or manage it temporarily. These nonsocial diversions and solitary practices emphasized the resilience and resourcefulness of participants; however, they also highlighted the lack of integration into American culture that have continuously isolated immigrant populations who do not speak the language or identify more with the dominant culture (Dong, Chang, Wong, & Simon, 2012).

The results are consistent with empirical research that established the significance of maintaining and rebuilding social relationships and social support (Chen & Feeley, 2014; Wu, Sun, Sun, Zhang, Tao, & Cui, 2010). Among majority of participants, relationships with their families, clan, and the Hmong community helped with the management of loneliness. Notably, majority of participants expressed interest in maintaining relationships and receiving support from their family and relatives, while several participants indicated interest in relationships with Hmong individuals not related to them, specifically those who were seeking romantic relationships or lived away from

their families. Interestingly, participants in this study did not indicate interest in establishing relationships with "Americans" nor talk about receiving emotional support from "Americans." This suggests that Hmong older adults still prefer to receive support from their ethnic communities and do not perceive themselves to have social relationships with "Americans."

Applying an Intersectionality Lens

This study established the importance and need for applying an intersectionality lens in research focused on loneliness and Hmong older adults. Intersectionality aims to understand and examine the complex world of individuals and power shaped by multiple social axis (Hill Collins & Bilge, 2016). Prior studies have underscored the importance of using an intersectional lens with immigrant and marginalized populations (Viruell-Fuentes, Miranda, & Abdulrahim, 2012; Bowleg, Teti, Malebranche, & Tschann, 2013). The study's findings demonstrated prominent differences in experiences based on social categories, specifically gender and marital status. Thus, oppressive encounters and forces can be experienced differently among Hmong women. A Hmong woman may be marginalized by her widowed status within the Hmong community, which may compound her marginalization from the larger community as a monolingual Hmong-speaking person. These nuanced differences highlight the greater vulnerability of particular Hmong older adults to experiencing loneliness and having less resources to manage their loneliness. The need to frame the experiences of Hmong older adults in terms of multiple social categories is essential to better understand their micro and macro level experiences at the intersections of gender, marital status, age, race/ethnicity, immigrant status, cultural values, and socioeconomic status.

Conceptual Model of Loneliness

The conceptual model that emerged from the narratives of participants demonstrated how loneliness interacted with an intersectional identity, influencing factors, and coping mechanisms within the social, political, psychological, and cultural context during premigration, displacement, and postmigration periods. The available literature has predominantly framed loneliness as an individual experience using theoretical frameworks that emphasize personal responsibility based on social network, expectations, and personal attributes (Dykstra, 2009). The model that emerged from this study expands the understanding of loneliness in several ways, particularly for refugees and immigrants. First, the use of intersectionality demonstrated the significance of understanding the diverse and nuanced experiences of loneliness. Specific intersecting social categories revealed greater risks for loneliness. Second, the model included the migration process of premigration, displacement, and postmigration. This migration pattern is important to consider as refugees and immigrants experience lasting and varying degrees of challenges in each phase. Third, the emergence of context in this conceptual model adds to the relevance of understanding the societal, political, psychological, and cultural structures and environments that cause and exacerbate loneliness. Fourth, loneliness must also be understood in terms of coping mechanisms. Coping mechanisms highlight the resilience of older refugees and immigrants who can face greater risks for loneliness. While this conceptual model is preliminary, it has incorporated features unique and relevant to the experiences of loneliness for Hmong older adults – a group that shares similar cultural and historical characteristics with other refugees and immigrants.

Future Research

This study contributes to the dearth of literature on Hmong older adults in the United States and offers the foundation for future research in several ways. First, this was the first study aimed at understanding the experiences of loneliness among Hmong older adults. The conceptualization of loneliness revealed the significance of understanding the social, political, psychological, and cultural context of individuals who migrate out of their country due to war and persecution. As a refugee group, Hmong older adults underwent numerous contextual changes during premigration, displacement, and postmigration. With the unprecedented growth of refugees all over the world, more research must focus on the social, political, psychological, and cultural context of the refugee experience to gain greater insight into their loneliness experiences and expand the notion of loneliness as an individual-led experience. Moreover, future research should apply an intersectionality lens to studies with refugees and immigrants. This study found significant differences by gender and SES among Hmong refugees, a finding that underscores how these intersecting social categories can further marginalize oppressed individuals.

Second, the conceptual model of loneliness, intersectional identity, influencing factors, and coping mechanisms within a social, political, psychological, and cultural context during premigration, displacement, and postmigration provides a preliminary framework for future research. Previously, de Jong Gierveld and Tesch-Romer (2012) presented an integrated model combining individual and societal level factors to understand loneliness. While this model expands on longstanding theories (e.g. cognitive discrepancy theory and deficit approach) examined in chapter two, it does not take into

account the refugee and immigrant experiences of traumatic and oppressive migration and resettlement in host countries. The conceptual model in this study emerged from a small sample of Hmong older adults; however, the findings may be applicable to other groups. Future research should explore whether this model is useful to diverse populations of refugee and immigrant groups with similar migration histories.

Third, using a constructivist grounded theory method provided a greater understanding of cultural nuances of loneliness. This inductive and interpretive approach was valuable in providing rich details of lived experiences among Hmong older adults using their own language. Future studies should employ qualitative methods as an avenue to further elicit cultural nuances and multi-faceted context in greater detail among this understudied group. These cultural nuances and multi-faceted context will be essential in the development of culturally responsive interventions and programs. For instance, a community-based participatory approach (CBPR) can facilitate a collective and equitable partnership between the Hmong community and researchers to explore how to use the findings in this study to improve the lives of Hmong older adults. Although they have been provided with limited opportunities to empower themselves and their communities, Hmong older adults are resilient as evident in this study and can use their experiences and knowledge to inform researchers of culturally responsive programs and policies.

Fourth, the coping mechanisms used by participants highlighted the importance of social relationships and nonsocial diversions. Future research should explore the relationships between these coping mechanisms and loneliness over time among Hmong older adults. Participants in this study discussed diminishing competency and resources; therefore, a longitudinal study will improve understanding of the types of coping

mechanisms participants utilize as they age. Furthermore, several participants talked about the benefits of community gardening. Community gardens have been found to have "healing aspects" for refugees and immigrants, particularly for their emotional and mental well-being (Hartwig & Mason, 2016; Gerber, Callahan, Moyer, Connally, Holtz, & Janis, 2017). Researchers should investigate community gardening as an intervention to assess the impact it has on the emotional, mental, spiritual, and physical well-being of Hmong older adults.

Practice Implications

The findings of this study have several implications for social work practice. According to the Standards and Indicators for Cultural Competence in Social Work Practice, it is the ethical obligation of social workers to provide culturally competent practice with various cultural groups (National Association of Social Workers, 2015). With the limited research on Hmong older adults, practitioners have had scarce information to understand how to support Hmong older adults. In this study, participants described loneliness and challenges related to an intersectional identity – where gender and marital status emerged as key social categories. Social workers should explore the intersectional identities of Hmong older adults to better grasp how they previously and currently experience traumatic and oppressive conditions. For example, exploring the experiences of an older Hmong woman may shed light on the social and cultural implications of becoming a widow and the lasting impact it can have on their emotional well-being.

With the emergence and significance of the social, political, psychological, and cultural context of each phase, practitioners working with Hmong older adults should

also seek to understand the pre-resettlement and resettlement periods. Social workers can use a bio-psycho-social approach to examine these early stages of pre-resettlement and resettlement to discover how Hmong older adults understood and situated themselves in their new environments. Many Hmong older adults resettled in the United States without treatment or any care in addressing the trauma their minds and bodies encountered during the war and flight out of Laos. This holistic method will shed light on how these historical periods and outcomes inform current experiences of loneliness.

Hmong older adults in this study described loneliness experiences in terms of emotional and physical expressions. Practitioners should be aware of the different representations in order to assess for loneliness when clients talk about depression, somatic symptoms, suicide, and other emotional expressions. Moreover, a few participants described life events that caused hardships rather than directly state that they were lonely. Therefore, it is imperative that practitioners understand how loneliness can also accompany difficult life events (e.g. death of a spouse, functional decline, communication challenges with children) and be exacerbated by specific social categories including gender and socioeconomic status. The assessment and early detection of loneliness can expedite the process of providing appropriate resources and treatment for lonely clients.

While detection of loneliness is crucial to the long-term well-being of Hmong older adults, this study highlighted the lack of participants seeking mental health treatment. For several participants, they discussed chronic loneliness triggered by early life events or recent life changes. Loneliness was also described with suicidal ideation, and one participant talked about her attempted suicide in Thailand. However, of the 17

participants, only one participant talked about actively seeking out mental health treatment and she had stopped seeking care after the only Hmong staff left the facility she was seeking treatment from. Many participants spoke about the lack of people they trusted to communicate their loneliness and problems with. Practitioners should collaborate with other providers and advocate for culturally- and linguistically-competent care and staff to support Hmong clients. In terms of collaboration, practitioners should work alongside community members, stakeholders, providers, and researchers to explore spaces Hmong older adults frequent as a potential gateway to normalize discussions of mental health and identify community-led practices to provide culturally-competent mental health education, access, and treatment. These spaces should be cognizant of participant gender as female participants may not feel as empowered to speak and share in spaces that is also occupied by Hmong men. Practitioners should also advocate for policy change on different levels, including within their organizations for more linguistically-competent staff to support Hmong older adults. Majority of participants did not speak English and indicated language barrier as a common factor for their limited communication with "Americans." The presence of Hmong-speaking staff may encourage Hmong older adults to seek out mental health support for their loneliness and emotional distress.

Participants used a variety of coping mechanisms to deal with loneliness as they aged. For instance, they talked about the importance of rebuilding social relationships and social support with other Hmong older adults. Some participants were participating in a Hmong senior group that occurred two times a week, which appeared to be emotionally beneficial to those who attended regularly. However, a common concern among

participants with accessing any sort of social support outside of their homes was the lack of transportation. Practitioners should seek to establish and organize social senior groups for Hmong older adults in locations close to large concentrations of the Hmong population. These social senior groups can be narrowed to specific social identities, such as groups for widowed Hmong women to provide social support to a marginalized subgroup in the Hmong community. Social senior groups can provide opportunities for socialization and restore social relationships (Hemingway & Jack, 2013; Cohen-Mansfield, Parpura-Gill, Kotler, Vass, Maclennan, & Rosenberg, 2007). In addition, many participants consistently listed lack of English language proficiency as a barrier they had been unable to overcome since resettling in the United States. Practitioners should work with Hmong community members to identify bilingual instructors and coordinate free or donation based English language classes for Hmong older adults. These classes can be another opportunity to socialize while learning a valuable skill.

Policy Implications

The number of refugees displaced from their homes have increased to unprecedented numbers since the resettlement of Hmong and Southeast Asian refugees starting in 1975. In 2018, an estimated 70.4 million persons were displaced from their homes around the world due to civil wars and persecution (UNHCR). Yet, the anti-immigrant rhetoric in the United States in recent years have depicted immigrants and refugees as criminals and terrorists, resulting in increased violence and hate crimes against these groups (Taylor, 2018). Therefore, understanding the early resettlement experiences and the enduring issues of Hmong older adults can provide lessons for policy changes to improve the lives of refugees in the United States. First, participants discussed

the prolonged isolation they felt from the Hmong and American community. With the current anti-immigrant climate, it is critical that refugees feel welcomed in their host country. To create welcoming conditions for refugees, national, state, and local policy should fund public campaigns aimed at reducing persistent isolation of refugees by promoting diversity and acceptance (Neufeld, Matthes, Moulden, Friesen, & Gaucher, 2016). For example, businesses and schools can provide diversity training to educate staff on culturally-appropriate communication and behavior with refugees.

Second, participants talked about their ongoing socioeconomic struggles due to the lack of employment opportunities. Many participants spoke about mainly farming in their home country and eventually finding their way back to farming in the United States. Policy can focus on optimizing the existing skills of refugees by resettling them in locations where they can best use and offer their expertise. This will require coordination among multiple governmental agencies and local organizations; however, the emotional, mental, and economic benefits of such a policy can be lasting. Third, the limited or lack of English language proficiency was reported as another long-term issue. Several participants attended English language classes upon resettlement. However, their limited use of English over time diminished their ability to recall what they learned. Policy must address this issue by increasing support for continuing English education for refugees. The ability to understand and speak in English can address some of the persistent issues participants discussed, such as communicating with "Americans."

Fourth, this study's findings stress the importance of culturally- and linguistically-responsive services for Hmong older adults. Participants expressed encountering multiple stressors, yet rarely discussed seeking support or care for their emotional distress from

formal providers. The need for providers and staff who understood the Hmong culture and spoke the Hmong language was evident in their narratives. Moreover, ethnic agencies specifically serving the Hmong community can be vital to providing culturally-relevant services rather than mainstream programs (Weng, 2014). Community members, stakeholders, and policymakers interested in helping Hmong older adults should push for policy to allocate funds for culturally- and linguistically-relevant services and agencies. Overall, these policies require critical review and expansion of existing policies to support Hmong older adults and refugees and will only be possible if sentiment from leaders and host countries improve to provide the space for these changes (Esses, Hamilton, & Gaucher, 2017).

Limitations

This study had several limitations. The study used purposive and snowball sampling to select Hmong older adults residing in Sacramento and Fresno, California. Although this researcher recruited from various settings including Hmong supermarkets, Hmong non-profit organizations, and Hmong senior groups, the recruitment may have disproportionately included Hmong older adults with greater access to supportive social relationships and sufficient cognitive and physical competency to reach the aforementioned settings. Recruitment of study participants may not have reached the most vulnerable of community-dwelling Hmong older adults, such as home-bound Hmong older adults. To minimize sampling bias in future studies, researchers should employ more innovative methods (e.g. teleconference lines) to recruit hard-to-reach segments of the Hmong older adult population. Moreover, this study may not be applicable for persons living in a different context as context is important in framing their

loneliness experiences. Community support and availability of resources may look different across cities and states for Hmong older adults. Future studies should expand recruitment to other states with large concentrations of the Hmong population, such as Minnesota and Wisconsin to obtain a more representative sample of the Hmong American older adult experience.

Also, the researcher asked participants to recall traumatic lived experiences from several decades ago. Although Hmong older adults with evident cognitive impairment was excluded from the study, the recollection of their earlier lives may have overlooked significant details among study participants. Traumatic experiences during premigration in Laos, displacement in Laos and Thailand, and early postmigration in the United States may have also been excluded or minimized by participants. This researcher did not press for specific details to avoid retraumatizing participants as well.

Furthermore, this study only included Hmong older adults age 65 and older. The age criteria may have limited the diversity of experiences by excluding Hmong older adults younger than 65. This researcher suggests extending the age criteria to 55 or 60 and older to obtain a wider range of experiences as Hmong persons age 55 or 60 would have also lived through the war, displacement, and resettlement in the United States. Furthermore, future studies should account for the cultural meaning of age since the roles a Hmong person takes on can signify their "older" status in the community. For instance, some participants described being an older person in their family once they became grandparents.

Another limitation was the lack of a direct translation in the Hmong language for the concept of loneliness. In the Hmong language, the word loneliness can be

interchangeably understood as depression or sadness. As two distinct but correlated phenomenon, loneliness and depression is often explored and examined side by side in research as well. It is plausible that participants may have described experiences of depression rather than experiences of loneliness since these two phenomena typically accompany one another. To address this limitation, the researcher used two focus groups to identify a clear description of the concept. In addition to the two focus groups, the researcher consulted with several Hmong community members and a dissertation committee member (Dr. Serge Lee) to further refine the explanation of loneliness.

In addition, the transcription of the recorded interviews into English for analysis may have resulted in the loss of cultural meanings. Participants used phrases and proverbs throughout their narratives intended to emphasize specific emotions and life events. To ensure accuracy with translation, this researcher transcribed all recorded interviews into English and reviewed the transcripts with the recordings alongside two bilingual Hmong community members. Researchers can address this issue in future studies by working with bilingual researchers or coders to analyze the data in the original language

Finally, the researcher's personal experience and knowledge of the community was a support and benefit to the study but may have biased aspects of the study. The position of the researcher provided a lens into the Hmong community that assisted with ensuring the study was conducted in a culturally-appropriate manner and helped generate a theory that was culturally-responsive to the historical and current experiences of Hmong older adults. Yet, preconceptions of loneliness may stem from their previous direct practice as a social worker in the community and being exposed to older adults

(including Hmong older adults) who experienced loneliness. However, steps were taken to minimize these biases. The researcher maintained memos from recruitment to analysis of the data to document thoughts, feelings, questions, and ideas. Memos further helped the researcher acknowledge and sideline preconceptions about the phenomenon. Moreover, using member checking with participants provided an opportunity to validate the model developed from the participant narratives. This process ensured that participant voices were still prominent after interpretation from the researcher.

Conclusion

This study is the first to explore how loneliness is experienced by Hmong older adults, an ethnic group that has remained largely understudied in research. A conceptual model applying an intersectionality lens emerged from the narratives of Hmong older adults to demonstrate the process of loneliness, intersectional identities, influencing factors, and coping mechanisms in the social, political, psychological, and cultural context of premigration, displacement, and postmigration experiences. The findings supported existing literature on the conceptualization of loneliness by highlighting the importance of an intersectional identity, physical and emotional representations of loneliness, and intensity of loneliness experiences. The emotional well-being of Hmong older adults also did not essentially follow a path to improvement as they migrated out of Laos to their host country. Instead, Hmong older adults reported various oppressive and discriminatory experiences in the postmigration phase that appeared to exacerbate past traumas and hinder adjustment. In addition, coping mechanisms employed by Hmong older adults in this study highlighted the resilience of this aging population. However, their narratives underscored the lack of culturally-relevant policies and programs to

support and address their persistent loneliness and emotional distress. As the number of refugees and displaced populations increase worldwide (UNHCR, 2018), it is crucial to examine the mental health of longstanding refugees, such as Hmong older adults, over time to discover how host countries can best support newly arrived refugees. Learning from their experiences will be essential to the successful short-term resettlement and long-term integration of future refugees.

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APPENDIX A

CONSENT FORM

Loneliness Experience Study

Consent to Participate as a Research Subject

You are being asked to take part in a research study of how Hmong older adults experience loneliness. We are asking you to take part because you signed up for this study with the researcher and met the criteria after screening. Please read this form and ask any questions you may have before agreeing to take part in the study.

What the study is about: The purpose of this research is to learn how community-dwelling Hmong older adults experience loneliness. You must be at least 65 years old with no cognitive impairment and residing in Sacramento or Fresno, California to take part in this study.

What we will ask you to do: If you agree to be in this study, we will conduct an interview with you and assist you to complete a demographic survey. The interview will include questions about your experience of loneliness. We will also ask you to draw a picture of loneliness and ask you a question about the drawing. The interview will take about two hours to complete and the interviewer may request for a second interview if necessary. We will also be tape-recording the interview.

Risks and benefits: There is the risk that you may find some of the questions about your loneliness to be sensitive.

You may receive no direct benefits from being part of this study. Sharing your experiences of loneliness with the researcher may be therapeutic and help you process your experiences. Participating in this study may also be beneficial with the understanding that the results of this study may be used to help develop programs and services to support other community-dwelling older adults.

Compensation: In appreciation of your time, you will be compensated with a $20 Amazon gift card after the completion of the two-hour interview session.

Your answers will be confidential. The records of this study will be kept private. In any sort of report we make public we will not include any information that will make it possible to identify you. Research records will be stored in a password protected laptop and documents will be kept in a locked file; only the researcher will have access to the records. The tape-recorded interview will be destroyed after it has been transcribed, which we anticipate will be within two months of its taping. The researcher will be collecting some identifying information including name and the last four digits of your

phone number to link participants from the first interview to the second interview if necessary.

Taking part is voluntary: Taking part in this study is completely voluntary. You may skip any questions that you do not want to answer. If you decide to take part, you are free to withdraw at any time without any negative outcomes.

If you have questions: If you have any questions or concerns, you can contact the researcher at her email address Cindy.Vang@asu.edu or her phone number (916) 768-4886. In case you have questions about this study, you can contact the researcher's advisor, Dr. Robin Bonifas at (602) 496-0075, or email her at Robin.Bonifas@asu.edu. For supportive services, you may contact Sacramento County Mental Health Access Team at (916) 875-1055 and the Sacramento Community Support Team at (916) 874-6015 or the Fresno Center for New Americans at (559) 255-8395 and Fresno Interdenominational Refugee Ministries at (559) 487-1500.

You will be given a copy of this form to keep for your records.

Statement of Consent: I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Your Signature _____ Date _____

Your Name (printed)

_____

APPENDIX B

DEMOGRAPHIC QUESTIONNAIRE

Participant Pseudonym: **_____**

The researcher will assist you with the completion of this short survey:

1. Age: _____ years

2. Gender:

- ☐ Male
- ☐ Female
- ☐ Other (please specify):
  _____

3. How many years have you lived in the U.S.? _____ years

4. How many years have you lived in the State of California? _____ years

5. Do you speak English?

- ☐ No
- ☐ Yes

5B. If yes, how well do you speak English?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent

6. Marital Status:

- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married
- ☐ Other (please specify):_____

7. How many children do you have? _____

8. What best describes your current living situation?

- ☐ Apartment
  - ☐ Alone
  - ☐ With spouse

- ☐ With spouse and children
- ☐ With children
- ☐ Multigenerational household
- ☐ With relatives
- ☐ Other (please specify):_____

☐ House

- ☐ Alone
- ☐ With spouse
- ☐ With spouse and children
- ☐ With children
- ☐ Multigenerational household
- ☐ With relatives
- ☐ Other (please specify):_____

9. How many people live in your household? _____

10. Religion:

- ☐ Shamanism
- ☐ Christianity
- ☐ Buddhism
- ☐ Atheism
- ☐ Other (please specify):_____

11. What is the highest education level that you have completed?

- ☐ No education
- ☐ Elementary education
- ☐ Some high school
- ☐ High school degree (or GED)
- ☐ Trade school
- ☐ Some college
- ☐ College degree (e.g., B.A., B.S.)
- ☐ Advanced degree (e.g., M.A., Ph.D.)

12. What is your personal annual income?

- ☐ $9,000 or less
- ☐ $10,000 to $19,000
- ☐ $20,000 to $29,000
- ☐ $30,000 to $39,000
- ☐ $40,000 to $49,000
- ☐ $50,000 or more

APPENDIX C

INTERVIEW GUIDE

1. In your own words, what is loneliness?
Siv koj lus, kev kho siab rau qhov yus ib leeg xwb yog dab tsi?

2. When you are lonely, how do you feel? (Note these feeling words)
Thaum koj muaj kev kho siab rau qhov yus ib leeg xwb, koj xav li cas?

3. If you are comfortable doing this, please draw a picture of _____ (their feeling words for loneliness).
Yog tias koj txaus siab ua, thov kos ib daim duab txog _____ (their feeling words for loneliness).

4. Please tell me about this drawing.
Thov qhia kuv txog daim duab no.

[Now, please tell me about your experiences of loneliness in these four phases of your life: life in Laos, during life in the refugee camp, during resettlement to the United States, and recently.]
[Tam sim no, thov qhia kuv txog koj txoj kev kho siab los ntawm plaub lub sijhawm nyob hauv koj lub neej: thaum tseem nyob nplog teb, thaum nyob yeej thoj nam tawg rog, thaum tuaj nyob teb chaws meskas, thiab tam sim no.]

5. Please describe a time when you felt _____ (their feeling words for loneliness) during life in Laos.
Thov piav qhia txog ib lub sijhawm thaum koj muaj _____ (their feeling words for loneliness) thaum koj tseem nyob nplog teb.

Probe: Where were you?
Koj nyob qhov twg?
Probe: Who was around?
Leej twg nyob ib ncig ntawm koj thaum ntawv?
Probe: What were you doing?
Koj ua dab tsi thaum ntawv?
Probe: Did you talk to anyone?
Koj puas nrog leej twg tham?
Probe: Did anyone talk to you?
Puas muaj leej twg nrog koj tham?
Probe: What was going on in your life at the time?
Lub sijhawm ntawd puas muaj dab tsi tshwm sim hauv koj lub neej?
Probe: What did you do about this?
Koj tau ua dab tsi txog qhov no?
Probe: How did you get over feeling _____ (their feeling words for loneliness)?
Koj tau ua dab tsi thiaj tsis xav _____ (their feeling words for loneliness)?
Probe: Who helped you?
Leej twg pab koj?

Probe: What did they do?
Lawv tau ua dab tsi?
Probe: When did this happen?
Qhov no tshwm sim thaum twg?
Probe: Where did this happen?
Tshwm sim qhov twg?

6. Describe a time when you felt _____ (their feeling words for loneliness) while living at the refugee camp in Thailand.
Thov piav qhia txog ib lub sijhawm thaum koj muaj _____ (their feeling words for loneliness) thaum nyob yeej thoj nam tawg rog.

Probe: Where were you?
Koj nyob qhov twg?
Probe: Who was around?
Leej twg nyob ib ncig ntawm koj thaum ntawv?
Probe: What were you doing?
Koj ua dab tsi thaum ntawv?
Probe: Did you talk to anyone?
Koj puas nrog leej twg tham?
Probe: Did anyone talk to you?
Puas muaj leej twg nrog koj tham?
Probe: What was going on in your life at the time?
Lub sijhawm ntawd puas muaj dab tsi tshwm sim hauv koj lub neej?
Probe: What did you do about this?
Koj tau ua dab tsi txog qhov no?
Probe: How did you get over feeling _____ (their feeling words for loneliness)?
Koj tau ua dab tsi thiab tsis xav _____ (their feeling words for loneliness)?
Probe: Who helped you?
Leej twg pab koj?
Probe: What did they do?
Lawv tau ua dab tsi?
Probe: When did this happen?
Qhov no tshwm sim thaum twg?
Probe: Where did this happen?
Tshwm sim qhov twg?

7. Describe a time when you felt _____ (their feeling words for loneliness) during the resettlement to the United States.
Thov piav qhia txog ib lub sijhawm thaum koj muaj _____ (their feeling words for loneliness) thaum tuaj nyob teb chaws meskas.

Probe: Where were you?
Koj nyob qhov twg?
Probe: Who was around?

Leej twg nyob ib ncig ntawm koj thaum ntawv?

Probe: What were you doing?
Koj ua dab tsi thaum ntawv?

Probe: Did you talk to anyone?
Koj puas nrog leej twg tham?

Probe: Did anyone talk to you?
Puas muaj leej twg nrog koj tham?

Probe: What was going on in your life at the time?
Lub sijhawm ntawd puas muaj dab tsi tshwm sim hauv koj lub neej?

Probe: What did you do about this?
Koj tau ua dab tsi txog qhov no?

Probe: How did you get over feeling _____ (their feeling words for loneliness)?
Koj tau ua dab tsi thiab tsis xav _____ (their feeling words for loneliness)?

Probe: Who helped you?
Leej twg pab koj?

Probe: What did they do?
Lawv tau ua dab tsi?

Probe: When did this happen?
Qhov no tshwm sim thaum twg?

Probe: Where did this happen?
Tshwm sim qhov twg?

8. Describe a time when you felt _____ (their feeling words for loneliness) recently.
Thov piav qhia txog ib lub sijhawm thaum koj muaj _____ (their feeling words for loneliness) tam sim no.

Probe: Where were you?
Koj nyob qhov twg?

Probe: Who was around?
Leej twg nyob ib ncig ntawm koj thaum ntawv?

Probe: What were you doing?
Koj ua dab tsi thaum ntawv?

Probe: Did you talk to anyone?
Koj puas nrog leej twg tham?

Probe: Did anyone talk to you?
Puas muaj leej twg nrog koj tham?

Probe: What was going on in your life at the time?
Lub sijhawm ntawd puas muaj dab tsi tshwm sim hauv koj lub neej?

Probe: What did you do about this?
Koj tau ua dab tsi txog qhov no?

Probe: How did you get over feeling _____ (their feeling words for loneliness)?

Koj tau ua dab tsi thiab tsis xav _____ (their feeling words for loneliness)?

Probe: Who is the first person you share your feeling of _____ (their feeling words for loneliness) with?

Leej twg yog thawj tus neeg uas koj tau qhia txog koj txoj kev _____ (their feeling words for loneliness) nrog?

Probe: How did they respond?

Lawv tau teb li cas?

Probe: When did this happen?

Qhov no tshwm sim thaum twg?

Probe: Where did this happen?

Tshwm sim qhov twg?

9. If you notice that an older Hmong person is _____ (their feeling words for loneliness), what advice would you give that person?
Yog tias koj pom muaj ib tug Hmoob laus _____ (their feeling words for loneliness), koj yuav muab tswv yim dab tsi rau tus neeg ntawd?

10. Is there anything else you would like to add about your experience of feeling _____ (their feeling words for loneliness)?
Puas muaj lwm yam ntxiv ua koj xav hais txog koj txoj _____ (their feeling words for loneliness)?