British Journal of Social Work (2010) **40**, 2538–2559
doi:10.1093/bjsw/bcq050
Advance Access publication April 19, 2010

The Experience of Loneliness among Live-In Filipino Homecare Workers in Israel: Implications for Social Workers

Liat Ayalon* and Sharon Shiovitz-Ezra

Liat Ayalon is a clinical gero-psychologist and a senior lecturer at the Louis and Gabi Weisfeld School of Social Work at Bar Ilan University. Dr. Ayalon completed her Ph.D. in clinical psychology at the Illinois Institute of Technology and her clinical psychology internship and postdoctoral training at the University of California, San Francisco. Her research concerns the mental health of older adults and the people who care for them. The present study was funded by a young investigator's grant provided by the German Israeli Foundation to support her research on foreign home care workers to older adults. Sharon Shiovitz-Ezra (born in 1974) is a lecturer at the Paul Baerwald School of Social Work and Social Welfare at the Hebrew University, where she received her doctorate in 2005. In 2008 she served as a Postdoctoral Scholar in the Center on Demography and Economics of Aging, at the University of Chicago under the supervision of Professor Linda Waite. Her current theoretical and research agenda focuses on loneliness experienced in the second half of life. She examines predictors such as the influence of objective and subjective social interactions as well as outcomes of loneliness among older people. For example, she examined loneliness as a risk factor for morbidity and all-cause mortality in later life. Another research topic of Dr. Shiovitz-Ezra is the phenomenon of "Ageism." Recently she explored the prevalence of the phenomenon in Israel and plans to investigate its correlates and possible outcomes.

*Correspondence to Liat Ayalon, School of Social Work, Bar Ilan University, Ramat Gan, 52900, Israel. E-mail: *ayalonl@mail.biu.ac.il*

Abstract

This paper evaluates the experience of loneliness among Filipino homecare workers in Israel. It is expected that Filipino homecare workers in Israel experience a triple jeopardy that is responsible for their social and emotional loneliness: (i) as a result of their immigration to a different country and the need to adjust to different cultural values and norms while relinquishing existing social contacts in country of origin, (ii) as a result of their status as temporary workers who are not expected to build their lives in the host county, but to serve Israelis and then leave after several years, and (iii) as caregivers of the frailest individuals in our society. We conducted semi-structured interviews with Filipino homecare workers, their care recipients, family members of care recipients and social workers in charge of this care-giving arrangement. Our analysis revealed three major themes: (i) the experience of emotional and social loneliness, (ii) its impact on workers' emotional and physical health, and (iii) common coping mechanisms

© *The Author 2010. Published by Oxford University Press on behalf of The British Association of Social Workers. All rights reserved.*

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

workers use to address their profound loneliness. We discuss a variety of ways social workers can employ in order to alleviate such feelings of profound loneliness among Filipino homecare workers.

Keywords: Globalisation, long-term care, mental health, professional care-giving

Accepted: March 2010

Introduction

Loneliness has many definitions. Yet, there is an agreement concerning one salient aspect of loneliness: its subjective nature. Even though this subjective aspect of loneliness may correlate with objective social situations, it represents a separate realm. Therefore, a distinction should be made between loneliness and aloneness (Marangoni and Ickes, 1989; Andersson, 1998). As noted by Peplau and Perlman (1982), ‘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 and Perlman, 1982, p. 3).

Weiss (1973, 1987) has differentiated between two forms of loneliness: emotional loneliness and social loneliness. The former emphasises the absence of an intimate figure that may take place following a 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 loosing social contacts with colleagues and peers, who share similar activities and interests, and, thus, has the potential of generating feelings of social loneliness. Following Weiss’s perspective, transitions such as migration that usually involve leaving behind both intimate relationships as well as community relationships can lead to both emotional and social loneliness.

The migration of foreign workers[1] from the developing world to the developed world in order to provide care to more affluent, yet frail individuals has become a global social phenomenon aimed at addressing the shortage of available family members as carers (Yeoh *et al.*, 1999; Prochazkova and Schmid, 2009). This shortage is due to many demographic changes that have been taking place in the last few decades. These include the increase in lifespan, the decrease in childbirth, the fragmentation and nuclearisation of the family system and the entrance of women into the workforce (Popenoe, 1993). This shortage of family members as care-givers, accompanied by the low status assigned to care-giving in the developed world (Feldbaum and Feldbaum, 1981), the low financial costs associated with homecare relative to institutional care (Aronson and Neysmith, 1996) and the wishes of many older adults and frail individuals to stay in their home environment as long as they possibly can (Keysor *et al.*, 1999) are all responsible for the

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

increasing prevalence of foreign homecare worldwide. The fact that foreign homecare workers receive attractive salaries relative to the salaries in their home country, although 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 Israel, there are 54,000 documented foreign homecare workers and at least 40,000 undocumented workers (Nathan, 2008). The government partially subsidises the foreign homecare 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 homecare 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. Given their severe limitations, these individuals require round-the-clock care, which is provided almost exclusively by foreign homecare workers and not by Israelis. These workers are responsible for providing personal care, such as assistance in grooming or feeding. 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. 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 non-existent. Nonetheless, despite efforts of the Israeli government to restrict the number of foreign workers in the country (Borowski and Yanay, 1997), their number has been steadily increasing, because permits are given solely based on need, which continues to increase, with the ageing of the Israeli population (Heller, 2003; Klein-Zeevi, 2003).

Despite the increasing presence of this global phenomenon, research on the topic is only now starting to emerge. The limited research available suggests that workers are often treated as invisible carers, whose work is acknowledged only when problems arise (Ehrenreich and Hochschild, 2000). Though the salary of the workers in the host culture is substantially higher than their salary in their home country, their status is lower, as they capture positions that are not wanted by the citizens of the host culture (Raijman *et al.*, 2003). Research has also shown that workers are often exposed to high levels of abuse and negative working conditions that are further intensified because of the nature of their work behind closed doors, within the private realm of someone else's home (Neysmith and Aronson, 1997; Denton *et al.*, 2002; Ayalon, 2009*a*).

These unique circumstances may generate intense feelings of loneliness in the workers, as their social situation remarkably alters. It is expected that foreign homecare workers in Israel experience a triple jeopardy: (i) as a result of their immigration to a different country and the need to

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

adjust to different cultural values, language and norms, oftentimes at the expense of existing relations in their country of origin; (ii) as a result of their status as temporary workers who are not expected to build their lives in the host country, but to serve Israelis and leave the country after several years; and (iii) as care-givers of the frailest individuals in our society.

First, similarly to any group of new immigrants, foreign homecare workers are forced into a new reality in which their norms, values, language and customs become less relevant in the host culture. In the case of individuals who migrate from the developing world to the more developed world, differences in cultural norms and values may be even more pronounced and may hamper the degree of contact with the host culture as well as the ability of the newcomers to integrate. Further, although immigrants usually enjoy better human capital (e.g. education, financial status, etc.) than their peers who do not migrate (Chiswick, 2000), when making the transition from the developing world to the developed world, these resources may still be of value, but to a lesser degree, as these individuals are considered to be at a disadvantage relative to the residents of the host country. As a result, the ability of these workers to integrate in the host culture and to develop bridging networks (social networks that cross ethnic groups) is likely to be hampered.

Second, every transition to a different country involves leaving behind some family members and friends and severing relationships in the country of origin. Israeli regulations that do not allow workers to come to the country with their family members (including spouse and children) or to give birth or marry other foreign workers while in the country further hamper their bonding relations, whereas the regulations that require workers to leave the country after several years or when their care recipient dies likely hamper both their bonding and their bridging social networks. These regulations that are aimed at keeping the worker from settling in the host culture are likely to result in great emotional loneliness. Although social loneliness might be less pronounced, as workers are still able to develop superficial relationships in their community, they may still not be as capable of creating and maintaining intimate relationships in the host culture, given the knowledge that their time in the country is limited and the fact that they are not allowed to bring their family members with them.

Third, currently in Israel, foreign homecare workers are allowed to work only as round-the-clock workers and, as such, provide care to the most impaired individuals. Most care recipients are completely dependent in activities of daily living, require constant assistance and supervision, and are completely housebound. Although not specific to foreign homecare workers, research has consistently shown that caring for individuals with disability is a strong precipitator of loneliness (Stewart *et al.*, 2006; Adams, 2008). Nevertheless, the specific standards of employment of foreign homecare workers further intensify social isolation for multiple

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

reasons. First, many care recipients are not only physically impaired, but also cognitively impaired. As such, the ability to connect and to create meaningful relationships with these care recipients is quite limited. In addition, most care recipients are much older than the foreign homecare workers who take care of them. Thus, there is also a generational gap between care recipients and foreign homecare workers that could potentially limit the ability of foreign homecare workers to connect with their care recipients. In addition, many care recipients are socially isolated themselves; some are widows and most do not reside with their extended family (Ayalon, 2009*c*). As a result, workers have limited opportunities for social interactions within the home. Moreover, being confined to the home of the care recipient day and night further limits workers' ability to create social interactions with the outside world. Finally, foreign homecare workers capture positions that are not wanted by residents of the host culture. Providing care to old and frail individuals is one of the least desired positions in the Israeli job market, even when provided on an hourly basis to less impaired individuals (Corazim *et al.*, 2002). As such, one would expect the ability of foreign homecare workers to create bridging relationships in the host country to be further impaired due to their position at the bottom of the social ladder in Israel.

It is particularly important to evaluate loneliness because of its negative health and mental health impact on the individual as well as its risk for all-cause mortality (Penninx *et al.*, 1997). For instance, a recent population-based study (Chicago Health Aging and Social Relations Study—CHASRS) found that loneliness is associated with elevated systolic blood pressure and age-related increase in systolic blood pressure (Hawkley *et al.*, 2006). Loneliness was also found to affect cardiovascular activity in everyday life by affecting higher basal total peripheral resistance and lower cardiac output (Hawkley *et al.*, 2003). In another study, loneliness was found to be a significant risk factor for coronary heart condition (Sorkin *et al.*, 2002).

Along with the effects on physical health, loneliness is associated with poor mental health. In both cross-sectional and longitudinal studies, greater loneliness is also associated with higher levels of depression. Furthermore, loneliness has been identified as a risk factor for depression even after central demographic and psycho-social variables are taken into account (Cacioppo *et al.*, 2006). Loneliness is also found to be negatively associated with emotional well-being (Lee and Ishii-Kuntz, 1987) and positively associated with serious suicidal and para-suicidal ideation (Stravynski and Boyer, 2001).

To date, there has been no systematic research on loneliness among live-in foreign homecare workers. This is despite the fact that their unique situation places them in a particularly vulnerable position. Given the deleterious effects of loneliness on multiple life domains, it is particularly important to evaluate loneliness in this vulnerable group of foreign

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

homecare workers that serves another vulnerable group of well-off, yet disabled care recipients.

Finally, potential gender differences in loneliness should also be explored in relation to foreign homecare workers. Given the fact that the majority of foreign homecare workers are female and homecare is considered a feminine job, it is possible that men employed as foreign homecare workers would experience greater isolation and, as a result, report greater loneliness. This may also be the case because in the present study, loneliness was evaluated implicitly and not explicitly, as research regarding gender differences in loneliness has shown that females are more likely to report loneliness when directly asked, whereas no gender differences or even a greater tendency for men to report loneliness are noted when loneliness is assessed implicitly (Borys and Perlman, 1985).

Because of the scarcity of knowledge on the topic and in order to obtain an in-depth understanding into the experiences of foreign homecare workers, we used qualitative research and relied on data from four different sources. We expected workers to report high levels of emotional and social loneliness. We further expected these subjective feelings of loneliness to affect workers' health and mental health as well as their attitudes towards their care recipients. Finally, as already noted, we expected male Filipino homecare workers to report greater loneliness than female workers. Because, in Israel, social workers are in charge of supervising this care-giving arrangement, this paper is specifically focused on the practical implications, in order to potentially improve the overall quality of life of the various stakeholders.

Methods

Sample

For the purpose of triangulation, a strategy that adds rigour, depth and complexity to qualitative inquiry and improves the validity and reliability of the findings by using several data sources or several methods of inquiry (Mathison, 1988), we explored loneliness among foreign homecare workers from four different angles:(i) Filipino homecare workers; (ii) older care recipients; (iii) family members of care recipients; and (iv) social workers in charge of this care-giving relationship. Inclusion criteria for this study were (i) being a Filipino homecare worker who provides round the clock care to an older adult sixty years and older; (ii) being an adult sixty years and older, who receives round-the-clock homecare services from a Filipino homecare worker and is cognitively and physically stable to participate in the interview; (iii) being a family member of a person sixty years and older who receives round-the-clock homecare services by a Filipino homecare worker. Both adult children and spouses who defined themselves as

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

primary care-giver were included in the study; or (iv) being a social worker or a care manager in an agency that is responsible for the supervision of this care-giving arrangement. We limited the study to Filipino homecare workers because this is the largest group of foreign homecare workers in the country.

We used a convenience sample. Hence, participants were approached in adult day-care centres, social services centres, neighbourhood events and other snowballing mechanisms with the purpose of creating maximum variations in gender and geographic location.

Between February 2006 and November 2007, twenty-nine Filipino homecare workers were interviewed. Seven of these workers were interviewed using in-depth individual interviews. In addition, three focus groups of two to eleven of the participants were conducted. The majority of Filipino homecare workers were female (twenty-four; 82 per cent). They ranged in age from eighteen to fifty-six. Time in the country also varied dramatically from several months to eleven years. Legal status was not directly evaluated and only one worker reported being formally undocumented.

A total of seven care recipients were interviewed for this study. Of these, four were male. Care recipients' ages ranged from seventy-four to ninety-four. The amount of time they had received foreign homecare services varied from several months to twelve years. All care recipients were completely impaired in activities of daily living, as this is the major eligibility criterion for hiring a foreign homecare worker in Israel. The majority lived with a partner (five). All had less than twelve years of education. The majority of foreign homecare workers who provided care to these care recipients were female (five).

Overall, twenty-three interviews with family members of older adults cared for by a Filipino homecare worker were conducted. Their age ranged from thirty-eight to eighty-four. The majority of family members were women (twelve). Of these, the majority (ten) were daughters of an older adult cared for by a Filipino homecare worker. Of the five spouse care-givers, two were wives. In the majority of cases, the care recipient was a female (twelve). Whereas spouses shared a residency with the care recipient, none of the adult children shared a residency with the care recipient.

Thirty-one social workers employed by the third largest homecare agency in the country and by another social work agency participated in four focus groups. Three to ten workers participated in each focus group. Focus groups were largely homogenous in terms of participants' role in the agency. However, participants were purposely selected to represent a range of geographical locations (the North, Centre and South of Israel, including both urban and rural areas) as well as different levels of interaction with the parties involved (from direct placement of the foreign homecare worker to ongoing assistance to the care recipient and his or her family). All but two of the participants were female and all but two had a Bachelor's degree in social work or in a related field. The other two had a Master's

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

degree. On average, participants had seven years of experience working with homecare workers.

Procedure

This study was approved by the institutional review board of Bar Ilan University. All interviews were conducted by experienced qualitative interviewers (a total of five, including the principal investigator—LA). Foreign workers were asked about their decision to come to Israel, the challenges and advantages associated with their work, their relationship with their care recipient and their experiences in Israel. Care recipients and their family members were asked about their decision to hire a foreign homecare worker, changes that had taken place following the entrance of the foreign homecare worker, the similarities and differences between a foreign homecare worker and an Israeli worker, and beliefs about the appropriate person to provide care to older adults. Social workers were queried about their experiences as supervisors of this care-giving arrangement, their views of some of the challenges and advantages associated with this arrangement, and their perceived role in the relationship. These questions were further modified, based on feedback from initial interviews. Interviewers were instructed to use a funnel approach (Gorden, 1980), starting with broad questions followed by more specific ones. Interviews lasted between one and three hours. Interviews were recorded and transcribed verbatim.

Analysis

Five different independent raters (including the authors of this paper), all experienced in qualitative research, analysed the interviews. Each interview was independently coded by the first author and at least one additional independent rater. One of the raters was blinded to the research question and study rationale. All coding decisions were discussed in each PI-team members meetings and consensus was reached through discussion when discrepancies occurred. We coded data categories in stages, with each stage representing a more complex conceptual level (Strauss and Corbin, 1998). Each interview was first coded thematically for major content areas. Next, commonalities and differences across interviews and groups (e.g. foreign workers, care recipients, family members and social workers) were evaluated and themes were regrouped to represent major content areas that received considerable attention across participants. Data were not forced into preconceived themes, but, instead, an open coding approach was employed, so that interview data guided the creation of the categories (Cresswell, 2003). Searching for inter-theme consistencies and contradictions, descriptive and then interpretive categories were created to represent interview data. The

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

final stage was selective coding, which involves the identification of core categories to create a story line (Strauss and Corbin, 1998). These categories were subsequently integrated with relevant literature. Due to the large volume of complex data collected, this paper focuses on major themes concerning loneliness among foreign homecare workers as identified by the workers themselves, their care recipients, family members of the care recipients and social workers in charge of this care-giving arrangement.

Results

We identified three different themes that repeatedly emerged in all four groups of informants. The first concerns *the experience of emotional and social loneliness*. The second theme concerns *the impact of loneliness on workers' emotional and physical health*, whereas the third theme addresses *ways of coping with loneliness*. These themes are presented in detail below.

The experience of emotional and social loneliness

Emotional loneliness in the absence of intimate relationships can be characterised in terms of both bonding relationships and bridging relationships. The emotional loneliness experienced by workers who are forced to leave behind their husband and children was strongly emphasised by all four groups of interviewees.

Specifically, workers expressed strong yearnings for the family they were forced to leave behind, emphasising with tears the age and gender of their children in almost every interview. According to all stakeholders, it appears that the first time period in the new country is the hardest one. As one worker stated, 'at the beginning it was very hard, I used to cry all the time because my family is not here, my beloved ones were left there'.

Nonetheless, many times, living apart from their family becomes especially difficult after workers visit with their family in the Philippines and realise the great divide that has come between them as well as the temporary nature of their reunification. As noted by one worker, 'I was in the Philippines last year because my mother had died. I met my children and it was very hard to come back, but I had to'.

For others, leaving to go to Israel was a way to end unwanted relationships in the Philippines without filing for an official divorce. Thus, their visit back to the Philippines only intensified their lack of intimate relationships.

Older care recipients as well as family members were also conscious of the emotional loneliness that workers experienced as a result of being separated from their family. As noted by a spouse of a care recipient:

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

> . . . the yearnings for home are very strong . . . they want to stay here because it's better for them, it gives them (better) financial opportunities. On the other hand the yearnings are pulling them back home and they always dream about their village or town. Especially she (the worker), she has three children.

Foreign workers' emotional loneliness was also acknowledged by professionals who supervise this care-giving arrangement. As stated by a social worker:

> . . . they are dealing with separation especially in the first few months, you hear from families that she (worker) cries a lot, feels very bad and misses her family, there are times that they (foreign workers) cannot get over it and go back home.

Yet, many times, it is the emotional loneliness that is caused by separation from meaningful relationships in the Philippines that also pulls Israelis away from workers and likely brings with it even greater loneliness to the lives of all parties involved. As noted by a social worker, who is also a family member of an older care recipient, 'I cannot understand how a human being leaves three little children behind . . . to me it is very important' (that worker had left her family in the Philippines) 'to many people here they look like robots with no feelings, they come here only for the money'.

Although not explicitly acknowledged by Filipino homecare workers, social workers and family members noted gender differences in emotional loneliness. Reportedly, oftentimes, Filipina homecare workers (but to a much lesser degree male workers) establish romantic relationships with locals or with other foreign homecare workers who reside in Israel. These stakeholders expressed doubt concerning the meaningfulness of these relationships and argued that, oftentimes, their intimate partners take advantage of them. 'Many Israeli men associate with Filipinas and they guide them how to screw the system . . . and then, they "screw them" literally,' said a social worker.

Apparently, even when bridging relationships are formed and workers are able to establish intimate relationships with their care recipient, these relationships are fragile and are subject to various interruptions, as, many times, care recipients are unable to stay within the homecare arrangement and occasionally die.

As noted by a foreign homecare worker, 'But it is very difficult for us when we love so much when they (care recipients) die; it causes a lot of pain'.

Social loneliness

Along with reports of emotional loneliness, we also found reports of social loneliness. Social loneliness was primarily driven by separation from one's

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

social network and the need to adjust to a different society and culture. Most often, workers do not know the local language or the cultural codes of the host country, at least upon their initial arrival. This makes it difficult for them to establish new social bonds with care recipients and their family members. The fact that most of these workers live in the home of their care recipient further hampers their ability to network with other foreign workers and likely increases their social loneliness. As emphasised by a Filipino worker, 'it is so hard when you are new here, it is so hard, I always cried because I did not understand .... My employer was angry at me because he knew only Bulgarian'.

Whereas both Filipino homecare workers and family members and care recipients portrayed their relationships in family-like terms, many Israelis also noted the cultural, linguistic, and age-related barriers that hamper the development of bridging relationships and lead to greater social loneliness. As noted by several social workers:

> ... an older adult, who gets a care taker, does not need only some one who cleans him and take care of him- I think this is a secondary need. The main issue is that this person needs contact, needs a human touch, a smile ... and the Filipinos have built a shield around themselves. I do not know if they are different when it comes to their interpersonal contacts, they built a shield because they think this is what we are looking for ....

> Israelis allow contact up to a certain point and then there are barriers. Israelis will not speak a different language with people who do not speak Hebrew, they do not care ... every one should learn Hebrew.

Or, as reported by a family member, 'He (worker) goes on Saturdays to his Filipina girlfriend in Tel Aviv. He has a very big group of friends that he goes to church with ... but I do not see that he has Israeli friends'.

Despite the fact that all stakeholders acknowledged that Filipinos learn Hebrew easily, adopt Israeli cultural norms and increasingly become more 'Israelis' in their qualities, the barriers between Israelis and Filipinos do not disappear and bridging relationships are hardly ever formed. In fact, many times, these 'new Israeli qualities' cause even greater divide between the parties. Two social workers commented:

> In the past, when families had asked for a Hebrew-speaking worker, I had looked for one, now I just tell them that they learn Hebrew so easily, it's not a problem ....

> As you say, 'a good broom cleans well'—In the beginning they (workers) work well, but with time they corrupt, they meet friends and become corrupt.

Social workers also acknowledged the fact that workers spend an indefinite amount of time with care recipients, who are often cognitively impaired and even if cognitively intact, do not share their language or cultural background. One social worker said 'there is a horrible loneliness among

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

foreign home care workers . . . let's consider how difficult it is to sit for 24 hours with Mrs. Cohen (pseudonym of a cognitively impaired care recipient) . . . these are many empty hours'.

Feelings of social loneliness among foreign workers were also attributed to the way they were treated by some care recipients and family members. Apparently, some care recipients and families were portrayed as being interested only in the job the worker has to perform, while showing no interest in the human being who performs this job. As vividly stated by a social worker:

> . . . they (the workers) are looking for any human connection . . . they (the family) do not think that treating the worker properly is part of their role. I mean to develop a simple conversation to ask about their children, if they are feeling well today, stuff like that . . . most families don't have a clue as to what happens to the worker on Sundays (their day off). They (workers) have a day off but they (family members) never bother to ask them how they spend it.

The impact of loneliness on workers' emotional and physical health

The severe emotional and social loneliness experienced by workers appears to have a devastating emotional toll on the workers. Whereas workers acknowledged their severe isolation and eagerness for social contact, they were less likely to talk about the consequences of their loneliness. Hence, despite the fact that, oftentimes (primarily female, but, to a lesser degree, male), workers discussed their situation in tears and openly reported loneliness, they did not elaborate much on the emotional and physical consequences associated with such profound loneliness. On the other hand, workers were more likely to report the impact of other negative life situations, such as abuse or mistreatment by their employers on their lives. As clearly demonstrated by a foreign homecare worker, 'when she (care recipient) is angry with me I go outside and cry and cry . . . . It is better for me to go outside, to cry outside'.

Israeli stakeholders, on the other hand, all acknowledged that workers often experience severe depression and crying spells as a result of their profound loneliness. Accordingly, some Filipino homecare workers experience suicidal thoughts and even attempt suicide as a result of severe loneliness and adjustment difficulties, especially during their first year in the country, as workers see no other way out of their miserable situation in the absence of social support.

As one of the social workers noted, 'When we conduct home visits, we find some of the workers very happy but some are very sad, they live in extreme loneliness and isolation'. These intensive feelings associated with loneliness sometimes lead to medical conditions derived from losing weight, lack of sleep and intense work schedule. As told by a spouse of a care recipient:

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

> . . . he (foreign worker) felt a weakness and I immediately sent him to a doctor, I told him you have to see a doctor you do not feel well, you are losing weight . . . he has brothers and sisters and all of a sudden he finds himself all alone, so I'm trying to be like his mom as much as I can.

According to social workers and family members, the emotional state of the worker also has a direct impact on the care they provide to care recipients as well as on care recipients' emotional state. Specifically, when workers report severe loneliness and yearn to return back to the Philippines, it often precipitates severe anxiety and fears in their care recipients, who express concerns that their worker would leave them. This phenomenon clearly demonstrates the interdependence between foreign homecare worker and care recipient. As noted by a family member, 'our first worker had a hard time adjusting, she used to cry all the time and to talk about her family and, this really had a negative emotional impact on my mother'.

Ways of coping with emotional and social loneliness

In order to deal with their extreme emotional and social loneliness, workers use a variety of coping mechanisms. One prevalent mechanism is their attempt to justify their leaving by attributing it to their financial need to support their loved ones in the Philippines as well as to their hopes to provide their children with a better life than the life they have had. As one of the workers declared vividly, 'This is how I can survive, even if it is very hard. I can find a way . . . I know what I earn is for my children'.

Although this mechanism is commonly used by workers and is well acknowledged by all other stakeholders who take part in this care-giving arrangement, Israeli family members and social workers viewed it more critically and reported a general disbelief about the quality of care provided to care recipients given what they perceived as workers' abandonment of their own families in the Philippines.

Another useful mechanism that has helped many workers cope with their loneliness is their connection with the Israeli family they serve in an attempt to compensate for the absence of their own family, which remained in the Philippines. This attempt to merge into the Israeli family is often made explicit by the use of familial terms in relation to the care recipient. At times, these close relationships lessen both social and emotional loneliness. As stated by a Filipino homecare worker, 'I love my Savta (a grandparent in Hebrew). With my own grandmother I never felt that way'. Not surprisingly, these attempts have been welcomed by many Israeli families who are usually eager to adopt the worker into their family. As noted by a spouse of a care recipient, 'we are trying to make her (worker) feel like she is part of the family. When we go to a family meeting she always joins us, sitting with us near the table . . . we accept her as family . . . she even calls me dad'.

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

Nonetheless, it is important to note that both Israelis and Filipinos are often quite ambivalent about this 'inclusion' of the worker within the Israeli family, as demonstrated by a family member who had talked about the Filipino homecare worker as part of the family throughout the interview, yet, at the same time, talked about the same worker as non-existent: '*He (*care recipient*)* lives alone. His wife died two years ago, and the Filipino worker lives with him.'

The development of social ties with the Filipino community in Israel is another attempt to lessen social loneliness. The Filipino community is the largest and strongest community of homecare workers in Israel. This community runs several local magazines, various workers' organisations, coffee shops, social clubs and stores, all dedicated to preserving the Filipino heritage in Israel. From interviews, it became apparent that, oftentimes, several workers rented an apartment together and used it during their day off for social gatherings. Apparently, oftentimes, this apartment served as an outlet to their strong emotional loneliness, where they all cried freely about the family members they had left behind. Workers, accompanied by their care recipients, also tended to meet in public gardens and older adults' day centres. The use of cell phones and text messages was yet another way for workers to communicate with each other. These connections with the Filipino community in Israel serve not only as a source of social ties and intimate relationships, thus alleviating both social and emotional loneliness, but also provide workers with an invaluable source of information about their rights as well as opportunities in Israel.

Nonetheless, despite the importance of these social networks, it is not always possible for workers to develop them. Some workers cannot go to meeting places because they work round the clock for seven days a week, whereas others are unable to attend social gatherings simply because their care recipient is housebound. As stated by a worker, 'there are other Filipinos here and they are meeting in the garden close to the store, but I cannot go there because my old care recipient cannot go that far'.

For others, this social alternative is not feasible because they live in remote neighbourhoods where no other Filipinos live. As emphasised by a social worker, 'One of the workers lives in a neighbourhood that has no other foreign workers, there was only one other worker two kilometres away, so it was as if she was imprisoned in her own world'.

Although this mechanism of connecting with the Filipino community in Israel was well acknowledged by care recipients, their family members and social workers in charge of this care-giving arrangement, they often viewed it critically and argued that the development of social ties with other Filipino workers hurts the quality of care workers provide to their loved ones either because workers devote less time and attention to care recipients or because workers became aware of their rights and were less submissive as a result. As stated by a son of a care recipient, 'she

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

(worker) is 30. She is young. She has a Filipino boyfriend for over a year and a half now. Initially it really hurt us. We were afraid'.

Discussion

The strong sense of both emotional and social loneliness reported by workers was well understood. The expected loneliness associated with migration to a different country was further intensified due to policies that view workers as temporary and thus do not allow workers to bring their loved ones with them. These workers leave behind families, friends and neighbours in order to move to another country where they are expected to provide round-the-clock care to individuals who are often not only physically frail, but also cognitively impaired (Heller, 2003; Ayalon, 2009*d*).

This transition from their home country to the new country forces workers to adjust to a society that employs different language, costumes and, in the case of Israel, also different religious beliefs. Although language barriers are quite pronounced during their initial stay in the country, all stakeholders acknowledged that Filipinos are quite skilful in learning Hebrew and that language is often a minor barrier relative to cultural and religious barriers that are not so easily negotiated, even after years in the host country. Reportedly, even though, after several years in the country, Filipino homecare workers dress up like Israelis and, in many ways, behave like Israelis (by becoming more demanding and insisting on their rights), certain cultural barriers are not overcome. According to Israelis, the tendency of Filipino homecare workers to keep their emotions to themselves and to refrain from having intimate conversations with Israelis are major barriers to the development of bridging relationships between the parties. Others noted that Israelis are not open to people of different cultural norms and that this also hampers the relationships between the involved parties.

The general view of foreign homecare workers as invisible as long as their work is done (Ehrenreich and Hochschild, 2000) further hampers workers' ability to develop meaningful social contacts in the host culture. Even though Israeli families were eager to absorb the worker into their family, they also tended to minimise his or her existence in order to maintain the frail older adult as independent as possible in their own view. As already noted in past research (Ayalon, 2009*b*), whereas Israeli family members gain many benefits by including the Filipino homecare worker in their family, as the worker is then expected to provide additional social and emotional tasks at no additional cost to employers, Filipino homecare workers have more to lose, as they are often expected to adopt the Israeli family at the expense of their family of origin. Based on the present study, it appears that very few workers truly develop intimate enough

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

relationships with their employers to also alleviate their emotional loneliness and not only their social loneliness.

Certain gender differences in the experience of loneliness were also noted in the present study. Although, traditionally, men were more likely to migrate in search of better opportunities, the past few decades have seen a demographic shift, which is characterised by a strong tendency for female migration. Apparently, some countries, including the Philippines, view migration as a major source of revenue, as migrants tend to send most of their income back to the Philippines in order to support their families that are left behind. The Filipino government actively encourages female migration, as women are more likely than men to send money to their families back in the Philippines (Brush and Sochalski, 2007). The fact that Filipinos are portrayed as natural care-givers, and thus tend to take on caring positions that are thought to be feminine in nature, is yet another reason for the strong representation of female migrants from the Philippines (Salazar Parrenas, 2001). Given this largely feminine migration as well as the feminine nature of their profession, we expected female workers to report lower levels of loneliness and to have stronger bonding relationships with the Filipino community in Israel. However, whereas no differences in bonding relationships were noted, we found that relative to Filipinos, Filipinas were more likely to create intimate romantic relationships with Israelis as well as with other foreign workers (not necessarily from the Philippines). Because Filipinos are employed in a traditional feminine profession as service providers, females are more likely to fit into a 'traditional family', whereas males are somewhat less likely to fit into such a family. Further, their profession as homecare workers as well as their status as foreign workers are devalued in Israeli society and place both men and women from the Philippines at a disadvantage relative to Israelis. Such a social disadvantage is more normative in the case of women who often partner with men of higher social class rather than the other way around.

We also found that Filipinas were more likely to show emotions when talking about their yearnings to their family in the Philippines. This could be attributed to the general tendency of women to report emotions more openly than men. In addition, this might be yet another factor that facilitates bridging relationships between Filipinas and Israelis, as Israelis were portrayed in this study as more emotional and open about their feelings than Filipinos in general.

In contrast to the challenges associated with the formation of bridging relationships, our findings suggest that most Filipino homecare workers are able to develop at least some bonding relationships with other Filipino homecare workers in the country. These relationships often alleviate not only their social loneliness, but also their emotional loneliness and serve as an alternative to the relationships they had left behind. Because the Filipino community is the largest and most established community of homecare

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

workers in the country, they enjoy a well developed infrastructure that supports their social activities and provides them with numerous opportunities for social engagement. This may not be the case with other ethnic groups in the country that have a less developed social infrastructure.

Even though loneliness was reported primarily in the initial months after arrival to Israel, loneliness is not always alleviated even after years in the host country and, at times, it is even intensified after workers visit their family in the Philippines only to realise their strong resentment and disconnect. As one would expect, the emotional and social loneliness experienced by workers has a serious impact on their emotional and physical functioning and, at times, also impact the quality of care they provide to the care recipient. Interestingly, whereas workers were easy to acknowledge the negative impact of poor attitude on the side of their employers on their health and mental health, they were much more reluctant to acknowledge the negative impact of their profound loneliness. In the present study, many Israelis portrayed Filipinos as less open about their emotions than Israelis. This could potentially explain the tendency of Filipinos not to admit their negative emotions. On the other hand, acknowledging the negative consequences associated with mistreatment and abuse on the side of Israeli families might be of a less intimate nature and, thus, easier for workers to acknowledge.

In contrast, the negative consequences associated with loneliness were easily acknowledged by Israelis. It is possible that Israelis were more likely to acknowledge the negative consequences of loneliness because these have a direct impact on their lives, yet are not directly caused by their behaviour. Specifically, many Israelis expressed concerns about the negative impact workers' mental health has on the care recipients, who are completely dependent upon their care-givers. Apparently, thoughts of going back to the Philippines automatically bring with them intense fears of abandonment and helplessness on the side of the care recipient. Similarly, negative emotions on the side of the worker immediately precipitated negative emotions in the care recipient.

Given these unprecedented levels of both emotional and social loneliness, workers employ a variety of coping mechanisms in order to survive in this new and highly challenging situation. A major mechanism used to cope with the strong sense of emotional loneliness experienced by many of the workers is the provision of a rationale for moving to Israel, with workers often attributing their move to their attempts to facilitate the welfare of their loved ones in the Philippines. The establishment of new social networks within the Filipino community in Israel is another common mechanism used by workers. The latter, however, is not always feasible, as some workers live in remote areas that host only few or no other foreign workers, whereas others provide round-the-clock services, with little opportunity to leave their care recipient, even for several hours per week. A third mechanism to alleviate loneliness is the view of the

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

Israeli family and care recipient as one's own family. Although the former two mechanisms were viewed with criticism by both family members, care recipients and social workers, who perceived these mechanisms as a potential threat to the quality of care provided to their loved ones, the latter mechanism is well embraced by Israeli families and care recipients alike. Nonetheless, merging into the Israeli family does not go without limitations because once seen as 'part of the family', workers often are expected to provide additional emotional and social tasks at no additional pay. In addition, workers are expected to devote themselves to care recipient at the expense of their own social needs (Ayalon, 2009*b*).

In many ways, such profound loneliness is actively encouraged by the Israeli government and society under the implicit and, at times, explicit assumptions that loneliness amongst foreign homecare workers better serves society and care recipients alike. Specifically, regulations that are aimed at keeping the worker from settling in Israel and from bringing his or her loved ones into the country contribute to workers' isolation and loneliness. Workers' living arrangements, usually within the home of the care recipient, as well as workers' standards of employment, as a round-the-clock worker of a functionally and many times cognitively impaired care recipient, further contribute to workers' isolation. These mechanisms are in place in order to keep the worker from forming meaningful relationships in the country under the assumptions that isolation brings with it extreme devotion to the care recipient, lack of knowledge of workers' rights, limited ability to fight for workers' rights and, at the same time, prevents workers from settling indefinitely in the country. Nevertheless, isolation also brings with it negative emotional and physical consequences that impact on not only the Filipino homecare worker, but also the care recipient and prevents the worker from performing his or her job adequately. Moreover, precipitating and maintaining workers' isolation also have moral implications that influence Israeli society at large.

The present study does not go without limitations. First, there is a general criticism concerning the subjective nature of qualitative research. Although it is true that qualitative research employs highly subjective methods for data gathering and analysis, we believe that the use of qualitative research is highly justified in the present study because it provides in-depth understanding into a social phenomenon that has received limited attention in the past. Further, in order to accommodate and improve the rigour of this study, we employed several procedures, including the analysis of interviews by several independent researchers, the use of various data sources and the inclusion of feedback concerning the analysis from various informants. Second, although the use of a convenience sample is commonly employed in studies of this sort because it allows for maximum variations, it should be acknowledged as a potential limitation, as we lack data concerning response rate or non-respondents' characteristics. Third, this study was limited to Filipino homecare workers and results cannot be

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

generalised to homecare workers from other countries. Nevertheless, this study addresses a global phenomenon that shares many similar characteristics worldwide (Cheng, 1996; Prochazkova and Schmid, 2009). Hence, the present findings and implications can inform the experiences of the growing field of foreign homecare workers worldwide. Finally, in order to provide a coherent view of the topic, this study has focused on themes concerning the social and emotional loneliness of foreign homecare workers. It is important to note, however, that other themes were also evident during interviews with the various stakeholders and have received acknowledgement elsewhere (Ayalon, 2009*a*, 2009*b*, 2009*c*).

Implications for social work

Nonetheless, the present study has important implications for social workers and other professionals in charge of this care-giving arrangement. Profound loneliness is ingrained in the lives of Filipino homecare workers in Israel. Even though social workers are well represented within homecare agencies and are the ones responsible for matching the involved parties and for supervising this care-giving relationship, their role in relation to foreign homecare workers is less clearly defined. Our analysis suggests that social workers should be more involved in providing assistance to foreign homecare workers, who often experience profound loneliness and enjoy only very limited social support in the host country. Social workers can employ a variety of ways to alleviate such feelings of social and emotional loneliness among workers. First, social workers should convey to care recipients and family members the difficult situation that has led workers to come to Israel as well as the potential implications this move has on workers' social and emotional loneliness and subsequently on their emotional and physical health. Although social workers could encourage families to embrace the worker into their family, given some of the potential drawbacks associated with such an arrangement (Ayalon, 2009*b*), social workers should also encourage families to allow workers enough free time and opportunities to meet with their own social network. Social workers should familiarise themselves with common gathering places of foreign workers and provide this information to newcomers. They may also try to establish support groups and social gatherings specifically to enhance the social ties of foreign workers. At the same time, social workers should strive to prepare workers for potentially difficult and non-satisfactory meetings with their loved ones in the Philippines in order to help them overcome disappointments associated with such meetings. These efforts could potentially assist Filipino homecare workers to better cope with feelings of loneliness and help them establish new social networks in the host country. By alleviating workers' strong sense of loneliness, it is expected that not only will workers' emotional and physical functioning

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

improve, but also the quality of care they provide and the quality of life of their care recipients.

1. We use the term 'foreign workers' rather than the more politically correct term 'migrant workers' as this is the common term used in Israeli society. This term better reflects the attitudes toward these workers as foreigners who are not migrants and, thus, their stay in the country is only temporary.

References

Adams, K. B. (2008) 'Specific effects of caring for a spouse with dementia: Differences in depressive symptoms between caregiver and non-caregiver spouses', *International Psychogeriatrics*, **20**(3), pp. 508–20.

Andersson, L. (1998) 'Loneliness research and interventions: A review of the literature', *Aging & Mental Health*, **2**(4), pp. 264–74.

Aronson, J. and 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), pp. 422–5.

Ayalon, L. (2009*a*) 'Evaluating the working conditions and exposure to abuse of Filipino home care workers in Israel: Characteristics and clinical correlates', *International Psychogeriatrics*, **21**(1), pp. 40–9.

Ayalon, L. (2009*b*) 'Family and family-like interactions in households with round-the-clock paid foreign carers in Israel', *Ageing and Society*, **29**, pp. 671–86.

Ayalon, L. (2009*c*) 'Fears come true: The experiences of older care recipients and their family members of live-in foreign home care workers', *International Psychogeriatrics*, **21**, pp. 779–86.

Ayalon, L. (2009*d*) 'Reports of neuropsychiatric symptoms of older care recipients by their family members and their foreign home care workers: Results from triadic data', *Journal of Geriatric Psychiatry and Neurology*, in press.

Borowski, A. and Yanay, U. (1997) 'Temporary and illegal labour migration: The Israeli experience', *International Migration*, **35**(4), pp. 495–511.

Borys, S. and Perlman, D. (1985) 'Gender differences in loneliness', *Personality and Social Psychology Bulletin*, **11**(1), pp. 63–74.

Brush, B. L. and Sochalski, J. (2007) 'International nurse migration: Lessons from the Philippines', *Policy Politics Nursing Practice*, **8**(1), pp. 37–46.

Cacioppo, J. T., Hughes, M. E., Waite, L. J., Hawkley, L. C. and Thisted, R. A. (2006) 'Loneliness as a specific risk factor for depressive symptoms: Cross-sectional and longitudinal analyses', *Psychology and Aging*, **21**(1), pp. 140–51.

Cheng, S. J. (1996) 'Migrant women domestic workers in Hong Kong, Singapore and Taiwan: A comparative analysis', *Asian and Pacific Migration Journal*, **5**(1), pp. 139–52.

Chiswick, B. R. (2000) 'Are immigrants favorably self-selected?', in Brettel, C. B. and Hollifield, J. F. (eds), *Migration Theory: Talking across the Disciplines*, New York, Routledge.

Corazim, M., Goren, T. and Niran, R. (2002) *Domestic Care Workers of Older Adults: Characteristics, Role Perception, and Employment Patterns (Hebrew)*, Jerusalem, Joint DC-Brookdale.

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

Cresswell, J. W. (2003) *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, Thousand Oaks, CA, Sage Publications, Inc.

Denton, M. A., Zeytinoglu, I. U. and Davies, S. (2002) 'Working in clients' homes: The impact on the mental health and well-being of visiting home care workers', *Home Health Care Services Quarterly*, **21**(1), pp. 1–27.

Ehrenreich, B. and Hochschild, A. R. (2000) *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*, New York, Metropolitan Books.

Feldbaum, E. G. and Feldbaum, M. B. (1981) 'Caring for the elderly: Who dislikes it least?', *Journal of Health Politics Policy and Law*, **6**(1), pp. 62–72.

Gorden, R. L. (1980) *Interviewing: Strategies, Techniques, and Tactics*, Homewood, IL, Dorsey.

Hawkley, L. C., Burleson, M. H., Berntson, G. G. and Cacioppo, J. T. (2003) 'Loneliness in everyday life: Cardiovascular activity, psychosocial context, and health behaviors', *Journal of Personality and Social Psychology*, **85**(1), pp. 105–20.

Hawkley, L. C., Masi, C. M., Berry, J. D. and Cacioppo, J. T. (2006) 'Loneliness is a unique predictor of age-related differences in systolic blood pressure', *Psychology and Aging*, **21**(1), pp. 152–64.

Heller, E. (2003) *The Care 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 (Hebrew).

Keysor, J. J., Desai, T. and Mutran, E. J. (1999) 'Elders' preferences for care setting in short- and long-term disability scenarios', *Gerontologist*, **39**(3), pp. 334–44.

Klein-Zeevi, N. (2003) *Foreign Workers in Israel: Current Status*, Jerusalem, Israel, Haknesset, Research and Information Center (Hebrew).

Lee, G. R. and Ishii-Kuntz, M. (1987) 'Social interaction, loneliness, and emotional well-being among the elderly', *Research on Aging*, **9**(4), pp. 459–82.

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

Mathison, S. (1988) 'Why triangulation?', *Educational Researcher*, **17**(2), pp. 13–17.

Nathan, G. (2008) *Examining the Reform of Foreign Home Care Workers*, Jerusalem, Haknesset, Research and Information Center.

Neysmith, S. M. and Aronson, J. (1997) 'Working conditions in home care: Negotiating race and class boundaries in gendered work', *International Journal of Health Services*, **27**(3), pp. 479–99.

Penninx, B. W., van Tilburg, T., Kriegsman, D. M., Deeg, D. J., Boeke, A. J. and van Eijk, J. T. (1997) 'Effects of social support and personal coping resources on mortality in older age: The Longitudinal Aging Study Amsterdam', *American Journal of Epidemiology*, **146**(6), pp. 510–19.

Peplau, L. A. and Perlman, D. (1982) 'Perspectives on loneliness', in Peplau, L. A. and Perlman, D. (eds), *Loneliness: A Sourcebook of Current Theory, Research and Therapy*, New York, A Wiley-Interscience Publication.

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

Prochazkova, L. and Schmid, T. (2009) 'Homecare aid: A challenge for social policy and research', in Ramon, S. and Zavirsek, D. (eds), *Critical Edge Issues in Social Work and Social Policy: Comparative Research Perspective*, Ljubljana, Slovenia, University of Ljubljana.

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013

Raijman, R., Schammah-Gesser, S. and Kemp, A. (2003) 'International migration, domestic work, and care work: Undocumented Latina migrants in Israel', *Gender & Society*, **17**, pp. 727–49.

Salazar Parrenas, R. (2001) *Servants of Globalization: Women, Migration, and Domestic Work*, Stanford, CA, Stanford University Press.

Sorkin, D., Rook, K. S. and Lu, J. L. (2002) 'Loneliness, lack of emotional support, lack of companionship, and the likelihood of having a heart condition in an elderly sample', *Annals of Behavioral Medicine*, **24**(4), pp. 290–8.

Stewart, M., Barnfather, A., Neufeld, A., Warren, S., Letourneau, N. and Liu, L. (2006) 'Accessible support for family caregivers of seniors with chronic conditions: From isolation to inclusion', *Canadian Journal of Aging*, **25**(2), pp. 179–92.

Strauss, A. L. and Corbin, J. (1998) *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*, Thousand Oaks, CA, Sage Publications Inc.

Stravynski, A. and Boyer, R. (2001) 'Loneliness in relation to suicide ideation and parasuicide: A population-wide study', *Suicide and Life Threatening Behavior*, **31**(1), pp. 32–40.

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**, pp. 1–16.

Yeoh, B. S., Huang, S. and Gonzalez, J. (1999) 'Migrant female domestic workers: Debating the economic, social and political impacts in Singapore', *International Migration Review*, **33**(1), pp. 114–36.

Downloaded from http://bjsw.oxfordjournals.org/ at Bar Ilan University on July 22, 2013