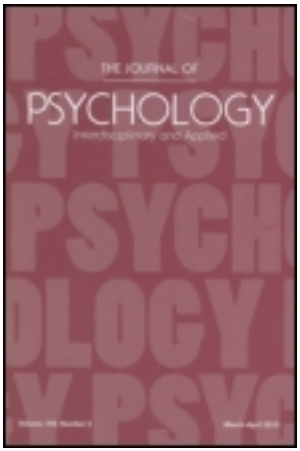

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No Place Like Home? Potential Pathways to Loneliness in Older Adults Under the Care of a Live-In Foreign Home Care Worker

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No Place Like Home? Potential Pathways to Loneliness in Older Adults Under the Care of a Live-In Foreign Home Care Worker

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ABSTRACT. The arrangement in which frail older adults from the developed world are cared for in their homes by individuals from the developing world has become increasingly prevalent worldwide. In Israel, this arrangement is termed *foreign home care*. In this article, the authors first describe the global phenomenon of foreign home care of frail older adults as well as the more local characteristics of this arrangement in Israel. The authors then describe the concept of loneliness. Based on empirical and theoretical knowledge in the field of loneliness, the authors argue that older adults under live-in foreign home care may be particularly prone to feelings of loneliness for several reasons: some that are general to older adults with cognitive or physical disability and others that are specific to this particular caregiving arrangement. The authors conclude by providing ideas for future practice and research on this highly vulnerable group that, to date, has received only minimal research attention.

Keywords: home care, migrant workers, globalization, social support, loneliness, social network, domestic help

THIS ARTICLE OUTLINES THE MANY POTENTIAL pathways to loneliness in older adults, under the care of a live-in foreign home care worker. Although, in many ways, this caregiving arrangement is perceived as ideal, as it maintains the older adult in his or her natural environment (Ayalon, Kaniel, & Rosenberg,

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2008), we argue that this arrangement may, at times, predispose the older care recipient to intense feelings of loneliness. To date, there has been no formal evaluation of loneliness in older adults under the care of a live-in foreign home care worker. Therefore, we cannot comment on the magnitude of loneliness, its origins, or consequences in this already highly vulnerable population. In order to account for current lack of research on the topic, we synthesize existing literature on foreign home care and loneliness. We first describe the global phenomenon of foreign home care of frail older adults as well as the more local characteristics of this phenomenon in Israel. Next, we describe the concept of loneliness. We then discuss specific characteristics of older adults under live-in foreign home care that may predispose this group to intense feelings of loneliness. Finally, we provide ideas for future practice and research.

The care of frail older adults from the developed world by individuals from the developing world represents one form of globalization (Ehrenreich & Hochschild, 2000). This global social phenomenon is aimed at addressing the shortage of available family members as carers (Prochazkova & Schmid, 2009; Yeoh, Huang, & Gonzalez, 1999). This shortage is due to multiple demographic changes that have been taking place in the past century. These include the increase in lifespan, the decrease in childbirth, the fragmentation and nuclearization of the family system, and the entrance of women into the workforce (Ehrenreich & Hochschild, 2000; Popenoe, 1993). The shortage of family members as caregivers is further intensified by the low status assigned to caregiving in the developed world (Feldbaum & Feldbaum, 1981).

Financial considerations also contribute to the popularity of this caregiving arrangement. Given the low financial costs associated with home care relative to institutional care (Aronson & Neysmith, 1996), this is often the preferred alternative not only among family members and older adults, but also among governments (Ayalon et al., 2008; Heller, 2003). The fact that foreign home care workers receive attractive salaries relative to the salaries in their home country, yet these salaries are much lower than the salaries that would have been paid for locals for the same job, further contributes to the popularity of this arrangement. In fact, in some countries, such as the Philippines, the export of women carers has become the Number 1 source of revenue from export to the country (Ehrenreich & Hochschild, 2000).

Finally, the fact that home care is perceived as the best alternative for frail older adults further contributes to its popularity (Ayalon, 2009b). It is considered to represent the wishes of many older adults and frail individuals to stay in their home environment for as long as they possibly can (Keysor, Desai, & Mutran, 1999). This favorable perception of foreign home care is prevalent not only among older care recipients, but also among their family members and social workers, who are in charge of this caregiving arrangement (Ayalon et al., 2008). In fact, many believe that foreign home care is not only a preferred alternative relative to institutional care, but also a preferred alternative relative to care by locals, as foreign workers

are perceived to have caring qualities, such as compassion, obedience, and patience that locals are lacking (Ayalon et al., 2008).

Although, foreign home care is a global phenomenon, we use the Israeli case as an example. In Israel, there are 54,000 documented foreign home care workers and at least 40,000 undocumented workers (Nathan, 2008b). The government partially subsidizes the foreign home care arrangement in an attempt to maintain older adults and frail individuals in the community for as long as possible. Because only the most impaired individuals are eligible for a foreign home care worker, most care recipients are physically and/or cognitively impaired older adults, and a minority are younger individuals who suffer from severe functional and/or cognitive limitations (Heller, 2003). Given their severe limitations, many care recipients require round-the-clock care, which is provided almost exclusively by foreign home care workers and not by Israelis (Nathan, 2008a). These workers are responsible for providing personal care, such as assistance in grooming or feeding (Heller, 2003). The majority of these workers are from the Philippines, but others come from India, Nepal, Sri Lanka, Romania, Moldavia, or Hungary. These workers are not considered new immigrants as their stay in the country is expected to be temporary, and they are expected to leave the country after several years or when their care recipient dies (Ofir et al., 2001). In order to assure their limited stay in the country, workers are not allowed to bring their family members with them, and their prospects of becoming Israeli citizens are almost nonexistent. Nonetheless, despite efforts of the Israeli government to restrict the number of foreign workers in the country (Borowski & Yanay, 1997), their numbers have been steadily increasing, because permits are given solely based on need, which continues to increase with the aging of the Israeli population (Heller, 2003; Klein-Zeevi, 2003; Ofir et al., 2001).

Loneliness in Care Recipients of Foreign Home Care

To date, there has been no research on the phenomenon of loneliness in care recipients of live-in foreign home care. Given lack of research on this phenomenon, we cannot comment on the magnitude, manifestation, origins, or consequences of loneliness in this population. Instead, we synthesize existing literature on the topic of foreign home care and loneliness. Based on the unique circumstances of older adults under live-in foreign home care and current research on loneliness, we suggest that there are multiple potential pathways for loneliness in this population of older adults. These potential pathways include loss of roles, friends and significant others, the presence of physical and cognitive disability, and the provision of care by formal carers, who are also foreigner. Whereas some of these pathways concern older adults or older adults with disability in general, others, such as the provision of care by paid live-in foreign workers are unique to the present caregiving arrangement. We discuss both general and unique potential pathways, because they both characterize this caregiving arrangement.

The subjective nature of loneliness is its most salient aspect. Even though subjective aspects of loneliness may correlate with objective social situations, such as number of friends or frequency of contact, they represent a separate realm. Therefore, a distinction should be made between loneliness and aloneness (Andersson, 1998; Marangoni & Ickes, 1989). As Peplau and Perlman (1982) argued, "Loneliness is a subjective experience, it is not synonymous with objective social isolation. People can be alone without being lonely or lonely in the crowd" (Peplau & Perlman, 1982, p. 3).

There is a common distinction between two forms of loneliness: emotional loneliness and social loneliness. The former emphasizes the absence of an intimate figure. This type of emotional loneliness is common following the divorce or death of a partner. Social loneliness, on the other hand, relates to the absence of valued social networks. For instance, losing a job due to retirement also means losing social contacts with colleagues and peers, who share similar activities and interests, and, thus, has the potential of generating feelings of social loneliness (Weiss, 1973, 1987). Following this perspective, we argue that older adults under foreign home care may be exposed to both types of loneliness due to multiple reasons, some related to old age and disability in general, such as loss of roles, friends, and significant others, disability, and cognitive impairment; whereas others are more specific to their particular caregiving arrangement, which consists of a live-in paid foreigner who provides their most intimate care.

Loss of Roles, Friends, and Significant Others

In old age, many individuals likely have experienced losses of roles, responsibilities, and social ties. These losses have shown to be directly related to loneliness (Lantz, 2006). One such loss, quite common in old age, is the loss of a spouse. Research has shown that marriage is one of the best protective factor against loneliness in old age, whereas living alone or widowhood serve as risk factors for loneliness (Theeke, 2009). Although not unique to older adults under the care of a foreign home care worker, it does characterize this particular population of foreign home care recipients as they tend to be relatively old, sick, and disabled. Many of them are widows and have lost not only their spouse but also social relations with other family members and friends. In addition, given the fact that in Israel, the presence of physical dependency or a need for supervision constitute an eligibility criterion for having a foreign worker (Heller, 2003), the majority of older adults under this caregiving arrangement is likely retired and does not hold formal positions. We expect both emotional and social loneliness to prevail, given multiple losses of roles and activities inflicted upon this population of frail older adults.

The Presence of Physical Disability

Physical disability is considered to be one of the main risks for loneliness (Korporaal, Broese van Groenou, & van Tilburg, 2008), as it appears to influence

one's experiences of both social and emotional loneliness (Weiss, 1973, 1987). Disability is thought to have a direct association with social loneliness through its influence on one's social interaction. This can be due to deteriorated senses, such as hearing or vision that in return, cause communication problems with others, as in the case of cerebral palsy, which affects verbal communication (Balandin, Berg, & Waller, 2006).

Alternatively, loneliness may also be attributed to physical disability, which affects performance of activities such as walking, bathing, and eating (Buchman et al., 2010). This may result in loss of independence and autonomy (Lyons, 1995), which may also influence one's sense of self-worth and self-esteem, by inducing feelings of shame, guilt, and inferiority (Bondevik & Skogstad, 1998).

These negative feelings induced by disability may also take their toll in social interactions with friends and family members. For instance, research has shown that relative to living with one's spouse, living alone or with children or extended family members is related to greater loneliness. The magnitude of these differences is greater for older adults with physical disability (Russell, 2009). Because older adults under the care of a foreign home care worker most likely suffer from some type of disability, one would expect high levels of loneliness in this group.

Finally, the tendency of loneliness to spread in social circumstances, primarily among women (Cacioppo, Fowler, & Christakis, 2009) should also be taken into consideration when considering the potential association of disability with loneliness. In line with this idea, researchers found that wives' disability was related to higher levels of social loneliness in their husbands, whereas for women, mainly their own disability was related to higher levels of social loneliness (Korporaal et al., 2008). Given this finding, it is expected that loneliness is prevalent not only among older recipients of foreign home care with disability but also among the people who care for them, either their paid carers or their partners.

The Presence of Cognitive Disability

Another factor that may be responsible for increased sense of loneliness in older care recipients of live-in foreign home care is cognitive disability. Cognitive disability has the potential to narrow one's social world, which may result in social isolation and feelings of loneliness. When, for example, an individual experiences a memory decline, this can lead to negative feelings such as shame and embarrassment that subsequently result in social withdrawal (Ballard, 2010). Presenting signs and symptoms of cognitive impairment or dementia and having a diagnosis of dementia can also affect other people in one's social cycle, who may move away from this person sometimes simply because they do not know how to act in his or her presence, and at other times because of the stigma associated with dementia (Werner, Goldstein, & Buchbinder, 2010).

To date, there has been only limited research concerning the association of cognitive functioning and loneliness. We identified only three articles written by Holmen and her colleagues. All three were based on the Kungsholmen longitudinal

project, which involved individuals who were 75 years old or older, living in Stockholm. In these articles, a comparison was made between two groups based on their cognitive functioning (e.g., cognitively impaired vs. intact persons). Results showed that feelings of loneliness were more prevalent among the cognitively impaired group relative to the cognitively intact group (Holmen, Ericsson, & Winblad, 1999; Karin, Kjerstin, & Bengt, 2000). However, when the authors differentiated between the two types of loneliness, emotional and social loneliness, only social loneliness was significantly correlated with impaired cognitive status, whereas no significant correlation was found with regard to emotional loneliness (Holmen, Ericsson, & Winblad, 2000). Unfortunately, our knowledge of the topic is restricted by the fact that the only three studies evaluating loneliness in this unique group of cognitively impaired older adults were carried out in a single city by a single research group. Thus, the external validity of these findings is low.

It is important to note however, that more studies, though still limited in number, explored loneliness as a risk factor for cognitive dysfunction. These studies were carried out in different countries and found somewhat inconsistent results. In the Helsinki Aging Study, a longitudinal project conducted in Finland, loneliness at baseline predicted a 10-year cognitive decline (Tilvis et al., 2004). Loneliness was also inversely associated with cognitive functioning among randomly selected noninstitutionalized Irish people, aged 65 years and more (Conroy, Golden, Jeffares, O'Neill, & McGee, 2010). In accordance with these studies, loneliness was found to be a robust risk factor for developing clinical Alzheimer's disease after controlling for the effect of potential confounders, including social isolation (Wilson, et al., 2007). In the only qualitative research found in this field, Latino family caregivers of patients with Alzheimer's disease made an association between loneliness and the onset/worsening of their relatives' Alzheimer's disease (Hinton & Levkoff, 1999). On the other hand, a longitudinal study, conducted in Zutphen in the Netherlands among men, found that changes in cognitive function were not related to loneliness (Tijhuis, De Jong-Gierveld, Feskens, & Kromhout, 1999).

The Provision of Care by Live-In Paid Foreign Home Carers

One aspect that makes older care recipients of live-in foreign home care particularly vulnerable to loneliness is the unique circumstances of this caregiving arrangement. In Israel, the majority of foreign home care workers comes from Asia or East Europe (Nathan, 2007). These workers come from a very different cultural background and usually do not speak the local language upon their arrival. Hence, we expect communication difficulties between workers and older adults. In fact, research has shown that the cultural and linguistic division between the older adults and their foreign home care workers is at times so pronounced that family members have to serve as mediators (Ayalon, 2009b). Nevertheless, even when family members successfully serve as mediators, at times cultural and linguistic

gaps may prevent satisfactory communication between the older adult and the carer (Ayalon, 2009b). The fact that most foreign home care workers are substantially younger than the older adults they care for serves as yet another barrier for satisfactory communication between the involved parties (Ayalon & Shiovitz-Ezra, 2010).

Ageist attitudes (i.e., discrimination based on age) held by the worker may be another mechanism responsible for pervasive loneliness among older adults under this caregiving arrangement. The majority of foreign home care workers comes from the developing world and holds completely different attitudes and perceptions of old age and older adults. Although research has shown that attitudes towards older adults in some Asian countries are substantially more favorable than the attitudes held by Western society (Jones, Zhang, Jaceldo-Siegl, & Meleis, 2002), others have argued that because the life span in these countries is much shorter and because of their constant encounter with sickness and disability in the host country, foreign home care workers tend to hold some unfavorable opinions with regard to the older adults they care for (Ayalon, 2009a). The finding that loneliness spreads across individuals (Cacioppo, et al., 2009) may also dispose some older care recipients of live-in foreign home care to increased sense of loneliness. Past research has documented the profound loneliness experienced by foreign home care workers, who often leave their entire family behind in order to work abroad in a country that regards them as a temporary workforce (Ayalon & Shiovitz-Ezra, 2010). Thus, it is expected that the entire social interaction between the parties is colored by loneliness, which is being mutually fueled by both parties.

Another potential mechanism responsible for loneliness in this group of older adults is the fact that their personal care is provided by a paid worker. Research has shown that formal (paid) care does not replace informal care (unpaid, provided by family and friends) (Daatland, 1997). However, the nature of the relationship does appear to change. Apparently, as a foreign home care worker moves into the family, he or she is eventually expected to perform not only physical tasks, but also emotional and social tasks. Family members, in contrast, resort to performing more administrative and managerial tasks and less emotional tasks, especially as the physical and cognitive functioning of the older adult deteriorates and the presence of the foreign home care worker becomes an acceptable fact (Ayalon, 2009b). We argue that although the presence of a live-in foreign worker may alleviate some of the loneliness experienced by frail older adults, the tendency of the family to disconnect emotionally and socially may result in increased feelings of emotional loneliness in the older care recipient.

Implications for Health Care Professionals

The present review suggests that many factors, such as loss of roles, relationship, and physical and cognitive abilities, are not unique to older care recipients of foreign home care, yet may place them at a disadvantaged position with regard to

loneliness. Although a live-in foreign home care worker may potentially alleviate some of the loneliness experienced by older care recipients, it is highly likely that many older care recipients of live-in foreign home care are still subjected to severe emotional and social loneliness. Acknowledging the fact that a foreign home care worker does not necessarily alleviate emotional and social loneliness is an important step in promoting the well-being of older care recipients. By realizing this, family members and social workers in charge of this caregiving arrangement may be less inclined to designate the responsibility for social and emotional care to the foreign home care worker. We argue that greater social and emotional involvement of family members in this caregiving arrangement is essential. Family members should be encouraged to maintain their social and emotional roles, in addition to their more administrative roles, even once a foreign home care worker has entered the family.

It is also important to address cultural and linguistic barriers that may prevent satisfactory interactions between the involved parties. In doing so, it is important to keep in mind that the use of family members as mediators may hamper the social interaction between the older adult and his or her foreign home care worker and may impair the development of emotional relationship between the two. It is also important to address cultural beliefs and practices that may serve as barriers for successful social interactions.

Although workers usually receive some training prior to entering the home of the older adult, this training is not necessarily geared towards meeting the emotional needs of the older adult. Educational efforts should help workers to maintain more accurate views of older adults and aging that are not necessarily connected with illness and disability. Finally, given the contagious nature of loneliness, interventions to alleviate loneliness in foreign home care workers may also alleviate loneliness in their care recipients.

Implications for Researchers

First and foremost, the present synthesis serves as an urgent call to researchers to further study the extent and nature of loneliness in this highly vulnerable population of older adults. To date, there has been no research on loneliness in older care recipients of live-in foreign home care. In light of the circumstances that surround this caregiving arrangement and our knowledge concerning loneliness, in this article we argued that this population might be particularly prone to loneliness, and we discussed several potential pathways to loneliness in this group of older adults.

There is a need to continue to explore factors that are related to loneliness in older adults in general as well as more specific factors related to loneliness in older adults under a live-in foreign home care worker. Our review identified several areas that have received only limited research attention so far. For instance, the relationship between loneliness and cognitive functioning has received only limited

attention, despite the high prevalence of both loneliness and cognitive impairment in old age (de Jong-Gierveld, Kamphuis, & Dykstra, 1987; Hendrie, 1998) and the mutual associations of loneliness and cognitive impairment with depression (Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006; Emery & Oxman, 1997). In addition, the role of ageism as a source of loneliness in older adults has not received adequate attention and has not been evaluated in a cross-cultural context. Finally, the particular caregiving arrangement, which involves an encounter between a vulnerable older adult from a developed country and a vulnerable caregiver from the developing world, should receive increased attention in its own rights. The potential clash between cultures and world views, the high interdependence between the involved parties, and the low status of both caregivers and care recipients may all contribute to a high sense of loneliness in older adults and their foreign home caregivers under this caregiving arrangement.

Nevertheless, the present caregiving arrangement may also be a source of friendship and companionship both to the older care recipient and—even more so—to his or her partner (Ayalon, 2009b). Hence, in accordance with the view of so many older adults and their family members (Ayalon, 2009b), we agree that this caregiving arrangement also encompasses many potential benefits including the opportunity to maintain old connections in the community and to develop new ones with one's caregiver. Future research will benefit from integrating negative and positive aspects of this arrangement with regard to loneliness.

AUTHOR NOTES

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REFERENCES

Andersson, L. (1998). Loneliness research and interventions: A review of the literature. *Aging & Mental Health*, *2*(4), 264–274.

Aronson, J., & Neysmith, S. M. (1996). The work of visiting homemakers in the context of cost cutting in long-term care. *Canadian Journal of Public Health*, *87*(6), 422–425.

Ayalon, L. (2009a). Beliefs and practices regarding Alzheimer's disease and related dementias among Filipino home care workers in Israel. *Aging & Mental Health*, *13*(3), 456–462.

Ayalon, L. (2009b). Family and family-like interactions in households with round-the-clock paid foreign carers in Israel. *Ageing and Society*, *29*, 671–686.
Ayalon, L., Kaniel, M., & Rosenberg, L. (2008). Social workers' perspectives on care arrangements between vulnerable elders and foreign home care workers: Lessons from Israeli/Filipino caregiving arrangements. *Home Health Care Services Quarterly*, *27*(2), 121–142.
Ayalon, L., & Shiovitz-Ezra, S. (2010). The experience of loneliness among live-in Filipino homecare workers in Israel: implications for social workers. *British Journal of Social Work*, *40*(8), 2538–2559.
Balandin, S., Berg, N., & Waller, A. (2006). Assessing the loneliness of older people with cerebral palsy. *Disability and Rehabilitation*, *28*(8), 469–479.
Ballard, J. (2010). Forgetfulness and older adults: Concept analysis. *Journal of Advanced Nursing*, *66*(6), 1409–1419.
Bondevik, M., & Skogstad, A. (1998). The oldest old, ADL, social network, and loneliness. *Western Journal of Nursing Research*, *20*(3), 325–343.
Borowski, A., & Yanay, U. (1997). Temporary and illegal labour migration: The Israeli experience. *International Migrant*, *35*(4), 495–511.
Buchman, A. S., Boyle, P. A., Wilson, R. S., James, B. D., Leurgans, S. E., Arnold, S. E., Bennet, D.A. (2010). Loneliness and the rate of motor decline in old age: The Rush Memory and Aging Project, a community-based cohort study. *BMC Geriatrics*, *10*(1), 77–84.
Cacioppo, J. T., Fowler, J. H., & Christakis, N. A. (2009). Alone in the crowd: The structure and spread of loneliness in a large social network. *Journal of Personality and Social Psychology*, *97*(6), 977–991.
Cacioppo, J. T., Hughes, M. E., Waite, L. J., Hawkley, L. C., & Thisted, R. A. (2006). Loneliness as a specific risk factor for depressive symptoms: Cross-sectional and longitudinal analyses. *Psychology and Aging*, *21*(1), 140–151.
Conroy, R. N. M., Golden, J., Jeffares, I., O'Neill, D., & McGee, H. (2010). Boredom-proneness, loneliness, social engagement and depression and their association with cognitive function in older people: A population study. *Psychology, Health & Medicine*, *15*(4), 463–473.
Daatland, S. (1997). Family solidarity, popular opinion and the elderly: Perspectives from Norway. *Ageing International*, *24*(1), 51–62.
de Jong-Gierveld, J., Kamphuis, F., & Dykstra, P. (1987). Old and lonely? *Comprehensive Gerontology B*, *1*(1), 13–17.
Ehrenreich, B., & Hochschild, A. R. (2000). *Global woman: Nannies, maids, and sex workers in the new economy*. New York: Metropolitan Books.
Emery, V. O., & Oxman, T. E. (1997). Depressive dementia: A "transitional dementia"? *Clinical Neuroscience*, *4*(1), 23–30.
Feldbaum, E. G., & Feldbaum, M. B. (1981). Caring for the elderly: Who dislikes it least? *Journal of Health Politics Policy and Law*, *6*(1), 62–72.
Heller, E. (2003). The treatment of older adults in Israel. The topic of foreign home care workers in Israel and Israeli nursing care workers: Needs and available solutions. Jerusalem, Israel: Haknesset Research and Information Center.
Hendrie, H. C. (1998). Epidemiology of dementia and Alzheimer's disease. *American Journal of Geriatric Psychiatry*, *6*(2, Suppl. 1), S3–18.
Hinton, W. L., & Levkoff, S. (1999). Constructing Alzheimer's: Narratives of lost identities, confusion and loneliness in old age. *Culture, Medicine and Psychiatry*, *23*(4), 453–475.
Holmen, K., Ericsson, K., & Winblad, B. (1999). Quality of life among the elderly: State of mood and loneliness in two selected groups. *Scandinavian Journal of Caring Science*, *13*(2), 91–95.

Holmen, K., Ericsson, K., & Winblad, B. (2000). Social and emotional loneliness among non-demented and demented elderly people. *Archives of Gerontology and Geriatrics*, *31*(3), 177–192.

Jones, P. S., Zhang, X. E., Jaceldo-Siegl, K., & Meleis, A. I. (2002). Caregiving between two cultures: An integrative experience. *Journal of Transcultural Nursing*, *13*(3), 202–209.

Karin, H. N., Kjerstin, E., & Bengt, W. (2000). Social and emotional loneliness among non-demented and demented elderly people. *Archives of Gerontology and Geriatrics*, *31*(3), 177–192.

Keysor, J. J., Desai, T., & Mutran, E. J. (1999). Elders' preferences for care setting in short- and long-term disability scenarios. *Gerontologist*, *39*(3), 334–344.

Klein-Zeevi, N. (2003). *[Foreign workers in Israel: Current status]*. Jerusalem, Israel: Haknesset Research and Information Center.

Korporaal, M., Broese van Groenou, M. I., & van Tilburg, T. G. (2008). Effects of own and spousal disability on loneliness among older adults. *Journal of Aging & Health*, *20*(3), 306–325.

Lantz, M. S. (2006). Loneliness and boredom: A psychiatric disorder or late-life challenge? *Clinical Geriatrics*, *14*(12), 12–14.

Lyons, R. F., Sullivan, M. J. L., Ritvo, P. G., & Coyne, J. C. (1995). *Relationships in chronic illness and disability*. Thousand Oaks, CA: Sage.

Marangoni, C., & Ickes, W. (1989). Loneliness: A theoretical review with implications for measurement. *Journal of Social and Personal Relationships*, *6*(1), 93–128.

Nathan, G. (2007). *Supervision of the relationship between older care recipients and their foreign home care workers*. Jerusalem, Israel: Haknesset Research and Information Center.

Nathan, G. (2008a). *An automatic approval to employ a foreign home care worker*. Jerusalem, Israel: Haknesset Research and Information Center.

Nathan, G. (2008b). *Examining the reform of foreign home care workers*. Jerusalem, Israel: Haknesset Research and Information Center.

Ofir, Y., Deskel, H., Dror, N., Holzman, B. G., Hirshfeld, O., & Salomon, H. (2001). *Foreign workers in the field of home care*. Jerusalem, Israel: Ministry of Work and Welfare.

Peplau, L. A., & Perlman, D. (1982). Perspectives on loneliness. In L. A. Peplau & D. Perlman (Eds.), *Loneliness: A sourcebook of current theory, research and therapy* (pp. 1–18). New York: Wiley-Interscience.

Popenoe, D. (1993). American family decline, 1960–1990: A review and appraisal. *Journal of Marriage and the Family*, *55*, 527–555.

Prochazkova, L., & Schmid, T. (2009). Homecare aid: A challenge for social policy and research. In S. R. a. D. Zavirsek (Ed.), *Critical edge issues in social work and social policy: Comparative research perspective*. Ljubljana, Slovenia: University of Ljubljana.

Russell, D. (2009). Living arrangements, social integration, and loneliness in later life: The case of physical disability. *Journal of Health and Social Behavior*, *50*(4), 460–475.

Theeke, L. A. (2009). Predictors of loneliness in U.S. adults over age sixty-five. *Archives of Psychiatric Nursing*, *23*(5), 387–396.

Tijhuis, M. A., De Jong-Gierveld, J., Feskens, E. J., & Kromhout, D. (1999). Changes in and factors related to loneliness in older men: The Zutphen Elderly Study. *Age & Ageing*, *28*(5), 491–495.

Tilvis, R. S., Kahonen-Vare, M. H., Jolkkonen, J., Valvanne, J., Pitkala, K. H., & Strandberg, T. E. (2004). Predictors of cognitive decline and mortality of aged people over a 10-year period. *Journal of Gerontol A: Medical Sciences*, *59*(3), 268–274.

Weiss, R. S. (1973). *Loneliness: The experience of emotional and social isolation*. Cambridge, MA: MIT Press.

Weiss, R. S. (1987). Reflections on the present state of loneliness research. *Journal of Social Behavior and Personality*, *2*, 1–16.

Werner, P., Goldstein, D., & Buchbinder, E. (2010). Subjective experience of family stigma as reported by children of Alzheimer's disease patients. *Quality of Health Research*, *20*(2), 159–169.

Wilson, R. S., Krueger, K. R., Arnold, S. E., Schneider, J. A., Kelly, J. F., Barnes, L. L., Tang, Y., & Bennet, D. A. (2007). Loneliness and risk of Alzheimer disease. *Archives of General Psychiatry*, *64*(2), 234–240.

Yeoh, B. S., Huang, S., & Gonzalez, J. (1999). Migrant female domestic workers: Debating the economic, social and political impacts in Singapore. *International Migration Review*, *33*(1), 114–136.

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