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**BATTLING SOLITUDE: THE EXPERIENCE OF LONELINESS AMONG
HONG KONG CHINESE IMMIGRANT YOUTH**

by

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**A thesis submitted in conformity with the requirements for the degree of Doctor of
Philosophy, Graduate Department of Public Health Sciences**

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Abstract

This study examined the experience of loneliness among Hong Kong Chinese immigrant youth with the purpose of uncovering the influence of culture on the choice of coping strategies. From a health promotion perspective, understanding how loneliness is perceived and finding ways to effectively cope with it is crucial in the prevention of negative health outcomes. The study used a qualitative research design to examine the loneliness experience of 17 Hong Kong Chinese immigrant youth who had been living in Canada for at least one year.

The study found that the experience of loneliness consisted of four interrelated components: antecedents, interpretations, coping strategies, and outcomes. These four components are intricately related to the adaptation process. The antecedents to the experience of loneliness signify the obstacles encountered in the adaptation process. The interpretations are reflective of their feelings during the adaptation process. The coping strategies are actions taken to facilitate the adaptation process and diminish negative feelings. The outcomes are indicative of the overall health status of the individual. The degree to which participants had adapted to life in Canada appeared to be related to their engagement in active versus passive coping strategies. Specifically, youth who interpreted their experience of loneliness positively were able to draw on more active coping strategies, which signalled greater advancements in the adaptation process. Conversely, use of passive coping strategies signalled a lack of progress. Results also suggested that Hong Kong Chinese youth may be at "triple jeopardy" for negative health outcomes when they first arrive in Canada. This is because they have not yet established strong social networks and are more likely to experience culture shock and engage in passive coping strategies. Developing and implementing interventions at this early stage would promote the use of active coping strategies, thereby preventing Chinese immigrant youth from getting into the negative feedback loop of passive coping strategies and negative health outcomes.

Overall, findings from this study demonstrate that loneliness is a dynamic experience. This represents a departure from previous research on loneliness, which has tended to be more reactive in nature. Instead of perceiving individuals as reacting defensively to the causes of loneliness, where loneliness is predefined as a negative experience, individuals are actively involved in interpreting their experiences and selecting coping strategies. By showing the interrelationships among the four components of the loneliness experience, the framework presented in this study can help individuals make informed decisions that will ultimately minimize negative health outcomes and promote positive growth development.

Achieving a state of physical, mental, and social well-being depends on individual efforts as well as the broader social and environmental context. To prevent negative health outcomes associated with loneliness for Hong Kong Chinese immigrant youth, it is crucial that social conditions foster a sense of acceptance towards life in Canada so that they are motivated to use active coping strategies. By ensuring that the broader social context facilitates the natural process of self-determination, Hong Kong Chinese immigrant youth will have the resources to overcome their predisposition towards passive coping strategies and will lead healthier and more fulfilling lives.

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This thesis is dedicated to my parents

Maureen and Moses

Who gave me life and the freedom to dream!

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*Ah Loneliness,
How would I know
Who I am
Without you?*

Emma LaRocque

*Writing the circle:
Native Women of Western Canada*

Chapter 1

Introduction

1.1 The Experience of Loneliness

Loneliness is virtually experienced by every individual. People experience loneliness regardless of their age, gender, culture, socioeconomic status, or geographical location. Loneliness is a subjective feeling that is almost always experienced as distressing. Prolonged exposure to loneliness is related to conditions such as depression and anxiety (e.g. Brage, Campbell-Grossman, & Dunkel, 1995; DeBerard & Kleinknecht, 1995; Ginter, Lufi, & Dwinell, 1996). Since most individuals are likely to experience loneliness during their lifetime, it is important to examine coping strategies that could prevent the experience from developing into a significant health problem.

Finding ways to effectively cope with the experience of loneliness, by promoting wellness and preventing negative health outcomes, falls within the purview of health promotion:

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. (World Health Organization, 1986, p.426).

A health promotion perspective emphasizes the importance of introducing strategies to help individuals effectively cope with the experience of loneliness. This could minimize

negative health consequences and promote a general sense of well-being. The five interdependent health promotion actions outlined in the Ottawa Charter--building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and re-orienting health service--are components of a comprehensive framework for actions that prevent the negative health outcomes associated with loneliness (World Health Organization, 1986). They encompass activities at the community and population levels as well as at the individual level. One of the first steps that must be taken to carry out these actions at the community and population levels is understanding how loneliness is perceived by the target population and the specific health care needs that are associated with the experience. At the individual level, in order to develop personal skills that promote a sense of well-being, it is necessary to understand the individual's subjective experience of loneliness.

There is no one definition of loneliness agreeable to all. For example, Sullivan (1953) defined loneliness as "the exceedingly unpleasant and driving experience connected with inadequate discharge of the need for human intimacy, for interpersonal intimacy" (p. 290). According to Weiss (1973), "Loneliness is caused not by being alone but by being without some definite needed relationships or set of relationships" (p. 17). Perlman and Peplau (1984) defined loneliness as "the unpleasant experience that occurs when a person's network of social relationships is significantly deficient in either quantity or quality" (p.15). The common theme in each of these definitions, however, is that loneliness is a subjective experience that is unpleasant and distressing and that usually results from perceived deficiencies in the person's social relationships (e.g., West, Kellner, & Moore-West, 1986).

Even though loneliness is a universal experience, it has unique manifestations across various sub-populations. Research has shown that loneliness differs by age (e.g., Feldman, 1987) and is most prevalent among adolescents (Brennan, 1982; Bulka, 1984). Moreover, Rokach and Brock (1997a) suggest that the experience of loneliness differs across cultures. One way to investigate this is to examine the perception of loneliness among immigrants. Most immigrants come from a culture that is distinct from the dominant culture, making them a rich source of information regarding the cultural influence on the loneliness experience. It is also reasonable to assume that immigrants are more vulnerable to the experience of loneliness compared to other groups, since they have had to uproot the social ties they established in their native countries. They may be more susceptible to social isolation because they have very few friends and relatives in the new country, do not speak the dominant language, and are unfamiliar with the new environment. Finally, their access to health care could be impeded by language and cultural barriers, making them more vulnerable to the negative health outcomes associated with loneliness.

Despite their increased risk for loneliness and its related health implications, no Canadian studies have investigated the experience of loneliness among immigrants. In light of the high prevalence of loneliness among adolescents and the dearth of research exploring the phenomenon among immigrant populations, a realistic starting point is to investigate the experience of loneliness among immigrant youth.

To summarize, loneliness is a condition that impedes an individual's overall health and well-being. From a health promotion perspective, understanding how loneliness is perceived and finding ways to effectively cope with it are crucial in the

prevention of negative health outcomes. Previous research has not investigated the impact of culture on the experience of loneliness or how loneliness is perceived by immigrant youth. The present study attempts to fill these gaps in the literature.

1.2 Purpose and Significance of the Study

The purpose of this study is to investigate how immigrant youth from a particular cultural background, namely Chinese, perceive and respond to the experience of loneliness. The study will focus on Chinese immigrant youth from Hong Kong because this population represents the largest visible minority group in Canada (Citizenship and Immigration Canada, 1999). Chinese immigration has been growing steadily since the 1960s. From 1987 to 1996, Hong Kong was the top ranking source of landed immigrants in Canada (Citizenship and Immigration Canada, 1999). Among the 29,966 immigrants who entered Canada from Hong Kong in 1996, 28% were under the age of 20, of which 24% were between 15 and 19 years of age. Despite this steady increase in the number of Chinese immigrant youth, little is known about their immigration experience, their resettlement process, or their experiences of and responses to loneliness.

For Chinese immigrant youth who are adapting to life in Canada, the process of identity formation is confounded by the fact that they are negotiating their membership in two cultures that have different features: The Chinese culture, in which collectivism is a defining characteristic, and the Anglo Western culture, in which individualism is a defining characteristic. Thus, a crucial issue for the development of immigrant youth is the extent to which a satisfying and satisfactory sense of their own ethnicity can be combined with a broader and more complete sense of identity (Rosenthal & Feldman,

1996). With the demands of the identity formation and acculturation processes, there is reason to believe that immigrant youth are at higher risk for loneliness than are adolescents in the general population.

This study relies on a qualitative research design, since this form of analysis focuses on the meaning and interpretation of a particular phenomenon or experience. Because loneliness is a natural and integral part of human existence, a phenomenological approach will be used to facilitate the investigation of how culture influences the interpreted meaning of loneliness and, subsequently, how this meaning affects responses to loneliness.

On a community and population level, this study aims to make a significant contribution because it will provide a picture of the recent experience of loneliness among Chinese immigrant youth in Toronto as well as information on the health care needs of this population. It is hoped that the findings from this study will lead to the development of strategies for early detection and prevention of negative health consequences among immigrant youth who experience loneliness and the design of culturally sensitive interventions. Findings from this study may help health care practitioners, community service workers, counsellors, and teachers to identify and manage social and emotional problems of immigrant youth. On an individual level, this study will identify effective coping strategies that can be used among Chinese immigrant youth in dealing with the experience of loneliness. Such information is essential for the development of personal skills that will minimize the harmful health consequences associated with loneliness.

1.3 Research Questions

The following research questions emerged as the present study progressed:

- 1) How do Chinese immigrant youth interpret their experience of loneliness?
- 2) How do Chinese immigrant youth cope with their experience of loneliness?
- 3) What are the outcomes of the experience of loneliness among Chinese immigrant youth?
- 4) In what ways is the experience of loneliness a health issue for Chinese immigrant youth?
- 5) How can the negative health outcomes associated with loneliness be prevented?

1.4 Organization of the Thesis

Chapter 2 reviews previous literature on loneliness. It begins by surveying the different approaches used in the study of loneliness and then identifies and describes the framework selected in the present study. This chapter also critiques literature on loneliness among immigrants and loneliness among adolescents. Chapter 3 outlines the qualitative methodology used for this study. The rationale for the employment of a phenomenological approach is explained and the procedures used for data analysis are presented. In chapter 4, a profile of each participant is given, including their age, family arrangement, and the number of years they have resided in Canada. The chapter also features the general impressions of the interviewer at the time of the interview.

The results of the study are presented in chapters 5 to 8. Chapter 5 focuses on the antecedents to the experience of loneliness and chapter 6, on the interpretation of the experience of loneliness. Chapter 7 describes the strategies used to cope with loneliness and chapter 8 depicts the outcomes of the loneliness experience.

The discussion is presented in chapter 9. An integrative model is developed to relate the findings from this study to existing research. The impact of culture on the antecedents and interpretation of loneliness and the choice of coping strategies are discussed in chapter 10. Finally, chapter 11 outlines recommendations for health promotion actions following the framework of the Ottawa Charter (World Health Organization, 1986), discusses the limitations of the present study, and provides suggestions for future research.

Chapter 2

Literature Review

2.1 Approaches to the Study of Loneliness

Loneliness is a subjective feeling that is almost always experienced as painful and distressing. Little is known about how individuals interpret, respond to, and cope with their experience of loneliness. Nevertheless, definitions focusing on the causes of loneliness are profuse. As Weiss (1987) pointed out, definitions of loneliness are like “mini theories” in that the phenomenon is identified with an explanation of its causes and effects.

The following section will present an overview of the different approaches to the study of loneliness, highlighting the definitions used by each and the theory that supports them. A summary of the work by researchers represented in each approach will also be provided. The theoretical approaches include psychodynamic, existential, phenomenological, interactionist, phenomenological behavioural, cognitive, and multidimensional. This is not meant to be an exhaustive list of all the approaches that have been used to study loneliness; rather it represents those that are more commonly cited in the literature. For organizational purposes, the term frequently used in the literature to classify each approach has been retained.

Psychodynamic. The psychodynamic approach attributes loneliness to early childhood influences and emphasizes inherent human needs for intimacy. According to this approach, therefore, loneliness is caused by a lack of interpersonal intimacy. Sullivan (1953) defined loneliness as “the exceedingly unpleasant and driving experience connected with an inadequate discharge of the need for human intimacy, for

interpersonal intimacy" (p.290). Consistent with this perspective, Fromm-Reichmann (1959) stated that "the longing for interpersonal intimacy stays with every human being from infancy throughout life; and there is no human being not threatened by its loss" (p.3). She further argued that the unmet need for interpersonal intimacy results in the kind of loneliness that "shows in, or leads ultimately to, the development of psychotic states" (p.3). Indeed, theorists working under the psychodynamic approach tend to regard loneliness as a psychiatric problem that requires clinical treatment.

Existential. In contrast to the psychodynamic approach, the existential approach regards loneliness as a fact of life rather than a pathological experience. Moustakas (1961) approached loneliness from a more individualistic, self-oriented, and existential perspective. He argued that the loneliness of modern life may be considered in two ways: The existential loneliness which is inevitably a part of human experience, and the loneliness of self-alienation and self-rejection which is not loneliness at all but a vague and disturbing anxiety" (Moustakas, 1961, p.24). He defined existential loneliness as "an intrinsic and organic reality of human life in which there is both pain and triumphant creation emerging out of long periods of desolation" (Moustakas, 1961, p.24).

Despite the negative feelings associated with loneliness, Moustakas (1961) maintained that existential loneliness might also bring growth, renewal of vitality, appreciation of love and life and creativity in one's daily existence. Loneliness anxiety, on the other hand, was the fear of being lonely. If unresolved, this could have an existentially negative impact on life and health, characterized by a hectic scheduling of activities in order to ensure constant business, thus defending against the terror of true

loneliness. According to the existential approach, loneliness is an inevitable experience of human existence that is to be coped with rather than treated or prevented.

Phenomenological. Similar to the existential approach, the phenomenological approach regards loneliness as a fact of life (Sadler & Johnson, 1980). For Sadler and Johnson (1980), "loneliness is felt strongly as a highly subjective, intensely personal, and often unique experience" (p.37). They defined loneliness as "an experience involving a total and often acute feeling that constitutes a distinct form of self-awareness signaling a break in the basic network of relational reality of self world" (Sadler & Johnson, 1980, p.39), thus recognizing both its affective and cognitive components. According to this definition, loneliness constitutes a distinct form of self-perception.

Instead of regarding it as a unidimensional experience, Sadler and Johnson (1980) developed a four-dimensional model to account for the complexity of the experience of loneliness, as well as to highlight the diversity of meanings that might be ascribed to it. They proposed that loneliness has four dimensions: cosmic, cultural, social, and interpersonal. Each dimension generates a different type of loneliness. Sadler and Johnson (1980) maintained that loneliness becomes increasingly intolerable when it afflicts a person in more than one dimension at the same time (i.e., it arises from more than one source).

For phenomenological theorists, the cosmic dimension of loneliness pertains to the individual's awareness of self in relation to the universe, in relation to some ultimate source or meaning or in relation to God. Whereas the cultural dimension of loneliness is the feeling of estrangement from the customs, beliefs and values according to which an

individual had been raised, and includes the kind of loneliness commonly experienced by immigrants. In the social dimension of loneliness, the individual perceives an undesirable break or termination in his or her network of social relationships, which leads to a confused sense of identity. In the interpersonal dimension of loneliness, the individual feels cut off from significant others and, in turn, from those who genuinely care for the individual.

While people seldom experience the cosmic, cultural, or social dimensions of loneliness, the interpersonal dimension of loneliness is experienced universally (Sadler & Johnson, 1980). In short, this type of loneliness is simply a fact of life, one that is not identified with any particular age, class, race, sex, interest group, culture, society or set of beliefs.

Interactionist. In addition to focusing on how factors within the individual lead to loneliness, as is the case with psychodynamic and existential theorists, the interactionist approach looks at the impact of situational factors (Weiss, 1973). Similar to the psychodynamic approach, Weiss (1973) emphasized the inherent human need for intimacy in his approach to loneliness research. However, rather than treating the experience of loneliness as a psychotic state, he viewed loneliness as a normal human reaction or "a response as natural--and as valuable--as hunger" (Weiss, 1982, p.77). For Weiss, loneliness was a warning that important psychological needs were unmet, just as hunger signalled the body's need for nourishment.

Weiss (1973) identified two types of loneliness, which differ in terms of their causes and affective manifestations. The first affective state, *emotional isolation*, was produced by the absence of an attachment figure, whereas the second, *social isolation*,

was produced by the absence of an accessible social network (Weiss, 1973). Emotional isolation was experienced typically as an aching emptiness and restless anxiety; social isolation tended to be experienced as a feeling of marginality and exclusion.

Weiss (1973) challenged the notion that the feeling of loneliness should be cherished and embraced because that would lead to denial of one's actual discomfort and self-delusion of the true effects of loneliness. Weiss (1973) recommended that, in order to deal with emotional or social isolation in the short term, individuals must learn to tolerate the natural loneliness they must feel and, in the long term, by re-establishing social networks that would help end the feeling of isolation. Thus, Weiss is one of the first researchers who stressed the importance of social skills in order to cope with the experience of loneliness.

Phenomenological Behavioural. Closely related to the interactionist approach is the phenomenological behavioural approach. The proponents of the phenomenological approach are Rubenstein and Shaver (1982a, 1982b), who emphasized the importance of both the mechanistic (behavioural) and the subjective (phenomenological) aspects of loneliness in their research. They conducted a nationwide survey on loneliness in the United States and concluded that loneliness is not an illness, but rather a "natural sign that we are lacking companionship, closeness, and a meaningful place in the world" (Rubenstein & Shaver, 1982a, p.3). They organized the results of their survey into feelings, reasons, and reactions to loneliness. The four feelings were desperation, impatient boredom, self-blame, and depression. They grouped the identified reasons for being lonely into five major categories: being unattached, needing friends, being

alone, forced isolation, and dislocation. They also pointed out the four possible reactions to loneliness: active solitude, sad passivity, social action, and distraction.

Rubenstein and Shaver (1982a, 1982b) believed that their results offered support for of Weiss's (1973) distinction between emotional and social isolation. Among the four feelings factors, desperation and impatient boredom were conceptually similar to emotional and social isolation; among the five reasons factors, being unattached and needing friends corresponded with emotional isolation and social isolation respectively. The two other feelings factors, self-blame and depression, did not correspond with Weiss's framework because they represented distinct types of loneliness vis-à-vis emotional and social isolation. Rubenstein and Shaver (1982a, 1982b) stated that self-blame and depression were associated with prolonged loneliness despite efforts to dispel it, and the consequence of this final feeling state was a set of behaviours that the authors referred to as sad passivity, which included crying, over-eating, drug use, and over-sleeping.

Rubenstein and Shaver (1982a, 1982b) argued that the five reasons factors showed that social forces, not individual shortcomings, were the ultimate cause of loneliness. For example, they maintained that being alone was a product of the prevalence of divorce; forced isolation was characteristic of a small minority of older respondents who, in previous eras, would probably have lived with family members; and dislocation a result of the high rate of mobility when people travel each year for business, education, and adventure.

Rubenstein and Shaver (1982a) successfully demonstrated that loneliness was a multi-factorial phenomenon that was associated with many feelings, brought about

because of many reasons, and resulting in different behaviours. However, the results of their study failed to clearly show that loneliness was caused by social forces rather than individual shortcomings. Loneliness is a subjective experience that may very well be triggered by social factors. However, whether individuals actually experience loneliness is contingent on how they perceive and interpret the situation, which is the focal point of the next approach.

Cognitive. Perlman and Peplau (1981, 1982, 1984) emphasized cognition as a mediating factor between the experience of loneliness and deficits in sociability. They defined loneliness as "the unpleasant feeling that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively" (Perlman & Peplau, 1981, p.31). According to this definition, loneliness is cognitively interpreted as a deficiency in the person's social relations and a phenomenon that is unpleasant and distressing.

While Perlman and Peplau (1982) pointed out that loneliness might sometimes reach pathological proportions, their primary concern was with normal ranges of loneliness experienced among the general population. They were proponents of attributional theory, which defined loneliness as a perceived discrepancy between one's desired and one's achieved level of social relations (Perlman & Peplau, 1982). In other words, the perceived causes of loneliness on the part of the lonely individual influenced not only the intensity of the experience but also the likelihood of the loneliness persisting over time.

Perlman and Peplau (1984) made an important distinction in their discussion of the causes of loneliness. They distinguished between predisposing factors that made

people vulnerable to loneliness, and precipitating events that triggered the onset of loneliness (Perlman & Peplau, 1984). The predisposing factors included the characteristics of the person, situational determinants, and cultural determinants, while precipitating events included any change in an individual's actual social relationships or needed or desired social relationships (Perlman & Peplau, 1984, pp. 23-25, 27). Loneliness was likely to occur as a result of a mismatch between one's desired or achieved level of contact. They further argued that the intensity of the loneliness response was mediated by intervening cognitive processes involving three important factors: attributions, social comparisons, and perception of personal control (Perlman & Peplau, 1984).

Perlman and Peplau's (1981, 1982, 1984) theoretical approach was more comprehensive than other researchers in the field as it took into account the role of cognition in the experience of loneliness. It related the cognitive interpretation of loneliness not only to personality and situational factors, but also to historical and current influences. However, one shortcoming of this approach is the danger of "blaming the victim," since the determining factor of whether an individual experiences loneliness is how the individual attributes the apparent discrepancy between the actual and the desired social relations. To overcome this limitation, there is a need to extend the understanding of loneliness beyond the framework of social relations deficiencies. An appropriate starting point would be to investigate loneliness from the perspective of the lonely, that is, what loneliness means to people themselves.

Multidimensional. Rokach (1988a, 1988b, 1989, 1990) described loneliness as a multidimensional experience that encompasses cognitive, emotional, and behavioural

manifestations. His approach to the study of loneliness is the most atheoretical among the studies reviewed since he did not use a theoretical orientation or preconceived categories in his analysis of the descriptions of loneliness. Rather, he focused on investigating "what is out there!" (Rokach, 1988a, pp. 532-533). He embarked on investigating the quality and the meaning of the loneliness experience by asking his subjects to describe their experiences of loneliness in relation to their thoughts, feelings, and coping strategies.

Based on a content analysis of 526 verbatim reports collected over a period of five years, Rokach (1988a, 1989, 1990) developed models describing the experience of loneliness, the antecedents of loneliness, and the coping strategies used to deal with loneliness. These models then formed the basis of a questionnaire designed to study the experience and causes of loneliness and the related coping strategies. This questionnaire was administered to 633 participants from the general population in Toronto (Rokach & Brock, 1996, 1997a, 1998). Five factors that described the various causes of loneliness were identified: personal inadequacies, developmental deficits, unfulfilling intimate relationships, relocation/significant separations, and social marginality (Rokach & Brock, 1996). Findings also suggested that the experience of loneliness had five distinguishable factors: emotional distress, social inadequacy and alienation, growth and discovery, interpersonal isolation, and self-alienation (Rokach & Brock, 1997a). Finally, six factors that describe the strategies used by individuals who have successfully coped with loneliness were identified: reflection and acceptance, self-development and understanding, social support network, distancing and denial, religion and faith, and increased activity (Rokach & Brock, 1998). Among these, distancing and

denial were deemed the least effective for coping with loneliness and helpful only on a temporary basis (Rokach, 1996).

Rokach and Brock (1996) concluded from their study that “loneliness appears to be a multidimensional phenomenon which encompasses certain cognitive, emotional and behavioural manifestations; it is unlikely, however, that either the experience of loneliness--or its causes--are the same for any two people” (p.7). Following from this proposition, they suggested that “loneliness is probably experienced differently in various cultures” (Rokach & Brock, 1998, p.124). Therefore, one of the study's limitations was that it did not examine the experience of loneliness and the subsequent coping strategies in a cultural context; although they proposed that the loneliness experienced by immigrants might differ from the general population (Rokach & Brock, 1997a).

In summary, other than the psychodynamic approach that regards loneliness as pathological, loneliness is considered to be a natural and universal human experience. All of the approaches acknowledge the distressing nature of loneliness and its impact on the well-being of the individual. Therefore, loneliness is a potentially harmful experience that is to be coped with rather than treated or eliminated. The different theoretical approaches to loneliness also reveal that culture is an important component of the loneliness experience. For example, the phenomenological approach identified culture as one of the four dimensions of the loneliness experience and the cognitive approach identified cultural determinants as one of the predisposing factors for the experience of loneliness. However, as Rokach and Brock (1997a) pointed out, little

research has investigated the influence of culture on the experience of loneliness and the subsequent coping strategies.

This study will focus specifically on investigating cultural influences on the experience of loneliness. The multidimensional approach used by Rokach (1988a, 1988b, 1989, 1990) will be applied as the framework for this study, as the cognitive, emotional and behavioural aspects of the loneliness experience will be explored. The goal of the study is to investigate what loneliness means to individuals from a particular cultural background and how this meaning guides the subsequent coping strategies used to minimize feelings of distress.

2.2 Loneliness among Immigrants

This section will describe the influence of culture on the experience of loneliness among immigrants. The difficulties encountered by immigrants during the immigration process and the possible health and behavioural outcomes will be discussed in relation to the experience of loneliness.

The role that culture plays in the experience of loneliness has been examined by Sadler and Johnson (1980). These authors identified culture as one of the four dimensions of loneliness (the others being cosmic, social, and interpersonal). According to Sadler and Johnson (1980), the cultural dimension of loneliness is especially well known among immigrants and is most often expressed as homesickness. Their work demonstrated that even when immigrants moved to another country with their entire families and in the company of close friends and associates, they still felt estranged from the customs, beliefs, and values of their native land. The authors also pointed out that cultural loneliness was particularly pronounced when members of minority groups

perceived that their ties to their own cultural heritage had been cut or when the dominant culture in which they live was either non-accepting of or hostile to their own. Furthermore, the cultural dimension of loneliness was an important element for youths who did not feel at home in their own culture. This cultural dimension of loneliness amplified the pain experienced by persons who were simultaneously experiencing an identity crisis.

There are many recollections of the experience of loneliness among immigrants in the literature. Statements such as being "a stranger in a strange land," or "an unknown person among unknown people" express the sense of lost identity and lack of belonging experienced among immigrants in Canada (Montero, 1977). Disman (1983), drew a parallel between the grieving experience of a widow(er) and an immigrant who grieves for the loss of a familiar culture and must now discover a new one. The unifying theme in both instances is loss--in the first case, loss of a person, in the second, loss of a country. Indeed, as Rokach (1988b) noted, loss was one of the most frequently cited causes of loneliness, whether loss of a loved one, of a familiar environment and way of life, strongly held values, or a meaningful path in life.

In their discussion of the antecedents of loneliness, Peplau and Perlman (1982) made a distinction between two different causes of loneliness: *predisposing factors* that make people vulnerable to loneliness, and *precipitating events* that trigger the onset of loneliness. While conceding that most sociological speculations about how cultural factors influence loneliness have not been subjected to empirical investigation, Perlman and Peplau (1984) included people who have moved recently among the groups of people who are prone to loneliness. Similarly, Rokach's (1989) *Multi-cluster Model of*

the antecedents of loneliness referred to variables such as social alienation, separation from loved ones, isolation from others, a feeling of non-belonging, uprooting, and abrupt or significant changes in one's world as causes of loneliness--all of which are relevant to the experience of immigrants. Finally, Berry, Kim, Minde, and Mok (1987) included cultural change as one of the five major categories of change experienced by immigrants in the acculturation process. Since loneliness is often brought about by major changes in people's lives, it is reasonable to conclude that loneliness is a substantial component of the immigrant experience.

In a report by the *Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees* (1988), children and youth were identified as a group with special mental health needs. According to the report, members of this group are in a state of *double jeopardy* because, while their risk for developing disorders is high, the chances of their needs being adequately met is low. Furthermore, in a review of literature dealing with immigrant mental health, Wood (1988) pointed out that adolescents and young adults are particularly vulnerable to the stresses of adaptation. They simultaneously face developmental demands and a maturational identity crisis as they have to deal with both new situational demands and a loss of cultural identity. Wood (1988) further noted that migration at the time of adolescence was linked with drug and alcohol abuse, delinquency, and depression. Two other studies on immigrant children noted that the inability to speak the language of the host country was associated with behavioural deviance (Marcos, 1982; Stevenson, Richman & Graham, 1985). As Hartog (1980) commented, the presence of a language barrier was often associated with feelings of being cut off and shut out. He further noted that loneliness

did not necessarily result from verbal and nonverbal barriers, but from the missed cues and rebuffs that so often arose from misinterpretation.

In summary, loneliness is often experienced by immigrants during their adaptation and resettlement process. The experience of immigrants provides valuable resource for understanding the role that culture plays in loneliness. Moreover, it is important to understand how immigrants respond to loneliness in order to identify effective coping strategies and minimize negative health outcomes associated with loneliness. The experience of immigrant youth warrants specific attention because this group is subjected to the stresses of immigration as well as identity formation, making them more susceptible to the negative effects of loneliness. As will be discussed in the next section, adolescence is also the developmental stage when loneliness is most frequently experienced.

2.3 Loneliness among Adolescents

Adolescence is a particularly significant life stage for examining loneliness since it is most pronounced during this period (Brennan, 1982; Bulka, 1984; Rubenstein & Shaver, 1982a). Loneliness is especially poignant during adolescence because it is when a person develops the ability to reflect intellectually about values and life choices. It is also a period where social expectations and physical growth push a person toward increased mastery and autonomy, away from childhood, and toward adulthood (Ostrov & Offer, 1980). Moreover, it is during this time that the fundamental process of identity formation occurs (Erikson, 1968). Without securing a sense of personal identity, adolescents may be at risk for experiencing psychological problems in later life (Kroger, 1989).

The following section will describe the factors that contribute to the experience of loneliness among adolescents generally, as well as how these factors interact with the immigration experience to place immigrant youth at heightened risk for loneliness. Some of the health outcomes associated with adolescent loneliness will also be discussed.

According to Brennan (1982), the factors that contribute to adolescent loneliness can be grouped into three categories: developmental changes, social structural factors, and personality characteristics.

Developmental changes. During adolescence, physical, social, cognitive, and emotional changes occur. There is a striving for a sense of personal autonomy and the abandonment of the self-concept of a child. Complex developmental changes during adolescence appear to increase a person's sense of isolation and need for affiliation. These changes not only introduce a sense of the ambiguity of future directions, they also disrupt the individual's sense of personal identity. Moreover, there is a reorganization of the attachment system since the parents are no longer the primary attachment figures. This change in the nature of the parental attachment bond has been identified as a critical predisposing factor for loneliness in adolescence (Weiss, 1973) and is accompanied by an increased emphasis on relationships with peers.

For immigrant youth, disruptions of any of these developmental changes may result in poor adaptation. In particular, their peer attachment system is often disrupted as a result of relocation to a new country and establishment of new friendships in an unfamiliar environment. Difficulty in forging new social networks may lead to the experience of loneliness among immigrant youth.

Social structural factors. Social structures and processes provide the context within which adolescent development takes place. The absence of satisfactory role models, the experience of social rejection or failure, and the exaggerated expectations of significant others all conspire to make the adolescent feel left out, inadequate, and isolated. Other factors, such as a poor parent-child relationship or a change in family structure (e.g., divorce) may also lead to the experience of loneliness in adolescents.

Although most adolescents have ample opportunity to form interpersonal relationships, the research literature suggests that a basic dissatisfaction with, rather than a reduced frequency or quantity of, social contacts may be closely associated with loneliness (e.g., Cutrona, 1982; Jones, 1981). Drawing from this assumption, Goswick and Jones (1982) studied the components of dissatisfaction leading to adolescent loneliness in 92 high school students (aged 15 to 17) and 192 college undergraduates (aged 17 to 20). In the high school sample, predictors of loneliness included alienation, a lack of social facility and social acceptance, feelings of inferiority, negative attitudes towards school, and a lack of social integration. Of these, all were peer-related, with the exception of negative school attitudes. However, since high school is the major social arena for adolescents, it can be assumed that their attitudes about high school are affected by the extent to which they feel they belong and are accepted by their fellow students. In the college sample, loneliness was negatively related to social facility, social regularity, perceived approval, and social involvement, and was positively related to alienation, parental disinterest, negative school attitudes, and feelings of inferiority. Goswick and Jones (1982) concluded that their results were consistent with other research as loneliness was accompanied by a variety of unpleasant feelings and

negative perceptions of self and developed as a consequence of disruptions in relationships with significant others. These authors further suggested that one of the primary causes of loneliness in adolescents and young adults is the relative lack of social skills.

In the case of immigrant youth, both the immigration experience and the adaptation process impact on adolescent development. With respect to immigrants from Hong Kong, it is a common practice for the man of the household to stay in Canada just long enough to establish a home base for his wife and children before returning to Hong Kong to work. This pattern has come to be known as the *astronaut syndrome* and has gained much attention both in Canada and Hong Kong (e.g., Skeldon, 1995). The amount of time spent travelling between countries in conjunction with the phonetic similarity between the words "space" and "missing wife" in Cantonese has given rise to the association of *spaceman* and *separated families*. Lack of a father figure or any other adult male role model in these immigrant families influences the psychological development of the children. Quite often older children feel an obligation to support the mother in running the household in the father's absence. In such cases, the collectivist demands characteristic of the Chinese culture, which encompass loyalty to the family and obedience to elders, compete with personal freedom and independence, which are more characteristic of Western individualism (e.g., Rosenthal & Feldman, 1996). Consequently, serious tensions may arise.

Personality characteristics. Personality traits may also contribute to the experience of loneliness among adolescents. Young people who are shy, self-centered, have poor social skills, low self-esteem, and who lack a clear goal in life, are more likely

to feel lonely (Brennan, 1982). Peplau and Perlman (1979) suggested that the likelihood of loneliness is increased by personality characteristics that undermine either the initiation, maintenance, or quality of relationships, such that the individual is led to adopt poor coping strategies in social situations. Moore and Schultz (1983) attempted to generate a comprehensive list of personality characteristics related to adolescent loneliness. Their results indicated that "loneliness is positively correlated with state anxiety, locus of control, depression, public self-consciousness, and social anxiety and negatively correlated with self-reported attractiveness, likability, happiness, and life satisfaction" (Moore & Schultz, 1983, p. 97). In addition, the authors found that loneliness is associated with a reluctance to take social risks. The results of their study indicated that lonely adolescents have many characteristics that could interfere with their ability to initiate contacts with others, including low social risk taking, low perceived likability, high social anxiety, and high public self-consciousness.

In a study by Rubenstein and Shaver (1982a), self-reported loneliness was highest among adolescents. These authors found a strong relationship between loneliness and psychosomatic symptoms such as headaches, poor appetite, and fatigue. These authors attempted to determine the relationship between loneliness and poor health using the *Downward Spiral* (p. 179), the vicious cycle of prolonged experience of loneliness and the feeling of depression. They used the descriptor, *Sad Passivity*, to describe the particular cluster of responses to loneliness that potentially are the most self-destructive to the health of the individual. These responses included sleeping, doing nothing, drinking, overeating, taking tranquilizers, and excessive watching of television. *Sad Passivity* was the critical component of the *Downward*

Spiral, which led from emotional and social isolation to depression and, eventually, to chronic loneliness and illness. According to this theory, the first phase of the *Downward Spiral* is the feeling of being socially and emotionally isolated. If individuals repeatedly try to escape loneliness but fail, they will become prone to self-blame, which, in turn, is followed by sad passivity, depression, and illness.

Loneliness was also found to be associated with anxiety (Russell, Peplau, & Cutrona, 1980) and aggressive tendencies (Sermat, 1980). Further evidence linking loneliness with social problems comes from the meta-analysis of large-scale surveys of American adolescents conducted by Brennan and Auslander (1979). They found that loneliness was associated with poor grades, expulsion from school, running away from home, and engaging in delinquent acts such as theft, gambling, and vandalism. Furthermore, depression was found to be one of the most common mental health problems associated with loneliness. In empirical studies using self-administered questionnaires, people who reported that they were lonely also tended to report feeling depressed (Perlman, Gerson, & Spinner, 1978; Russell, Peplau, & Ferguson, 1978). If left untreated, severe and persistent loneliness might lead to suicidal ideation (Roberts & Chen, 1995).

Mahon, Yarcheski, and Yarcheski (1993) attempted to postulate a causal model of the health consequences of loneliness in their study of 325 adolescents aged 12 to 21. They argued that the experience of loneliness among adolescents through their introspectiveness and their manifestation of symptom patterns had an indirect effect on their perceived health status. Results indicated that loneliness contributed to introspectiveness and that both introspectiveness and loneliness contributed to the

reporting of symptom patterns. Furthermore, because of the symptom patterns they experienced, lonely adolescents perceived their health status less positively than non-lonely adolescents.

A review of the literature on loneliness and adolescence reveals a general consensus that this is the stage of life when individuals are more susceptible to the experience of loneliness. However, Ostrov and Offer (1980) pointed out that adolescents may not necessarily be lonelier than people at other stages in life and that it is the universal issues that are confronted during adolescence that give adolescent loneliness its unique quality. Adolescence is a time when young people search for a concrete sense of identity: who they are and where they belong (e.g., Erikson, 1968). Several correlational studies (e.g., Brage & Meredith, 1994; Roberts & Chen, 1995) illustrated the possible negative outcomes of adolescent loneliness, both psychological and behavioural. However, what these studies failed to make clear is how the circumstances under which the developmental changes that occur during adolescence contribute to loneliness.

One of the questions that has yet to be explored is the extent to which the meaning of loneliness, experienced by immigrant youth, can be ascribed to immigration on the one hand, and adolescence on the other. The present study challenges the notion that loneliness is a phenomenon that has similar manifestations among people at different life stages and cultural backgrounds. It argues that adolescents belonging to the Chinese culture may experience loneliness in a way that is different from the loneliness experienced by adolescents from North America. Existing literature has failed

to examine loneliness in relation to cultural differences. The present study attempts to fill this gap in the literature.

2.4 Summary

The experience of loneliness is a universal phenomenon. Every individual has either experienced or will experience loneliness. Further, loneliness is almost always experienced as painful and distressing. The experience of loneliness, however, is a subjective one and differs qualitatively from individual to individual.

Loneliness is often experienced by immigrants, although existing research has largely failed to examine possible cultural differences in the experience of loneliness among this population. As well, differences in the subjective quality of loneliness among immigrants from a specific cultural group have not been examined. Understanding differences in the subjective experience of loneliness within specific cultural groups is crucial for the development of culturally sensitive coping strategies that could be used in the early detection of loneliness among immigrants.

Compared to other stages of life, loneliness is more prevalent during adolescence (e.g., Brennan, 1982; Bulka, 1984). Self-reported loneliness is highest among adolescents (e.g., Blai, 1989; Rubenstein & Shaver, 1982a). Although it has been postulated that the disruption of identity formation during adolescence leads to the experience of loneliness (e.g., Erikson, 1968), the specific conditions under which this occurs remain unclear. The conditions under which changes in the developmental process during adolescence contribute to loneliness also remain unclear. Finally, immigrant youth are believed to be at heightened risk for loneliness since they experience the process of migration at the same time as they are undergoing identity

formation and encountering developmental changes relating to their passage from childhood to adulthood.

The present study attempts to contribute to the understanding of loneliness from the perspective of immigrants, specifically, the perspective of immigrant youth from Hong Kong.

Chapter 3

Methodology

This section will begin with a brief description of quantitative research methodologies, which have been used in the majority of loneliness research, and their limitations in relation to the purpose of the present study. This will be followed by an explanation of why the epistemological framework of phenomenology and a qualitative methodological approach were selected for use in the present research.

3.1 Research Paradigm

The existing research on loneliness has been limited by its largely quantitative methodological approach. Quantitative research views reality as objective, thus the researcher is on *the outside looking in*. The quantitative researcher uses deductive logic to test hypotheses and theories within a cause-and-effect order of analysis.

Accordingly, quantitative analyses may be appropriate for research attempting to determine the causes of loneliness, but is limited when it comes to understanding the lived experience of loneliness and the individual's response to it. As Stokes (1987) points out,

To understand the phenomenon of loneliness and its role in people's lives, I think we need to focus more on the in-depth analysis of loneliness of individuals. Understanding the real phenomenon like loneliness is unlikely to occur through the analysis of aggregate data collected from people trying to fit their experiences into the categories created by data collection instruments. Paper-and-pencil measures of loneliness and related phenomena are crude reflections of a feeling or experience. As much as

possible, we need to examine people's relationships and their feelings about those relationships, not just their responses to questionnaires that ask them to reflect on, to think about their experience in relationships.

(p.59).

To overcome this limitation, it is necessary to extend the understanding of loneliness beyond the framework of deficiencies in social relations. Rubenstein and Shaver (1982b) concluded, "it would be a mistake to restrict and quantify the study of loneliness prematurely, leaving potentially significant research avenues unexplored" (p.221). They further stated that "intensive interviews with dispositionally lonely people-- those who have experienced loneliness many times and know that they are uncommonly susceptible to it--reveal phenomena that cannot be measured or fully understood" (Rubenstein and Shaver, 1982b, p.221). This perspective points to the need for attention to be directed to what loneliness means to individuals themselves.

Since most of the research to date has shown that loneliness is a subjective experience that differs qualitatively among people, a more revealing vantage point from which to understand the subjective meaning of loneliness may be *from the inside looking out*. Schwartz and Jacobs (1979) stated that qualitative methods are best for gaining access to the subjective point of view or the phenomenological life world of individuals, including their motives, meanings, and emotions. In the process of conducting qualitative research, inductive logic is used to interpret contextually-based information (e.g., cultural background) that may reveal patterns to help explain the subjective experience.

Stokes (1987) commented that loneliness is a real phenomenon that can be “described but not clearly defined” (p.59). In order to understand what loneliness means to people, and the processes by which loneliness is developed and alleviated, Stokes (1987) suggested “direct observation” and “simple description” as valuable methods for generating knowledge (p.59). Therefore, to capture the true essence of the subjective processes that give meaning to loneliness, a phenomenological framework is indispensable.

The philosophical underpinning of phenomenology is the belief that what constitutes reality lies within. In other words, reality is personal and individual. From this perspective, facts need not be external to the individual; rather, the objective is to see what the individual sees. Consequently, studies using a phenomenological framework apply inductive logic, where categories emerge from informants rather than identified *a priori* by the researcher (Creswell, 1994).

3.2 Research Design

In line with the epistemological framework of phenomenology, a qualitative research design has been used in the present study. The approach begins with a simple question: What is the meaning of loneliness? As data collection progressed, a loosely formulated descriptive framework consisting of three components was developed (see Figure 1a). The central component of this framework is the meaning of loneliness, with the two others being antecedents and coping strategies. The focus of this framework is investigating the quality and meaning of loneliness, its preceding conditions, and possible coping strategies. Through the emergent data, the relationship between the meaning of loneliness, the antecedents, and the coping strategies will then

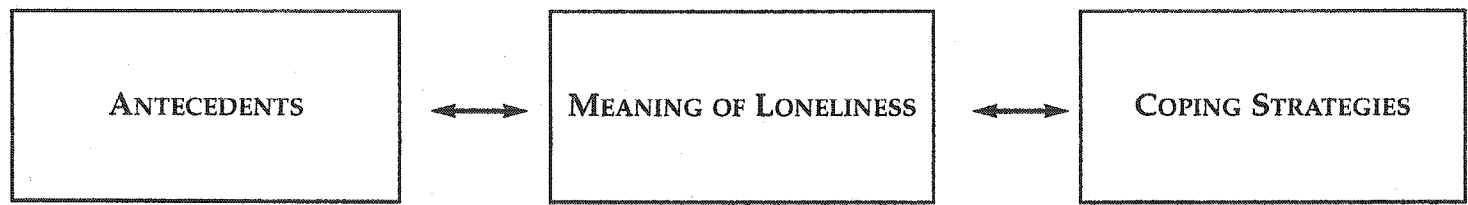


Figure 1a. PROPOSED FRAMEWORK FOR EXAMINING THE EXPERIENCE OF LONELINESS

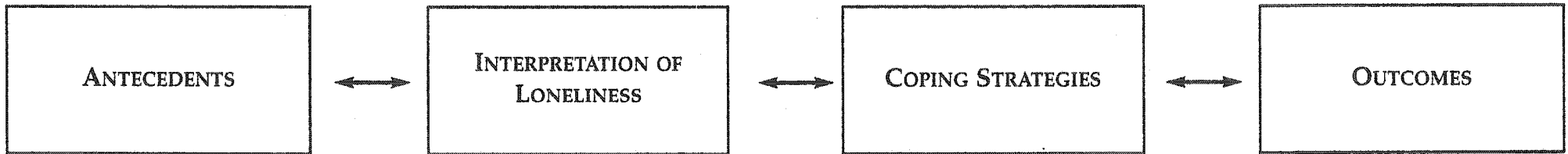


Figure 1b. MODIFIED FRAMEWORK FOR EXAMINING THE EXPERIENCE OF LONELINESS

be formulated. This design shared similarities with Rokach's (1988a, 1988b, 1989, 1990) multidimensional model, which consisted of the antecedents of loneliness, the experience of loneliness, and coping strategies associated with loneliness.

As data collection progressed, it became apparent that a fourth component, "outcomes," needed to be added to the framework, as depicted in Figure 1b. As well, the meaning of loneliness was modified to interpretation of loneliness in order to reflect the cognitive process of attributing meaning to an experience. Thus, the design incorporated three modifications to Rokach's (1988a, 1988b, 1989, 1990) approach. First, it focused on the process of interpreting the meaning of loneliness rather than on the description of the experience. Second, the present study added outcomes of loneliness to the list of components investigated. Third, rather than focusing on linear relationships, it examined interactions among the experience, antecedents, interpretation, coping strategies, and outcomes of loneliness. The final result of this methodological approach is the development of an ideographic body of knowledge in the form of working hypotheses to describe the meaning of the experience of loneliness among Chinese immigrant youth from Hong Kong.

3.3 Sample

Participants for this study were chosen on the basis of the following criteria: born in Hong Kong of Chinese extraction; between 15 and 19 years of age; enrolled in high school at the time of the interview (1997); and immigrated to Canada with their families at least one year prior to their participation in the study.

To provide a general framework for recruitment, especially in the absence of any clear or unified definition of age boundaries for the designation of "youth," the age

range of 15 to 19 was chosen in conformity with the adolescence designation of this group by Citizenship and Immigration Canada (1999). The decision to include immigrant youth attending high school rather than university was based on the assumption that university creates a new set of challenges that may add a dimension to the perception of loneliness that is beyond the scope of this study. The requirement that participants had to have lived in Canada for more than one year was based on the "U curve of adjustment," which postulates that the first six months after arrival is characterized by fascination, elation, and optimism (Lysgaard, 1955). Also, Oberg (1960) proposed that difficulties associated with cultural adaptation set in six to eighteen months after arrival. While no definite upper limit for residence in Canada was set, the study was confined to youth who still had a vivid memory of their former life in Hong Kong. The general demographic information about the participants is presented in Table 1.

Naturalistic sampling was used as a guide to justify the number of participants recruited for the study (Lincoln & Guba, 1985). This method of sampling is based on informational rather than statistical consideration, with the purpose being to maximize information gathering rather than to facilitate generalization. The sample was composed of 17 youth: 11 females and 6 males. The sample size was determined by the point at which information redundancy or saturation of analytic categories was reached, that is, until no new or relevant data seemed to emerge for a particular category (Lincoln & Guba, 1985; Strauss & Corbin, 1990).

Participant Number	Pseudonym	Age at the time of the interview	Grade at the time of the interview	Number of years resident in Canada at the time of the interview
1	Mary	15	10	1
2	Heather	17	12	5
3	Amy	18	13	8
4	Sam	16	11	5
5	Peter	18	13	1
6	May	16	11	4
7	Tom	16	11	2
8	Carol	19	13	3
9	Christine	19	13	3
10	Linda	19	13	1
11	Nancy	18	13	2
12	Robert	15	10	1
13	Winnie	17	12	3
14	Mark	18	12	4
15	Laura	18	13	3
16	Karen	19	13	1
17	Bill	16	11	1

TABLE 1 GENERAL DEMOGRAPHIC INFORMATION ABOUT THE PARTICIPANTS

The snowball technique, which refers to using "guides" or people who have access to prospective participants and who can introduce them to the researcher, was used for recruitment (Berg, 1998). In this case, members of the Youth Fellowship at the Toronto Chinese Methodist Church proved to be valuable guides as they assisted with the recruitment of appropriate candidates using the criteria for sample selection.

3.4 Ethical Considerations

The protocol for this study was submitted to and approved by the University of Toronto Human Subjects Ethical Review Committee. Participation in the study was on a voluntary basis. All participants were first given a verbal description of the study along with a written description for their reference (see Appendix A). They were told that they could refuse to answer questions they did not feel comfortable with and could request to have the interview terminated at any time. They were free to ask any questions regarding the study during the interview. The interviews were tape recorded, but the participants were also told that they could request that it be turned off at any point during the interview. Participants were assured that their actual names would be substituted by pseudonyms in order to maintain confidentiality and that the tape recorded interviews would be accessible to no one other than the researcher. All of the participants agreed to sign the consent form (see Appendix B).

3.5 Data Collection

Data were collected in three ways. Participants were first asked to think carefully about their perception of loneliness and to write the thoughts that came to mind in paragraphs, sentences, or point-form in either Chinese or English (see Appendix C). The purpose of the written description was to document participants' initial perception of

the experience of loneliness. These responses were used as probes for subsequent interviews. In-depth interviews with closed- and open-ended questions were then conducted to further explore the meaning of loneliness. The interviews, lasting approximately one hour, were conducted in Cantonese, the participants' native language. Ralston, Cunniff, and Gustafson (1995) demonstrated that the use of native language is necessary to retain valuable cultural information in the research process. Further, participants said that they felt more comfortable expressing their thoughts in Cantonese rather than in English. For the most part, participants were asked similar interview questions (see Appendix D), although some questions were varied as new themes and categories emerged during the study's progression. Third, participants were asked to read a narrative of a critical incident (Pedersen, 1995, p.14) describing the loneliness experience of an immigrant youth from Hong Kong (see Appendix E) and to answer some open-ended questions to describe their reactions.

Participants were asked to select the location where they wanted the interview to be conducted, which included their home or school cafeteria, a mutually-chosen restaurant, or an office at the University of Toronto. All participants remained in the interview to its completion and none expressed discomfort with the nature of the questions.

3.6 Data Analysis

Data analysis was carried out simultaneously with data collection. I translated the taped interviews into English and transcribed their contents into text. Transcribed texts were coded and analyzed using *Hyperqual2*, a computer program for qualitative analysis and theory development (Padilla, 1993). Transcription of interview data yielded

237 pages of written text including 17 pages of written descriptions of loneliness. Five participants responded to the written descriptions of loneliness in English, eleven responded in Chinese and one responded in both English and Chinese. Thirteen participants responded in point-form, while four used formal sentences and paragraphs. Data collected from the written description, in-depth interview, and response to the narrative were combined for each participant and analyzed together.

Qualitative content analysis was used to analyze the data. This method focuses on discovering regularities through identification of elements and concepts and to explore their connections (Tesch, 1990). In general, content analysis "is used to document and understand the communication of meaning, as well as to verify theoretical relationships" (Altheide, 1987, p.68). Data analysis began with the examination of a possible relationship between the meaning of loneliness, the antecedents of the experience, and the coping strategies. This framework was gradually and empirically modified using specific perceptions and interpretations from the participants, which resulted in the addition of the outcomes component.

Written descriptions, transcribed texts, and field notes were reviewed to identify significant statements pertaining to antecedents, interpretations, coping strategies, and outcomes associated with loneliness. The process of open coding was used to organize data into concepts (Strauss & Corbin, 1990). Data were coded using a combination of manifest content analysis, whereby elements that were physically present and countable were analyzed; and latent content analysis, whereby the analysis was extended to an interpretive reading of the symbolism underlying the physically presented data (Berg, 1998). These concepts were then compared to one another

using the constant comparative method (Glaser & Strauss, 1967). Concepts that appeared to pertain to a similar theme were grouped together.

The coding process was carried out following the framework outlined in Figure 1b. The four components of the framework – antecedents to the experience of loneliness, interpretations of the experience of loneliness, coping strategies for the experience of loneliness; and outcomes of the experience of loneliness – formed the four main categories under which the coding process was carried out. A description of the concepts that made up each of the four categories is listed in Table 2.

After the process of open coding produced a general relationship between the categories and their concepts, coding frames were used to reorganize the data by making connections between a category and its subcategories (Berg, 1998). Strauss and Corbin (1990) described this process as axial coding, where the focus is on specifying a category in terms of the conditions that gave rise to it; the context in which it was embedded; the action or interactional strategies by which it was handled, managed, or carried out; and the consequences of those strategies (Strauss & Corbin, 1990). These specifying features of a category give it precision and the categories which emerged from axial coding are given the prefix 'sub' (hence *subcategories*) to distinguish them from the categories that emerged from open coding.

The subcategories for each of the four categories and the relationship between these subcategories and the corresponding concepts are listed in Chapters 5 to 8.

The final step of the coding process was selective coding. In this process, the concepts, categories, and subcategories that emerged from the data were integrated into a descriptive narrative about the phenomenon of loneliness (Strauss & Corbin,

Categories

Concepts

ANTECEDENTS TO THE EXPERIENCE OF LONELINESS	INTERPRETATION OF THE EXPERIENCE OF LONELINESS	COPING STRATEGIES FOR THE EXPERIENCE OF LONELINESS	OUTCOMES OF THE EXPERIENCE OF LONELINESS
<p>Absence of friends from HK</p> <p>Absence of parents and family</p> <p>Difficulty communicating in English</p> <p>Difficulty comprehending the material being taught at school</p> <p>Decreased mobility</p> <p>Lack of social activities</p>	<p>A feeling of independence</p> <p>A feeling of neglect</p> <p>A feeling of not fitting in</p> <p>A feeling of aimlessness</p>	<p>Establishing a focus in life</p> <p>Reminiscence of life in Hong Kong</p> <p>Maintaining a Chinese identity</p> <p>Making new friends in Canada</p> <p>Maintaining contact with friends in Hong Kong</p> <p>Getting support from friends and family in Canada</p> <p>Sleep</p> <p>Stay Busy</p>	<p>A feeling of maturation</p> <p>Frequent Experience of Insomnia</p> <p>Persistent feeling of Tiredness</p> <p>Eating problems</p>

Table 2 DESCRIPTION OF THE CONCEPTS WHICH MADE UP EACH CATEGORY

1990). "Interpretations of the experience of loneliness" was selected as the core category and it was systematically related to the subsidiary categories; namely, antecedents to the experience of loneliness, coping strategies for the experience of loneliness, and outcomes of the experience of loneliness to develop the emergent model of this study. After the relationships between the core category and the subsidiary categories had been developed, the relationships were again validated against data and the categories checked to make sure no further refinement and development was necessary. The model that emerged from this study is presented in the discussion (Chapter 9).

3.7 Methodological Limitations

This study was based on a sample of 17 Hong Kong Chinese immigrant youth. While a sample of this size does allow for an in-depth understanding of the loneliness experience, it is not possible to generalize findings to the wider population of immigrant youth. As well, the study focused solely on the experience of loneliness among Hong Kong Chinese youth who reside in Toronto, Canada's largest metropolitan centre. With a relatively large Hong Kong Chinese community in Toronto, resources that could help new immigrants adapt and resettle are more readily available compared to other geographical areas in Canada that have a much smaller Hong Kong Chinese community. Therefore, the experience of loneliness among Chinese immigrant youth residing in regions without an established ethnic enclave may be different from those who have support from a well-established Chinese community. Finally, this study was limited to immigrant youth in the education system. As such, the population of Hong Kong Chinese immigrant youth who have joined the work force are not represented.

3.8 Potential Biases

Sampling. Most Chinese immigrants from Hong Kong who come to Canada as a family unit are middle or upper-middle class. In most cases, either one or both parents enjoyed stable and well-paid employment or owned a prosperous business in Hong Kong in order to provide sufficient income to sustain the family in the initial stages of settlement in Canada. Less affluent families, particularly those living closer to the poverty line, are less likely to consider migration because they cannot generate the necessary financial resources. Nor do they qualify for admission into Canada under the existing immigration laws that require demonstration of adequate means of support. Accordingly, this study reflects the experience of loneliness among Chinese immigrant youth who do not face poverty or financial restraint.

Translation. Bias might be introduced in the process of translating Cantonese text into English insofar as word-for-word translation from one language to another is sometimes imprecise, a common problem in any translation effort. For example, the English word "loneliness" can be translated as *ji mo*, which means the feeling that no companions are around; *gu du*, *gu dan*, or *gu ji*, which means the feeling of isolation and being alone. In this case the Chinese translations of "loneliness" are more discrete than the English connotation and the original meaning of the response may be altered by the choice of words used in the translation process. To minimize this bias, participants were consulted for a Chinese translation of the English word "loneliness." They agreed that it was difficult to translate "loneliness" accurately into Chinese and preferred to refer to "loneliness" in its English connotation during the interview. As it is common for Chinese youth from Hong Kong to include English words in a

predominantly Chinese conversation, the term "loneliness" was used in both English and Chinese conversation throughout the data collection process. To further minimize potential bias, translation of the interviews was done solely by the researcher and a systematic scheme for translating the data was developed as data collection progressed.

Researcher subjectivity. My own experience as an immigrant youth from Hong Kong may potentially influence the way I perceive responses from participants. I have tried to minimize the effects of this bias by being sensitive and respectful of responses not comparable to my own experiences. I have also attempted to understand responses that appeared to be similar to my own experiences from the participants' perspective. In other words, I made a concerted effort to avoid the tendency to interpret the data according to my preconceived notions about what I would expect from participants.

3.9 Trustworthiness of Results

Lincoln and Guba (1985) defined "trustworthiness" as the qualities of an investigation (and its findings) that make it noteworthy to the audience. These authors developed four criteria for measuring trustworthiness: credibility, transferability, dependability, and confirmability.

To ensure credibility, or the extent to which the findings were true to the experience of participants, the process of member checking was used (Creswell, 1994; Lincoln & Guba, 1985). Participants were consulted throughout data analysis to comment on the accuracy of emerging themes and categories. Participants were especially helpful with their feedback concerning the choice of English words to capture the nuances of their experiences. Further, the technique of peer debriefing, which

involves analytical discussion of the research findings with peers, was used to provide assurances of the fit between respondents' views of their experiences and the researcher's reconstruction and representation of these experiences.

Trustworthiness also involves transferability – the extent to which the findings are generalizable to others. An interview with a Hong Kong Chinese immigrant youth who met the sampling criteria but who was not part of the study group was conducted. The results of this interview were consistent with the other 17 interviews. Two additional interviews with Hong Kong Chinese immigrant youth enrolled in first year university were conducted to determine if differences exist in the experience of loneliness between high school and university students. The experience of loneliness for these two youth did indeed differ from those included in the study as isolation and alienation in university were identified as the antecedents.

Finally, the dependability and confirmability of this study were verified through regular audits performed by the researcher's supervisor, committee members, and colleagues, as well as by professional editors.

Chapter 4

Description of the Participants

The purpose of this chapter is to acquaint the reader with the participants and to provide a context for the quotations presented in Chapters 5 to 8. Information about their age, gender, the grade they were in at the time of the interview, and the number of years they have lived in Canada are summarized in Table 1.

Mary

I met Mary at a church youth group meeting. She immigrated to Canada with her family one year ago and resided in Toronto. She was 15-years old, the youngest of three children, and both her parents were employed. She was very quiet and seldom initiated a conversation. She suggested that I meet her at her family's restaurant for the interview. Although she told me that she was not the "talkative" type, she was very open to answering my questions.

At the time of the interview, her family had just moved into a new home and, as a result, she had had to change schools. This was the second school she attended since arriving in Canada. She disliked her new school and experienced difficulty communicating her concerns to the guidance counsellor. To ease the situation, she had tried to convince her father to let her go back to her old school.

Heather

Heather was an energetic and sociable 17-year old who was very active in arranging activities among her peers. She immigrated to Canada with her family five years ago and lived in Toronto with her mother and younger brother, while her father continued to work in Hong Kong. She travelled to Hong Kong to visit her father

whenever she had school holidays. She appeared to be independent and mature for her age. She spoke fluent English and had adjusted well to her school. She was willing to participate in this study and also referred several of her friends.

Amy

Amy, 18-years old, was Heather's friend and they both attend the same school. Even though Amy immigrated to Canada at age ten, approximately eight years ago, she felt that her roots were still in Hong Kong, which she missed a great deal. Amy lived in Toronto with her mother and older brother, while her father continued to work in Hong Kong. She revealed that since their arrival in Canada, the family had grown a lot closer. She was very out-spoken and valued her Chinese cultural heritage.

Sam

My first impression of Sam, 16-years old, was that of a very trendy teenager--he dressed in the latest fashions and carried a cellular phone. Sam immigrated to Canada with his family five years ago and resided in Toronto with his parents and younger sister. He appeared to be an outgoing and sociable teenager with many friends. Throughout our conversation, I realized that Sam had a clear set of goals as well as a strong sense of responsibility. He expressed his like for computers and hoped to develop his career in this field. In fact, he had already started a web-based company with some friends.

Peter

Peter was a strong and sturdy looking young 18-year old who, while soft-spoken, talked very openly throughout the interview. He immigrated to Canada with his father, stepmother, and two stepsisters one year before the study. However, at the time of the

interview, his father had returned to Hong Kong for work. His birth mother, who had divorced his father when Peter was in kindergarten, lived in England. This divorce made Peter feel somewhat inadequate. During his time in Canada, Peter grew to like his new country and considered Toronto his home.

May

May was a well-mannered 16-year old who immigrated to Canada with her family four years prior to the study. She lived in Toronto with her mother and older sister, while her father continued to work in Hong Kong. I conducted the interview at May's house, which was clean and well kept. She told me that her favourite hobby was putting together jigsaw puzzles, which she then used as decorations around her house. During the interview, she recounted the difficulties she had been experiencing while adjusting to life in Canada. Even though she felt relatively comfortable in Toronto, she still identified Hong Kong to be her true home. She planned to study pharmacy upon completion of high school.

Tom

Tom was a 16-year old who appeared to be an energetic teenager, a constant seeker of fun, thrills, and challenges. He immigrated to Canada with his family two years prior to the interview and had been living with his older sister in Toronto ever since. His parents went back to Hong Kong to work after helping Tom and his sister to get settled. At the time of the interview, Tom's sister was in Hong Kong visiting their parents for the summer; thus, Tom was the only member of his family in Toronto.

Carol

Carol, 19-years old, was a petite, friendly, and chic-looking. I interviewed her at the floral shop where she was working for the summer. Carol had come to Canada three years ago as a result of her parents' decision that the family should immigrate. Carol lived in Toronto with her three sisters and her grandmother. Her parents went back to work in Hong Kong after everyone settled down. Carol told me that she did not like her life in Canada and that she would be much happier in Hong Kong. However, she had learned to accept her life in Toronto and she was better adjusted. She had just been accepted into university and was staying in Toronto for the summer to prepare for her studies.

Christine

Christine, 19-years old, was Carol's younger fraternal twin sister. The interview was conducted at her house, as per her request. Throughout the interview, Christine appeared tired and anxious and revealed that she regularly experienced insomnia. Like Carol, Christine did not want to come to Canada. She told me that she had yet to adapt to her life here and that she preferred living in Hong Kong. After arriving in Canada, she became very focused on her academic work. As a result of the pressure she placed on herself, she would have episodes of diarrhea and insomnia before every test and exam. She had been accepted into an engineering program at the University of Waterloo, where she planned to study structural design.

Linda

I interviewed 19-year old Linda at a McDonald's restaurant located close to her home. Throughout the interview she appeared to be lost. Linda had two older brothers, one of whom applied for permanent residency upon completion of his studies. After

having secured a job in Canada, he sponsored Linda and her parents so that they too could immigrate to Canada. Linda arrived in Canada one year prior to the study with her mother because she wanted to continue her studies in Toronto, while her father, who planned to come at a later date, stayed in Hong Kong to work. At the time of the interview, Linda's mother had returned to Hong Kong because her father was scheduled to have eye surgery. Linda lived with her older brother and she seemed ready to accept the changes that she faced as an immigrant. Although she still considered Hong Kong to be her home, she liked Canada and found the people to be quite pleasant.

Nancy

Nancy was a very joyful and energetic 18-year old who answered the interview questions in a clear and organized manner. Her goal was to become a physiotherapist and she had her future well planned out. At the time of the interview, she had just been accepted into the university of her choice. Nancy came to Canada on a student visa along with her older sister two years prior to the study. The rest of her family was granted immigration to Canada at a later date. Nancy was living in Toronto with her older sister and younger brother, as her parents had returned to Hong Kong to work. She enjoyed her life in Canada; however, she still felt that her roots were in Hong Kong.

Robert

Robert, Nancy's 15-year old brother, looked older than his actual age. Compared to Nancy, Robert was quiet and reserved and responded to most of the interview questions with short and simple answers. He seemed sombre, subdued, and intense. At the time of the interview, he was in grade 9 and felt there was nothing much to do

after school except his homework. His life in Canada was not what he had expected after one year. He stated that based on what he knew now, he would not have chosen to come here. He acknowledged that he had learned to adapt to the changes in his life and that he had “learned to survive.”

Winnie

Winnie, 17-years old, immigrated to Canada three years prior to the study and was living in Toronto with her parents and older sister. When I asked her to compare her life in Hong Kong with her life in Canada, she replied that it was “almost the same.” She also denied experiencing any serious problems, claiming “it does not bother me.” Winnie kept smiling throughout the interview but did not elaborate on her answers. She mentioned that she missed her relatives after moving here and that she sometimes felt bored because of a lack of extra curricular activities available to her.

Mark

Mark, 18-years old, immigrated to Canada with his parents and older brother and sister about four years prior to the study. His father had since gone back to Hong Kong to work. Mark lived in Toronto with his mother and siblings. At the time of the interview, he was in his last year of high school and had not yet decided what he wanted to study in university. He missed his friends in Hong Kong and claimed that his struggles with a new language and culture resulted in a lack of motivation towards his school work and a drop in his grades. He felt that the pace here was too slow and that there were not enough activities to keep him sufficiently occupied. He liked to exercise and play sports, especially basketball, but could not join the school team because the other players, who were much taller than him, were not welcoming.

Laura

Laura was a confident 18-year old who had a very busy schedule and wanted to get things done efficiently. She had requested that the interview to be conducted at a public library. Laura immigrated to Canada with her family three years prior to the study. They all continue to live in Canada, but returned to Hong Kong every summer for a visit. Since moving here, she had grown a lot closer to her extended family and they had been instrumental in helping her and her immediate family throughout the resettlement process. Upon completion of high school, Laura wanted to attend university to study mathematics. She claimed that although she had adapted well to life in Canada, she continued to feel like someone from Hong Kong and not a Canadian.

Karen

I interviewed 19-year old Karen in the kitchen at her home, which was quite noisy. Karen and her younger brother lived with their aunt in Toronto. She had initially immigrated to Canada with her own family one year before the interview, but both her parents had since gone back to Hong Kong to work. Her aunt provided her with a sense of home, even though her parents are not around. Karen was a very quiet and reserved young woman and eagerly looked forward to attending university upon completion of high school. In fact, one of the main reasons she came to Toronto was to acquire a university education.

Bill

Bill, 16-years old, was athletic and spent a lot of his free time playing basketball with his school friends. He was Karen's younger brother. Although he was living with his sister and his aunt, he missed his parents very much. He was prepared for the changes

he would face in Canada because his friends who had immigrated to Canada before him had told him what to expect. Bill preferred the education he was receiving here to that in Hong Kong because he found the teaching style more active. He was satisfied with his grades and was doing better than he had in Hong Kong. He planned to attend university after finishing high school to study either mathematics or computer science. Although he claimed to have adapted to life in Canada, he felt that his roots were in Hong Kong.

Chapter 5

Antecedents of the Experience of Loneliness

I thought about the things I used to have when I was in Hong Kong: The friends I grew up with, the little park by my home...and it feels like everything is removed from me now and I have nothing left. (Carol, 19, p.14)¹

All of the antecedents to loneliness identified by the participants were related to the process of immigration (see Table 3). These antecedents were organized into six concepts under three subcategories: disruption of social support network, presence of communication barriers, and not able to lead a "normal" life. The six concepts included missing friends in Hong Kong, missing parents and family in Hong Kong, difficulty communicating in English, difficulty comprehending the material being taught at school, decreased mobility, and lack of social activities. The following sections will present the descriptions of each subcategory and the concepts related to them.

5.1 Disruption of Social Networks

This subcategory includes two concepts: absence of friends from Hong Kong and absence of parents and family. By immigrating to Canada, the social support network established in Hong Kong was disrupted. The quality and nature of the social ties that had been established in Hong Kong underwent inevitable changes as a result

¹The name in the parenthesis identifies the participant who provided the quote. The number that follows is the age of the participant at the time of the interview. The page number refers to the page number on the transcript of the interview.

Categories

ANTECEDENTS TO THE EXPERIENCE OF LONELINESS	
Concepts	Subcategories
1 Absence of friends from HK 2 Absence of parents and family	1 Disruption of social support network
3 Difficulty communicating in english 4 Difficulty comprehending the material being taught at school	2 Presence of Communication Barriers
5 Decreased mobility 6 Lack of social activities	3 Not Able to Lead A "Normal" Life

DESCRIPTION OF THE SUBCATEGORIES FOR ANTECEDENTS TO THE EXPERIENCE OF LONELINESS AND THEIR CORRESPONDING CONCEPTS.

Table 3

of relocation. Most participants reported that the absence of social support during the first three to six months of arrival in Canada made them feel lonely.

Absence of friends from Hong Kong. The physical absence the friends whom participants had grown up with in Hong Kong was the antecedent to the experience of loneliness. In some cases, new friends made by participants after coming to Canada seemed to help alleviate the experience of loneliness, but, as most participants remarked, the friendships they established in Canada could never be the same in quality as the friendships they had left behind in Hong Kong. What seemed to be missing from these new friendships was the experiences shared in the process of growing up, especially childhood experiences:

There are things that I simply cannot get over here. It is a kind of feeling. For example, I have known my friends in Hong Kong for more than ten years. We went to primary school together and we grew up together. We have known each other for a long time. So even if we were just hanging around at home, I would feel happy, and we might laugh together. I cannot find this kind of feeling here at all. (Carol, 19, p. 11).

I missed my friends from Hong Kong. We got along very well. We had known each other since Form One, and I miss them sometimes. (Bill, 16, p.6).

Participants often experienced loneliness when they thought about the times they spent with their friends in Hong Kong because they felt these shared childhood memories could never be duplicated.

In addition to missing their friends in Hong Kong, participants reported feeling lonely because being new meant that they often did not have many friends at school:

"The loneliest experience was stepping into the classroom on the first day of class, not knowing anybody there" (Sam, 16, p.4).

They attributed the difficulty forging new friendships to the fact that they had to change classrooms and face a different group of students in each class:

The students here are more mobile. In Hong Kong, I am with the same students for all the classes, but here, when I change classes, the students around me also change. I think it is harder to maintain or establish friendships here because if I meet someone in one class, I may not see that same person when I go to another class. There is less time to be together and get to know each other. (Karen, 19, p.6).

I felt lonely after I changed my school. We had our individual timetables and we had different lunch hours. Therefore, there was no time to talk. We had to change classrooms for every period. We could only communicate very briefly during class time. (Mary, 15, p.2).

Absence of parents and family. Participants reported that they experienced loneliness when they missed the physical and emotional support provided by their parents and their extended family who were in Hong Kong. Of the 17 participants in the study, four were living with both parents, five were living with their mother and siblings while their father continued to work in Hong Kong, and eight were living with their siblings or relatives while both their parents continued to work in Hong Kong. Even though all of the participants immigrated to Canada with their family, most of their parents returned to Hong Kong to work after they had settled down. For all participants, the family structure underwent changes as a result of migration. Either the family had to live apart because one or both parents had to maintain their in Hong Kong or the ties with the extended family in Hong Kong were disrupted.

Since the move to Canada was often the first time the participants lived away from home, they experienced loneliness without the physical presence of their parents:

My parents came to Canada with me and they stayed for the first month.

Then they went back to Hong Kong to work. I really missed them after they left. (Karen, 19, p.2).

In some cases, the physical separation from their parents made participants feel as though they were not receiving the care and attention they used to have in Hong Kong. One participant missed the times she spent chatting with her mother, while others missed the time they spent with their mothers preparing special meals for family gatherings:

I have experienced times when I was really bored and unhappy. At first, I felt it was because I had no friends here. Then I felt it was also because my mother was not here. Even though I did not talk to my mother very often when I was in Hong Kong, I could always hang around her and chat with her when she came home from work. I feel very unhappy because my mother is not around me here. (Christine, 19, p.9)

Loneliness was more frequently experienced among the participants who were living in Canada without their parents or with only one parent. However, even those participants who were living with their immediate family sometimes experienced loneliness when they felt their parents were not spending enough time talking to them or responding to their needs and concerns. For example, Mary's mother was a homemaker in Hong Kong and they were able to spend a lot of time together. Since immigrating to Canada, Mary's mother had been spending long hours running the family business. The absence of her mother made Mary feel neglected:

There is no time to talk to my parents since they have to work long hours at the shop. ... In Hong Kong, I talked with my mother more. Now, they [parents] do not understand how I think and this is very annoying. They let me pick whatever course I want at school and they won't even ask about them. There is a lack of communication between me and my parents. I feel I am being neglected. Mom used to pay more attention to me when we were in Hong Kong. (Mary, 15, p.3).

In addition to missing their parents' physical presence and attention, some participants missed the times they spent with their relatives in Hong Kong:

I came when I was ten years old. I had never experienced loneliness before coming here. When I was in Hong Kong, I went to my relatives' place every weekend. I have no relatives here, therefore I feel bored. I have nowhere to go to on the weekends, so I feel more lonely here. (Amy, 18, pp. 19-20).

Overall, loneliness was experienced among young immigrants from Hong Kong when their social support network underwent restructuring as a result of the migration process. For most participants, loneliness was experienced during the first three to six months after arriving in Canada, when they had not yet established new social support networks and had just left their friends and family in Hong Kong. They also felt lonely because they had difficulty making friends at their new school in Canada. Further, participants felt lonely when the physical presence and support from their relatives in Hong Kong was lacking. Loneliness was experienced most frequently among those participants whose parents continued working in Hong Kong while they lived in Toronto.

5.2 Presence of Communication Barriers

The experience of a language barrier is prevalent among Hong Kong Chinese youth whose native language is Cantonese. This language barrier made participants feel isolated, alienated, and misunderstood--all of which contributed to the experience of loneliness. Presence of communication barriers includes two concepts: difficulty

communicating in English and difficulty comprehending the material being taught at school.

Difficulty communicating in English. For most Hong Kong Chinese immigrant youth, Cantonese is retained as the preferred language of communication with family and friends after immigrating to Canada. Also, because of the presence of a large Chinese community in Toronto, most daily activities such as banking, shopping, and dining are carried out in Cantonese. The school environment is the place where young people spend a substantial proportion of their day. It is also the main setting where they are required to use English as the primary language of communication. As reflected by participants, the impact of the language barrier was most apparent when they were interacting with their teachers and fellow students.

Some participants reported having difficulty communicating in English because they felt they lacked the proficiency. Others said they had difficulty expressing themselves in English, especially when they had to convey their thoughts and feelings in a second language. In both cases, participants felt the process of fitting into their new school in Canada was hindered because of a communication barrier. This barrier subjected the participants to the feeling of loneliness. For example, May felt excluded by her schoolmates because she had difficulty speaking and comprehending English when she first arrived in Canada:

I did not understand what they were talking about. I did not understand what the teachers were talking about during the class either. All my classmates spoke English. They would not take the initiative to start a

friendship with me, and I did not know how to communicate with them.

(May, 16, p.2)

My English was not very good. I did not understand what people were talking about, and I did not speak because I did not want to make mistakes. So I just sat silently by myself. (May, 16, p.6).

May recalled that she had so much fear of going to school that she would lose her appetite and cry herself to sleep. She would lie awake at night thinking of ways to avoid going to school the next morning. May experienced this as loneliness. Fortunately, May felt less lonely after being in Canada for three months, at which time she was able to speak and understand English better. However, she reported that even with her improved proficiency in English, she found it hard to communicate with her classmates because of cultural differences:

Our cultural backgrounds are different, and our lifestyles are different, so it is very difficult for us to connect with each other. (May, 16, p.2)

Nancy also found it difficult to express her thoughts and feelings to her school friends because of differences in culture and upbringing:

But to talk about the very deep stuff, hmmm, I still had difficulty getting myself to open up the discussion. No matter what their nationality, these

friends could not be compared with those friends in Hong Kong whom I had known for more than ten years.” (Nancy, 18, p.6)

The difficulty communicating, therefore, not only reflected problems with the English language but also cultural differences. While English proficiency could be improved with English as a Second Language (ESL) classes, the process of learning how to communicate using a second language in a foreign culture takes more than mastering the language skills. Indeed, a communication barrier was still experienced among participants who had no problem speaking or understanding English. This communication barrier reflected cultural differences that hindered the process of fitting into the school and even the society at large, fostering a feeling of loneliness.

Difficulty comprehending the material being taught at school. Another prominent factor contributing to the experience of loneliness was difficulty comprehending the material taught at school, which made participants feel inadequate with regards to their academic abilities and personal achievements. Some participants skipped classes when they encountered difficulties with the curriculum. This, coupled with the difficulty in expression, created a situation where Hong Kong Chinese immigrant youth felt helpless and alone. Tom said he had an “addiction” for skipping classes and he almost got suspended from school because of this. The more classes Tom skipped, the more he fell behind, and the harder it was for him to catch up:

I did not understand what they were talking about at school, and I lost interest. For the English course, I attended the first few classes, and then I

skipped. I went home to sleep. I just did not like going to school.” (Tom, 16, p.9)

Mark attributed his lack of motivation for school to language and cultural differences:

I think it is because I speak English here and I spoke Chinese back there.

I think it is the difference in culture and language. To sum it up, the environment is so different, and I end up not wanting to study or work.”

(Mark, 18, p.17)

It is a big adjustment for students from Hong Kong to fit into the education system in Canada where English is used as the primary language of instruction. Some students might be too shy to ask questions when the material is unclear to them, while others might be afraid of being labelled a "slow learner" if they ask too many questions. Difficulty communicating in English and understanding the material being taught creates a vicious cycle that hinders learning and impedes adjustment to the new school system. The more students fall behind in their studies, the less motivated they will be to catch up. As a result, they became more isolated at school and prone to the feeling of loneliness.

5.3 Not Able to Lead a “Normal” Life

For Hong Kong Chinese immigrant youth, moving to Canada is synonymous with changes to their everyday life. Carol said she experienced loneliness most frequently

during the first three to four months after arriving in Canada because of these lifestyle changes:

When I first came, I had not met any new friends, and I was really bored. At that time, most of my family was still in Hong Kong. There was nobody around. There was nowhere to go. All I could think of doing, and all I was capable of doing, was to go to the supermarket and buy groceries, and that was it. (Carol, 19, p. 10).

Reflected in this quote is Carol's feeling of aloneness and isolation when she first arrived in Canada. Given that Carol is a sociable person who used to have an active life when she was in Hong Kong, being trapped at home and not being able to go where she wanted was a very lonely experience. To keep herself occupied, Carol revealed that she would either vacuum the entire house or walk to the grocery store. Fortunately, she felt better after she made some new friends at school and referred to this improvement as having a more "normal" life:

I felt better after I met some school friends who were my age. We would go out together from time to time, and I was able to participate in some normal activities. For example, if someone had a car, we would go out together for group activities, such as playing basketball. I was able to have a more normal life. (Carol, 19, p.10).

Carol's remarks led to the emergence of the subcategory, not able to lead a "normal" life, and the concepts of decreased mobility and lack of social activities.

Decreased mobility. Many participants reflected that they felt limited in the places they could go because things were too spread out in Toronto. Unlike in Hong Kong, participants felt that places in Toronto were not as easily accessible by public transit. As a result, some participants felt handicapped or trapped, which was associated with boredom and loneliness:

Unlike in Hong Kong, where I could go to different places, there was nowhere for me to go here. I could not go anywhere because there was no one to drive me around. I felt handicapped and trapped. (Carol, 19, p.10).

It would have been better if I had a car. It was as though I was paralyzed ... I could "say" a lot of things, but I could not do them. (Tom, 16, p.23).

Another aspect of life in Canada that hindered participants' mobility was the cold and long winter:

One day, my sister and I were snowed in. We could not get our car out of the garage because of the snow. When we finally broke through the snow and ice to get out, we were already late for school. So we decided to stay home and eat breakfast instead. (Tom, 16, p.9).

The Canadian winter also impaired mobility because it was associated with treacherous driving conditions:

I like living here in Canada. However, sometimes when I see the snow in winter, especially after having had a car accident, I really wanted to go back to Hong Kong. (Peter, 18, p.16).

The cold winter was related not only to the feeling of physical isolation because of decreased mobility, but also to the feeling of emotional isolation because of the foreign life it symbolized. Therefore, the Canadian winter could stir up feelings of loneliness among immigrant youth from Hong Kong because it hindered their ability to go places and do things they wanted to do; in other words, to lead what they perceived to be a normal life.

Lack of social activities. One of the social activities which participants missed after immigrating to Canada was playing group sports. Once they moved to Canada, they were unable to find a group to play with nor could they find a suitable space in which to play. For example, Mark, who said he liked sports, especially basketball, felt that he was being excluded from the school team because he was not tall enough:

They will not let me join them. I have difficulty playing with them. They are too tall. (Mark, 18, p.20).

Robert, who used to play basketball everyday after school when he was in Hong Kong, described a similar experience:

I cannot play here because the school will not allow me to play. I need permission in order to play basketball on the court at school. (Robert, 15, p.9).

Linda described her difficulty finding a partner with whom to play squash:

In terms of habits, I am exercising a lot less here. When I was in Hong Kong, I would play squash from time to time. At school here, it seems I am not able to find anybody who plays squash. I do not like to play by myself. It is difficult to play alone, and a lot more fun playing with others. (Linda, 19, pp.13-14).

Difficulty maintaining the level and type of physical activities similar to what participants used to have in Hong Kong not only resulted in a decrease in social interaction, but also a decrease in exercise, which has a negative impact on physical health. For example, Christine attributed her insomnia and fatigue to lack of exercise:

I exercised a lot when I was in Hong Kong. I used to look a lot more energized and lively. Here, I am always sitting at home. When I exercise, I

have no problem falling asleep. Now I always feel tired because I am not exercising. (Christine, 19, p.13).

Christine attributed her not exercising to the lack of company:

I am not exercising because I am alone. In Hong Kong, I had a group of friends with whom I would swim and play basketball. Here, I have no friends who will swim or play basketball with me. (Christine, 19, p.13).

Regular exercise, group sports, and socializing with peers are all part of a healthy and normal lifestyle. In moving to Canada, many participants experienced difficulty in maintaining their usual level of exercise mainly because of a lack of company or suitable venue. Participating in group sports would not only provide Chinese immigrant youth with a chance to exercise, but would also provide them with the opportunity to socialize with their peers and develop friendships. The dearth of social activities not only magnified the feeling of loneliness, but also had a potentially negative impact on physical health.

5.4 Summary

In summary, Chinese immigrant youth from Hong Kong perceived the antecedents to their experience of loneliness to be related to the immigration process. Virtually none of the participants reported their experiences of loneliness when they were still living in Hong Kong. All of their experiences of loneliness were associated with their lives in Canada, especially during the first three to six months after arrival. The

changes they experienced as a result of their immigration from Hong Kong to Canada created disruptions to their social support network, their identity, and their lifestyle. These disruptions often led to feelings of loss and isolation, which were then manifested in the experience of loneliness.

Chapter 6

Interpretation of the Experience of Loneliness

I think loneliness represents a sense of aloneness. This feeling is strongest when I am by myself. Loneliness does not only happen when I am by myself. Sometimes when I am with a big group of friends, but there isn't much we can talk about, I will also feel very lonely. (May, 16, written description¹).

Loneliness is like a very big ocean that has no limits. At night when it is dark, you may not be able to see very well, and there may be different obstacles and traps waiting for you...obstacles like sharks. Loneliness is like a challenge to myself. (Tom, 16, p.24).

A very bored kind of feeling. It is like I have no friends and there is no one that cares for me. It is a strong sense of helplessness, as if I am shouting to the heaven, but the heaven does not respond, and shouting to the earth, but the earth does not hear. To sum it up, it feels like I am the only person left on the earth. It is very dark and very empty. (Carol, 19, written description).

¹"Written description" denotes the written responses of participants. It is used to differentiate participants' written responses from their verbal responses. The written responses were recorded on separate sheets of paper provided by the researcher (see Appendix C).

These descriptions demonstrate that despite being a universal experience, loneliness can be interpreted differently by different individuals. Multiple interpretations of loneliness means individuals may respond to their experience of loneliness in a variety of ways. While some of these reactions may diminish the feeling of loneliness, others may exacerbate the feeling of loneliness and facilitate harmful health outcomes. Therefore, it is necessary to understand how loneliness is interpreted by individuals and how their interpretations are related to what they perceive to be the antecedents to the experience as well as how they respond to it.

The interpretation of loneliness by Hong Kong Chinese immigrant youth will be described in this chapter (see Table 4). Overall, their interpretation of loneliness can be organized into two subcategories: positive feelings and negative feelings. The concept of a feeling of independence is subsumed under positive feelings. Three concepts fall under the subcategory of negative feelings: a feeling of being neglected, a feeling of not fitting in, and a feeling of aimlessness.

6.1 Positive Feelings

Even though the experience of loneliness is not pleasant, it was sometimes interpreted positively because it allowed participants the opportunity to think and reflect; processes important for personal growth and development. For example, Robert described loneliness as “going to a quiet place” and he interpreted it as the time when he wanted to sit quietly and ponder. Many participants said that they did not get the opportunity to think and reflect upon their lives when they were in Hong Kong because the general atmosphere over there is fast-paced. They felt that introspection was essential for maturation and self-growth and that the loneliness they experienced after

Categories

INTERPRETATION OF THE EXPERIENCE OF LONELINESS	
Concepts	Subcategories
1 A feeling of independence	1 Positive
2 A feeling of neglect 3 A feeling of not fitting in 4 A feeling of aimlessness	2 Negative

DESCRIPTION OF THE SUBCATEGORIES FOR THE INTERPRETATION OF THE EXPERIENCE OF LONELINESS AND THEIR CORRESPONDING CONCEPTS.

Table 4

moving to Canada was an opportunity to do just that. Being introspective allowed participants to come to the understanding that they were able to act in a more mature way and live a more independent life. The positive feelings associated with the experience of loneliness were captured by the concept of a feeling of independence.

A feeling of independence. Tom was the first participant who described loneliness as a feeling of independence. He interpreted his loneliness as time away from his family and an opportunity to learn to live on his own. Before moving to Canada, his family took care of everything for him. He had nothing to worry about except his school work. He said he became a lot more considerate after moving to Canada because he learned to recognize other people's needs and concerns. He also started to think about his future and not just about having fun at the moment. Since he and his older sister were living in Canada alone, they had to take care of one another. Tom was very proud that he had learned to cook. He got very excited when he started describing his recipes and his unique way of handling some complicated dishes.

Tom's feeling of independence was echoed by Linda, who also described loneliness as a positive experience because it presented an opportunity for her to learn some crucial survival skills, especially cooking:

Yes, I think it [loneliness] is a positive experience. If I always have my family around me, then I will not have to take care of my own meals or any other chores. I will not need to cook. So, in a way, it helped me learn how to cook. It helped me learn to be independent. In Hong Kong I did not have to know how to cook since my mother made all the meals and she

was very good at it. I marvelled at how she could fry an egg and have it maintain its shape. I since learned how to fry an egg, but mine does not seem to keep its shape. I can also make dinner even if it is the same few dishes over and over again. (Linda, 19, pp.9-10).

Despite the unpleasantness of loneliness, it was interpreted positively in these circumstances because of the independence associated with it. This feeling stemmed from leaving home and living away from one's parents. The process of immigration put participants in a position where they needed to learn how to take care of themselves and their siblings. While becoming self-sufficient may be a lonely process, it also symbolized an achievement of maturity. Time spent alone was perceived as an opportunity for introspection and self-growth, both of which are necessary to achieve independence.

6.2 Negative Feelings

In addition to the positive feeling of independence, loneliness was frequently associated with unpleasant feelings such as sadness, emptiness, and despair. Findings from the interviews indicated that loneliness was a significant component of the immigrant experience and tended to be associated with participants' maladjustment to life after immigration. Loneliness was interpreted negatively when participants experienced difficulties in the process of adaptation and acculturation.

Changes in social support network, barriers experienced in communication, and changes in overall lifestyle contributed to the interpretation of loneliness as a feeling of being neglected, a feeling of not fitting in, and a feeling of aimlessness.

A feeling of being neglected. The interpretation of loneliness as a feeling of being neglected was largely related to the disruption of social support networks. Participants interpreted loneliness in this manner when they felt there was no one who cared about or understood them. It was a feeling of lack of support from friends and family and of physical isolation:

It is like I have no friends and there is no one who cares for me. It is a strong sense of helplessness, as if I am shouting to the heaven, but the heaven does not respond, and shouting to the earth, but the earth does not hear. To sum it up, it feels like I am the only person left on earth. It is very dark and very empty. (Carol, 19, written description).

The feeling of neglect went beyond physical isolation, however, because it was present even when participants were around a lot of people. Many reported feeling lonely in the presence of big groups of friends. They explained that their experience of loneliness was not related to the number of friends, but rather, the quality of the friendships:

Loneliness does not happen only when I am by myself. Sometimes when I am with a large group of friends, and there isn't much we can talk about, I feel very lonely. (May, 16, written description).

I have different groups of friends. If I cannot find something in common to talk about with all my friends, then I can still feel lonely. (Sam, 16, p.11).

The key factor that influenced the quality of the friendships was the ability to communicate thoughts and emotions:

I think loneliness is when a person does not have anybody to talk to. It happens when a person constantly comes across barriers in expressing his/her feelings. (Bill, 16, written description).

Loneliness is when you feel scared and no one around you can understand you. For example, when you are troubled, dying for someone to talk to and share your feelings, but there is no one there to listen.” (Heather, 17, written description).

If you are around a big group of people, but they do not allow you to express your emotions, or they do not give you the support you need, then you will still feel lonely. (Nancy, 18, p.7).

By moving to Canada, participants left behind trusted friendships that had taken years to develop in Hong Kong. While it may not have been hard for participants to find new friends in Canada, it was difficult to establish the kind of trust required for open communication of thoughts and emotions. Hence, most participants experienced

loneliness in the first three to six months upon arriving in Canada. Some remarked that it was easier to communicate with friends who spoke the same first language and who shared a similar immigrant experience.

In summary, loneliness was interpreted as a feeling of being neglected when participants were not able to communicate their thoughts and feelings to their friends. Similar cultural background and personal experiences were factors that facilitated this sort of communication.

A feeling of not fitting in. Loneliness was interpreted as a feeling of not fitting in when participants lacked a sense of belonging to the country they immigrated to. Many did not feel they fit into the mainstream society:

If loneliness is represented by an object, it is a hexagon, octagon or a polygon. (Tom, 16, written description).

Imagine a jigsaw puzzle ... if the pieces are made up of hexagons or octagons, there will always be gaps when you put the pieces together. They do not fit into the society. (Tom, 16, p.24).

Most participants felt their roots were still in Hong Kong even after immigrating to Canada. They identified themselves as Hong Kong Chinese living in Canada:

My roots are in Hong Kong. ... I am a "Hong Kongese." (Robert, 15, p.2).

If you ask me where my roots are, I will in say Hong Kong. Canada? At this point, I still do not have a sense of belonging. (Nancy, 18, p.16).

Some participants attributed their feeling of not fitting in to differences in cultural upbringing and language:

First of all, I was born in Hong Kong. Second, I speak Cantonese. These are the facts. I can only say I am an immigrant Canadian, or a sojourner in Canada. (Nancy, 18, p.15).

Other participants attributed their feeling of not fitting to their difficulties adjusting to the Canadian environment. Among the many physical changes participants encountered, adjusting to the cold Canadian winter was particularly challenging. Since the winter is relatively mild in Hong Kong, with an average temperature of 15 degrees Celsius, the experience of the Canadian winter was shocking to many. Not only was it associated with difficulties in transportation, it also exemplified life in a foreign land and a feeling of alienation. This was demonstrated by Nancy's reaction towards the snow:

I think the first time I cried was when it snowed. Other people were happy when they saw the snow falling because they could play outside. But I felt different. I cried. It snows here, but it does not snow in Hong Kong. It is the feeling of "everything is no longer the same." It is the feeling of extreme distance and remoteness. (Nancy, 18, p.14).

The Canadian winter symbolized a different life, one with many changes and requiring many adjustments. Adapting to these environment changes can be a long and lonely process.

In summary, loneliness was interpreted as a feeling of not fitting in when participants lacked a sense of belonging to their new country. The feeling of not fitting in became apparent when participants encountered difficulties adapting to life in Canada because of differences in culture, language, and physical environment. This feeling of not fitting in could be seen as a precursor to adjustment, signalling that modification is needed to accommodate changes in the new life.

A feeling of aimlessness. The Chinese term *wu liao* was frequently expressed by participants in written descriptions of loneliness as well as in the interviews. The closest English translation of this term is a feeling of aimlessness. The term *wu liao* was also used when participants' expressed a sense of boredom and that there was nothing worthwhile occupying their time.

In addition to directly using the term *wu liao*, this feeling of aimlessness was associated with the disorientation participants experienced when they were removed from a familiar environment and placed into a completely novel one. As captured below, it was particularly salient among those who were not given a choice in the decision to immigrate to Canada:

I did not have any choice. I could not stay behind in Hong Kong on my own. When they told me we were moving to Canada, there was nothing much I could do except to follow. (Carol, 19, pp. 5-6).

Some participants related their feeling of aimlessness to being trapped. This was a feeling of "no turning back," and of not knowing what lies ahead:

Feels like being trapped in a room with nothing but four bare walls.

(Christine, 19, written description).

It is like being trapped in an empty room. (Winnie, 17, written description).

For the majority of immigrant youth from Hong Kong, the decision to immigrate was made by their parents because they believed their children would have a better education and a brighter future in Canada. In such cases, participants felt trapped by the hopes and dreams of their parents.

Participants who interpreted loneliness as a feeling of aimlessness usually lacked goals in life. They were not sure what to do next or what they wanted to do with their lives. As expressed by Robert, they had no preconceived dreams or aspirations: "I take it a day at a time" (p.4). The lives of participants who expressed their loneliness as a feeling of aimlessness appeared to be empty and without direction.

Even when participants had clear goals, they often lacked knowledge of how to achieve them. For example, some wanted to get into university, but they did not know where to turn for help when experiencing academic difficulties or how they should select their courses. For some participants, getting into university became an obligation to their parents rather than their own intrinsic goal because this was often why their

parents sent them to Canada in the first place. Lack of parental guidance and encouragement was especially evident among participants who stayed in Canada while their parents continued to work in Hong Kong.

Some participants were not sure what they wanted to study in university and many based their decision on what their parents wanted them to do or simply followed their friends. Seldom did they consider what they really wanted to pursue for themselves or what their own strengths and interests were. For example, Carol decided to apply to the University of Waterloo because this was where her twin sister was planning to attend and their parents wanted them to stay together to take care of each other. Despite her strong interests and talents in art, Karen was applying to a business program at York University because this is what her parents want her to do. Similarly, Mary would be applying to a university within the Greater Toronto Area because her parents, who live in Toronto, do not want her to go out of town.

Even though Robert had no objection to his parents' decision to immigrate to Canada, he felt his expectations were not met:

This is not the life that I want. It is not suitable for me (Robert, 15, p.3).

The changes Robert faced made him feel disoriented and he fell into a state of aimlessness. He did not know what he wanted to do after his high school graduation. More importantly, he was unsure of why he had to remain in Canada.

Mark's loneliness became more frequent after he had settled down, which involved coming to terms with reality:

When I first came, everything was new, and there was a lot of stuff to explore. Now that I have settled down, I feel more lonely. (Mark, 18, p.11).

Mark's experience of loneliness was rooted in the fact that that his reality did not coincide with his expectations.

During the interview, Mark expressed an interest in studying law or engineering, but he thought his grades would not be good enough. He said his academic performance had deteriorated since coming to Canada because he did not feel motivated to do his school work. He attributed this lack of motivation to a feeling of aimlessness, associated with the changes he experienced because of immigration:

To sum it up, everything is so different, and I do not feel like studying.
(Mark, 18, p. 17).

Overall, there was a feeling of disorientation that resulted from the immigration experience. Participants lost their familiar cues when they moved from Hong Kong to Canada and lost their sense of direction and purpose in life, which made them feel aimless. Even when goals were set, there was a lack of guidance or encouragement for how to achieve them.

In summary, loneliness was interpreted as a feeling of aimlessness when participants lost their sense of direction in life as a result of immigration. While filial piety is considered a strength in Chinese culture, obeying their parents' wishes to immigrant

to Canada often meant that participants lost sight of their goals. They felt trapped in a new environment where they did not feel at home and their dreams and aspirations were tarnished because of their displacement.

6.3 Summary

Participants interpreted their experience of loneliness as a combination of positive and negative feelings. The feeling of independence was highly valued by the participants and it gave them the impetus to cope with a feeling of being neglected, not fitting in, and aimlessness. While encountering difficulties while in the process of resettling, especially feeling lonely in a foreign land, was inevitable, the prospect of learning to live independently helped participants cope. The positive interpretations minimized the harmful outcomes of loneliness, while the negative interpretations exacerbated them.

Chapter 7

Coping with the Experience of Loneliness

When I feel lonely, I will start calling up my friends. I will call them one by one until I find someone who can talk to me. I may not necessarily tell them I am feeling lonely. I just need to hear someone's voice on the other side of the phone. (Sam, 16, p.17).

I do not like to talk too much about how I feel. I do not like to dwell on those things. If I don't dwell on them, I will be able to move on. (Carol, 19, p.2).

Participants often responded to loneliness by drawing on coping strategies that would eliminate or minimize the unpleasant experience. Interpreting loneliness in a positive way could be considered a coping strategy because it overrides the unpleasant nature of the experience. However, interpreting loneliness in a negative way emphasizes the unpleasant nature of the experience. In the latter case, further actions will need to be taken in order to eliminate or minimize the unpleasantness. This chapter will describe the strategies used by participants to cope with the experience of loneliness when it was interpreted as a negative feeling (see Table 5). These strategies fell into two main subcategories: active coping strategies and passive coping strategies.

Active coping strategies were actions taken to adapt and adjust to life in Canada and to minimize or eliminate the experience of loneliness. These strategies not only

Categories

COPING STRATEGIES FOR THE EXPERIENCE OF LONELINESS			
		Subcategories	
		Sub-Subcategories	
Concepts			
1	Establishing a focus in life	1	Intrapersonal
2	Reminiscence of life in Hong Kong		
3	Maintaining a Chinese identity		
4	Making new friends in Canada	2	Interpersonal
5	Maintaining contact with friends in Hong Kong		
6	Getting support from friends and family in Canada		
7	Sleep	2	Passive Coping Strategies
8	Stay Busy		

Table 5 DESCRIPTION OF THE SUBCATEGORIES AND SUB-SUBCATEGORIES FOR COPING STRATEGIES FOR THE EXPERIENCE OF LONELINESS AND THEIR CORRESPONDING CONCEPTS.

helped to relieve the distress associated with loneliness, but they also helped reduce the frequency of the loneliness experience. Active coping strategies were subdivided into intrapersonal coping strategies and interpersonal coping strategies. *Intrapersonal* coping strategies were actions taken to alleviate the experience of loneliness through personal cognitive means and included establishing a focus in life, reminiscing about life in Hong Kong, and maintaining a Hong Kong Chinese identity. *Interpersonal* coping strategies were actions taken to minimize the experience of loneliness through the support of other people and included making new friends in Canada, maintaining contact with friends in Hong Kong, and getting support from family in Canada.

Passive coping strategies, on the other hand, were actions taken to temporarily forget about the loneliness experience. While passive coping strategies minimized feelings of loneliness in the short-term, they did not prevent its recurrence. Passive coping strategies included sleeping and staying busy.

7.1 Active Coping Strategies

Most of the coping strategies used to eliminate or minimize loneliness corresponded with efforts made to facilitate the resettlement process. As mentioned above, active coping strategies were actions taken by participants to minimize or eliminate the experience of loneliness, which also helped them adapt and adjust to life in Canada. Not only did these strategies alleviate the distress associated with loneliness, they also helped reduce the frequency of the loneliness experience.

1. Intrapersonal Coping Strategies

Intrapersonal coping strategies were actions taken to alleviate the experience of loneliness through personal cognitive means. They fostered an attitude of acceptance

towards life in Canada, which was instrumental in helping participants adapt and adjust. For example, Carol said that she experienced loneliness less often once she had accepted her life in Canada:

It [feeling of loneliness] is happening less frequently. I have learned to let go. There is nothing I can do. I cannot stay unhappy all these years.

There is nothing I can do but accept this lifestyle. (Carol, 19, p.14).

Incorporated in this feeling of acceptance was a change in attitude, away from focusing on the negative aspects brought about through immigration towards adapting and adjusting to these changes and making the most out of life in Canada:

I am better adjusted than my oldest sister. She is always complaining. I think we should learn to adapt to the changes that we face. This is what life is about. We have to learn to cope. (Robert, 15, p.4)

In order to adjust to the changes, Tom said it is important to have an "open mind":

Some people said they could not adjust to life here in Canada. I do not know how other people think, but just like swimming, I can easily tell non-swimmers that swimming is easy because I know how to swim. But since the non-swimmers do not know how to swim, they will not be able to really experience what swimming is like. They will walk into the situation with a

certain degree of fear. Maybe I am able to adjust, and others are not. I can tell others that life in Canada is OK and it is almost like life in Hong Kong, when in fact, their minds are still not opened. (Tom, 16, p.22-23).

The intrapersonal coping strategies used by the participants included establishing a focus in life, reminiscing about life in Hong Kong, and maintaining a Hong Kong Chinese identity.

Establishing a focus in life. One of the most effective ways to cope with loneliness is to establish focus in life. This is especially true for immigrant youth who feel disoriented due to the changes they face in the new country. For most participants, the reason their families immigrated to Canada was to provide them with a better education and a brighter future. Therefore, most participants made education the focus of their lives in Canada. They valued the education they were receiving in Canada more so than the education they had acquired in Hong Kong and felt they were able to achieve standards they otherwise could not have achieved in Hong Kong:

There is no doubt that I am getting a better education over here. Maybe there were more intelligent people in Hong Kong, and I did not feel like an outstanding person, so I just aimed at passing. I also felt that everything was so tough in Hong Kong - the Certificate-level exam was hard, the Advance-level exam was hard, and it was hard to get into a university. I didn't feel that I was capable of advancing very far academically, so my mind was not focused on my studies when I was in Hong Kong ... It is not

necessarily that I have studied more, but I am more focused here, and I am putting in more of an effort here. (Carol, 19, pp.12-13).

Carol said that her grades definitely improved after coming to Canada. If she had stayed in Hong Kong, the chances of her getting into university would have been very slim. At the time of the interview, Carol had already been accepted into an undergraduate program at a Canadian university. Similarly, Tom found that he was more concentrated on school work since coming to Canada. The reason for this was twofold. First, he did not want to disappoint his parents for their efforts to provide him to have a better life in Canada. Second, he enjoyed the group projects at school where he could express and challenge himself. He said that he did not have such an opportunity when he was attending school in Hong Kong:

I do not know what really happened. All of a sudden, I really wanted to do homework... Yes, I feel really happy just thinking about how I completed the project and beat the deadline. I can learn here in Canada what I could not learn in Hong Kong. (Tom, 16, pp.9, 22).

Reminiscing about life in Hong Kong. Many participants found their experience of loneliness to be associated with leaving their home in Hong Kong and migrating to Canada. They felt lonely after coming to Canada because not only had they left behind their friends and family, but they also had to rebuild their lives in a foreign land. In most cases, this was the first time that they had lived away from their family or stepped onto

Canadian soil. Most participants regarded Toronto as their "temporary home," leaving open the possibility of returning to Hong Kong upon completion of their studies. The principle coping strategy here was keeping an open mind. They might not necessarily go back to Hong Kong, but having the option of going home provided relief from loneliness that was associated with settling in a foreign land.

Most participants attempted to maintain a lifestyle similar to the one they had had in Hong Kong to cope with the changes they faced in Canada. Reminiscing about life as it "used to be" provided relief from the loneliness of not fitting into their new environment. For example, participants said that they preferred to speak Chinese with their family and friends and to eat Chinese food. Both food and language were symbolic reflections of culture that would bring back memories of "home." Carol revealed that it was when she was able to achieve a lifestyle similar to the one she had had in Hong Kong that she felt she was able to lead a more normal life:

When I was in Hong Kong, I hated to be trapped at home. Before going home to do my homework, I would go out and talk to my friends. After I made some friends at school here, we would go out together from time to time, and I was able to have a more normal life. If someone had a car, we would go out together for group activities, like playing basketball. (Carol, 19, p.10).

Maintaining similar roles in Canada also helped participants cope with the loneliness associated with physical separation from parents and other family members:

I am staying with my aunt's family here in Canada. Therefore, even though my mother and father are not here, I still have a family. I can still have a family life. I have some friends whose parents are not here, and they are living alone or with their siblings. They have to cook for themselves, and there is no one as the head of the household to make the decisions. They have to make the decisions themselves. I have a family here, with my aunt and uncle in charge of the household. I am still the 'kid' at home, just as I was in Hong Kong. We still have our meals together as a family, and I have to help with the housework. The only difference is that my mom and dad are not here. (Karen, 19, p.3).

Therefore, being cognitively connected with Hong Kong, either through maintaining a similar lifestyle or knowing that the option of returning there was open, helped participants cope with the changes they encountered in Canada and alleviated the loneliness associated with not fitting into the Canadian culture.

Maintaining a Hong Kong Chinese identity. Maintaining their Hong Kong Chinese identity was another way participants coped with loneliness intrapersonally. By firmly identifying themselves as "Hong Kongese," they were able to compensate for the absence of a Canadian identity. Therefore, participants felt their roots were in Hong Kong because they lacked a sense of belonging to Canada. Maintaining a sense of identity and belonging was crucial for emotional well-being. Participants coped with the

sense of loss and disorientation associated with immigration by adhering to their identity as Hong Kong Chinese.

By their own accounts, all participants had their roots firmly planted in Hong Kong and felt this would not change, no matter how long they remained in Canada. Most did not feel that the process of immigration had uprooted them, since they all had maintained contact with their family and friends in Hong Kong and always had the option of going back to visit:

If you ask whether I have uprooted everything from Hong Kong and left... I would not say so. (Nancy, 18, p.16).

It is also interesting to note that none of the participants described themselves as Canadians, Canadian Chinese, or Chinese Canadians. Identifying themselves as "Hong Kongese" appeared to be important to all, as it distinguished them not only from Canadians, but also from Chinese from other parts of the world, such as Mainland China or Taiwan:

I am a Hong Kongese who has come to Canada. Hong Kong is not the same as Mainland China. Also, I am not someone that belongs here. Even after I have got the citizenship, can I change myself to be one of them? I think this is a problem. So, I am someone from Hong Kong, who is residing in Canada. (Linda, 19, p.14).

To most participants, being Canadian meant acquiring a Canadian passport:

I am a Hong Kongese. Since I do not have a passport yet, I am not a Canadian. (Robert, 15, p.2).

Further, their identity as an immigrant encompassed their identity as a Canadian:

First, I was born in Hong Kong. Second, I speak Cantonese. These are facts. I can only say I am an immigrant Canadian, or a sojourner living in Canada. (Nancy, 18, p.15).

Participants perceived their Hong Kong Chinese identity as a fact that would not change with time. When experiencing loneliness, this identity helped participants cope by providing them with a firm sense of who they were and where they belonged.

In summary, intrapersonal coping strategies, which involved an attitude of acceptance, were instrumental in minimizing the experience of loneliness and facilitating the process of adaptation for Chinese immigrant youth. This attitude of acceptance gave participants a feeling of groundedness in the midst of the changes they experienced as immigrants.

2. Interpersonal Coping Strategies

Interpersonal coping strategies relied on the support of other people to minimize the experience of loneliness. Participants often coped with loneliness by engaging in telephone conversations, writing letters, sending e-mails and faxes, or attending

gatherings with friends and family. Contact with friends and family provided a sense of support during difficult times, especially when the participants were resettling into a new environment and adapting to a new culture. The interpersonal coping strategies used by participants included making new friends in Canada, maintaining contact with friends in Hong Kong, and getting support from family in Canada.

Making new friends in Canada. Since all participants associated loneliness with the absence of friends, making new friends in Canada was a source of relief. Most of the new friends that participants had made in Canada were also Chinese immigrants from Hong Kong. The sharing of cultural background and immigrant experience and the ability to communicate in their native tongue in these new friendships were instrumental in providing comfort from loneliness. Cantonese remained the principle language for communication between friends and family for all the participants. Participants found that they were able to express their feelings more freely in their native language, which also aided in minimizing the experience of loneliness.

May, for example, expressed difficulty connecting with her Western classmates because of language and cultural differences. As a result, she felt extremely lonely during the first month after arriving in Canada. She had trouble sleeping at night and did not want to go to school. May said she felt less lonely after meeting some school friends who were also Chinese immigrants from Hong Kong. It was common for Chinese immigrant students to group together at school because they could communicate, support, and understand each other:

At school, the Chinese who hang out with Westerners are those who were either born here or have been here for a very long time. Those Chinese who have been here for a couple of years usually just hang out with other Chinese. (May, 16, p.2).

Similarly, Carol was especially lonely in the first three to four months after arriving in Canada because she had not made any friends. She felt she was able to lead a normal life again only after she had met some friends at school who were her age and who had also come from Hong Kong:

After I made some friends at school that were my age, we would go out together from time to time, and I was able to have a more normal life.
(Carol, 19, p.10).

Bill, on the other hand, said he rarely felt lonely because he met new immigrant friends from his English as a Second Language (ESL) class:

I met a new group of friends very soon. We were in the same ESL class. Since we shared similar experiences, we got along quite well... I have friends to talk to and have fun with. That's why I do not really feel lonely, except at some rare occasions. (Bill, 16, p.6).

Friendships established after immigrating to Canada were instrumental in relieving participants' feelings of isolation because of their supportive function. In terms of discussing emotional issues, including feelings of loneliness, participants tended to open up only to those friends with whom they had gotten to know well. Therefore, they relied heavily on their friends in Hong Kong as a source of emotional support.

Maintaining contact with friends in Hong Kong. The majority of participants expressed that they only felt comfortable discussing emotional issues with friends who knew them really well. These were usually the friends in Hong Kong with whom they had known since childhood. When experiencing loneliness participants would often only reveal to their new friends in Canada that they were bored and needed to talk to someone:

I will not call my friends and tell them specifically that I am lonely. (Linda, 19, p.11).

As Carol remarked, she would not openly discuss anything to do with feelings and emotions with her friends in Canada because she found that would exacerbate the loneliness she experienced as an immigrant:

I do not like to talk too much about how I feel. I do not like to dwell on those things. If I do not dwell on them, I will be able to move on. (Carol, 19, p.2).

Although participants said that they were reluctant to discuss their feelings with their friends in Canada, many wrote about how they felt to their friends in Hong Kong. For example, Carol described how she coped with her loneliness shortly after she came to Canada:

I wrote an eight-paged letter to my friend in Hong Kong. Eight pages, front and back! I just poured out my feelings! (Carol, 19, p.2).

As described by Linda, writing to friends in Hong Kong appeared to be an effective outlet for her feelings and emotions:

Even if I cannot talk to any friends here, I can always write to my friends in Hong Kong. As long as there is an outlet... Sometimes when I receive a friend's letter, I will try to return the letter even when I am at school. I will try to return it right away, even when it means I am taking time away from my school work. I am really happy when I get letters. (Linda, 19, p.12 & p.15).

Unlike many of the participants who described loneliness as not having their parents around, Linda said she did not miss her parents, who were living in Hong Kong, because she e-mailed them every day:

Also, it is not that I do not care about them. I write e-mails to my family everyday. (Linda, 19, p.3).

Therefore, despite the physical distance, communication with friends in Hong Kong provided emotional support for participants as they adapted to life in Canada.

Getting support from family in Canada. In addition to communicating with friends in Hong Kong, support received from family in Canada also helped participants cope with their loneliness. Family provided both instrumental and emotional support, since their presence gave a feeling of "familiarity" as participants encountered changes associated with immigration:

It was good that I had my auntie and her family here when I first came because I already knew them when I was in Hong Kong. When I first came, it was good to have someone around with whom I was familiar.

(Bill, 16, p.8).

The absence of family in Canada often exacerbated the feeling of loneliness, as described by Heather:

I have no relatives here, therefore I feel bored. When I was in Hong Kong, I would go to my relatives' place every weekend. Here, we go to our family friends' house on weekends, but we do not go often. I have nowhere to go to. So I feel more lonely here. (Heather, 17, p.20).

Karen, who was living in Canada with her aunt's family, said she did not experience loneliness very often because she had a feeling of being at home and was performing similar household tasks as in Hong Kong:

Therefore, even though my mother and father are not here, I can still have family life. My aunt and uncle are in charge of the household, and I am still the 'kid' at home, just like when I was in Hong Kong. The only difference is my mom and dad are not here. We will still have our meals together as a family, and I have to help with the housework. We will go out shopping together, and we will go out together for meals. It is like a family.
(Karen, 19, p. 3).

Similarly, Laura said her cousins in Canada made her feel like she was not alone. She was also living with her family in Canada, which provided her with much needed support. Family provided participants with a sense of familiarity during a period of transition, which helped them cope with their loneliness. Even if they did not express their feelings verbally to family members, their mere presence provided them with emotional support.

In summary, interpersonal coping strategies, which involved reestablishment of social support networks after immigrating to Canada, were effective in minimizing the experience of loneliness. The presence of supportive persons provided participants with the impetus needed to overcome the inevitable changes and the loneliness they experienced in the immigration and resettlement process.

7.2 Passive Coping Strategies

Passive coping strategies were those actions taken by participants to temporarily forget about the feeling of loneliness. While passive coping strategies often minimized or eliminated the experience of loneliness, they did not reduce its reoccurrence and, therefore, did not have a positive influence on the process of adjustment. In fact, prolonged engagement in passive coping strategies was sometimes associated with negative health implications.

One of the immediate reactions to loneliness as described by participants was to escape. When asked about what they did when they felt lonely, most described activities that helped them forget about their loneliness. Rather than dealing with the loneliness directly, participants coped by distracting themselves from being consciously aware of their loneliness. Two activities that participants engaged in to help them forget about their loneliness were sleeping and staying busy.

Sleeping. The most common way for participants to cope with their experience of loneliness was to sleep:

I lie in my bed, pull a blanket over my head, and just leave it. I will sleep for the whole day. (Christine, 19, p.16).

When I asked if she felt any better after sleeping for the whole day, Christine replied:

Only because I have forgotten about it. But if I think about it again, I will be unhappy again. If I can forget about it, then I will be OK.

Similarly, Mary recalled locking herself in her room when she felt really lonely after a quarrel with her family. Rather than taking deliberate actions to deal with her loneliness and resolve the conflict, she said,

Everything will be OK after I sleep through the night. (Mary, 15, p.6).

Participants seldom confronted the issue of loneliness directly. The most immediate way to take their minds off the issue was to close their eyes and go to sleep. Even though sleep offered participants relief from feeling lonely, the effect of this coping strategy was only temporary.

Staying Busy. Another way participants escaped from loneliness was by staying busy. For example, some participants spent extended hours in front of the computer, playing computer games, surfing the Internet, or chatting on-line. Others spent time wandering in shopping malls. The idea was to engage in activities that would take their minds off their feelings of loneliness:

I will not have a lot of time to complain that I am bored. I need to spend two hours to make dinner each night, and then I have to eat and do the dishes. (Linda, 19, p.2).

I will study very hard, or I will go for some exercise, like swimming. I will find something to do to kill time. (Christine, 19, p.2).

Christine said it was not hard to keep herself occupied and to take her mind off her loneliness, but still felt empty.

Some of the activities that participants engaged in to keep themselves busy had negative impacts on their health:

I used to eat all the time, and I still did not feel full. (Tom, 16, p.25).

Most often, Tom ate food that lacked any nutritional value:

I used to chew a lot of gum, more than ten packs a day! I am not talking about the small pack, but ten big packs a day! I chewed when I did not know what to do and I felt bored...I am not doing it any more. Instead, I drink the two-litre size pop from the bottle. (Tom, 16, p.26).

Tom had gained more than 30 pounds in less than a month after coming to Canada. He said he was gradually losing those extra pounds, but sometimes could not stop himself from eating because he felt there was nothing else to do and it kept him from feeling bored. Similarly, Sam started smoking because he felt there was nothing else for him to do and it would keep him occupied. Both Tom and Sam boasted about having a lot of friends that they liked to spend time with. However, when their friends were not around, they coped with their loneliness by eating or smoking.

Despite their potentially negative health outcomes, passive coping strategies were often used by participants because it was easier to try to escape from the

experience of loneliness than to accept and deal with it. Passive coping strategies were effective in temporarily eliminating feelings of loneliness and worked more quickly than active coping strategies. However, they did not facilitate resettlement and adaptation. In fact, the prolonged use of passive coping strategies exacerbate the harmful effects of loneliness.

7.3 Summary

A combination of active and passive coping strategies were used by participants in dealing with feelings of loneliness. Active strategies effectively minimized such feelings and facilitated the process of resettlement, whereas passive coping strategies only served to temporarily mask the experience of loneliness. The former coping strategies were instrumental in establishing a positive attitude of acceptance towards life in Canada, while the latter perpetuated loneliness and fostered a negative attitude. Outcomes of the loneliness experiences were related to the use of active and passive coping strategies by the participants. While emphasis on active coping strategies contributed to the maintenance of positive health, reliance on passive coping strategies compromised health.

Chapter 8

Outcomes of the Experience of Loneliness

It is very boring here and there is nothing to do. I just don't feel motivated. I just don't feel energized. As a result, I do not have the appetite to eat. I also have problem sleeping. When I sleep, I always have a lot going on in my mind. There seems to be a lot for me to worry about that I just cannot fall asleep. Actually, I am not really sure what I think about, but I simply cannot get myself to fall asleep. I usually end up staring blindly at the ceiling through the night. (Christine, 19, pp.12-13).

The experience of loneliness often affected the health and well-being of participants. Findings from this study indicated that health outcomes associated with loneliness were impacted by the choice of coping strategies. Participants who drew mainly on active strategies to cope with their loneliness were better able to adapt to their lives in Canada and experienced personal growth and maturation, whereas those who drew mainly on passive strategies were more likely to experience insomnia, fatigue, and eating problems. Therefore, utilization of active coping strategies promoted positive developmental growth while prolonged engagement in passive coping strategies was related to deterioration in health status.

In this chapter, the outcomes of the experience of loneliness will be described (see Table 6). These outcomes were organized into two subcategories: positive developmental growth and negative health outcomes. Positive developmental growth

Categories

OUTCOMES OF THE EXPERIENCE OF LONELINESS	
Concepts	Subcategories
1 A feeling of maturation	1 Positive developmental growth
2 Frequent Experience of Insomnia	2 Negative health outcomes
3 Persistent feeling of Tiredness	
4 Eating problems	

DESCRIPTION OF THE OUTCOMES OF THE EXPERIENCE OF LONELINESS AND THEIR CORRESPONDING CONCEPTS.

Table 6

included personal growth and maturation. Negative health outcomes included insomnia, persistent feeling of tiredness, and eating problems.

8.1 Positive Developmental Growth

When active coping strategies were used to respond to loneliness, participants experienced positive developmental growth. This outcome was comparable to interpreting loneliness as a feeling of independence. Participants felt they had matured through learning how to effectively cope with their loneliness. Even though they still felt lonely at times, participants said the loneliness they experienced did not bother them as much as before. Findings suggestive of positive developmental growth were captured by the concept of a feeling of maturation.

A feeling of maturation. Participants who used active coping strategies felt that immigrating to Canada made them grow up. They felt that after coming to Canada and learning how to live independently, they were more rational, considerate, and mindful not only of their own needs, but also of the needs of others, especially their parents. Maturation was often a lonely experience, as participants revealed that they liked to think quietly by themselves.

Since Chinese families tend to be protective of their children, most participants had grown up in an environment where they had little to worry about other than their studies. For many, immigrating to Canada was the first time they had moved away from home and their first opportunity to become involved in taking care of the family. Some participants said they had grown a lot closer to their family after moving to Canada. In coping with their loneliness, they realized the importance of family:

I enjoyed family much more here... I feel I have matured a lot since I came to Canada. (Heather, 17, p.10).

Amy described a similar experience. Because her father remained in Hong Kong to work, she found herself growing closer to her mother and older brother. They would spend a lot more time together doing different things:

I feel a lot closer to my mother here... We go out together more... We see each other more here. (Amy, 18, p.20).

Maturity also meant taking on new responsibilities:

I serve as a translator for my mother. My older brother does that too. But mom makes the final decision. (Amy, 18, p.22).

Parents in most Chinese immigrant families typically do not speak English as well as the children. As such, it is common for children to assume responsibility for being the "ears" and the "mouth" of the family. This task of interacting with the outside world was not something that children would have had to worry about when they were in Hong Kong. They also had to take on some additional responsibilities formerly held by their parents. For example, Nancy said she called her older sister "lady-in-charge" because she was responsible for taking care of the family in their parents' absence:

Because dad called her the lady-in-charge, so did we! When we had difficulty in making a decision, she would have the final say. Relationship-wise, it was comparable to when we were back in Hong Kong. The main distinction was that she had taken on more responsibilities after coming here. (Nancy, 18, p.8).

Nancy's sister, who was in her early twenties, had to take on these responsibilities in addition to her university studies. In a casual conversation, she mentioned to me that carrying out these extra duties had no doubt been a learning experience; however, she acknowledged that sometimes they brought on feelings of loneliness, as she felt helpless and frustrated with having to handle everything in the absence of her parents. Therefore, behaving as adults was often a lonely experience for those children whose parents remained in Hong Kong.

Tom said that he matured after he came to Canada because he had become more considerate. He learned to think not only of his own needs, but also the needs of others. In the past, he would not consider how his actions or behaviour affected other people and he had lost some friends as a result. Now, he understood the importance of making compromises and was glad that he had a group of close friends to keep him company and help him through his loneliness:

At first, I was worried that I would not be able to adapt. It got better recently. Actually, it got better after this past half a year, after I got to know

my group of friends, about 8 to 9 all who are all Chinese; no Westerners.

(Tom, 16, p.8).

Even though Tom perceived his friends as instrumental in helping him adapt to his life in Canada, he still considered his family to be most important:

Friends have always been important to me... right after my family. (Tom, 16, p.8).

Tom understood that one of the main reasons his parents chose to immigrate to Canada was so that he and his sister could have a good education and a secure future. He said he used to be the "trouble maker" at school in Hong Kong, but now felt he had to study hard so not to disappoint his parents:

When I came, I knew my dad wanted me to have a good future, and I did not want to create trouble. (Tom, 16, p.8).

However, being 16 years of age and living away from his parents for the first time, Tom sometimes found it hard to strike a balance between what he needed to do and what he was able to achieve:

I know I have to do well in school here, but I just cannot gather myself to do so. I simply cannot make myself sit still and study. (Tom, 16, p.8).

Tom experienced a conflict between the child within, who wanted to have fun and be free, and the responsible son that his parents expected him to be. Growing up in the absence of close parental guidance was a challenge for Tom, as it was for some of the other immigrant youth living away from their parents.

In summary, maturation was a challenging yet fulfilling experience. In the process, participants often had to give up what was familiar and embrace the new, which played an important role in their personal growth and development. They needed to give up their identity as children and assume adult responsibilities. By learning to live in a foreign country and actively coping with their loneliness, participants felt they had matured into responsible young adults.

8.2 Negative Health Outcomes

Negative health outcomes contributed to deterioration in the health status of participants and were associated with prolonged use of passive coping strategies. They occurred when participants frequently experienced loneliness and when they were not adapting well to their lives in Canada. An example of one such outcome was reflected in Christine's description of her health status:

I experienced a lot of stress from my school work here. I put a lot of pressure on myself. Whenever there were tests and exams, I had problems eating, sleeping, and I had diarrhea. My diarrhea would sometimes get really bad before my exams. Other times, I simply did not have an appetite to eat, and I always had difficulty falling asleep. ... My

health kept getting worse. Compared to my health when I first arrived in Canada, I felt worse and a lot of ailments were slowly starting to surface. (Christine, 19, pp.12, 14-15).

Although Christine was doing well academically, the passive strategy of staying busy outweighed the active strategy of focusing on her education. The pressure she exerted on herself compromised her health. Seldom did participants use only active or only passive strategies to cope with their loneliness. Negative health outcomes were usually associated with the excessive use of passive coping strategies.

The subcategory of negative health outcomes included the following: insomnia, persistent feeling of tiredness, and eating problems.

Insomnia. Many participants experienced insomnia when they first arrived in Canada. For example, May reported frequent bouts of insomnia during the first two months of immigrating to Canada because she was intimidated by her new school. Her insomnia subsided once she had adapted to life in Canada, which occurred once she got to know a group of friends, was able to comprehend and speak English better, and realized teachers were quite nice. Similarly, Carol experienced insomnia for about three to four months after immigrating to Canada. She attributed her insomnia to separation from her friends in Hong Kong, especially her boyfriend, and her lack of friends in Canada:

At that time, maybe it was stress or I was not happy because I did not have any friends. That was why I could not sleep. As I told you earlier, all

of a sudden I had to separate from my boyfriend, and that had a very big impact on my life. Suddenly, all my caring friends and my boyfriend were no longer around me, and I really missed them, often out of the blue. I would feel very unhappy, and I could not fall asleep. I would think about the things that happened in Hong Kong, and I would feel I have nothing left now. That created a kind of emotional stress, and that was why I could not fall asleep. (Carol, 19, p.14).

Carol's experience of insomnia subsided once she started focusing on her studies, meeting new friends, and engaging in regular social activities.

Other participants, however, experienced insomnia for prolonged periods. Robert's insomnia continued for more than a year after he arrived in Canada. He reported having more to do when he was in Hong Kong and had had his friends to keep him company. Since immigrating to Canada, he felt there were not enough activities to occupy his time and often watched television when he was bored. He did not have any hobbies and he was not playing basketball as much as he had in Hong Kong. Robert said he would lie awake and think a lot at night, which prevented him from falling asleep. His insomnia occurred more frequently during the summer when he did not have his school work to keep him occupied. Christine also experienced insomnia even though she had been in Canada for three years. She attributed her insomnia to stress from her school work, a decrease in the amount of exercise she was getting, and a general feeling of boredom. Christine coped with her loneliness by focusing on her

studies. However, she felt she was putting too much pressure on herself to achieve high grades at school, which only exacerbated her insomnia.

Insomnia and loneliness appeared to be positively related; with increases in one being associated with increases in the other. For most participants, insomnia subsided after they had settled into their lives in Canada, especially after they were able to meet new friends. However, the condition persisted for those participants who relied on passive coping strategies and were not able to adjust to life in Canada.

A persistent feeling of tiredness. Closely related to insomnia was the persistent feeling of tiredness. Participants who had problem sleeping at night often experienced fatigue during the day. A number of them reported feeling tired all the time, regardless of the amount of rest they had during the night:

I often experience a lack of strength and energy. It is like I am not awake, no matter how long I sleep. (Robert, 15, p.10).

Even now during the summer when I have more time to rest, I still feel I do not have enough sleep. I sleep till late in the morning, but I still get really tired by 5:00 or 6:00 p.m. If I try to sleep, I cannot fall asleep even when I am tired. I look really tired and I can hardly keep my eyes open. I cannot fall asleep even when it is midnight. When I can finally get myself to sleep, it is already 2:00 in the morning. I will sleep till noon the next day, but I still feel tired and lethargic. (Christine, 19, p.15).

Lack of motivation was often associated with fatigue. Both Winnie and Mark felt unmotivated and said that all they wanted to do was sleep. They were aware that they had homework that needed to be finished, but they simply lacked the motivation to do it:

Even when I am home facing my homework, I don't feel like doing it. It is not that I do not know how to do it, but I simply do not feel like doing it.

(Winnie, 15, p.17).

Mark attributed his lack of motivation to language and cultural differences between Hong Kong and Canada:

I think it is because I speak English here and I spoke Chinese back there.

I think it is the difference in culture and language. To sum it up, the environment is very different, and I end up not feeling like studying or working. (Mark, 18, p.17).

Christine attributed her experience of insomnia and tiredness to lack of exercise:

I exercised a lot when I was in Hong Kong. I used to look a lot more energized and lively. Here, I am always sitting at home. When I used to exercise I did not have a problem falling asleep at night. But now, I always feel tired. (Christine, 19, p.13).

Reduction in the amount of exercise adversely affected participants' overall health status. In addition to Christine, Robert, Mark, and Linda also said they used to exercise regularly when they were in Hong Kong and did not have trouble sleeping or staying motivated. The decrease in the amount of exercise they did after coming to Canada resulted in difficulties sleeping at night and staying awake during the day. The association between lack of exercise and feeling fatigued was more than just physiological:

I am not exercising because I am alone. In Hong Kong, I had a group of friends with whom I would swim and play basketball. Here, I have no friends who will swim and play basketball with me. (Christine, 19, p.13).

Both Christine and Linda did not exercise because they lacked companionship, while Robert and Mark did not exercise because they could not find a suitable court where they could play basketball. They all exercised regularly in Hong Kong, but this changed after they immigrated to Canada. For these participants, sleeping was used to cope with the feeling of loneliness. The more these participants slept during the day, the more they experienced insomnia at night, resulting in a vicious cycle of fatigue and lack of motivation during the day and insomnia at night.

Eating problems. All of the participants experienced significant weight changes after moving to Canada; in most cases this was characterized by weight gain.

I gained a lot of weight when I first came. I gained 20 pounds for no particular reason. I know a lot of people who are like that. Maybe the digestive system cannot adjust to the food here. I think it is because people do not do any exercises over here. In Hong Kong, people have to walk a lot. (Carol, 19, pp.15-16).

I was 140 pounds when I was in Hong Kong. Then, in less than a month after I came here, I was 168 pounds. Maybe the food was more nutritious. Three months later, I was weighing 175 pounds. Now in the summer, I can ride my bike, and I am able to keep my weight at about 165 pounds. (Tom, 16, p.16).

In addition to normal weight gain associated with physiological maturation, many participants gained weight because of changes in their eating and exercise behaviours. For example, Tom ate when he felt bored and found himself eating a lot more after coming to Canada:

When I first came, I ate four to five bowls of rice every night. I ate so much that my auntie had to stop me. I really devoured my five bowls of rice. Yes, I was really hungry. After I finished my rice, I would finish all the food on the dishes... When I first arrived, I ate all the time, and I did not feel full. I ate when I felt bored, but I still did not feel full. (Tom, 16, pp.16-17 & p.25).

Some participants, on the other hand, lost their appetite after immigration and experienced weight loss. Robert reported eating less after moving to Canada and sometimes simply had no appetite for food. In a more severe case, Christine drastically lost weight after developing an aversion towards food:

At first, I gained a lot of weight. I ate a lot of snacks. The ice cream and cookies here tasted really good. Then, after a while, I just kept losing weight. For a while, I thought I was showing signs of anorexia. I felt like throwing up when I saw food, especially big pieces of meat. I felt the meat would somehow choke me. At that time I did not feel there was anything wrong with my experiences. Now that I am eating normally, I can see that those were actually rather painful times. I did not feel hungry, and I had diarrhea whenever I ate. So I chose not to eat at all. I just felt an aversion for food for no particular reason. As a result, I lost a lot of weight. I was only 82 pounds at one point. (Christine, 19, p.14)

Immigration clearly impacted the eating patterns of participants. While Tom ate an excessive amount of food to cope with his boredom, Christine developed an aversion to food because of the pressure she put on herself to succeed academically. In both cases, the eating problem was related to reliance on passive strategies to cope with feelings of loneliness.

In summary, most participants experienced negative health outcomes in varying degrees after immigrating to Canada. The use of passive strategies to cope with the

experience of loneliness not only triggered the onset of negative health outcomes, it also perpetuated and intensified the experience of loneliness, creating a vicious cycle where participants were caught between feeling lonely and suffering from the negative health consequences of loneliness.

8.3 Summary

The experience of loneliness may have positive or negative health consequences on the individual depending on their choice of coping strategies. While loneliness is an experience that is not easily preventable, the negative health outcomes associated with it can be minimized with the use of active coping strategies. Such strategies could be used to break the cycle of loneliness and despair among Chinese immigrant youth, avert the negative health outcomes associated with loneliness, and lead to maturation. Despite being an unpleasant experience, loneliness may be an inevitable part of personal growth and development. Rather than trying to eliminate the experience altogether, it might be more constructive to learn to cope with it in an effective manner, while also facilitating the process of adaptation.

Chapter 9

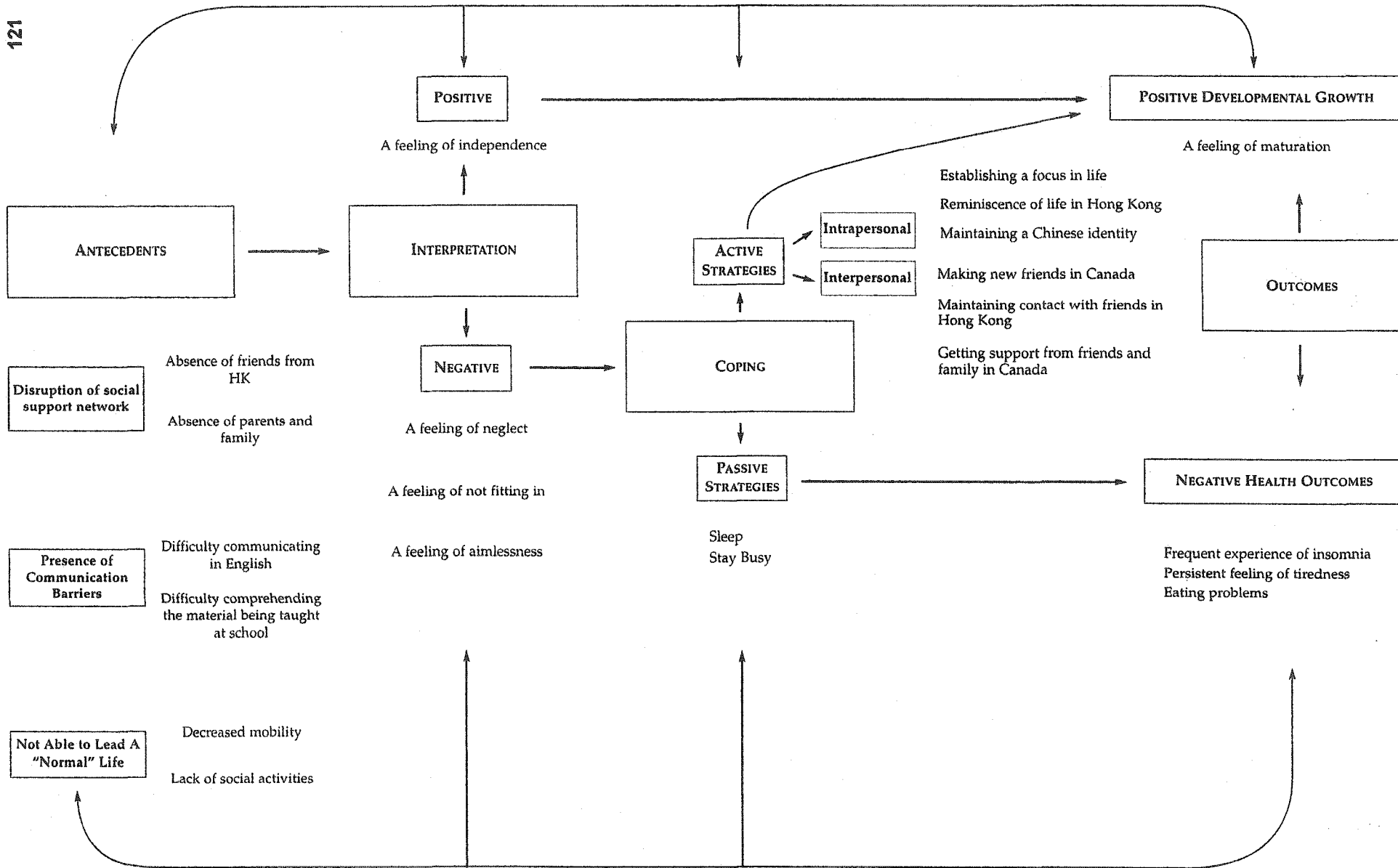
Discussion

The empirical findings generated from this study have been integrated into a unified conceptual model that serves as a heuristic guide for understanding the experience of loneliness among Hong Kong Chinese immigrant youth. This chapter begins with a description of this conceptual model. Drawing on the experiences of two study participants, it then illustrates the function of this model in understanding loneliness. The chapter concludes by comparing this model to other theoretical frameworks that have been used to study loneliness.

9.1 Conceptual Model

A summary of the empirical observations from this study is depicted in the model presented in Figure 2. This model consists of four main components: antecedents of the experience of loneliness, interpretation of the experience of loneliness, strategies used to cope with the experience of loneliness, and outcomes of the experience of loneliness.

The interpretation of the experience of loneliness is the central component of this model because it is through interpretation that the individual generates meaning for the experience. This meaning not only reflects the individual's conditions or circumstances, it also reflects the ways in which the individual will respond to the experience of loneliness. Further, the meaning given to the experience of loneliness influences outcomes through the choice of coping strategies. In essence, all components of the model are interrelated, with each influencing the others. The interactions among the



A MODEL REPRESENTING THE INTERACTION AMONG ANTECEDENTS, INTERPRETATION, COPING STRATEGIES, AND OUTCOMES.

Figure 2

four components are captured by the arrows in the diagram, which are not meant to infer causality.

This study found that Hong Kong Chinese immigrant youth focused predominantly on the difficulties encountered during the adaptation process as the antecedents to their experience of loneliness. Without exception, participants described their most vivid experience of loneliness to have occurred shortly after they immigrated to Canada. They also reported experiencing loneliness most frequently in the first few months following immigration. However, each participant also described being less bothered by loneliness over time. In other words, while they may have still felt lonely at times, the negative outcomes associated with this experience were reduced once they adapted to life in Canada. This demonstrates that the relationship among the four components of loneliness is not necessarily linear and that effective coping strategies are characterized by facilitation of the adaptation process.

Any of the four components in the model may potentially influence the others as they are interrelated in a reciprocal and cyclical manner. For example, the way that individuals cope with the experience of loneliness is influenced by their interpretations of the experience as well as the antecedent circumstances in which such interpretations are made. In turn, the outcome of the experience will influence the antecedents, future interpretations, and choice of coping strategies. Therefore, the four components of the experience of loneliness are best studied together. Focusing on a single component in isolation will only provide a partial understanding of the dynamics of the loneliness experience.

The significance of this model is the framework it provides for understanding loneliness. It emphasizes the importance of the interrelationship among the four components of loneliness and the dynamic nature of the loneliness experience. It considers loneliness to be an evolutionary process, one that changes according to the unique and varied experiences of individuals. In the case of Hong Kong Chinese immigrant youth, their experience of loneliness evolved according to their progression of the adaptation process.

Findings from the study indicate that the process of adaptation and the experience of loneliness are intricately related. The lives of Chinese immigrant youth from Hong Kong are synonymous with the process of adaptation. The descriptions of loneliness they provided demonstrate that the four components of loneliness are reliable indicators of their progression in the adaptation process. The antecedents to the experience of loneliness signify the obstacles encountered in the adaptation process. The interpretations are reflective of their feelings during the adaptation process. The coping strategies are actions taken to facilitate the adaptation process and diminish negative feelings. The outcomes are indicative of the overall health status of the individual.

Indeed, participants experienced less negative outcomes when they were able to improve the conditions that constituted the antecedents to loneliness. This was mainly achieved by interpreting their experience of loneliness positively and drawing on active coping strategies. Examination of positive interpretations and use of active coping strategies revealed that they functioned by facilitating the adaptation process. Despite the difficulties encountered during this process, loneliness was interpreted by some as

a positive experience that fostered a feeling of independence. This positive interpretation helped participants make sense of the difficulties they experienced as immigrants. They felt independence signified maturity and was worthy of the hardships they experienced as immigrant youth. In fact, some participants expected to encounter loneliness in achieving their independence. By learning how to survive as immigrant youth, they had grown up and learned how to take care of themselves and others.

In addition to positive interpretations, active coping strategies also facilitated participants' adaptation to life in Canada by anchoring their sense of self and establishing their social support network. These strategies required tremendous effort from the participants and were effective in moving them towards personal growth and development. For example, establishing a focus in life, one of the *intrapersonal* active coping strategies, helped motivate participants to overcome the difficulties encountered during the adaptation process. Making new friends in Canada, an *interpersonal* active coping strategy, helped them establish a social support network that they could draw upon for assistance during the adaptation process. Use of active coping strategies was related to the outcome of positive developmental growth as was interpreting loneliness as a feeling of independence.

Loneliness was also interpreted negatively. In fact, participants often interpreted loneliness as a mix of both positive and negative feelings, with a heavier emphasis on the latter. These negative interpretations were associated with the distress participants experienced during the adaptation process. They also signified that participants were having difficulty adapting to life in Canada. When loneliness was interpreted as a negative experience and participants did not feel they had adapted to life in Canada,

engagement in passive coping strategies was commonplace. Passive coping strategies, while capable of temporarily relieving the distress associated with loneliness, are not effective in facilitating the adaptation process. They require less effort and do not move the individual towards personal growth and development. In fact, passive coping strategies exacerbate negative feelings associated with loneliness. These strategies, which include staying busy, suppress the experience of loneliness by diverting the individual's attention to another task. Any relief experienced is short-lived because these strategies do not provide any long term improvements to the antecedents. The feeling of loneliness resurfaces whenever the individual's attention is not focused on other tasks. Reliance on these strategies is related to negative health outcomes, including insomnia, fatigue, and eating problems.

Compared to active coping strategies, passive coping strategies are easier to utilize because they provide quick relief and require relatively little effort. Active coping strategies not only take longer to provide any observable improvements, they also require more introspection. The effects of active coping strategies are longer lasting because they foster attitudinal change that facilitates the process of adaptation. Passive coping strategies, on the other hand, do not promote attitudinal change. Individuals who rely heavily on negative coping strategies are trapped in a negative feedback loop that exacerbates the negative feelings associated with loneliness and obstructs the process of adaptation.

The degree to which Hong Kong Chinese immigrant youth engage in active versus passive coping strategies is indicative of the progress they have made in adapting to life in Canada. Use of active coping strategies reflects advancements in the

adaptation process. These immigrant youth are focused towards growth and development and are more likely to overcome the hardships of immigrant life. Conversely, use of passive coping strategies reflects lack of progress in the adaptation process. These immigrant youth are likely to be stuck in a negative feedback loop that exacerbates feelings of distress and intensifies the challenges of immigrant life.

In summary, while feeling distressed may be inevitable for Hong Kong Chinese immigrant youth because of the difficulties they encounter in the adaptation process, positive interpretation and active coping strategies are effective in minimizing this distress and promoting personal growth and development. From a health promotion perspective, one way to enhance personal growth and development and prevent negative health outcomes among Hong Kong Chinese immigrant youth is to encourage them to interpret loneliness positively and to employ active coping strategies. In the following section, the experiences of two participants will be used to illustrate the interrelationship between loneliness and the adaptation process and impact that the choice of coping strategy has on an individual's health and development.

9.2 The Experiences of Carol and Christine

Carol and Christine were twin sisters who immigrated to Canada at age 16. At the time of the interview, they had been living in Toronto for three years. It was their parents' decision to immigrate to Canada and, had they been given a choice, both would have stayed in Hong Kong. In Canada, Carol and Christine lived with their two other sisters and their maternal grandmother; while their parents continued to live and work in Hong Kong. Carol and Christine's experiences have been selected to illustrate the interrelationship between loneliness and the adaptation process because, in spite of

their similar lives, the two had very different outcomes. Carol felt she had more or less adapted to life in Canada and experienced loneliness less frequently, whereas Christine felt she had yet to adapt to life in Canada and still felt lonely. Carol reported her overall health to be good, while Christine reported deterioration in her health since coming to Canada.

Observations of their non-verbal behaviour during the interview confirmed that Carol was better adjusted to life in Canada than Christine was. Carol appeared to be content and smiled throughout the interview. She revealed that she was enjoying her summer job at a floral shop and was looking forward to starting university in the fall. She felt she would not have attained such academic achievements and been able to study at university had she remained in Hong Kong. While she expected a lot of challenges in the coming years, she appreciated the opportunity to obtain a university education. Christine, on the other hand, appeared to be tired and unhappy during the interview. The curtains were drawn in the area where the interview was conducted and the room remained dark despite the bright and warm summer sun outside. She had woken up in the early afternoon, shortly before the interview. While Christine had been accepted to the Engineering Department at the University of Waterloo, she exhibited no signs of excitement about her future prospects. Tears filled her eyes as she read the narrative presented in Appendix E.

Both Carol and Christine encountered difficulties in the adaptation process and attributed these difficulties to their experience of loneliness. Both had wanted to stay in Hong Kong and claimed that adjusting to life in Canada was very difficult, especially when they first arrived. Carol felt her whole life had changed and that nothing was the

same anymore. She felt lonely because she was not able to go where she used to go and do what she used to do. Christine felt her life had become very boring since immigrating to Canada. She felt lonely because she did not have as many friends as she had in Hong Kong. Therefore, both Carol and Christine experienced loneliness because of the difficulties they encountered in adapting to life in Canada, and initially interpreted this in a negative way. Carol, however, was able to diminish her feelings of loneliness because of the progress she made in her adaptation process, while Christine remained stagnant and experienced negative health outcomes as a result.

The turning point for Carol was her decision to accept her life in Canada. She admitted that while she would always prefer life in Hong Kong, it was better for her to focus on what she could achieve now that she was living in Canada rather than let the past hinder her development. When feeling lonely, Carol mentioned that she would talk or play sports with the new friends she met at school. She also stayed in touch with her friends in Hong Kong by telephone and letter writing. Her part-time job meant she was doing something constructive with her time and developing skills. She was proud of her academic achievements since coming to Canada and reported a big improvement from when she was studying in Hong Kong. Carol said she experienced insomnia frequently when she first arrived in Canada, but as she got more adapted to her life here, her insomnia had subsided.

Carol drew on active coping strategies to deal with her loneliness. By using these strategies, Carol not only minimized her feeling of loneliness, she also reduced the occurrence of negative health outcomes. Even though she still felt lonely from time to time, she was able to deal with these feelings by maintaining a positive outlook on life.

As she became more adapted to life in Canada, her interpretation of loneliness evolved to include positive feelings.

Unlike Carol, Christine did not feel that she had adapted to life in Canada. Her responses during the interview showed that she had been plagued by loneliness and negative health outcomes ever since leaving Hong Kong. Her health had deteriorated and she had suffered from anorexia nervosa for about one year. Her body weight dropped to 82 pounds and she felt like throwing up whenever she saw large pieces of meat. Just recalling those days was painful for her. She had managed to regain her body weight, but still suffered from diarrhea on a regular basis, especially prior to tests or exams.

Christine described herself as a high achiever. She placed a lot of expectations on herself and worried that she would not be able to meet her own high standards. She acknowledged that the undue pressure was negatively impacting her health. She had once aspired to become a fashion designer, but felt this goal was no longer attainable now that she was living in Canada because she did not feel comfortable communicating in English. She had decided to study Civil Engineering at the University of Waterloo because she saw someone in the subway wearing a leather jacket with the wording, "University of Waterloo Civil Engineering" sewn on the back. She thought the jacket was impressive and that Civil Engineering was somewhat related to design, so she decided to apply. She admitted that this was a strange way to plan one's future. Since making up her mind to study engineering, she had been under a lot of pressure to achieve the high grades needed to get into the program. Christine would cope with her loneliness by pulling a blanket over her head and going to sleep. In addition to sleeping,

she would watch television, read fashion magazines, or call her boyfriend when she felt lonely. Christine claimed to be able to forget about her loneliness easily and not to be really bothered by it. However, her deteriorating health and her inability to accept life in Canada clearly demonstrated that she was suffering from negative health outcomes as a result of her loneliness experience.

Christine drew on passive coping strategies to deal with her loneliness. While these strategies were effective in helping her forget about her loneliness, they did not reduce the occurrence of loneliness or prevent negative health outcomes. Moreover, Christine was dealing with her feelings of loneliness in isolation, which only served to perpetuate them. Rather than facilitating her adaptation process, her choice of coping strategies produced negative feelings and resentment towards her immigrant life. Christine had not accepted life in Canada. Instead of finding ways to become a fashion designer, she gave up her dream. She became fixated on getting into the engineering program at Waterloo perhaps because it gave her a sense of purpose amidst the disruptions caused by immigration. Since getting into university functioned to keep her occupied and lacked any intrinsic value, it did not diminish her feeling of loneliness or help her adapt to life in Canada. Rather, this goal became a burden that strained her mental and physical health. This is probably why she showed no observable signs of excitement or happiness when she did finally get accepted into Waterloo.

Despite the similarities in what constituted the antecedents of Carol and Christine's loneliness and their interpretation of the experience, they had very different outcomes because of their choice of coping strategies. Carol relied mainly on active

coping strategies and experienced positive developmental growth, whereas Christine relied mainly on passive coping strategies and experienced negative health outcomes.

In summary, Carol and Christine's experiences demonstrate the four interrelated components of loneliness: antecedents, interpretation, coping strategies, and outcomes. Focusing on one particular component will only give a partial and sometimes erroneous understanding of the experience of loneliness. For example, had examination of Carol and Christine's experience focused solely on the antecedents or their interpretations, the extent to which their outcomes differ might have been overlooked. Loneliness, therefore, is a dynamic experience that evolves according to changing antecedents, interpretations, coping strategies, and outcomes. Carol's interpretation of loneliness changed from being a totally negative experience to having some positive aspects as she came to accept her life in Canada. Her choice of active coping strategies enabled her to achieve positive developmental growth and diminished the antecedents to loneliness. For Christine, there were no positive aspects associated with her interpretation of loneliness. In fact, loneliness came to be seen more negatively as she suffered from the negative feedback loop of passive coping strategies and negative health outcomes. Her reliance on passive coping strategies prevented her from realizing the harmful impact of loneliness on her overall health status.

9.3 Comparison of Present Approach with Existing Approaches

This section discusses the significance of the present model in the context of the existing approaches that have been used to examine the experience of loneliness (i.e., psychodynamic, existential, phenomenological, interactionist, phenomenological behavioural, cognitive, and multidimensional). The present study has shifted the

framework of loneliness research from a reactive approach to an active approach. In the former approach, individuals are perceived as reacting defensively to the causes of loneliness, whereas in the latter, individuals are actively involved in interpreting their experience of loneliness and in choosing coping strategies. In the active approach, focus is on enabling individuals to make choices that are the least harmful to health, thereby preventing the negative health outcomes associated with loneliness.

A common goal in research on loneliness has been identifying the factors that cause the phenomenon. The assumption underlying this goal is that by eliminating the causes, the resulting loneliness will also be eliminated. The psychodynamic approach maintains that loneliness is caused by a failure to satisfy the universal human need for intimacy (Fromm-Reichmann, 1959). The existential approach regards loneliness anxiety, the fear of being lonely, as the cause of loneliness (Moustakas, 1961). For the phenomenological approach, the perception of a break in the basic network of relational reality is deemed to be the cause of loneliness (Sadler & Johnson, 1980). The interactionist approach contends that the absence of either an attachment figure or an accessible social network causes loneliness (Weiss, 1973). For the phenomenological behavioural approach, social forces are the causes of loneliness (Rubenstein & Shaver, 1982a). The cognitive approach considers the perceived discrepancy between one's desired and achieved level of social relations to be the cause of loneliness (Perlman & Peplau, 1982). Finally, the multidimensional approach regards personal inadequacies, developmental deficits, unfulfilling intimate relationships, relocation/significant separations, and social marginality to be the causes of loneliness (Rokach & Brock, 1996).

Upon examining the above approaches, it becomes evident that the determinants of loneliness are infinite. While it is important to understand what leads to loneliness, simply identifying its causes is not enough to alleviate the experience. The present study showed that concentrating on what causes loneliness is not enough to provide relief from the accompanying distress. Equally important are the interpretations of loneliness and the choice of coping strategies. Therefore, this study moves emphasis away from reducing the causes of loneliness and, in doing so, shifts the framework of analysis from a reactive approach to an active approach. Rather than responding defensively to the causes of loneliness, individuals are seen as active participants in interpreting their experiences and in choosing coping strategies. As illustrated below, the present study both supports and extends findings from each of the approaches used in previous research on loneliness.

Psychodynamic. The psychodynamic approach emphasizes the importance of early childhood experiences on the establishment of intimate relationships later in life. Any unmet need for intimacy, therefore, is identified as the cause of loneliness. (Fromm-Reichmann, 1959; Sullivan, 1953). The present study revealed that Hong Kong Chinese immigrant youth regarded the absence of friends and family with whom they had grown up with as antecedents to their experience of loneliness, a finding that supports the psychodynamic approach. However, the present study found no evidence that loneliness is a psychiatric problem requiring treatment. Instead, it differentiated between the interpretation and the outcomes of loneliness--while the outcomes of loneliness may be pathological, the experience is not pathological unless the individual interprets it negatively and adopts passive coping strategies. Therefore, the present

approach transforms the lonely individual from a sick person with an illness to an active person with a condition that requires coping.

Existential. Consistent with the existential approach, the present approach regards loneliness as an inevitable part of human experience. Findings indicated that loneliness was sometimes interpreted positively and associated with positive outcomes, such as personal growth and development. This supports Moustakas' (1961) proposition that existential loneliness may bring growth, renewal of vitality, appreciation of love and life, and creativity in one's daily existence. However, rather than identifying keeping busy as an indication of the fear of being lonely, the present study considered it a passive coping strategy. Unlike the existential approach that identifies loneliness anxiety as the cause of loneliness, the present approach distinguishes among antecedents, interpretations, and coping strategies. While the fear of being lonely may be the antecedent of distress, loneliness is only fear provoking when the individual interprets it as such. Moreover, negative health outcomes occur when the individual copes with the fearful experience using passive strategies. By differentiating between these components, individuals may have a better understanding of the source of their loneliness and, therefore, will be equipped to deal with it more effectively.

Phenomenological. The phenomenological approach proposes that loneliness has cosmic, cultural, social, and interpersonal dimensions, which account for the diversity of meanings ascribed to it (Sadler & Johnson, 1980). While the present study did not find evidence that these four dimensions generate four types of loneliness, participants' narratives did contain aspects of each. The cultural dimension of loneliness, which is described as the feeling of estrangement from the customs, beliefs,

and values according to which an individual had been raised, was most apparent. For example, participants described their antecedents to loneliness as the presence of communication barriers and not being able to lead a normal life. Indeed, Sadler and Johnson (1980) considered the cultural dimension of loneliness to be commonly experienced by immigrants. Further, the social dimension of loneliness, where individuals perceive an undesirable break from their network of social relationships; and the interpersonal dimension of loneliness, where individuals feel cut off from significant others, were also reflected in the findings. For example, participants described missing family and friends as antecedents to their loneliness.

While findings from the present study suggest that interpretations of loneliness may reflect the different dimensions of loneliness, they do not support the four types of loneliness proposed by Sadler and Johnson (1980). Instead, the interpretations and choice of coping strategies were unique to the individual. This uniqueness was demonstrated when participants who had similar antecedents experienced different outcomes because of their different interpretations and choice of coping strategies. The argument that the four dimensions generate four types of loneliness undermines the role of the individual. The present approach, therefore, complements the phenomenological approach by accounting for the subjectivity of the loneliness experience. As well, this study goes beyond describing loneliness as it explores how individuals react to the meanings they ascribe to the experience. Finally, by dividing the descriptions of loneliness into antecedents, interpretations, coping strategies, and outcomes, the study demonstrates the dynamics of loneliness, which is crucial for intervention and prevention purposes.

Interactionist. The interactionist approach maintains that there are two types of loneliness, each with different causes and affective manifestations (Weiss, 1973). The first, emotional isolation, is produced by the absence of an attachment figure and tends to be experienced as an aching emptiness and restless anxiety. The second, social isolation, is produced by the absence of an accessible social network and tends to be experienced as a feeling of marginality and exclusion (Weiss, 1973). While the present findings do not support this typology, antecedents and interpretations of loneliness appear to resemble the affective states of social and emotional isolation. For example, participants identified missing their parents and their extended family and friends as antecedents to their experience of loneliness. Missing parents is comparable to the absence of an attachment figure and missing extended family and friends is comparable to the absence of an accessible social network identified by the interactionist approach. Further, the interpretation of loneliness as neglect and aimlessness and not fitting in is comparable to an aching emptiness and restless anxiety and a feeling of marginality and exclusion, respectively.

The findings of the present study demonstrate that even though loneliness is associated with both individual and situational factors, the outcomes extend beyond emotional and social isolation. In fact, loneliness could have positive interpretations, such as a feeling of independence, and positive outcomes, such as a feeling of maturation. The present study, therefore, extends the interactionist approach by including the individual's interpretation and choice of coping strategies in the experience of loneliness. The interactionist approach maintains that the short-term solution to emotional and social isolation is to learn to tolerate the natural loneliness one feels

(Weiss, 1973). Conversely, the present study maintains that, equipped with knowledge about the interrelations among antecedents, interpretations, coping strategies, and outcomes, the individual can respond to loneliness constructively.

Phenomenological Behavioural. The phenomenological behavioural approach compensates for the lack of attention to the individual by investigating both behavioural and subjective aspects of loneliness. Rubenstein and Shaver (1982a) organized the results of their national U.S. survey on loneliness into feelings, reasons, and reactions. Among the four feelings factors were desperation, impatient boredom, self-blame, and depression. It was not the goal of the present study to make a diagnosis of depression and no evidence was found to suggest that loneliness was interpreted as a feeling of desperation or self-blame. However, the feeling of impatient boredom was conceptually similar to the feeling of aimlessness. Moreover, the present study found that loneliness could be interpreted positively or negatively, rather than simply negatively. Among the five reasons factors, being unattached and needing friends, being alone, and forced isolation are conceptually similar to disruption of social support networks, communication barriers, and not able to lead a normal life, respectively. As well, because all participants related their experience of loneliness to the process of immigration, the present study supports dislocation as a reason for loneliness. Finally, the four reactions to loneliness are comparable to the coping strategies identified in the present study. Active solitude and social action are similar to intrapersonal and interpersonal coping strategies, respectively. Staying busy is similar to distraction and sleeping is incorporated in the set of behaviours described as sad passivity.

Overall, the findings of the present study support those of Rubenstein and Shaver (1982a). The main difference is that this study focused specifically on Hong Kong Chinese immigrant youth, whereas Rubenstein and Shaver focused on the American population as a whole. The present study adds the phenomenological approach with its consideration of cultural issues. Further, it extends the framework of reasons, feelings, and reactions to include the outcomes of loneliness. While Rubenstein and Shaver (1982) included both behavioural and subjective aspects of loneliness in their analysis, they deemed social forces to be the ultimate cause of loneliness, which overlooks role of individual. Findings from the present study suggest that social forces do indeed play an important role in the experience of loneliness; however, equally important is the individual's interpretation of these social forces. Simply identifying the social forces that cause loneliness is inadequate for preventing negative health outcomes. Instead, individuals need to be aware of how they interpret these social forces and, in turn, how they relate to their choice of coping strategies. By including the interpretation component, the present approach empowers the individual to play an active role in responding to loneliness.

Cognitive. While the cognitive approach emphasizes the importance of the cognitive appraisal process, it limits the definition of loneliness to deficits in social relationships (Perlman & Peplau, 1981, 1982, 1984). Loneliness, therefore, results from the discrepancy between one's desired and achieved level of social relations. This approach focuses solely on the individual's cognition as the reason for loneliness. The present study shows that the interaction between social forces and cognition generates the experience of loneliness. The cognitive approach also distinguishes between

predisposing factors, which increase vulnerability to loneliness and include characteristics of the person, situational determinants, and cultural determinants; and precipitating events, which trigger the onset of loneliness and include any change in an individual's actual, needed, or desired social relationships (Perlman & Peplau, 1984). Both predisposing factors and precipitating events are comparable to the antecedent component of the present study, since they are the conditions that precede the loneliness experience. The antecedents identified in this study suggest that immigration to Canada from Hong Kong may be conceptually similar to situational determinants. Also, differences between the culture where participants grew up and the culture where they live now may be similar to cultural determinants. No comment can be made about personal characteristics as predisposing factors to loneliness since this was not the focus of the present study. With regards to precipitating events, the disruptions of social support networks, including separation from friends and family in Hong Kong, led to changes in participants' actual, needed, or desired social relationships. Hence the immigration process might be regarded as a precipitating event.

Limiting the definition of loneliness to deficiencies in social relations implies that individuals can only minimize their experience of loneliness by modifying their social relations. The present study, however, demonstrates that loneliness is interpreted as more than deficiencies in social relations (i.e., feelings of aimlessness and/or independence). As well, intrapersonal coping strategies, which are unrelated to improving social relations, were also found to be effective coping strategies. This study, therefore, goes beyond the cognitive approach by investigating the meaning of loneliness from the perspective of the individual. Also, by focusing equally on the

antecedents, interpretation, coping strategies, and outcomes, the present approach eliminates the danger of "blaming the victim." Finally, this approach equips the individual with the ability to interpret the experience of loneliness and to choose appropriate coping strategies.

Multidimensional. The multidimensional approach is the most comprehensive because it encompasses cognitive, emotional, and behavioural manifestations of loneliness (Rokach & Brock, 1996). This approach does not specify any particular definition of loneliness; rather, it emphasizes the uniqueness of individual descriptions of loneliness. By focusing on the quality and meaning of loneliness, the multidimensional approach captures the subjective nature of the experience (Rokach, 1988a). Rokach (1988a, 1989, 1990) developed three different models to describe the experience of loneliness, the antecedents of loneliness, and the coping strategies used to deal with loneliness. This approach is similar to the one used in the present study insofar as it attempts to understand the experience of loneliness from the perspective of the individual. Also, it focuses on loneliness as a process with preceding conditions, affective components, and responding behaviours. There are, however, some notable differences between the two approaches. Instead of having three separate models to describe the various components of loneliness, the present study integrates them into a single model; as well, it extends the multidimensional approach with its inclusion of outcomes.

Among the five factors Rokach and Brock (1996) identified as causes of loneliness, relocations/significant separation is similar to disruption of social support network and social marginality is similar to the presence of communication barriers and

not able to lead a normal life. The other three factors, personal inadequacies, developmental deficits, and unfulfilling intimate relationships, are not reflected in the present study. The five factors that describe the experience of loneliness are comparable to four of the interpretations identified in the present study. Growth and discovery is similar to independence; social inadequacy and alienation, interpersonal isolation, and self-alienation are similar to aimlessness, neglect, and not fitting in, respectively; and emotional distress appears to be present in each of these negative interpretations. Finally, five out of the six behavioural responses identified by Rokach and Brock (1998) parallel the coping strategies identified in the present study.

Reflection and acceptance and self development and understanding are comparable to active intrapersonal coping strategies; social support network is comparable to active interpersonal coping strategies; and distancing and denial and increased activity are comparable to passive coping strategies. Moreover, the passive coping strategies identified in the present study support Rokach's (1996) claim that distancing and denial are the least effective. Faith and religion was not identified as a coping strategy in the present study.

In response Rokach and Brock's (1988) hypothesis that the experience of loneliness varies by culture, the present study explored the experience of loneliness among Hong Kong Chinese immigrant youth. The findings of the present study, therefore, complement the multidimensional approach by providing empirical data on the role of culture in experience of loneliness. Further, the present study relates the outcomes of loneliness to its antecedents, interpretation, and coping strategies, thereby providing invaluable information on the dynamics that lead to positive or negative

outcomes. This information is important for promoting positive developmental growth and preventing negative health outcomes.

In summary, findings from the present study complement existing research by integrating empirical data on the antecedents, interpretations, coping strategies, and outcomes of loneliness into a unified model. This model is useful for preventing the negative health outcomes associated with loneliness as it demonstrates the benefits of positive interpretations and active coping strategies. As well, instead of reacting to loneliness defensively, the individual in this model plays an active role in shaping the outcomes of the loneliness experience. While individuals may not have much control over the antecedents of loneliness, findings demonstrate that through interpretation and the choice of coping strategies, the antecedents could be modified over time. Therefore, while it is almost impossible to eliminate all the causes of loneliness, individuals could certainly modify these causes to be less harmful by interpreting the experience positively and engaging in active coping strategies.

9.4 Summary

The model presented in this chapter portrays loneliness as a dynamic experience comprised of four interrelated components: antecedents, interpretations, coping strategies, and outcomes. In this model, loneliness does not have any predetermined or fixed definition; rather, its meaning evolves as individuals interpret the events and circumstances surrounding their lives. According to this framework, individuals actively direct the outcomes of their loneliness experience. Depending on the interpretation and the choice of coping strategies, the outcomes may be either positive or negative.

This framework represents a departure from those used previously in loneliness research, which have tended to be more reactive in nature. In such approaches, individuals react to the causes of loneliness defensively, where loneliness is predefined as a negative experience. Individuals are not seen as active participants in the interpretation of the experience or in the choice of coping strategies. Accordingly, the way to minimize the distress associated with loneliness is to eliminate its causes. Due to the subjectivity of the experience, however, loneliness has infinite causes. Therefore, while the reactive approach provides insight into the conditions that led to the experience of loneliness and how individuals react to those conditions, it is not effective for the prevention of negative health outcomes. Conversely, the active approach adopted by the present study empowers the individual to interpret the experience and select coping strategies. By showing the relationship between the antecedents, interpretation, coping strategies, and outcomes, the present model can help individuals make informed decisions that will ultimately minimize negative health outcomes and promote positive developmental growth.

In addition to shifting the framework from a reactive approach to an active approach, the present study adds to existing research by providing culture specific data on loneliness. In focusing on the experience of loneliness among Hong Kong Chinese immigrant youth, the study has generated empirical data that reflects characteristics of Chinese culture. It also provides information on the adaptation process of Chinese immigrant youth. As the findings demonstrated, the adaptation process and the experience of loneliness are intricately related. The four components of the experience of loneliness are reliable indicators of the progress in the adaptation process. The

antecedents to the experience of loneliness are related to the then difficulties Hong Kong Chinese immigrant youth encounter in the adaptation process. The interpretation of the experience of loneliness is reflective of the distress they experience. The choice of coping strategies is indicative of the progress they are making in the adaptation process. Finally, the outcomes are the guides towards their overall health status.

This study indicates that Chinese immigrant youth from Hong Kong are inclined to use passive coping strategies in response to their experience of loneliness. This inclination may be related to the characteristics of the Chinese culture. In the following chapter, the influence of culture on the experience of loneliness will be discussed, as will its implications for intervention and prevention strategies.

Chapter 10

Cultural Implications of the Experience of Loneliness

Culture is called a habit system in which "truths" that have been perpetuated by a group over centuries have permeated the unconscious. This basic belief system, from which rational conclusions spring, may be so deeply ingrained that it becomes indistinguishable from human perception--the way one sees, feels, believes, and knows. It is the continuity of cultural assumptions and patterns that gives order to one's world, reduces an infinite variety of options to a manageable stream of beliefs, gives a person a firm footing in time and space, and binds the lone individual to the communality of a group. (Teper, 1977, p.20).

According to this description, culture is the blueprint of an individual's perceptual system. Any information that is processed through this system reflects characteristics of the individual's cultural upbringing. Hong Kong Chinese immigrant youth are meshed in both Chinese and Western cultures. Their experience of loneliness, consequently, is influenced by the interaction of these two cultures. Indeed, findings from the present study demonstrated that culture shock precipitates the antecedents to the experience of loneliness. Findings also revealed that characteristics of both Chinese and Western cultures impact the interpretation of loneliness and choice of coping strategy. Moreover, the degree to which immigrant youth display characteristics of the Chinese or Western

culture in their interpretation and choice of coping strategies is indicative of their progress in the adaptation process.

This chapter opens with a discussion of the manifestation of culture shock as the antecedents of loneliness among Hong Kong Chinese immigrant youth. It continues with a description of the characteristics of Chinese and Western cultures that are found in the interpretation of loneliness and the choice of coping strategies. The chapter concludes with a discussion on the cultural implications for the prevention of negative health outcomes associated with loneliness.

10.1 Antecedents of Loneliness: Culture Shock

The term "culture shock" was initially used by Oberg (1960) in describing the anxiety that results from not knowing what to do in a new culture. He felt that culture shock is precipitated by the anxiety that resulted from losing all the familiar signs and symbols of social discourse. Pedersen (1995) described culture shock broadly as the process of initial adjustment to an unfamiliar environment. He further specified that in a multicultural context, culture shock is more or less sudden immersion into a nonspecific state of uncertainty where individuals are not sure what is expected of them or what they can expect from others around them.

Findings from the present study demonstrate that culture shock precipitates the antecedents to the experience of loneliness among Hong Kong Chinese immigrant youth. Consistent with Pedersen's (1995) description of culture shock as the initial adjustment to an unfamiliar environment, the present study suggests that participants experience loneliness most frequently in the first three to six months after immigrating

to Canada and that they are less bothered by loneliness once they have adjusted, usually after one year.

Chinese immigrant youth from Hong Kong grew up in a culture that differs in many respects from the Western culture of Canada. One of the most notable differences is that Chinese culture is characterized by collectivism, whereas Western culture is characterized by individualism. As described by Hofstede (1983),

Individualism stands for a preference for a loosely knit social framework in society wherein individuals are supposed to take care of themselves and their immediate families only... Collectivism stands for a preference for a tightly knit social framework in which individuals can expect their relatives, clan, or other in-group to look after them in exchange for unquestioning loyalty... [An] issue addressed by this dimension is the degree of interdependence a society maintains among individuals. It relates to people's self-concept: "I" or "We." (p.83).

Antecedents such as disruption of social support network, presence of communication barriers, and not being able to lead a normal life may reflect some of the difficulties an individual from a collective culture faces upon entering an individualistic culture.

Consistent with the description of culture shock by Oberg (1960), these antecedents are indicators of what happens when the familiar signs and symbols of social discourse from a collective culture are no longer present. They may also reflect features of a collective culture, including the importance of a close knit social support network and the need to communicate and participate in social activities. In the absence of social

support and feeling a sense of belonging, Hong Kong Chinese immigrant youth may experience loneliness.

In summary, the findings of this study suggest that culture shock is commonly experienced by immigrants who are moving from a collective culture to one characterized by individualism. However, the effects of culture shock tend to subside once participants are adjusted to their lives in Canada and, consequently, the antecedents to loneliness also become less prominent. In other words, as Hong Kong Chinese immigrant youth learn to adapt to their lives in Canada, the antecedents to their experience of loneliness also disappear.

9.2 Interpretation of Loneliness: Collectivism versus Individualism

One of the most obvious differences between Chinese and Western culture is the emphasis on collectivism versus individualism (Hofstede, 1983). The Chinese culture values family and tradition, harmony, conformity, and obedience to authority, while Western culture values autonomy and original thinking (Rosenthal & Feldman, 1996). In this study, the contrast between collectivism and individualism was reflected in the negative and positive interpretations of loneliness. The negative interpretations of a feeling of neglect, not fitting in, and aimlessness are characteristic of collectivism, whereas the positive interpretation of independence is characteristic of individualism.

Sit (1996) presents an overview of the characteristics of the Chinese culture, which places heavy emphasis on the family, conformity, patience, and modesty. Rather than focusing on individual needs and desires, the thoughts and feelings of family members and significant others are taken into account in decision-making. Further, avoidance of conflict through conformity, patience, and modesty is upheld as opposed

to expressing individual differences and personal opinions. These Chinese cultural characteristics can be traced back to traditional Confucian thinking, where the self is defined within the social context or milieu (Lau, 1996). The individual's identity and roles are defined in relation to others. Emphasis is placed on the larger entity, such as family or society, to the extent that there is no longer an "I," but rather, "we." Everything connected with "I" is subsumed under "we."

Due to this heavy emphasis on the concept of "we," Chinese youth are raised in an atmosphere where familial support is always present and, in turn, they are expected to fulfill the wishes of the family. When these youth immigrate to Canada and their established familial support system is no longer easily accessible, they may be inclined to interpret their experience of loneliness negatively. The feeling of neglect is related to the physical absence of family members, especially parents and close relatives; the feeling of not fitting in is related to a sense of not belonging to mainstream society; and the feeling of aimlessness is related to the lack of an intrinsically meaningful goal. These negative interpretations demonstrate the importance of the physical integrity of the family as a unit, the need for a sense of belonging to society, and the obligations to fulfill the wishes of the family.

Despite the adherence to collectivism, loneliness is also interpreted positively by Hong Kong Chinese immigrant youth. Interpreting loneliness positively, as a feeling of independence, is more indicative of Western culture where individualism is stressed (Rosenthal & Feldman, 1996). There are two possible reasons for such observations. First, interpreting loneliness positively signifies the assimilation of Hong Kong Chinese immigrant youth into Canadian culture. Second, research has shown that values and

child-rearing practices of Chinese in Hong Kong are moving away from traditional practices and values (Lin & Fu, 1990) and that Western values, such as personal competence and autonomy, are becoming more important (Lau, 1988).

It appeared from the findings of this study that positively interpreting loneliness is related to developmental growth, whereas negatively interpreting loneliness is related to feelings of distress. Further, how loneliness is interpreted may be indicative of the degree to which Hong Kong Chinese immigrant youth have adapted to Western culture. Therefore, Hong Kong Chinese immigrant youth who are better adapted are more likely to interpret loneliness positively, while those who are less adapted are more likely to interpret their experience negatively.

In summary, findings from the present study show that negative interpretation of loneliness is related to the Chinese cultural characteristic of collectivism, whereas positive interpretation is related to the Western cultural characteristic of individualism. Due to their cultural upbringing, Hong Kong Chinese immigrant youth may be inclined to interpret their experience of loneliness negatively. However, interpreting loneliness positively may be indication that they are becoming more adapted to Western culture.

9.3 Coping with Loneliness: Interdependent and Independent Self-Construals

Closely related to collectivism and individualism is the individual's concept of the self. The interdependent and independent self-construals are represented as two components of the self-concept (Bontempo, 1983). According to Cross (1995), an individual's self-system, which is shaped by culture, organizes experience, directs behaviour, and provides meaning and coherence to life. Consequently, the self plays an important role in psychological well-being as an individual adjusts to a new culture.

Markus and Kitayama (1991) suggest that members of collectivist societies tend to define the self primarily by referring to aspects of their social roles and in relation to others. As a result, members of collectivist cultures are likely to embody interdependent self-construals, where the person is defined in relation to others (Markus & Kitayama, 1991). The normative tasks for individuals with an interdependent self-construal are to fit into relationships and to pursue a sense of belonging with others. On the other hand, the normative tasks for people in an individualistic culture are to be unique, express their own abilities and traits, and resist social pressure. Consequently, these people are likely to embody an independent self-construal. In this self-construal, the individual is represented as a bounded entity, separate from relationships or group memberships.

Cross (1995) suggests that the preferred strategies of coping may vary with the nature of the self-construal. Weisz, Rothbaum, and Blackburn (1984) argue that individuals with an interdependent self-construal are more likely to adjust to social situations through strategies that focus on changing the self rather than changing the situation. Examples of these strategies include reinterpreting a situation so as to derive meaning from it or accepting a situation and changing one's own expectations or desires accordingly. Conversely, individuals with an independent self-construal are more likely to take direct actions such as confronting others or speaking up on their own behalf when faced with problems or difficulties (Weisz et al., 1984).

Indeed, examination of both active and passive coping strategies in the present study reveals that Hong Kong Chinese immigrant youth chose non-confrontational strategies to cope with their experience of loneliness. These strategies reflect a reliance on the interdependent self-construal as well as characteristics of a collectivist culture.

Among the coping strategies reported by participants, active interpersonal strategies are the most direct and problem-focused. These strategies include making new friends in Canada, maintaining contact with friends in Hong Kong, and getting support from friends and family in Canada. However, even these direct actions reflect the need to rebuild relationships and to pursue a sense of belonging with others, which are characteristic of the interdependent self-construal and collectivism. The other coping strategies, which are subsumed under active intrapersonal coping strategies and passive coping strategies, provide even stronger evidence for the interdependent self-construal and collectivism. Active intrapersonal coping strategies, such as establishing a focus in life, reminiscing about life in Hong Kong, and maintaining a Chinese identity, are consistent with indirect strategies. These include accepting the situation and changing one's expectations and desires, using past memory as an inner resource, and establishing a collective cultural-based identity. Passive coping strategies, which include sleeping and staying busy, are ways of avoiding the negative feelings associated with loneliness in the absence of an external support system such as a familial group or an intimate and trusting social network.

Similar findings regarding reliance on passive coping strategies were found by Chataway and Berry (1989). These authors examined acculturation experiences, appraisal, coping, and adaptation among Hong Kong Chinese, French-Canadian, and English-Canadian university students. Results showed that all groups reported their three most serious problems at university to be uncertainty about the future, academic difficulties, and loneliness. The Hong Kong Chinese group reacted to their problems with less positive thinking and used less tension-reducing coping strategies than the

French- and English-Canadians. Chataway and Berry (1989) attributed reliance on passive or avoidance coping techniques to the tendency for Chinese to solve their problems from within their small social or familial group.

In another study, Wong and Reker (1985) compared perceived well-being and coping behaviour among Anglo and Chinese seniors. The authors proposed three categories of coping: Internal, external, and palliative. Internal strategies were one's own instrumental efforts; external strategies included various forms of dependence on others to reduce stress; and palliative strategies were ways of coping that made one feel better without solving the problem. Consistent with the traditional Chinese values of dependence and endurance, findings from the study revealed that the Chinese seniors relied heavily on external and palliative coping strategies and had reported lower psychological well-being than their Anglo counterparts.

Having been raised in a collective culture that fosters the development of an interdependent self-construal, Hong Kong Chinese immigrant youth are likely to engage in passive coping strategies. Their reliance on passive coping strategies is most prominent when they first arrive in Canada because they are separated from their familial group in Hong Kong and yet to establish a social support network in Canada. Further, due to the cultural characteristic of control of emotions, Hong Kong Chinese immigrant youth are less likely to express their feelings of loneliness because doing so would be regarded as a sign of individual weakness (Wu & Tseng, 1985). Consequently, they are in "triple jeopardy" for negative health outcomes associated with loneliness when they first arrived in Canada. First, they are likely to experience culture shock when they are initially exposed to the Canadian Western culture. Second, they

are more likely to engage in passive coping strategies to avoid dealing with loneliness because of the cultural demand to suppress their emotions. Third, they are less likely to receive support from a close knit social network because they have yet to establish one in Canada.

In summary, the presence of active interpersonal and intrapersonal coping strategies demonstrates that a disposition towards an interdependent self-construal is not strictly related to passive coping strategies and negative health outcomes. The interdependent self-construal is also related to active coping strategies, which are associated with positive developmental growth. Over-reliance on passive coping strategies, therefore, may be ameliorated as Hong Kong Chinese immigrant youth learn to focus more on the interdependent self-construal. This can be achieved by merging characteristics of Western culture with those of Chinese culture.

10.4 Culture and the Prevention of Negative Health Outcomes

Loneliness is an intrinsic component of the immigrant experience for Hong Kong Chinese youth. While preventing feelings of loneliness is difficult, preventing the negative health outcomes associated with loneliness is possible through promotion of active coping strategies. This study found that acceptance of life in Canada motivates immigrant youth to use active coping strategies when they are lonely. The link between accepting life in Canada and motivation to utilize active coping strategies can be explained by self-determination theory (SDT; Deci & Ryan, 1985, 1990; Ryan & Deci, 2000). SDT introduces a continuum that distinguishes controlled behaviour from autonomous behaviour (Skinner, 2002). While controlled behaviour is regulated by factors external to the individual, autonomous behaviour is self-determined and

performed for the inherent satisfaction of the activity itself. Further, Ryan and Deci (2000) proposed that behaviour that is externally regulated can be potentially autonomous--autonomy increases as an individual's acceptance of their behavioural goals increases. These authors referred to the least autonomous form of extrinsically motivated behaviour as "externally regulated," which is performed to satisfy an external demand or reward contingency without any consideration of self-acceptance of their underlying goals. A second type of extrinsic motivation is labelled "introjected regulation" and involves taking in a regulation but not fully accepting it as one's own. A more autonomous or self-determined form of extrinsic motivation is "regulation through identification," which reflects a conscious valuing of a behavioural goal or regulation such that the action is accepted or owned as personally important. Finally, the most autonomous form of extrinsic motivation is "integrated regulation" and occurs when identified regulations are fully assimilated by the self, which means they have been evaluated and brought into congruence with one's other values and needs.

Based on the Chinese cultural characteristic of collectivism and the interdependent self-construal, the behaviour of Hong Kong Chinese immigrant youth is often regulated by obligations to the family. As Huang and Ying (1989) maintained, unspoken obligation is paramount in the Chinese culture. Obligations are very often determined by roles, for example the obligation of child-to-parent. Therefore, Hong Kong Chinese immigrant youth are likely to act in certain ways because they feel they "should" or "have to." In other words, they often behave according to what is expected of them as children rather than what they want for themselves. As a result, their behaviour is likely to be regulated by external and introjected means.

Reliance on external and introjected regulations was demonstrated in the experience of Christine, who immigrated to Canada because of a decision made by her parents. She did not want to leave Hong Kong but complied with her parents' decision nonetheless, demonstrating external regulation. Moreover, since it was her parents' wish to provide Christine with a better education in Canada, this automatically became Christine's behavioural goal. Her goal to excel in school, however, demonstrated introjected regulation because it had no personal significance other than to avoid letting her parents down. Her feeling of alienation and lack of self-determination was further illustrated by her decision to pursue studies in engineering at the University of Waterloo. As Christine relayed, this decision had been based on her seeing someone wearing a jacket with the wording, "University of Waterloo Engineering" sewn on the back. Christine's decision to live in Canada, therefore, was not self-determined and she never accepted her life here. Even though she attempted to cope with her experience of loneliness by focusing on her studies, her efforts remained passive because her motivation was regulated by obligations to her parents. The presence of external and introjected regulations demonstrated that Christine did not behave according to her wants and desires. Due to the lack of self-regulation, Christine pressured herself to the extent that she experienced deterioration in her overall health status.

Christine's sister Carol, on the other hand, experienced greater autonomy despite her lack of control in the decision to immigrate to Canada. Her behaviour demonstrated regulation through identification because she was more accepting of her situation. Even though she felt she would be happier in Hong Kong, she decided to make the best out of her new life in Canada. While Carol's behaviour goals were also

extrinsically motivated by her obligations to her parents, she felt she could direct the course of her life. She decided to use her time in Canada constructively through self-enrichment. For example, she took up a summer job because it afforded her an opportunity to develop her skills. She also looked forward to beginning university in the fall because she felt she would never have been able to acquire such an education had she remained in Hong Kong.

Despite the similarities in their lives, Carol coped with her loneliness actively while Christine relied mostly on passive coping strategies. The adoption of different coping styles by the twins is mainly a function of self-determination. By accepting life in Canada, Carol experienced a greater sense of volition. Even though her behaviour was extrinsically motivated by obligations to her parents, she experienced more autonomy in determining the outcomes of her life in Canada. Consequently, she took a more active stance in overcoming her loneliness because she regarded her life in Canada as personally significant.

In preventing negative health outcomes associated with loneliness, it is crucial to promote autonomous regulation so that active coping strategies will be used. For Hong Kong Chinese immigrant youth who do not have a choice in the immigration process, it is especially important to nurture identified and integrated regulation for behaviour that is motivated by obligations to parents. According to Ryan and Deci (2000), autonomous regulation for extrinsically motivated behaviours can be promoted by social conditions that nurture feelings of relatedness, perceived competence, and experience of autonomy. In fact, these authors identify relatedness, competence, and autonomy as the three basic psychological needs that, when satisfied, conduce health and well-

being. When they are not satisfied, however, they contribute to pathology and illness. Ryan and Deci (2000) further suggest that these needs are universal and present throughout the life span.

In summary, there is a tendency for Hong Kong Chinese immigrant youth to rely on external factors (e.g., obligations to parents) in regulating their behaviours. These extrinsically motivated behaviours can vary in autonomy, depending on the level of acceptance of the behavioural goals. Carol and Christine's experiences demonstrate that acceptance of life in Canada is crucial for autonomy to be present in behaviours that are motivated by obligations to parents. In other words, acceptance of life in Canada signifies self-determination, which facilitates the use of active coping strategies. Therefore, to prevent negative health outcomes associated with the experience of loneliness, it is important to nurture self-determination. This can be achieved when social conditions meet an individual's needs for competence, autonomy, and relatedness.

10.5 Summary

Coming from a collective culture, culture shock is a common experience for Hong Kong Chinese youth who immigrate to Canada, where individualism is the dominant cultural characteristic. According to the findings of the present study, the manifestation of culture shock precipitates the antecedents to the experience of loneliness. Consequently, loneliness is experienced most frequently during the first three to six months of arrival, when immigrant youth are least adapted to life in Canada. During these initial months, the influence of Chinese culture plays a more central role in their lives because they have not yet been integrated into the Western culture. Due to

the influences of collectivism and the interdependent self-construal, Hong Kong Chinese immigrant youth are more likely to interpret their experience of loneliness negatively and to utilize passive coping strategies. Thus, not only are they vulnerable to the experience of loneliness, they are also high risk for negative health outcomes.

The active coping strategies identified in the present study demonstrate that the influence of the interdependent self-construal could generate effective means to cope with the experience of loneliness. When characteristics of individualism are incorporated into the collectivist background of Hong Kong Chinese immigrant youth, they are more likely to interpret the experience of loneliness positively and to utilize active coping strategies. This suggests that Hong Kong Chinese immigrant youth do not necessarily have to give up characteristics of the Chinese culture in order to adapt to life in Canada. They can adopt characteristics of the Western culture while adhering to their Chinese cultural background. In fact, this amalgamation of Chinese and Western cultural characteristics can be conducive to the adaptation process.

While Chinese culture values obedience to parental orders, Western culture values autonomy and independence. Hong Kong Chinese immigrant youth whose behaviour is regulated by obligations to parents without any sense of autonomy tend to rely on passive coping strategies when they experience loneliness. To facilitate the use of active coping strategies, it is necessary for these youth to feel a sense of self-determination, even if their behaviour is extrinsically motivated by their obligations to their parents. They will be more willing to adopt active coping strategies when they accept their life in Canada as personally significant. Finally, to prevent the negative health outcomes associated with the experience of loneliness and to promote a sense

of well-being, it is crucial to nurture one's feeling of self-determination. According to Ryan and Deci (2000), this can be achieved by meeting the psychological needs of relatedness, autonomy, and competence.

In the next chapter, recommendations for health promotion actions following the framework outlined in the Ottawa Charter (World Health Organization, 1986) will be discussed.

Chapter 11

Conclusion

Loneliness is a pervasive health issue that has the potential to affect every individual. New immigrants may be particularly susceptible to the experience of loneliness because of the absence of social and emotional support when they first arrive in a new country. Indeed, the present study demonstrated that Hong Kong Chinese immigrant youth experienced loneliness most frequently during the first three to six months of arriving in Canada. Further, they had a tendency to use passive coping strategies during this period, which not only deters the adaptation process, but may also lead to negative health outcomes. Therefore, it is critical that health promotion actions are implemented as soon Hong Kong Chinese immigrant youth arrive in Canada so that they can prevent and cope with their loneliness in an active manner.

This chapter will outline recommendations that are based on health promotion actions that seek to prevent the negative health outcomes associated with the experience of loneliness. A description of the limitations of the study will then be given followed by directions for future research. The chapter will conclude with some final thoughts.

11.1 Recommendations

According to the World Health Organization (1986), "health promotion is the process of enabling people to increase control over, and to improve their health" (p.426). Within the scope of the present study, this process includes cultivating a social and environmental context that meets individuals' needs for competence, autonomy, and relatedness, thereby facilitating their use of active coping strategies.

Recommendations based on the framework of the five interdependent health promotion actions outlined in the Ottawa Charter (World Health Organization, 1986) are discussed below. These five actions are (1) building healthy public policy, (2) creating supportive environments, (3) strengthening community action, (4) developing personal skills, and (5) reorienting health services.

1. Build healthy public policy. The present study revealed that it is common for parents to continue working in Hong Kong after immigration while the children are in Canada. On the policy level, this finding points to the need for the Federal government to implement legislation to ensure Hong Kong Chinese immigrants receive adequate familial support when they arrive in Canada. The establishment of a familial support network will build a sense of relatedness and ensure that youth are not left alone after immigrating to Canada.

Specifically, this study identified the importance of the physical presence of parents during the initial six months, when Hong Kong Chinese immigrant youth are most vulnerable to the experience of loneliness. Due to the collective nature of Chinese culture, these immigrant youth rely heavily on the support of family whenever they experience distress. It is detrimental to the health of these immigrant youth when their parents go back to Hong Kong right after arriving in Canada. Consequently, legislation ensuring that at least one parent remains with the dependent children for the first six months after immigrating to Canada is recommended. This legislation could be enforced by Citizenship and Immigration Canada so that individuals who leave their dependent children in Canada alone would run the risk of having their immigration status revoked. Further, legislation needs to be implemented so that immigrant youth

are under the care of a legal guardian if parents do decide to leave Canada and live in Hong Kong after the six month period. It is recommended that parents ask relatives and friends to act as guardians so that their children do not feel neglected and so that they have someone to turn to when they need emotional support.

2. Creating supportive environments. Findings from the study point to the need for the development and implementation of orientation programs and support groups. These programs and groups would seek to build a sense of competence among immigrant youth by providing them with an opportunity to adjust to the new country before they formally enter the school system. Ideally, the program would be available to all youth who are recent Canadian immigrants. It will enable them to meet other new immigrants and foster the establishment of social support networks. These programs and groups could be run by the public school system and funded on a federal level.

The purpose of this type of orientation program is threefold. First, it would provide an opportunity for youth from different cultures to meet each other and share their immigrant experiences. This study showed that immigrant youth are more likely to make friends with those who have also been through the immigration process. It was also found that expressing oneself eliminates negative feelings associated with loneliness. Second, the orientation program would acquaint immigrant youth with the education system in Canada without the pressure of having to achieve good grades. It would give them the opportunity to become familiarized with the teaching method, language of instruction, and curriculum before formally entering the school system. Finally, the program would provide immigrant youth with the opportunity to build a sense

of competence. Volunteering and engaging in community service enable them to give back to the community and would foster a sense of belonging to Canada.

Support groups are recommended to maintain and strengthen the social support networks established in the orientation program. In these groups, participants of the orientation program would meet on a regular basis to share their experiences of adapting to life in Canada. One of the objectives of the support groups would be to foster a sense of competence among immigrant youth by providing them the opportunity to help and support each other through the adaptation process. These groups could be facilitated by immigrant youth who are alumni of both the orientation program and the support group. These individuals could share their adaptation experiences and act as role models and peer counsellors to the newer immigrants.

3. Strengthening community action. As newcomers to Canada, immigrant youth have unique health needs. According to Kline (1999), it is important that health promotion programs are tailored to meet the needs of the target population. Accordingly, they should be sensitive to history; cultural practices, such as health beliefs and practices; language; socioeconomic status; and generational differences. Cultural tailoring refers to the development of interventions, strategies, methods, messages, and materials that are appropriate for the specific cultural characteristics of the target group (Pasick, D'Onofrio, & Otero-Sabogal, 1996). Therefore, to ensure that the health needs of immigrant youths are met, they should be involved in the design and implementation of health promotion programs.

In identifying the cultural characteristics and health needs of Hong Kong Chinese immigrant youth, the most reliable informants are the youth themselves. These health

promotion programs could be developed as part of the activities for youth in community service agencies. Immigrant youth could work under the guidance of program directors. Involving these youth in the design and implementation of health promotion programs would foster their sense of autonomy as well as commitment to the community. Also, allowing them to have autonomy over the creation and delivery of the program would increase their motivation to follow through with the program.

4. Developing personal skills. This recommendation builds on the health promotion action of developing personal skills and focuses on internalizing the regulation for active coping strategies. Due to their collectivist and interdependent cultural background, Hong Kong Chinese immigrant youth often rely on their parents to look after their health. Parents feel it is their responsibility to maintain their children's health and children, in turn, are expected to follow their parent's instructions. This is not to say that Hong Kong Chinese immigrant youth do not care about their health; rather, their notion of taking care of themselves is defined by their parents. In other words, they rely on external means to motivate themselves to stay healthy.

Self-determination theory (Ryan & Deci, 2000), however, argues that individuals are more likely to take action when their behaviour is regulated by autonomous means (Skinner, 2002). Hong Kong Chinese immigrant youth, therefore, would be more likely to engage in health promoting actions when they have chosen to do so on their own. The first step in developing this sense of self-determination is to raise awareness among Hong Kong Chinese immigrants of their responsibility for maintaining their own health. Second, it is important for Hong Kong Chinese immigrant youth to distinguish between passive coping strategies, which are motivated by external demands, and

active coping strategies, which are motivated by internal satisfaction. In terms of preventing negative health outcomes associated with loneliness, educating Hong Kong Chinese immigrant youth on the benefits of active coping strategies will equip them with the knowledge needed to make healthy decisions. Whether their experience of loneliness results in positive developmental growth or negative health outcomes depends largely on their choice of coping strategies. Demonstrating the benefits of active coping strategies and the harms of passive coping strategies will help them understand the implications of their actions. Through education, Hong Kong Chinese immigrant youth will learn to minimize negative health outcomes and enhance positive developmental growth by internalizing the regulation for active coping strategies.

5. Reorienting health services. This recommendation aims to develop self-determination for health-related behaviours and to increase the accessibility of health information. In addition to health care settings, health services may also be available in the form of outreach. Immigrant youth who are new to the country may be unfamiliar with the health services available to them and how to go about accessing them. Findings from the present study demonstrate that Hong Kong Chinese immigrant youth are most vulnerable to the negative health outcomes associated with loneliness during the first three to six months of arriving in Canada. Therefore, it is crucial that health-related information reach these new immigrants to prevent negative health outcomes.

In the era of digital technology, health-related information could be made available to immigrant youth through the Internet or via e-mail. Immigrant youth should be given an opportunity to voluntarily register up for such services at the port of entry, during the orientation program (see recommendation 2), or at school. These services

would provide immigrant youth with regular updates on health-related information and upcoming events. They would also give them the opportunity to ask questions and express their opinions about health-related issues. The content of these electronic bulletins could be generated by the youth themselves, as part of their involvement in designing and implementing health promotion programs (see recommendation 3). Since registering would be on a voluntary basis and, these services would foster the development of intrinsic motivation for healthy behaviour and healthy choices.

11.2 Study Limitations

Several limitations of the present study should be noted. First, this study was based on a sample of 17 Hong Kong Chinese immigrant youth. While the small sample size allowed for an in-depth understanding of the loneliness experience, it is not possible to generalize findings to the wider population of immigrant youth. Second, the findings offer only a snap shot of how loneliness is perceived by immigrant youth, because data were collected at a single point in time. Therefore, the descriptions may be skewed by contextual factors. For example, a participant who had had an argument with a friend or relative prior to the interview may have been feeling especially negative about loneliness. Third, the findings are limited to loneliness as it relates to the immigrant experience. Hong Kong Chinese youth born in Canada may have different perceptions and interpretations of loneliness. Fourth, since Hong Kong was under British rule until 1997, the youth in this study had exposure to British Western culture. Therefore, the way they perceive, interpret, and cope with the experience of loneliness may not be the same as Chinese youth raised in a homogeneous Chinese culture such as Chinese youth raised in Mainland China or Taiwan. Fifth, this study is limited to

youth between 15 and 19 years of age. Previous research has demonstrated qualitative differences in the experience of loneliness from early adulthood to old age (Feldman, 1987). Finally, the sample is limited to Hong Kong Chinese youth whose families have the financial resources to immigrate to Canada. Therefore, the influence of financial constraints on the experience of loneliness are not reflected in the findings.

11.3 Directions for Future Research

The model presented in this study (see Figure 2) can be used as a starting point for future research. Studies investigating the relationships between each of the components are needed. For example, individual studies examining the relationship between the antecedents and the interpretation, choice of coping strategies, and outcomes, respectively, could be conducted. The findings that emerge from these individual studies would provide greater insight about the interrelations among the components and could be used to inform health promotion strategies.

A number of comparison studies should also be conducted to enrich the findings of the present study. To investigate the experience of loneliness among immigrant youth from different cultures, future studies could include youth who immigrated from different cultures or Chinese youth who immigrated from regions other than Hong Kong. To investigate the unique influence of immigration on the experience of loneliness, future research could compare Chinese youth from Hong Kong to Chinese youth born and raised in Canada. As well, studies could look at the experience of loneliness among Hong Kong Chinese immigrants by age and gender. Finally, studies could compare Hong Kong Chinese immigrant youth and Canadian born youth of Caucasian decent to examine differences in the experience of loneliness.

Research is needed to investigate the appropriateness and effectiveness of the recommendations outlined in the present study. One suggestion would be to conduct a longitudinal study to assess the health status of Hong Kong Chinese immigrant youth before coming to Canada, upon arrival, and after engagement in health promotion actions. This comparison would reveal the impact of immigration on the health of immigrant youth as well as determine the effectiveness of health promotion actions for health status. Finally, it would be enlightening to conduct a five-year follow-up study with the same participants to examine their adaptation process and health status. A study of this kind would provide more concrete information of the long-term effects of coping strategies and how these strategies relate to the adaptation process and health overall.

11.4 Final Thoughts

Health is more than the absence of disease; it is a state of physical, mental, and social well-being (World Health Organization, 1986). This study has shown that the experience of loneliness interferes with an individual's physical, mental, and social well-being and, accordingly, has negative health implications. Immigrants may be especially vulnerable to loneliness because their social support networks are usually disrupted as a result of their geographical relocation. While preventing loneliness is difficult, there are a number of coping strategies that individuals could utilize that would enable them to preserve their health status.

The present study demonstrated that culture impacts the experience of loneliness for Hong Kong Chinese immigrant youth, both in their interpretation of it and in their selection of coping strategies. While loneliness is an inevitable part of the

immigration process, this study revealed that some individuals are better able to cope with the experience than others are. Those who achieved positive developmental growth drew mainly upon active coping strategies, while those who succumbed to negative health outcomes drew mainly upon passive coping strategies.

The study found that the Chinese cultural characteristics of collectivism and interdependency predisposed immigrant youth to the selection of passive coping strategies. However, some began to use more active strategies once they became more accustomed to the Western cultural characteristics of individualism and independence. Specifically, acceptance of life in Canada was the primary motivator towards engagement in active coping strategies. This sense of acceptance created a feeling of autonomy that helped immigrant youth to internalize the regulation for active coping strategies. According to self-determination theory (Ryan & Deci, 2000), an individual is more likely to be self-motivated when social conditions satisfy the psychological needs for competence, autonomy, and relatedness.

Hong Kong Chinese immigrant youth need to be self-motivated to engage in active coping strategies to prevent them from getting into the negative feedback loop of passive coping strategies and negative health outcomes. The five recommendations outlined in this chapter were aimed at fostering self-motivation and the underlying goal of each was to meet the needs for competence, autonomy, and relatedness, using the framework of the five health promotion actions outlined in the Ottawa Charter (World Health Organization, 1986).

Achieving of a state of physical, mental, and social well-being depends on individual effort as well as the broader social and environmental context. It is important

that individuals take actions that prevent illness and maintain good health. Equally important, however, is the presence of social conditions that facilitate individuals to adopt and follow these actions. To prevent the negative health outcomes associated with loneliness for Hong Kong Chinese immigrant youth, it is crucial that social conditions foster a sense of acceptance towards life in Canada so that they are motivated to use active coping strategies. By ensuring that the broader social context facilitates the natural process of self-motivation, Hong Kong Chinese immigrant youth will have the resources to overcome their predisposition towards passive coping strategies.

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Appendix A
Brief Description of the Study
The Experience of Loneliness among Immigrant Youth from Hong Kong

I am a graduate student in the Department of Public Health Sciences, Faculty of Medicine at the University of Toronto. This study is part of the requirements for the degree of Doctor of Philosophy. The subject of my research is the experience of loneliness among immigrant youth from Hong Kong, and its effect on mental health. I will be interviewing immigrants from Hong Kong between the ages of 15 to 19, who have been in Canada with their families for more than a year and less than five years, and who are attending high school in Canada. Your participation in this study is on a voluntary basis.

As part of this study, you will be asked to participate in one in-depth interview that will last approximately one hour. The interview will focus on your experience of loneliness after you immigrated to Canada.

Interviews will be carried out in Cantonese and will be audiotaped. The taped materials will then be translated into English and transcribed into written text. All interviews, translations, and transcriptions will be carried out by myself. Your name and the names of people close to you will not be used in written materials generated from your interview. Taped interviews will only be accessible to myself during the study.

You will be contacted during the course of this study one or two times for feedback on the validity of the research results. These consultations will be brief and they will not be taped.

You may withdraw from the study at any point during the interview process. You are free to refuse to answer any questions and you may request the interview not to be audiotaped. You may ask that any questions be clarified during the interview and you may withdraw your consent to have specific excerpts used.

Please feel free to contact me at (416) 369-0203 if you have any further questions regarding this study.

Sincerely,

Angela W. Y. Shik
Department of Public Health Sciences
Room 103-J McMurrich Building
University of Toronto
Toronto, Ontario M5S 1A8

Appendix B
Written Consent Form
The Experience of Loneliness among Immigrant Youth from Hong Kong

Dear Participants:

I am a graduate student in the Department of Public Health Sciences, Faculty of Medicine at the University of Toronto. This study is part of the requirements for the degree of Doctor of Philosophy. The subject of my research is the experience of loneliness among immigrant youth from Hong Kong, and its effect on mental health. I will be interviewing immigrants from Hong Kong between the ages of 15 to 19, who have been in Canada with their families for more than a year and less than five years, and who are attending high school in Canada. If you agree to participate, you will be one of approximately twenty-five participants. Your participation in this study is on a voluntary basis.

As part of this study, you will be asked to participate in one in-depth interview that will last approximately one hour. The interview will focus on your experience of loneliness after you immigrated to Canada, the factors that contributed to this experience, and the effects of this experience on your health status.

Interviews will be carried out in Cantonese and will be audiotaped. The taped materials will then be translated into English and transcribed into written text. All interviews, translations, and transcriptions will be carried out by myself. Your name and the names of people close to you will not be used in written materials generated from your interview. Taped interviews will only be accessible to myself during the study.

You will be contacted during the course of this study one or two times for feedback on the validity of the research results. These consultations will be brief and they will not be taped.

You may withdraw from the study at any point during the interview process. You are free to refuse to answer any questions and you may request the interview not to be audiotaped. You may ask that any questions be clarified during the interview and you may withdraw your consent to have specific excerpts used.

In signing this form, you are agreeing to participate in this study and are giving me permission to use your interview as part of my study.

I, _____ have read the above statement and agree to participate as an interviewee under the conditions stated above.

 Signature of Participant

 Date

 Signature of Interviewer

 Date

Appendix C
Written Description of Loneliness

Please write down what you think loneliness is in point form, sentences, or paragraphs

LONELINESS IS.....

Appendix D

Interview Guide

Each interview will start with some close-ended questions with regard to the general demographic information of the participants. Example of these questions are listed below:

- How old are you?
- How long have you been in Canada?
- Are you living with your family?
- Is your whole family living in Canada now?
- How many siblings do you have?
- What grade are you in?
- What language do you speak most often?

Next, participants will be asked the following open-ended questions regarding the experience of loneliness:

- What do you think loneliness is?

Participants will be asked to spend a minute to write their responses down in English on the piece of paper provided (see Appendix C). The responses can be in point form, sentences or paragraph. These answers will serve as probes for the interview.

- Please describe your loneliest experience.
- When did it occur?
- How did you feel?
- What were your thoughts during that incident?
- How often do you feel this way?
- How did you cope with that experience?

Participants will then be asked to read a narrative of the experience of a Chinese immigrant youth from Hong Kong (see Appendix E).

- How would you describe the experience of the individual in the narrative?
- Have you come across a similar experience?
- What would you suggest to help this individual overcome this experience?

Appendix E
Narrative of the Experience of an Immigrant Youth from Hong Kong

Chinese New Year

It was the first day of the Chinese New Year. The house was empty and I was alone at my desk, trying to finish my homework. It was a sunny and beautiful day outside, and I was looking out the window. I could not go outside to enjoy the day because I wanted to finish my work. My room was so quiet that I could hear echoes from my ears.

All of a sudden I started crying. I could not control my tears. I didn't even know why I was crying. I could not be unhappy because I just had a big Chinese New Year celebration with my friends last night. We had a big dinner gathering and we had a lot of fun. We had already made the arrangements to celebrate my birthday together a few days down the road. So why was I crying?

I did not want to call up anyone because I did not want anyone to know that I was crying. I wanted to act strong, and I did not want to let my weakness be revealed. I did not think anyone would understand how I felt.

So I just let my tears roll.

I felt OK after a while, but I was not able to get any work done.